

The BHSA Community Planning Process for SUD Providers

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Agenda

Behavioral Health Services Act (BHSA) Integrated Plan

Community Planning Process Overview

Approach to Data-Informed County Planning

Integrated Plan Local Review and Stakeholder Engagement Reporting

Staying Involved in Community Planning

Resources

Behavioral Health Services Act Integrated Plan

Integrated Plan for Behavioral Health Services and Outcomes



The Integrated Plan is a prospective plan and budget for **all county behavioral health services.**

» **Goal:**

- Collect local and aggregate information on all planned behavioral health services statewide.
- Increase transparency and accountability in county reporting and ensure counties are efficiently using federal dollars.

» **Timing:**

- Counties are required to develop their [Integrated Plan](#) every three years.

» **Key Elements:**

- Planning budget in disaggregated mental health and Substance Use Disorder (SUD) continuum of care frameworks for **all county behavioral health funding sources.**

Potential SUD Specific Areas of Focus

- » There are several areas SUD providers can focus their input in the community planning process:
 - The budget which demonstrates how counties are planning to spend all SUD-specific funding sources.
 - The Integrated Plan addresses local needs (as required by Section 5963.04) related to: prevalence of SUD; 2) unmet need for SUD treatment in the county, 3) SUD disparities; and 4) the allocation of funding between MH and SUD treatment services.
 - Under Full Service Partnership, the new SUD Field Based Initiation requirement.
 - Under the Housing Interventions, how individuals will be connected to SUD services.

Integrated Plan
Table 26. New Programs for Assertive Field-Based SUD Treatment Services

Requirement	New Program(s)	Program Description(s)	Planned Funding	Planned Operations
Targeted Outreach	[narrative box]	[narrative box]	[narrative box]	[narrative box]
Mobile Field-Based Program(s)	[narrative box]	[narrative box]	[narrative box]	[narrative box]
Open-Access Clinic(s)	[narrative box]	[narrative box]	[narrative box]	[narrative box]

Resource: County Funding Sources for Integrated Plan

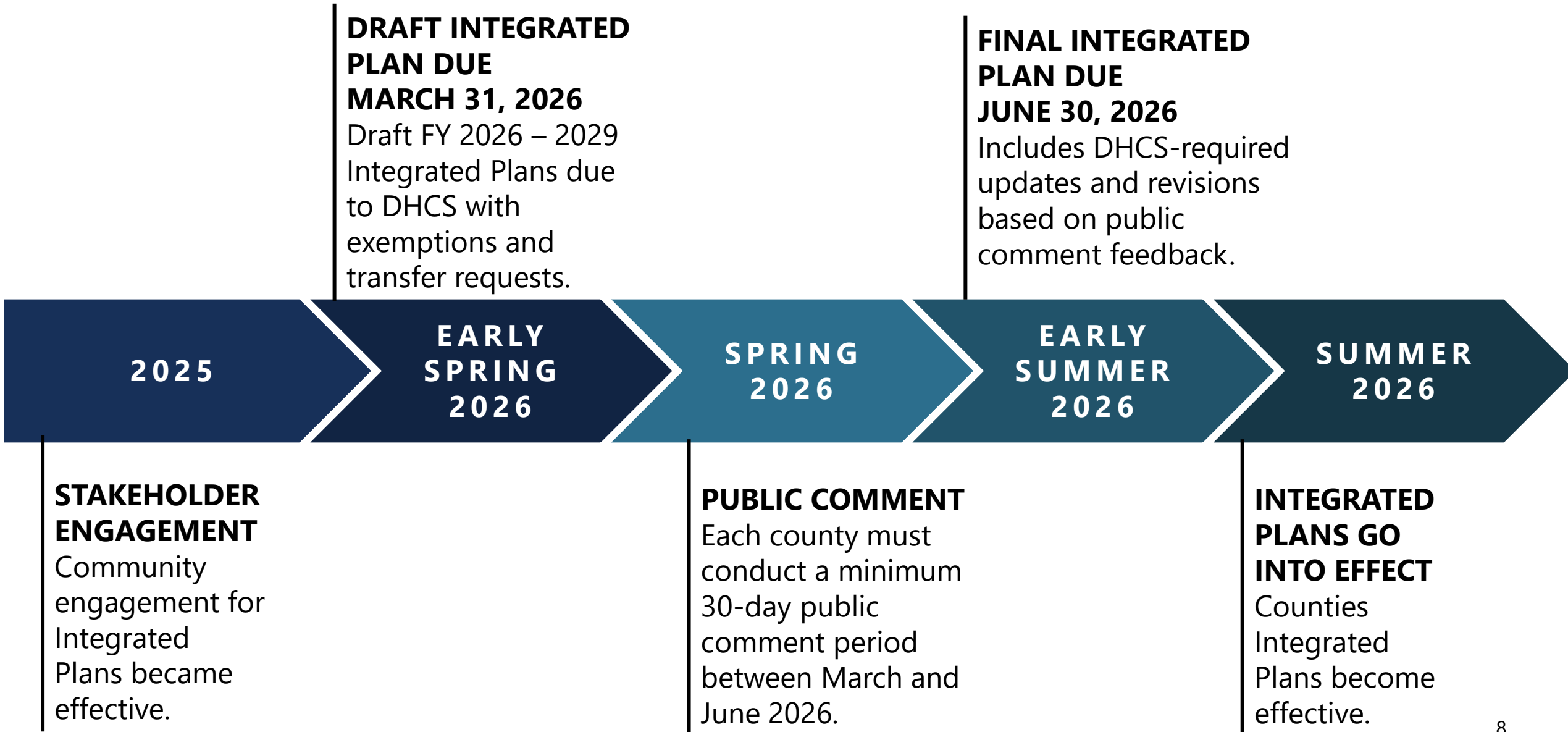
- » As counties draft their Integrated Plan, they can utilize various local funding sources coming from federal grants, DHCS, and court settlements.
- » Counties and stakeholders can use the [County Funding Sources for Integrated Plan](#) resource to understand different streams of funding and find links to county apportionments and other helpful resources.



Main SUD Funding Sources:

- » SAMHSA SUBG
- » Drug Medi-Cal/ODS
- » 2011 Realignment
- » Behavioral Health Services Act
- » Opioid Settlement Funds

Integrated Plan Timeline



Community Planning Process Overview

Stakeholder Engagement Requirements

Counties must meaningfully engage with stakeholders on:

- » Proposed changes to allocation percentages in the county's Integrated Plan (WIC § 5863.03).
- » The county's plan for expenditure of funds exceeding the maximum amount of the prudent reserve (WIC § 5892).

A key element of the BHSA stakeholder engagement requirements is **providing transparency** into how the counties use their behavioral health funding so stakeholders can meaningfully participate in the community planning process.

New Stakeholder Groups Added Under BHSA

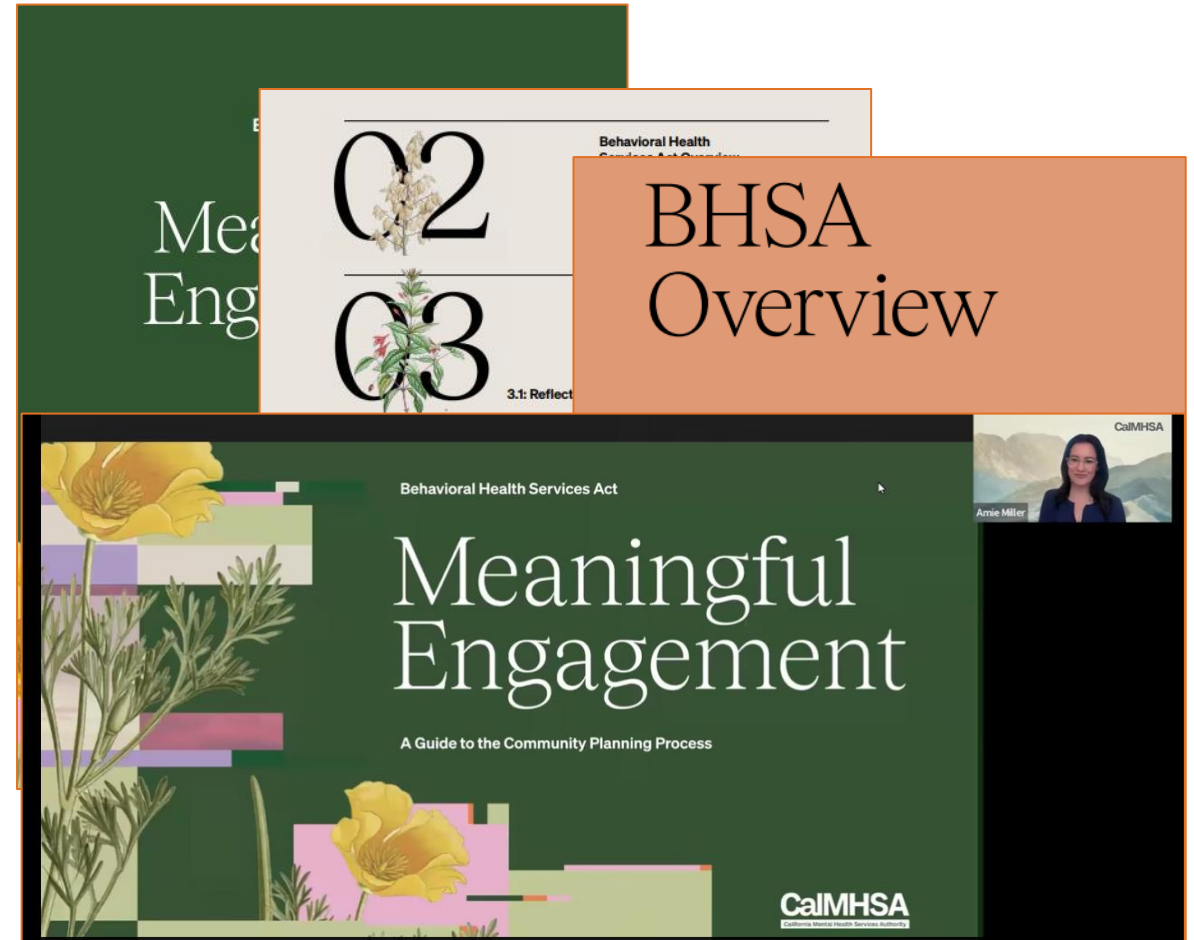
BHSA builds on the MHSA planning process to meaningfully engage stakeholders with a few key changes. Updated stakeholder groups include, but are not limited to, the following:

Eligible adults and older adults.	Families of eligible children and youth, eligible adults, and eligible older adults.	Youths or youth mental health or substance use disorder organizations* .	Providers of mental health services and substance use disorder treatment services* .	Public safety partners, including county juvenile justice agencies.	Local education agencies.
Higher education partners.	Early childhood organizations.	Local public health jurisdictions.	County social services and child welfare agencies.	Labor representative organizations.	Veterans.
Representatives from veterans organizations.	Health care organizations, including hospitals.	Health care service plans, including Medi-Cal managed care plans.	Disability insurers.	Tribal and Indian Health Program designees.	The five most populous cities in counties with a population greater than 200,000.
Area agencies on aging.	Independent living centers.	Continuums of care, including representatives from the homeless service provider community.	Regional centers.	Emergency medical services.	Community-based organizations serving culturally and linguistically diverse constituents.

Note: Stakeholder groups that are SUD specific are in bold and also have an *.

Resource: Community Planning Resources for Counties

- » The [Meaningful Engagement: A Guide to the Community Planning Process](#) guidebook represents a fresh approach to community planning. It was crafted with a key question in mind: How can we make the Community Planning Process authentic and purposeful?
- » It includes clear timelines, structured processes, decision points and tools to help counties lead the way toward a new model for behavioral health in California.
- » Related training: [Community Planning Process Walkthrough Webinar](#).



Community Planning Process Funds

Counties may allocate up to 5% of Behavioral Health Services Act funds to support stakeholder engagement. Use of funds may include:

Staffing & Training

- » Train designated staff managing the community planning process.
- » Training for stakeholders to be meaningfully involved.

Planning Cost

- » Infrastructure and technology.
- » Laptops, web-based meeting platforms, accessibility tools.

Stakeholder Support

- » Stipends/wages for participating consumers and family members.
- » Travel and transportation.
- » Childcare/eldercare.

Resource: Community Planning Process Infographic

Community Planning Process and Local Stakeholder Engagement

Stakeholder Requirements

The Behavioral Health Services Act (BHSA) requires counties to submit three-year Integrated Plans for Behavioral Health Services and Outcomes. The Integrated Plan serves as a three-year prospective global spending plan that describes how county behavioral health departments plan to use all available behavioral health funding to meet statewide and local outcome measures, reduce disparities, and address the unmet need in their community. Counties must engage with local stakeholders to develop each element of their Integrated Plan (WIC § 5963.03).

Each Integrated Plan is developed with local stakeholders and partners, including, but not limited to:

- Eligible adults and older adults
- Local public health jurisdictions
- Tribal and Indian Health Program designees
- Local education agencies
- County social services and child welfare agencies
- Labor representative organizations
- Youths or youth mental health or substance use disorder organizations
- Families of eligible children and youth, eligible adults, and eligible older adults
- Health care service plans, including Medi-Cal managed care plans
- Higher education partners
- Independent living centers
- Early childhood organizations
- Veterans
- Disability insurers
- Regional centers
- Area agencies on aging
- Emergency medical services
- Representatives from veterans organizations
- Health care organizations, including hospitals
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Continuums of care, including representatives from the homeless service provider community
- Community-based organizations serving culturally and linguistically diverse constituents
- Counties with a population greater than 200,000, representatives from the five most populous cities

Transparency is a key requirement of BHSA stakeholder engagement requirements. Counties must show how they use their behavioral health funding so stakeholders can meaningfully participate in the community planning process.

Full details on the county Integrated Plan and the Community Planning Process are available in the [BHSA Policy Manual](#).

» DHCS has released a [quick reference guide](#) on the Community Planning Process that can be shared with individuals, groups, or other stakeholders who want to get involved.

» It includes all required stakeholder groups and provides an overview of the Integrated Plan.

» SUD providers can use this as resource to share.

Community Planning Process and Local Stakeholder Engagement

Who do Integrated Plans serve?

The BHSA expands the types of behavioral health supports available to eligible Californians by focusing on historical gaps and emerging policy priorities. Each county **establishes and administers a program** to serve persons or families, prioritizing populations meeting **one of the following conditions**:

- Eligible adults and older adults who meet one of the following:**
 - Are chronically homeless or experiencing homelessness or are at risk of homelessness.
 - Are in, or are at risk of being in, the justice system.
 - Are reentering the community from prison or jail.
 - Are at risk of conservatorship pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5.
 - Are at risk of institutionalization.
- Eligible children and youth who meet one of the following:**
 - Are chronically homeless or experiencing homelessness or are at risk of homelessness.
 - Are in, or are at risk of being in, the juvenile justice system.
 - Are reentering the community from a youth correctional facility.
 - Are in the child welfare system pursuant to Section 300, 601, or 602.
 - Are at risk of institutionalization.

How do counties engage with stakeholders?

Counties must demonstrate a partnership with constituents and stakeholders as part of their community planning process. **Examples of meaningful partnership with stakeholders** may include, but are not limited to:

- Public comment and hearings on Integrated Plan drafts and updates¹
- Focus groups
- Surveys
- Key informant interviews
- Listening sessions
- Conference calls
- Client advisory meetings
- Consumer and family group meetings
- Town hall meetings
- Video conferences
- Media announcements
- Targeted outreach
- Stakeholder workgroups and committees
- Other strategies that demonstrate meaningful partnerships with stakeholders

PREPARE.

Review available resources on the [BHSA](#) and Integrated Plan Template. Understand the expectations for your stakeholder group(s).

CONNECT.

Reach out to your [County Coordinator](#) to get involved with your local Community Planning Process. Draft Integrated Plans or annual updates are due **March 31**. Integrated Plans are open to **public comment** before final submission on **June 30**.

ENGAGE.

Community engagement is an on-going process. Plan to stay engaged over time. Focus on the needs of your local area. Integrated Plans become effective on **July 1, 2026**, and are created every three years. Check annual updates for progress.

Planning is happening now.

Check with your Behavioral Health department for information on your local planning process.

Footnotes

1. WIC Section 5892(d)
2. Continue to be required by statute under BHSA per WIC § 5963.03

To find contact information for your county coordinator, scan this QR code or visit the [BHSA Coordinators List](#).

Resource: Learning About the Integrated Plan Requirements

- » The [Integrated Plan & County Portal FAQ](#) was developed to answer common questions and support counties as they navigate the Integrated Plan process.
- » Three recorded [Integrated Plan Walkthrough Webinars](#) offer guidance about requirements, processes, and available resources for Integrated Plan development.
- » The [Integrated Plan Budget Manual](#) is a guide that provides standardized step-by-step instructions, timelines, and requirements to help counties develop and submit the BHSA Integrated Plan Budget.

Data in the Integrated Plan

- » The IP is a prospective, global planning tool.
- » The required data reporting should be used to inform county planning and spending decisions to address community needs, reduce disparities, and meet statewide and local outcome measures.
- » The data should also be leveraged to facilitate stakeholder engagement by providing stakeholders with an assessment of the county's current behavioral health gaps.
- » Data will not be pre-populated in the FY 2026-29 IP.

Integrated Plan Webinar Series: Overview of Integrated Plan Requirements and Submission Process



California Department of Health Care...
1.56K subscribers

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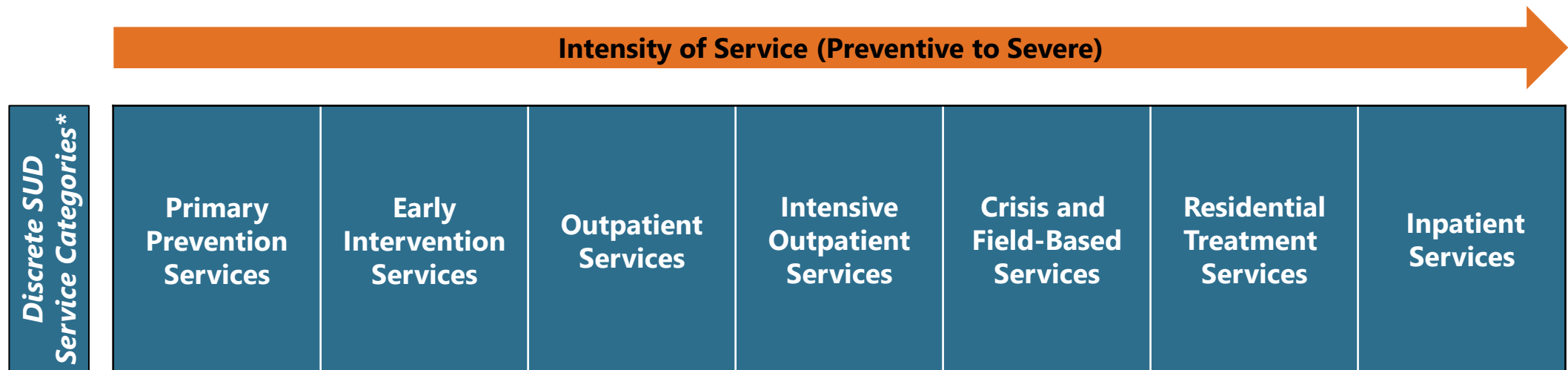
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Resource: Continuum of Care Inventory

- » DHCS has developed a Behavioral Health Care Continuum for counties to report spending across the sources of behavioral health funding in the Integrated Plan and Behavioral Health Outcomes, Accountability, and Transparency Report.
- » The [Behavioral Health Care Continuum Inventory](#) is a recommended tool to support county reporting within distinct **substance use disorder** and mental health frameworks of the Behavioral Health Care Continuum.



Resource: Prudent Reserve Funding Levels

- » Prudent reserves are the maximum levels of funding that counties are permitted to retain in a reserve under BHSA. No minimum level of prudent reserve is required.
- » DHCS has published the [BHSA FY 2025-26 Prudent Reserve](#).
- » Counties are required to reassess and certify the maximum local prudent reserve every three fiscal years and include the assessment in the Integrated Plan; the next assessment is due with the FY 26-29 Integrated Plan.

Prudent Reserve Max Percentage	Prudent Reserve Maximum
20%	22,919,331.04
25%	379,958.89
25%	929,612.70
25%	2,372,229.60
20%	3,372,250.76
25%	1,071,265.75
25%	765,128.55
20%	15,355,289.75
25%	835,665.82
25%	3,085,083.61
20%	15,981,260.54

Resource: BHSA Allocation

- » DHCS has published the [BHSA Allocation and Methodology for FY 25-26](#).
 - [Enclosure 12](#) shows each county's allocation percentage and the share of total BHSA funds they will receive. The State Controller's Office (SCO) deposits BHSA funds to counties monthly.
- » The notice communicate the allocation schedule DHCS provided to the State Controller's Office, describe the methodology used to determine those allocation schedules, and provide the amount of money the Governor's budget has estimated will be available in the Mental Health Services Fund.

For FY 2025-26, the estimated total MHSA distribution to counties is as follows:

FY 2025-26 MHSA Estimated Revenue (Millions)¹

Personal Income	\$ 3,633.5
Interest Income Earned During Fiscal Year	\$ 45.3
Other Adjustments	\$ 0
Transfer to Supportive Housing Program Subaccount (NPLH)	\$ (140.0)
Total Resources in State Directed Cap	\$ 3,538.8

Estimated Growth Funding Available (Millions)

FY 2025-26 Estimated Distribution to Counties	\$ 3,538.8
Less FY 2012-13 Total Distribution to Counties	\$ (1,589.6)
Total	\$ 1,949.2

Approach to Data-Informed County Planning

Statewide Behavioral Health Goals

DHCS has established **14 statewide behavioral health goals** (BH Goals) aimed at improving well-being and reducing adverse outcomes. The 14 behavioral health goals are divided into two categories: Priority Goals and Additional Goals.

Goals for Improvement



- » Care experience
- » Access to care
- » Prevention and treatment of co-occurring physical health conditions
- » Quality of life
- » Social connection
- » Engagement in school
- » Engagement in work

Goals for Reduction



- » Suicides
- » Overdoses
- » Untreated behavioral health conditions
- » Institutionalization
- » Homelessness
- » Justice-Involvement
- » Removal of children from home

Health equity will be incorporated in each of the Behavioral Health Goals

Additional information on the statewide behavioral health goals is available in the [BHSA County Policy Manual](#).

Approach to Data-Informed County Planning

- » Behavioral Health Plans (BHPs) are required to review the population-level behavioral health measures associated with each statewide behavioral health goal and **compare their status to the statewide rate or average.**
- » BHPs will address the **six priority goals** and select **at least one additional goal to work towards.**
- » The self-selected goal should reflect an area where the county does not meet the statewide rate and **should be chosen based on community needs and stakeholder input.**
- » BHPs will also be asked to identify disparities and choose data-informed strategies to improve community health and well-being.

Access To Care

Primary Measures

Non-Specialty Mental Health Services (NSMHS) Penetration Rates for Adults and Children & Youth (DHCS), FY 2023

1. How does your county status compare to the statewide rate?
 - a. For adults/older adults [above/below/same]
 - b. For children/youth [above/below/same]
2. What disparities did you identify across demographic groups or special populations?
[Multi-select]
 - a. Age
 - b. Gender
 - c. Race or Ethnicity
 - d. Sex
 - e. Spoken Language
 - f. None Identified
 - g. No Disparities Data Available
 - h. Other [narrative box]

Engagement Opportunities

SUD providers can review their community's status on each of the publicly available [population-level behavioral health measures](#) and collaborate directly to **set shared goals, develop targeted, data-informed strategies**, and **address local needs**.

Step 1:

Review and
Analyze Data

Step 2:

Community
Collaboration

Step 3:

Develop Data-
Informed
Strategies

Resource: Data Explainer Webinar

- » CalMHSA hosted an educational series to support counties in advancing California's statewide behavioral health goals and population-level measures under the Behavioral Health Services Act.
- » The [Data Explainer Webinar Series - California Mental Health Services Authority](#) and corresponding office hours helped counties incorporate these goals into Integrated Plans and strengthen data-informed strategies that improve population health outcomes — focusing on one or a related grouping of statewide goals and measures.



Resources to Support County Planning

- » SUD providers can assess each county's status and view all SUD specific Phase 1 measures, using the:
 - [County Population-Level Behavioral Health Measure Workbook](#)
 - [Measure Access Instructions and Notes Document](#)

Integrated Plan Local Review and Stakeholder Engagement Reporting

Integrated Plan Local Review Process

The local review process for Integrated Plans remains in place under the Behavioral Health Services Act.

The community planning process is an essential component of Integrated Plan development to gather input reflective of local needs.

- » Draft plan developed during **community planning process**
- » Circulated for public comment
- » Hosted in public hearing by local behavioral health board
- » Feedback is incorporated
- » Approved by County Board of Supervisors

Integrated Plan Comment Period and Public Hearing Reporting

- » Counties must document a complete community planning process as described in [Chapter 3, Section 3.B](#) of the BHSA County Policy Manual.
- » DHCS will evaluate for completion of a stakeholder comment period and public hearing in the Integrated Plan.

Comment Period and Public Hearing

1. Date the draft Integrated Plan (IP) was released for stakeholder comment [date box, date format MM/DD/YYYY]
2. Date the stakeholder comment period closed [date box, date format MM/DD/YYYY]
3. Date of behavioral health board public hearing on draft IP [date box, date format MM/DD/YYYY]
 - a. Please provide proof of a public posting with information on the public hearing. Please select the county's preferred submission modality [single-select list]
 - i. Link
 1. [If link selected] Please provide the link to the public posting
 - ii. PDF, image, or other document
 1. [if PDF, image, or document selected] Please upload the PDF image, or other file documenting the public posting
4. [Optional] If the county uses an existing landing page or other web-based location to publicly post IPs for comment, please provide a link to the landing page [validate link or option to upload PDF]
5. Please select the process by which the draft plan was circulated to stakeholders [multi-select list]
 - a. Public posting
 - b. Email outreach [if selected, attach email (no file type restrictions)]
 - c. Other [logic: if selected, populate question 6 below]

Staying Involved in Community Planning

Prepare for Community Planning

Prepare

Connect

Engage



Prepare:

- » Review available resources on the [Behavioral Health Services Act](#) including resources in this slide deck.
- » Understand the Integrated Plan template located in the [BHSA Policy Manual](#) and areas that focus on SUD.
- » Strengthen your recommendations with data and connections to local needs

Connect with Community Planning

Prepare

Connect

Engage



Connect:

- » Reach out to your County BHSA Coordinator to understand:
 - Whether or not your area has begun Community Planning.
 - Where to find information on your local Community Planning Process.
 - Upcoming Community Planning activities.
- » As a required stakeholder group, inquire if there any SUD specific meetings you should attend.
- » Access the [BHSA County Coordinators list](#).

Engage in Community Planning

Prepare

Connect

Engage



Engage:

- » Attend as many engagement meetings as possible.
- » Send in your feedback during the 30-day public comment period.
- » Attend your [local Behavioral Health Board meeting](#) where the Integrated Plan is presented. If you have concerns with the local decisions, bring these to the BH Board.
- » Focus on the needs of your local area.
- » Access resources to learn more about BHSA.

Resources

Resource: Understanding the Behavioral Health Services Act Myths vs. Reality

- » The [Understanding the BHSA Myths vs. Reality](#) guidance clarifies and dispels misconceptions or “myths” about the Behavioral Health Services Act.
- » Topics include funding, provider and system capacity, stakeholder engagement, and behavioral health services.

Myth: The BHSA reduces stakeholders’ abilities to engage in the community planning process.

Reality: Counties are required to demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful engagement on mental health and SUD policy, program planning and implementation, monitoring, workforce, quality improvement, evaluation, health equity, and budget allocations.

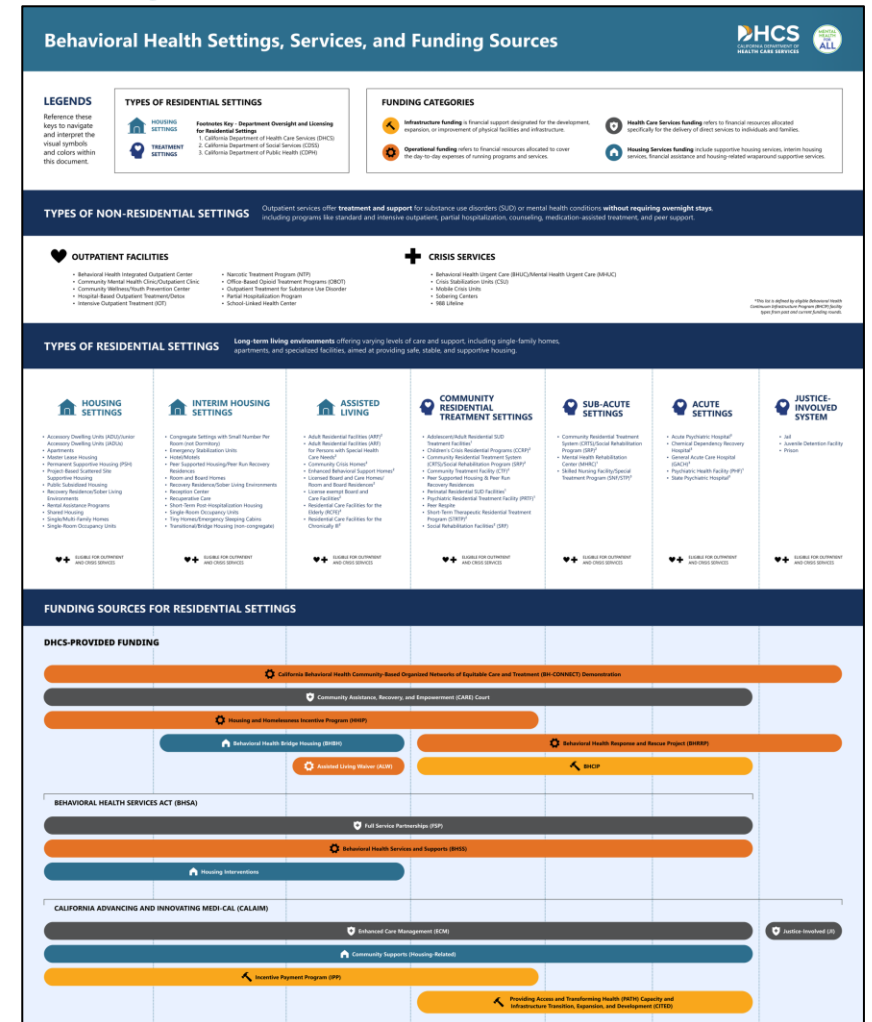
Resources: Housing

» Intersection of BHSA/other housing funding - Behavioral Health Settings, Services, and Funding Sources

- This graphic details types of residential settings and funding categories to guide strategic alignment to enhance service delivery.
- The infographic is posted online on the DHCS Behavioral Health Transformation [Resources](#) page under Infographics.

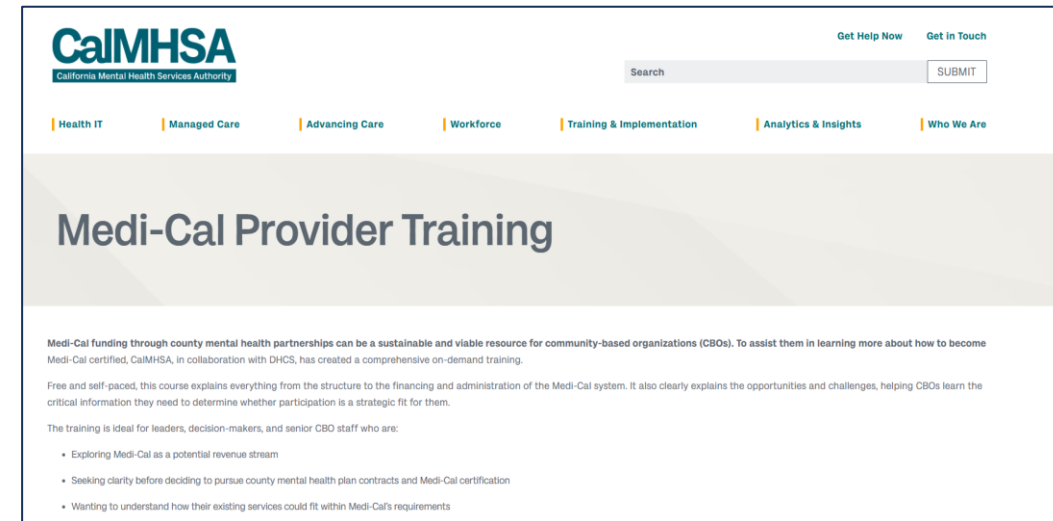
» Housing 101 Webinars - [Housing Interventions - California Mental Health Services Authority](#)

» [BHSA Housing Interventions and Medi-Cal Community Supports FAQ](#)



Resources: Providers

- » Maximizing the use of federal funds through Medi-Cal services is a requirement under BHSA.
- » One lever is to increase the number of providers offering behavioral health Medi-Cal Services.
- » One resource is Medi-Cal Certification Provider Training for Community Based Organizations (CBOs) ([Medi-Cal Provider Training - California Mental Health Services Authority](#)).



Additional Resources

BHT Website and Monthly Newsletter



Explore the [Behavioral Health Transformation](#) website to discover additional information and access resources.

Please sign up on the [DHCS list subscribe](#) website to receive monthly Behavioral Health Transformation updates.

Technical Assistance – New!



DHCS has begun providing technical assistance, including developing informational materials, that counties can use in developing their Integrated Plan.

Questions and Feedback



Please send any other questions or feedback about Behavioral Health Transformation to BHTInfo@dhcs.ca.gov.

Public Listening Sessions



Attend public listening sessions to provide feedback on Behavioral Health Transformation-related topics.

Registration links for all public listening sessions will be posted on the [Behavioral Health Transformation](#) website, along with their recordings, once available.

Thank you!

For Inquiries:
BHTinfo@dhcs.ca.gov