Board of Supervisors

Meeting Time: 06-09-26 09:00

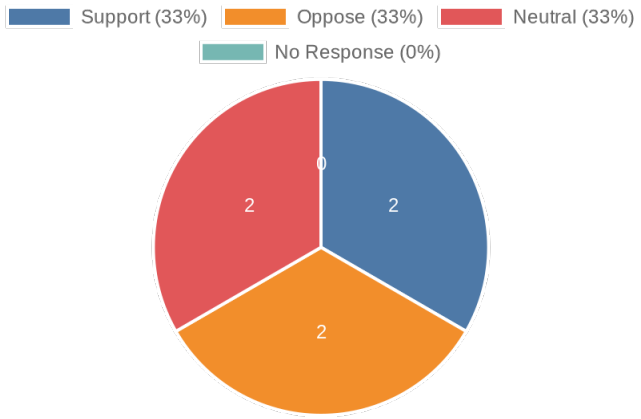
eComments Report

Meetings	Meeting Time	Agenda Items	Comments	Support	Oppose	Neutral
Board of Supervisors	06-09-26 09:00	33	6	2	2	2

Sentiments for All Meetings

The following graphs display sentiments for comments that have location data. Only locations of users who have commented will be shown.

Overall Sentiment



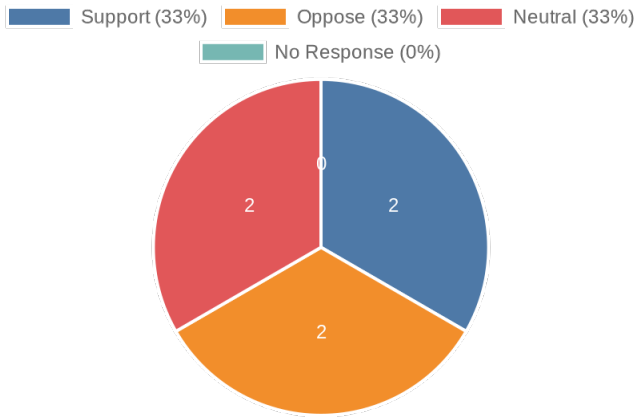
Board of Supervisors
06-09-26 09:00

Agenda Name	Comments	Support	Oppose	Neutral
19. RECEIVE AND APPROVE THE BEHAVIORAL HEALTH SERVICES ACT THREE-YEAR INTEGRATED PLAN FOR FISCAL YEARS 2026-2029; ADOPT RESOLUTION CERTIFYING THE SAN DIEGO COUNTY BOARD OF SUPERVISORS REVIEW AND APPROVAL OF THE INTEGRATED PLAN; AUTHORIZE THE BEHAVIORAL HEALTH SERVICES DIRECTOR'S SUBMISSION OF THE INTEGRATED PLAN TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)	6	2	2	2

Sentiments for All Agenda Items

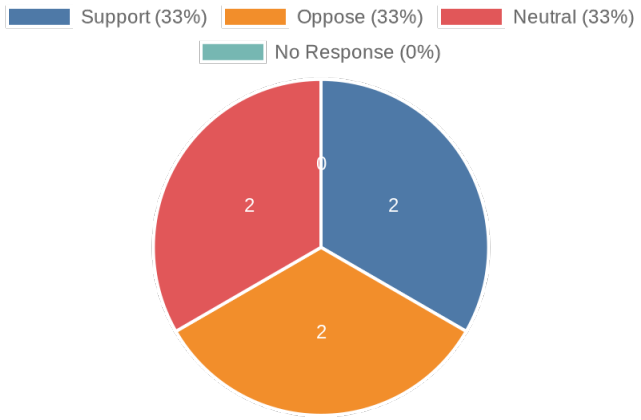
The following graphs display sentiments for comments that have location data. Only locations of users who have commented will be shown.

Overall Sentiment



Agenda Item: eComments for 19. RECEIVE AND APPROVE THE BEHAVIORAL HEALTH SERVICES ACT THREE-YEAR INTEGRATED PLAN FOR FISCAL YEARS 2026-2029; ADOPT RESOLUTION CERTIFYING THE SAN DIEGO COUNTY BOARD OF SUPERVISORS REVIEW AND APPROVAL OF THE INTEGRATED PLAN; AUTHORIZE THE BEHAVIORAL HEALTH SERVICES DIRECTOR'S SUBMISSION OF THE INTEGRATED PLAN TO THE DEPARTMENT OF HEALTH CARE SERVICES (DISTRICTS: ALL)

Overall Sentiment



Jennifer Kennedy
Location: 92192, San Diego
Submitted At: 10:54am 06-09-26

I represent Strategic Behavioral Health Initiative — a coalition of clinicians, educators, hospital leaders, and community providers who share this Board's commitment to San Diego's children and families.
We are compelled to share the impact of the Behavioral Health Integrated Plan on children and youth.
This current year alone, at least $9 million in prevention and early intervention contracts were eliminated – that's 8 programs serving about 85,000 people. These cuts included suicide prevention in schools and psychiatry consultation for pediatricians. These aren't line items — they're the earliest points of intervention, and their absence compounds over time.
We ask for three things: (1) 30% of BHS expenditures directed to children, with a public timeline; (2) annual reporting of expenditures and programs by age; (3) a sustained partnership with the providers who deliver this care. We are ready to be at the table. Thank you for your consideration and continued partnership.

Jerry Hall
Location: 92101, San Diego
Submitted At: 9:11am 06-09-26

Although I support the overall work of the Behavioral Health Services, I am concerned about these elements:
1) In 2025-26, the Behavioral Health Advisory Board (BHAB) did not ensure the Community Planning Process (CPP) was conducted as designed. Although many stakeholders were informed about this plan, they were not an integral part of the planning process, largely observers.
The community also does not have the information and data they need on a timely basis to make informed feedback. One group are our underserved, especially people of color. To ensure equity, we need system maps, equity-impact amends, a cost-benefit analysis system, community engagement, and data infrastructure - all coordinated with the Public Safety Group. A proposal that needs your approval and funding is outlined at https://bit.ly/ati2026. A separate plan to refocus our BHS is outlined at https://bhsaplans.com/. We need to do so

much more to ensure the community is educated, informed, and engaged. Thank you!

Robin Sales
Location: 92024, Encinitas
Submitted At: 9:30pm 06-08-26

As past chair of the BHAB, I urge you to support the BHSA Integrated Plan with some caveats: the comments from the community were not addressed sufficiently by BHS with substantive changes and were presented to BHAB with no time for adequate discussion; and a key piece of the continuum of care, the MCRT, is at risk of losing its funding. The MCRT is an essential tool for alternatives to incarceration to costly ED visits, and inpatient hospitalizations. The BOS must provide funding for this transformative program, but with strong oversight. With a budget of $1.4 billion, there is still not enough to meet with our county's growing behavioral health needs. But without the MCRT, many more residents would need those very expensive services.

F L
Location:
Submitted At: 3:12pm 06-08-26

oppose

Robert Stonebrook
Location:
Submitted At: 11:00am 06-08-26

The transition from MHSA to BHSA is complex and will take time for counties to fully implement. BHSA shifts behavioral health toward accountability for outcomes. These measures are intended to align the entire behavioral health system around shared goals.
As the County's lead agency, BHS is responsible for bringing stakeholders together through the Community Planning Process (CPP) to create that alignment. However, the current Integrated Plan suggests BHS has not fully embraced this role.
SBHI has completed this integrated planning work for children and youth and recommends: (1) dedicating 30% of BHS expenditures to children and youth with a public timeline; (2) annual reporting of expenditures and programs by age; and (3) a sustained partnership with providers to support implementation of a truly integrated system. These recommendations advance the transparency, alignment, and accountability BHSA requires.

Paul Henkin
Location: 91902, Bonita
Submitted At: 11:51am 06-03-26

This report is very thorough. 725 pages. Alot of hard work...

WELL, according to page A-11 of this Report, there are 12576 people who experienced unsheltered homelessness. However, the January 2026 Point-in-Time Count identified only 5,108 individuals living unsheltered across San Diego County. What explains this huge difference and whom should we believe?

I also notice that BHS served 11 thousand people in prison, a huge number. So I am wondering if BHS is giving out drugs simply to 'calm' people down – prevent them from challenging the system which put them there.

And then the report says that 12,949 people were Admitted or detained for 72-hour [psychiatric] evaluation and only about 2,200 were actually treated. I wonder if the 12,949 were detained for behavioral health or simply for things like being outspoken or annoying. Do we need more police training?

Too bad that much of the report is in a soft grey text that is hard to read.