

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the April 24, 2025, focus group with Transitional-Aged Youth (TAY), reflecting their perspectives to inform the development of the Youth Optimal Care Pathways (OCP) framework, which aims to remove barriers, expand access, and ensure timely support for long-term youth wellness. Findings from this engagement will also be utilized to inform the County’s Behavioral Health Service Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	Youth Optimal Care Pathways Transitional Aged Youth: Kickstart Program
Format	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Thursday, April 24, 2025 Time: 2:00 PM – 3:30 PM Location: Zoom
Participation	90-Minute Discussion: <ul style="list-style-type: none"> • 4 youth participants • 5 discussion questions with facilitated open discussion

Summary of Engagement Activity

In April 2025, Behavioral Health Services (BHS), in collaboration with the University of California San Diego (UCSD) Health Partnership, hosted a virtual focus group with transitional age youth (TAY) from Kickstart Program to gather insights from their experiences, needs, and recommendations to improve behavioral health services.

The focus group offered youth a safe environment to voice barriers to accessing care and identify strategies for accessing the right services at the right time. The session began with an introduction by BHS, which included an icebreaker to build comfort, followed by a UCSD-facilitated discussion guided by 5 core questions, and concluded with a reflective prompt encouraging participants to share a recent experience that brought them joy or support.

Input from the session will help inform specialty mental health and substance use disorder priorities, services, and investments in the region’s first Behavioral Health Services Act (BHSA) Integrated Plan for the Fiscal Years 2026-2029. It will also shape the Youth Optimal Care Pathways (OCP) framework, ensuring that future behavioral health strategies and youth-focused supports (ages 0-25) reflect community-identified needs in San Diego County.

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Input Session Questions:

1. Can any of you think of a time when you/someone you know received what you felt was high quality care from a doctor, clinician, therapist, or medical provider?
2. Do you recall a time when you or someone you know needed care and didn't get it, or the experience wasn't so great?
3. How do you think your support circle, including friends, family, schools, and adult advocates, can better support youth experiencing mental health and/or substance use challenges?
4. If you had the chance to improve mental health and substance use services for youth, what would you change?
5. Can you share a recent moment of joy or connection you've experienced in your community?

Key Learnings

- **Consistent Services Help Youth Feel Supported During Crisis or Hospitalization**
Youth highly value accessible, supportive, and consistent mental health services that provide practical coping strategies and create a safe, non-judgmental environment. Positive experiences at Kickstart and Rady's Children's Hospital showed that youth felt supported, cared for, and safe during hospitalization or episodes of distress, highlighting the importance of consistency and practical guidance in care.
- **Long Waitlists and Insurance Limits Delay Mental Health Support**
Barriers such as long waitlists, limited therapy options, insurance restrictions, and consent requirements can delay timely and effective mental health care. These challenges are especially difficult for young people whose parents may face language barriers or who are unable to provide immediate support. Participants described frequent hospitalizations, difficulty finding programs, and delays in care due to insurance limits, long waitlists (8–12 months), or the need for parental consent, which made consistent treatment challenging.
- **Fostering Comfort and Connection in Care is Important When Serving Youth**
Youth-centered care is most effective when providers reflect youth identities, build trusting relationships, and use small supportive actions to make youth feel valued, understood, and comfortable. Participants shared casual conversation, positive affirmations, and welcoming environments (e.g., friendly and genuine tone) helped them engage in treatment. Physical and sensory aspects of care also matter; being placed in empty or "quiet" rooms during panic attacks sometimes increases anxiety. Youth emphasized the importance of safe, welcoming, and non-isolating spaces.

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Audience Recommendations

- **Increase Youth-Friendly Mental Health Service and Flexible Pathways to Care**
Participants shared a need to expand youth-friendly mental health services by shortening wait times, adding more therapy appointments, and offering programs with flexible ways to get care. Youth also said that needing parent approval can sometimes delay help for those under 18 and stress the importance of having immediate support during a crisis.
- **Enhance Culturally and Linguistically Responsive Care**
Increase culturally and linguistically responsive care by hiring providers who reflect the backgrounds of the youth served and by offering services in multiple languages. Language barriers and lack of identity representation make it harder for youth to fully engage in care.
- **Expand Accessible Support Through Schools and Community Outreach**
Boost school-based mental health programs and community outreach to create trusted spaces where youth feel heard, supported, and encouraged to seek help. Embedding therapy services in schools, raising awareness of available support, and using more relaxed relationship-based approaches can help youth feel more comfortable, get involved, and receive help earlier.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the April 28, 2025, focus group with transitional-aged youth (TAY), reflecting their perspectives to inform the development of the Youth Optimal Care Pathways (OCP) framework, which aims to remove barriers, expand access, and ensure timely support for long-term youth wellness. Findings from this engagement will also be utilized to inform the County’s Behavioral Health Service Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	Youth OCP TAY: Urban Street Angels Just Be U Program
Format	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Monday, April 28, 2025, Time: 11:30 AM – 12:10 PM Location: Zoom
Participation	40 min virtual session: <ul style="list-style-type: none"> • 5 youth participants, 10-25 years old • 5 discussion questions

Summary of Engagement Activity

In April 2025, Behavioral Health Services (BHS), in collaboration with University of California San Diego (UCSD) Health Partnership, hosted a virtual focus group with transitional age youth (TAY) from Urban Street Angels - Just Be U Program to gather insights on their experiences, needs, and recommendations for behavioral health services.

The focus group offered youth a safe environment to voice barriers to care and identify strategies for accessing the right services at the right time. The session began with an introduction by BHS, including an icebreaker to build comfort, followed by a UCSD-facilitated discussion guided by 5 core questions, and concluded with a reflective prompt encouraging participants to share a recent experience that brought them joy or support.

Input from this session will help inform specialty mental health and substance use disorder priorities, services, and investments in the region’s first Behavioral Health Services Act (BHSA) Integrated Plan for the Fiscal Years 2026-2029. It will also shape the Youth Optimal Care Pathways (OCP) framework, ensuring that future behavioral health strategies and youth-focused supports (ages 0-25) reflect community-identified needs in San Diego County.

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Input Session Questions:

1. Can any of you think of a time when you/someone you know received what you felt was high quality care from a doctor, clinician, therapist, or medical provider?
2. Do you recall a time when you or someone you know needed care and didn't get it, or the experience wasn't so great?
3. How do you think your support circle, including friends, family, schools, and adult advocates, can better support youth experiencing mental health and/or substance use challenges?
4. If you had the chance to improve mental health and substance use services for youth, what would you change?
5. Can you share a recent moment of joy or connection you've experienced in your community?

Key Learnings

- **Youth Thrive in Welcoming, Holistic Support Systems**
Youth value inclusive, supportive, and comprehensive services that address multiple aspects of their lives, including mental health, housing, and community engagement. Positive experiences were reported with Urban Street Angels, crisis houses, and case management teams, where participants felt cared for, supported, and part of a community. Activities like beach trips and casual interactions with staff enhanced feelings of inclusion and trust.
- **Youth Face Unique Barriers to Stability and Require Timely Access to Care**
Access to stable housing, timely services, and basic needs is a major barrier for youth, with long wait times, inconsistent intake processes, and transportation challenges limiting their ability to get help. Participants described months-long waits for housing, being turned away from crisis houses for not being "in crisis enough," and difficulties traveling to pharmacies for medications. Mismanagement of personal belongings during intake also negatively affected experiences.
- **Schools are Crucial Hubs for Support**
Schools and structured programs play a critical role in youth mental health, yet there is a need for more mental health staff, after-school programs, and proactive observation of students' social and emotional well-being. Youth highlighted the importance of having therapists in schools, teachers trained to recognize warning signs, safe after-school programs, and monitoring of social dynamics, bullying, and online activity to support students better.

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Audience Recommendations

- **Expand and Standardize Youth-Centered Crisis Housing and Supports**
Participants shared the need to broaden and standardize crisis housing and shelter programs so youth can get help quickly, stay safe, and have opportunities to grow and connect with their community. They suggested adding more crisis beds, combining housing with skill-building and community activities, and updating intake processes to focus on youth who really need support.
- **Streamline Access to Basic Needs and Healthcare Services**
Improve access to basic needs and healthcare by providing transportation, Electronic Benefit Transfer (EBT) benefits, and pharmacy delivery to help youth get the support they need. Make sure youth can get medications, meals, and essential services without long trips or complicated paperwork.
- **Strengthen School-Based Mental Health and After-School Supports**
Improve school-based mental health support and after-school programs to better support youth wellbeing and safety. Hire more school therapists, train staff to notice bullying and mental health challenges, offer safe after-school activities, and provide extra help for youth who don't have strong family or community support.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

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Overview: This report summarizes the April 29, 2025, and the April 30, 2025, input sessions with community members from parts of San Diego County including East, South, and North. The sessions provided an overview of County behavioral health crisis response services and gathered participant insights to guide future public messaging strategies.

Section	Details
Engagement Title	LET'S TALK ABOUT...Crisis Response Services in San Diego County
Format	<input type="checkbox"/> In-Person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date:</p> <ul style="list-style-type: none"> • April 29, 2025, North and South County • April 30, 2025, East County <p>Time:</p> <ul style="list-style-type: none"> • 9:30 AM-10:30 AM North County • 1:00 PM-2:30PM South County • 9:00 AM-10:30AM East County <p>Location: Zoom</p>
Participation	<p>90-min discussion:</p> <ul style="list-style-type: none"> • 10 attendees at sessions • 5 discussion questions • Comments submitted through Mentimeter • Comments through open discussion & Zoom chat

Summary of Engagement Activity

The County of San Diego Behavioral Health Services (BHS), in collaboration with the University of California San Diego (UCSD) Health Partnership, hosted three virtual Public Messaging Input Sessions on Tuesday, April 29, 2025, and Wednesday, April 30, 2025.

Across all sessions, a total of 10 community members from East, South, and North County San Diego participated, sharing their perspectives and lived experiences to help shape recommendations that will guide future outreach and messaging.

Participating Organizations Included:

- Community Health Systems Inc. (CHS)
- City of Imperial Beach
- National Association for the Advancement of Colored People (NAACP) San Diego
- Strong Hearted Native Women’s Coalition (SHNWC)
- San Diego County District Attorney (SDCDA)

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At each session, BHS Programs and Services - Case Management and Crisis team, presented an overview of key crisis response services, including 988, the San Diego Access & Crisis Line (ACL), Crisis Stabilization Units (CSU), and Mobile Crisis Response Teams (MCRT). UCSD then facilitated an input session using both open discussion and the interactive tool Mentimeter to gather feedback. Participants shared varying levels of familiarity with the services, raised areas of concern, and emphasized the importance of culturally responsive and accessible communication.

Feedback from these sessions will help inform the County's future public messaging strategies, ensuring that communications are community-driven, reflective of diverse needs, and positioned to connect residents with the right behavioral health services at the right time. Additionally, community input will help inform specialty mental health and substance use disorder services, including key priorities and investments in the region's first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029, ensuring future behavioral health strategies reflect community-identified needs.

Input Session Questions:

1. Before today, how familiar were you with the services shared?
2. What is something that is unclear or concerns you about the service/resource?
3. What would encourage you or someone you know to use this service/resource?
4. What channels (re: placement/activation) would be best in reaching people in your community about these services?
5. What other suggestions do you have that could help make outreach and messaging around these services more useful for your community?

Key Learnings

- **Knowledge Gaps Limit Access to Resources**
Participants demonstrated varied familiarity with behavioral health crisis services. Many were unaware of the existing CSUs or how MCRT teams operate, particularly for youth-focused CSUs. Despite participants knowing about crisis services in other counties, they were often unsure of local availability, hours of operation, or how to navigate access to these services. Questions about billing and insurance coverage were common, with uncertainty about whether services were free, whether Medi-Cal was required, and how private insurance or lack of insurance would affect care. These gaps were seen as barriers to engagement, highlighting the need for clear, accessible, and culturally responsive information that explains what services exist, how to access them, and who is eligible.

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- **Privacy and Safety Concerns Influence Engagement**
Safety, trust, and confidentiality emerged as central factors in participants' willingness to use services. Concerns included being seen in public while engaging with MCRT teams, potential reporting to authorities, and fear related to immigration status. Participants emphasized that these fears could deter people from seeking help. Across regions, the BHS team clarified that services are safe, confidential, and available to all, regardless of documentation status, but participants stressed that these assurances need to be consistently communicated.
- **Trusted Culturally Relevant Messengers Increase Reach**
Participants consistently noted that outreach is most effective when delivered by trusted community members and in familiar, culturally relevant spaces. Promotoras/Promotores, school staff, healthcare providers, community leaders, and individuals with lived experience were identified as credible messengers who can normalize help-seeking. Outreach strategies suggested included schools, churches, wellness fairs, salons, barber shops, and public safety meetings, where the community naturally gathers. Regional nuances were also noted: North County emphasized youth-focused outreach, South County highlighted culturally specific spaces and language access, and East County focused on rural and remote communities. These insights indicate that engaging trusted messengers in locations where people already feel comfortable is key to building awareness and encouraging the use of services.

Audience Recommendations

- **Enhance Clarity and Accessibility of Service Information**
Participants recommended sharing clear information about available services, including how to access them, operating hours, eligibility, and billing. Describe services in ways that are easy to understand for diverse populations, including neurodivergent individuals and people with disabilities. Use simple, visually clear messaging with practical examples to show how youth and families can get care. Provide information in multiple languages and formats through trusted community spaces like schools, health fairs, and local organizations to make it easier to understand and use.
- **Emphasize Safety and Confidentiality in Outreach and Delivery**
Clearly communicate that services are private, safe, and accessible to everyone, regardless of documentation or insurance status. Highlight flexible options like private consultations or home visits can address concerns about exposure. Emphasizing confidentiality and safety in all materials and staff messaging can reduce fear and encourage engagement, especially among vulnerable populations.

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- **Leverage Community Networks and Trusted Messengers for Outreach**
Engage trusted community members to raise awareness and encourage use of services. Use schools, churches, community-based organizations, and local events as key places to reach diverse populations. Involve Promotoras/Promotores, healthcare providers, community leaders, and individuals with lived experience to build credibility and normalize seeking help. Tailor outreach strategies to regional and cultural needs, such as youth-focused programs in North County, culturally specific spaces in South County, and rural access points in East County. Leverage informal gatherings, wellness fairs, and public safety meetings to introduce services in settings where people already feel comfortable, increasing both reach and trust.

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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



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	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Thursday, May 1, 2025 Time: 10:30 AM-11:30 AM Location: County of San Diego Housing and Community Development Services (HCDS), 3989 Ruffin Rd, San Diego, CA, 92123</p>
Participation	<p>60-min discussion:</p> <ul style="list-style-type: none"> • Nearly 40 attendees • 4 discussion questions • 200+ comments received: <ul style="list-style-type: none"> ○ 163 comments submitted through Mentimeter ○ 40 comments through open discussion

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 for the Fiscal Years 2026-2029. 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.

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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)
- Clarvida
- Wakeland Housing and Development Corporation
- Housing Innovation Partners (HIP)
- Community Health Improvement Partners (CHIP)
- Turn BHS
- National Alliance of Mental Illness (NAMI) San Diego
- Access to Independence
- Townspeople
- Telecare Corporation
- Father Joe's Villages
- Community Research Foundation, Inc. (CRF)

The session opened with an overview of BHSA, followed by a 45-minute discussion facilitated by UCSD. Nearly 200 comments were submitted through Mentimeter, in addition to verbal responses shared during the discussion, reflecting a wide range of perspectives and experiences. Conversations centered on opportunities and challenges across the housing and behavioral health systems, with an emphasis on policy flexibility, cultural responsiveness, and the inclusion of individuals with lived experience in shaping future strategies. Participants offered insights into system-level barriers and shared recommendations aimed at strengthening service accessibility, promoting collaboration, and expanding supportive housing solutions for individuals with complex behavioral health needs.

Input Session Questions:

1. Where in current service and/or housing systems are the most rigid policies (and how do they impact individuals with complex behavioral health needs)?
2. Given those policies, where are opportunities for flexibility or improvement?
3. Recommendations for making services more accessible and culturally aware for individuals with lived experience?
4. How can individuals with lived experience help shape policies and practices in both housing and behavioral health systems?
5. To help inform the BHSA integrated plan, what additional housing-related perspectives, data, stakeholders, or information need to be considered?



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).
- **Employment is Core to Housing Stability**
Participants strongly tied long-term stability to meaningful employment, not just short-term jobs to retain benefits. Calls for integrating supported employment and peer employment into housing strategies were repeated.
- **Mobile and On-Site Services are Critical**
Another major theme was the need to meet people where they are: in Permanent Supportive Housing (PSH) communities, recovery residences, and community hubs. Recommendations included exploring more mobile intake/assessment teams, medical and behavioral health services at housing sites, and mobile response units dedicated to PSH.
- **Opportunities for Flexibility and System Improvement in Accessing Housing**
Streamlining is needed to make multiple applications and ensure that long timelines do not hinder access to housing. Additional alignment between BHS and Managed Care Plans (MCP) is needed to prevent delays in support. Low-barrier housing access is needed so those most in need are not excluded and have quick housing options.
- **Integrate and Value Peers and Individuals' Lived Experience More**
Peers can build trust and have better responsiveness with residents when they are present. People with lived experience are meaningful role models and should help design and shape policy. Participants emphasized expanding peer roles beyond advisory ones to paid leadership positions. Other suggestions included having peers staff property front desks, embedding peers in design and policy decisions, and creating career ladders. Strong emphasis was placed on compensation and avoiding tokenization. Career pathways with compensation for peers as support staff could increase engagement.
- **Cultural Responsiveness & Specialized Teams**
Community members identified the importance of investment in culturally specific providers and hiring a diverse workforce. Examples included Spanish-speaking ACT teams, culturally tailored peer navigators, and housing providers rooted in community trust.

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- **Creative Access & Engagement Models**
Participants expressed a desire to perhaps see wellness kiosks (similar to like in convenience stores), mobile resource buses, texting platforms, and libraries as service hubs. These approaches were seen as essential for lowering barriers and reaching harder-to-engage populations.
- **Bridge & Shared Housing Opportunities**
Participants saw value in shared housing and recuperative care as transitional steps toward permanent housing. Emphasis on designing these models with resident input to build skills and stability.
- **Landlord & Property Engagement**
Strong calls for landlord engagement programs to reduce stigma and streamline approvals. Suggestions included incentive programs, education campaigns, and stronger collaboration with property managers.
- **Data & Accountability**
Participants wanted better data on housing retention, disenrollment, and service integration outcomes, and requested feedback loops showing how their input shaped County action.

Audience Recommendations

- **Dedicate Funding for Capital Development**
Expanding housing is critical to stability and recovery in our region. Under BHSA guidelines, 30% of funds must support Housing Interventions, with up to 25% of that dedicated to capital development. Community members recommend using the full 25% for projects that increase Permanent Supportive Housing and recapitalize programs like No Place Like Home, in partnership with County Housing and Development Services. Families, older adults, and individuals with complex behavioral health needs need safe, dignified, and affordable housing options.
- **Prioritize Retention and Prevention Supports**
Participants emphasized that housing success depends not only on placement but on ongoing support that prevents loss of housing. They recommended dedicated funding and staffing for on-site behavioral health and clinical services, such as having therapists or crisis-response staff available at housing sites. This would help address rising acuity levels, reduce evictions due to unmet behavioral health needs, and improve service flow. Transition supports for those leaving or being evicted from PSH were also strongly encouraged.
- **Expand Transitional and Flexible Housing Models**
There is a critical gap between temporary and permanent housing, recommending the development of transitional, tenant-based models connected to service providers. These “bridge” options would allow earlier intervention when housing instability arises and prevents clients from cycling back into homelessness.

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- **Strengthen Navigation and Re-Engagement Pathways**
Participants identified challenges in navigating services after housing placement. They recommended clearer navigation tools, such as visual flowcharts or resource maps that show re-engagement points, service options, and contact methods. Multiple touchpoints and skill-based trainings were also suggested for staff and residents to improve navigation, re-entry into care, and re-engagement with the broader community. It was also recommended that development companies and/or property management staff be included in engagement activities to support planning given their understanding of the property itself.
- **Increase Flexibility in Service Acceptance and Engagement**
Participants urged a voluntary, person-centered approach to service delivery. Encouraging voluntary, active engagement, rather than conditional service requirements, was viewed as essential for sustaining housing and rebuilding trust among residents.
- **Integrate Life Skills and Educational Supports into Housing Programs**
Suggestions included offering on-site skill-building opportunities such as cooking, budgeting, and community engagement workshops. These activities were viewed as both engagement tools and essential supports for maintaining housing stability.
- **Invest in Workforce Retention and Capacity**
Staff turnover and burnout were cited as ongoing challenges that weaken continuity of care. Participants recommended investments in workforce development, retention incentives, and training tailored to serving individuals with higher levels of behavioral health acuity.

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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes key insights from the input activity held on May 15, 2025, at the “Let’s Talk About: Connecting South Bay to Mental Health Resources,” community event, and offers recommendations to improve access, reduce stigma, and support culturally affirming behavioral health engagement in the South Region. Findings from this engagement will also be utilized to inform the County’s Behavioral Health Service Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	Let’s Talk About: Connecting South Bay to Mental Health Resources
Format	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Thursday, May 15, 2025 Time: 5:30 PM-7:00PM Location: MAAC Project Community Center - 1387 Third Ave, Chula Vista, CA 91911</p>
Participation	<p>90-Minute Engagement:</p> <ul style="list-style-type: none"> • 23 attendees • Three 5-min posterboard rotations (3 discussion questions) • Over 40 open-discussion comments received

Summary of Engagement Activity

On May 15, 2025, Behavioral Health Services (BHS), in partnership with the Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc. (MAAC), utilized the MAAC Community Center in Chula Vista to host an in-person community event titled “Let’s Talk About: Connecting South Bay to Mental Health Resources.” This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

The event engaged 23 community members and featured seven exhibitors, including both County and community-based providers.

Participating Organizations Included:

- Metropolitan Area Advisory Committee on Anti-Poverty of San Diego County, Inc (MAAC)
- Optum—Access & Crisis Line (ACL)
- Survivors of Suicide Loss (SOSL)
- Mobile Crisis Response Team (MCRT)
- South Bay Community Services (SBCS)
- Jewish Family Services—Breaking Down Barriers
- Mid-City CAN
- NAMI San Diego
- County Of San Diego, Aging and Independence Services
- Equip Health

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The event offered a panel discussion featuring representatives from the Access and Crisis Line (ACL), Mobile Crisis Response Teams (MCRT), Survivors of Suicide Loss (SOSL), and South Bay Community Services (SBCS), moderated by an Outreach Coordinator from Breaking Down Barriers (BDB) from Jewish Family Services (JFS). Following the panel, attendees participated in an interactive posterboard rotation activity facilitated by County staff, during which they responded to three discussion questions and contributed over 40 open-ended comments.

Input Session Questions:

1. Which of these specific mental health topics are most important in your community?
2. What are the biggest mental health or substance use challenges or related needs in your community?
3. What programs or workshops would you recommend to effectively engage the South Region in discussions about mental health?

Key Learnings

- **Community Members Value Mental Health Care**
Community members viewed mental health topics as interconnected and of great importance. In particular, the audience voiced that with mental health challenges the community seeks culturally affirming care, greater workforce capacity, and improved pathways to the right services.
- **Equitable Access & Structural Support Challenges to Care**
Structural barriers such as stigma, language access, housing instability, transportation, and long wait-times significantly impact the ability of residents to seek and sustain behavioral health support. Additional barriers to care include navigation of complex health care and lack of accessibility for those who may have a disability also serve as a deterrent to accessing support. Linguistic access, cultural affirmation, peer involvement, and stigma reduction are essential to building trust and participation.
- **Reducing Stigma Through Inclusive, Community-Centered Engagement**
Audience members shared a strong preference for trauma-informed, peer-led, and culturally rooted engagement approaches that reduce stigma, promote trust, and reflect lived experiences from within the community. Services must minimize re-traumatization and foster psychological safety for individuals and families.
- **Family and Community Empowerment**
Community members seek family-centered supports, experiential programming, and opportunities for leadership and connection to strengthen prevention and long-term resilience of those faced with behavioral health challenges.
- **Integrated, Community Driven Behavioral Health Care**
Community members prioritize accessible, coordinated mental health and substance use services grounded in lived experience.



Audience Recommendations

- **Develop Hub Model for Accessing Support**
Participants shared the need to develop a “one-stop-shop” behavioral health model to address co-occurring conditions. Streamlining the intake processes to make it easier for people to get care is vital. Provide navigation support to help clients access eligibility-based services.
- **Address Structural and Practical Barriers to Access**
Reduce transportation challenges, housing instability, long wait times, and limited disability accommodations as persistent barriers to engaging in behavioral health services. Reducing these barriers is critical to improving access, continuity of care, and equity across populations.
- **Strengthen Culturally and Linguistically Responsive Services**
Increase services that are linguistically accessible and culturally affirming. Representation among providers, multilingual resources, and partnerships with trusted community organizations were seen as essential to building trust and increasing engagement.
- **Center Trauma-Informed, Low-Barrier, and Stigma-Reducing Approaches**
Create spaces that feel safe and supportive, especially for people who have experienced trauma. Use easy-to-access, welcoming, and hands-on approaches to make talking about mental health feel normal and help reduce stigma.
- **Promote Family-Centered and Community Empowerment Approaches**
Include families and caregivers as key partners in prevention and early intervention. Create opportunities that foster community connection, shared ownership, and empowerment for strengthening resilience and supporting long-term wellness outcomes whenever possible. Programs that reflect community-identified priorities and incorporate lived experience are viewed as more responsive, relevant, and effective.
- **Incorporate Non-Clinical Approaches to Healing**
Create community-based activities and programs that use storytelling, art, recreation, nature, and trusted messengers to encourage open conversations about mental health, especially for families, youth, and underserved populations.
- **Invest in Crisis Response Services & Behavioral Health Workforce**
Expand South Bay’s crisis response capacity by strengthening Mobile Crisis Response Teams (MCRT) and Psychiatric Emergency Response Teams (PERT), providing first responder training, and increasing workforce capacity and diversity to meet community needs.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Additional Goals: Engagement in Schools and Social Connections**
For the “specific mental health goals most important,” to the audience, they identified two main areas of interest. These areas include, “Help connecting to the right mental health care (Navigation Support),” and “Mental health workforce capacity and diversity (Workforce Challenges and Representation).”

Please note: *This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.*

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes key insights from a Youth Optimal Care Pathways Listening Session and offers recommendations for developing a Youth Behavioral Health Continuum Framework that promotes resiliency and well-being among youth in San Diego County. Findings from this engagement will also be utilized to inform the County’s Behavioral Health Service Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	Youth Optimal Care Pathways (OCP) Listening Session
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: June 4, 2025 Time: 5:00 PM-6:00 PM, 5:30 PM-7:00 PM Location: Zoom
Participation	60-min virtual listening session: <ul style="list-style-type: none"> • 10 attendees • 7 discussion questions facilitated by UC San Diego • Mentimeter responses and open discussion

Summary of Engagement Activity

On June 4, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with the University of California San Diego (UCSD) Health Partnership, hosted a virtual listening session with 10 youth from the *Live Well San Diego* Youth Sector. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Transitional Aged Youth (TAY) participants brought diverse identities, backgrounds, and lived experiences, offering valuable insight into the behavioral health needs of young people today.

The session began with an icebreaker and a presentation from the BHS Communication and Engagement (C&E) team, introducing the team’s mission and community outreach efforts. The UCSD team then facilitated a discussion guided by seven key questions, encouraging youth to participate through open dialogue and/or by using the interactive digital platform Mentimeter. The session explored the challenges youth face in accessing behavioral health services and strategies to better connect individuals to the right care at the right time, supporting their long-term well-being. The session concluded with a resource overview from the C&E team, highlighting available mental health and substance use prevention tools for youth.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Insights gathered from this session will also inform the development of a Behavioral Health Continuum Framework for children, youth, and transitional-age youth (ages 0-25) in San Diego County. The framework will strengthen care pathways by improving access to timely, appropriate services that are responsive to both clinical needs and the broader social factors influencing mental health such as anxiety, depression, bullying, suicide risk, and the impact of social media. Shaped by the lived experiences of youth, this effort promotes a more equitable and sustainable care system by designing services that reflect community needs, strengthening ties to natural supports, and expanding diverse care options.

Input Session Questions:

1. What trusted spaces in your community do youth turn to when they're struggling or seeking out more information? What do you believe are the most effective ways of reaching youth about mental health/substance use?
2. In your opinion, what do you see as the greatest concerns for youth related to mental health and substance use today?
3. What might prevent youth experiencing mental health and/or substance use challenges from getting the help they need in your community?
4. Can any of you think of a time when you/someone you know received what you felt was high quality care from a doctor, clinician, therapist, or medical provider? What made that a quality experience?
5. Do you recall a time when you or someone you know needed care and didn't get it, or the experience wasn't so great? What were the factors that made it a negative experience?
6. How do you think your support circle, including friends, family, schools, and adult advocates, can better support youth experiencing mental health and/or substance use challenges?
7. If you had the chance to improve mental health and substance use services for youth, what would you change?

Key Learnings

- **Youth Identify Trusted Spaces for Behavioral Health Support**
Youth identified safe places such as schools, community organizations, wellness centers, libraries, social media, and trusted adults like teachers and coaches when seeking out additional information or support reflective of behavioral health.
- **School Site Personnel are Valued, but Limited**
While school counselors are valued, participants expressed that they find them inaccessible due to limited availability or concerns about confidentiality.
- **Youth Face Various Barriers that Prevent Them from Seeking Help**
Many shared that cultural stigma, fear of judgment from family, financial constraints, and limited awareness of available services prevent them from seeking help.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Quality Healthcare Experiences are Rooted in Representation & Understanding**
Positive experiences with healthcare providers are rooted in empathy, cultural understanding, and being treated as whole individuals. Youth value providers who listen without rushing and reflect their identities in terms of race, gender, and lived experience. Feeling seen and respected encourages engagement in care.
- **The Cost of Being Dismissed: Barriers to Youth Help-Seeking Behaviors**
Youth shared that feeling dismissed or misunderstood by adults or healthcare providers, especially during their first attempts to seek help, undermines their sense of autonomy and discourages them from advocating for themselves or seeking support in the future.
- **The Weight of Expectations: Anxiety and Isolation Among Youth**
Youth reported experiencing anxiety, depression, isolation, and suicidal ideation, often linked to academic pressure, social expectations, uncertainty about the future, and the influence of social media. Many struggle silently and are unsure who to trust or how to seek help.
- **Substance Use as a Coping Mechanism**
Vaping and substance use are widespread and normalized among youth, sometimes starting as early as elementary school. Many turn to these substances to escape stress, but their addictive qualities make it difficult to quit or help others do so.

Audience Recommendations

- **Empowering Youth Through Peer-Led Support Programs**
Participants shared the need to expand peer-led supports, including student ambassador programs, peer support circles, and workshops. Offer programs that teach youth how to hold space for each other. Provide workshops that help youth facilitate supportive conversations.
- **Bolster the Behavioral Health Workforce with Cultural Competency**
Improve the quality and access of behavioral health services by training providers in empathy and cultural sensitivity. Expand affordable, identity-affirming services for youth. Teach early mental health education that covers anxiety, depression, and social pressures, and involve families to help reduce stigma.
- **Integrate Behavioral Health Initiatives Year-Round**
Provide consistent, year-round school mental health supports that go beyond one-time events. Expand access to free or low-cost services and offer options for anonymity to meet ongoing and diverse needs. Build on current initiatives, like mental health days and motivational speakers, to create more comprehensive support for youth.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Create Non-clinical Safe Places and Practices to Normalize Behavioral Health**
Identify and create non-clinical support spaces such as clubs, art programs, sports, and volunteer opportunities to help youth build connection and resilience. Use creative outlets like art as powerful tools for mental health, giving youth alternative ways to express emotions and process difficult experiences without relying on words.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the July 9, 2025, collaborative planning session between the *Live Well San Diego (LWSD)* North Central Leadership Team, Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHS Data Presentation for LWSD North Central Region Community Leadership Team Meeting
Format	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Wednesday, July 9, 2025 Time: 11:30 AM – 12:30 PM Location: Live Well Support Center - 5469 Kearny Villa Road, San Diego, CA 92123</p>
Participation	<p>Participants:</p> <ul style="list-style-type: none"> • 41 Community members & County staff participated in this activity. • 5 breakout groups. • 4 discussion questions supported by poster board sticky notes, activity sheet, and open discussions.

Summary of Engagement Activity

On July 9, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) team and BHS Population Health Unit collaborated with the Live Well San Diego North Central Leadership Team to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 41 participants attended the data presentation, including the Leadership Councils members and diverse mix of community-based, healthcare, educational, faith-based, and social service stakeholders.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Participating Organizations Included:

- Our Lady of Mount Carmel
- Southern Caregiver Resource Center
- Angels Foster Family Network
- Social Advocates for Youth (SAY) San Diego
- Harmonium, Inc.
- University of California San Diego (UCSD), School of Public Health, Transportation Research and Education for Driving Safety (TREDS)
- Family Health Centers of San Diego (FHCSO)
- TURN, Behavioral Health Services
- San Diego State University (SDSU)
- Planned Parenthood
- Department of Rehabilitation
- MY Academy
- Alzheimer's Association
- Neighborhood House Association
- Molina Healthcare

The session began with C&E providing an overview of BHSA and its impact on BHS activities, followed by the BHS Population Health Unit sharing regional, County, and state behavioral health related data, including information on self-harm, suicide, overdose, and substance use. Following the presentation, community members participated in small-group discussions facilitated by the C&E team, focusing on disparities in mental health and substance use outcomes, barriers to care, and opportunities for collaboration between the County and community to enhance wellbeing. The session concluded with participants sharing closing reflections and voting on the State's "Additional Goals" to highlight priorities for future data workshops.

Input Session Questions:

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?
2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support they need – consider access, cultural norms/traditions etc.)?
3. How can the County and community work together to address disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community).
4. Cast a vote for what you would like the County to focus on for future behavioral health data sets.



Key Learnings

- **Awareness, Access, and Stigma**

Participants emphasized that limited awareness of behavioral health services and restricted access often lead to crises in the community. Stigma around seeking support, particularly within specific cultural or community groups, prevents individuals from utilizing available resources. Groups such as immigrants, military populations, and some cultural communities noted that seeking help is often discouraged, further limiting engagement with support systems. Overall, these factors create significant barriers to early intervention and contribute to disparities in service utilization.
- **Population Specific Vulnerabilities**

Stakeholders highlighted that youth and LGBTQIA+ populations face unique vulnerabilities, including bullying, peer pressure, trauma, and unsafe social environments. Foster youth and unhoused youth reported low trust in support systems, with foster parents expressing fear of negative consequences if children access services. Participants also noted disparities affecting racial and ethnic minority groups, including Black, Native/Indigenous, and Latinx/Hispanic populations. These population-specific challenges contribute to gaps in service engagement and data reporting, emphasizing the need for targeted interventions.
- **Substance Use and Safety Risks**

Participants noted that substance use and related safety risks are significant contributors to disparities in behavioral health outcomes. Youth exposure to drugs, drink spiking, and unsafe environments were emphasized as increasing concerns, alongside sexual assault risks. Drug overdoses among youth, particularly ages 10–17, were identified as a pressing problem affecting community health. These patterns demonstrate the need for both prevention-focused programs and enhanced monitoring of emerging substance-related risks.
- **Mental Health and Suicide Risks**

Stakeholders consistently highlighted concerns around suicide ideation and deaths among youth, elderly populations, and foster children. Access to firearms, social isolation, and other environmental factors were identified as contributors to suicide risk. These concerns indicate that mental health interventions must be responsive to age-specific and population-specific needs, and early intervention is critical. Addressing these risks requires integrated strategies that combine prevention, support, and community engagement.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Structural and Socioeconomic Barriers**
Participants noted that financial hardship, limited parental supervision, and lack of extracurricular opportunities impact youth behavioral health outcomes. Geographic disparities, including reduced reach in areas like Kearny Mesa and Peninsula, limit access to care. Socioeconomic status and cost of care were repeatedly cited as barriers affecting multiple populations, including older adults and military families. These structural inequities create disparities that must be addressed in program planning and resource allocation.
- **Data Gaps and Trust**
Stakeholders raised concerns about how behavioral health data is collected and whether it reflects community needs. Populations such as youth, justice-involved individuals, and marginalized groups may be underrepresented due to mistrust or confidentiality concerns. Participants emphasized that without community trust, data may be incomplete or inaccurate. Addressing these gaps requires strategies that prioritize transparency, engagement, and inclusive data collection methods.
- **Collaborative Solutions**
Participants highlighted the importance of community-informed strategies to address gaps, including education, outreach, and intergenerational programming. Safe spaces, interactive events, and partnerships with schools, faith-based organizations, and affinity groups were suggested to enhance engagement. Stakeholders emphasized the value of ongoing training, trauma-informed care, and harm reduction initiatives. These collaborative approaches were seen as essential to improving service access, behavioral health outcomes, and long-term community wellness.

Audience Recommendations

- **Community Awareness and Engagement Strategies**
Enhance awareness and reduce stigma by ensuring communities know about behavioral health services and feel safe using them. Participants highlighted that lack of awareness and access contributes to crises, while stigma prevents help-seeking, particularly in immigrant, military, and culturally diverse populations. Culturally informed outreach, multilingual materials, and stigma-sensitive messaging are critical for improving engagement. Building these foundations supports more equitable access and utilization of services.
- **Targeted Supports for Priority Populations**
Target programs to address the unique vulnerabilities of youth, LGBTQIA+ individuals, foster youth, and unhoused populations. Stakeholders emphasized that trauma, bullying, peer pressure, and unsafe environments significantly impact these groups. Racial and ethnic minority populations, including Black, Native/Indigenous, and Latinx/Hispanic communities, were also identified as particularly vulnerable. Tailored interventions are needed to support these populations and improve behavioral health outcomes.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Risk Reduction and Prevention Initiatives**
Address substance use and safety risks by focusing on prevention, harm reduction, and monitoring environmental factors whenever possible. Participants noted drug overdoses, youth exposure to drugs, drink spiking, and unsafe party settings as urgent concerns. Sexual assault risks and firearm access were also emphasized. Programs must incorporate strategies to mitigate these risks while engaging youth in safe, supportive environments.
- **Early Intervention and Crisis Prevention Efforts**
Strengthen mental health interventions and suicide prevention initiatives by addressing high-risk populations and contributing factors. Participants highlighted suicide ideation and deaths among youth, older adults, and foster children, noting that social isolation, trauma, and firearm access exacerbate risks. Timely, age-appropriate, and population-specific interventions were emphasized as critical. Early intervention and community-based support are essential to reduce behavioral health disparities.
- **Access-Oriented Service and Resource Allocation**
Mitigate structural and socioeconomic barriers by improving accessibility and resource availability for underserved populations. Stakeholders noted financial hardship, limited parental supervision, lack of extracurricular activities, and geographic disparities as significant challenges. Systemic inequities and cost of care further affect older adults, military families, and other vulnerable populations. Programs must integrate flexible, affordable, and accessible strategies to address these disparities.
- **Inclusive Data Practices and Community Trust-Building**
Improve data collection and trust by engaging communities transparently and inclusively. Participants emphasized that youth, justice-involved individuals, and marginalized groups are often underrepresented in data due to lack of trust. Confidentiality, transparency, and community engagement were repeatedly highlighted as critical factors. Strengthening trust ensures more accurate reporting and informs effective planning and services.
- **Partnership Development and Community Co-Design**
Expand collaborative partnerships and community-engaged strategies to improve program reach and impact. Participants highlighted that partnerships with schools, faith-based organizations, senior centers/intergenerational programs, and affinity groups increase engagement. Structured events, safe spaces, and interactive programming, such as Parks After Dark or nature-based initiatives, were suggested to encourage participation. Ongoing training and education for caregivers and community members further support sustainability and effectiveness.
- **Additional Goals: Engagement in Schools and Social Connections**
For the State's "Additional Goal," the audience identified two main areas they would like to see prioritized regarding the local County performance on population-level goals vs. the State. These two measures included "*Engagement in Schools*," as well as "*Social Connections*."

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the July 17, 2025, collaborative planning session between the *Live Well San Diego* (LWSD) East Region Leadership Team, Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHS Data Presentation for LWSD East Region Community Leadership Team Meeting
Format	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Thursday, July 17, 2025 Time: 10:30 AM – 12:00 PM Location: County of San Diego East Region Public Health Center- 367 N. Magnolia Ave, Magnolia Room, El Cajon, CA, 92020</p>
Participation	<p>Participants:</p> <ul style="list-style-type: none"> • 51 community members and County staff. • 6 break out groups. • 4 discussion questions supported by poster board sticky notes, activity sheet, and open discussions.

Summary of Engagement Activity

On July 17, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) team and BHS Population Health Unit collaborated with the Live Well San Diego East Region Leadership Team to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 51 participants attended the data presentation, including representation from a broad range of stakeholders, including healthcare providers, youth and family services, educational institutions, community-based wellness and prevention programs, and County staff.

Participating Organizations Included:

- San Diego Youth Services
- Institute of Public Strategies
- Exodus Recovery, Inc.
- Courage To Call, TURN Behavioral Health Services
- Family Health Centers of San Diego
- Neighborhood Healthcare
- Vista Hill
- License to Freedom
- McAllister Institute
- Grossmont Healthcare
- Blue Shield California
- Pacific Health Group
- Institute of Public Strategies (IPS)
- SAY San Diego
- Lakeside Union School District
- IPS BUDI Program

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session began with C&E providing an overview of BHSA and its impact on BHS activities, followed by the BHS Population Health Unit sharing state and regional behavioral health related data, including information on self-harm, suicide, overdose, and substance use. Following the presentation, community members participated in small-group discussions facilitated by the C&E team, focusing on disparities in mental health and substance use outcomes, barriers to care, and opportunities for collaboration between the County and community to enhance wellbeing. The session concluded with participants sharing closing reflections and voting on the State's "Additional Goals" to highlight priorities for future data workshops.

Input Session Questions:

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?
2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support they need - consider access, cultural norms/traditions, etc.).
3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.).
4. Cast a vote for what you would like the County to focus on for future behavioral health data sets.

Key Learnings

- **Closing Gaps in Behavioral Health for Underserved Communities**
Attendees highlighted significant disparities in mental health and substance use outcomes for certain groups including older adults, service members and veterans, people in rural areas, youth (especially LGBTQIA+ youth), and communities of color such as Black/African American and American Indian/Alaska Native residents. These challenges often occur because of their far proximity to local behavioral health services, lack of culturally appropriate resources and/or lack of services provided in native language, stigma reflective of behavioral health, and lack of access to prevention and crisis supports. Targeted outreach in reaching these groups and building trust is a key theme.
- **Address Housing Instability and Basic Needs as Core Behavioral Health Factors**
Individuals shared that housing instability and unmet basic needs strongly influence behavioral health outcomes and whether individuals are represented in data systems, resulting in the undercounting of unhoused and economically marginalized populations.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Communities Face Systemic and Cultural Barriers to Care**
The audience voiced that several ongoing challenges contribute to behavioral health disparities including cultural beliefs that discourage open conversations about mental health within certain communities. Other systemic barriers include limited transportation and public transportation infrastructure challenges, insurance gaps, provider shortages, and limited hours for services. Additionally, audience members shared that the healthcare system was often challenging in navigating access to services. These barriers continue to disrupt care and make it challenging for vulnerable populations to effectively access the support they need.
- **Shift from Crisis-Driven Systems to Diversify Community Response**
Behavioral health systems and data sets remain heavily centered on crisis response, limiting the County's ability to detect early risk factors and intervene before individuals require emergency or inpatient care. Audience suggestions also include expanding mobile outreach services, creating centralized resource hubs for behavioral health specifically positioned to support underserved areas like Mountain Empire and Grossmont School District, and further developing crisis stabilization services/facilities would be beneficial.
- **Growing Concern of Law Enforcement in Accessing Services**
Individuals shared that fear related to immigration enforcement deters individuals from seeking behavioral health care and felt that there is insufficient funding for frontline staff and community programs to address these challenges. Community partners emphasized the need for collaborative approaches that increase trust and accessibility, such as enhancing education for parents and youth on behavioral health while leveraging trusted community and faith-based organizations in the process.
- **Adapt Data Systems to Fast Changing Local Trends**
The audience desires improving data transparency by providing more "real-time" resource mapping of behavioral health related events to better guide coordinated prevention and intervention efforts. Rapid shifts in substance use patterns outpace current data collection and reporting systems, delaying timely prevention, harm reduction, and response efforts. Fragmented data across healthcare, education, housing, and community-based systems prevents a comprehensive understanding of behavioral health needs. This also includes incomplete data among immigrant and marginalized communities. Finally, individuals shared aggregated regional data obscures neighborhood-level differences, limiting the County's ability to design place-based and culturally tailored interventions.

Audience Recommendations

- **Shift Towards Early Interventions and Stigma Reduction**
Participants desire partnerships with schools, shelters, senior centers, outreach teams, and community-based organizations to capture early and preventative indicators. Individuals stressed to reduce stigma by framing behavioral health services and data efforts around prevention, wellness, and connection rather than crisis alone.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Expand Mental Health Services in Rural Communities**
Individuals expressed the need to increase the availability of crisis stabilization units, mobile mental health teams, and language services in rural and high-need communities like Mountain Empire, Lemon Grove, and Spring Valley. Expanding services can reduce geographic and cultural barriers to care. Provide targeted support to ensure communities with the greatest need can access timely mental health help.
- **Remove Structural Barriers to Access and Engagement**
Improve access by investing in mobile, community-based, and low-barrier service models that address transportation, insurance, and scheduling challenges. Partner with schools, faith-based groups, and trusted local organizations to deliver preventative education, reduce stigma around mental health and harm reduction, and meet residents where they are through both in-person and virtual engagement strategies.
- **Develop Real-Time Resource Mapping and Response**
Create and maintain a centralized, real-time resource map and data dashboard that works with the Coordinated Information Exchange (CIE) to simplify referrals, track available services, and make information easy for the community and residents to access. Additionally, individuals shared their desire to utilize “hot maps” with feedback loops to capture emerging substance use trends and community-level insights.
- **Improve Geographic Specific Planning**
Disaggregate data at the neighborhood and sub regional level to support place-based planning and equitable resource allocation. Also, break down data silos by establishing cross-sector data-sharing and learning collaboratives across healthcare, education, housing, and community systems.
- **Address Housing Instability and Basic Needs**
Integrate housing status, basic needs access, and service barriers as standard variables across County behavioral health data sets.
- **Strengthen Cultural and Linguistic Services**
Strengthen cultural and linguistic responsiveness through expanded translation services, bilingual staff, and culturally matched providers. Leverage trusted messengers, cultural brokers, and lived-experience advocates to build trust, increase participation in behavioral health services, and improve data quality.
- **Additional Goals: Engagement in Schools and Social Connections**
For the State’s “Additional Goal,” the audience identified two main areas they would like to see prioritized regarding the local County performance on population-level goals vs. the State. These two measures included “*Engagement in Schools*,” as well as “*Social Connections*.”

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the July 28, 2025, collaborative planning session between the *Live Well San Diego* (LWSD) Central Region Leadership Team, Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHS Data Presentation for LWSD Central Region Community Leadership Team Meeting
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Monday, July 28, 2025 Time: 1:30 PM-3:30 PM Location: Zoom
Participation	Participants: <ul style="list-style-type: none"> • 68 community members and County staff • 7 break out groups • 4 questions with facilitated open discussions

Summary of Engagement Activity

On July 28, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) team and BHS Population Health Unit collaborated with the Live Well San Diego Central Region Leadership Team to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 68 participants attended the input session, including the Central Leadership Team and representatives from community-based organizations, advocacy groups, and government and non-government agencies.

Participating Organizations Included:

- University of California San Diego (UCSD) Health
- Goodwill Industries of San Diego
- Logan Heights Community Development Corporation (CDC)
- Docfully Healthcare
- Alzheimer’s Association
- Legal Aid Society of San Diego (LASSD)
- SAY San Diego
- San Diego PACE
- JIREH Providers
- California State University San Marcos (CSUSM)
- TURN Behavioral Health Services
- The Children’s Initiative
- ELUSEN, Inc.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of Behavioral Health Services Act (BHSA) by the C&E team, followed by a data presentation from BHS Population Health Unit highlighting state and regional trends in self-harm, suicide, overdose, and substance use. Afterward, community members participated in small-group discussions led by C&E to identify key disparities, barriers, and opportunities for collaboration to improve mental health and wellbeing. The session concluded with attendees sharing reflections and voting on “Additional Goals” from the State’s list of measures to prioritize for future data workshops.

Input Session Questions:

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?
2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support they need - consider access, cultural norms/traditions, etc.).
3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.).
4. Cast a vote for what you would like the County to focus on for future behavioral health data sets.

Key Learnings

- **Gaps in Behavioral Health Data and Analysis**
Participants expressed behavioral health data is misrepresented or only telling part of the story, as the data shared is believed to be overly crisis-focused and lacking in cultural/regional context. Additionally, participants request to incorporate recent arrivals (refugees or migrants) into the regional data sets presented. Without filtering this data into smaller demographics/populations and/or smaller regional representation, service providers within the region are limited in their ability to collectively amass early intervention and culturally relevant responses to support residents.
- **Workforce Mental Health and Readiness**
Participants highlighted the need to examine mental health challenges within the workforce and explore linkages between school-based supports (such as IEPs) and readiness for employment. Employer-based mental health programs were suggested to normalize help-seeking and reduce stigma in professional environments.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Access and Equity Barriers Prevent Community Members from Seeking Care**
Stigma was identified by participants as a major barrier related to seeking out and receiving behavioral health care. Community members also voiced challenges in receiving care in a timely manner, with contributing factors of mistrust of institutions, lack of transportation, language barriers, and costs (especially for rural, immigrant, unhoused, LGBTQ+, and communities of color). Individuals also shared service providers lack representation to reflect the many diverse cultural backgrounds and/or lived experience indicative of these highly impacted groups within the region.
- **Desire to Learn How Environmental Factors Correlate to Behavioral Health**
The audience expressed a desire for more education about how environmental factors such as housing instability, socioeconomic hardship, COVID-19's lasting impact influence these behavioral health data sets. In particular, there was a desire to better understand how these conditions intersect with the shared data reflective of behavioral health challenges, including mental health risks, high suicide rates among specific groups (older men, LGBTQ+, veterans), and substance use overdose trends (e.g., fentanyl, cannabis).

Audience Recommendations

- **Expand Culturally Appropriate Behavioral Health Interventions**
Participants shared the need to build trust and cultural relevance into all behavioral health programs. Design programs and services with cultural practices at the forefront. Including individuals with lived experience can ensure programs reflect real-life perspectives. Partner with community members for representation of cultures and experience, reduce stigma, and increase engagement.
- **Strengthen Key Community Partnerships**
Improve early detection by working with trusted local programs, schools, parents, and caregivers to spot behavioral health needs sooner. This is inclusive of culturally sensitive practices that can make prevention more effective.
- **Focus Data to Subregional Approach**
Use data-driven, prevention-focused strategies whenever possible to divide the region into smaller subgroups or subregions and align interventions with the specific needs of each group. Define and share clear prevention metrics that can support the community to take proactive steps and reduce reliance on crisis-driven approaches.
- **Advance Workforce Mental Health Initiatives**
Explore programs that address mental health challenges in workplace settings and strengthen linkages between school-based supports (such as IEPs) and workforce readiness. Develop employer-based mental health programs to normalize help-seeking and reduce stigma in professional environments. Engage local employers in collaborative planning to align strategies with workforce needs.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Enhance Substance Use Monitoring and Communication**
Improve classification and reporting of overdose and substance-related incidents, reconcile perceived fentanyl trends with data, and include clear explanatory notes in future presentations. Collect and analyze community feedback on Narcan use by non-health professionals. Create a public dashboard to track substance use trends and prevention efforts over time.
- **Additional Goals: Engagement in Schools and Social Connections**
For the State’s “Additional Goal,” the audience identified two main areas they would like to see prioritized regarding the local County performance on population-level goals vs. the State. These two measures leaned heavily to include the data reflective of “*Engagement in Schools*,” as well as “*Social Connections*.”

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report highlights key learnings and recommendations from a virtual session held on August 12, 2025, where members of AAP-CA3’s Strategic Behavioral Health Initiative shared insights to help shape the Youth Optimal Care Pathways (OCP) and Behavioral Health Services Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	Youth Optimal Care Pathways Discussion with AAP-CA3’s Strategic Behavioral Health Initiative
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Tuesday, August 12, 2025, Time: 12:00 pm – 1:30 pm Location: Zoom
Participation	90 min virtual session: <ul style="list-style-type: none"> • 20 attendees • 4-5 discussion questions • Input through open discussion, Zoom chat, and Mentimeter

Summary of Engagement Activity

On August 12, 2025, the Behavioral Health Services (BHS) Communication and Engagement team hosted a virtual Youth Optimal Care Pathways (OCP) input session with pediatricians, medical professionals, and community stakeholders from the American Academy of Pediatrics, California Chapter 3 (AAP-CA3) – Strategic Behavioral Health Initiative (SBHI). The Youth OCP model aims to strengthen behavioral health services for children, youth, and transition-age youth (ages 0–25) by addressing service gaps, promoting early intervention and prevention, and ensuring services are aligned with community needs. This session was also designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 20 participants in attendance represented funders, policy makers, healthcare providers, and community organizations focused on advancing child, youth, and family health in San Diego County.

Participating Organizations Included:

- Alliance Healthcare Foundation
- Policy & Innovation Center (PIC)
- American Academy Pediatrics-CA3 Strategic Behavioral Health Initiative
- YMCA of San Diego
- San Diego Community Health Improvement Partners (SD CHIP)
- McAlister Institute
- Harmonium
- Retired SDCC
- Vista Hill
- Children's First Collective
- Price Philanthropies
- San Diego for Every Child
- Rady's Children's Hospital
- KidSTART Center at Rady Children’s Hospital

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Dr. Nicole Esposito, BHS Chief Population Health Officer, opened the session by highlighting SBHI's significant achievements and introducing the development of the Youth OCP model. Following this overview, a 45-minute discussion was facilitated by BHS through questions informed by previous research by AAP-CA3's SBHI. Input was gathered through open dialogue, Zoom chat, and Mentimeter, fostering an engaging and collaborative discussion that included perspectives on state-level prevention priorities, funding barriers within the care system, opportunities for community hub models, and challenges with school district Fee Schedule adoption for behavioral health services. The session closed with BHS outlining next steps, including continued stakeholder engagement and integration of community feedback into upcoming planning efforts. Insights from this session will inform both the Youth OCP Framework and the County's first BHSA Integrated Plan.

Input Session Questions:

1. What prevention opportunities would you prioritize for us to collectively advocate for adoption at the State level?
2. Which parts of the care continuum are more vulnerable to payer roadblocks?
3. What Community Based Organizations (CBOs) have adopted a hub-like model with shared administration similar to an integrated practice association? What other technical/operational needs among CBOs that still need to be resolved for them to achieve successful outcomes in such a model?
4. What barriers/concerns are you aware of among school districts that have yet to adopt the Fee Schedule? How can we encourage more districts to opt in?

Key Learnings

- **Early Childhood and Caregiver Support Must be Prioritized**
Participants highlighted that young children (ages 0 to 5) as well as their caregivers are often left out of prevention frameworks, even though caregiver mental health directly shapes child outcomes. Individuals pointed to universal behavioral health and developmental screening in pediatric care, early childhood mental health (ECMH) consultation in childcare and preschool settings, and reflective supervision for providers as essential strategies to strengthen families and prevent workforce burnout.
- **Technology and Social Media are Fueling Rising Behavioral Health Needs in Youth**
Smartphones and social media contribute to isolation, anxiety, and behavioral health related concerns. Participants called for both policy restrictions (e.g., delayed access, school-based phone limits) and broader efforts such as parent education and public messaging campaigns to shift norms. They also emphasized the protective role of in-person connection through outdoor activities, arts, and sports while raising concerns that inequitable access leaves many low-income families without these critical supports.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Pediatricians are Central, but Overburdened, Entry Points for Behavioral Health**
Families often turn to pediatricians first, but providers reported being overwhelmed by demand and limited by payer carve-outs, meaning certain behavioral health services are managed separately by insurers or managed care plans, which creates extra steps and delays for families. Participants noted that without stronger integration with schools and community-based organizations, pediatricians cannot consistently connect children to timely behavioral health care.
- **Workforce Shortages, Payer Restrictions, and System Gaps Contribute to Access Barriers**
Participants described persistent challenges in recruiting and retaining qualified behavioral health specialists, particularly for substance use and mild-to-moderate needs. Limited reimbursement for prevention and specialty services further fragments the continuum of care, producing inequities and delays in timely access.
- **Collaborative Hub-and-Spoke Models Show Promise but Require Stable Infrastructure**
Participants pointed to models such as the San Diego Wellness Collaborative and AAP-CA3 First Steps, which reduce administrative burdens, strengthen contracting, and support shared referral systems. However, they emphasized that these approaches only work if supported by stable funding, robust data systems, and neutral backbone organizations that safeguard data and ensure cross-system coordination.
- **Many School Districts Lack the Capacity to Implement the Fee Schedule Directly**
While some larger school districts can bill directly under the Medi-Cal Fee Schedule, most small and mid-sized districts lack the administrative infrastructure, staffing, or financial resources to do so. Participants emphasized that partnerships with community-based organizations (CBOs) help schools expand behavioral health access without operating as full-service providers, but long-term sustainability depends on adequate reimbursement rates, workforce pipelines, and alignment with managed care systems. Without this support, schools remain hesitant to take on the administrative and operational burdens of direct billing.

Audience Recommendations

- **Advocate for Early Childhood and Caregiver Mental Health**
Participants shared the need to advance a statewide prevention strategy that prioritizes early childhood and caregiver mental health. Additionally, individuals voiced their desire to increase funding for dyadic and family-centered interventions. Community members advocate to provide mental health supports for caregivers as well as implement universal screening to ensure early interventions are holistic, developmentally appropriate, and reduce behavioral and developmental risks for children.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Advocate for Policy & Data Collection on Youth Smartphone Use**
Create consistent statewide policies and collect data on youth smartphone use. Set clear limits on smartphone use during the school day while on school campus. Support these limits with parent education campaigns to delay when kids get personal devices. Track results to show what works and guide wider adoption.
- **Expand Equitable Access to Enrichment and Connection Opportunities**
Utilize outdoor play, arts, music, sports, and camps as key prevention strategies whenever possible. Provide dedicated funding to ensure low-income families and under-resourced districts can access these programs. Support social-emotional development, build relationships, and strengthen resilience through these activities. In the future BHSA framework, prevention funding will no longer be under local control as these funds will be allocated to the state level under California Department of Health Care Services (DHCS). Additionally, funding dedicated to early intervention must meet certain criteria to primarily reach those with clinical early indicators or clinical risk of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).
- **Integrate Pediatric Care, Schools, & Community in a Gateway to Behavioral Health**
Strengthen cross-system integration by including pediatricians as key partners. Provide resources to help pediatricians serve as effective entry points for behavioral health. Create formal referral pathways to schools and community-based organizations. Support these efforts with structured cross-sector collaboration and training.
- **Expanding Access Through Workforce and Community Partnerships**
Reduce payer and workforce barriers while supporting sustainable community-based organization (CBO) models. Expand Medi-Cal reimbursement to non-licensed roles under supervision. Fund universal behavioral health screening for children and caregivers. Invest in a pediatric workforce pipeline. Support hub-and-spoke models with backbone organizations to manage contracts, align reimbursement rates with CBO costs, and strengthen school-community partnerships.
- **Integrate Cultural Practices and Data Sharing to Better Inform Care Continuum**
Promote culturally responsive, community-informed practices and robust data systems. Behavioral health programs should pair evidence-based interventions with culturally responsive, community-informed approaches. Neutral coordinating entities should facilitate shared referral pathways, administrative support, data security, and cross-system data sharing to improve service coordination, guide planning, and ensure equitable access for youth and families facing systemic barriers.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the August 13, 2025, input session with caregivers, family members, and National Alliance on Mental Illness (NAMI) staff who support youth when faced with behavioral health challenges. Reflecting on their lived experience, this audience informed the development of the Youth Optimal Care Pathways (OCP) framework, which aims to remove barriers, expand access, and ensure timely support for long-term youth wellness. Findings from this engagement will also be utilized to inform the County’s Behavioral Health Service Act (BHSA) Integrated Plan (IP).

Section	Details
Engagement Title	NAMI Caregivers & Families Input Session
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Wednesday, August 13, 2025 Time: 6:00 PM-7:30 PM Virtual Location: Zoom
Participation	Participants: <ul style="list-style-type: none"> • 15 attendees • 7 discussion questions • Comments submitted through Mentimeter and open discussion

Summary of Engagement Activity

On August 13, 2025, the County of San Diego, Behavioral Health Services (BHS) hosted a virtual Input Session co-facilitated in partnership with the University of California San Diego (UCSD) Health Partnership with caregivers, family members, and National Alliance on Mental Illness (NAMI) staff who support youth when faced with behavioral health challenges. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

The session began with brief audience introductions, followed by a high-level overview of data reflecting the behavioral health challenges faced by youth (ages 0 to 25), creating a shared understanding of the need for Youth Optimal Care Pathways (Youth OCP). Following a description and timeline of the intended Youth OCP framework, the BHS facilitation team turned over the discussion to UCSD to facilitate the seven scripted questions for audience members. UCSD provided a Mentimeter virtual platform to capture audience feedback during the discussion with the key stakeholders in attendance, as well as elicited conversation following each question from participants. The questions primarily focused on the audience’s understanding of youth experiences concerning mental health and substance use challenges. Through discussion, the audience shared their suggestions on how to best engage youth, identified trusted spaces and what makes adult allies effective, and how to best support youth to access and continue accessing treatment and support. Additionally, the audience shared their collective thoughts and recommendations on improving the care experience for youth offering additional ways to support youth with their final recommendations.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Input from this session will help inform specialty mental health and substance use disorder priorities, services, and investments in the region's first Behavioral Health Services Act (BHSA) Integrated Plan as well as inform the Youth Optimal Care Pathways (OCP) framework, ensuring that future behavioral health strategies and youth-focused supports (ages 0-25) reflect community-identified needs in San Diego County.

Input Session Questions:

1. What trusted spaces in your community do youth turn to when they're struggling or seeking out more information? What do you believe are the most effective ways of reaching youth about mental health/substance use?
2. In your opinion, what do you see as the greatest concerns for youth related to mental health and substance use today?
3. What might prevent youth experiencing mental health and/or substance use challenges from getting the help they need in your community?
4. Can any of you think of a time when you/someone you know received what you felt was high quality care from a doctor, clinician, therapist, or medical provider? What made that a quality experience?
5. Do you recall a time when you or someone you know needed care and didn't get it, or the experience wasn't so great? What were the factors that made it a negative experience?
6. How do you think your support circle, including friends, family, schools, and adult advocates, can better support youth experiencing mental health and/or substance use challenges?
7. If you had the chance to improve mental health and substance use services for youth, what would you change?

Key Learnings

- **Trusted and Relatable Connections are Critical for Youth Engagement**
Youth most often turn to trusted adults with lived experiences, peers, and school counselors for mental health or substance use support. Locations where youth seek support also include wellness centers. Online interest-based groups and social media platforms (TikTok) hold value for their fast, relatable content despite recognition that sources are not always trustworthy.
- **Stigma, Fear of Judgment, and Lack of Awareness Remain Major Barriers**
Youth may avoid seeking help due to cultural stigmas, fear of being judged or "outed," feelings of being a burden, confidentiality concerns, or a general lack of knowledge of existing resources.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Culturally Appropriate Care Yields Best Results for Families and Youth**
High-quality care is defined by respect, cultural understanding, and empowerment. Families and youth valued providers who listened without judgment offered choices while respecting their individual identities as well as cultural backgrounds.
- **Stress-Related Pressures are the Dominant Mental Health Concern for Youth**
Participants repeatedly identified stress as a central issue affecting youth, often alongside academic pressure, trauma, anxiety, and financial problems. They also pointed to isolation, weakened friendships, and the impact of strained or disrupted supportive relationships as contributing factors to youth stress. Participants raised concern about increasing rates of suicide, rising substance use across multiple substances, and the ease of accessing substances as compounding these pressures. Additional stressors named included housing instability and homelessness particularly the lack of support after youth turn 18 as well as challenges faced by neurodiverse and LGBTQIA+ youth, including lack of appropriate or affirming care. Together, participants described a landscape in which multiple overlapping stressors are affecting youth mental health and increasing vulnerability to substance use.
- **Empowering Youth Through Honest Dialogue: Respect, Clarity, and Real Voices**
Individuals emphasized that youth respond better when they are spoken to plainly and honestly rather than through scare-based or punitive approaches, explicitly noting “not DARE” as an example of what does not work. They stressed the importance of not talking down to youth or trying to “find their level,” and instead being forthright while treating youth like adults so they feel respected. Participants also highlighted that information should be easy to access, clearly stated, and shared without judgment, and that engagement increases when youth see real people such as peers, young adults, role models, or people with lived experience talk openly about mental health and substance use through videos, social media, or group conversations
- **Words Matter: Let’s Talk About Mental Health and Substance Use**
Participants emphasized that youth are often unaware that what they are experiencing is a mental health or substance use challenge until someone else names it, noting that “exposure to the topics” helps put words to struggles youth may otherwise internalize or dismiss. Participants highlighted schools and families as key settings for this exposure, pointing to proactive discussions in classrooms, school wellness spaces, and at home as opportunities to normalize these conversations.

Audience Recommendations

- **Expand Youth Centered School Wellness Supports**
Participants shared the need to embed proactive, culturally competent supports in schools and community spaces that are co-designed by youth to make them less intimidating. Expand wellness centers to provide accessible support. Develop peer-led programs to give youth opportunities to connect and help each other. Implement evidence-based initiatives directly in schools to serve as reliable resources for youth and parents.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Reduce Stigma with Trusted Voices**
Normalize open conversations and reduce stigma through the voices of those with lived experience. Train and involve trusted adult allies, peers, and role models able to share their personal experiences and foster safe discussions.
- **Improve Equitable and Inclusive Access to Care**
Reduce barriers by making sure services are covered by insurance, available in multiple languages, while meeting the needs of neurodivergent communities and establishing youth-informed quality standards.
- **Normalize Mental Health and Substance Use Through Proactive Education**
Integrate ongoing, proactive conversations about mental health and substance use into schools, families, and community settings, as participants emphasized that youth often do not recognize their struggles until they are named. Exposure to these topics helps youth develop language for their experiences and increases awareness of when and how to seek support.
- **Support Adults to Proactively Engage and Follow Up with Youth**
Equip parents, caregivers, educators, and adult advocates with tools to consistently initiate conversations and check-ins, as participants emphasized that youth benefit when adults reach out repeatedly rather than waiting for youth to ask for help. Training should emphasize asking open-ended questions, offering specific support, and maintaining follow-up.
- **Address Structural Stressors That Compound Mental Health Challenges**
Design services and cross-system collaborations that respond to the stressors participants named, including academic pressure, housing instability, financial strain, isolation, and lack of support after age 18. Participants highlighted the need for coordination across education, housing, health, and re-entry systems to reduce overlapping stressors that worsen mental health and substance use outcomes.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the August 14, 2025, collaborative planning session between the San Diego Refugee Communities Coalition (SDRCC), the California Pan-Ethnic Health Network (CPEHN), Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	Behavioral Health Services Act Discussion with San Diego Refugee Communities Coalition & California Pan-Ethnic Health Network
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Thursday, August 14th, 2025 Time: 1:00 PM – 2:30 PM Virtual Location: Zoom
Participation	90-Minute Engagement: <ul style="list-style-type: none"> • 20 community members and County staff • 4 discussion questions supported by Zoom chat and open discussion

Summary of Engagement Activity

On August 14, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) unit collaborated with the San Diego Refugee Communities Coalition (SDRCC) and the California Pan-Ethnic Health Network (CPEHN) to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Participating Organizations Included:

- California Pan Ethnic Health Network
- San Diego Refugee Communities Coalition
- UCSD Center for Community Health (CCH)
- Karen Organization
- Horn of Africa
- Slavic Refugee and Immigrant Services
- Haitian Bridge Alliance, Inc
- Partnership for the Advancement of New Americans (PANA)
- United Women of East Africa
- Majdal: Arab Community Center of San Diego

The session began with a welcome from BHS C&E followed by a round of introductions from audience members. BHS staff then provided an overview of BHSA and its impact on BHS activities, followed by the BHS staff overviewing behavioral health data, including information on self-harm, suicide, overdose, and substance use.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



After the data presentation, audience members participated in discussions led by the BHS C&E team. These conversations focused on identifying key disparities in mental health and substance use outcomes, exploring barriers, and generating ideas on how the County and community can work together to improve mental health and wellbeing. The session ended with attendees sharing final reflections and casting a vote on “Additional Goals,” from the State’s predetermined list of measures to share what they would like prioritized in future data workshops. This community input will help inform specialty mental health and substance use disorder services, priorities, and investments in the region’s first BHSA Integrated Plan.

Input Session Questions:

1. What do you consider the biggest health disparity or difference in health outcomes when it comes to mental health/substance use in this region/among this community, from the information shared?
2. What factors do you feel contribute to these health disparities/gaps? From your perspective, are there certain populations or communities more impacted than others?
3. How can the County and community work together to address these disparities or gaps to improve mental health and well-being?
4. Cast a vote for what you would like the County to focus on for our future behavioral health data sets that we share in the future.

Key Learnings

- **Need for Culturally Responsive and Representative Services**
Participants emphasized the need for more culturally responsive services, including diverse representation among providers, greater language accessibility, and awareness of cultural perspectives. Distinct cultural considerations within immigrant and refugee communities were also highlighted as requiring tailored approaches.
- **Desire for Simplified and Standardized Access to Care**
Community members frequently noted the need for more straightforward and standardized access to services, so individuals don’t feel like they are “jumping through hoops.” Barriers such as complex system navigation, high costs/unknown insurance coverage, and physical access challenges were identified as key obstacles that should be reduced to make support easier to obtain.
- **Intergenerational Attitudes and Stigma Serve as Barriers**
The audience highlighted the influence of intergenerational attitudes toward behavioral health, noting that youth are often impacted by the beliefs and stigma held by parents and elders. This gap in understanding and openness within the home can create barriers for youth in seeking support and discussing their mental health needs.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Lack of Healthy Coping Skills May Lead to Substance Use**
Participants expressed concern about persistent substance use and overdose challenges, noting that overdose data remains disheartening and that a lack of healthy coping mechanisms may be pushing some community members toward substance use. Substance use stigma, especially within faith-based and newcomer communities, makes it difficult to address the issue openly.

Audience Recommendations

- **Engage Trusted Messengers and Community Liaisons**
Participants shared the need to engage trusted messengers or community liaisons who represent specific cultures instead of relying on outsourced interpreter services. Hire culturally knowledgeable representatives within organizations can build trust. Ensure accurate communication by using staff who understand the community. Foster stronger connections with the communities being served through these embedded representatives.
- **Expand Language Access and Train Community Organizations**
Increase access to services and resources by offering them in multiple languages and training community organizations through a train-the-trainer approach. Simplify the process of getting help by partnering with local groups to share behavioral health information. Additionally, support residents in accessing these resources by providing access points in trusted locations where formal systems have limited reach. Hire dual-role staff (e.g., front desk + interpreter) and bilingual providers to build trust and improve service delivery.
- **Create Safe and Culturally Grounded Spaces for Dialogue**
Promote spaces that normalize and destigmatize mental health by treating it as equally important as physical health. Focus on home and family environments to address intergenerational, religious, and cultural influences that shape attitudes toward behavioral health.
- **Normalize Mental Health and Promote Whole-Person Health**
Provide regular mental health “check-ins” and treat mental health with the same importance as physical health. Combine mental health support with fitness programs, YMCA memberships, exercise opportunities, or community clubs to make care more approachable and reduce stigma. Connect behavioral health care with broader social needs, such as safety, affordability, and overall well-being, to support holistic, preventive approaches that address the whole person.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Additional Goals: Care Experience and Engagement in Schools**

For the State’s “Additional Goal,” the audience identified a focus on one main area they would like to see prioritized regarding the local County performance on population-level goals vs. the State. This measure included the “Care Experience,” specifically, they would like to learn about the care experience related to the cultural experience in this measure. The only additional measure the audience mentioned a slight interest in was “Engagement in Schools,” but overwhelmingly, the audience was primarily focused on the “Care Experience.”

Please note: *This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.*

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the September 3, 2025, collaborative planning session between the *Live Well San Diego* (LWSD) North County Region Leadership Team, Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHS Data Presentation for LWSD North County Community Leadership Team Meeting
Format	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Wednesday, September 3, 2025 Time: 10:00 AM-12:00 PM Location: North Inland Live Well Center at 649 W Mission Ave Escondido, CA 92025</p>
Participation	<p>90-Minute Engagement:</p> <ul style="list-style-type: none"> • 105 community members and County staff • 10 break out groups • 4 questions with facilitated open discussions

Summary of Engagement Activity

On September 3, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) team and BHS Population Health Unit collaborated with the Live Well San Diego North County Region Leadership Team to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 105 participants attended the data presentation, including the Leadership Councils members. Organizations in attendance represented a broad network of stakeholders spanning healthcare and behavioral health providers, educational institutions, local government agencies, community-based and faith-based organizations, social service and workforce programs, public safety, housing and food security initiatives, and advocacy groups serving diverse regional populations.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Participating Organizations Included:

- Southern Caregiver Resource Center
- Student, San Diego State University
- San Diego Sheriff
- Union of Pan Asian Communities
- County Of San Diego (COSD), Office of Labor Standards and Enforcement (OLSE),
- San Diego Food Bank
- Planned Parenthood
- Drug Free Escondido
- Lifeline Community Services
- Neighborhood Healthcare
- Fallbrook Regional Health District
- City of Oceanside
- University of California San Diego (UCSD), Moores Cancer Center
- Fresh Start Surgical Gifts
- Oceanside Library
- Feeding San Diego, Feeding Seniors
- Blue Shield of California
- Community Resource Center
- Foundation Mixtecos Unidos
- University of California, San Diego (UCSD), Grad Student
- Universidad Popular
- ComForCare, Homecare & Senior Care Services
- Premier Ambulance
- Neighborhood House Association
- City of Carlsbad
- California Department of Rehabilitation
- San Ysidro Health Center
- Exodus Recovery
- Fresh Start
- United States Marines
- True Care
- San Diego Innovation High School
- Interfaith Community Services
- Latino 247 Media Group LatinoLYTICS
- Getting Education Done
- Vista Community Clinic
- Education Begins in the Home
- Community Health Systems INC
- California Department of Healthcare Services
- Drug Free Escondido, COMPACT
- California State University San Marcos
- Pacific Housing, Inc.
- Interfaith Services
- Equation Collaborative
- Educational Enrichment Systems
- Project Next
- Fallbrook Union High School District
- Operation Hope North County
- Jar Insurance
- YMCA SD
- Family Health Centers San Diego (FHCS)
- PATH
- TURN Behavioral Health Services
- EQUUS Workforce Solutions
- Alliance for Regional Solutions

The session began with C&E providing an overview of BHSA and its impact on BHS activities, followed by the BHS Population Health Unit sharing state and regional behavioral health data, including information on self-harm, suicide, overdose, and substance use. Following the presentation, community members participated in small-group discussions facilitated by the C&E team, focusing on disparities in mental health and substance use outcomes, barriers to care, and opportunities for collaboration between the County and community to enhance wellbeing. The session ended with attendees sharing final reflections and casting a vote on “Additional Goals,” from the State’s predetermined list of measures to share what they would like prioritized in future data workshops.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Input Session Questions:

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?
2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support they need - consider access, cultural norms/traditions, etc.).
3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.).
4. Cast a vote for what you would like the County to focus on for future behavioral health data sets.

Key Learnings

- **Breaking Barriers: Tackling Everyday Challenges to Behavioral Health Access**
The audience expressed concern around social determinants of health that directly shape access to behavioral health services. Environmental factors such as balancing basic needs with competing wellbeing priorities, the high cost of living, and limited transportation — including the lack of age-friendly options — were seen as prominent barriers. Location-based accessibility challenges, particularly in rural areas, further compound disparities, while costs tied to insurance coverage and shifting political priorities add instability and stress. Participants noted that these factors often create a ripple effect, where financial strain and unmet basic needs heighten behavioral health challenges while also limiting the ability to seek timely care.
- **Military-Affiliated Populations Are Underrepresented**
Community members voiced concern that military-affiliated individuals are not adequately reflected in regional mental health data or outcomes. Participants emphasized the need for better visibility, representation, and understanding of this group's unique treatment access, utilization, and challenges to ensure tailored support.
- **Access, Equity, and Regional Gaps Limit Support**
Sociocultural barriers, including stigma by age, gender, and culture, as well as language differences, limit care-seeking. Rural and semi-rural areas face limited services and long wait times, while even affluent communities like Carlsbad show unexpected disparities. Across the region, transportation, digital literacy, provider shortages, and lack of culturally responsive services restrict timely and equitable access.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Older Adults, Youth, and LGBTQIA+ Face the Highest Risk and Impact**
Community members noted the high impact on older adults across the regions mental health data, particularly in relation to serious mental illness, emergency department visits, and death rates. This was followed by a concern for the high trend of impact amongst youth, foster youth, and LGBTQIA+ identifying youth across mental health and substance use regional data. There was a desire to further understand age disparity and differences in outreach amongst youth and senior populations.

Audience Recommendations

- **Expand Access and Flexibility Across Channels**
Participants shared the need to expand access to mental health and substance use services by meeting people where they are—physically, culturally, and digitally. Use mobile units, after-hours programs, peer-led groups, multilingual resources, digital tools, and non-digital community programs to reach more people. Focus outreach on seniors, youth, and marginalized populations in both rural and urban areas. Reduce service deserts and minimize long wait times for increased access to care.
- **Integrate Basic Needs and Social Determinants into Care**
Address the root social and structural causes of mental health challenges by integrating behavioral health care with support for housing, food, insurance, and financial stability. Design programs that consider the “domino effect” of financial strain, isolation, and stress. Ensure services are culturally competent, identity-affirming, and tailored to the needs of specific communities, including LGBTQIA+, immigrant and refugee, and military populations.
- **Strengthen Partnerships, Cultural Competence, and Data-Driven Targeting**
Invest in local partnerships whenever possible with schools, faith-based organizations, community programs, parents, and caregivers to deliver trusted, community-rooted services. Build culturally responsive programming, train providers in cultural competence, and embed trusted messengers to reduce stigma.
- **Additional Goals: Engagement in Schools and Social Connections**
For the State’s “Additional Goal,” the audience identified two main areas they would like to see prioritized regarding the local County performance on population-level goals vs. the State. These two measures included “*Engagement in Schools*,” as well as “*Social Connections*.”

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the October 1, 2025, collaborative planning session between the *Live Well San Diego* (LWSD) South Region Community Leadership Team, Behavioral Health Services (BHS), and community members, focusing on mental health and substance use data, key challenges, and program planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHS Data Presentation for LWSD South Region Community Leadership Team Meeting
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Wednesday, October 1, 2025 Time: 9:30 AM-10:30 AM Location: Microsoft Teams</p>
Participation	<p>60-minute Engagement:</p> <ul style="list-style-type: none"> • 33 community members and County staff • 4 questions with facilitated open discussions • Approximately 70 comments received <ul style="list-style-type: none"> ○ Approximately 45 comments via Microsoft Whiteboard ○ 25 comments through open discussion

Summary of Engagement Activity

On October 1, 2025, the Behavioral Health Services (BHS) Communication & Engagement (C&E) team and BHS Population Health Unit collaborated with the Live Well San Diego South Region Community Leadership Team’s Behavioral & Mental Health Workgroup to engage community members in collaborative planning under the new Behavioral Health Services Act (BHSA), a California state initiative. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 33 participants attended the session, including the South Region Community Leadership Teams members, representatives from community-based organizations, government and non-government agencies.

Participating Organizations Included:

- Harmonium
- PACEs Connection
- Parenting EQ
- Rotary
- BrightLife Kids
- Molina Healthcare of California
- San Diego County Library
- Department Of Rehabilitation
- Senior Tech Support
- Episcopal Community Services
- Independent Living Association (ILA)
- San Diego Community Health Improvement Partners (SD CHIP)

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session began with C&E providing an overview of BHSA and its impact on BHS activities, followed by the BHS Population Health Unit sharing state and regional behavioral health data, including information on self-harm, suicide, overdose, and substance use. After the presentation, community members joined a virtual discussion led by the C&E team. This conversation focused on identifying key disparities in mental health and substance use outcomes, exploring barriers, and generating ideas on how the County and community can work together to improve mental health and wellbeing. Audience comments were transcribed to Microsoft Teams Whiteboard sticky notes from verbal responses and Microsoft Teams written comments as a mechanism to capture session feedback. The session ended with attendees sharing final reflections and casting a vote on “Additional Goals,” from the State’s predetermined list of measures to share what they would like prioritized in future data workshops.

Input Session Questions:

1. What do you consider the biggest disparity or difference in health outcomes when it comes to mental health/substance use in this region, from the data shared today?
2. What factors do you feel contribute to these disparities/gaps? From your perspective, are there certain populations or communities more impacted than others? (What are barriers for people getting the support they need - consider access, cultural norms/traditions, etc.).
3. How can the County and community work together to address these disparities or gaps to improve mental health and wellbeing? (Consider available resources, existing programs/services, accessible information, trusted members of the community, etc.).
4. Cast a vote for what you would like the County to focus on for future behavioral health data sets.

Key Learnings

- **From Outreach to Impact: Strengthening Community Connections**
In comparison to other regions, the audience felt that the South region faces a unique barrier in terms of population specific engagement, specifically how to bridge targeted outreach efforts and services (free health education and digital health education classes) to their intended audience (senior populations and lower income populations) to increase service usage and event attendance. The group, by large part, indicated that many community members were unaware of these programs and services and that navigators or trusted messengers would be imperative to bridge this gap.
- **Need for Improved Access, Equity, and Relationship Building to Reduce Barriers**
Sociocultural barriers in the region include topic-based stigma, stigma related to power imbalances, cultural differences, language barriers, and lack of trust and empathy. The audience focused discussion on an increased demand for building trust with community members by bringing services and education directly to community members, eliminating as many accessibility barriers as possible.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Digital Literacy and Connectivity are Barriers to Older Adults in South Region**
Participants emphasized the importance of tailoring approaches to serving aging, older adults, and senior populations in the South region. Discussions highlighted the growing importance of digital connectivity and digital literacy as key factors in maintaining social connection, access to services, and overall mental well-being. Ultimately, technology can serve as a barrier to accessing behavioral health services because of challenges getting online and navigating these resources.
- **Supporting Youth Well-Being Through Tailored Approaches**
The audience recognized the importance of tailoring approaches to serve youth and young adult populations in the South region. Discussions included developing messaging in consideration of the mental well-being of youth along the age spectrum beginning from early childhood to young adulthood and highlighted the significance of safe spaces and trusted peers when accessing support.

Audience Recommendations

- **Improve Clarity on Data and Representation**
Participants shared the need to provide clear guidance on how data, policies, and research shape regional behavioral health services. Clarify the differences between prevention and early intervention. Integrate emerging research and frameworks into County planning. Communicate how upcoming policy or funding changes will affect service access and eligibility across communities.
- **Address Policy Changes and Program Implementation**
Evaluate which programs and resources in the South region will continue once the Behavioral Health Services Act (BHSA) takes effect. Support solutions-oriented programs that show positive results, such as using Community Health Workers for outreach and education. Participate in Community Collaborative meetings that can strengthen peer networks.
- **Expand Future Approaches and Solutions**
Include lived experience and survivor-led voices in service design and delivery of behavioral health programs and services. Center equity-led policies and integrate equity principles across all behavioral health systems. Prioritize comprehensive, holistic approaches by using a socio-ecological model and strengthening care management practices to address disparities and improve mental health and overall well-being.
- **Additional Goals: Quality of Life and Social Connections**
For the State's "Additional Goal," the audience identified two main areas they would like to see prioritized regarding the local County performance on population-level goals vs. the State. These two measures included "*Quality of Life*," as well as "*Social Connections*."

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the Monday, October 13, 2025, input session between the County of San Diego Behavioral Health Services (BHS), the Behavioral Health Advisory Board (BHAB), Continuum of Care (CoC) stakeholders, and community members, to examine how the Behavioral Health Services Act (BHSA) can support and strengthen pathways across the CoC for children, youth, and adults impacted by alcohol and other drugs.

Section	Details
Engagement Title	BHAB Pathways to Continuum of Care for Children, Youth, and Adults Impacted by Alcohol and Other Drugs Subcommittee Listening Session
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Monday, October 13, 2025 Time: 3:00 PM-4:30 PM Location: Zoom
Participation	90-minute Engagement: <ul style="list-style-type: none"> • 13 attendees • 2 breakout rooms • 5 discussion questions <ul style="list-style-type: none"> ○ 53 Comments submitted through Mentimeter ○ 78 Comments through open discussion

Summary of Engagement Activity

On Monday, October 13, 2025, the County of San Diego Behavioral Health Services (BHS), in partnership with the University of California San Diego (UCSD) Health Partnership, hosted a virtual input session during the BHAB Pathways to CoC for Children, Youth, and Adults Impacted by Alcohol and Other Drugs Subcommittee meeting. The session aimed to gather input to improve access, coordination, and engagement across the substance use disorder (SUD) continuum of care and inform the BHSA 2026-2029 Integrated Plan draft.

Approximately 13 participants attended, including six (6) BHAB members and representatives from recovery service providers, youth and family support programs, wellness programs, housing programs, advocacy and trauma-informed groups, and local government representatives. Participants brought perspectives from clinical practice, lived experience, family advocacy, and systems navigation.

Participating Organizations Included:

- Genesis Recovery
- REACH San Diego
- Harmonium
- Firepit Wellness
- East County Transitional Living Center
- PACEs Connection
- The City of Lemon Grove

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The 90-minute virtual session included a 15-minute overview of BHSA, followed by a 55-minute discussion facilitated by the UCSD Health Partnership. Feedback was collected through Mentimeter (53 written comments) and verbal discussion (approximately 78 comments) across five key questions related to care coordination, community outreach, and innovation in service delivery.

Input Session Questions:

1. Within the substance use disorder (SUD) continuum of care, what specific gaps/barriers do you see helping people navigate or access these services?
2. How can BHS improve community outreach & messaging to help individuals and families affected by SUD better understand and access available services?
3. While funding and flexibility are limited, what creative/practical ideas would you suggest to help connect people easily to the right level of care?
4. What would make it easier and more meaningful for consumers, families, and partners to join SUD discussions (i.e., meeting formats, timing, supports)?
5. Looking across the SUD continuum of care, what needs or priorities would you most want BHS to keep in mind?

Key Learnings

- **SUD Treatment System is Fragmented and Lacks Coordination Between Providers**
Participants described the SUD system as fragmented, with limited coordination and inconsistent warm handoffs between detox, residential, outpatient, and Medication Assisted Treatment (MAT) services. Long wait times, insurance barriers, and disconnected systems further delay care and contribute to service gaps and relapse risks.
- **Housing Insecurity is a Barrier to Recovery**
Housing insecurity was identified as a critical barrier to recovery. Participants emphasized that treatment success and sustained recovery depend on safe and stable housing. Attendees called for housing to be integrated as a fundamental part of the care continuum.
- **Mistrust and Stigma Prevent Individuals from Seeking Care**
Stakeholders shared that mistrust and stigma continue to prevent individuals and families from seeking help or engaging with County behavioral health services. Attendees identified peer-led outreach and trauma-informed engagements as key strategies to rebuild trust and normalize seeking help.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Need for Consistent Workforce Development and Quality Oversight**
Audience members noted inconsistencies in provider training, cultural responsiveness, and service quality. Gaps in trauma-informed care and empathy contribute to negative client experiences. Participants called for stronger workforce accountability, standardized training, and trauma informed practices to ensure consistency and quality across the SUD system.
- **Community Engagement Needs to be Bi-Directional**
Attendees expressed that community engagement often feels one-way and lacks follow-up. The audience recommends more interactive, discussion-based forums that include lived experience voices and provide clear feedback loops showing how community input shapes decision-making.

Audience Recommendations

- **Streamline Access and System Navigation to Help Clients Connect to Services**
Participants shared the need to simplify how individuals enter and move through the substance use disorder (SUD) system. Create a single, centralized access point supported by trained navigators to connect clients quickly to services. Share real-time data between providers to ensure warm handoffs and maintain continuity of care across all levels of treatment and recovery.
- **Stable Housing is Essential to Recovery**
Integrate stable housing supports directly into treatment and aftercare plans to sustain recovery. Strengthen collaboration between behavioral health providers, housing agencies, and case managers to ensure housing stability before, during, and after treatment, promoting better long-term outcomes.
- **Develop Culturally Relevant Communication in Building Trust to Reduce Stigma**
Deliver communication and messaging that is empathetic, bilingual, and culturally grounded through trusted peers and community leaders. Launch public education campaigns across local media to increase awareness of services and promote acceptance of recovery and treatment.
- **Design Culturally Grounded, Family Inclusive Care**
Create programs that reflect cultural values and include family in the recovery process. Partner with cultural organizations, provide translation and interpretation services, and address systemic barriers to ensure care is equitable, accessible, and responsive to diverse communities.
- **Strengthen Workforce Development and Quality Oversight**
Bolster staff capacity and accountability by expanding training in empathy, trauma-informed care, and cultural humility. Implement consistent program oversight and standardize quality measures to ensure safety, professionalism, and equitable service delivery.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Expand Meaningful Community Engagement**
Provide engagement opportunities at flexible times, in accessible locations, and through hybrid formats to increase community participation. Focus on dialogue instead of just presentations. Include facilitators with lived experience. Give clear follow-up on how feedback shapes County decisions. Maintain consistent, relationship-based engagements to build stronger community partnerships and trust.
- **Invest in Prevention and Early Intervention**
Individuals urged the investment in early prevention and intervention strategies to spot behavioral health challenges sooner. Include prevention education in schools, community programs, and healthcare settings. Coordinate efforts with housing, social services, and family supports to address root causes before crises happen. Within the future BHSA framework, prevention funding will no longer be under local control as these funds will be allocated to the state level by the California Department of Health Care Services (DHCS). Additionally, funding dedicated to early intervention must meet certain criteria to primarily reach those with clinical early indicators or clinical risk of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the October 16, 2025, Behavioral Health Services Act (BHSA) Virtual Input Session at the Healthy San Diego Behavioral Health Operations Subcommittee meeting. The session engaged Medi-Cal Managed Care Plan representatives and key stakeholders to provide feedback on service access, data alignment, and cross-system collaboration to inform the County’s first BHSA Integrated Plan (2026–2029).

Section	Details
Engagement Title	Behavioral Health Services Act (BHSA) Input Session at the Healthy San Diego Behavioral Health Operations Subcommittee
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Thursday, October 16, 2025 Time: 1:00 PM – 2:30 PM Location: Zoom
Participation	90-min discussion: <ul style="list-style-type: none"> • 30 attendees • 5 discussion questions • Nearly 70 comments submitted through Mentimeter and open discussion

Summary of Engagement Activity

On October 16, 2025, the County of San Diego Behavioral Health Services (BHS) and University of California San Diego (UCSD) Health Partnership hosted a BHSA virtual input session at the Healthy San Diego Behavioral Health Operations Subcommittee meeting. The subcommittee is a collaborative forum of County staff, Medi-Cal Managed Care Plans (MCPs), providers, and community partners that works to improve coordination, access, and quality of behavioral and physical health services for Medi-Cal members in San Diego County. The session gathered input on key operational and strategic priorities, including service access, data alignment, and cross-system collaboration, to inform the County’s first BHSA Integrated Plan (2026–2029). Input session questions were tailored and developed based on guidance from the Behavioral Health Operations Subcommittee.

Approximately 30 participants attended, including representatives from MCPs, their Behavioral Health Plan Liaisons, Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Liaisons, and key County staff involved in behavioral health operations and planning.

Participating Organizations Included:

- Optum
- Blue Shield Promise
- Kaiser Permanente
- SCAN Health Plan
- Molina Healthcare of California
- Community Health Group
- Alcohol and Drug Services Providers Association (ADSPA)

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session began with an overview of BHSA, followed by a 50-minute discussion facilitated by UCSD Health Partnership. Nearly 70 comments were submitted through both Mentimeter and verbal discussion. Conversations centered on improving system navigation, coordination, and accountability between Medi-Cal Managed Care Plans (MCPs) and Behavioral Health Services (BHS). Participants emphasized the need for stronger data integration, dedicated care navigation roles, flexible community-based services, and innovative engagement strategies to better reach and support diverse populations.

Input Session Questions:

1. What opportunities exist to improve access and care navigation so members can more easily connect with the appropriate level of care early on?
2. Which populations face the greatest challenges in accessing or staying engaged behavioral health care, and how might we collaborate to close these gaps?
3. Where do you see opportunities to better align around these or other quality improvement initiatives, and how might we use this information together to support common goals?
4. How do these services intersect with behavioral health care, and where could stronger coordination help reduce separation and improve the member experience?
5. What opportunities exist to enhance collaboration for smoother coordination, better member experiences, and shared accountability between MCPs and the County?

Key Learnings

- **Improving Patient Navigation Through Integrated Crisis Lines and Data Sharing**
Several participants noted that a more robust and integrated Access and Crisis Line would improve navigation. Participants also called for more real-time data sharing and communication between MCPs and BHS to identify which patients are in which system and to coordinate follow-up care after emergency department or inpatient discharge.
- **Building Stronger Links Between Agencies for Seamless Care**
Participants supported the idea of dedicated navigators and expanded coordination meetings with the County to improve connections to services. Participants discussed shared consultation resources for high-need or complex individual cases and clearly defined points of contact between agencies. These measures aim to improve handoffs, reduce gaps in service, and ensure that individuals receiving care do not “fall through the cracks.”
- **Hard-to-Engage Populations Need Flexible Outreach**
Participants identified specific groups that face the greatest barriers: transitional-age youth (TAY), foster youth, unhoused individuals, people in rural areas, and those lacking transportation or digital access. Participants brainstormed potential solutions including mobile and after-hours services, co-locating or providing care within community settings, and using peer and physical outreach with potential incentives for participation.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Aligning MCPs, BHS, and State Through Interoperable Data Systems**
Stakeholders emphasized the importance of stronger alignment across Medi-Cal Managed Care Plans (MCPs), Behavioral Health Services (BHS), and the State to reduce duplication and streamline quality improvement efforts. They noted that each entity often works toward similar goals, but through separate processes and reporting systems. To address this, participants discussed creating interoperable data systems, technology that allows organizations to securely share information and track outcomes across programs.
- **Integrating ECM and CS to Reduce Fragmentation and Improve Care**
Participants viewed Enhance Care Management (ECM) and Community Supports (CS) as integral parts of behavioral health care. MCPs emphasized that these services already help with transitions into and out of specialty mental health and substance use services. Community members highlighted the need for centralized contracting through BHS and cross-training providers to reduce fragmentation and improve member experience.
- **Desire for Expanded Collaboration Between MCPs and BHS to Address Behavioral Health Needs**
MCPs appreciated existing monthly coordination meetings with BHS, but saw potential to deepen collaboration through joint review of member feedback, shared data analysis, and cross-agency problem-solving in multidisciplinary team environment. Several attendees mentioned building a “safe space” to surface challenges constructively, identify solutions, and foster shared accountability for outcomes.
- **Need for Innovation to Improve Engagement with Hard-to-Reach Populations**
Participants suggested using creative outreach strategies, including social media, youth-led content, community events, and incentives to reach members who are harder to engage. They also discussed refining Access and Crisis Line scripts, investing in navigators, and ensuring members have a single, clear place to learn about available services.

Audience Recommendations

- **Enhance Member Education and Outreach**
Participants recommended developing clear, consistent messaging to help members navigate the behavioral health system, including distinctions between MCP and County services. Joint trainings for outreach teams and leveraging trusted community channels were highlighted as points that can increase awareness and engagement.
- **Implement Dedicated Care Navigation Roles**
Create navigator or “bridge” personnel to assist members in connecting across MCP and County systems, especially after emergency department visits or inpatient stays, improving continuity of care and reducing drop-offs.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Expand Flexible, Community-Based Services**
Increase mobile and co-located services, after-hours appointments, and peer-led outreach to better reach underserved populations, including TAY, foster youth, unhoused individuals, and rural residents. Incentive-based engagement strategies were also suggested to boost participation.
- **Strengthen Data Sharing, System Integration, and Accountability**
Establish interoperable data systems and real-time information sharing between MCPs and the County (BHS). Centralize contracting for ECM and Community Supports where feasible to improve alignment and reduce fragmentation across care pathways.
- **Clarify Roles, Responsibilities, and Accountability**
Provide clearer guidance from DHCS on MCP and County scopes of services to minimize overlap and confusion. Utilize grievance data and member feedback to identify service gaps, coordinate improvements, and ensure accountability across systems.
- **Formalize Collaborative Structures and Communication Channels**
Maintain monthly coordination meetings, create forums for joint problem-solving, and establish safe spaces for honest dialogue to address system challenges and develop actionable solutions.
- **Innovative Engagement and Feedback Strategies**
Support youth-led campaigns, social media outreach, community events, and incentive programs tied to engagement metrics. Ensure stakeholders see how their input informs BHSA planning by providing transparent follow-up and closing the feedback loop.

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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the Friday, October 17, 2025, input session between members of the Hospital Association of San Diego and Imperial Counties (HASD&IC) and County of San Diego Behavioral Health Services (BHS), examining how the Behavioral Health Services Act (BHSA) will shape policies.

Section	Details
Engagement Title	Hospital Association of San Diego and Imperial Counties Listening Session
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Friday, October 17, 2025 Time: 9:00 AM-10:00 AM Location: Zoom
Participation	60-min discussion: <ul style="list-style-type: none"> • Nearly 24 attendees • 6 discussion questions • 100 comments received: <ul style="list-style-type: none"> ○ 62 comments submitted through Mentimeter

Summary of Engagement Activity

On October 17, 2025, the County of San Diego Behavioral Health Services (BHS) hosted a listening session in collaboration with the Hospital Association of San Diego and Imperial Counties. The Hospital Association of San Diego and Imperial Counties (HASD&IC) is a non-profit organization representing 38 hospitals and integrated health systems in the two-county region that works to advance the interests of hospitals in San Diego and Imperial counties. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 24 participants attended the listening session, including the HASD&IC association members, hospital staff and representatives, community members from San Diego County, community members from Imperial County, and government and non-government agencies.

Participating Organizations Included:

- Paradise Valley Hospital – Bayview Crisis Stabilization Unit
- Rady Children’s Health San Diego
- Rady Children’s Hospital San Diego
- Scripps Health
- Alvarado Parkway Institute
- SHARP Chula Vista Hospital
- SHARP Grossmont Hospital
- SHARP Mesa Vista Hospital
- UC San Diego Health
- UC San Diego Hillcrest Medical Center – Emergency and Inpatient Departments
- UC San Diego La Jolla – Emergency and Inpatient Department

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA, followed by a 45-minute discussion facilitated by Behavioral Health Services. Nearly 100 comments were submitted through Mentimeter, in addition to verbal responses shared during the discussion, reflecting a wide range of perspectives and experiences. Conversations centered on opportunities and challenges across the hospital and behavioral health systems, with an emphasis on expanding funding opportunities, establishing long-term support systems, and building care tailored for the treatment of unhoused patients, Medi-Cal insured patients, and youth/transitional age youth. Participants offered insights into system-level barriers and shared recommendations aimed at strengthening service accessibility, promoting collaboration, and expanding long term care solutions for individuals with behavioral health needs.

Input Session Questions:

1. From the hospital perspective, what are the greatest challenges or priorities when it comes to behavioral health in our region? Why?
2. Given new BHSA components and no added funding, what should the County prioritize to best reduce hospital strain and improve patient care?
3. What barriers remain in linking patients to support upon discharge, & which practices or partnerships could improve transitions & crisis diversion?
4. With BHSA's focus on youth, transitional age youth (TAY), and people experiencing homelessness, what challenges stand out and what system-level solutions could address them?
5. What workforce challenges are you seeing most acutely, and what kinds of partnerships or strategies could help both hospitals and the County?
6. Is there anything else you'd like to share or recommend to the County as it prepares its first BHSA Integrated Plan?

Key Learnings

- **Hospitals Face Challenges when Transitioning Individuals out of Care**
From the hospital perspective, challenges include creating direct, timely, collaborative and effective transitions of care for unhoused patients experiencing behavioral health or substance use disorder-related challenges. Hospitals have noted challenges in securing placements in shelter beds or long-term crisis beds in a patients' transition of care from emergency department (ED) or inpatient care settings (inpatient acute care, or inpatient behavioral health units). Prioritizing timely access to long term beds after transitioning out of ED care, providing step down options, identifying clear pathways for transitions of care, increasing collaboration and communication between parties involved in transitions of care, and increasing number of available shelter beds and mental health rehabilitation center beds, would help address the long waitlists and limited number of available bed placements that hospitals may face while transitioning unhoused patients out of ED care.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Broadening Support and Resources for Medi-Cal-Insured Individuals**
Participants emphasized the greatest need for behavioral health patients in hospital settings is to increase options for patients transitioning out of ED care into long term care. Audience identified that increasing the following services need to be prioritized: County Residential Treatment beds, Step Down Resources from hospitalization, Board and Care beds, Shelter beds, Long Term Care beds, Recuperative Care Unit (RCU) beds, and Institution for Mental Disease (IMD) beds. To divert patients from putting an increased demand on long term care, participants also repeated the need to increase mobile response teams and crisis stabilization unit teams to expand their capacity for placements while diverting away from ED visits and stays.
- **Expanding Behavioral Health Funding and Resources for Medi-Cal Patients**
Stakeholders identified the need for expanding and funding options specifically for Medi-Cal insured patients seeking behavioral health care and treatment. Calls for Intensive Outpatient Program (IOP) resources, Partial Hospitalization Programs (PHP), and voluntary inpatient detox programs funded for Medi-Cal insured patients were repeated.
- **Strong Desire for Streamlined Services and Improved Case Management**
Streamlining direct hand-offs of patients from inpatient to outpatient and long-term care settings was a repeated concern raised by participants, including having integrated medical records available to all parties involved in patient care. Participants also emphasized the importance of case management in a patients care journey. Specifically, they identified a strong need to ensure early onset involvement of case management, preferably prior to a patient's discharge to ensure timely and prepared connection to post ED/inpatient care.
- **Need for More Youth and Transitional Age Youth (TAY) Programs**
To better support Youth and TAY, audience members expressed the need for funding Intensive Outpatient Programs (IOP), Crisis Beds, and Short-Term Crisis Housing, specifically for the TAY population. To better support an unhoused patient, participants expressed advocating for treatment first models and longer term stays at housing sites.
- **Individuals in the Behavioral Health Workforce Face Various Challenges**
Finally, participants expressed the most pressing workforce challenges in the behavioral health system including staff shortages, burnout, inadequate compensation, and limited training opportunities—particularly for early-career clinicians and specialized roles such as psychiatrists and psychiatric nurse practitioners. These issues are compounded by weak coordination between mental health, substance use, and medical services, reducing overall system effectiveness.



Audience Recommendations

- **Standardized Data Requests**
Participants shared the need to advocate for hospitals to use a single, standardized method for entering and submitting data in response to State and County program requests under updated mental health and behavioral health laws. Implement a standardized electronic data platform to streamline data entry. Reduce administrative burdens and ensure compliance with reporting requirements.
- **Increase Investment in Behavioral Health Workforce**
Developing a targeted workforce investment and partnership initiatives—such as increased funding for clinical training programs, accommodating pay scales for professionals in the region, stipends for pre-licensure supervision, and stronger collaborations between hospitals, the County, Federally Qualified Health Centers (FQHCs), and private providers—to build and retain a more sustainable, skilled, and integrated behavioral health workforce. Create more programs like [ELEVATE](#), that can grow local behavioral health staffing, as an innovative approach to establishing a strong behavioral health workforce pipeline.
- **Provide Follow up in the Development of the Integrated Plan**
Provide regular follow-up to the HASD&IC throughout the development of the County's first BHSA Integrated Plan. Communicate key updates and clarify where funding will ultimately be allocated to ensure transparency and informed stakeholder engagement.
- **Integrate Artificial Intelligence (AI) to Enhance Care**
Explore the adoption of Artificial Intelligence and large language models as tools to enhance care coordination, improve data integration, and strengthen communication across behavioral health systems.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the Wednesday, October 22, 2025, input session between the County of San Diego, Behavioral Health Services (BHS) and community members attending the 2025 Live Well Advance Conference & School Summit, focusing on identifying behavioral health (BH) needs and improving care under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	Transforming Behavioral Health Together: Proposition 1 & San Diego County's 2026–2029 Behavioral Health Services Act Integrated Plan
Format	<input checked="" type="checkbox"/> In-Person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Wednesday, October 22, 2025 Time: 1:15 PM-2:00 PM Location: San Diego Convention Center, 111 Harbor Dr, San Diego, CA 92101</p>
Participation	<p>45-min discussion:</p> <ul style="list-style-type: none"> • Approximately 125 attendees • 3 discussion questions • 200+ comments received: <ul style="list-style-type: none"> ○ 162 comments submitted through Mentimeter ○ 36 written comments submitted through session handouts ○ 12 comments received through open discussion

Summary of Engagement Activity

On October 22, 2025, the County of San Diego Behavioral Health Services (BHS), hosted a breakout session during the 2025 Live Well Advance Conference and School Summit. The 2025 Live Well Advance hosted 1918 attendees, 39 breakout sessions, and 78 exhibitors. The Live Well Advance is an annual conference that brings partners and stakeholders together to network, learn about new tools and best practices, and participate in breakout sessions. Leaders from every sector come together to participate in efforts to advance the shared vision of a healthy, safe, and thriving San Diego region.

This BHSA session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029. Participants reflected a variety of industries and sectors including government employees, Community Based Organizations (CBO’s), Healthcare providers, and more. Approximately 125 participants attended the BHS breakout session. Additionally, BHS staff supported two exhibitor booths which received more than 150+ engagements with attendees during exhibitor sessions.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The breakout session opened with a 10-minute overview of BHSA, followed by a 35-minute discussion facilitated by BHS. Nearly 200+ comments were submitted through Mentimeter, in addition to verbal responses shared during the table-top discussions, reflecting a wide range of perspectives and experiences. This session was designed to gather early input to inform the development of the County's first Behavioral Health Services Act (BHSA) Integrated Plan for fiscal years 2026-2029.

Discussions underscored significant barriers to behavioral health access, including system complexity, limited availability, affordability, transportation challenges, and stigma, particularly for marginalized and linguistically diverse communities. Participants emphasized the importance of trust-building, cultural and linguistically responsive care, and integrated peers and lived experience to reduce disengagement and system avoidance. Stakeholders recommend flexible, community-based service delivery, stronger partnerships with trusted organizations and schools, and sustained workforce investment, to improve access, continuity, and long-term behavioral health outcomes.

Input Session Questions:

1. What makes it hardest for people in your community to get help or stay connected to behavioral health care?
2. How can programs and staff better reflect and respect the cultures and lived experiences of our diverse communities?
3. How can we help more people learn about and access support early—before challenges become crises?

Key Learnings

- **Barriers to Accessibility of Behavioral Health Services**
Barriers repeatedly identified by participants included: lack of access to behavioral health services in general, not knowing where to start to receive behavioral health resources or services, not knowing how to navigate behavioral health resources and services. Additionally, the audience shared barriers also included prioritizing basic needs over behavioral health needs, long wait times and/or waiting lists for behavioral health services, and lack of beds for those receiving behavioral health treatment. Finally, they shared the overall cost/coverage/lack of insurance for behavioral health treatment, lack of transportation, and lack of behavioral health services that offer 24/7 and weekend hours of coverage ultimately stood as impediments to accessing care.
- **Building Trust is Integral to Providing Consistent Care**
Being intentional throughout the process of care and focusing on building trust with the community was central to conversation points. Participants shared the importance of keeping behavioral health services or resources as positive experiences came back to the "touch points" of how they were received by navigators of care as well as care providers. Initial interaction with a resource is especially important in creating a positive impression, building trust and encouraging individuals to continue with their care.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Stigma Prevents Help-Seeking Behavior and Maintaining Ongoing Care**
Cultural stigma, generational shame/stigma, and fear of being judged by others can prevent help-seeking behaviors across diverse communities. Participants specifically shared that people with lived experience of homelessness, substance use disorder (SUD), or those with a dual-diagnosis may feel that their current condition is a negative reflection of themselves, which stops them from seeking care due to this perceived blemish thus further perpetuating stigma rather than addressing and prioritizing their mental health needs.
- **Integrate and Value Peers and Individuals' Lived Experience**
Peers, community rooted representatives, and people with lived experience are meaningful role models and trusted members for community engagement. Participants emphasized the utilization of paid positions and trainings for Community Health Workers (CHW), Peer Support Specialists (PSS), and staff with lived experience and/or who are reflective of the communities they are serving.
- **Linguistic Barriers Prevent Individuals from Seeking Care**
Language barriers and lack of culturally aligned materials hinder understanding of services. Communities desire staff and outreach workers who reflect their culture, language, and lived experience. Participants suggested contracting or hiring more bilingual/multilingual behavioral health outreach workers and behavioral health providers, with equitable pay, compensating for their translation services on top of their regular services.
- **Desire for Improved Cultural Responsiveness & Specialized Teams**
Strong emphasis was placed on staffing linguistic and culturally diverse and responsive teams that reflect the communities they are serving, (e.g., tribal, LGBTQ+, refugee, immigrant, AAPI, Latino). Furthermore, integrating cultural practices and traditional healing practices into standards of BH services. Examples shared included multilingual-speaking Assertive Community Treatment (ACT) teams, culturally tailored peer navigators, and housing providers rooted in community trust.
- **Cultivate and Retain Behavioral Health Workforce**
Participants expressed a desire to support behavioral health workforce development and retention by offering fair pay for all levels of providers from peer support specialists to degreed and licensed professionals, providing salaries that are competitive with private organizations, and equitable to the cost of living in San Diego County. Participants also highlighted that staff who live in the communities they serve often experience additional stress and risk of burnout.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Utilize Community Spaces to Increase Awareness about Available Resources**
Participants expressed a desire to embed behavioral health resources and behavioral health providers into the settings that community members regularly gather and frequent. For example, adult community members may value locations such as libraries, grocery stores, office centers, and primary care provider offices. For children and youth, these trusted spaces may include school settings, day care centers, parks or sport facilities, libraries, and pediatrician or primary care provider offices.
- **Engagement within Schools can Normalize Behavioral Health and Reduce Stigma**
Many participants in attendance of the input session spoke with perspectives from the school and youth-based background, as the session was held at a conference serving school-engaged community members. Participants shared the need to create high-level partnerships with the San Diego County Office of Education, community colleges, and universities in the region. Furthermore, to integrate education around mental health and behavioral health in a stigma-reducing and safer manner – for families, parents, students, and peers.

Audience Recommendations

- **Addressing Fear, Trust, and System Avoidance in a Challenging Political Climate**
Participants shared the need to address fears related to immigration enforcement, data privacy, and authority presence. Communicate clearly about confidentiality, safe access points, and community-based service delivery. Maintain engagement and ensure uninterrupted access to care.
- **Develop Programs to Promote Behavioral Health Education**
Develop specialty programs that address the needs and perspectives of individuals living with neurodivergence. Incorporate dual-diagnosis support beyond SUD or Severe Mental Illness (SMI). Implement Social-Emotional Learning (SEL) curricula, integrate behavioral health concepts and coping skills into age-appropriate school programs, and apply Trauma-Informed Care practices to enhance outcomes.
- **Increase Accessible, Flexible, and Community-Based Care Delivery**
Expand in-person, walk-in, school-based, telehealth, and hybrid options with flexible hours, including evenings and weekends, and offer accommodations for those who may face barriers seeking care. For example, addressing transportation barriers with shuttle services, vouchers or mobile application outreach and engaging with community-based organizations to ensure continuity of care and improving handoffs between services.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Strengthen Partnerships with Trusted Community Organizations and Hubs**
Leverage Community Based Organizations (CBOs), faith-based organizations, cultural centers, and local programs as primary points of engagement. Uplifting and resourcing trusted community partners strengthens outreach, relevance, and long-term wellness. Participants shared the following names of organizations or programs in the San Diego region that they feel are effectively engaging in behavioral health and/or outreach: Karen Organization of San Diego (serving refugee population) and Bayside Community Center (serving older adults within Linda Vista area).
- **Develop Integrated Care Addressing Social Determinants of Health**
Integrate behavioral health services with housing, food security, and income support, and legal or reentry services. Reduce criminalization of homelessness and strengthen social supports/public benefits to improve long-term outcomes and stability.
- **Enhance Cultural and Linguistic Responsiveness**
Increase hiring bilingual/multilingual staff and staff with lived experience from the communities served. Develop culturally tailored programs, materials, and campaigns in consultation with community leaders. Train all staff in trauma-informed care, cultural humility, and community-specific practices. Offer safe spaces for clients to express themselves in culturally and gender-appropriate settings.
- **Promote and Develop Behavioral Health Workforce Grounded in Lived Experience and Community Representation**
Expand hiring pipelines leadership pathways and paid roles for people with lived experience, and community members. Support workforce sustainability through scholarships, internships, and mentorship programs to grow a diverse, sustainable behavioral health workforce. Maintain ongoing support for staff by offering trainings, certifications, shadowing opportunities, professional development specific to population needs, and implement staff support programs to reduce burnout and ensure high-quality care delivery.
- **Introduce and Sustain Additional Youth and School-Centered Behavioral Health Engagement**
Integrate screenings, Social Emotional Learning (SEL) curricula, coping skills, behavioral health screenings and education in schools, clinics, workplaces, and community centers. Offer workshops, school-based programs and resources for youth, students, parents, peers and families can help normalize mental health and support.
- **Integrate and Value Peers and Individuals' Lived Experience**
Engage peers, community-rooted representatives, and individuals with lived experience as trusted role models to strengthen community engagement. Create paid positions and provide training for Community Health Workers (CHWs), Peer Support Specialists (PSS), and staff who reflect the communities they serve to enhance trust and program effectiveness.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report presents a summary of the Behavioral Health Services Act (BHSA) Virtual Input Session held on October 27, 2025, hosted by Behavioral Health Services (BHS) as part of BHAB’s Re-entry Support for Justice-Involved Youth and Adults Subcommittee. The session convened medical and behavioral health professionals, along with key community stakeholders, to gather input on early intervention and community-based prevention strategies, continuity and coordination of care, and long-term stability and recovery supports for justice-involved individuals.

Section	Details
Engagement Title	Behavioral Health Services Act (BHSA) Input Session Behavioral Health Advisory Board (BHAB) Re-entry Support for Justice Involved Youth and Adults Subcommittee
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Monday, October 27, 2025 Time: 3:30 PM – 5:00 PM Location: Zoom
Participation	90-min discussion: <ul style="list-style-type: none"> • 30 attendees • 7 discussion questions • 115 comments submitted through Mentimeter and open discussion • 2 Breakout Rooms

Summary of Engagement Activity

On October 27, 2025, the County of San Diego Behavioral Health Services (BHS) and University of California San Diego (UCSD) Health Partnership hosted a BHSA virtual input session during BHAB’s Re-entry Support for Justice-Involved Youth and Adults Subcommittee meeting. The subcommittee serves as a collaborative forum to convene County staff, providers, and community partners focused on improving re-entry outcomes, coordination of care, and access to behavioral health services for justice-involved youth and adults in San Diego County. The session gathered input on key priorities, including early intervention and community-based prevention strategies, continuity and coordination of care, and long-term stability and recovery supports, to inform the County’s first BHSA Integrated Plan (2026–2029). Input session questions were developed with guidance from the Subcommittee to align with its strategic focus on re-entry and justice-involved populations.

Approximately 30 participants attended, including representatives from medical and behavioral health providers, community-based organizations, and key County staff involved in justice-involved behavioral health planning and services.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Participating Organizations Included:

- BHAB Rehab
- North County Equity and Justice Coalition
- REACH SD
- San Diego District Attorney
- Saving Lives in Custody CA
- University of California San Diego

The session began with an overview of the Behavioral Health Services Act (BHSA), followed by a 50-minute discussion facilitated by UCSD Health Partnership. A total of 115 comments were submitted through Mentimeter and verbal discussion. Participants focused on strategies to enhance system navigation, coordination, and accountability for justice-involved youth and adults, emphasizing the need for stronger transitions for continuity of care, improving accessibility, expanding services, and innovating engagement strategies to better reach and support vulnerable populations.

Input Session Questions:

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?
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?

Key Learnings

- **Successful Transitions Require Continuity of Care**
Participants emphasized that successful transitions for justice-involved individuals rely on connecting people to care before they are released and ensuring consistent follow-ups afterward. Early engagement, such as in-custody assessments, pre-release enrollment in treatment programs, and pairing people with reentry case managers or peer specialists, was seen as essential to prevent individuals from “falling through the cracks.” They expressed that limited coordination between County systems, community providers, hospitals, and justice agencies often disrupts care. As a result, justice-involved individuals must repeatedly share their stories and manage their own follow-up, increasing the risk of missed appointments and relapse.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Systemic Barriers to Timely and Inclusive Behavioral Health Care**
Stakeholders noted that access to behavioral health care remains challenging across all levels of the system. Long wait times, complicated referral processes, and limited outreach capacity often prevent people from getting timely support during which time crises may escalate. Participants described that many facilities, including withdrawal management and recuperative care programs, are not ADA-compliant or fail to provide support for individuals. In addition, people with both mental health and substance use disorders often face exclusion from services in both systems, leaving them without the care they need.
- **Need to Expand Accessible Housing Solutions for Justice-Involved Individuals**
Participants valued additional housing support options that are tailored to youth and adults seeking re-entry support. They discussed making stable housing more available, including sober living and tiny home options. Additionally, the audience discussed creating housing standards and accommodations that are tailored to the specific needs of justice-involved people. They explained preference for rehabilitation and support programs that are in or near housing facilities to remove barriers to accessing essential resources. Finally, participants expressed need to review current and new housing plans to ensure that they are accessible to individuals with physical and mental disabilities.
- **Desire for Wrap-Around Services and Comprehensive Follow Up**
Individuals reported interest in additional, more accessible social services to transition out of the justice system. This included case management and peer support services that are specific to the justice-involved population. The audience shared services are especially important to participants who require basic necessities and behavioral health support. Participants explained that all services should include more consistent follow-up with the justice-involved population to decrease loss of care amongst service enrollees. Additionally, participants stated that in-person, drop-in approaches to services may incentivize engagement.
- **Coordination with Assertive Community Treatment and Housing Partners can Contribute to Successful Re-Entry**
Stakeholders value data sharing across all sectors to ensure shared accountability. The need to strengthen partnerships within the justice involved system and incorporating community participatory practices within correctional settings to support re-entry and continuity of care. Strengthening engagement with the Assertive Community Treatment (ACT) teams before release presents a valuable opportunity to provide intensive, coordinated, and person-centered support for individuals with complex needs. In addition, collaboration with housing partners and the County to develop tiny home initiatives presents a viable approach to addressing housing instability after release from correctional settings.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Bolster Continuity of Care Through Peer Support, Data Sharing, and Telehealth**
Respondents suggested the inclusion of more peer support specialists as a critical strategy for fostering trust, improving engagement, and supporting successful community reintegration. Establishing more frequent and consistent communication post-release is essential to maintaining continuity of care and preventing service gaps. There is a need for enhanced data collection on client engagement to better understand participation trends and inform program improvements. They shared expanding telehealth services can further increase accessibility, particularly for individuals facing transportation or geographic barriers.

Audience Recommendations

- **Improve Transitions and Continuity of Care**
Participants shared the need to standardize pre-release engagement protocols to connect individuals to care and pair them with a navigator or peer support before release. Develop a centralized data-sharing system, modeled on Los Angeles County's bed-tracking tool, to improve coordination and referrals. Invest in sustained funding for peer re-entry specialists. Track follow-up outcomes to support successful transitions and ensure continuity of care.
- **Broaden Accessibility to Behavioral Health Services**
Create an easy-to-use online portal for service navigation and appointment scheduling to improve access. Fund outreach and engagement services to support earlier intervention. Require programs to serve individuals with co-occurring mental health and substance use disorders, and audit facilities regularly for ADA compliance to ensure equitable access for all.
- **Redesigning Housing as Accessible Hubs for Re-Entry Support**
Build and redesign housing supports that address the needs of justice-involved individuals while meeting high accessibility standards. Transform housing and sober living facilities into hubs where the re-entry population can access essential services, lowering barriers to stable housing and support.
- **Strengthen Data Sharing, System Integration, and Accountability**
Design interoperable data systems and enable real-time information sharing between Managed Care Providers (MCP), correctional centers, and the County. Enhance data collection on client engagement and Mobile Crisis Response Team (MCRT) access to assess outcomes and inform program improvements.
- **Formalize Collaboration and Communication between Stakeholders**
Establish regular forums for service providers, the sheriff's department, peer supports, and the justice-involved community to share information, identify needs, and address gaps in support. Coordinate stakeholder involvement to ensure the holistic needs of the re-entry population are met effectively.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Building Consistent Care Pathways with Peer Support and Telehealth**
Expand the pool of peer support specialists to strengthen engagement and promote successful community reintegration. Establish frequent, consistent post-release communication to ensure continuity of care. Increase telehealth services to enhance accessibility and reduce barriers to care.

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Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the Thursday, October 30, 2025, input session between the County of San Diego Caregiver Coalition, Behavioral Health Services (BHS), caregivers, their family, and community members, examining how the Behavioral Health Services Act (BHSA) will shape area agencies, government, organizations, and healthcare plan providers that impact caregiving.

Section	Details
Engagement Title	Transforming Behavioral Health Together: Proposition 1 – Caregiver Coalition Meeting
Format	<input checked="" type="checkbox"/> In-person <input type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: Thursday, October 30, 2025 Time: 11:00 AM-12:30 PM Location: Hillcrest/Knox Branch Library, 215 W Washington St, San Diego, CA 92103
Participation	60-min Discussion: <ul style="list-style-type: none"> • 21 attendees • 4 of discussion questions • 35 of total comments

Summary of Engagement Activity

On October 30, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with the Caregiver Coalition hosted an input session during the Caregiver Coalition’s monthly meeting. The Caregiver Coalition’s mission is to identify and address the needs of caregivers through education, support, advocacy efforts, and collaboration of a broad coalition of membership to improve the life of caregivers, their families, and the community. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 21 attendees participated in this session representing community-based organizations (CBO’s) including those who cater to caregivers as well as older adults.

Participating Organizations Included:

- UCSD Health Services
- AIS Advisory Council
- Southern Caregiver Resource Center
- Visiting Angels Senior Home Care
- Long-term Care Ombudsmen
- Alzheimer’s Association of San Diego
- Public Authority
- Elder Care
- Comfort Care
- Gary and Mary West Pace

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA, followed by a 30-minute discussion facilitated by BHS. Nearly 35 comments were submitted verbally and through written responses on a handout sheet, reflecting a wide range of perspectives and experiences. Conversations centered on improving early intervention, client navigation of healthcare systems, and access to behavioral health services through culturally responsive, community-based approaches that build trust and reduce stigma. Participants identified key challenges including fragmented systems, limited navigation support, long wait times, low health literacy, and insufficient follow-up especially for caregivers of older adults.

Input Session Questions:

1. How can we help more people learn about and access support early—before challenges become crisis?
2. What early intervention services would help older adults and people with disabilities access or stay connected to specialty behavioral health care?
3. What would “navigational support,” look like for an older adult or individual living with a disability seeking behavioral health support?
4. Anything else you would like us to know as we create the Integrated Plan (IP)?

Key Learnings

- **Relationship Building with Community Based Organizations is Integral to Developing Trust Within Communities**
Participants consistently emphasized that trust develops through relationships with community-based organizations (CBOs), not through centralized systems alone. Embedding County Behavioral Health Services staff within trusted organizations like Union of Pan Asian Communities (UPAC), senior centers, and caregiver-serving nonprofits allows services to feel familiar rather than intimidating. When navigation occurs inside spaces people already trust, stigma decreases and engagement increases.
- **Navigation is Relationship Based**
Navigation was repeatedly described as a relationship, not a referral. Older adults and people with disabilities often disengage when support ends after a single interaction or handoff. Continuous follow-up, consistency in navigators, and proactive check-ins help individuals stay connected through complex systems.
- **Navigation Quality Matters**
Stakeholders shared that inadequately trained navigators or enhanced care managers can erode trust quickly. When referrals are unclear or poorly explained, individuals may disengage entirely and avoid future help-seeking. One negative experience can undo months of outreach and relationship-building.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Stigma Prevents Early Engagement**
Stigma continues to prevent early engagement, particularly among older adults, caregivers, and communities of color. Participants stressed that clinical language often increases resistance rather than reducing it. Peer-led and culturally grounded approaches were consistently viewed as more effective than professional-only outreach.
- **Misinterpretation of Behavioral Health Needs**
Many communities do not conceptualize distress as “mental health,” but instead experience it as physical symptoms, anxiety, grief, or existential pain. This disconnect leads to underreporting of behavioral health needs and delayed care. Language and outreach must reflect how people describe their lived experiences.
- **Caregivers are Essential Allies Who Often Need Support Themselves**
Caregivers—many of whom are older adults themselves—carry significant emotional and behavioral health burdens. Stakeholders noted high rates of depression, burnout, and stress, particularly among dementia caregivers. Without caregiver support, individuals receiving care are far more likely to experience crises or institutionalization.
- **Health Literacy Barriers**
Flyers, brochures, and resource guides are frequently written above the reading level of intended audiences. Older adults and caregivers need materials that are visually clear, written in plain language, and easy to act on. Poor health literacy limits access even when services are technically available.
- **Service Delays Cause Drop-Off**
Long wait times, unclear eligibility, and fragmented systems often cause individuals to disengage before services begin. Stakeholders described situations where people were discharged or ready for help but fell through gaps. Without interim support, early intervention opportunities are lost.
- **Proactive Connection Programs Prevent Crisis**
Programs like ElderHelp’s R-U-Ok daily phone call and intergenerational call programs were highlighted as effective early intervention tools. Regular check-ins normalize connection and allow needs to surface before they escalate. Participants emphasized that caregivers currently lack comparable proactive outreach.
- **Cross-Sector Collaboration is Needed to Meet the Needs of Older Adults and Individuals with Disabilities**
No single agency or system can meet the layered needs of older adults and people with disabilities. Participants stressed that meaningful integration requires shared ownership, County-funded connector roles, and strong cross-sector collaboration. Community partners must be supported—not replaced—for integration to succeed.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Audience Recommendations

- **Fund and Place Community-Embedded Navigators**
Participants shared the need to invest in and place County behavioral health navigators within community-based organizations where trust is already established. Assign navigators as consistent points of contact across behavioral health, medical, transportation, and social services. Track outcomes to reduce stigma and improve follow-through with services.
- **Expand Long-Term Navigation Models**
Ensure navigation includes follow-up warm handoffs, and sustained continuity over time. Assign a single navigator whenever possible to reduce confusion and avoid retelling of personal histories. Leverage relationship-based navigation for increase in client retention and overall outcomes.
- **Invest in Strong Training and Oversight**
Allocate resources to develop and implement comprehensive training for navigators, Enhanced Care Management (ECM) providers, and referral staff. Incorporate cultural humility, disability awareness, and an in-depth understanding of referral programs into the curriculum. Build staff skills to enhance navigation quality, safeguard client trust, and prevent disengagement.
- **Grow Network of Peer Navigators and Community Health Workers**
Expand peer-to-peer navigation by engaging CHWs, Promotoras/es, and individuals with lived experience. Leverage these models to reduce stigma, normalize help-seeking, and enhance engagement beyond clinical outreach alone. Adopt volunteer or stipend-based approaches to strengthen sustainability and maximize program impact.
- **Utilize Trusted-Spaces for Community Outreach**
Conduct outreach in trusted community settings, including schools, libraries, senior centers, churches, and local groups. Utilize after-work social media campaigns to reach working caregivers and intergenerational families. Engage school systems to normalize mental health discussions and increase community awareness and participation.
- **Plain Language Communication**
Develop materials that use simple language, large fonts, visuals, and step-by-step instructions. Produce simplified versions alongside official resources so providers can explain options in under five minutes. Prioritize health literacy as a core strategy to improve access and enhance understanding for all clients.
- **Expand Proactive Check-In Programs**
Increase R-U-OK style check-in programs and design caregiver-specific versions. Implement regular outreach to reduce isolation and identify needs early. Ensure caregivers receive the same proactive support as care recipients to strengthen wellbeing and enhance overall care outcomes.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Invest in Caregiver Mental Health**

Individuals seek to restore and expand caregiver-focused early intervention programs addressing depression, stress, and behavioral management. Reintegrate effective programs such as EI CALMA and Caregiver TLC. Supporting caregivers can improve outcomes, reduce system strain, and strengthen overall care for both caregivers and care recipients. Within the future BHSA framework, prevention funding will no longer be under local control as these funds will be allocated to the state level under California Department of Health Care Services (DHCS). Additionally, funding dedicated to early intervention must meet certain criteria to primarily reach those with clinical early indicators or clinical risk of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

- **Integrate Practical Supports**

Prioritize transportation and technology access as core navigation functions. Equip navigators to assist with ride coordination, eligibility, and accessible technology such as Caption Call or large-button devices. Provide practical supports to enable follow-through and strengthen client engagement.

- **Support and Coordinate Community Efforts**

Audience members seek the County's coordination of funding opportunities and support community-led efforts instead of duplicating them. Individuals desire the County to serve as a connector across systems to enable trusted partners to lead collaborative engagement and planning in developing accountability structures that can strengthen impact and equity.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the November 4, 2025, community input session led by County of San Diego Behavioral Health Services (BHS), with participation from community members and service providers, examining crisis services under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHSA Input Session: Crisis Services Engagement Summary
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: November 4, 2025 Time: Morning 10:00 AM-11:30 AM, Evening 5:30 PM-7:00 PM Location: Zoom</p>
Participation	<p>90-Minute Discussions:</p> <ul style="list-style-type: none"> • 40 attendees • 6 discussion questions • 101 total comments <ul style="list-style-type: none"> ○ 88 comments submitted through Mentimeter ○ 13 comments through open discussion

Summary of Engagement Activity

On November 4, 2025, the County of San Diego Behavioral Health Services (BHS) led a virtual community input session to address crisis services needs for people with behavioral health needs under the Behavioral Health Services Act (BHSA). This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Across both morning and evening sessions, approximately 40 participants attended including a mix of healthcare providers, social service agencies, behavioral health advocates, and academic representatives.

Participating Organizations Included:

- Serving Seniors
- Office of Supervisor Lawson-Remer
- University of California San Diego
- Charlie Health
- Fisher Mental Health Consulting
- National Shattering Silence Coalition
- Waves of Change Consulting
- National Alliance on Mental Illness
- La Maestra Community Health Centers
- Southern Caregiver Resource Center

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA, followed by a 45-minute discussion facilitated by BHS staff. Nearly 101 comments were submitted through digital discussion, chat comments, and Mentimeter. Participants discussed the need for clinically informed, coordinated behavioral health services that respond effectively during crises and continue through recovery, emphasizing trust-building crisis response, timely follow-up, and stable supportive housing. They highlighted the importance of family inclusion, well-trained peer and clinical supports, and clear, accessible pathways that help individuals and caregivers navigate care, reduce repeated crises, and support long-term wellness outcomes.

Input Session Questions:

1. What would help people feel safer reaching out to crisis services earlier, before things become an emergency?
2. What kinds of navigation or coordination help do people need to find and connect with ongoing care after a crisis?
3. What would help people stay engaged in follow-up care or recovery supports after a behavioral health crisis?
4. What challenges make follow-up supports like case management or outpatient care hard to use or continue?
5. How could County-funded crisis and treatment services coordinate more effectively to support people after a crisis?
6. Anything else you would like to share with BHS for the BHSA Integrated Plan?

Key Learnings

- **Re-establishing Trust within Crisis Response to Develop Help-Seeking Behaviors**
Participants consistently described fear and distrust of crisis response teams due to experiences involving law enforcement-led responses, lack of clinicians, and jail transport instead of hospital care. These experiences create lasting trauma and discourage individuals and families from calling for help until situations escalate into true emergencies. Rebuilding trust will require clinician-led crisis responses, clear accountability standards, transparent follow-up, and visible commitment to trauma-informed, medical, not punitive, interventions.
- **Design Crisis Response to Prioritize Care Over Enforcement**
A clear pattern emerged showing that the involvement of police without clinicians, especially when body cameras are absent, heightens fear, stigma, and harm, particularly for people with Serious Mental Illness (SMI), immigrants, and communities of color. Participants emphasized that law enforcement-driven responses often escalate rather than stabilize crises and lead to unnecessary incarceration. Outcomes can improve by expanding clinician-led mobile teams, integrating paramedics and behavioral health professionals, and clearly defining when law enforcement involvement is clinically justified.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Anosognosia Must be Formally Recognized and Addressed Across Crisis, Treatment, and Recovery Systems**
Stakeholders identified anosognosia, a neuropsychiatric condition where a person is unaware of or denies their own disability or illness, as a primary reason individuals with SMI cannot engage in voluntary services, comply with outpatient care, or agree to hospitalization. Current service models that rely on voluntary participation unintentionally exclude the sickest individuals and allow clinical deterioration. Integrate anosognosia into eligibility criteria, training, and care pathways, including earlier use of involuntary evaluation and treatment as a medical intervention rather than a failure of engagement.
- **Stigma of Involuntary Care is Contributing to Worse Outcomes and Should be Replaced with a Compassionate Medical Framework**
Participants strongly rejected the framing of involuntary care as “coercive,” noting that avoidance of needed treatment often leads to jail, homelessness, overdose, or death. Families emphasized that forced care, when clinically indicated, is often the only alternative to prolonged suffering and system cycling. Reframing involuntary care as time-limited, compassionate, and recovery-oriented could enable earlier intervention and reduce long-term system costs and human harm.
- **Families are Essential Partners in Care and Should be Systematically Included**
Across all discussion areas, families reported being dismissed, blamed, or blocked by misapplication of HIPAA (Health Insurance Portability and Accountability Act), even though they often serve as the primary caregivers and system navigators. This exclusion weakens crisis assessments, discharge planning, and long-term engagement. Implement clear family-inclusive policies, training staff on appropriate information-sharing, and treating family input as critical clinical data rather than interference.
- **Post-Crisis Care Currently Lacks Coordination, Consistency, and Accountability Undermining Recovery**
Participants described discharge planning as fragmented and dependent on individual hospital social workers, with families left to navigate complex systems using minimal information. This results in missed connections to housing, substance use treatment, and higher levels of care, increasing the likelihood of relapses and re-hospitalization. A centralized, accountable post-crisis navigation model with proactive follow-up could significantly improve continuity and long-term stability.
- **Supportive Housing with Embedded Services is Foundational to Recovery and Crisis Prevention**
Stakeholders identified stable, service-rich housing as essential for engagement in treatment, medication adherence, and long-term wellness. Temporary placements such as shelters or motels were widely viewed as destabilizing and ineffective, particularly for people with SMI. Investing in clinically informed supportive housing, including protections against eviction during symptom exacerbation, is a critical strategy for reducing repeated crises and system cycling.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Building Skilled Peer Support for Better Care and Connection Requires Training**
Participants emphasized that peer support can significantly improve engagement when peers are well trained in psychosis, anosognosia, family dynamics, and appropriate escalation to higher levels of care. However, inconsistent training and ideological opposition to involuntary treatment can unintentionally delay needed care. Strengthening peer roles through standardized training, clinical supervision, and collaboration with families can maximize their effectiveness and safety.
- **After Crisis, Support Requires Active, Ongoing Outreach—Not Just Referrals**
Stakeholders agreed that brief phone check-ins or referral lists are insufficient after a behavioral health crisis, particularly for individuals with cognitive impairment, homelessness, or limited access to technology. Early, frequent, and in-person follow-up, especially in the first days after discharge, was identified as a key strategy for preventing disengagement. Participants discussed prioritizing models that emphasize assertive outreach, accompaniment to appointments, and continuity of relationships.
- **Language, Framing, and Messaging Shape Culture, Stigma, and Service Utilization**
Participants highlighted how terms such as “behavioral,” “prevention,” and “coercion” reinforce misconceptions that SMI are choices rather than brain-based medical conditions. Individuals shared that this language affects public attitudes, policy decisions, and whether families and individuals feel safe seeking care. Aligning messaging with medical, recovery-oriented language can reduce stigma, improve trust, and support earlier and more effective intervention.

Audience Recommendations

- **Integrate Recognition of Anosognosia into Eligibility, Assessment, and Treatment Pathways**
Participants shared the need to include recognition of “anosognosia” in County-funded program assessments, service eligibility, and clinical decision-making. This would allow earlier access to involuntary evaluation and treatment when clinically needed to support individuals with severe mental illness who cannot engage voluntarily. Moreover, this would align services with the realities of severe mental illness to improve access for those most at risk and reduce long-term decline. Measures will also need to be created to monitor implementation to ensure proper use and continuity of care.
- **Redesign Crisis Response to be Clinically Led, Transparent, and Accountable**
Prioritize medical and clinical care in behavioral health crisis responses to minimize trauma and rebuild trust. Require clinician presence on crisis response teams whenever feasible and clearly define when law enforcement involvement is appropriate. Establish accountability standards, including documentation, supervision, and follow-up, to prevent unnecessary jail transport. Strengthen clinical leadership in crisis response to improve safety, reduce repeat crises, and encourage earlier help-seeking.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Make Compassionate Involuntary Care a Standard Part of the Continuum**
Adopt clear guidance, staff training, and public messaging that frame involuntary care as a time-limited, medically necessary intervention rather than a punitive or failed approach. Integrate compassionate involuntary care options within the broader behavioral health continuum to prevent crisis escalation. Monitor outcomes to reduce homelessness, incarceration, overdose, and family burnout while supporting long-term recovery.
- **Establish a Standardized, Proactive Post-Crisis Navigation and Follow-Up Model**
Implement a standardized post-crisis transition model in which every individual leaving crisis care is assigned a trained navigator or care coordinator. Ensure active follow-up, timely appointment linkage, and coordination across housing, treatment, and benefits. Prioritize proactive engagement during the initial weeks following a crisis to reduce disengagement and prevent repeat hospitalizations.
- **Expand Supportive Housing with Clinical Care for Stability and Recovery**
Prioritize supportive housing models that include services as a key part of recovery. Provide on-site clinical care, help with medications, peer support, and protections against eviction or program discharge during times of symptom worsening. Invest in housing that promotes stability and healing to reduce repeated crises, use of emergency services, and cycling through the system.
- **Strengthen Peer and Navigator Roles Through Standardized Training, Supervision, and Workforce Stability**
Standardize training requirements for peers and navigators, with emphasis on psychosis, anosognosia, family engagement, and appropriate escalation to higher levels of care. Ensure ongoing supervision, clear role alignment with clinical teams, and competitive compensation to reduce turnover. Strengthen workforce stability to improve continuity of care, cross-disciplinary collaboration, and long-term engagement.
- **Formalize Family Inclusion as a Core Component of Service Delivery**
Establish clear policies and training to support appropriate information-sharing, family engagement, and caregiver support across all levels of care. Integrate families as partners in crisis response, discharge planning, and ongoing care while maintaining privacy and consent requirements. Strengthen assessments, improve continuity of care, and promote long-term wellness for both individuals and caregivers through sustained family partnership.

***Please note:** This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.*

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the November 12, 2025, community input sessions led by County of San Diego Behavioral Health Services (BHS), with participation from community members and housing stakeholders, examining housing intervention needs, barriers, and support for people with behavioral health needs under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHSA Input Session: Housing Interventions Engagement Summary
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: November 12, 2025 Time: 10:00 AM-11:30 AM, 5:30 PM-7:00 PM Location: Zoom</p>
Participation	<p>90-Minute Discussions:</p> <ul style="list-style-type: none"> • 45 attendees • 4 discussion questions • 100 total comments <ul style="list-style-type: none"> ○ 79 comments submitted through Mentimeter ○ 21 comments through open discussion

Summary of Engagement Activity

On November 12, 2025, County of San Diego BHS led a community input session to discuss the Behavioral Health Services Act (BHSA), housing interventions, and housing needs of people experiencing behavioral health challenges. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Across both morning and evening sessions, approximately 45 participants attended including a mix of healthcare providers, housing and development organizations, social service agencies, behavioral health advocates, and academic representatives.

Participating Organizations Included:

- UCSD Health
- Serving Seniors
- Tiny Home Central
- Wakeland Housing and Development Corporation
- National Alliance on Mental Illness (NAMI)
- Union of Pan Asian Communities (UPAC)
- Home Start, Inc
- San Diego State University (SDSU)
- Kaiser Permanente
- San Diego Housing Commission

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA, followed by a 45-minute discussion facilitated by BHS staff. Nearly 100 comments were submitted through digital discussion, chat comments, and Mentimeter. Participants discussed the importance of providing ongoing, flexible support and integrated services to help people maintain stable housing. They also highlighted the value of peer connections, community engagement, and accessible pathways to resources across different housing options.

Input Session Questions:

1. What types of housing or housing supports help people experiencing behavioral health challenges feel safe, stable, and connected in their community?
2. What kinds of help make it easier for people experiencing behavioral health challenges to stay housed once they have a place to live?
3. What challenges or barriers make it harder for people experiencing behavioral health challenges to find or keep housing?
4. How can housing programs and housing-related supports be designed or delivered in ways that better support people's behavioral health and well-being?

Key Learnings

- **Embedding Ongoing Support and Case Management in Housing Programs**
Stakeholders emphasized that many residents need practical, individualized assistance to adjust to housing, including support with budgeting, cooking, cleaning, and navigating daily responsibilities. This reflects a broader need for ongoing case management and care coordination that does not end after initial placement. Participants noted that without these supports, tenants often struggle with stress, relapse, or misunderstandings about how to manage a home, increasing risk for eviction. These insights highlight the importance of designing programs that embed continuous, flexible, and responsive supports within all housing models.
- **Integrated Clinical and Non-Clinical Services are Essential for Long-Term Stability and Eviction Prevention**
Community input highlighted that behavioral health care, stress-management support, harm reduction, and access to food and health resources must be easy to access and coordinated. People described that services need to respond quickly to changing needs, with the ability to escalate care before a crisis occurs. Stakeholders repeatedly tied eviction prevention to early intervention delivered by case managers, wellness coordinators, and peers. These insights point to program models that prioritize integration across clinical and non-clinical teams and reduce barriers to whole-person support.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Peer Support is a Vital Stabilizing Force Strengthening Trust, Engagement, and Recovery**
Participants stressed that peer staff offer unique value through relational support, shared lived experience, and flexible engagement—not easily replicated by clinical roles. Peer-led services, tenant councils, and peer respite programs were highlighted as essential components of successful housing environments. The presence of peers was tied to reduced isolation, improved retention, and more consistent participation in services. These learnings affirm the need for program designs that embed peers across the housing continuum and elevate their leadership roles.
- **Connection, Belonging, and Community Engagement are Central to Helping People Remain Housed**
Stakeholders described that people stay stable when they have meaningful places to go, opportunities for social connection, and supportive networks such as clubhouses, faith communities, and social groups. Isolation was identified as a major risk factor, and community-building activities were viewed as essential—not optional—to long-term recovery. Opportunities for part-time employment or vocational activities were seen as pathways to purpose and identity. These insights reinforce that housing programs should integrate community engagement strategies as core components of service delivery.
- **A Full Continuum of Housing Options is Necessary to Support Individuals Through Fluctuating Needs and Life Transitions**
Individuals emphasized that people require different levels of support at different points in their recovery and that transitions between crisis housing, transitional housing, and PSH must be smooth and timely. Stakeholders voiced concerns that limited emergency and transitional options leave hospitals, law enforcement, and PERT unable to place individuals in crisis into safe settings. They emphasized that “Housing First should not be housing only,” and that access to services across the continuum must remain strong. This learning points to the importance of planning for flexible, connected, and adequately resourced housing pathways.
- **Dignified, Safe, and Affordable Housing Environments are Foundational to Recovery and Long-Term Wellbeing**
Community input highlighted the importance of clean, well-managed units, tenant rights protections, and responsive property management practices. People repeatedly stated that safety, privacy, and respect directly influence their mental health and ability to stabilize. Prevention supports such as rental subsidies, advocacy, and eviction diversion were seen as equally important as clinical care. This insight underscores the need for program policies that protect tenant dignity while ensuring stable, affordable housing options.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Access to Services Remains Limited by High Eligibility Thresholds and Insufficient Housing Supply**

Participants expressed frustration with restrictive criteria that prevent individuals from receiving help before reaching crisis. Limited emergency housing and too few affordable units, especially for families, create bottlenecks across the system. Stakeholders called for lower-barrier entry points and expanded housing stock to meet the actual needs of residents. This learning points to the need for system-level reforms that improve accessibility and reduce administrative hurdles.

Audience Recommendations

- **Expand Ongoing, Individualized Support Services Including Life-Skills Coaching, Recovery Planning, and Mobile Case Management**

Audience seeks to provide tenants with practical housing support starting on day one, including support with budgeting, home management, daily living skills, and goal-setting. Revitalize structured programs like Wellness Recovery Action Plan (WRAP) and embed them consistently across housing settings. Deploy mobile and on-site case management teams to conduct regular check-ins, track progress, and intervene early. Monitor outcomes to reduce preventable crises and support long-term housing stability.

- **Strengthen Integrated Clinical and Non-Clinical Supports that Address the Full Spectrum of Tenant Needs**

Invest in service models that combine behavioral health care, food access, stress management, harm reduction, and crisis navigation under a coordinated system. Provide early and responsive support to prevent evictions, recognizing that clinical care alone is not enough. Create flexible pathways to higher levels of care without requiring individuals to fail first. Monitor program outcomes to ensure holistic approaches promote stability and shared responsibility across disciplines.

- **Expanding Peer Roles Across Care Continuum for Lasting Impact**

Leverage peers to build trust, increase engagement, and strengthen community connections within housing and behavioral health programs. Develop structured peer-led pathways, including on-site peer support, peer councils, social groups, and leadership programs. Collaborate with workforce partners to improve peer training and create career advancement opportunities. Integrate peers across the service continuum to support person-centered environments. Monitor outcomes to measure impact on client engagement and community cohesion.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Affordable and Supportive Housing Supply is Needed to Support Long-Term Stability**
Families, older adults, and individuals with complex behavioral health needs require a broader range of safe, dignified, and affordable housing options. Stakeholders discussed the role and importance expansion of housing stock plays in strengthening supportive infrastructure in the region to enable stability and recovery. BHSA requires 30% of funds be dedicated to Housing Interventions and limits capital development to 25% of that allocation. Some participants recommend prioritizing capital investments within this allowance and strongly emphasized capital uses such as expanding unit availability and recapitalizing existing supportive housing programs (e.g., No Place Like Home).
- **Invest in Community-Building Infrastructure, Wellness Spaces, and Opportunities for Meaningful Engagement**
Design housing programs with built-in pathways to social connection, including partnerships with clubhouses, cultural community spaces, faith-based groups, and wellness centers. Provide reliable daytime activities and supportive employment opportunities to reduce isolation. Integrate vocational pathways, such as part-time jobs and peer workforce training, to help tenants maintain purpose and stability. Monitor program outcomes to ensure these investments strengthen the social foundations of recovery and promote long-term engagement.
- **Develop Clear, Accessible Navigation Tools for Housing and Services, Including Flow Charts with Contacts and Eligibility Details**
Provide families, crisis responders, hospitals, and CBOs with clear, accessible guidance on available housing options and how to access them. Develop resources such as flow charts that include programs, contact information, and clear eligibility criteria. Utilizing these tools can reduce confusion, improve transitions, and match individuals to appropriate levels of care more quickly. Monitor usage and outcomes to support system-wide coordination and minimize delays in service connection.
- **Increase Flexibility in Funding, Referral Processes, and Eligibility Pathways Across BHS, CBOs, and Partner Agencies**
Broaden referral pathways and lower entry thresholds to address service gaps and enable early intervention. Structure funding to support collaborative approaches between the County and community partners. Reduce administrative barriers to improve access and decrease crisis-driven use of services. Monitor outcomes to ensure flexibility aligns supports with actual community needs.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Expand and Stabilize Affordable and Supportive Housing Supply, Including Recapitalizing Key Programs like No Place Like Home**

Direct available housing funds toward stabilizing existing supportive housing programs and expanding unit availability. Increase access to safe, dignified, and affordable housing options for families, older adults, and individuals with complex behavioral health needs. Prioritize non-clinical housing services, including tenant advocacy, landlord engagement, and voluntary supportive services, to prevent evictions. Monitor outcomes to ensure expanded housing stock and strengthened supportive infrastructure contribute to long-term regional stability.

Please note: *This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.*

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the November 19, 2025, input session hosted by the County of San Diego Behavioral Health Services (BHS) focusing on substance use disorder (SUD) services to inform planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHSA Input Session: Substance Use Disorder
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: November 19, 2025 Time: 10:00 AM – 11:30 AM, 5:30 PM – 7:00 PM Location: Zoom
Participation	90-Minute Discussions: <ul style="list-style-type: none"> • 51 of attendees across both sessions • 5 discussion questions • Approximately 60 total comments through Mentimeter in addition to verbal discussion

Summary of Engagement Activity

On November 19, 2025, the County of San Diego Behavioral Health Services (BHS) hosted a virtual stakeholder session to gather input on improving access, delivery, and cultural responsiveness of substance use treatment and recovery supports. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 51 participants attended both sessions. Participants included providers of mental health or SUD services and individuals with lived experience of substance use or behavioral health diagnosis.

Participating Organizations Included:

- McAlister Inc, East Teen Recovery Ctr
- McAlister Inc, South Teen Recovery Ctr
- BHS Outpatient 1 & 2
- BHS SUD Residential Programs
- BHS HCO (Health Care Operations)
- Equitable Solutions HDAP Program
- Pacific Clinics – ELEVATE Peer Support Training and Placement Program
- MHS North Inland Teen Recovery Center
- TURN Teen Recovery Center
- Oceanside Comprehensive Treatment Center (CTC)
- North County Lifeline Inc
- University of California San Diego
- Vista Hill
- Haitian Bridge Alliance, Inc
- Vista Community Clinic
- National Alliance on Mental Illness
- Legal Aid Society of San Diego
- Kaiser Permanente
- San Diego American Indian Health Center
- Fisher Mental Health Consulting
- Lake County Behavioral Health
- A New PATH
- Union of Pan Asian Communities

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA and SUD services, followed by a 45-minute discussion facilitated by BHS staff. Participants submitted nearly 60 Mentimeter comments and shared verbal input, highlighting barriers such as transportation, language access, and service navigation. Discussions focused on low-barrier access, culturally responsive and peer-led supports, and integration of mental health and housing services, with recommendations for expanding recovery pathways, strengthening outreach, and improving system coordination for individuals with complex behavioral health needs.

Input Session Questions:

1. What kinds of supports or services help people in your community reduce or stop harmful substance use?
2. How can we make substance-use services easier to access, especially for those not already connected to care?
3. What prevention or recovery programs feel most culturally relevant or community-driven?
4. How can BHSA help bridge gaps between substance-use treatment, housing, and behavioral health care?
5. Anything else you would like to share with BHS for the BHSA Integrated Plan?

Key Learnings

- **Low Barrier Access Helps Reduce Harmful Substance Use**
Participants consistently emphasized that low-barrier treatment models, such as walk-in detox, same-day Medication Assisted Treatment (MAT), minimal paperwork, easy admissions, and acceptance without insurance or referrals, help people reduce or stop harmful substance use. Community members identified a need for a clear, accessible “front door” to services, while also stressing the importance of maintaining multiple entry points so individuals are not forced through a single pathway. Stakeholders emphasized that virtual services, telecare, and online resources expand access, particularly for individuals not already connected to care. Participants highlighted that transportation barriers, especially for youth, directly limit access to substance use services.
- **Community Based Outreach is Integral to Reach Underserved Populations**
Individuals emphasized placing substance use staff and peer supports directly in the community, including streets, canyons, homeless encampments, libraries, shelters, clubhouses, and meal sites can be the bridge to connecting a community member to SUD resources and services. They highlighted street-based outreach and Naloxone distribution as effective ways to engage people who are not seeking traditional services. Stakeholders emphasized meeting people where they are, including addressing basic needs such as food, shelter, and transportation before expecting readiness for treatment.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Housing Stability & Recovery Supports Help Individuals Maintain Stability**
Audience members emphasized that recovery residences are a critical support for individuals in treatment but noted that current funding is limited. Individuals shared that rigid housing timelines and eligibility rules can destabilize clients and lead to program switching. Stakeholders emphasized the importance of integrating housing navigation into substance use treatment and strengthening warm handoffs to housing supports. Participants highlighted transportation to recovery housing and in-person recovery groups as a necessary support.
- **Desire for Culturally Responsive Treatment**
Participants emphasized that individuals are more likely to engage in services when they feel respected, not judged, and understood within their own cultural values and language. Community members highlighted that evidence-based practices are not normed for culturally diverse populations, making flexibility in service delivery critical. Stakeholders consistently raised language access as a barrier, particularly delays caused by limited availability of Spanish-speaking clinicians. The audience emphasized that having providers who speak the client's language is more culturally appropriate and effective than relying on translators.

Audience Recommendations

- **Expand Low-Barrier Access**
Community members shared their desire to see investments in and scale low-barrier substance use treatment models by supporting walk-in services, same-day MAT, minimal paperwork, and acceptance without insurance, while maintaining multiple entry points rather than a single access pathway. This includes expanding virtual and telecare options and address transportation barriers, particularly for youth, to ensure services are accessible to individuals not already connected to care.
- **Strengthen Community Based Outreach and Engagement**
Support and fund community-based outreach models that place substance use staff and peer supports in locations where individuals already gather, including encampments, shelters, libraries, and meal sites. Prioritize outreach approaches that include naloxone distribution, peer engagement, and support for basic needs such as food, shelter, and transportation to build trust and engagement before treatment readiness.
- **Improve Housing Stability and Recovery Supports**
Expand and stabilize funding for recovery residences and align housing policies to reduce rigid timelines and eligibility barriers that disrupt care. Integrate housing navigation into substance use treatment and strengthen warm handoffs between treatment, recovery housing, and long-term housing options, including transportation support to recovery housing and in-person recovery services.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Advance Culturally Responsive Care**
Maintain flexibility in program requirements to allow culturally responsive service delivery and prioritize recruitment and retention of multilingual clinicians. Invest in language-concordant care models rather than reliance on translators to reduce delays and improve engagement, and support provider practices that emphasize respect, non-judgmental engagement, and cultural relevance.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the November 20, 2025, community input session between the County of San Diego Behavioral Health Services (BHS) and Integrated Health Partners (IHP) of Southern California, focusing on identifying behavioral health (BH) needs and improving continuums of care under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	Integrated Health Partners Behavioral Health Workgroup
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Thursday, November 20, 2025 Time: 4:00PM – 5:00PM Location: Microsoft Teams</p>
Participation	<p>45-minute discussion:</p> <ul style="list-style-type: none"> • 24 attendees • 5 discussion questions • 25 digital comments in addition to verbal discussion

Summary of Engagement Activity

On November 20, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with Integrated Health Partners (IHP), hosted a virtual community input session to address behavioral health needs and planning under the Behavioral Health Services Act (BHSA). Integrated Health Partners is a Federally Qualified Health Center (FQHC) controlled clinically integrated network dedicated to advancing value-based care and payment reform for underserved populations in San Diego and Riverside counties. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan for the Fiscal Years 2026-2029.

Approximately 24 participants attended the session, including BHS staff, IHP members, and representatives from various community-based organizations, advocacy groups, and government and non-government agencies.

Participating Organizations Included:

- Choice Medical Group
- Health Center Partners of Southern California
- Health Quality Partners of Southern California
- Indian Health Council, Inc.
- Innercare
- Integrated Health Partners of Southern California
- Jones Day
- Operation Samahan
- Planned Parenthood of the Pacific Southwest
- Rula
- San Ysidro Health
- Southern Indian Health Council

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA, followed by a community discussion facilitated by BHS. Nearly 25 comments were submitted digitally through Mentimeter and Microsoft Teams chat, in addition to verbal responses shared during the session. The discussion explored challenges in behavioral health care and shared hopes for improvements under BHSA. Participants offered personal insight based on lived experience, and shared recommendations aimed at strengthening communication, streamlining processes, and making care more accessible and culturally responsive.

Input Session Questions:

1. What supports or workflows would help your clinics/centers identify rising behavioral health (BH) needs earlier and link patients more effectively to specialty BH care?
2. What improvements could we explore as a behavioral health provider (BHP) to help make referrals from your clinics/center to specialty behavioral health care smoother?
3. What training or tools would help your staff better identify and connect patients needing specialty behavioral health care?
4. Which populations you serve face the biggest barriers to entering specialty behavioral health care, and what supports would help improve access?
5. Anything else you would like to share with BHS for the BHSA Integrated Plan?

Key Learnings

- **Gaps in Communication and Coordination are Barriers to Care**
Stakeholders emphasized that direct points of contact, fewer touch points, and reliable communication channels are essential for maintaining a continuum of care. Participants stated that clear communication is essential to ensure that individuals receive the specialty care that they need.
- **Complex Referral Processes and Navigating Systems are Barriers to Care**
Audience Members discussed complex referral processes and difficulty navigating different portals and systems as major barriers that prevent clients from seeking care. Participants discussed early identification to ensure that individuals with acute behavioral health needs can receive appropriate care.
- **Need for Comprehensive Training and Tools for Providers**
Individuals emphasized that information on program criteria and admission is often not up to date, which can lead to challenges when trying to connect a client with appropriate care. Participants discussed the need for evidence-based training and education for staff regarding accessible programs, services, and resources made available at the County.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Specific Populations face Different Barriers to Care**
Community members also identified unhoused individuals, tribal communities, people experiencing severe mental illness, individuals with histories of violent offenses, uninsured individuals, and LGBTQ+ community members as populations that face significant barriers to accessing specialty behavioral health care. Language, accessibility and transportation limitations were also identified as major contributors to these barriers.
- **Building Behavioral Health Systems Rooted in Cultural Competence**
Participants urged the importance of adopting culturally responsive perspectives for the diverse communities served, with an emphasis on including tribal communities in care plans. For example, incorporating tribal healing practices into behavioral health care.

Audience Recommendations

- **Strengthen Care Continuity Through Dedicated Communication Channels**
Participants seek to strengthen communication by designating points of contact at County-operated programs to act as a liaison between organizations and ensure direct communication for referrals, treatment updates, and discharge coordination.
- **Streamline Referral Processes and Navigation Systems**
Centralize referral processes and adopt a hub model to streamline system navigation by consolidating applications, criteria, and contact information into a single system. Provide frequent updates about any changes in program admission criteria. Integrate early identification screening to ensure that individuals with acute behavioral health needs receive appropriate care.
- **Improve Staff Training and Education**
Provide evidence-based training and resources for staff. Develop a resource hub or forum for providers that keeps program service descriptions, referral pathways, program criteria, and contact information updated and accessible.
- **Address Population Specific Barriers**
Expand transportation supports, such as providing bus passes or driving-app vouchers, to address barriers for youth, unhoused, and rural clients. Increase language support and employ staff representative of the County's diverse populations. Increase childcare support for single parents who are in treatment.
- **Advancing Tribal Partnerships for Holistic Behavioral Health Solutions**
Increase tribal community's role in developing health care plans for community members. Incorporate traditional healing in behavioral health care. Provide comprehensive education and training for tribe members.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the December 3, 2025, community virtual input session between the County of San Diego, Behavioral Health Services (BHS) staff and community members focusing on cultivating and expanding the behavioral health workforce under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHSA Input Session: Behavioral Health Workforce
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	Date: December 03, 2025 Time: 10:00 AM – 11:30 AM, 5:30 PM – 7:00 PM Location: Zoom
Participation	90-Minute Discussions: <ul style="list-style-type: none"> • 42 Participants • 5 Discussion Questions • 63 total comments from Mentimeter

Summary of Engagement Activity

On December 3, 2025, County of San Diego BHS (BHS) hosted two community input sessions to discuss the Behavioral Health Services Act (BHSA), and focused discussions on cultivating and expanding the behavioral health workforce. This session was designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 42 participants attended both sessions, including representatives from academic institutions, foundations, behavioral health service providers, housing and homelessness agencies, and individuals with lived experience.

Participating Organizations Included:

- University of California San Diego
Department of Psychiatry
- Alliance Healthcare Foundation
- TURN Behavioral Health Services
- Tiny Home Central
- McAllister Institute
- Southern Caregiver Resource Center
- San Diego Housing Commission
- Policy and Innovation Center

The sessions opened with an overview of BHSA, followed by a community discussion facilitated by BHS staff. Nearly 63 comments were submitted digitally through Mentimeter, in addition to verbal discussion. Participants shared insights on workforce development needs, recruitment and retention strategies, training pathways, and cross-sector collaboration to support a sustainable and responsive behavioral health workforce in San Diego County.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Input Session 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?

Key Learnings

- **Desire for Support Throughout Continuum of Care**
Participants emphasized that individuals move between mild, moderate, and severe levels of care over time, and that systems must support step-down care when individuals with severe mental illness (SMI) are stable. Participants stated that prevention, early intervention, and mild-to-moderate services are essential to avoid crisis escalation and overreliance on higher-acuity systems.
- **Workforce Development, Retention, and Sustainability Can Be Improved with Competitive Pay, Benefits, and Room for Advancement**
Stakeholders identified that competitive pay, benefits, and room for advancement are necessary to attract and retain behavioral health workers. Reasonable caseloads, manageable workloads, and access to self-care were identified as critical to preventing burnout. They also shared the need for more supervision opportunities to obtain licensing hours across a wider range of service settings. Loan forgiveness, scholarships, tuition stipends, and paid internships were repeatedly named as essential workforce supports.
- **Peer Support is a Career Path for Individuals with Lived Experience**
Group members emphasized that many community members are unaware that peer support specialists are a legitimate career with advancement opportunities. They stressed the importance of funding peer-run organizations and reviving and expanding the Wellness Recovery Action Plan (WRAP). Participants also underscored that employees with lived experience must be allowed to receive services themselves without penalty. Part-time roles were identified as important for peer support specialists, especially those balancing recovery, caregiving, or other responsibilities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Building Behavioral Health Careers Through Early Outreach and Strategic Partnerships**
Individuals discussed the need to showcase behavioral health careers from peer support roles through doctoral-level professions. Early outreach starting in middle school was repeatedly identified as critical to building a sustainable workforce. Stakeholders highlighted the importance of partnerships with community colleges, universities, and non-traditional educational institutions. Focus groups with youth were suggested to understand barriers and motivations related to entering behavioral health careers.
- **Need for Culturally Responsive and Equitable Community Engagement**
Finally, participants called for advancing culturally responsive services beyond traditional evidence-based practice frameworks. Stakeholders emphasized the need for culturally and linguistically appropriate opportunities. Community members expressed that current campaigns do not always reflect community values or feel welcoming. Stigma reduction is a key strategy for workforce recruitment and service engagement.

Audience Recommendations

- **Integrating Step-Down Care and Early Mental Health Support Across All Ages**
Audience members shared that BHSA planning explicitly supports step-down care and continuity across acuity levels. This should include infant and early childhood mental health services in planning and funding models, even when they do not fit traditional billing categories. Providing wellness programs in schools from grades K-12 teaching emotional learning and coping skills is also a positive measure in supporting youth mental health.
- **Strengthen Workforce Sustainability and Retention**
Align contracts and funding with realistic caseload limits, supervision capacity, and staff well-being. Expand paid internships, apprenticeships, and “earn-and-learn” models to reduce workforce attrition. Increase access to qualified supervisors and standardize supervision quality to support licensure pathways.
- **Expand Peer-Led and Recovery Oriented Services**
Invest in peer mentorship models and career ladders for individuals with lived experience. Include dedicated funding for peer-run organizations and Wellness Recovery Action Plan (WRAP) implementation across community and school settings. Ensure employment policies support workers with lived experience, including access to services and flexible schedules.
- **Build Clear Career Pathways and Early Workforce Pipelines**
Create clear, visible career pathways that span entry-level to licensed roles. Partner with schools, community colleges, and workforce agencies to expand early exposure and non-traditional education routes. Engage youth directly to inform workforce outreach and messaging strategies.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Advance Cultural Responsiveness, Equity, and Community Engagement**
Review and adapt evidence-based practices through a cultural responsiveness lens. Develop community-informed outreach and stigma-reduction campaigns. Strengthen partnerships with culturally rooted organizations, caregivers, and advocacy groups such as National Alliance on Mental Illness (NAMI).

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the December 5, 2025, Behavioral Health Services Act (BHSA) input session between the County of San Diego, Behavioral Health Services (BHS) and San Diego State University’s (SDSU) Master of Social Work (MSW) Training Program focusing on cultivating and expanding the behavioral health workforce under BHSA.

Section	Details
Engagement Title	BHSA Input Session: SDSU MSW Training Program
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Friday, December 5, 2025 Time: 1:00 PM – 2:00 PM Location: Zoom</p>
Participation	<p>60-Minute Discussion:</p> <ul style="list-style-type: none"> • 20 attendees • 5 discussion questions • 32 comments through Mentimeter in addition to verbal discussion

Summary of Engagement Activity

On December 5, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with San Diego State University’s (SDSU), Master of Social Work (MSW) Training Program, hosted a virtual community input session for students serving in behavioral health, social services, and community health professional programs. This session was designed to gather stakeholder insights to cultivate and expand the behavioral health workforce under the Behavioral Health Services Act (BHSA) Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 20 participants attended the session, including BHS staff and MSW students with placements in various organizations.

Placement Organizations Included:

- San Diego County Psychiatric Hospital
- NextMove
- University of California San Diego Health – Hillcrest
- Union of Pan Asian Communities Counseling and Treatment Center
- Integrated Health Partners at Father Joe’s Villages
- San Diego County Probation Department – Integrated Healthcare Services Unit
- San Diego City College
- Rady Children’s Chadwick Center Trauma Counseling Department
- TAY Specific ACT Program through Catalyst Clarvida
- Riverside Desert Crisis Stabilization Unit in Palm Springs

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of the BHSA IP, followed by a 30-minute facilitated discussion led by BHS. Participants contributed 32 comments through Mentimeter, alongside verbal and chat responses shared during the discussion. Conversations focused on strategies to strengthen behavioral health career pathways, support workforce retention, expand opportunities for individuals with lived experience or cultural expertise, and foster community partnerships.

Input Session 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?

Key Learnings

- **Mentorship, Financial Assistance, and Outreach for Behavioral Health Pathways**
Participants stated that behavioral health careers are more accessible when new staff are paired with assigned mentors, internships are paid, and financial assistance is available for those facing educational or loan barriers. Participants emphasized that promoting behavioral health career paths in high schools, community colleges, and community centers can raise awareness and interest.
- **Supportive Management Helps Staff Thrive in Behavioral Health Roles**
Audience members emphasized the importance of structured individual and group supervision, supportive and flexible management, and open communication to help staff navigate challenges. Compassionate management, appreciation, trauma-informed workplaces, and safe spaces to debrief were identified as key factors to prevent burnout. Participants also shared that team activities and informal check-ins with supervisors can help staff feel less isolated and better equipped to manage work related stress.
- **Promoting a Culturally Responsive Behavioral Health Workforce Can Improve Engagement in Underrepresented Communities**
Stakeholders emphasized the importance of a culturally responsive workforce by citing the need for multilingual services, partnership with trusted community organizations, and expansion of peer support roles. They discussed framing behavioral health careers in culturally responsive ways, such as by acknowledging stigma, recognizing holistic health frameworks, and presenting positions as opportunities to uplift communities, can increase recruitment and engagement for underrepresented communities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Safe-Space Community-Based Outreach Boosts Behavioral Health Awareness**
Participants described schools, community centers, and food banks as accessible and trusted spaces to increase familiarity with behavioral health services. Participants emphasized embedding behavioral health resources in schools is a particularly important pathway for students whose parents may lack familiarity or time to navigate such services independently.

Audience Recommendations

- **Expand Access to Behavioral Health Careers**
Participants recommended promoting behavioral health careers through partnerships with schools, community centers, and outreach efforts in underserved communities to increase awareness amongst youth. Providing paid internships, financial assistance, and formal mentorship programs for professional students was also suggested.
- **Create Inclusive and Culturally Responsive Behavioral Health Career Pathways**
Expand peer support roles, create multilingual outreach efforts, and reduce educational barriers to enable more community members to enter the behavioral health workforce. Partner with trusted community organizations to position behavioral health careers as opportunities to uplift communities and address stigma.
- **Strengthen Workplace Support and Increase Staff Retention by Providing Structured Supervision and Opportunities for Reflection**
Establish regular staff support groups and reflective activities to reduce isolation and mitigate burnout. Implement structured individual and group supervision with clear expectations and measurable outcomes. Cultivate supportive and flexible leadership, and create safe, accessible spaces for staff to debrief and discuss work-related challenges. Monitor staff engagement and well-being to ensure these practices effectively support workforce retention and resilience.
- **Promote Behavioral Health Career Pathways in Trusted Community Spaces**
Embed behavioral health resources in familiar community, school, and family settings to increase accessible, approachable services for youth and families. Integrate structured exposure to behavioral health careers in these settings to foster sustained interest among youth. Track participation and engagement to evaluate the impact on service utilization and workforce development.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the December 9, 2025, community input session between the County of San Diego Behavioral Health Services (BHS) and community members focusing on early intervention planning under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	BHSA Input Session: Early Intervention
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: December 9, 2025 Time: Morning 10:00 AM – 11:30 AM, Evening 5:30 PM – 7:30 PM Location: Zoom</p>
Participation	<p>Participation:</p> <ul style="list-style-type: none"> • 75 attendees • 5 of discussion questions • 34 comments through Mentimeter, in addition to verbal discussion

Summary of Engagement Activity

On December 9, 2025, the County of San Diego Behavioral Health Services hosted two virtual community input sessions to gather stakeholder perspectives to inform the development of the early intervention under the Behavioral Health Services Act (BHSA) Integrated Plan (IP) for the Fiscal Years 2026-2029.

Approximately 75 participants attended both sessions, including families, caregivers, community-based service providers, school staff, and individuals with lived experience.

Participating Organizations Included:

- Charlie Health
- Union of Pan Asian Communities
- American Academy of Pediatrics - CA3
- San Diego Unified Schools District Mental Health Resource Center
- Jewish Family Services Positive Parenting Program
- San Diego Youth Services
- South Bay Community Services
- Harmonium Inc.
- Rady Children’s Hospital KidSTART
- YMCA
- One Safe Place
- First 5
- CoSD Children and Family Wellbeing
- CoSD Behavioral Health Services
- CoSD Programs & Services

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



The session opened with an overview of BHSA and early intervention, followed by a facilitated community discussion led by BHS staff. Participants contributed both verbally and through the chat, providing insights on family engagement, early identification, prevention, and intervention strategies. The discussion explored topics including early screening and school-based mental health supports, culturally appropriate responses, loss of prevention funding, need to strengthen early intervention, improving coordination between systems, and sustaining funding.

Input Session Questions:

1. What helps youth and families notice early mental health concerns and know where to seek help?
2. What approaches or partnerships could we continue building on to help schools/orgs connect youth to early mental health care?
3. How can early clinical supports feel welcoming, respectful, and culturally aligned for communities?
4. What early mental health supports should the State focus on to better meet the needs of San Diego County youth and families?
5. Any other feedback you would like to share with Behavioral Health Services for the BHSA Integrated Plan?

Key Learnings

- **Early Screening and School-Based Systems are Essential Entry Points to Care**
Participants strongly supported continued and expanded early mental health screening, including universal screening tools and prevention & early intervention (PEI) supported Screening to Care programs. Stakeholders also emphasized embedding mental health supports into school systems through integrated curricula, standardized referral protocols, and immediate connection to services when risk is identified. The group shared that schools alone cannot be responsible for prevention and early intervention and that broader community investment is required. Within the future BHSA framework, prevention funding will no longer be under local control as these funds will be allocated to the state level under California Department of Health Care Services (DHCS). Additionally, funding dedicated to early intervention must meet certain criteria to primarily reach those with clinical early indicators or clinical risk of Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).
- **Prevention and Early Intervention are Community-Wide Responsibilities**
Audience members shared that prevention and early intervention should not be limited to Medi-Cal eligible students and should be available to all youth. Contributors emphasized that PEI efforts reflect a broader investment in the long-term health and wellness of children and communities. Community members repeatedly highlighted that prevention funding is critical to maintaining stability and reducing downstream system involvement.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Fragmented Systems Put Children at Risk of Falling Through the Cracks**
Participants emphasized that fragmented service delivery between counties, schools, and state systems creates gaps in care. Attendees expressed a strong desire for a cohesive and comprehensive system of care that maintains prevention and early intervention together. Advocates raised concerns about parallel systems operating without sufficient coordination or guidance for providers.
- **Desire for Sustained Investment in PEI and Early Childhood Prevention**
Participants emphasized that PEI fills a critical gap by preventing escalation, reducing trauma, and keeping families stable in their homes, schools, and communities. Individuals stressed that not investing in prevention and early intervention is equivalent to delaying problems that will surface later at higher cost. Representatives specifically advocated for proportional or increased investment in birth-to-five prevention, noting its high return on investment.

Audience Recommendations

- **Expand Early Screening and School Based Systems**
Participants advocate for embedding mental health into school systems using integrated social-emotional learning curricula. Related efforts would include expanding universal screening tools to identify early signs of mental health concerns and standardizing referral protocols to enable teachers and counselors to connect students to services immediately when risk is identified.
- **Strengthen Prevention and Early Intervention in Communities**
While prevention funds will be appropriated at a state level, audience members shared their desire for prevention and early intervention supports to all youth, not just Medi-Cal-eligible students, to be sustained locally through other means, if possible. They seek broader community investment to support the long-term health and wellness of children and youth. Sustaining and increasing funding for prevention and early intervention efforts helps maintain family stability by addressing a critical gap that prevents escalation and reduces trauma. Also, participants noted the need to direct proportional or increased funding for youth, zero-to-five, as a way to protect early childhood prevention efforts to avoid future higher-cost interventions, such as Emergency Room visits, preschool expulsions, and child welfare involvement.
- **Improve Coordination between Systems**
Ensure prevention and early intervention remain connected and cohesive across County, school, and state systems. Provide clear guidance and coordination for providers navigating parallel systems so children and families do not fall through service gaps.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes the December 11, 2025, virtual input session between the County of San Diego Behavioral Health Services (BHS) and the Alcohol and Drug Service Providers Association (ADSPA), focusing addressing substance use disorder (SUD) concerns under the Behavioral Health Services Act (BHSA).

Section	Details
Engagement Title	Alcohol and Drug Service Providers Association (ADSPA)
Format	<input type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: Thursday, December 11, 2025 Time: 10:30AM – 11:30AM Location: Zoom</p>
Participation	<p>Participation:</p> <ul style="list-style-type: none"> • 52 attendees • 5 discussion questions • 100+ comments received: <ul style="list-style-type: none"> ○ 92 comments submitted through Mentimeter ○ 10 comments through open discussion

Summary of Engagement Activity

On December 11, 2025, the County of San Diego Behavioral Health Services (BHS), in collaboration with Alcohol and Drug Service Providers Association (ADSPA), hosted a virtual community input session focused on addressing substance use disorder (SUD) concerns. This session was designed to gather stakeholder insights to shape the County’s first Behavioral Health Services Acts (BHSA) Integrated Plan (IP) for Fiscal Years 2026 – 2029.

Approximately 52 participants attended the session, including behavioral health service providers and housing and homelessness agencies. Organizations in attendance represented a broad cross-section of substance use disorder treatment providers, recovery residences, family and youth services, culturally specific and Deaf-serving programs, housing and transitional support organizations, Medication Assisted Treatment (MAT) providers, and community-based behavioral health agencies serving diverse populations across San Diego County.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Participating Organizations Included:

- New Entra Casa
- The Way Back
- McAlister Institute
- Healing Oaks Clinic SUD
- South County Center for Change
- Jewish Family Service
- Turning Point Home
- SOAP MAT, LLC.
- ACTION East SUD
- Union of Pan Asian Communities
- Heartland House
- East County Center for Change
- North Inland Teen Recovery Center
- Crossroads Foundation
- ParentCare
- Signs of Life Deaf Recovery
- Family Health Centers of San Diego
- San Diego Freedom Ranch
- TURN Behavioral Health Services

The session opened with an overview of BHSA, followed by a community discussion facilitated by BHS staff. Participants made recommendations through Mentimeter, Zoom chat, and verbal discussion. Participants emphasized low-barrier access, family and community supports, stable housing, flexible services, and integrated wraparound care to improve engagement and recovery. Insights focused on strengthening coordination, transparency, and workforce capacity to support long-term stabilization for individuals with complex behavioral health and housing needs.

Input Session Questions:

1. What low-barrier or community-based supports help people with emerging SUD concerns feel comfortable with 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 instability, stay connected before needs escalate?
4. What kinds of intensive 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?

Key Learnings

- **Low-Barrier Access and Simplified Entry Points are Integral to Early Intervention**
Participants emphasized that first-time enrollment programs and recovery residences with minimal paperwork allow individuals to enter care when motivation is high. Participants mentioned that delays, complex intake procedures, and long waitlists were noted as barriers that cause disengagement before treatment begins. Immediate, low-threshold entry points are essential for early help-seeking.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Family and Collaterals Support Are Critical for Recovery**
Families are critical partners in recovery, even when clients are not yet enrolled. Stakeholders highlighted trauma-informed family coaching, drop-in centers, and outreach to caregivers of individuals in encampments as essential. Participants suggested early family support improves navigation, crisis prevention, and long-term recovery outcomes.
- **Desire for Improved Equity and Access in SUD Care**
Many participants stressed that uninsured, underinsured, or immigration-limited populations face barriers to SUD services. Income-based thresholds (e.g., under 200% Federal Poverty Level) and funding for individuals with documentation challenges reduce gaps in care. Participants emphasized the need to ensure these populations can access recovery programs as vital to prevent disengagement and crisis.
- **Community-Based Partnerships are Important for Sustained Engagement**
Many community organizations, including bilingual family education programs, veteran coalitions, and NAMI San Diego, were highlighted as key partners. Participants emphasized that these partners provide trust, cultural relevance, and outreach capacity systems alone cannot replicate. Participants stressed that discontinuing these partnerships could disrupt engagement for high-need populations.
- **Housing is a Foundation for Recovery**
Stable housing allows clients to focus on recovery and maintain family stability. Recovery residences, transitional sober living, and Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) supported placements were cited as critical but underfunded tools. Participants mentioned that integrated housing and care reduce crises and improve engagement in behavioral health services.
- **Rapid Access to Services is Crucial to SUD Care**
Same-day or next-day intake and pre-funded admission pathways were noted as crucial. Bridge services between detox and residential programs maintain engagement when waitlists exist. Participants suggested rapid access prevents relapse, disengagement, and escalation of SUD or behavioral health crises.
- **Warm, Person-Centered Engagement is Crucial for Sustained Engagement**
Live human contact, afternoon/evening check-ins, and relational outreach were repeatedly highlighted. Automated systems and impersonal communication were described as barriers to engagement. Participants emphasized that personal connection builds trust, reduces dropout, and improves follow-through during transitions.
- **Expanded and Flexible Service Hours**
Opioid Treatment Programs (OTP) and outpatient services need evening and weekend availability. Flexible scheduling aligns with work, transportation, and family obligations. Stakeholders emphasized that service availability must match clients' real-world schedules to maintain retention.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Wraparound Supports Must Address Client Needs, Not Just SUD Care**
Participants stressed combining behavioral health, medical care, recovery services, housing, and social supports to meet complex client needs. Examples included MAT, structured recovery residences, employment support, and child reunification services. Siloed services risk gaps, dropout, or relapse.
- **Desire for Transparency in Funding, Policy, and Workforce Capacity**
Stakeholders stressed the need for clear communication on MHSA to BHSA funding allocations, Residential SUD categorization, and Drug Medi-Cal Organized Delivery System (DMC-ODS) reimbursement rates. Understanding funding and policy structures supports planning, program expansion, and workforce development is of utmost importance. Participants shared transparency strengthens provider confidence, accountability, and system-wide coordination.

Audience Recommendations

- **Streamline Enrollment Strategies**
Participants recommend implementing walk-in and same-day enrollment for first-time SUD clients. Reduce paperwork intake requirements during admission and prioritize speed over documentation. Community partners should publicize low-barrier access points to ensure awareness among vulnerable populations.
- **Strengthen Early Family Engagement Initiatives**
Employ trauma-informed family coaching, drop-in education centers, and bilingual support groups to address family needs. Allocate funding for these services regardless of client enrollment to ensure equitable access. Systematically engage families living in encampments or transitional housing and connect them with appropriate resources through outreach teams.
- **Expand Equity-Focused Access and Coverage Policies**
Adopt income-based eligibility thresholds (e.g., under 200% FPL) for all county-funded SUD programs to promote equitable access. Establish safeguards to ensure that immigration status, documentation requirements, or Medi-Cal redetermination processes do not impede service access. Maintain sufficient capacity to serve uninsured and underinsured populations, with the goal of closing gaps in care and ensuring continuity of services.
- **Sustain and Support Community Partnerships**
Secure ongoing funding to support effective community-based organizations. Providers desire to establish and maintain formal Memorandum of Understanding (MOUs) and referral agreements with outreach teams, housing providers, and veteran/military support networks to strengthen service coordination. Sustaining these investments can ensure continuity of culturally responsive services for high-need populations and minimizing service gaps.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Integrate Housing and Recovery Services**
Intentionally connect behavioral health and housing leaders to collaboratively plan and fund family-inclusive recovery housing, transitional sober living, and recovery residences. Providers can collaborate with housing navigators and Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) workers to structure placements. Prioritize stable housing as an integral component of recovery planning.
- **Ensure Rapid Intake and Bridge Services**
Develop same-day or expedited intake pathways for detox, residential, and transitional services. Maintain pre-funded admission options and bridge services between levels of care. Rapid linkage is examined as a factor that may impact both the risk of relapse and client trust in the system.
- **Implement Personalized Engagement Practices**
Providers should staff live phone lines and offer afternoon/evening check-ins. Ensure outreach teams maintain consistent relational contact rather than relying solely on automated systems. Additionally, participants seek funding to support staffing models that support personalized engagement during critical touchpoints.
- **Offer Expanded and Flexible and Accessible Service Hours**
Extend facility operating hours into evenings and weekends for Opioid Treatment Programs (OTP), outpatient, and wraparound programs. Align provider schedules with client availability, including work and family obligations. Incentivize programs through BHS and funders that demonstrate flexible and accessible service delivery.
- **Develop Holistic, Multidisciplinary Support Models**
Establish multidisciplinary teams that combine behavioral health, medical, recovery, housing, and social service specialists. Incorporate MAT, structured recovery residences, employment support, and child reunification services into programs. Fund and monitor these integrated programs through BHS to reduce siloed care and support relapse prevention.
- **Increase Transparency in Funding and Workforce Planning**
Publish clear guidance on MHSA to BHSA funding allocations, Residential SUD categorization, and DMC-ODS reimbursement rates. Ensure providers understand how funding impacts program sustainability and staffing needs. Communicate transparently to support workforce planning, system coordination, and informed program expansion.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Overview: This report summarizes three input sessions (virtual and in-person) held on December 16th and 18th, 2025, by the County of San Diego Behavioral Health Services (BHS) and in partnership with One Safe Place and community-based organizations. These sessions were convened to gather community-based insights on behavioral health needs of survivors of domestic violence and sexual assault and the community providers who support this community.

Section	Details
Engagement Title	BHSA Input Session: Survivors of DV/SA & Support Providers
Format	<input checked="" type="checkbox"/> In-person <input checked="" type="checkbox"/> Virtual <input type="checkbox"/> Hybrid
Activity Details	<p>Date: December 16, 2025 (Virtual) Time: 12:00 pm – 1:00 pm Location: Zoom --- Date: December 18, 2025 (In-person) Time: South: 1:00 PM – 2:00 PM, North: 3:00 PM – 4:00 PM Location:</p> <ul style="list-style-type: none"> • South: One Safe Place South: 301 Mile of Cars Way, National City, CA 91950 • North: One Safe Place North: 1050 Los Vallecitos Blvd, San Marcos, CA 92069
Participation	<p>60-minute Discussions:</p> <ul style="list-style-type: none"> • 43 attendees across three sessions • 5 discussion questions • Approximately 70 total comments <ul style="list-style-type: none"> ○ 20 total comments through Mentimeter ○ 50 verbal comments

Summary of Engagement Activity

On December 16th and 18th, 2025, the County of San Diego Behavioral Health Services (BHS) convened input sessions through a series of virtual and in-person input sessions. The virtual session was held solely by BHS while the in-person sessions were hosted in partnership with One Safe Place and their community provider meetings to gather feedback on improving access, coordination, and effectiveness of behavioral health services for survivors of domestic violence and relationship violence. These sessions were designed to gather early input and inform the development of the County’s first BHSA Integrated Plan (IP) for the Fiscal Years 2026-2029.

Participants included victim advocates, behavioral health providers, case managers, and community-based organizations serving survivors across the lifespan.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



Participating Organizations Included:

- One Safe Place
- One Safe Place – District Attorney
- Palomar Health – Forensic Health & Trauma Recovery Services
- San Diego District Attorney Victim Assistance Program
- Women’s Resource Center
- Adult Protective Services
- San Diego State University
- Lotus Integrative Counseling
- Mosaic Therapy
- University of San Diego
- Your Safe Place – The San Diego Family Justice Center
- COSD Department of Child Support Services
- Esco Kids
- Center for Community Solutions

The sessions opened with an overview of BHSA while explaining the purpose of the Integrated Plan (IP), followed by a 30-minute facilitated discussion led by Behavioral Health Services (BHS) staff. Participants shared verbal input, as well as Mentimeter and chat-based responses throughout the sessions. Discussions centered on the need for centralized and co-located services, trauma-informed and survivor-centered case management, rapid access to behavioral health care, and stabilization of basic needs including housing, food, transportation and safety.

Input Session Questions:

1. What supports help survivors of sexual or relationship violence access or stay connected to behavioral health services?
2. What can be done to overcome barriers that make it harder for survivors of sexual or relationship violence to access or stay connected to services?
3. What intensive or wraparound supports help people with lived experience of sexual or relationship violence move toward stability?
4. How could specialty behavioral health services better coordinate with medical care, victim advocacy, or housing while respecting safety and choice?
5. Anything else you would like to share with BHS for the BHSA Integrated Plan?

Key Learnings

- **Centralizing Hub-Based Models can Improve Survivor Engagement and Safety**
Participants consistently stated that survivors are more likely to access and remain engaged in behavioral health services when they can enter through a centralized, single point of access rather than navigating multiple disconnected programs. Having all core services in one location, such as family justice center or hub-based models, reduces drop-off, increases feelings of safety, and minimizes the need for survivors to repeatedly explain their experiences.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Trauma-Informed Case Management is Integral to the Healing Process**
Respondents emphasized the importance of a dedicated, trauma-informed case manager or navigator who remains a consistent point of contact throughout the survivor’s healing process. Participants distinguished trauma-informed case management from general navigation, noting that effective navigators must understand trauma responses, recovery timelines, and survivor readiness rather than relying on rigid service expectations.
- **Quick Access to Behavioral Health Services is Critical After an Incident**
Stakeholders stressed that rapid access to trauma-focused therapy shortly after an incident is critical, noting that long waitlists or delayed intakes often result in missed intervention windows and disengagement. Both short-term crisis intervention and longer-term therapy are necessary, emphasizing that trust-building alone often takes more than the commonly available limited number of sessions.
- **Unmet Basic Needs Can Prevent Survivors from Seeking Care**
Individuals consistently stated that unmet basic needs such as food, housing, utilities, hygiene, and safety prevent survivors from engaging meaningfully in behavioral health services. Providing basic needs support alongside therapy, rather than sequentially, improves engagement and reduces crisis-driven decision-making.
- **Transportation Remains an Ongoing Barrier to Care**
Participants repeatedly identified transportation as a persistent barrier, emphasizing the need for ongoing transportation support for therapy, medical care, court appearances, housing appointments, and follow-up services rather than one-time assistance. Flexible transportation options such as gas cards, rideshare services, bus passes, or paid transportation are essential for older adults, families, youth, and survivors with complex schedules.
- **Strong Desire for Flexible and Holistic Approach to Wraparound Services**
Participants emphasized that wraparound services are most effective when they integrate behavioral health care with housing support, medical coordination, benefits access, childcare, education, and financial stabilization. Flexible financial assistance such as emergency housing gaps, utility support, medication costs, or short-term hotel stays help survivors stay engaged in care and avoid destabilizing crises. Empowerment-based approaches, including survivor choice, motivational interviewing, and voluntary participation, support long-term engagement better than compliance-driven requirements.



Audience Recommendations

- **Expand Integrated Housing and Service Hubs**
Participants seek to develop trauma-informed, survivor-specific housing pathways, including options for medically fragile or otherwise ineligible individuals, coordinated with behavioral health, medical, and advocacy services. They recommend investments in centralized, hub-based models such as family justice centers that co-locate housing, healthcare, legal advocacy, and comprehensive wraparound supports like childcare, education, employment readiness, financial assistance, and medical follow-up. Integrated approaches can be associated with reduced barriers, greater continuity of care, and more streamlined service pathways for survivors.
- **Implement Single Point of Contact, Trauma-Informed Case Management**
Designate permanent advocates or care coordinators as consistent points of contact for survivors across behavioral health, medical, advocacy, and housing systems. These individuals should track service histories, coordinate referrals, and maintain trusted relationships, ensuring continuity and reducing repetition. Fund these roles as core services with specialized training in sexual assault, intimate partner violence, and recovery timelines to enhance survivor-centered support.
- **Ensure Flexible Therapy Access and Streamline Administrative Processes**
Support survivors with timely access to therapy through rapid intake, same-day or near-term appointments, and extended session limits when clinically recommended. Streamline administrative processes to minimize waitlists and prevent disengagement. Flexible access can support continuity for survivors facing housing, transportation, or family-related barriers.
- **Expand Transportation to Support Survivor Needs**
Provide ongoing, flexible transportation assistance to cover repeated appointments, court proceedings, therapy sessions, and other survivor needs. Options may include rideshare, gas cards, and public transit support. Transportation reliability can affect appointment attendance, continuity of services, and overall engagement across systems.
- **Formalize Cross-System Coordination and Shared Tools**
Establish regular coordination meetings among behavioral health, medical, housing, and advocacy agencies to share updates on services, eligibility, and referral pathways in multidisciplinary team format. Develop shared tools such as updated contact lists, referral maps, and eligibility guides accessible to all staff. Interagency relationships and shared resources may influence efficiency, duplication, and the likelihood of service gaps for survivors.

Community Engagement Activity Summary: Behavioral Health Services Act (BHSA)



- **Uphold Survivor Choice, Informed Consent, and Confidentiality**
All coordination and referrals must prioritize survivor autonomy, safety, and confidentiality. Survivors should control which providers communicate and what information is shared. Consider centering survivor choice as a strategy to support trust, engagement, and survivor-led decision-making in recovery.
- **Reduce Reliance on Law Enforcement and Expand Crisis Options**
Develop non-punitive, community-based pathways for survivors in crisis, reducing the need for law enforcement involvement. Centralized contact points, such as 988 or specialized hotlines, can provide confidential, coordinated support. Examine service systems opportunities to limit punitive touchpoints to support safety and engagement.
- **Promote Sustainable, Culturally Competent, and Innovative Partnerships**
Prioritize long-term funding for core services such as advocacy, case management, peer support, and cross-system coordination. Invest in culturally competent providers and flexible contracting with specialized partners to expand reach, responsiveness, and inclusivity. Proactively align policies, maintain stable programs, and encourage innovative partnerships to strengthen the BHSA system and ensure consistent, survivor-centered care.

Please note: This document provides a high-level summary of key learnings and preliminary recommendations from session audience members. It does not represent a comprehensive analysis of all feedback received, nor does it reflect consensus of participants or final funding determinations. The insights included from the session are intended to help guide future BHS policies and/or actions that address community needs. This summary may be updated to reflect additional input or evolving priorities.