CLERK OF THE BOARD OF SUPERVISORS
EXHIBIT/DOCUMENT LOG

MEETING DATE & AGENDA NO. 06/09/2026 #19

STAFF DOCUMENTS (Numerical)

No.	Presented by:	Description:
1	Staff	14-Page PowerPoint
2		
3		
4		
5		

PUBLIC DOCUMENTS (Alphabetical)

No.	Presented by:	Description:
A	Jennifer Kennedy	2-Page Document
B		
C		
D		
E		
F		

OFFICIAL RECORD
Clerk of the Board of Supervisors
County of San Diego

Exhibit No. 1

Meeting Date: 6/9/26 **Agenda No.** 19

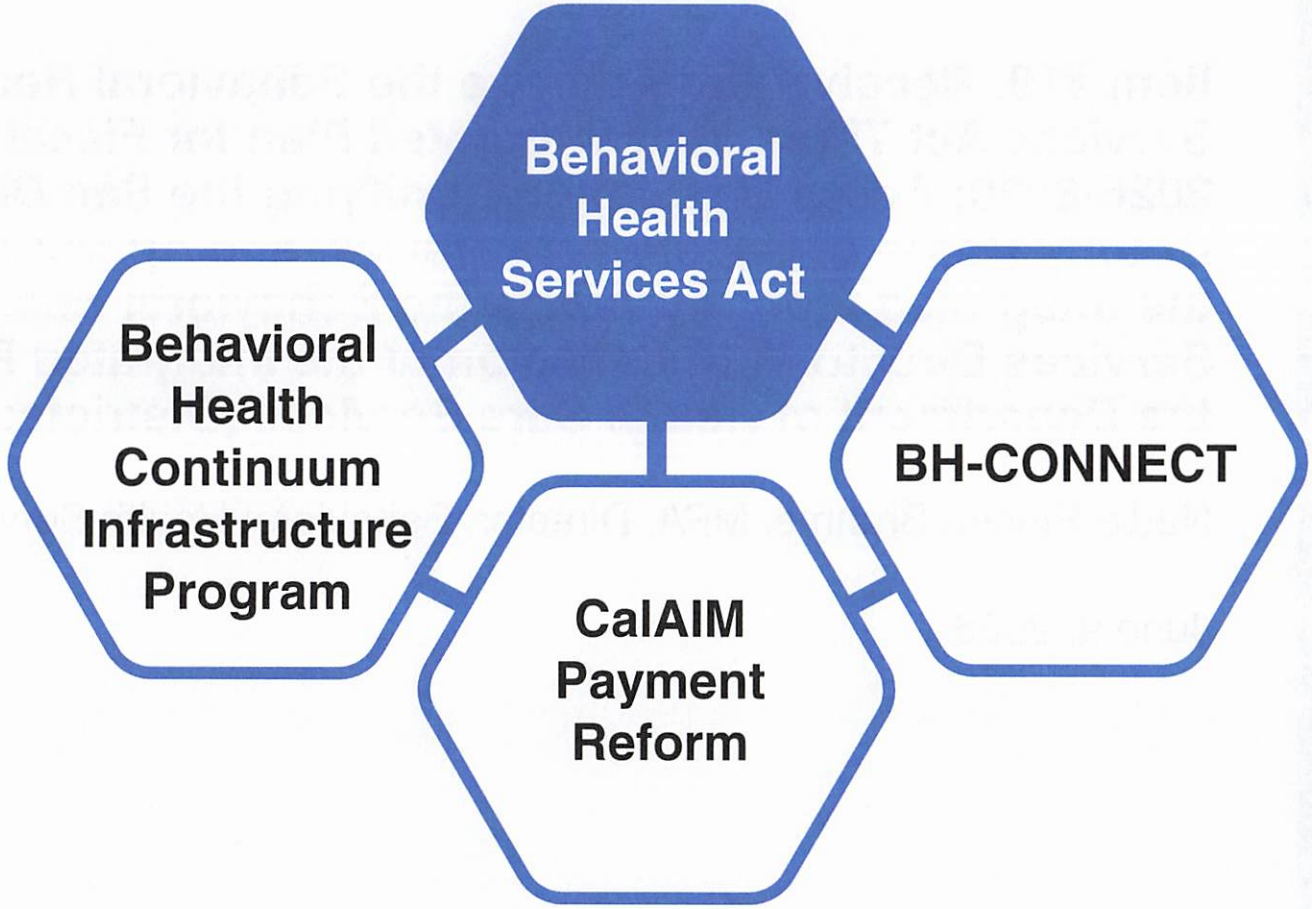
Presented by: Staff

Item #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)

Nadia Privara Brahms, MPA, Director, Behavioral Health Services

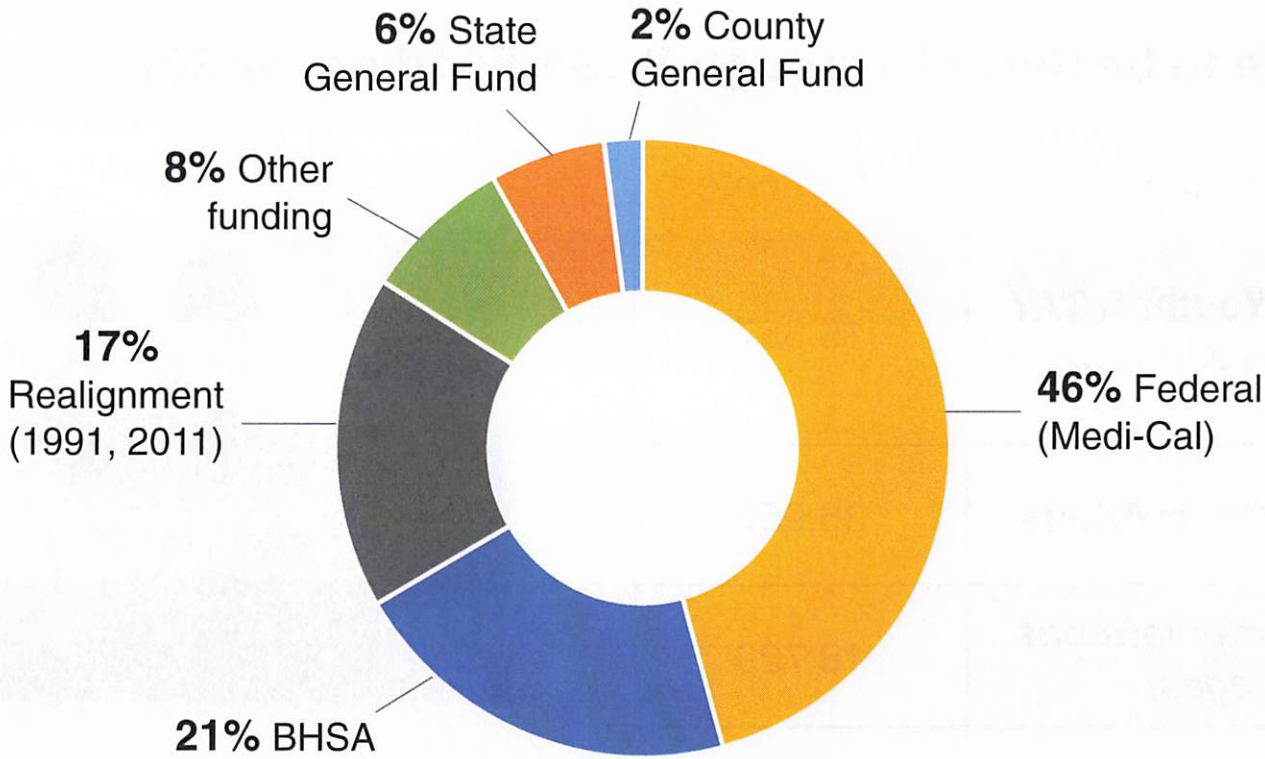
June 9, 2026

Behavioral Health Transformation



Integrated Plan (IP) Budget

Total IP Budget: $1.58B



Projected People to be Served Through BHSA

BHSA Budget: $329M

Total People to be Served Through BHSA Funding: 52,307

Projected #s to be Served (Unduplicated)	
Children, Youth, & TAY *(25 years old and younger)*	15,357
Adults & Older Adults	36,950
Housing Interventions *(All ages)*	18,729

Changes Under BHSA

What's Changing

- ☑ 5% reduction of local funding allocated to counties
- ☑ New requirements and less flexibility
- ☑ Extensive outcomes reporting
- ☑ Additional stakeholder requirements
- ☑ Emphasis on health equity and access

What's Staying the Same

- Medi-Cal Eligibility Rules
- County role

BHSA will elevate how we deliver care, measure performance, and coordinate across the system.

Shifting from MHSA to BHSA

Mental Health Services Act (MHSA)

Included:
- Full-Service Partnership
- Housing

- **76%** Community Services and Supports
- **19%** Prevention and Early Intervention
- **5%** Innovation
- **5%** State Allocation

One-time funds

- Workforce
- Capital and Technology

Behavioral Health Services Act (BHSA)

- **35%** Behavioral Health Services and Supports
  - Includes:
    - Treatment
    - Early Intervention
- **35%** Full-Service Partnership
- **30%** Housing Interventions
- **10%** State Allocation
  - State will lead BHSA Prevention

BHSA Categories

BHSA includes three funding categories for local services:

Behavioral Health Services and Supports	Full-Service Partnership	Housing Interventions
• Crisis services • Treatment and recovery • Early intervention	• Highest level of outpatient care • Treatment and support for complex conditions	• Interim housing • Recovery residences • Board and care • Permanent supportive housing
✓ 51% for early intervention (EI) ✓ 51% of EI for children, youth, transition-age youth	✓ Whatever it takes approach	✓ 50% for people who are chronically homeless

BHSA Program Highlights

Behavioral Health Services and Supports

SchooLink

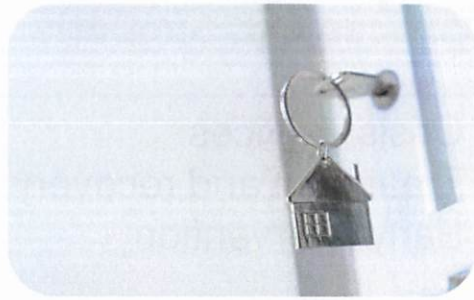
Behavioral health services at school campuses, homes, and communities

Full-Service Partnership

Clubhouses

Rehabilitative settings for adults with significant behavioral health needs

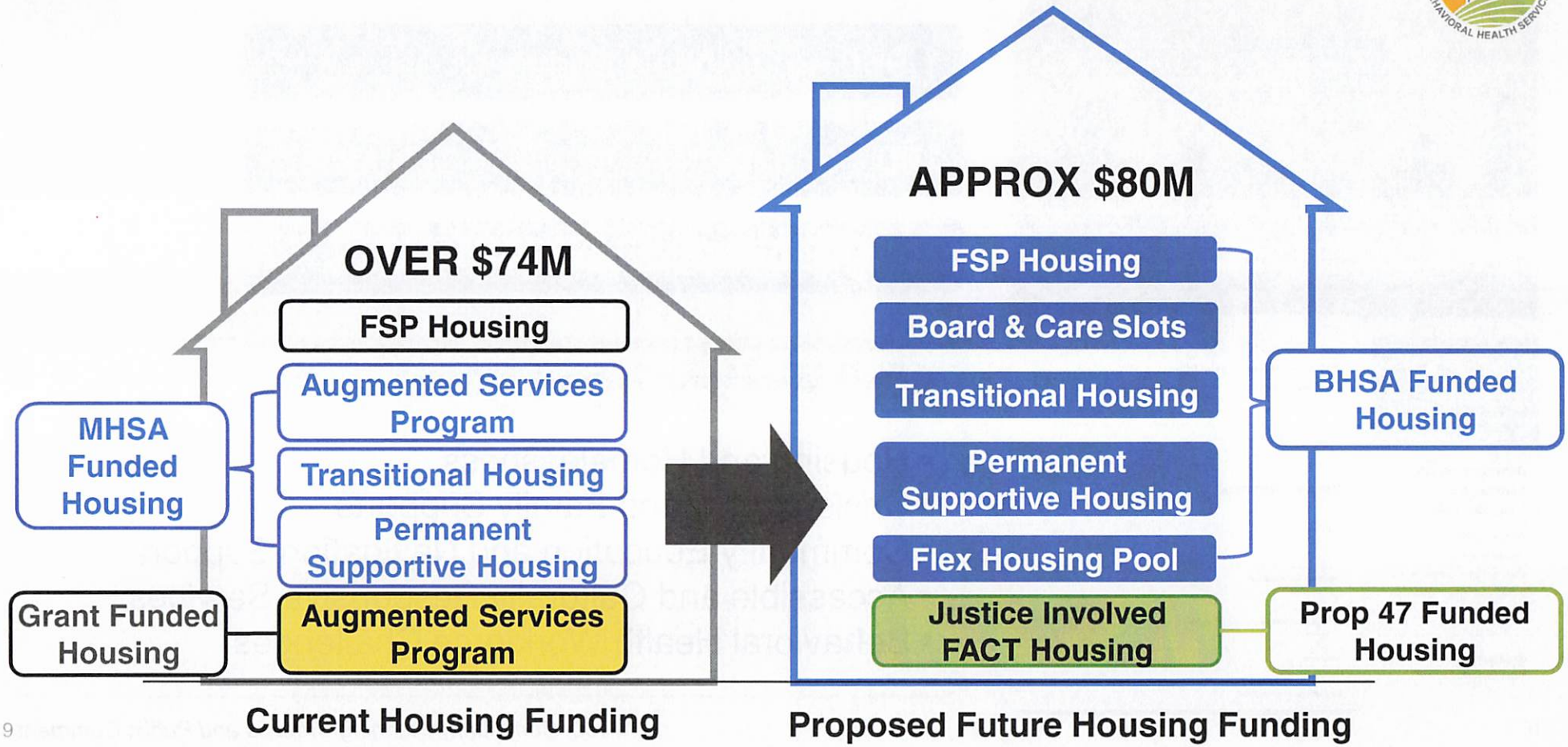
Housing Interventions



Flexible Housing Pool

Connects adults to transitional housing through whole-person care approach

Behavioral Health Housing Funding

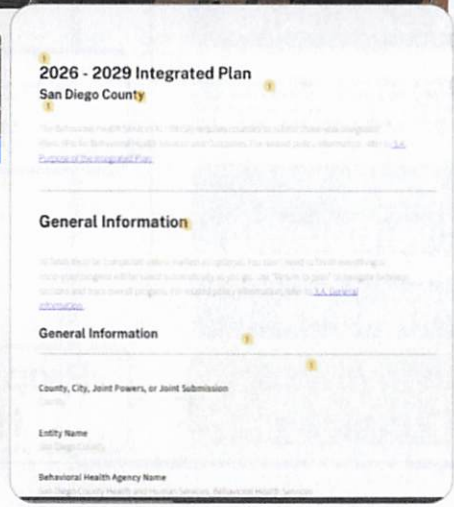


Community Engagement

Behavioral Health Services Act Integrated Plan

As part of BHSA implementation, every county must create a three-year plan called an Integrated ...

View More



1,900+ Individuals Engaged

100+ Engagement Activities Conducted

300+ Public Comments Received

What We Heard Most Often*

- Housing and Homelessness
- Crisis, Youth, and Family Supports
- Community Education and Navigation Support
- Accessible and Culturally Responsive Services
- Behavioral Health Workforce Challenges

** From Community Planning Process and Public Comment*

Aligning Community Priorities with the Integrated Plan

Community Input		Integrated Plan Investments
"Housing plays a crucial role in someone succeeding in their recovery."	→	Investing into an array of housing options e.g., Flexible Housing Pool Pilot and board and care slots
"We need faster access to care, especially for youth, and crisis support that doesn't involve law enforcement."	→	Investing into early intervention, outpatient, and crisis capacity in Optimal Care Pathways Model e.g., Crisis Stabilization services and school-based services for youth
"We need help navigating services and staying connected to care."	→	Investing in staff for outreach/system navigation e.g., Community Health Workers
"We want services in our communities that reflect our needs and neighborhoods."	→	Investing in community-based and culturally responsive programs e.g., Traditional Health Care Practices
"We need more trained staff who understand and reflect our communities."	→	Investing in training and support for the workforce e.g., ELEVATE Behavioral Health Fund, Medi-Cal Technical Assistance

Incorporation of Stakeholder Feedback

Integrated Plan Draft inclusive of:

- BHSA requirements
- Local data
- Network adequacy requirements
- Optimal Care Pathways models
- Community feedback

Final plan includes:

- Expanded program descriptions
- Additional implementation details
- Workforce information
- Housing coordination narratives
- Outcome and methodology information
- Documentation of stakeholder feedback

The Integrated Plan is dynamic and will evolve as our needs change

Recommendations

1. Receive and approve the Behavioral Health Services Act Three-Year Integrated Plan (Integrated Plan) for Fiscal Years 2026-2029.

2. Adopt a Resolution entitled: A RESOLUTION OF THE SAN DIEGO COUNTY BOARD OF SUPERVISORS CERTIFYING THE BEHAVIORAL HEALTH SERVICES ACT INTEGRATED PLAN FOR FISCAL YEARS 2026-2029 to certify that the San Diego County Board of Supervisors has reviewed and approved the Integrated Plan for Fiscal Years 2026-2029 and attest that the County of San Diego will meet its realignment obligations as required by State law.

3. Authorize the Behavioral Health Services Director, or designee, to evaluate any final revisions to the Integrated Plan requested by Department of Health Care Services and implement non-material revisions as appropriate, to submit the approved Integrated Plan to the Department of Health Care Services and to the Behavioral Health Services Oversight and Accountability Commission, and to take any further administrative actions necessary to implement the Integrated Plan.

Item #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)

Nadia Privara Brahms, MPA, Director, Behavioral Health Services

June 9, 2026

OFFICIAL RECORD
Clerk of the Board of Supervisors
County of San Diego

Exhibit No. A
Meeting Date: 6/9/26 **Agenda No.** 19
Presented by: Jennifer Kennedy

SAN DIEGO COUNTY BHSA-IP HEARING · JUNE 2026 (Updated)

San Diego's Children & Youth Are Being Left Out of the County Behavioral Health Care Continuum.

The Strategic Behavioral Health Initiative (SBHI) aims to transform the pediatric behavioral health system in San Diego County through collaborative leadership, education, and systemwide coordination to ensure timely and equitable access to the right care at the right time for every child, youth, and family.

STRATEGIC BEHAVIORAL HEALTH INITIATIVE
Right Care. Right Time. For Every Child.

19%
BHSA Children & Youth Funding Share
San Diego behavioral health care continuum projected expenditures for children and youth are just 19% — the lowest of all major CA counties

$9M
MHSA Prevention & Early Intervention Contract Eliminated
serving 85,000 children, youth and families annually Intervention FY 25-26

$2.7M
Cut to Children's & Youth Programs
in the FY 26-29 BHSA Plan while adult funding increases by more than $10 million

"Eliminating early intervention programs doesn't create a wait list. It creates a void — and children don't pause their development while we find the political will to fill it."

THE CRISIS IS REAL

Among youth ages 10-24 in San Diego County—

Suicide death rates increased by
↑6%
from 2016 to 2023.
Source: Vital Records Business Intelligence System

Rate of Emergency Department encounters increased by
↑12%
for non-fatal self-harm or suicide attempt from 2019 to 2023
Source: California Department of Health Care Access and Information

SUICIDE ATTEMPT & IDEATION

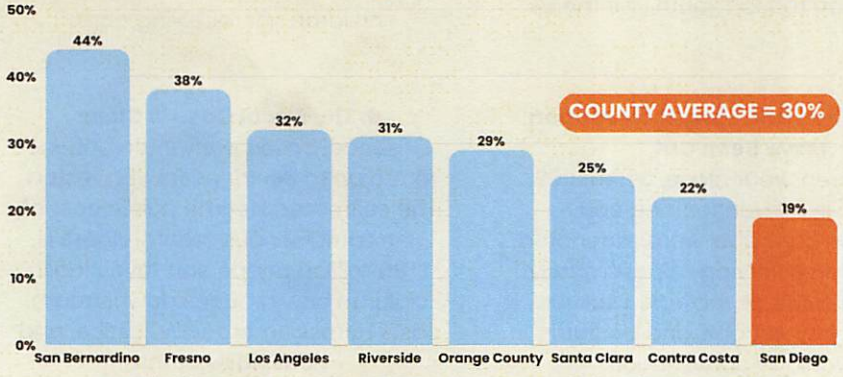
and self-harm is the leading cause of both ER discharges (342.6 per 100,000) and hospitalization (16.8 per 100,000) among San Diego youth. [3]

ALCOHOL USE & ABUSE

and Anxiety and fear-related disorders e rank among the top three behavioral health burdens driving ER visits for children ages 0–17. [3]

FUNDING COMPARISON

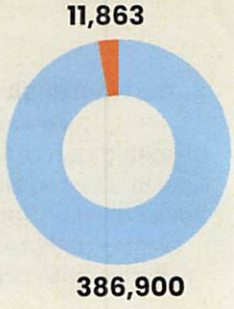
Children & Youth Share of County Behavioral Health Continuum Funding



Source: Draft FY 26–27 Integrated Plans for Behavioral Health Services and Outcomes submitted to DHCS by each county, March 2026

County Specialty Mental Health System Reach Among Medi-Cal Youth

Only **3%** of the **398,763** Medi-Cal children and youth population were **served by the County Specialty Mental Health System** in FY 22-23



- Children & youth **served** by the County Specialty Mental Health System in FY 22-23
- Children & youth **not served** by the County Specialty Mental Health System in FY 22-23

$9M
CUT TO CRUCIAL PROGRAMS

IMPACTING
85,000
CHILDREN AND FAMILIES
in San Diego will lose access to these critical services

8 PREVENTION & EARLY INTERVENTION PROGRAMS ELIMINATED
providing services in the areas of:

- Suicide Prevention
- Trauma Services
- Domestic Violence
- Psychiatric Consultation
- Family Counseling
- Community Support
- Wellness Education
- Outreach & Engagement

A PROGRAM OF
POLICY & INNOVATION CENTER

SAN DIEGO COUNTY BHSA-IP HEARING · JUNE 2026 (Updated)

San Diego's Children & Youth Are Being Left Out of the County Behavioral Health Care Continuum.

An advocacy brief by the Strategic Behavioral Health Initiative · www.SBHIsd.org

STRATEGIC BEHAVIORAL HEALTH INITIATIVE
Right Care. Right Time. For Every Child.

OUR THREE ASKS

1

Commit to 30%

Direct 30% of total BHS expenditures to children and youth across all funding streams, with a transparent public timeline

2

Transparency

Publish annual tracking of expenditures and outcomes by age so progress is visible and verifiable

3

Partnership

Restore sustained, accountable dialogue with the providers who are the delivery system for children's care

FUNDING IS DECLINING — NOT GROWING

- San Diego manages a **$1.5 billion** behavioral health system — indicating this is not a resource constraint issue -- but one of allocation priorities.
- The BHSA Integrated Plan does not align spending with the Youth Optimal Care Pathway targets already presented by County staff.

OUR ASK: BE BOLD, BE ACCOUNTABLE

1. San Diego Underinvests in Children's Behavioral Health
San Diego directs only 19% of behavioral health program spending to children and youth — the lowest of any large county in California, and well below the statewide average of 30%.

2. The Need Is Urgent and Growing
94% of California youth ages 14–25 reported mental health challenges in an average month. Locally, youth ER visits for self-harm rose 12% between 2019 and 2023, and behavioral health is now the top reason youth visit the ER.

3. Thousands of Eligible Children Aren't Being Reached
San Diego's Medi-Cal penetration rate for children's behavioral health services is just 3% — meaningfully below the 4.2% average of the eight largest counties — representing thousands of identifiable children not receiving care.

4. The Final BHSA Plan Projects Serving Fewer Children
Despite a partial funding restoration, the Final BHSA Integrated Plan projects 5,094 fewer children served compared to the Draft — a 16% reduction in projected reach — while adult services increase.

5. Prevention and Early Intervention Have Been Cut
In the current year alone, at least $9 million in prevention and early intervention contracts were eliminated — 8 programs serving approximately 85,000 individuals, including suicide prevention in schools and pediatric psychiatry consultation.

6. The Fiscal Case Is Clear
Evidence-based early interventions return up to $15 for every $1 invested. The estimated lifetime public cost of untreated serious mental illness is $1.85 million per person. Investing in children now reduces downstream costs across emergency, justice, and housing systems.

7. A Decade of Decline — Children's Access Has Shrunk as Need Has Grown
Despite a growing Medi-Cal enrollment, the number of children and youth actually served has dropped 26% over the past decade — from 15,967 children at a 4.7% penetration rate in FY 2014 to just 11,863 at 3% in FY 2022–23. San Diego is moving in the wrong direction while the youth mental health crisis deepens.

The question is not *whether* San Diego will pay for children's mental health.
It is whether we pay now — strategically — or later, at a far greater human and financial cost.

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SBHIsd.org

[1] Source of data is DHCS Mental Health Performance Dashboard (22-23).
[2] Source: BHSA Draft Integrated Plan Table One: Behavioral Health Care Continuum Projected Expenditures Year One for each county represented (March 2026).
[3] San Diego county Child Teen Health and Wellbeing Report, March 2026