



COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES (BHS)

Alcohol & Drug Service Provider Association

Thursday, December 11, 2025

**BEHAVIORAL HEALTH SERVICES ACT OVERVIEW
& COMMUNITY INPUT SESSION**

BHS Communication & Engagement Unit

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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)
 - Changes to Prevention and Early Intervention
- **BHSA Integrated Plan & Community Planning Process**
- **Input Session**
 - Mentimeter
- **Next Steps**



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, care is divided between:
- Managed Care Plans (MCPs), which cover **mild-to-moderate** behavioral health needs; and
 - County Behavioral Health Plans (BHPs), which cover **moderate-to-severe or complex** behavioral health 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) <i>Blue Shield Promise; Community Health Group; Kaiser Permanente; Molina Healthcare</i>	Community-Based Behavioral Health Providers <i>Federally Qualified Health Centers; Community Clinics; CBOs</i>	Specialty Behavioral Health Plan (BHP) <i>County Behavioral Health Services</i>
• 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)	• 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	• 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



SanDiegoCounty.gov Home

Behavioral Health Services

GET HELP NOW I WANT TO FIND MENTAL HEALTH SUBSTANCE USE

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.

- 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
 - 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.

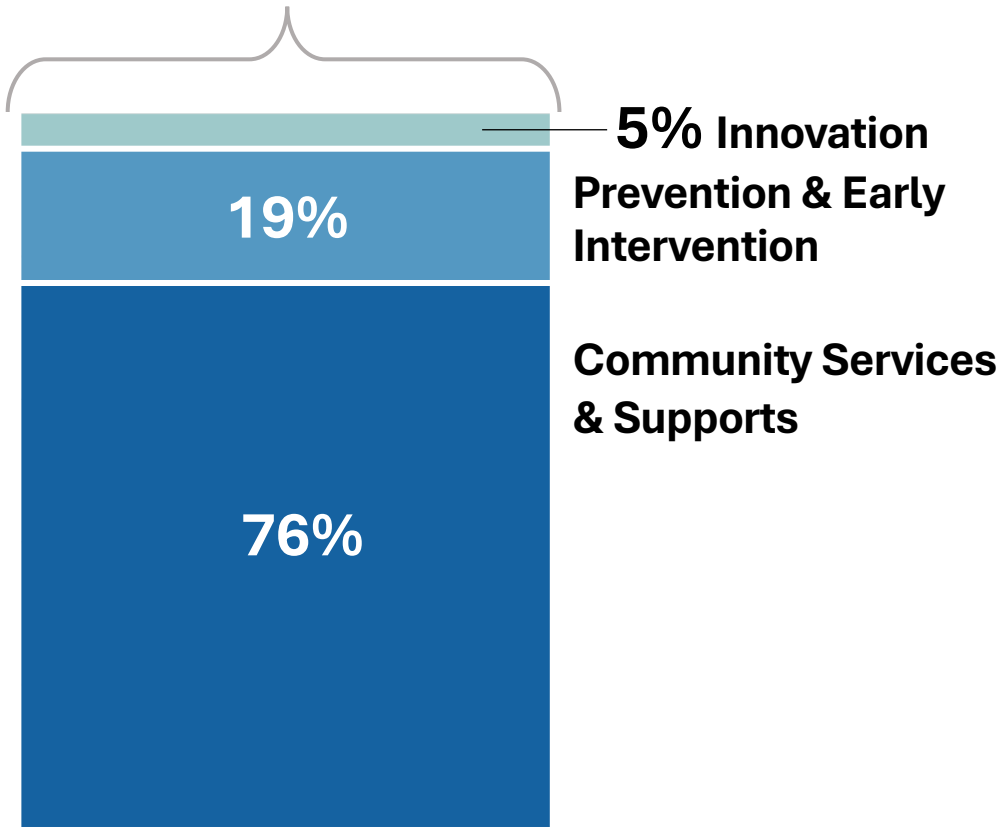


BHSA Components



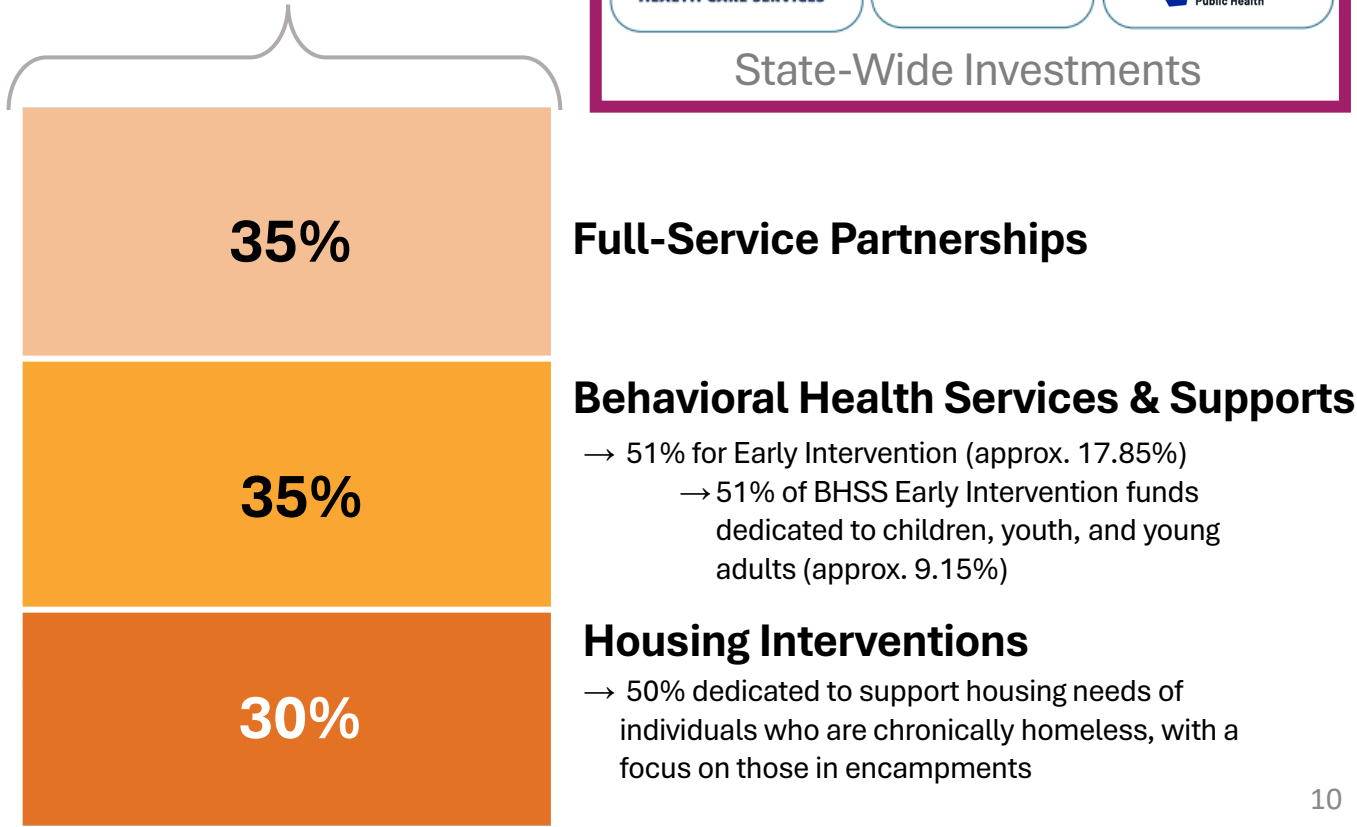
County Allocation of MHSA Dollars (Before Prop 1)

95% County Allocation
5% State



County Allocation of Proposed BHSA Dollars (Under Prop 1)

90% County Allocation
10% State



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 (part of 5% → State)
Housing Interventions (30%)	Housing for people with behavioral health needs	Rental subsidies, housing navigation, tenancy support, behavioral health services linked to housing

BHSS: Early Intervention (EI)

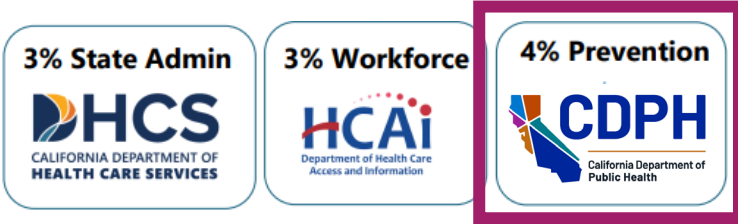


Prevention and Early Intervention (PEI) ≠ a single category under BHSA.

Under MHSA (PEI)	Under BHSA (BHSS: EI)
Broad definition of “early signs”¹ <i>Included mild-to-moderate symptoms, stress, caregiver/family needs</i>	Narrow, clinical definition defined by the State (DHCS)^{2,4,5} <i>For those with clinical early indicators or clinical risk of SMI/SED</i>
Prevention-adjacent supports allowed¹ <i>e.g., psychoeducation, skill-building, coping skills, wellness activities</i>	Clinical EI only (NO GENERAL PREVENTION)^{2,3,5} <i>Prevention removed from counties’ scope (part of 5% → State)</i>
Programming for broad populations¹ <i>e.g., families, caregivers, students, people with emerging BH needs</i>	Programming for distinct service population^{2,5} <i>Clinical services delivered only to those meeting State EI eligibility</i>
Non-clinical and light-touch models permitted¹ <i>e.g., education, coaching, resilience-building, early support</i>	Short-term, clinical treatment^{2,5,6} <i>Provided by BH clinicians; not classes, coaching, or support programs</i>
Local discretion in defining EI¹ <i>Variation across counties for who and what qualified</i>	State-standardized EI rules^{2,5} <i>All counties must uniformly apply State EI criteria</i>
Included mild-to-moderate behavioral health¹ <i>Program/service could address common depression, anxiety, stress</i>	Mild-to-moderate explicitly excluded from counties^{2,5,7} <i>Shifted to Medi-Cal MCPs, primary care, and community clinics</i>

1. **WIC §5840** (MHSA PEI Statute); 2. **WIC §§5880–5892** (2024 amendment-BHSA Statute); 3. **WIC §5892.5** (State Prevention Fund); 4. **WIC §§5600.3–5600.4** (Definition of SMI/SED); 5. **DHCS BHSA County Policy Manual** (EI service definitions, eligibility, clinical requirements); 6. **DHCS Medi-Cal SMHS Medical Necessity Criteria** (definition for clinical services, early SMI/SED indicators) 7. **DHCS MCP Mental Health Benefit Guidance** (assignment of mild-to-moderate behavioral health care to MCPs/primary care providers)

State Prevention Program (CDPH)



State-Wide Investments

4% - BHSA Population-Based Prevention Program

- California Department of Public Health (CDPH) – Office of Social and Behavioral Health^{NEW} (*centralized coordination/approach*)

Questions? BHSAInfo@cdph.ca.gov

Program Components

1. Statewide policy initiatives
2. Focused statewide behavioral health prevention strategies
3. Statewide awareness campaigns
4. Prevention training and technical assistance
5. Community engagement and coalition building
6. Data and evaluation

PRIORITY POPULATIONS: Black, Indigenous, and other people of color; Children, youth, and families; Immigrant and refugee populations; LGBTQIA+ populations; Older adults, Tribes, and Veterans



**State
Population-Based
Prevention
Program Website**



<https://www.cdph.ca.gov/Programs/OPP/Pages/BHSA-Population-Based-Prevention.aspx>

State Prevention Program (CDPH)



CDPH has indicated three (3) different mechanisms are under development to ensure stakeholders have opportunities to inform CDPH's BHSA statewide program planning:

- BHSA Population-Based Prevention Implementation Workgroup
- Community-Defined Evidence Practices (CDEP) Advisory Committee
- Youth and Family Engagement Network

Six (6) CDPH Grant Programs for CBOs & Tribes:

- CDEPs
- Trusted Messenger Campaign
- 988 and Suicide Crisis Lifeline Outreach Campaign
- Regional Policy Research and Development
- Regional Implementation of Focused Strategies
- Training and Technical Assistance *(+ also ed institutions & non-profits)*



**Transforming BH
Website**



<https://www.cdph.ca.gov/Programs/OPP/Pages/Behavioral-Health.aspx#>

BHSA Integrated Plan & Community Planning Process Overview

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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



Section 3 County Integrated Plan



<https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan>

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 engagement and education 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 response services
 - Housing interventions
 - Substance use disorder (SUD) treatment services
 - Behavioral Health Workforce
 - Early intervention for youth and young adults

Input Session

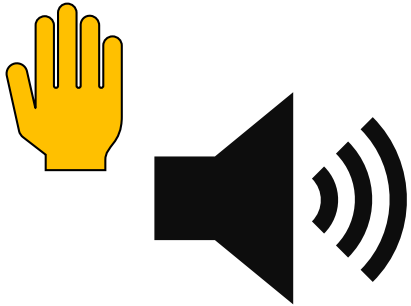
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Learnings from Other Sessions



- a. Low-barrier, relationship-based supports help people open up about emerging SUD or behavioral health concerns.
- b. Many emphasized need for more on-site engagement and supportive services for people in recovery, including those transitioning into housing.
- c. Other stakeholders noted skill-building and life-skills support are critical during early recovery and reintegration. *(County can share with MCPs / elevate to CDPH)*
- d. Housing partners suggested more behavioral health education for property managers could strengthen communication and stability. *(County can share with MCPs / elevate to CDPH)*
- e. Several groups have highlighted the value of stronger coordination across SUD treatment, behavioral health supports, and housing providers, along with flexible, person-centered approaches that help people stay connected to care and avoid crises.

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



Raise Hand & Unmute



Zoom Chat



Mentimeter

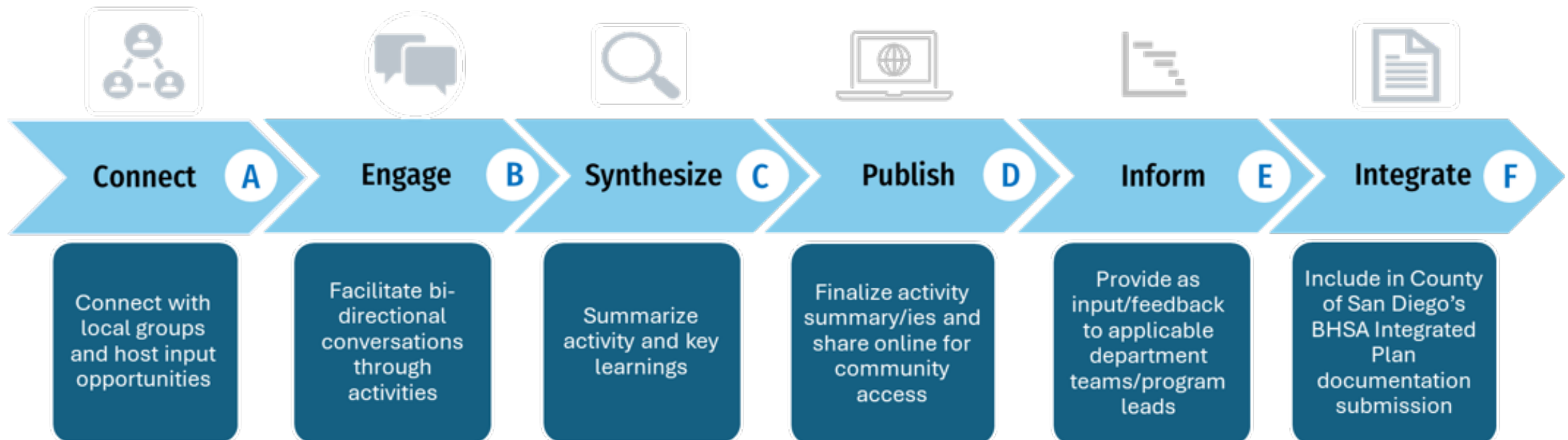
Today's Key Questions



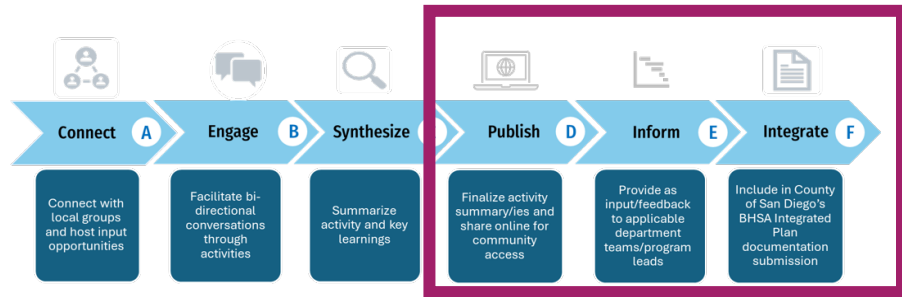
1. What low-barrier or community-based supports help people with emerging SUD concerns feel comfortable seeking help earlier?
2. What approaches or partnerships could we strengthen locally to support people and families affected by substance use disorders or engaged in recovery?
3. What early supports could help people with SUD or other behavioral health concerns, who are also facing housing instability, stay connected before needs escalate?
4. What kinds of intensive or wraparound supports help people with serious SUD and housing challenges move toward stability?
5. Anything else you would like to share with BHS for the BHSA Integrated Plan?

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



County of San Diego Health and Human Services Agency - Behavioral Health Services

BHS Housing Council Input Session Engagement Summary

Overview: This report summarizes the Thursday, May 1, 2025, input session between the County of San Diego Housing Council, Behavioral Health Services (BHS), housing stakeholders, and community members, examining how the Behavioral Health Services Act (BHSA) will shape housing policies.

Section	Details
Engagement Title	Housing Council Listening Session
Format	☒ In-Person ☐ Virtual ☐ Hybrid
Date	Thursday, May 1, 2025
Time	10:30 AM-11:30 AM
Location	County of San Diego Housing and Community Development Services (HCDS), 3899 Bollen Rd, San Diego, CA, 92123
Activity Details	60-min discussion: - Nearly 40 attendees 4 discussion questions 200+ comments received: 153 comments submitted through Mentimeter 40 comments through open discussion
Participation	

Summary of Engagement Activity

On May 1, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with the University of California, San Diego (UCSD) Health Partnership, hosted a listening session during the BHS Housing Council Retreat at the San Diego County Housing and Community Development Services (HCDS) building. The Housing Council provides guidance on the design, implementation, and evaluation of housing interventions to address the behavioral health needs of individuals at risk of or experiencing homelessness or housing insecurity. This session was designed to gather early input to inform the development of the County's first Behavioral Health Services Act (BHSA) Integrated Plan and input session questions were formulated based on prior input and work of the Council, including the 2022-2027 Strategic Housing Plan.

Approximately 40 participants attended the retreat, including the Council's 10 voting members and representatives from community-based organizations, housing developers, advocacy groups, and government and non-government agencies.

Participating organizations included:

- National CORE
- Alpha Project
- Vista Hill
- Corporation for Supportive Housing (CSH)
- Legal Aid Society
- Jewish Family Services of San Diego
- Mobile Crisis Response Team (MCRT) Exodus Recovery
- San Diego Housing Commission (SDHC)
- Clavdia
- Wakeland Housing and Development Corporation
- Housing Innovation Partners (HIP)

10/09/2025 1

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

bit.ly/BHSA_BHS

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 behavioral 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 Health Services Act (MHSA) passed by voters in 2004 to address

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) component
- ☐ BHSS: Workforce Education and Training
- ☐ BHSS: Early Intervention
- ☐ Full Service Partnerships (FSP) component
- ☐ Substance Use Disorder (SUD) Services
- ☐ Housing Interventions component
- ☐ Communities Most Impacted
- ☐ Other

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 apply)

- ☐ 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 experience
- ☐ Mental health, substance use, or social services provider
- ☐ Public assessment agency

Stay Connected



LIVE WELL
SAN DIEGO

Upcoming Engagement Opportunities

Planned Engagement Activities

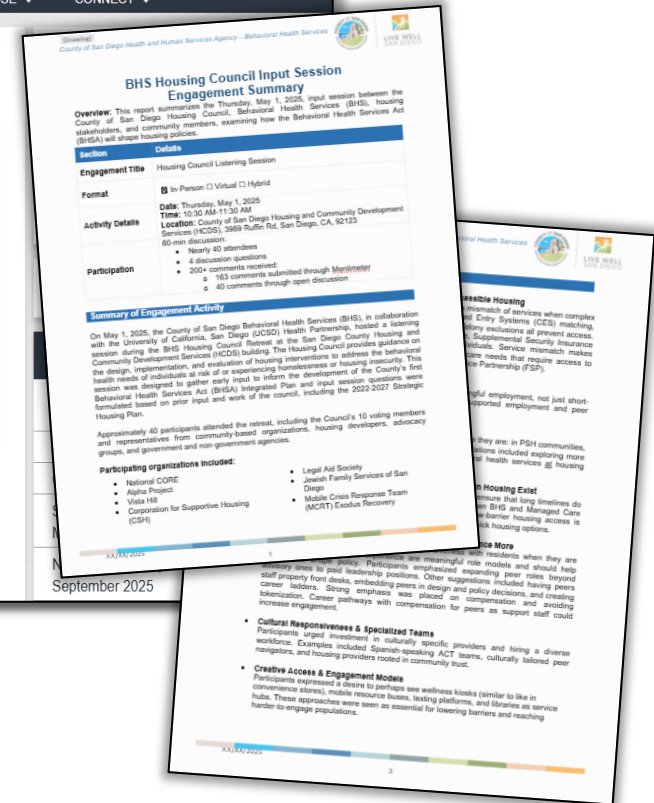
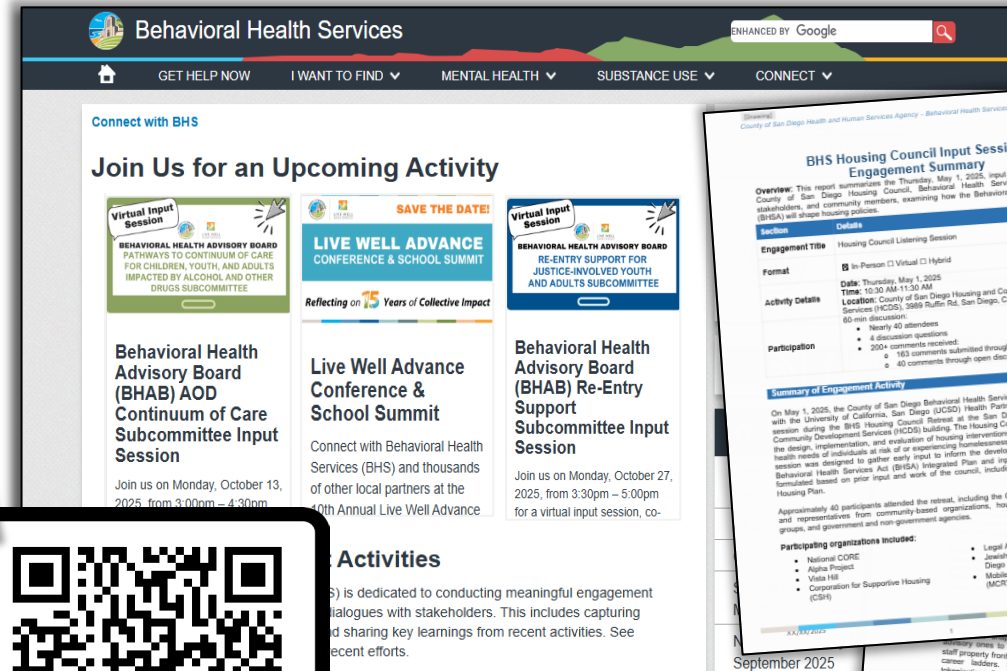
Past Activity Materials

SCAN ME



Contact Us

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



Thank You!



LIVE WELL
SAN DIEGO