



Karol Swartzlander, Executive Director  
Gavin Newsom, Governor

April 17, 2026

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Paula Wilhelm  
Deputy Director of Behavioral Health  
Department of Health Care Services

**Re: California Commission on Aging Concerns Regarding Implementation Plan Data**

Dear Deputy Director Wilhelm:

On behalf of the California Commission on Aging, I am writing to express serious concerns regarding the County Integrated Plans for Behavioral Health Services required under the Behavioral Health Services Act (BHSA). We have reviewed several of the plans, and while older adults are clearly identified as a priority population group in the guidance (adults 60 and over), older adults are rarely specified for services. The county plans we have reviewed report a combined number for adults and older adults and do not delineate how many from each group will be served.

Since we have been providing input as a stakeholder group to all counties on Department of Health Care Services (DHCS) BHSA guidance from the beginning, we understand that the State intended for counties to specify separately the numbers of children, youth, adults, and older adults to be served. Instead, many county Integrated Plans (IPs) report a single combined total for adults and older adults, and often another combined total for children and youth across various planned services. Most counties do not identify even one single service specific to older adults in their IPs. Many counties identify older adults as underserved and note age disparities in services. However, in the plan section where they are asked how they will address identified disparities, the counties do not specify any planned prevention or intervention.

Per DHCS guidance, the BHSA requires counties<sup>[1]</sup> to submit Behavioral Health Outcomes, Accountability, and Transparency Reports (BHOATRs) to DHCS on an annual basis. The report is intended to provide greater transparency into how counties spend behavioral health dollars and administer behavioral health care. Counties will use the BHOATR Template to report on implementation of the county IP and the related annual and periodic updates. Counties are required to report on



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behavioral health spending, service utilization, and achievement of goals and outcomes outlined for the reporting period. By accepting plans without service delineation to older adults, there is no way to tell what precisely is being planned, let alone whether the plan gets accomplished. For the BHSA to report data accurately, the plans must be specific to each age group, with the number of constituents served specified.

This is an urgent issue that should be addressed immediately. Please issue a corrective memo to counties, so they can correct this oversight before finalizing their plans, and do not accept plans without this essential information. We understand that some draft IPs have already been approved by the State (based on recent DHCS stakeholder email information). Counties with approved draft IPs should also be encouraged to specify separate population groups targeted for specific services. Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "David Lindeman".

Dr. David Lindeman  
Chair  
California Commission on Aging

cc:

Richard Figuerora, Deputy Cabinet Secretary, Office of the Governor

Kim Johnson, Secretary, California Health and Human Services Agency (CalHHS)

Michelle Baass, Director, DHCS

Susan DeMarois, Director, California Department of Aging

Stephanie Welch, Deputy Secretary, Behavioral Health, CalHHS

Brenda Grealish, Executive Director, Commission for Behavioral Health

The Honorable Mia Bonta, Chair, Assembly Health Committee

The Honorable Akilah Weber Pierson, M.D., Chair, Senate Health Committee