

Strengthening Community Engagement in Behavioral Health Services Act (BHSA) Integrated Planning

Lessons from the California Behavioral Health Planning Council's 2026 Public Forums

Source: [*Behavioral Health Services Act \(BHSA\) Integrated Plan Public Forum Summary Report*](#)

Executive Summary

The California Behavioral Health Planning Council (CBHPC) convened three public forums in 2026 to gather stakeholder perspectives on the first Behavioral Health Services Act (BHSA) Integrated Plan process. More than 142 participants representing 17 California counties shared their experiences and recommendations regarding county behavioral health planning efforts. Participants included individuals with lived experience, family caregivers, behavioral health providers, advocates, housing partners, peer specialists, and county staff.

Feedback revealed broad public interest in participating in behavioral health planning coupled with persistent barriers that limit meaningful engagement. Stakeholders identified challenges related to outreach, accessibility, technical language, participation supports, and accountability regarding how community feedback is incorporated into planning decisions. Housing coordination, older adult services, and culturally responsive engagement emerged as recurring concerns.

Key Takeaway

California residents are ready to participate in behavioral health planning. The primary challenge is creating planning processes that are accessible, transparent, responsive, and capable of demonstrating how public input influences decision-making.

Why This Matters

The Behavioral Health Services Act places increased emphasis on accountability, transparency, prevention, housing coordination, and community engagement. The effectiveness of these reforms depends on counties' ability to involve community members in meaningful ways throughout the planning process.

Forum participants consistently emphasized that engagement extends beyond public comment opportunities. Effective community participation requires:

- Clear and accessible information
- Multiple opportunities and methods for engagement
- Practical supports that reduce participation barriers
- Transparent and consistent communication regarding the use of stakeholder feedback

Without these elements, planning processes may fail to capture the perspectives of the individuals and families most affected by behavioral health policies and investments.

Key Findings

Finding 1: Residents Want to Participate but Often Do Not Know How

Participants reported significant interest in county planning activities but frequently learned about opportunities too late or through informal networks rather than official outreach channels. Individuals with lived experience, family members, and underserved communities were particularly likely to miss engagement opportunities.

Policy Implication: Existing notification and outreach approaches may not adequately reach intended stakeholders.

Finding 2: Technical Language Limits Meaningful Participation

Many participants described planning materials as difficult to understand due to the use of technical terminology, acronyms, complex data presentations, and lengthy reports.

Policy Implication: Stakeholders cannot effectively provide input when planning information is not presented in accessible language.

Finding 3: Flexible Engagement Methods Are Essential

Stakeholders emphasized that no single engagement method works for all communities. Participants identified value in virtual meetings, community-based meetings, surveys, focus groups, anonymous feedback opportunities, and evening meeting schedules.

Policy Implication: Counties may need additional guidance and resources to ensure engagement opportunities are broadly accessible.

Finding 4: Financial and Logistical Barriers Continue to Limit Participation

Transportation, childcare, elder care, interpretation services, technology access, stipends, and reimbursement supports were frequently cited as necessary for meaningful participation.

Policy Implication: Participation opportunities may unintentionally exclude lower-income residents, family caregivers, older adults, and individuals with disabilities when support services are unavailable.

Finding 5: Stakeholders and Communities Frequently Experience a Lack of Follow-Up on Their Input

Participants repeatedly expressed frustration that feedback is collected without clear communication about whether recommendations were adopted, modified, or declined.

Policy Implication: A lack of transparency may reduce trust and discourage future participation.

Finding 6: Housing and Behavioral Health Systems Remain Fragmented

Stakeholders described challenges coordinating planning efforts across housing and behavioral health systems, citing differences in regulations, terminology, data systems, and organizational structures.

POLICY BRIEF FOR CALIFORNIA STATE LEGISLATORS

Policy Implication: BHSA implementation requires multi-pronged cross-system coordination and guidance. Multiple types of outreach are needed to successfully engage and reflect the diversity of California communities.

Finding 7: Older Adults and Family Caregivers Need Greater Attention

Participants highlighted concerns about reduced services for older adults and a lack of planning focused on family caregivers supporting adults with serious mental illness.

Policy Implication: Current planning processes may not adequately address the needs of older Californians and caregivers.

Legislative Opportunities

Legislative Priority	Potential Actions
Improve Public Engagement Standards	Require comprehensive outreach plans, multilingual materials, community-based engagement strategies, and multiple participation formats.
Support Participation Through Dedicated Funding	Clarify and strengthen authority for counties to provide stipends, transportation assistance, childcare, elder care, interpretation, and accessibility supports.
Increase Transparency and Accountability	Require counties to publish stakeholder feedback summaries and explain how public input influenced and impacted planning decisions.
Strengthen Cross-System Coordination	Direct state agencies to develop planning crosswalks, shared terminology resources, data-sharing guidance, and coordinated planning frameworks.
Improve Focus on Older Adults and Caregivers	Promote age-disaggregated reporting whenever possible, caregiver support planning, service gap assessments, and housing stability strategies.

These opportunities align directly with concerns raised by stakeholders during the BHSA Integrated Plan public forums.

Recommendations for Future BHSA Implementation

Stakeholders identified nine priority strategies for strengthening future planning cycles:

1. Strengthen outreach through trusted community networks.
2. Develop clearer and more accessible planning materials.
3. Provide transparent planning timelines and road maps.
4. Offer multiple formats and settings for participation.
5. Fund participation supports and accommodations.
6. Engage diverse communities earlier in the planning process.
7. Establish consistent feedback and reporting mechanisms.
8. Address community-identified service and housing gaps.
9. Maintain engagement throughout the entire three-year planning cycle.

Conclusion

The Behavioral Health Services Act presents an opportunity to create a more responsive, transparent, and community-driven behavioral health system. Feedback gathered through CBHPC's statewide public forums demonstrates that Californians are eager to participate in shaping behavioral health services when opportunities are accessible, meaningful, and connected to decision-making.

Legislative and administrative actions that strengthen outreach, accessibility, transparency, and cross-system coordination can help ensure future BHSA planning achieves its intended goals and reflects community priorities.

Key Takeaway for Policymakers

The challenge is not a lack of public interest. Californians are ready to engage. The challenge is designing planning processes that consistently enable, support, and demonstrate the value of community participation.