

# BHSA Public Hearing Presentation

May 7, 2026



# Today's Presentation



**BHSA & the Policy Landscape**

**Budget & Expenditures**

**BHSA Integrated Plan**

**Shifting from MHSA to BHSA**

**Statewide Behavioral Health Goals**

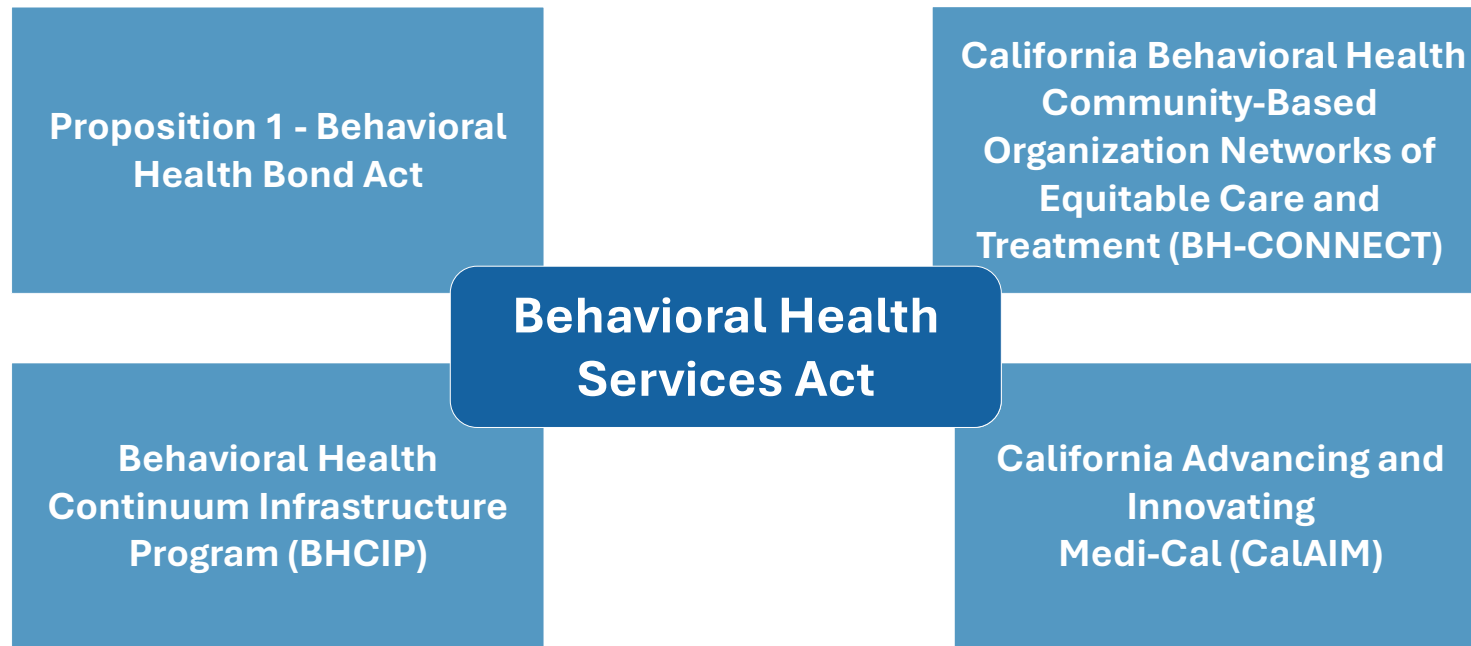
**BHSA Funding Categories**

**Community Planning Process Highlights**

**Public Comment Themes Summary**

**Future Capacity to Support CPP**

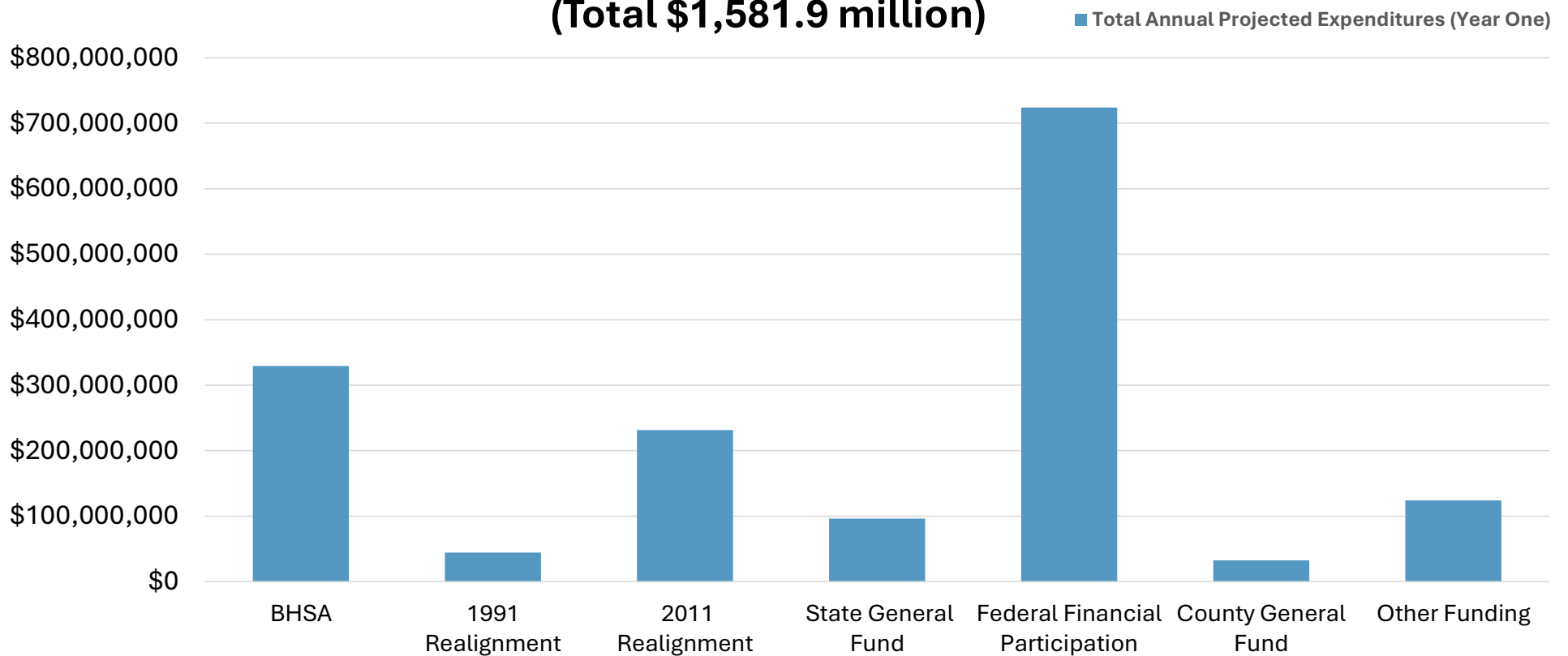
# BHSA & the Policy Landscape



# Total County Behavioral Health Expenditures



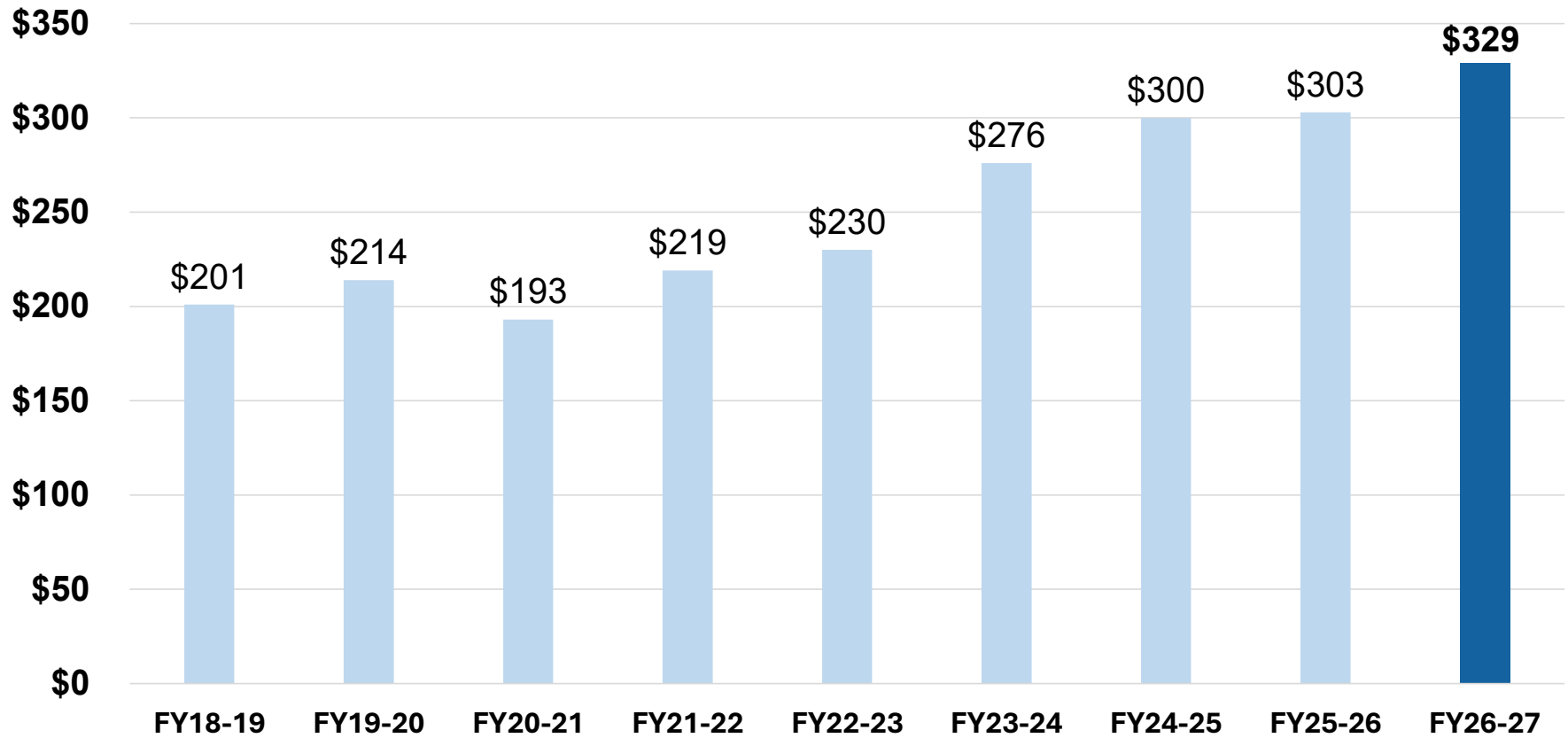
## Projected Annual Expenditures by Funding Source (Total \$1,581.9 million)



# MHSA/BHSA Budget Over the Years



MHSA/BHSA Budget (\$ in millions)



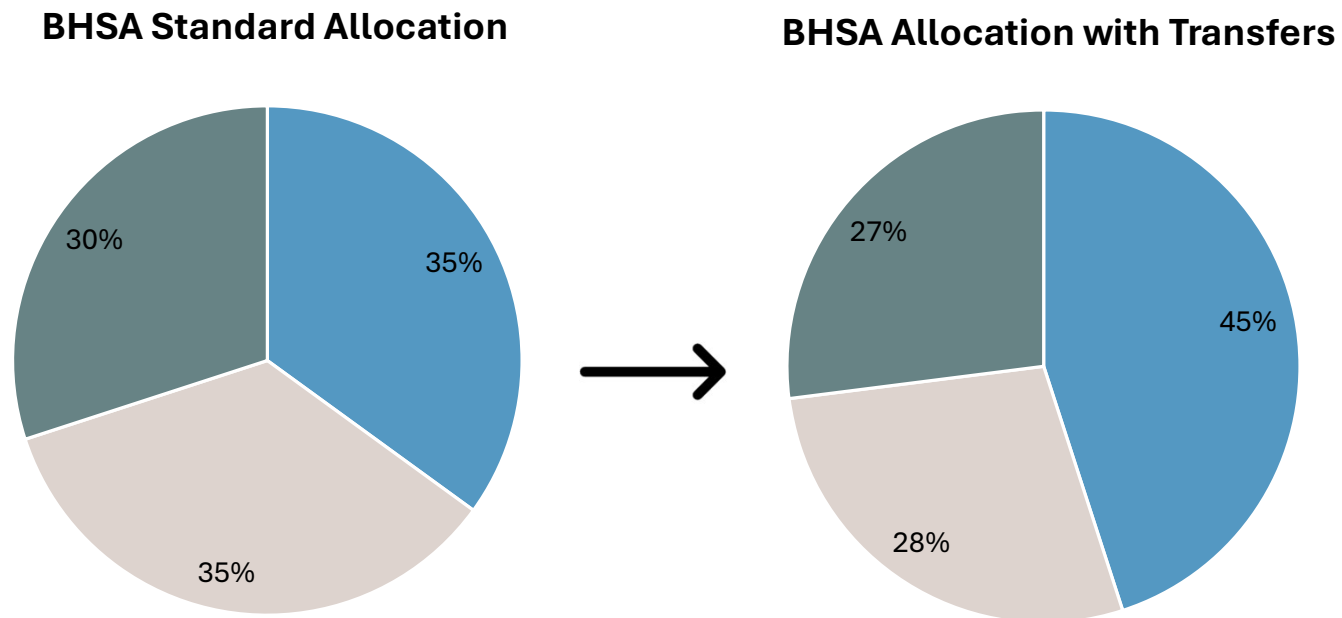


# Proposed BHSA Allocations

Total Budget: \$329 million

Services Budget without IP Administration and Monitoring: \$311 million

- BHSS
- FSP
- Housing



**Fiscal Year 2026-2027**

# Behavioral Health Services Act & Integrated Plan



- The **Integrated Plan (IP)** outlines how BHSA funds will be used locally to support specialty behavioral health services and housing interventions
- The first Integrated Plan covers fiscal years 2026-2029

- ★ **March 31** – Draft Integrated Plan due to DHCS
- ★ **June 30** – Final Integrated Plan due to DHCS
- ★ **July 1** – BHSA officially takes effect

Entity	Functions
<b>County Behavioral Health Agencies</b> <i>(County Behavioral Health Services)</i>	<ul style="list-style-type: none"> <li>• Administers specialty services and contracts as the county’s behavioral health plan</li> <li>• Engages stakeholders and drafts the IP</li> </ul>
<b>Behavioral Health Board/Commission</b> <i>(Behavioral Health Advisory Board)</i>	<ul style="list-style-type: none"> <li>• Reviews the draft IP</li> <li>• Holds required public hearing</li> <li>• Provides recommendations to the county behavioral health director</li> </ul>
<b>San Diego County Board of Supervisors</b>	<ul style="list-style-type: none"> <li>• Reviews and approves the IP</li> <li>• Authorizes submission to the State (DHCS)</li> </ul>
<b>CA Department of Health Care Services (DHCS)</b>	<ul style="list-style-type: none"> <li>• Conducts compliance review</li> <li>• Accepts the plan or request revisions</li> </ul>



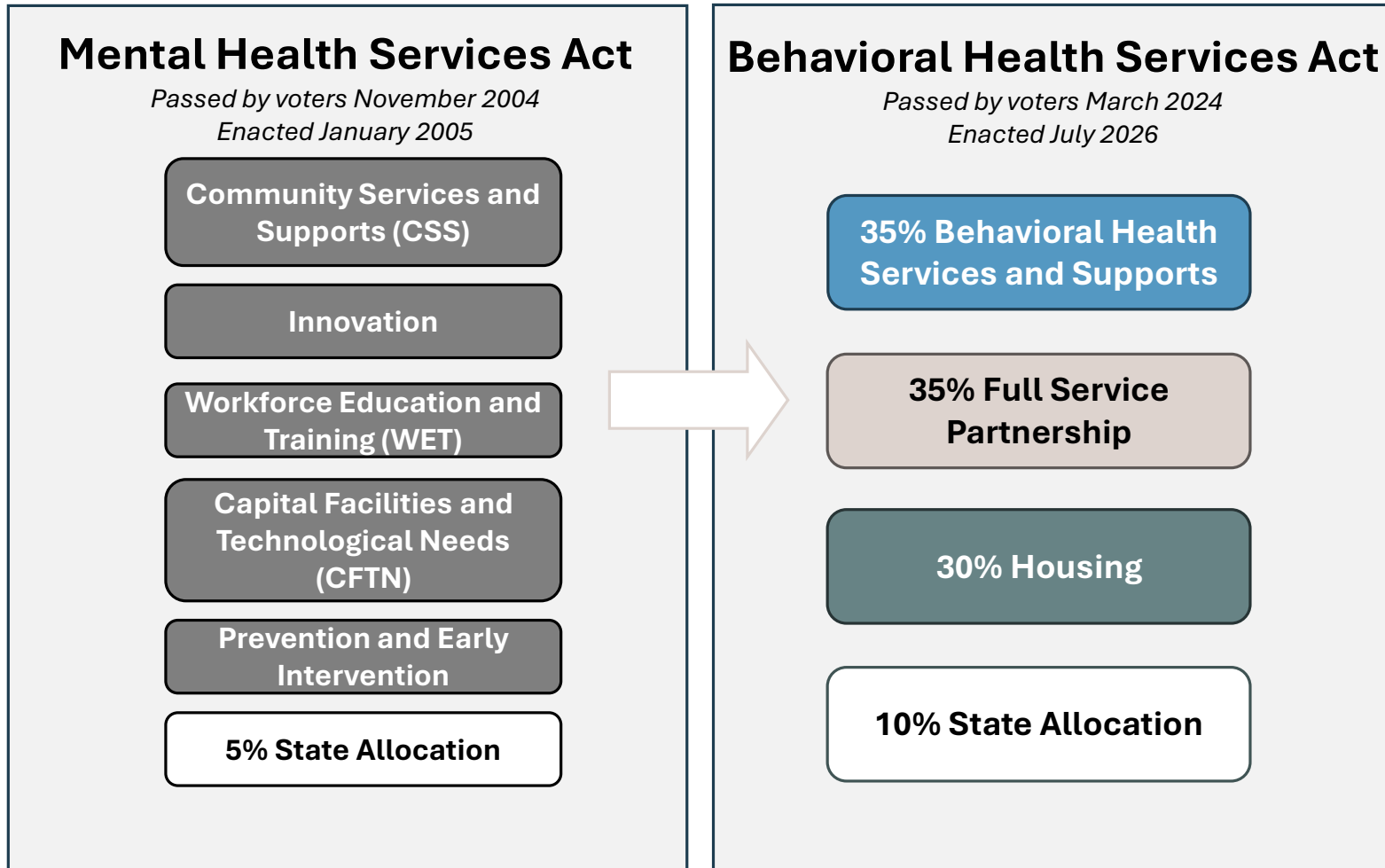
# Changes Under BHSA

- ☑ New requirements, decreased flexibility
- ☑ Reduced funding percentage allocated to counties
- ☑ Broader use of existing funding
- ☑ Extensive outcomes reporting
- ☑ Increased collaboration across stakeholders
- ☑ Emphasis on health equity and access

***BHSA does NOT change:***

- Medi-Cal eligibility rules
- Counties' role
- Public Comment period and Public Hearing requirements

# Categories Shifting from MHSA to BHSA



# Categories Shifting from MHSA to BHSA



## Mental Health Services Act

Passed by voters November 2004  
Enacted January 2005

- Includes:
- FSP (51% of CSS)
  - Housing supports

Community Services and Supports (CSS)

Innovation

Workforce Education and Training

Capital Facilities and Technological Needs

Prevention and Early Intervention

5% State Allocation



## Behavioral Health Services Act

Passed by voters March 2024  
Enacted July 2026

35% Behavioral Health Services and Supports

35% Full Service Partnership (FSP)

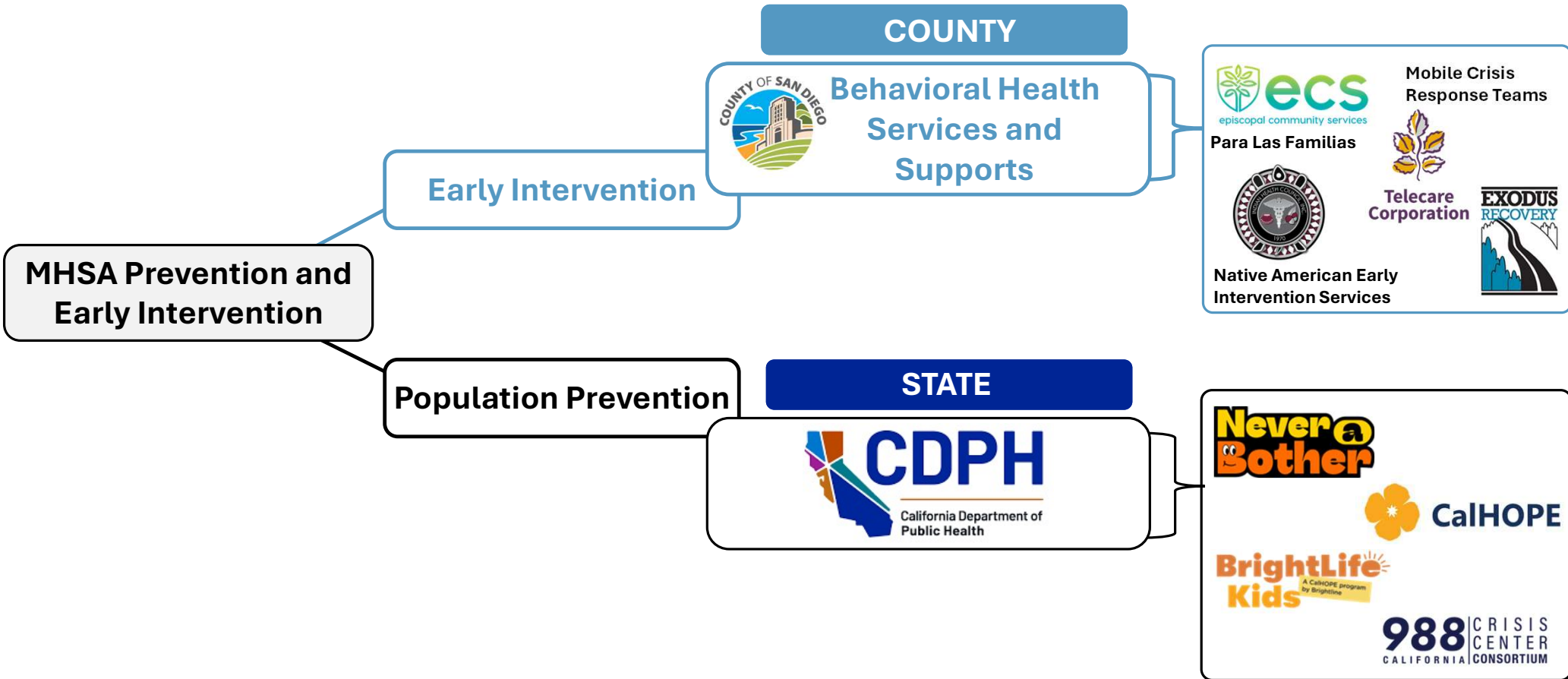
30% Housing

10% State Allocation

- Includes:
- Required treatment services
  - Early Intervention

CDPH responsible for BHSA population-based prevention statewide

# Prevention & Early Intervention under BHSA



# Realignment of Services Under BHSA



## BHS Service Network Changes

- Contract sunsets reflect a shift in funding requirements
- Transition primarily impacting over 20 MHSA Population Prevention contracts
- Additional programs are being redesigned or having components adjusted
- Some services are being transitioned to other departments with specialized experts to deliver them

# New Statewide Behavioral Health Goals



- 14 statewide behavioral health goals
- Counties required to report on **6** of the 14 statewide goals
- Additional regional goal required\*
- Integrated Plan includes supplemental measures and disparities analyses

Statewide Behavioral Health Goals	
Care experience	Suicides
<b>Access to care</b>	Overdoses
Prevention & treatment (co-occurring)	<b>Untreated BH conditions</b>
Quality of life	<b>Institutionalization</b>
Social connection*	<b>Homelessness</b>
Engagement in School	<b>Justice-involvement</b>
Engagement in Work	<b>Removal of children from home</b>

\* Indicates additional regional goal required

# Current Ratings for Required Goals

## Meeting or Exceeding State Average

- Homelessness** among all ages
  - Institutionalization** among children/youth and adults/older adults
  - Justice-involvement** among juveniles and adults/older adults
  - Removal of children from home** among children/youth
- 
- \*Regional Goal: Social connection** among families of youth, youth, and older adults

## Areas Requiring Improvement

- Untreated behavioral health conditions**
    - mental health
    - substance use disorder
  - Access to care**
    - mental health among children/youth and adults/older adults
    - substance use disorder among adults/older adults
- 
- \*Regional Goal: Social connection** among adults

# BHSA Categories



BHSA includes three funding categories for local services.

## Behavioral Health Services and Supports

Includes crisis services, treatment and recovery, evidence-based models, and community-defined evidence practices, with a focus on access and early intervention.

## Full Service Partnerships

Provides a range of effective community-based services for adults and youth with complex conditions which focus on recovery, whole-person care, and a “whatever it takes” approach.

## Housing Interventions

Helps people with behavioral health needs find and maintain stable housing through rent support, housing access, and ongoing services to support recovery and reduce homelessness.

## BEHAVIORAL HEALTH SERVICES AND SUPPORTS (BHSS)



**Coordinated Specialty Care (CSC) for First Episode of Psychosis**



**Community Defined Evidence Practices**

**Crisis Services**

**Early Childhood Mental Health Treatment**

**Mental Health Outpatient and School-based Outpatient Services  
for Children and Youth**

**Therapeutic Behavioral Services**

**Workforce, Education, and Training**

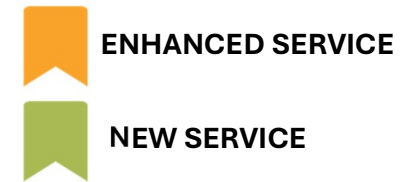


**ENHANCED SERVICE**




**NEW SERVICE**








## FULL SERVICE PARTNERSHIPS (FSP)


 **Assertive Community Treatment (ACT)**

 **Forensic Assertive Community Treatment (FACT)**

 **Intensive Case Management (ICM)**

 **High Fidelity Wraparound (HFW)**

 **Clubhouses for Mental Health and SUD**

 **Assertive Field-Based Initiation of Substance Use Disorder Treatment Services (AFBI SUD)**

 **Individual Placement and Support (IPS) Model of Supported Employment for MH and SUD**



**ENHANCED SERVICE**

**NEW SERVICE**

## HOUSING INTERVENTIONS (HI)

**Permanent and Project-based Rental Assistance**

**Interim and Transitional Housing Supports**

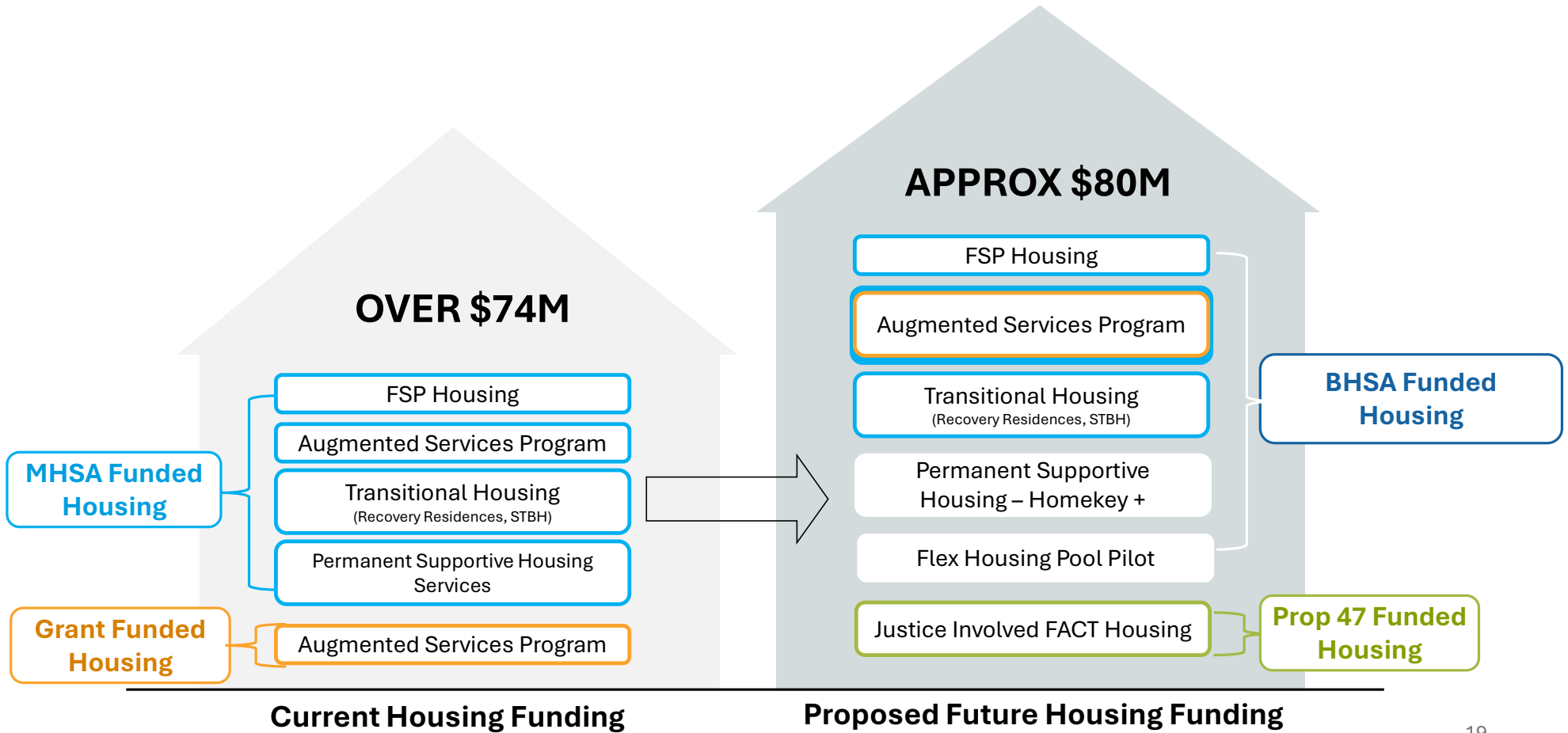
**Operating Subsidies for Housing**

***Dedicated BHSA Housing Interventions supplement broader statewide housing strategies:***

 **Homekey+**  
*California Department of Housing and Community Development*

 **Transitional Rent Benefit**  
*Medi-Cal Managed Care Plans Community Support*

# Behavioral Health Housing Funding



# Community Planning Process Highlights

## Key Themes from 2025 Activities

### Access to Care & Crisis Response

- Faster access to care, especially for youth and early supports
- Crisis help without law enforcement

### Behavioral Health Workforce

- A stronger, more stable BH workforce
- Training for BH professionals on specific topics (e.g. anosognosia)



### Culturally Responsive Care

- Services that reflect culture, language, and community needs

### Navigation & Care Continuity

- Help navigating services and getting follow-up care



### Housing & Support Services

- Housing with services to help people stay housed
- Need for more supportive housing options

### Community Education & Alignment

- Community education on BH system
- Tailored, general education efforts
- State prevention funding concerns



# Alignment to Key Themes



Community Input	Service Priorities
<i>“We need faster access to care, especially for youth.”</i>	Strategic investments into early intervention and outpatient services (e.g. Youth OCP)
<i>“We want crisis support that doesn’t involve law enforcement.”</i>	Funding prioritized for crisis services, e.g., Mobile Crisis Teams and Crisis Stabilization Units
<i>“We want services in our communities that reflect our needs and neighborhoods.”</i>	Maintaining support for community-based and culturally responsive EI programs
<i>“We need help navigating services and staying connected to care.”</i>	Expanding navigation supports e.g., Community Health Workers
<i>“We need support earlier, before things get worse.”</i>	Shifting funding to strengthen front-end, community-based early support services
<i>“We need more trained staff who understand and reflect our communities.”</i>	Training investments based on recommendations from 2022 Behavioral Health Workforce Needs Assessments, including the ELEVATE Behavioral Health Workforce Fund

# Local Workforce Strategies



## Workforce Pipeline Investments

**ELEVATE Behavioral Health Workforce Fund**  
*(strengthens specialty workforce)*

**Behavioral Health Apprenticeship Network:**

- Industry-led partnership (employers, unions, and educators)
- Pathways: SUD counselors, case managers/outreach workers, CHWs, wellness coaches

**Peer Specialist Upskilling Program:**

- Training by NAMI SD/Imperial & Pacific Clinics
- Expands pathways for individuals with lived experience

## System Capacity Investment

**\$2M Annual Medi-Cal for Small CBOs**  
*(strengthens non-specialty workforce)*

- Training and technical assistance for community-based organizations (CBOs) pursuing Medi-Cal behavioral health certifications
- Aims to expand organizations' participation in behavioral health service delivery
- Helps diversify the local workforce

Key investments strengthen the behavioral health workforce pipeline, training, and retention



# Public Comment Period Key Themes

★ Key priority identified during 2025 engagement activities

## Clarification Requests

Community Planning Process and how input informs the IP

Population goals, data sources, and dashboard reporting

Age-group service planning under BHSA

## Implementation Feedback

★ Access, navigation, and insurance transition gaps

★ Hospital coordination and care transitions

★ Early intervention pathways for children and youth

Justice diversion and reentry supports

Transitions across MHSA, BHSA & Medi-Cal

## Outside Scope of BHS

Crisis alternatives and recovery infrastructure

Cross-system outcome monitoring approaches

★ Housing stability and supportive housing expansion

SUD eligibility for intensive service levels

★ Behavioral health workforce and peer pathways

# Clarification Requests About Plan Organization



- BHSAs require counties to organize the Integrated Plan (IP) by **funding components** and **statewide outcomes** rather than population groups, using a statewide template
  - Planning was previously organized around age-specific systems of care

<b>MHSA Planning</b>	Population group → service program → funding category
<b>BHSA Planning</b>	Funding component → service pathway → statewide outcome improvement

- Counties must plan specialty services that strengthen treatment access, stabilize housing, reduce institutionalization, and improve continuity of care
- DHCS developing statewide performance measures and public reporting frameworks
  - Counties will report data and coordinate implementation locally to support improvement across outcome areas
  - First draft Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) on BHSA implementation will be due to DHCS on January 30, 2028

# Shared Responsibilities Across Systems

Some recommendations addressed areas driven by statewide policy or cross-system coordination, including:

Prevention funding structure under Proposition 1

Conservatorship eligibility & CARE Act implementation

Hospital workforce regulations

Psychiatric hospital bed availability

Medi-Cal eligibility & Managed Care Plan access pathways

Justice system policies & custody health services



The County will continue coordinating with State partners, Managed Care Plans, hospitals, cities, Tribal governments, and community organizations to support BHSA implementation and improve outcomes in these areas.



## Future Capacity to Support CPP

**BHS aims to strengthen and sustain engagement efforts to meet CPP mandates by:**

Using CPP administrative funding (up to 5%) to support engagement infrastructure

Expanding partnerships across the 29 required BHSA stakeholder categories

Trusted messenger engagement through Community Input & Planning contracts

Expanding awareness through countywide CPP messaging/media/outreach contract

Launching cross-sector collaboratives aligned to statewide behavioral health goals

# Proposed CPP Coordination Infrastructure



Engagement Structure	Primary Focus	Role in Supporting BHSA Statewide Outcome Goals
<b>Behavioral Health Advisory Board (BHAB)</b>	Governance oversight	Provides formal public review before Board of Supervisors approval and State submission
<b>Regional Community Leadership Teams (CLTs)</b> (County-led)	Regional population health alignment	Connect regional Community Enrichment Plans and Community Health Assessment/Community Health Improvement Plan regional priorities with CPP engagement priorities and statewide behavioral health outcomes
<b>Community Input &amp; Planning Services Committees</b> <sup>NEW</sup> (Contractor-led)	Population insights	Gather recurring input from priority populations most connected to BHSA statewide outcome goals
<b>New BHS Collaboratives</b> <sup>NEW</sup> (Department-led)	Service pathway coordination	Support cross-system coordination of service pathways that influence those same statewide behavioral health outcomes

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