Community Planning Process (CPP) Plan

BEHAVIORAL HEALTH SERVICES ACT 2026-2029 INTEGRATED PLAN

Introduction

Over the last couple of years, the County of San Diego's Behavioral Health Services (BHS) Department has prioritized messaging and engagement and endeavored to steadily increase its capacity to conduct related activities in response to stakeholder input and community requests. The Community Planning Process (CPP) component of the Mental Health Services Act (MHSA), and subsequent Behavioral Health Services Act (BHSA), requires counties to administer an inclusive engagement and feedback process to gather input about the experiences of community members and stakeholders engaged with currently funded projects and programs.

Through the CPP, community members are encouraged to provide feedback, identify unmet needs, recommend improvements, and make recommendations about how BHS invests funds. The CPP aligns with the County of San Diego's enterprise-wide goal of ensuring communities have opportunities to participate in meaningful discussions and decision-making about local services to ensure programs are reflective of the needs and voices of the community. The passage of Proposition 1 by California voters in March 2024 introduced significant changes and new components under BHSA, including changes to Department of Health Care Services' (DHCS) requirements for counties for CPP.

DHCS is providing guidance for counties' development of their BHSA 2026-2029 Integrated Plans (IP) in phases that correspond to a BHSA County Policy Manual (policy-manual.mes.dhcs.ca.gov). Initial guidance to support stakeholder engagement became available to county staff in January 2025. With the release of this information, the department reviewed its current capacity and existing tools and mechanisms to develop its initial plan for meeting new CPP requirements, using community engagement approaches and activities previously identified by stakeholders and approved by San Diego County's Behavioral Health Advisory Board (BHAB) in October 2023.

This document provides a high-level overview of DHCS' BHSA CPP stakeholder involvement and Public Comment requirements and how BHS is approaching completion of engagement activities to support CPP in advance of BHSA implementation in July 2026. It does not yet include a listing or details for various activities conducted or entities/organizations BHS has partnered with to host engagement opportunities as activities are still actively being planned and conducted to collect input through late October/early November 2025.

Behavioral Health Services Act (BHSA) Stakeholder Involvement

DHCS BHSA County Policy Manual – Section 3B | https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/LIVE/3-county-integrated-plan#LIVE3.CountyIntegratedPlan-B.CommunityPlanningProcess

Counties must engage with local stakeholders to develop each element of their IP.
W&I Code §5963.03, subdivision (e)

DHCS developed a BHSA IP Template for all counties to use to report planned activities and projected expenditures for all county behavioral health department services. The IP Template includes required sections on the following topics:

1. *County Demographics and Behavioral Health Needs*
2. *Plan Goals and Objectives*
3. *Community Planning Process*
4. *Comment Period and Public Hearing*
5. *County Behavioral Health Care Continuum Capacity*
6. *Services by Total Funding Source*
7. *Behavioral Health Services Fund Programs*
8. *Workforce Strategy*
9. *Budget and Prudent Reserve*

DHCS BHSA County Policy Manual – Section 3, A.2

As of June 2025, populations that counties must engage include, but are not limited to:

a. *Eligible adults and older adults (individuals with lived experience)*
b. *Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)*
c. *Youths (individuals with lived experience) or youth mental health or substance use disorder organizations*
d. *Providers of mental health services and substance use disorder treatment services*
e. *Public safety partners, including county juvenile justice agencies*
f. *Local education agencies*
g. *Higher education partners*
h. *Early childhood organizations*
i. *Local public health jurisdictions*
j. *County social services and child welfare agencies*
k. *Labor representative organizations*
l. *Veterans*
m. *Representatives from veterans' organizations*
n. *Health care organizations, including hospitals*
o. *Health care service plans, including Medi-Cal Managed Care Plans (MCPs)*
p. *Disability insurers (a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b))*
q. *Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes*
r. *The five most populous cities in counties with a population greater than 200,000*
s. *Area agencies on aging*
t. *Independent living centers*
u. *Continuums of care, including representatives from the homeless service provider community*
v. *Regional centers*
w. *Emergency medical services*
x. *Community-based organizations serving culturally and linguistically diverse constituents*
y. *Representatives from youth from historically marginalized communities*
z. *Representatives from organizations specializing in working with underserved racially and ethnically diverse communities*
aa. *Representatives from LGBTQ+ communities*
bb. *Victims of domestic violence and sexual abuse*
cc. *People with lived experience of homelessness*

W&I Code §5963.03, subdivision (a)(1)

Counties must demonstrate a partnership with constituents and stakeholders as part of their community planning processes. Examples of activities DHCS considers demonstrative of meaningful partnership are listed in the BHSA County Policy Manual, Section 3, B.1.
W&I Code § 5963.03, subdivision (a)(2)(A)(i)

Meaningful stakeholder engagement requires that counties conduct a CPP that is open to all interested stakeholders and that provides stakeholders with opportunities to provide feedback on planning decisions.

To inform the BHSA 2026-2029 IP, the department is hosting a series of listening sessions, focus groups, and interviews to gather input from stakeholders with unique perspectives across San Diego County. An online input form was also developed by BHS' Engagement Services contractor,

University of California, San Diego (UCSD) to allow stakeholders to submit general feedback and ideas throughout the year.

In addition to the community engagement approaches and activities previously approved to support CPP (see Action Items – 10/02/23 BHAB Monthly Meeting), department staff are:

1. Collaborating with other teams to assess the addition of CPP activities and/or questions about BHSA topics into other engagement opportunities being led by County peers
2. Engaging community groups and organizations who have already led/are championing efforts related to behavioral health priority areas (see Page 5) and coordinating focused discussion opportunities to support more continuous, collaborative planning in the region
3. Integrating questions about BHSA topics into other BHS community engagement activities focused on priority areas (e.g. BHSA topics at an engagement activity for Youth OCP)
4. Integrating questions about BHSA topics into activities with community coalitions, councils, and collaboratives with diverse and/or larger membership bases
5. Piloting less formal, short-form input opportunities (1-2 questions) at in-person outreach and education events on BHSA topics
6. Sharing information via existing and new BHS webpages
7. [OTHER-PLACEHOLDER]

CPP Staffing

To ensure that the CPP is adequately staffed, counties may designate positions and/or units responsible for the overall process, coordination and management of the process, and ensuring stakeholders have the opportunities to meaningfully and sufficiently participate.
W&I Code §5963.03, subdivisions (a)(2)(A)(i) and (ii)

In San Diego County, **Community Engagement (CE)** Managers, Analysts, and Community Health Workers (CHWs) within BHS' Communication & Engagement (C&E) Unit, with education and experience in public administration, public health, epidemiology, community health promotion, health education, leadership and project management, and other social sciences and services, support the department's CPP. Primary responsibilities and activities of CE staff in this unit include:

- Coordination of, and participation in, community and County-led events and meetings to connect with San Diego County stakeholders
- Outreach and presentation activities about the department's facilities, programs, and services and existing and emerging behavioral health policies, priorities, and resources, with an emphasis on promoting information to its members and historically underserved and unserved communities
- Development, review, implementation, and optimization of community engagement activities, including information gathering and information sharing opportunities
- Documentation of stakeholder recommendations and review of key learnings with other BHS staff/units (as applicable) to help refine and inform department programming and service delivery
- Development, implementation, and management of action plans and community health promotion and education programming based on community input

- Development, maintenance, and dissemination of community engagement outreach and promotional materials
- Development and maintenance of community and County partnerships to support identified behavioral health priorities and augment and upscale department efforts, to include collaboration and data-sharing with the County's Public Health Services (PHS) Department (Local Health Jurisdiction (LHJ)), Aging & Independence Services (AIS) Department (Area agency on aging), Managed Care Plans (MCPs), and others involved in other local program planning processes
- Oversight, monitoring, and management of related contracts and special projects

As of August 2025, BHS' C&E Unit has a total of 18 permanent employees assigned to support the above CE responsibilities and activities as part of their individual positions, with each employee working a minimum average of 10 hours/week (25% Full-Time Equivalent) on CPP-specific activities. County of San Diego job classifications of these employees and the current employee count per classification are noted below:

- (1) Chief, Agency Operations
- (1) Agency Program and Operations Manager
- (2) Program Coordinator
- (6) Administrative Analyst (AA) I/II
- (8) Community Health Worker

Four (4) temporary, full-time AA-Is were also onboarded by the department, to assist with BHSA planning, communication, project management, and community engagement, given the significant increase in stakeholder populations required to be engaged in CPP under BHSA.

As needed, counties should provide training for designated staff for any functions that will enable staff to establish and sustain a CPP. Counties may also provide supports (e.g. training and technical assistance) to stakeholders to facilitate meaningful participation.

Documentation and Department Review of Stakeholder Input

A final version of the IP Template was made available to counties on June 30, 2025, and an updated version of the IP Budget Template, Population-Level Behavioral Health Measure Workbook, and BHSA County Policy Manual was released to counties on July 9, 2025. Subsequently, DHCS provided county behavioral health departments with an overview of IP Requirements and Submission, CPP, IP Data, Statewide Behavioral Health Goals, and County Provider Monitoring and Oversight via webinars on August 14th & August 26th.

To ensure details of CPP activities are captured and in compliance with the CPP fields of DHCS' IP Template, the C&E Unit revised an Activity Summary Template used by CE staff for completed engagement activities to include additional sections and details specific to CPP (noted in ***italic*** below):

- Overview and Title of Activity
- Format and Activity Details (i.e. In-Person/Virtual/Hybrid and Date/Time/Location)
- Summary of the Engagement Activity
- Key Learnings & Audience Recommendations

- ***Type of engagement used to obtain input (multi-select check box)***
- ***Date of each type of engagement (MM/DD/YYYY format)***
- ***Specific stakeholder organizations engaged***

Activity Summaries for recent efforts will be posted to BHS' Engagement Activities webpage (sandiegocounty.gov/content/sdc/hhsa/programs/bhs/engagement.html) for participants and other stakeholders to download and review at their discretion.

Key Learnings inform and educate BHS staff/units of the existing and emerging behavioral health needs of San Diego County communities. Insights and feedback obtained through activities, in addition to related population health data, service utilization data, and program evaluations, will subsequently be used by the department to help inform specialty mental health and substance use disorder treatment services, priorities, and future investments. *Audience Recommendations* are also used to guide future engagement efforts as the department actively prepares for and implements multiple California Behavioral Health Transformation initiatives.

Subsequent engagement to discuss recent efforts, review related projects, and collaboratively plan for prospective opportunities may be coordinated by CE staff, in concert with activity participants and other stakeholders, upon request. Activities are tailored by CE staff to stakeholders' geographic region, community sector, and/or shared social identity/ies in alignment with community-identified priority areas from the most recent CPP cycle. Facilitation is directly performed by CE staff and/or outreach, education, and engagement contractors overseen by the C&E Unit.

Priorities from 2022-2025:

- Accessibility
- Care coordination and navigation
- Community outreach and education
- Crisis response services
- Culturally appropriate and affirming care
- Support for people experiencing homelessness
- Services for youth and transition age youth
- Workforce capacity and diversity

Information and insights may also be incorporated into monthly BHAB Executive Committee meetings, quarterly Community Engagement Update presentations to the BHAB, as well as other stakeholder meetings.

Public Comment for the Integrated Plan

Counties are required to provide 30 days for stakeholder comment on their IP. An IP shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the plans.
W&I Code § 5963.03, subdivision (a)(2)(B)

For the BHSA 2026-2029 IP, BHS is working with the County of San Diego Communications Office to explore posting opportunities via the County's new online engagement platform: *Engage San Diego County* (engage.sandiegocounty.gov/). The platform enables virtual, asynchronous access

for stakeholders to submit inquiries and review and provide feedback on information, materials, and documents for various County of San Diego projects. In the event utilization of *Engage San Diego County* is not possible for the 30-day comment period for the BHSA IP, the IP will be posted to BHS' BHSA webpage, in line with prior postings for MHSA Three-Year Expenditure Plans and Annual Updates.

Counties' local behavioral health board shall conduct a public hearing on the IP at the close of the 30-day comment period. W&I Code § 5963.03, subdivision (b)(1)

For the BHSA 2026-2029 IP, a 30-day Public Comment period is forecasted for April 1-May 1, 2026, and a Public Hearing is tentatively scheduled for Thursday, May 7, 2026, from 2:30pm-5:00pm with San Diego County's Behavioral Health Advisory Board (BHAB) during their monthly meeting.

Public Comments may also be submitted through the following mechanisms:

- BHAB Public Comment Online Form: sandiegocounty.gov/content/sdc/hhsa/programs/bhs/BHABcontact-us.html
- E-mail correspondence with BHAB's Coordinator, **Maria Molina**, at Maria.Molina-Melendez@sdcounty.ca.gov
- E-mails to BHS' Community Engagement general inbox: Engage.BHS@sdcounty.ca.gov
- [OTHER/PLACEHOLDER]

Informational Workshops & Promotion of Public Comment Opportunities

Since April 2025, BHS CE staff have incorporated information about BHSA into a variety of community engagement opportunities, adjusting as needed for related guidance released by DHCS. This practice will continue through March 2026 to provide stakeholders with an overview of the legislation, key changes as the county transitions to BHSA from MHSA, guidance on how to stay connected and provide Public Comment (if desired).

- This includes a breakout session, open to all BHSA stakeholder populations, at the 2025 Live Well Advance Conference & School Summit on Wednesday, October 22, 2025.
- Staff are also available to work closely with members of the BHAB to promote and/or coordinate related opportunities within members' supervisorial districts.

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