



COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS)

Transforming Behavioral Health Services Together:

Behavioral Health Workforce

Friday, December 5, 2025

& COMMUNITY INPUT SESSION

BHS Communication & Engagement Unit

Daniel Romero, MA, Manager

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 Session





- Background & Context
 - Behavioral Health Care in California
 - About the Behavioral Health Services Act (BHSA)
- Workforce Overview
 - ELEVATE Behavioral Health Workforce Fund
- BHSA Integrated Plan & Input Session
 - San Diego County's Community Planning Process
 - Mentimeter





Why Today's Conversation?



- Under BHSA, counties must identify how communities would like to see funds prioritized when it comes to specialty behavioral health services – including crisis care, early intervention, and housing, among others.
- BHSA and other California Behavioral Health Transformation efforts aim to ensure people receive help in the least restrictive, most community-based setting possible.

Your insights and recommendations will help County BHS strengthen its services and help guide development of the region's first BHSA Integrated Plan for 2026-2029.

Behavioral Health Care in California





In California's Medi-Cal system, behavioral health care is primarily divided between:

- Managed Care Plans (MCPs), which cover mild-to-moderate needs; and
- County Behavioral Health Plans (BHPs), which cover **moderate-to-severe or complex** needs (also known as specialty behavioral health services).

If someone's needs are	Care typically starts with	County BHS steps in when
Mild Examples: Stress, early anxiety, grief, burnout	Doctor or other primary care provider through MCP	Symptoms persist, worsen, or begin to interfere with daily life
Moderate Examples: Persistent depression, trauma, substance misuse	Therapist, psychiatrist, case manager covered by MCP or private insurance	A person needs specialty treatment, multiple supports, or crisis help
Severe or complex Examples: psychosis, suicidality, overdose risk, homelessness		County BHS provides or coordinates full specialty care

Behavioral Health Care in California





Managed Care Plans (MCP) Blue Shield Promise; Community Health Group; Kaiser Permanente; Molina Healthcare

- Outpatient, short-term or lower-intensity behavioral health care, such as brief therapy or medication management
- Coordinate care and refer clients when higher-acuity services are needed
- Deliver and contract for CalAIM programs, including Enhanced Care Management (ECM) and Community Supports (CS)

Community-Based Behavioral Health Providers

Federally Qualified Health Centers; Community Clinics; CBOs

- Deliver mild-moderate behavioral health services, such as screening, early identification of needs, medication management, care coordination, and navigation
- Often contracted by MCPs to deliver culturally rooted, accessible care in community settings
- Bridges between MCP-delivered and County-delivered services

Specialty Behavioral Health Plan (BHP)

County Behavioral Health Services

- Administer specialty behavioral health services and contracts, such as crisis care, substance use disorder residential care, ACT-level case management
- Coordinate step-down/step-up transitions with MCPs and community providers as people move between levels of care

Recent State legislation is reshaping behavioral health care by expanding access through additional Medi-Cal pathways and improving alignment and coordination between plans and counties.

About BHSA

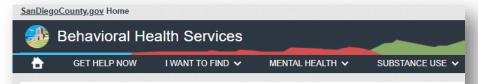




- Part of Proposition 1; takes effect July 1, 2026
- Modernizes the Mental Health Services Act (MHSA) passed by CA voters in 2004
- No additional funding introduced, but brings new components, requirements, and restrictions for how revenue derived from millionaire's tax may be used by counties for behavioral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

Learn More bit.ly/BHSA_BHS





Behavioral Health Services Act





The Behavioral Health Services Act, also known as BHSA, is a state law passed by voters in March 2024. BHSA updates the Mental Health Services Act (MHSA) by:

- Expanding service access to include treatment for people with substance use disorders,
- · Prioritizing care for people with the most serious mental illness,
- · Providing ongoing resources for housing and workforce development, and
- · Continuing investments in prevention, early intervention, and innovative behavioral health pilot programs.

BHSA aims to close service gaps and ensure equitable access to quality care across the state. New BHSA requirements will also enhance oversight, transparency, and accountability at the state and local levels.

To learn more about BHSA:

• Behavioral Health Transformation (DHCS)

To receive updates about BHSA, subscribe to these statewide sites:

- . Department of Health Care Services (DHCS)
- · California Department of Public Health (CDPH)

Community Planning

BHSA requires counties to look at their whole behavioral health system of care through a formal Community Planning Process (CPP). The CPP supports the County of San Diego's goal to involve communities in meaningful conversations and decision-making about local behavioral health services to ensure programs reflect their unique needs and voices.

Share Input via Our Online Form

Access this online form to share insights and recommendations with BHS to help guide the development of San Diego County's first BHSA Integrated Plan for Fiscal Years 2026–2029.

Participate in Upcoming Activities

View upcoming and past engagement activities hosted by the department, including community workshops, town halls, and input opportunities to help inform the BHSA Integrated Plan for Fiscal Years 2026–2029.

About BHSA



- Broadens scope of funding to include standalone substance use disorder (SUD) treatment services and housing interventions
- Mandates data-driven reporting and population-level outcome tracking
 - 8 Statewide Behavioral Health Goals^{NEW}
 - Behavioral Health Outcomes, Accountability, and Transparency Report^{NEW}
- Expands expectations for collaboration with Medi-Cal Managed Care Plans (MCPs), schools, public safety, healthcare systems, and tribal and community partners
 - Increased stakeholder engagement (approx. three-fold increase)
- Elevates expectations for health equity, parity, access, and identification of community-defined needs, especially for priority populations

Key BHSA 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.



BHSA Components





County Allocation of MHSA Dollars (Before Prop 1)

95% County Allocation 5% State 5% Innovation **Prevention & Early** 19% Intervention **Community Services** & Supports 76%

County Allocation of Proposed BHSA Dollars (Under Prop 1) Prevention **State Admin** Workforce 90% County Allocation 10% State State-Wide Investments 35% **Full-Service Partnerships Behavioral Health Services & Supports**

35%

30%

\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

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, 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 Components



• BHSS dollars may only support activities that align with counties' roles as BHPs, i.e., programs and services for people showing early signs of MH/SU challenges; programs that identify and link individuals to care early, early treatment and recovery supports to prevent crisis or hospitalization; crisis and stabilizations services; housing, workforce, and treatment investments that serve specialty populations

BHSA Component	Focus	Examples of Fundable Uses
Full Service Partnerships (35%)	Intensive, "whatever it takes" care for people with serious behavioral health conditions	Multidisciplinary teams, housing and employment supports, recovery planning, peer services
Behavioral Health Services & Supports (35%)	Prevention of worsening symptoms, early intervention, and treatment supports for all ages	Outreach and linkage programs, early treatment, crisis services, workforce training, recovery supports **NO GENERAL PREVENTION/EDUCATION (State)
Housing Interventions (30%)	Housing for people with behavioral health needs	Rental subsidies, housing navigation, tenancy support, behavioral health services linked to housing

Workforce, Education, and Training





Key Changes to Workforce, Education, and Training (WET) (now under BHSA: BHSS)

<u>Under MHSA</u>	<u>Under BHSA</u>	
Broader focus across all programs Often included prevention, wellness, and mild-to-moderate roles	Focus on workers serving those w/ most complex needs Training tied to SMI, substance use, and housing-related care	
Peer roles allowed but not prioritized Pathways varied greatly by county	Elevates peers, CHWs, and culturally rooted workers More training slots and pathways for trusted messengers	
Counties carried most training burden Access varied based on local resources	Statewide training and career supports State to offer hubs, technical assistance, scholarships	
Local dollars more flexible Could fund general wellness or broad training efforts	Local dollars used more strategically Investments must tie directly to specialty behavioral health services	
Limited alignment with Medi-Cal reforms Training did not always link to sustainable roles	Aligned with CalAIM workforce changes Supportive of new roles and expanded team-based care	
County-by-county variability Less consistency across systems	More cross-agency collaboration Workforce planning coordinated statewide (part of 5% → State)	
Community input inconsistent Engagement varied by county process	Stronger community partnership CBOs to help identify workforce gaps and shape priorities	

Overview of ELEVATE



Context



The ELEVATE Behavioral Health Workforce Fund is a MHSA Innovation Program approved for \$75 million over five years by the San Diego County Board of Supervisors. MHSA Innovation funding is specifically intended to support innovative, new or adaptive approaches to strengthening community mental health services.

Primary Goal



To attract and retain workers in the public behavioral health field by deploying funding to support individuals seeking a variety of **training**, **tuition support**, **upskilling**, **and incentive opportunities**.

 Key opportunities identified through a regional assessment of behavioral health workforce shortage challenges completed in 2022 by San Diego Workforce Partnership

Team



The **Policy & Innovation Center** (PIC) serves as the Program Administrator of the ELEVATE Behavioral Health Workforce Fund and is partnering with two subcontractors, **Social Finance** and **Trailhead Strategies**, to implement programs.













Overview of ELEVATE





ELEVATE aims to add 3,000 new professionals into jobs supporting behavioral health.

- Build a stronger behavioral health workforce in the San Diego County to meet the needs of residents
- Increased diversity of the behavioral health workforce, including linguistic, racial & ethnically diverse providers,
- Enhanced services to meet the diverse mental health needs of the community,
- Ongoing resources and support for workforce development













ELEVATE Programs





San Diego Pay It Forward Loan Program

Zero-interest, forgivable loans for behavioral health students—with repayments reinvested to support future learners, with added benefits for current workers.



Social Work, Therapy and Counseling Internship Program

Funding to support and retain master's-level social work, counseling, and therapy interns and associates.



Behavioral Health Apprenticeship Network Program

Apprenticeships to 'earn and learn' on the path to becoming SUD counselors, case managers, community health workers, and other in-demand roles.





Expands Psychiatric Mental Health Nurse Practitioner (PMHNP) programs with fellowships, training, and opportunities in public behavioral health.



Peer Support Training and Placement Program

Support for training, certification, and career success of Peer Support Specialists with lived experience.















Community Planning Process & Input Session Overview

BHSA Integrated Plan



Counties' first BHSA Integrated Plan 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 Engagement & Education	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. 	 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. Provide BHSA education through informational handouts and presentations at public meetings. 	 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, including:
 - Crisis services and diversion and alternatives to emergency departments and jails
 - Housing interventions
 - Substance use disorder treatment and recovery services
 - Behavioral Health workforce modernization sessions 12/03/2025
 - Early intervention for youth and young adults sessions 12/09/2025

Today's Key Questions



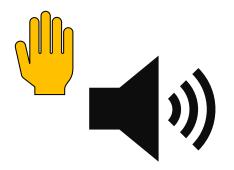
- 1. What supports or strategies would make behavioral health careers more accessible or appealing in your community?
- 2. What kinds of training, mentorship, or workplace supports help staff stay and thrive in behavioral health roles?
- 3. How can we expand opportunities for people with lived experience, bilingual skills, or cultural expertise to enter the field?
- 4. What partnerships (schools, employers, CBOs, or community groups) could help strengthen behavioral health career pathways?
- 5. Anything else you would like to share with BHS for the BHSA Integrated Plan?

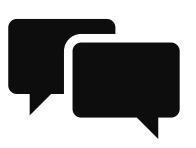
Ways to Engage





During today's session, there are multiple ways to share your thoughts and feedback:







Raise Hand & Unmute

Zoom Chat

Mentimeter

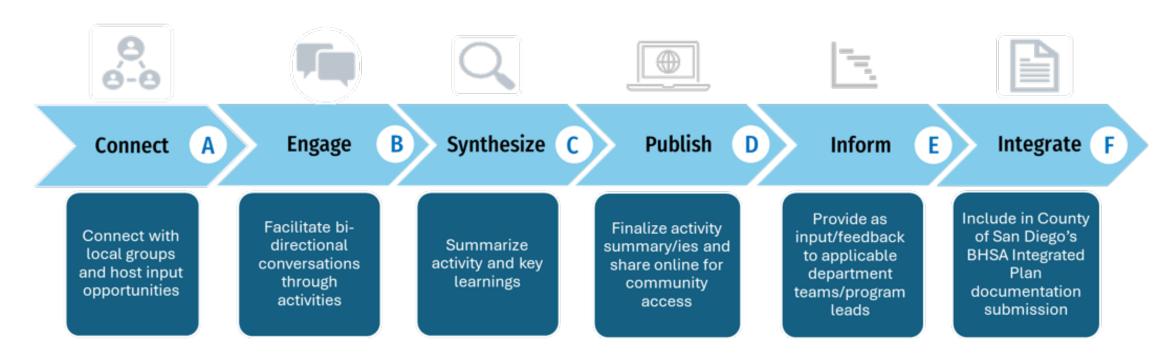
Next Steps





How is info from CPP input sessions being utilized by the department?

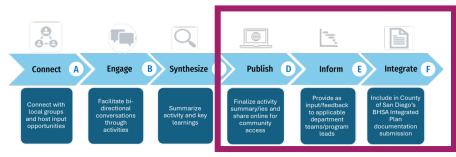
Input will inform specialty mental health and substance use disorder treatment services priorities, investments, and recommendations included in the first BHSA Integrated Plan scheduled for presentation to the San Diego County Board of Supervisors in Summer 2026.



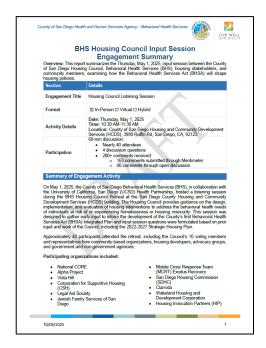
Activity Summaries











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!



bit.ly/BHSA_BHS

SCAN ME

Behavioral Health
Services Act
Online Input Form

SAN DIEGO COUNTY, CALIFORNIA

The County of San Diego's Behavioral Health Services Department invites you to share your ideas and recommendations for behaviora health programs and services as California counties prepare to implement the Behavioral Health Services Act on July 1, 2026.

The Behavioral Health Services Act (BHSA) modernizes the Mental

Community Planning

BHSA requires counties to look at their whole behavioral health system of care through a formal Community Planning Process (CPP). The CPP supports the County of San Diego's goal to involve communities in meaningful conversations and decision-making about local behavioral health services to ensure programs reflect their unique needs and voices.

Sign Up to Receive Updates

By providing your information, you are signing up to receive key information about the BHSA and updates about opportunities to provide input to help inform the BHSA Integrated Plan for Fiscal Years 2026–2029.

Share Input via Our Online Form

Access this online form to share insights and recommendations with BHS to help guide the development of San Diego County's first BHSA Integrated Plan for Fiscal Years 2026–2029.

Join Us in Upcoming Activities

View upcoming and past engagement activities hosted by the department, including community workshops, town halls, and input opportunities to help inform the BHSA Integrated Plan for Fiscal Years 2026–2029.

What about BHSA would you like to provide input on?

Select from the list below to populate response boxes:
Behavioral Health Services and Supports (BHSS) componen
BHSS: Workforce Education and Training

- BHSS: Workforce Education and Training

 BHSS: Early Intervention
- O 5 110 1 1 1 1 1 (500)
- Full Service Partnerships (FSP) component
 Substance Use Disorder (SUD) Services
- Housing Interventions component
- Communities Most Impacted
- Oth

About You

Please share a little about yourself to help us understand who we heard from

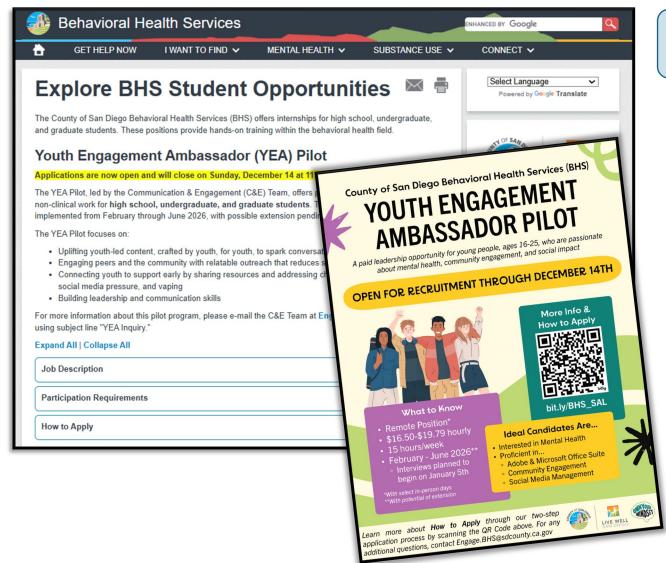
Which of the following best describes you and/or the agency or organization you represent? *

(Mark all that annly

- Adult or older adult with lived mental health or substance use experience
- Youth or young adult with lived mental health or substance use experience
- Family member of someone with lived mental health or substance use
- Mental health, substance use, or social services provider
- Dublic or soussement occur

Ongoing Opportunity





Youth Engagement Ambassador (YEA) Pilot

Join our team as a **Youth Engagement Ambassador!** To apply, complete the

<u>Two-Step Application Process</u> outlined
on our webpage & submit required
documents

to Engage.BHS@sdcounty.ca.gov by Sunday, December 14th



Stay Connected

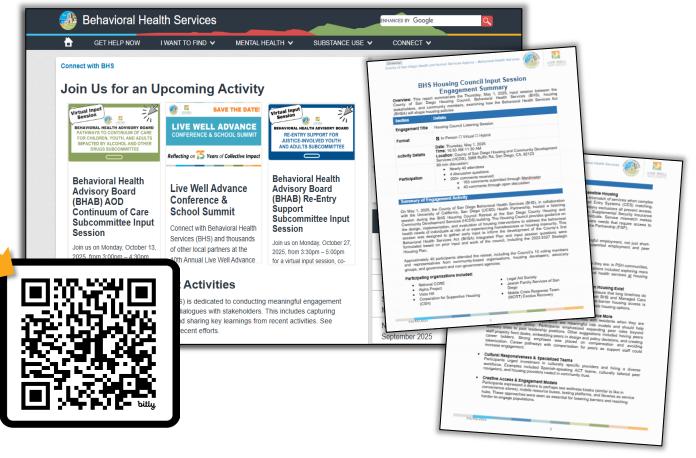




Upcoming Engagement Opportunities

Planned Engagement Activities

Past Activity Materials



Contact Us

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

SCAN ME

Thank You!



