

Behavioral Health Services' Community Engagement Updates

Behavioral Health Advisory Board (BHAB) Meeting
Thursday, March 6, 2025

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Behavioral Health Services – Strategy and Finance



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- **Evolving and Enhancing BHS Community Engagement (CE)**
 - Behavioral Health Services Act (BHSA) Updates
 - Mental Health Services Act (MHSA) & BHSA Reporting Timelines
 - General Approach for BHSA Stakeholder Planning
- **Key Learnings from FY2024-25 Community Planning Process (CPP) Activities**
 - Upcoming Stakeholder Input Opportunities

BHS CE Background



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FY2022-2023 Focus	FY2023-2024 Focus	FY2024-2025 Focus
Assess department's existing activities, mechanisms, and capacity to perform engagement	Build capacity and infrastructure to pilot new approaches in alignment with input received	Continue to broaden and promote opportunities for meaningful participation
<i>See also BHAB Director's Reports: July 2022; November 2022</i>	<i>See also BHAB Director's Reports: December 2023; April 2024</i>	<i>See also BHAB Director's Reports: December 2024</i>

- **See additional handouts in BHAB packet for:**
 - Drivers and Implementation Mechanisms for BHS CE Work
 - About BHS' Communication & Engagement (C&E) Unit
 - Contact Information for Key C&E Leads Supporting CE Work
 - Updates Provided to BHAB Executive Committee at 02/20/2025 Meeting

Evolving and Enhancing BHS CE



Changes to Community Engagement across HHSA and County enterprise

- New/revised teams and departments
- New resources and platforms

Passage of Proposition 1 (BHSA)

- Significant changes to usage of funds, reporting, and stakeholder engagement

Stakeholder feedback to-date

- Input via FY2024-25 Community Planning Process (CPP) activities and recent community events/outreach



	Q1 2025
BHT COUNTY ACTIVITIES	JANUARY 1, 2025 Integrated planning begins Upon guidance from the state, counties begin to develop three-year (2026-2029) implementation plans. Integrated Plans will include all local, state and federal behavioral health funding, a budget, alignment with statewide and local goals and outcome measures, and workforce strategies.
	County stakeholder planning Each county must involve diverse stakeholders in developing Integrated Plans for mental health and substance use disorder policy and program planning.

Key Activities To-Date re: Community Engagement:

- **Mar 2024:** Proposition 1 (Prop 1) passed by California voters
- **Aug 2024:** Last Community Engagement Update provided at BHAB General Meeting; California Department of Healthcare Services (DHCS) notes plans for phased guidance for counties to begin Jan 2025
- **Sept 2024:** BHS initiates internal review of its community engagement mechanisms and processes
- **Dec 2024:** DHCS releases draft BHSA County Policy Manual for Public Comment; BHAB Director's Report discusses community engagement transition
- **Jan 2025:** Additional community engagement transition details provided via BHS Notice and presentation at BHS System of Care (SoC) Combined Council Meeting
- **Feb 2025:** Reconfiguration of existing BHS-led convenings and input sessions begin; DHCS releases finalized BHSA County Policy Manual (02/20/2025)

BHSA Updates: State Template



The first BHSA Integrated Plan (IP) will cover Fiscal Years 2026-2029 and be due June 30, 2026.

A 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.



Section 3

County Integrated Plan



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

BHSA Updates: Populations



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Current MHSA Populations:

1) Stakeholders

- a. Adults and Seniors with severe mental illness (SMI)
- b. Families of children, adults and seniors with SMI
- c. Providers of Mental Health and/or Related Services
- d. Law Enforcement Agencies
- e. Educators and/or Representatives of Education
- f. Social Services Agencies
- g. Veterans
- h. Representatives from Veterans Organizations
- i. Providers of Alcohol and Drug Services
- j. Health Care Organizations
- k. Other important Interests

2) **Underserved Participants** – Representatives of unserved and/or underserved populations and their family members.

3) **Demographic Diversity:** Reflecting the diversity of the demographics of the county, including but not limited to:

- a. Geographic Location
- b. Age
- c. Gender
- d. Race/Ethnicity

BHSA Updates: Populations



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11 → 29 (as of 02/20/2025)

- 1. Eligible adults and older adults (individuals with lived experience)^a**
- 2. Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)^b**
- 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^{c, i}**
- 5. Public safety partners, including county juvenile justice agencies^d**
- 6. Representatives from veterans' organizations^h**
- 7. Health care organizations, including hospitals^j**
- 8. *Health care service plans, including Medi-Cal Managed Care Plans (MCPs)***
- 9. Disability insurers**
(a commercial disability insurer that covers hospital, medical or surgical benefits as defined in Insurance Code section 106, subdivision (b))
- 10. Local education agencies^e**
- 11. Higher education partners^e**
- 12. *Early childhood organizations***
- 13. *Local public health jurisdictions***
- 14. *County social services and child welfare agencies***
- 15. *Labor representative organizations***

BHSA Updates: Populations



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11 → 29 (as of 02/20/2025)

16. Veterans⁹

- 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
- ~~f. Social Services Agencies (MHSA)~~
- ~~k. Other important interests (MHSA)~~

Reporting Timelines: MHSA



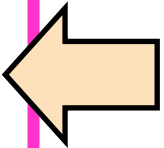
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(General ranges, subject to change)

- **June-July:** Approved budgets and priorities are relayed to staff across County departments following approval from San Diego County Board of Supervisors
- **Aug-Sept:** Internal assessment for deployment of resources to support activities
- **Sept-Dec:** Focused listening sessions and other engagement activities conducted

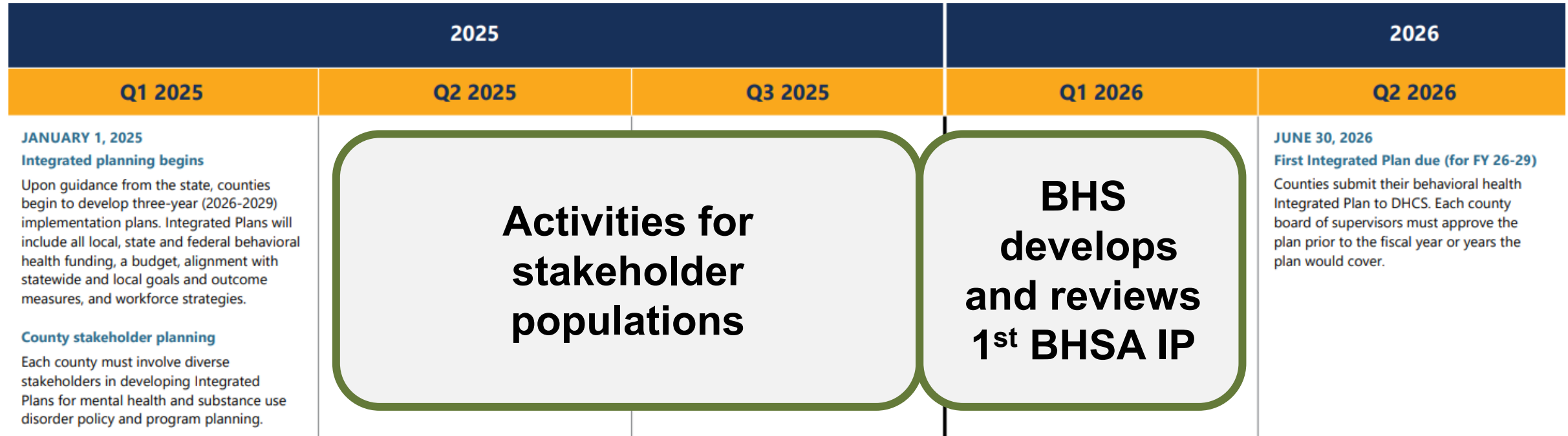
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Jan-Mar: Draft Three-Year Plan or Annual Update submitted by BHS to HHSA Executive Office for internal review ahead of summer presentations



- **April-May:** Public Comment Period and Public Hearing held for Three-Year Plan or Annual Update, including an Appendix Report on Community Engagement (CE)
- **May-June:** Presentations to San Diego County Board of Supervisors held; these coincide with County Budget hearings and presentations

Reporting Timelines: BHSA



(Estimates based on current San Diego County MHSA reporting and available DHCS guidance)

- **Mar/Apr:** Incorporate additional stakeholder input; conduct collaborative planning
- **Apr-Sept/Oct:** Host new/revised activities to inform development of first BHSA IP
- **Oct 2025-Jan 2026:** Input synthesized for CPP Appendix; 1st BHSA IP drafted

General Approach for BHSA Stakeholder Planning:

- Continue internal review and maintain recent activity types, i.e.,
 - Interviews, focus groups, and listening sessions
 - Community health education/promotion events and data workshops
 - Online input form(s)
- Host various stakeholder input opportunities, incorporating discussions into existing tables and conversations, e.g.,
 - SoC and community-based collaboratives
 - Contractor and provider convenings
 - Events and outreach opportunities
- Host ad-hoc, collaborative planning discussions based on input gathered

Evolving and Enhancing BHS CE



Transition Action Items *(beginning Feb 2025):*

1. Begin reconfiguration of existing BHS-led convenings to streamline activities with similar content and stakeholder representation and initiate input sessions
2. Pilot new community health education/promotion programming and outreach efforts, in alignment with recent community requests
3. Establish engagement opportunities centered around shared social 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

Evolving and Enhancing BHS CE



BHS will continue the following while awaiting DHCS updates:

Implementation of Tailored Local Activities (Transition Action Items #1-3)

Continue to pilot and incorporate more year-round activities (e.g., listening sessions, town halls, workshops) facilitated by C&E/County engagement staff and contractors, organized by geographic region, community sector, and/or shared identity

Promotion of State-Level Resources (Transition 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

Share Information via BHS Webpage & *Engage San Diego* Platform (Transition Action Item #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

State-Level Resources



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DHCS

Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

Home / Behavioral Health Transformation / Stakeholder Engagement

Behavioral Health Transformation

Stakeholder Engagement

BHT Listening Sessions

DHCS SAC/BH-SAC Meeting

Public Comment

Behavioral Health Continuum Infrastructure Program

Resources

Mental Health for All

Mental Health Services Act

Newsroom

Stakeholder Engagement

Behavioral Health Transformation

Behavioral Health Services Act (Senate Bill [SB 326](#) (Eggman, Chapter 790, Statutes of 2023) requires DHCS to participate in stakeholder engagement and consultation activities to support the planning, development, and implementation of Behavioral Health Transformation related policy.

Behavioral Health Transformation Listening Sessions

DHCS will host recurring (April 2024 – October 2024) public Behavioral Health Transformation listening sessions to gather feedback from affected Behavioral Health Transformation stakeholders. The meeting topics and duration will vary.

November Public Listening Session

November 04, 2024 | Webinar

Behavioral Health Services and Support

- [Recording](#)
- [PowerPoint Slides](#)
- [Themes Report](#)

October Public Listening Session

October 30, 2024 | Webinar

Full Service Partnership

- [Recording](#)
- [PowerPoint Slides](#)
- [Themes Report](#)



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- Review news, webinars
bit.ly/dhcs-BHSA

CDPH
California Department of Public Health

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Behavioral Health Transformation

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CDPH will publish updates on engagement opportunities related to behavioral health transformation planning on this webpage.



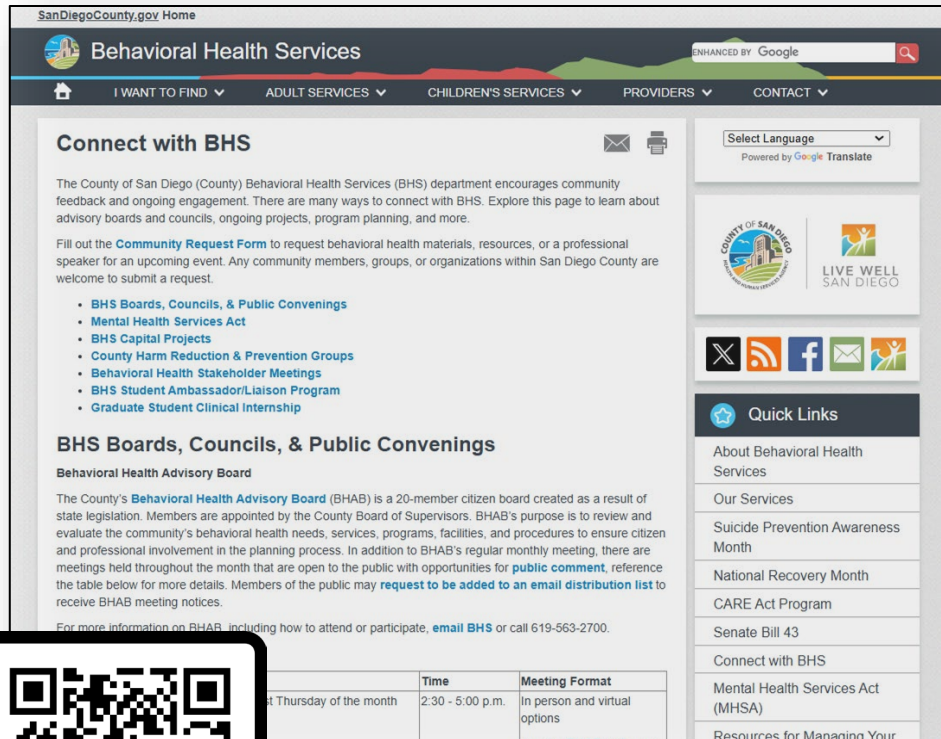
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- Bookmark URL
- Sign-up for BHSA updates
cdph.ca.gov/Programs/OPP/Pages/Engagement.aspx

Online Resources for Info & Input

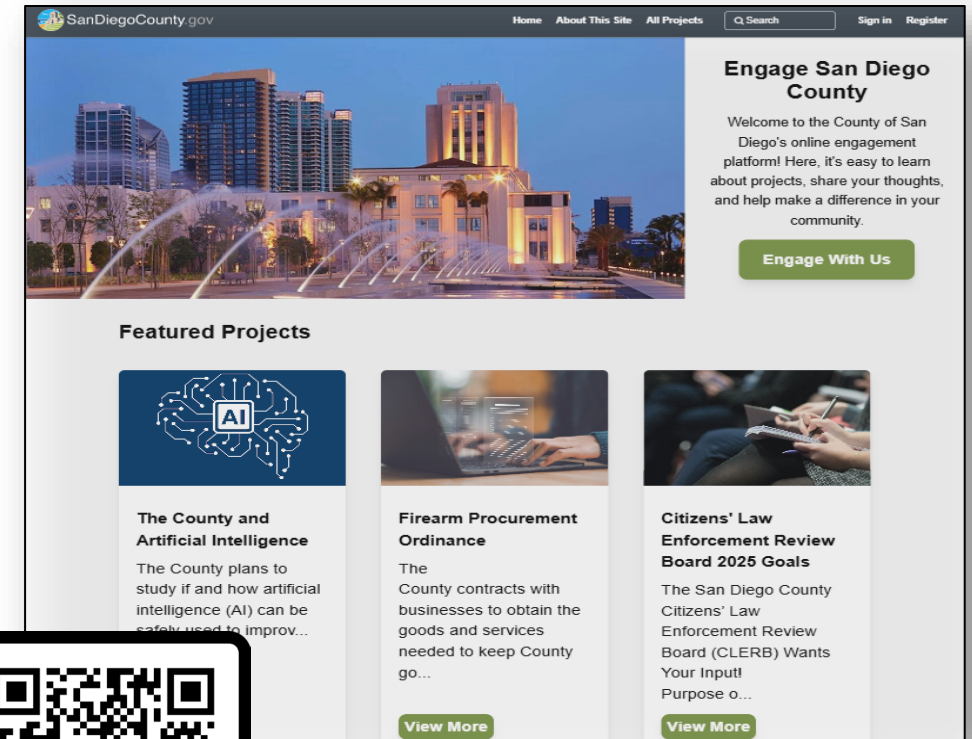


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- Bookmark URL
- Submit community requests
bit.ly/connectwithBHS



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- Register for platform
- Subscribe to BHS pages
bit.ly/engageCoSD

Evolving and Enhancing BHS CE



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Key Learnings from CPP/Other CE



A. Desire for more opportunities to discuss specific topics, including:

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
8. Workforce capacity and diversity

B. Desire for more tailored activities and materials to:

1. Promote awareness and health literacy of local behavioral services and resources
2. Bolster socio-emotional competence and wellness (more skill-building)
3. Prevent deaths by suicide
4. Prevent social isolation
5. Promote substance use prevention
6. Promote overdose prevention
7. Engage and support youth and transition age youth
8. Support public behavioral health workforce development

Upcoming Opportunities



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2025 Planned Discussions *(subject to change):*

- **Mar 2025:** Workforce Capacity and Diversity
 - MHSA Workforce INN Program
- **Apr 2025:** Services for Youth & TAY; Crisis Response Services
 - Children's Continuum Framework/Youth Optimal Care Pathways
 - CSUs and MCRTs
- **May 2025:** Accessibility; Care Coordination/Navigation; Comm Outreach/Ed
 - Medi-Cal Training and Technical Assistance for CBOs
 - Revising BHS Services Webpages
- **July-Sept/Oct 2025:** Culturally Appropriate and Affirming Care; Support for People Experiencing Homelessness
 - Community-Defined Evidence Practices
 - Housing Interventions

Discussion/ Questions



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