

Behavioral Health Services Act: Public Hearing – May 7, 2026



The Public Hearing on the draft Integrated Plan is part of the Community Planning Process required under the Behavioral Health Services Act (BHSA) and described in the BHSA County Policy Manual. Consistent with Welfare and Institutions Code section 5963.03(b)(4), counties’ local behavioral health boards or commissions review the draft Integrated Plan and provide recommendations to counties’ local behavioral health agency prior to finalization and consideration by counties’ board of supervisors and submission to the California Department of Health Care Services (DHCS).

Development and Review of the BHSA Integrated Plan

BHSA assigns distinct responsibilities to counties’ local behavioral health agencies, local behavioral health boards or commissions, county boards of supervisors, and the California Department of Health Care Services during development and review of the Integrated Plan. The summary below highlights these roles as they relate to the draft plan currently under review.

Entity	Functions
County Behavioral Health Agencies (County Behavioral Health Services)	<ul style="list-style-type: none"> Administer specialty behavioral health services and contracts as the county’s behavioral health plan Drafts the Integrated Plan
Behavioral Health Board or Commission (Behavioral Health Advisory Board)	<ul style="list-style-type: none"> Reviews the draft Integrated Plan Holds required public hearing Provides recommendations to the county behavioral health director prior to county board of supervisors consideration
County Board of Supervisors	<ul style="list-style-type: none"> Reviews and considers the Integrated Plan prior to submission to the State Authorizes submission to the California Department of Health Care Services (DHCS)
State (California Department of Health Care Services)	<ul style="list-style-type: none"> Conducts compliance review for statutory and regulatory requirements Accepts the Integrated Plan or requests revisions

Review Timeline

30-day public comment period	March 17 – April 15, 2026
BHAB Public Hearing and recommendations	May 7, 2026
Consideration by the County Board of Supervisors	June 9, 2026
Submission to DHCS	June 30, 2026

During the Public Hearing on the draft BHSA Integrated Plan, County Behavioral Health Services will provide an overview presentation on:

- Statewide behavioral health outcome goals
- BHSA funding structure and expenditures
- Local Community Planning Process efforts
- Key themes from public comment

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BHSA Services

The Public Hearing presentation will include a summary of how BHSA funding is organized across three statewide service components. Beginning July 1, 2026, BHSA replaces the previous Mental Health Services Act (MHSA) funding structure with three statewide funding components that counties use to support local behavioral health services. Each BHSA component has a standard percentage allocation of BHSA dollars. Counties may transfer up to 7% from each component to another based on local planning priorities.

Based on stakeholder input, BHS requested to transfer portions of the Full Service Partnership (FSP) funds and the Housing Interventions (HI) funds into Behavioral Health Services and Supports (BHSS) to sustain core treatment services across the system.

- Standard FSP Allocation: 35%, proposed San Diego County FSP Allocation: 28%
- Standard HI Allocation: 30%, proposed San Diego County HI Allocation: 27%
- Standard BHSS Allocation: 35%, proposed San Diego County BHS BHSS Allocation: 45%

Behavioral Health Services and Supports (BHSS) includes treatment, recovery, and early support services that help people access care across all ages. These services support early identification of serious behavioral health needs, strengthen connections to care, and help stabilize individuals before needs become more complex. These services support statewide BHSA goals related to improving access to care and strengthening early support for children, youth, and families.

Full Service Partnership (FSP) programs provide intensive, team-based support for people with the most significant behavioral health needs using a “whatever it takes” approach to recovery. Services focus on whole-person care, stable community living, and strong family and support-system partnerships. These programs help reduce justice involvement, support recovery and employment, and strengthen long-term community stability.

Housing Interventions (HI) support people with behavioral health needs in finding and maintaining stable housing as part of the behavioral health care continuum. These services are designed to work together with treatment and recovery supports to improve long-term stability and wellness. Community input consistently emphasized the importance of strengthening connections between housing supports and treatment services as implementation planning continues.

Engagement & Public Comment

State law requires counties to gather community input through CPP while developing the Integrated Plan. Community feedback helps the County understand local needs and priorities when planning specialty behavioral health services. The snapshot below reflects activities specifically conducted during the 30-day public comment period, in addition to CPP activities completed throughout 2025 to inform development of the draft Integrated Plan. These activities were conducted by BHS staff across County supervisorial districts and included participation by members of BHAB’s BHSA Community Planning Subcommittee.

Type of Engagement	No. of Events	Individuals Engaged*	Comments Logged
Virtual Engagement Sessions	12	149	158
Tabling Outreach	30	747	n/a

**Please note, numbers listed are in addition to the CPP engagements conducted in the 2025 calendar year.*

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Major Themes from Public Comment

BHS will be sharing the insights and feedback that surfaced during the 30-day Public Comment period. Preliminary analysis of public comments has identified the following key themes that were shared by community members during the public comment period. Many of the themes raised during the public comment period were consistent with priorities previously identified during 2025 CPP activities.

Clarification Requests	Implementation Feedback	Outside Scope of BHS
CPP transparency	Access, navigation and insurance gaps	Crisis alternatives and peer-run recovery infrastructure
Data, measurement, and public dashboards	Care coordination and hospital partnerships	Cross-system outcome monitoring
Age-group service planning structure under BHSA	Early intervention for children and youth	Housing and homelessness solutions
	Justice-involved supports and diversion	Substance Use Disorder services & eligibility for intensive care
	Program transitions and implementation readiness	Workforce and peer roles