

Behavioral Health Services Act County Integrated Plan

*Best Practices
for Provider
Engagement*



CBHA
CALIFORNIA BEHAVIORAL
HEALTH ASSOCIATION

SUMMARY

Proposition 1, the Behavioral Health Services Act (BHSA), passed in 2024, requires counties to submit an Integrated Plan detailing their behavioral health program activities and spending every three years. The first Integrated Plan is due to the Department of Health Care Services (DHCS) from each county by June 30, 2026. As part of the development of the plan, the BHSA requires each county to conduct stakeholder engagement through a Community Planning Process. Stakeholders can include behavioral health providers, nonprofit organizations, local officials, and community members with lived experience. The Community Planning Process is the critical first step to developing an Integrated Plan which centers the needs and desires of the local community. This document outlines best practices for behavioral health providers to participate in the Community Planning Process as an engaged stakeholder.



BEST PRACTICES

01 Timeline for Engagement

DHCS requires each county to submit the first draft of the Integrated Plan by March 31, 2026. However, this poses a significant planning challenge for both counties and providers, as most don't begin the process until the beginning of the calendar year and finalize it before the start of the fiscal year in July. This deadline limits the opportunity for meaningful stakeholder feedback on program activities and funding allocations and pressures counties to rush their planning process to account for the BHSA. As a result, this requires community stakeholders to engage with their respective county as early as possible to maximize the impact of feedback. DHCS has assured CBHA that updated guidance will be issued for counties to reaffirm the stakeholder engagement requirement. ***In the meantime, it is important for providers to connect with their contracted counties early to provide feedback on program and funding priorities.***

02 Prioritization of Programs and Funding

The BHSA de-prioritized numerous program activities for funding allocations, including Prevention and Early Intervention (PEI), which were line items under the previous Mental Health Services Act. These programs were folded into the broader Behavioral Health Services and Supports category which accounts for 35 percent of total BHSA funds. However, counties can still prioritize these critical programs in the Integrated Plan to meet local needs. The Community Planning Process is essential to prioritize these programs through stakeholder feedback. ***Providers, as an integral pillar in the provision of BHSA activities, can urge their respective counties to re-prioritize PEI for children and youth in the Integrated Plan.*** PEI is an essential tool to reduce disparities and improve long-term behavioral health outcomes. In addition, newer state-mandated programs such as Proposition 36 will undoubtedly have an impact on provider capacity and funding. ***Additionally, providers can additionally urge their respective counties to assess the impact of such programs, particularly Proposition 36, on BHSA funding and provider capacity.***

03 Funding Transparency

The California Health and Human Services Agency (CalHHS) has highlighted that counties are developing their Integrated Plans in ways that only account for BHSA funding. However, the Integrated Plan is meant to be a holistic assessment of the behavioral health services landscape and include the numerous funding streams which support it. The additional funding streams include 1991 Realignment, 2011 Realignment, and Opioid Settlement Funds, among others. This limited view does not account for the full continuum of services available and hinders transparency for community stakeholders. ***Providers can encourage their respective counties to engage in full transparency in Integrated Plan development by accounting for all funding streams and describing strategies for braided funding to bolster services.***

04 Stakeholder Collaboration

Advocacy is stronger when a community comes together in pursuit of a common goal. The behavioral health field is diverse in its makeup, the mission of each member, and the issues each member tackles. Mental health providers, substance use disorder (SUD) providers, youth-serving organizations, older adult-serving organizations, and tribal-serving organizations are just a few of the many types of organizations in the behavioral health community. Despite what at times seem to be diverging interests for different organizations, all are united by a common goal – expanding access to quality behavioral health services. ***The diverse members of the behavioral health community can collaborate to advocate both broadly for expanded services and focused objectives.*** Examples of focused objectives include allocations for target populations (e.g. children and youth) and the inclusion of culturally and linguistically appropriate services (e.g. Community Defined Evidence Practices).





05 Managed Care Plan Considerations

Managed care plans (MCPs) are a significant, and often times the primary, Medi-Cal intermediary in many counties. CalHHS oversees the regulation of MCPs through DHCS and the Department of Managed Health Care. DHCS has engaged with MCPs to facilitate Medi-Cal benefits independently of state and federal policy, such as coverage of sobering center services. In these cases, the counties where MCPs provide such services are able to allocate funding to activities which have higher priority or urgency. In other counties, MCPs aren't a major presence, and the county behavioral health plan will directly contract with providers. ***Providers can encourage counties where MCPs are active to allocate funds to programs not covered by Medi-Cal MCPs.***

RESOURCES

Department of Health Care Services

This landing page outlines the deadlines and required submission elements for the Integrated Plan. Further information is included from DHCS, the California Association of Local Behavioral Health Boards and Commissions (CALBHBC), and the California Mental Health Services Authority (CalMHSA).

CalMHSA Community Planning Process Guidebook

This document includes information for the counties on implementing and conducting the Community Planning Process for the Integrated Plan.

CALBHBC Stakeholder Involvement Requirements

This document includes information on the specific requirements which counties must follow when engaging in the Community Planning Process for the Integrated Plan.

BHSA County Policy Manual – Integrated Plans

This section of the County Policy Manual describes the elements, processes, and requirements of the Integrated Plan.

County Accountability Dashboard

This tracker collates data across all 58 counties in California and rates progress on accountability metrics for housing production, homelessness rates, and behavioral health improvements.

CBHA Feedback on BHSA County Policy Manual, Module 3

This letter details CBHA's feedback to DHCS regarding the Module 3 draft of the BHSA County Policy Manual. Module 3 discussed the Integrated Plan extensively including processes and requirements for stakeholder engagement. Feedback included recommendations for protecting PEI, strengthening transparency, greater stakeholder inclusion, and clarifying timelines for implementation.

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