MHSA Fiscal Year (FY) 2024-25 Key Learnings

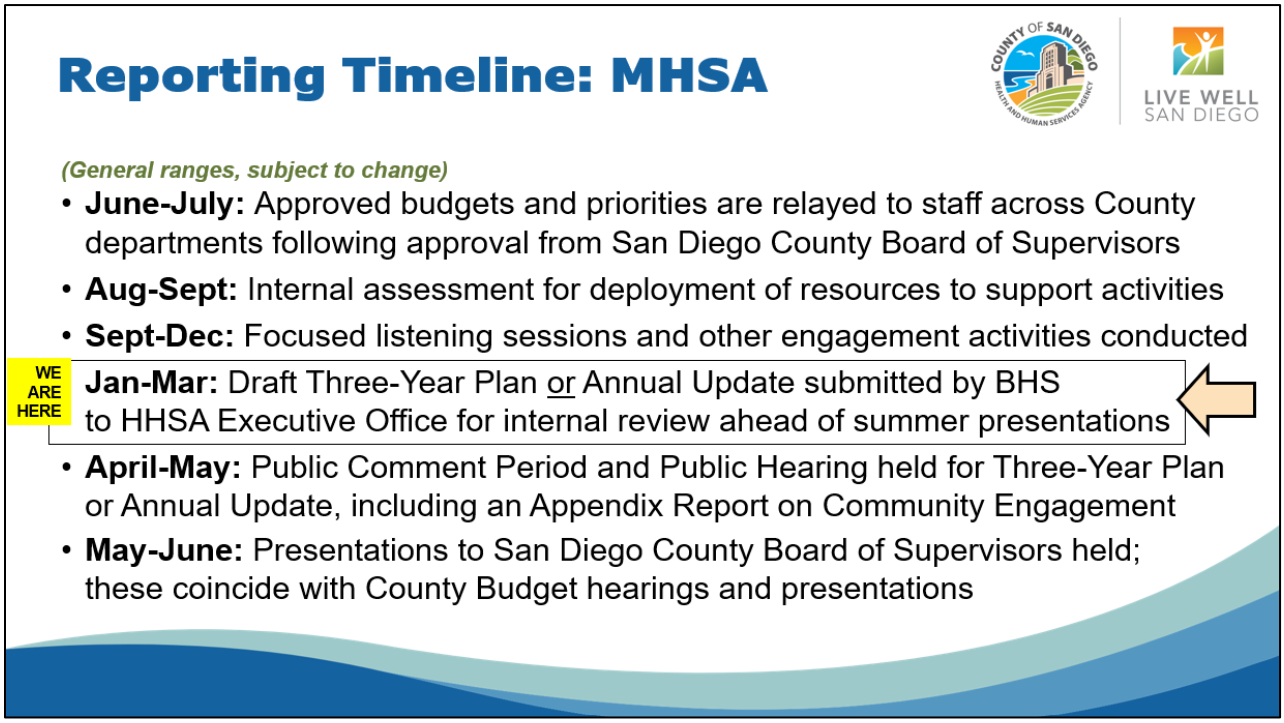
Feedback received from the community through CPP process activities reinforced the need for individuals and families to have access to behavioral health care that meets their unique needs -- ***"the right service, at the right time, in the right place, and by the right people."***

- ***"Right Services"*** to ensure people receive effective, high quality, tailored services within the level of care they need.
- ***"Right Time"*** to ensure people have timely access to the care they need when they need it, including flexible hours of service and no waitlists.
- ***"Right Place"*** to ensure barriers around access to care are reduced or eliminated, including services that are close to transportation and language accessibility.
- ***"Right People"*** to ensure services are provided by culturally competent practitioners who reflect the diversity of the communities being served.

Stakeholders emphasized the need for enhanced community outreach efforts to reduce behavioral health stigma, raise awareness of services, and improve health literacy of community members related to behavioral health resources. They also highlighted challenges in navigating the complexities around behavioral health care and the need for more seamless care coordination.

Eight specific priority areas, consistent with the last two years of this three-year cycle, were elevated by CPP participants as areas for enhancement within the continuum of care:

1. Accessibility
2. Care Coordination and Navigation
3. Community Outreach and Education
4. Crisis Response Services
5. Culturally Appropriate and Affirming Care
6. Support for People Experiencing Homelessness
7. Services for Youth and Transition Age Youth (TAY)
8. Workforce Capacity and Diversity



Final Behavioral Health Services Act (BHSA) County Policy Manual – Module 1

(Released by Department of Health Care Services on 02/20/25)

Section 3. County Integrated Plan (IP)

Direct Link: *https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.0.0/3-county-integrated-plan*

The first IP under BHSA will cover Fiscal Years 2026-2029 and will be due on June 30, 2026.

State IP Template will include required sections on the following topics:

- County Demographics and Behavioral Health Needs
- Plan Goals and Objectives
- Community Planning Process
- Comment Period and Public Hearing
- County Behavioral Health Care Continuum Capacity
- Services by Total Funding Source
- Behavioral Health Services Fund Programs
- Workforce Strategy
- Budget and Prudent Reserve

Annual and intermittent updates are not subject to stakeholder engagement requirements for the IP outlined in section 3.B.1 of the manual (see below/online).

3.B.1 Stakeholder Involvement

Under BHSA, the stakeholders that must be engaged include, but are not limited to:

1. Eligible adults and older adults (individuals with lived experience)
2. Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)
3. Youths (individuals with lived experience) or youth mental health or substance use disorder organizations
4. Providers of mental health services and substance use disorder treatment services
5. Public safety partners, including county juvenile justice agencies
6. Local education agencies
7. Higher education partners
8. Early childhood organizations
9. Local public health jurisdictions
10. County social services and child welfare agencies
11. Labor representative organizations
12. Veterans
13. Representatives from veterans' organizations
14. Health care organizations, including hospitals
15. Health care service plans, including Medi-Cal Managed Care Plans (MCPs)
16. Disability insurers (a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b))
17. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
18. The five most populous cities in counties with a population greater than 200,000
19. Area agencies on aging
20. Independent living centers
21. Continuums of care, including representatives from the homeless service provider community
22. Regional centers
23. Emergency medical services
24. Community-based organizations serving culturally and linguistically diverse constituents
25. Representatives from youth from historically marginalized communities
26. Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
27. Representatives from LGBTQ+ communities
28. Victims of domestic violence and sexual abuse
29. People with lived experience of homelessness

***Previously **11** populations under MHSA*

Examples of meaningful partnership with stakeholders may include, but are not limited to, the following activities:

1.	Education and engagement to support meaningful involvement, including on policies that govern the behavioral health delivery system
2.	Listening sessions
3.	Conference calls
4.	Client advisory meetings
5.	Consumer and family group meetings
6.	Town hall meetings
7.	Video conferences
8.	Media announcements
9.	Targeted Outreach
10.	Public comment
11.	Public hearings
12.	Stakeholder workgroups and committees
13.	Focus groups
14.	Surveys
15.	Key informant interviews or engaging with subject matter experts
16.	Training, education, and outreach related to community planning
17.	Other strategies that demonstrate meaningful partnerships with stakeholders

Current Planning Efforts – BHS Communication & Engagement (C&E)

BHS' General Approach

A. Internal departmental review, with maintenance of recent activity types, i.e.,

- Interviews, focus groups, and listening sessions
- Community health education/promotion events and data workshops
- Online input form(s)

B. Host stakeholder input opportunities, incorporating discussions into existing tables and conversations, e.g.,

- Contractor and provider convenings
- SoC and community-based collaboratives
- Events and outreach opportunities

C. Host ad-hoc, collaborative planning discussions based on input gathered (~Mar/Apr)

- Report compiled by UCSD Health Partnership, other contractors, and/or BHS C&E

Four Primary Transition Action Items

1. **Begin reconfiguration of existing BHS-led convenings to streamline activities with similar content and stakeholder representation**
2. **Pilot new community health education/promotion programming and outreach efforts, in alignment with recent community requests**
3. **Establish engagement opportunities centered around shared identities of groups and communities, in addition to threading to region-based and sector-based convenings already provided by the County**
4. **Increase promotional efforts to raise awareness of existing opportunities for stakeholders to share, learn, and connect**

BHS will continue the following while awaiting State guidance:

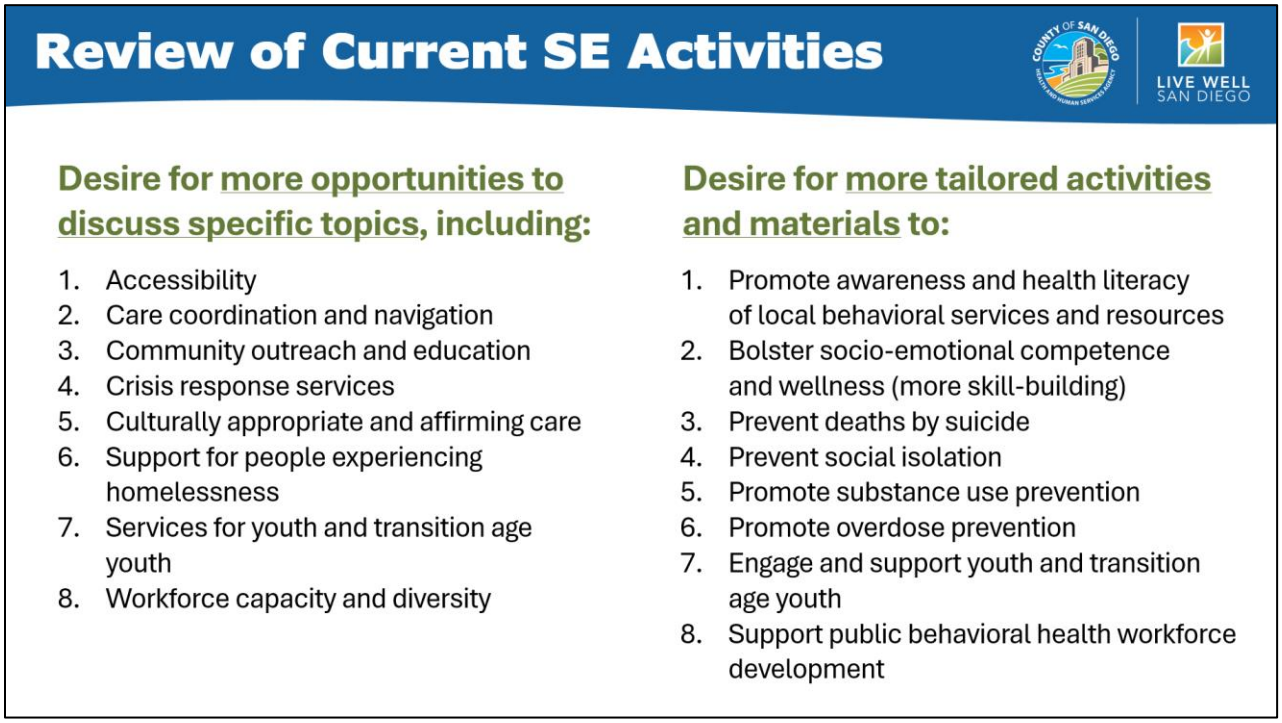
Promotion of State-Level Resources (Action Item #4)
Meetings and materials available from DHCS, the California Department of Public Health (CDPH), the California County Behavioral Health Directors Association, and others regarding State Behavioral Health Transformation/Prop 1

Implementation of More Tailored Local Activities (Action Items #2 & 3)
Continue to pilot and incorporate more year-round activities (e.g., listening sessions, town halls, workshops) facilitated by County engagement staff and contractors, organized by geographic region, community sector, and/or shared identity

Share Information via BHS Webpage & *Engage San Diego* Platform (Action Items #4)
'Connect with BHS' webpage to be updated early 2025 as existing BHS convenings evolve to align with State Behavioral Health Transformation/Prop 1; *Engage San Diego* page(s) to be developed pending State guidance and stakeholder input

Recent/Upcoming Activities

BHS' General Approach



A. Continue internal departmental review, with maintenance of recent activity types

- Reviewing engagement facilitated through existing contracts (BHS & non-BHS)
- Reviewing BHS C&E-lead activities
- Reviewing engagement activities led by non-BHS County colleagues

B. Host stakeholder input opportunities, incorporating discussions into existing tables and conversations

a. February – Input activities at BHS System of Care (SoC) Councils
b. *March – Input activities to inform RFPs for new Workforce INN program (Planned) (#8)*
c. *April – Input activities to inform development of Children's Continuum/Youth Optimal Care Pathways Framework development (Planned) (#7)*
d. ***TBD** (May-October 2025) – Input activities to guide/learn about (Planned):*
    i. *User experience/needs for BHS Revised Webpages (#2 & #3)*
    ii. *CSUs & MCRT (#4)*
    iii. *Community-Defined Evidence Practices (Multiple) (#5)*
    iv. *Housing Interventions (#6)*
    v. *New RFP for Technical Assistance for Community Based Organizations (CBO) Interested in Medi-Cal Provider Certification to Enhance Public Behavioral Health Workforce (#1, #2, #8)*