

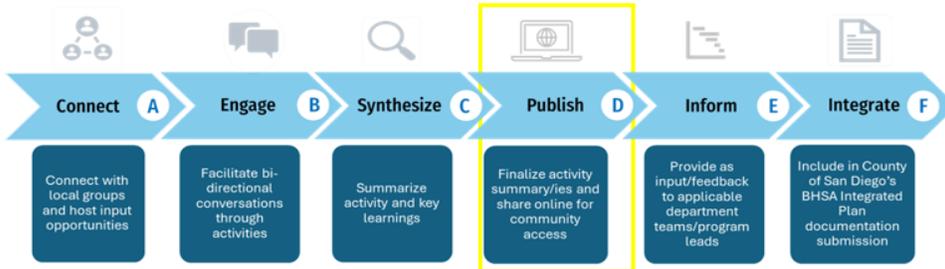
Behavioral Health Services Act (BHSA)



Community Planning Process and Common Questions

Community Planning Process (CPP)

- Focused on hearing stakeholder insights and recommendations related to key topics under BHSA
- Included input sessions, focus groups, interviews, tabling exchanges at outreach events, as well as informational BHSA workshops
- Across **86** engagements, over **1500** individuals were reached representing all 29 stakeholder groups
- Online input form and tabling events also amassed **393** responses
- Input will directly inform the BHSA Integrated Plan (IP)



30-Day Comment Period on Integrated Plan

- The BHSA IP is a three-year plan (2026-29) that follows a template provided by the State
- Before submission to the state, there will be a 30-day comment period for the public
- Community members can comment from **March 17, 2026**, - **April 15, 2026**, using the following three mechanisms:
 1. **EngageHQ**: Online webpage where IP can be read and commented on
 2. **Behavioral Health Advisory Board (BHAB) Session**, 5/7/26
 3. **Board of Supervisors Meeting**, 5/19/26 (tentative)



Local BHS Updates Will Be Provided On County BHS Website:
https://bit.ly/BHSA_BHS



BHS Updates from the State will be Provided Here:
<https://bit.ly/State-BHSA-FAQ>

Timeline

Phase 1 Receive New State Guidance for Planning	Phase 2 Conduct Community Engagement & Education	Phase 3 Develop IP for Fiscal Years 2026-2029	Phase 4 Review & Approve IP	Phase 5 Submit IP to State
Summer 2025-Fall 2025	Fall 2025-Winter 2026	Winter 2026-Spring 2026	Spring 2026-Summer 2026	By June 30, 2026
<ul style="list-style-type: none"> • Review BHSA County Policy Manual (finalized June 2025) and evaluate new requirements for counties from the California Department of Health Care Services (DHCS). • Attend DHCS webinars for counties on Integrated Plan (IP) development and the Community Planning Process (CPP) to structure BHSA CPP engagement activities. 	<ul style="list-style-type: none"> • Facilitate outreach, listening sessions, focus groups, and other opportunities at community events and convenings for stakeholders to provide input. • Document key learnings and stakeholder recommendations to support community priorities and system needs. • Provide BHSA education through informational handouts and presentations at public meetings. 	<ul style="list-style-type: none"> • Department synthesis of stakeholder input, fiscal data, and program assessments. • Draft San Diego County's IP for Fiscal Years 2026-2029. • Implement community-identified strategies to encourage participation in BHSA Public Comment opportunities. 	<ul style="list-style-type: none"> • Post IP draft for public comment and feedback. • Incorporate public comments and finalize IP language. • Present proposed IP to the San Diego County Board of Supervisors (Board). 	<ul style="list-style-type: none"> • Board-approved IP provided to State (DHCS) through their BHSA County Portal. • Prepare for official implementation of BHSA funding and reporting requirements on July 1, 2026.

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Key Stakeholder Groups Include

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 (SUD) organizations
4. Providers of mental health services and SUD 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. Healthcare organizations, including hospitals
15. Healthcare service plans, including Medi-Cal Managed Care Plans
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 LGBTQIA+ communities
28. Victims of domestic violence and sexual abuse
29. People with lived experience of homelessness

Upcoming Events/Activities

