

**Behavioral Health  
Services Act**

# Meaningful Engagement



**A Guide to the Community  
Planning Process**



## About This Book

This guidebook was shaped through a collaborative process led by CalMHSA in partnership with a human-centered design team from IDEO. We began with a listening tour — connecting with county leaders to better understand what types of tools and materials would best aid in their understanding and implementation of the BHSA. Those early insights, along with feedback on working drafts shared with behavioral health directors, CBOs, and a small group of community members, helped us design tools that are practical, clear, and grounded in real needs. The final guidebook was co-developed with input from technical experts and CalMHSA's implementation team.

Funded by California Department of Health Care Services (DHCS).

2025

*Image: Two people looking into the water at sunset.*

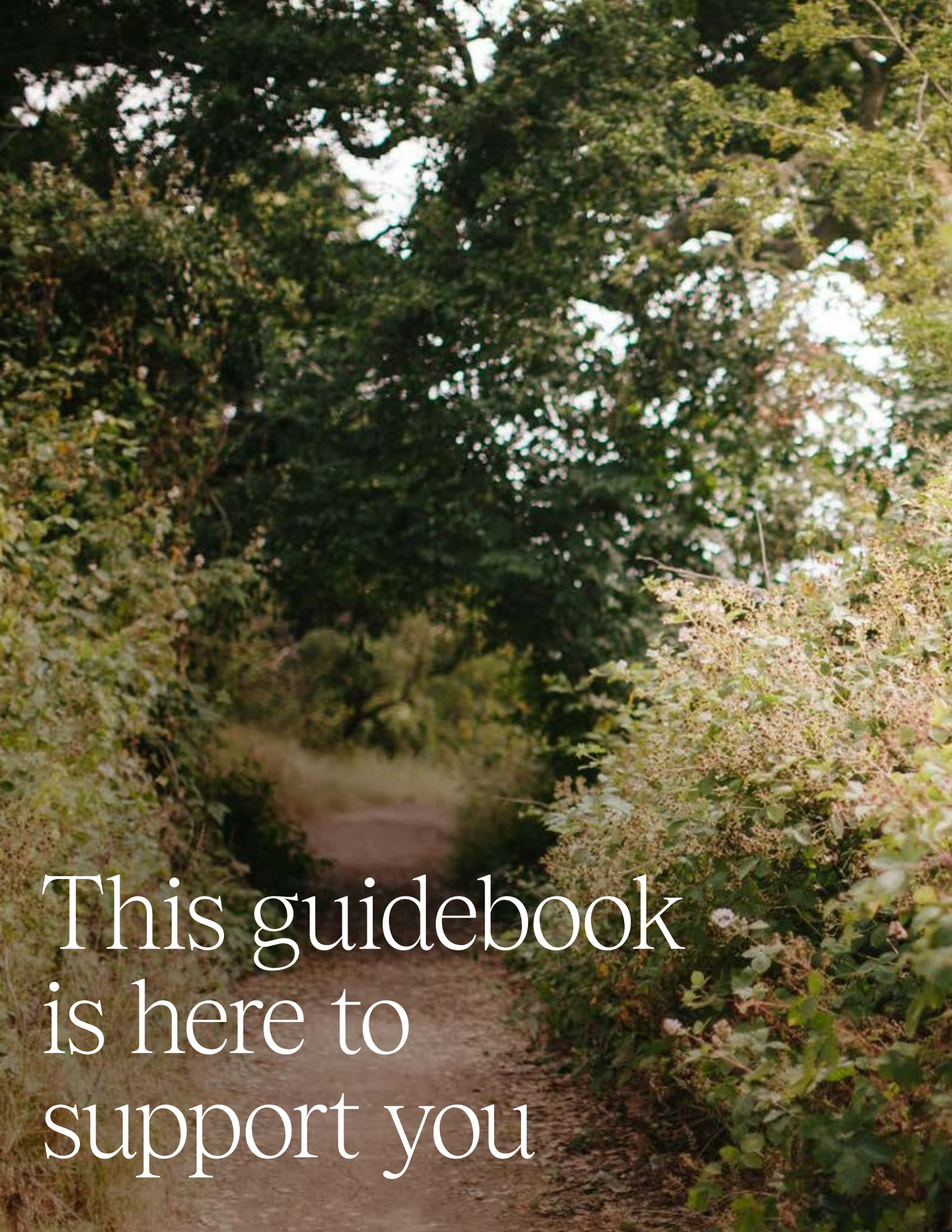


**Behavioral Health  
Services Act**

# Meaningful Engagement



**A Guide to the Community  
Planning Process**



This guidebook  
is here to  
support you

# Dear County Leaders,

This guidebook represents a fresh approach to community planning — one that brings both clarity and inspiration to your important work. It was crafted with a key question in mind: How can we make the Community Planning Process authentic and purposeful, helping you and your community rally around priorities that truly matter and develop an integrated plan that reflects them?

**Your leadership in the Community Planning Process is essential.**

County Behavioral Health Plans understand their communities in ways no one else does. You see their strengths, recognize their needs, and notice when systems aren't serving them well. Your leadership ensures that diverse voices are heard and that the solutions developed are both meaningful and effective.

**You are leading through big changes.**

The Behavioral Health Services Act (BHSA) introduces new responsibilities, and we recognize that you may still be working through the details. How will you guide your community through these changes? Most importantly, as you lead your community through this transition, how do you ensure trust in the system deepens rather than erodes? These are complex questions, and your leadership in this process is critical to rallying your community around the new model for behavioral health in California.

**This guidebook is here to support you.** This guidebook is designed to help you navigate these changes with confidence. Inside, you'll find clear timelines, structured processes, decision points, and tools to support meaningful community engagement. You'll also find examples of counties embracing creative problem-solving, strategies for facilitating conversations, and resources to help you tell the stories of your successes. We've designed these pages with both practicality and possibility in mind. Take what serves you, adapt what doesn't quite fit, and trust in your expertise.

**Remember: this work matters.** You're not just implementing a Community Planning Process — you're creating spaces where people feel heard, where diverse perspectives lead to stronger solutions, and where your community's needs take center stage.

We're in this together with you, and we're excited about what we can accomplish.

With optimism and support,

*Amie Miller*

Dr. Amie Miller and your  
partners at CalMHSA

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04

# Welcome

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## BHSA Overview

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## The Community Planning Process

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Reflect

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Connect

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Engage

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Capture

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## Closing

## Chapter 1



# How to Use This Guidebook

This guidebook is for county leaders who are leading their communities through the Behavioral Health Services Act (BHSA) and helping to shape priorities and budgets in meaningful ways. We know the people doing this work hold a variety of titles — from County Behavioral Health Director to Program Manager, or something else entirely. Throughout the guide-book, we use “county leaders” or “you and your team” to refer to anyone responsible for leading this work.

Your teams may be diverse, and your roles may vary. Some of you may be seasoned directors seeking policy clarity, while others are newer to the process and looking for step-by-step guidance. Wherever you are on the journey, this resource offers multiple entry points and flexible pathways to support your specific needs.

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# What's Inside

The chapters that follow walk through the essential phases of Behavioral Health Services Act (BHSA) implementation, with special emphasis on building an effective Community Planning Process. Each section builds on the last, offering a structured approach to understanding policy changes, engaging communities, and turning input into action.

*Image: A person putting bridle on horse.*





## **Behavioral Health Services Act Overview**

Learn about the shift from the Mental Health Services Act to the Behavioral Health Services Act with clear tools for navigating what's changing, what stays the same, and how to communicate to your county and communities.



## **The Community Planning Process**

Understand the essential phases of an effective Community Planning Process and your role in driving successful implementation.

### **3.1: Reflect**

Assess your starting place and gather critical inputs to establish a solid foundation before launching community engagement efforts.

### **3.2: Connect**

Build authentic relationships with diverse community groups to create the trust necessary for meaningful community participation.

### **3.3: Engage**

Design and facilitate collaborative, inclusive meetings that create space for meaningful dialogue while remaining grounded in what's possible.

### **3.4: Capture**

Transform community input into actionable plans and required reports that honor what you've heard while meeting documentation requirements.



## **Closing**

Access additional support through a comprehensive index of resources, including a glossary of terms and contact information for additional assistance.

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# Features

Throughout this guidebook, you'll find features designed to support your specific needs:



## **Case Studies**

Inspiring stories and proven approaches from county leaders who've been there — borrow freely to solve challenges without starting from scratch.



## **Tools**

Resources you can immediately take and use — facilitation guides, scripts for tough conversations, and worksheets — that make your work easier and more impactful.



## **Reflection Questions**

Thought-starters that spark creative thinking and meaningful conversation — bring these to your team to explore new possibilities together within your unique context.

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# A Note about Inclusive Language

Choosing language that reflects everyone in your community is complex — and essential.

In conversations with county leaders, many shared that part of their role is rethinking government language to better reflect the people they serve. Language carries weight. It's an ongoing responsibility to check in, listen to feedback, and stay flexible — making sure your words invite people into conversations where they feel seen, heard, and understood.

In the context of BHSA and community engagement, the term “stakeholder” is often used. But for some, it feels exclusionary or disempowering, with ties to colonial or corporate systems. It can imply a one-way relationship — people affected by decisions, but without power to shape them.

*“The problem is that in this sense of the word, a stakeholder’s relationship with an organization is not reciprocal. The so-called “stakeholders” are affected by the outcome, but they have no power to influence it. Using the term “stakeholder,” then, can undermine the power, ownership, and authority of those you are looking to engage with.”*

**DANIELLE ROCHELEAU, CHIEF EXECUTIVE OFFICER, LARIDAE**

When engaging communities, reciprocity matters. People should feel their voices influence decisions — not just that they’re impacted by them.

To reflect that mutual relationship, consider using terms like:

- *Community partners*
- *Collaborators*
- *Advocates*
- *Contributors*
- *Participants*

In this guidebook, we use terms like communities, community groups, and community members. We also use plain language when referring to specific roles.

Through the Community Planning Process, we encourage you to:

- Align with your team and partners on the language you use.
- Stay open to feedback and adjust terms as needed.
- Be specific — broad labels may miss key voices and identities.

A thoughtful approach to language helps build stronger, more trusting relationships.

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# What This Is, What This Isn't

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This **is not** comprehensive of all policy changes — guidance will continue to evolve.



This **is** a snapshot at a critical moment to inform your current planning process.

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This **is not** a rigid set of rules dictating how community planning must happen.



This **is** a kit of parts — take what works, adapt what needs customization.

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This **is not** meant to replace your expertise about what works in your community.



This **is** a collection of evidence-based examples to make your job easier.

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This **is not** intended to add stress or burden to your already full plate.



This **is** a tool to support your Community Planning Process.

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# Where to Start

While each chapter of this book builds on the one before, it is designed so that each chapter can stand alone and be easily referenced. Consider your starting point as you select which chapters to read and reference.

**If you're still trying to understand the changes...**

Turn to the [BHSA Overview](#) section for clear explanations and talking points that translate complex policy into language that resonates with specific community groups.

**If you're currently leading your team through the planning process...**

Begin with [The Community Planning Process](#) to understand what's required, assess your starting point, and begin to gather the information you will need to dive in.

**If you have an engagement session scheduled soon...**

Jump directly to the [Engage](#) chapter to grab facilitation approaches, agenda templates, and engagement activities you can immediately incorporate into your session plans.



# BHSA Overview

For the past 20 years, California's county behavioral health systems have been shaped by the Mental Health Services Act (MHSA). Now, with the passage of Proposition 1, California is entering a new era — one defined by the Behavioral Health Services Act (BHSA).

This is an opportunity to examine which services are funded, how we best serve our community, and how we enable transparency with the public.

If you're a member of a County Behavioral Health Plan, this isn't just something happening around you — it's something you're going to have to navigate, explain, and implement.

That means understanding it fully and getting clear on what this means in practice: for your team, for your collaborators, for your community, and for the Community Planning Process. Because, here's the thing — effective community engagement requires both a shared understanding and the flexibility to respond to what emerges. So let's break it down.

## **By the end of this section, you will be able to:**

- Understand the key changes in the BHSA.
- Know what's fixed within the policy and where you have flexibility to develop your Integrated Plan.
- Explain the BHSA to a variety of community groups.

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# Key Changes in the BHSA

*Image: A man in front of a tent.*



The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income in excess of \$1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. The MHSA has been replaced by the Behavioral Health Services Act (BHSA).

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# Summary of Changes

Change	BHSA Requirement
<b>01 Policy</b>	<ul style="list-style-type: none"><li>• An increased focus on the most vulnerable populations experiencing homelessness and serious mental illness.</li><li>• A broadening of the responsibilities of the County Behavioral Health Plan to intentionally include providing housing interventions.</li><li>• Allowing BHSA funds to be spent on substance use disorder services.</li><li>• Redirecting administration of funding for population-based prevention and workforce programming.</li></ul>
<b>02 How Counties Budget</b>	<ul style="list-style-type: none"><li>• Spending BHSA funds on Housing Interventions, Full Service Partnerships, and Behavioral Health Services and Supports, with at least half of the funds in Housing Interventions and Behavioral Health Services and Supports category, supporting particular areas.</li><li>• Ensuring counties are maximizing Medi-Cal funding before turning to other funding sources, including BHSA.</li></ul>
<b>03 How Counties are Held Accountable</b>	<ul style="list-style-type: none"><li>• Bringing in more people than ever before to give input into the Integrated Plan, including new partners who have not traditionally been at the table.</li><li>• Accounting for funding beyond the BHSA in the Integrated Plan.</li><li>• Publicly reporting on key indicators, settled on by the State, each year.</li></ul>

# Key Shifts from MHSA to BHSA

Change	From MHSA	To BHSA
<b>Population Focus</b>	Counties served individuals across a broad spectrum of mental health needs.	Counties focus on those who need the most critical care, including unhoused populations and those who have serious mental illness and substance use disorders.
<b>Scope of Services</b>	MHSA funds were for mental health services.	BHSA funds can be used for both mental health and substance use disorders.
<b>Role of Housing</b>	Counties spent MHSA funds on housing interventions, but that varied by county.	County Behavioral Health Directors intentionally include housing interventions as 30% of their BHSA budgets, unless they apply for and are approved for an exemption (see Understanding Exemptions).
<b>Allocation to State vs. County</b>	95% of total MHSA funding was dedicated to County allocation. 5% of total funding was dedicated for State allocation (for State Administration).	90% of BHSA dollars will go to counties (10% to the State level). The State level will take on the responsibilities associated with those dollars. 3% will go to State Administration, 4% to Population-Based Prevention, and 3% to Behavioral Health Workforce.
<b>Community Involvement</b>	Counties engaged with many community groups in the Community Planning Process.	Counties engage with expanded community groups and specific populations in the Community Planning Process.
<b>Key Performance Indicators</b>	There were no statewide indicators.	Counties report on required key indicators.
<b>Funding Reported</b>	Counties reported on each funding stream for their Behavioral Health expenditures separately.	The Integrated Plan and annual reports create a unified picture of all Behavioral Health funding sources, beyond the BHSA.
<b>Reporting Requirements</b>	Counties reported across the care continuum, but did not have to show allocations in their plan.	The Integrated Plan shows allocations across the care continuum.

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# What's Fixed

The BHSA requires that counties follow updated funding, engagement, and reporting guidelines.

Specifically, counties must:

## **Follow Funding Guidelines**

Ensure BHSA dollars are distributed appropriately across all required funding categories. (Refer to the diagram for a detailed breakdown.)

## **Maximize Medi-Cal First**

Ensure that BHSA funds are supplementing other sources of funding, not supplanting them.

## **Include Community Input**

Consult with community groups on the Integrated Plan.

## **Obtain Approval**

After a 30-day public comment period and a public hearing, submit the Integrated Plan to the County Board of Supervisors for approval before sending to DHCS.

## **Report Comprehensively**

Report annually to Department of Health Care Services (DHCS) on all funding for behavioral health using standardized outcomes and expenditure categories.

# Funding Allocations

## County

# 90%

### 35% Behavioral Health Services and Supports

A majority (51%) of this amount must be used for intervention in the early signs of mental illness or substance use disorders.

A majority (51%) of early intervention services and supports must be for people 25 years of age and younger.

### 35% Full Service Partnerships

Comprehensive and intensive care for people at any age with the most complex needs (also known as the “whatever it takes” model).

### 30% Housing Interventions

Interventions to include rental subsidies, operating subsidies, shared housing, family housing for eligible children and youth, and the non-federal share of certain transitional rent.

50% housing interventions for the chronically homeless.

Up to 25% may be used for capital development.

*Some exemptions may be available for small counties. These must be approved by the State.*

### 7% Prevention and Workforce

4% Population-Based Prevention

3% Behavioral Health Workforce Development

### 3% Oversight and Monitoring

## State

# 10%

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# What's Flexible

While the BHSA includes required guidelines, it also offers flexibility. County leaders can adapt the Community Planning Process to reflect their county's unique needs and request adjustments to better align with local priorities and context.

*Image: Two people walking on a bluff overlooking the ocean.*



Examples of what's flexible include:

**Transferring Budget Allocations**

Counties may redistribute up to 14% of total BHSA funds across the three required categories (Full Service Partnerships, Behavioral Health Services and Supports, and Housing Interventions), as long as no single category is reduced by more than 7%.

**Applying for Exemptions**

Small counties (fewer than 200,000 residents) may request additional flexibility through exemptions.

See the Understanding Exemptions and Transfers page for details on how to apply for transfers and exemptions.

As you review the requirements, consider whether and how you may want to tailor the plan for your county.

**Try Asking:**

- What existing programs or new initiatives does my county need?
- What are my county's priorities for the remaining funds?
- What other sources of funding can I pursue for my county and its programs?
- Will I need to adjust the default BHSA funding allocations by requesting transfers or exemptions?

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# Understanding Exemptions and Transfers

Your county may qualify for special exemptions and transfers that provide flexibility to adapt the Integrated Plan to your county's needs. These require rationale and State approval and must be submitted by March 31, 2026. Refer to the DHCS Policy Manual for guidance.



*Image: A tall Joshua tree in the desert.*

*Image: A person on a farm with a dog.*



*Image: A city skyline.*



## **Applying for Exemptions**

Counties with populations less than 200,000 residents may request one or more of the following exemptions related to Housing Intervention funds:

- Behavioral Health Services Fund (BHSF) Housing Intervention Component
- Housing Intervention Funds for Chronically Homeless
- Housing Intervention Funds for Capital Development

## **Transferring Budget Allocations**

Each county has the flexibility to redistribute up to 14% of total funds across the three main categories (Full Service Partnerships, Behavioral Health Services and Supports, and Housing Interventions), with the limitation that no single category can be reduced by more than 7%.

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# Explain the BHSA to Others

Now that you have a deeper understanding of the BHSA and its key changes, your next step as a county leader is to share that knowledge with others — and that can be tricky. You may be talking with community groups or partners who are deeply familiar with the MHSA and have questions about what these changes mean for them. Or you may be speaking with people who are new to behavioral health and still learning the landscape.

Either way, your role stays the same: helping bridge the gap between a new policy and the people it's meant to support — including the partners you'll work with to bring it to life. To support you in that work, we've created three ready-to-use tools to help you translate the BHSA for your county and your community.

# Talking Points

A short script to help you confidently introduce the BHSA and answer common questions in everyday language.




Image: Two people sitting at a table, one holding a cup of coffee.

### Talking Points

**WHO THIS IS FOR**  
Key talking points for county leaders and their team.

**WHY IT IS USEFUL**  
Helps address some of the most common questions and concerns about the BHSA head-on, simply, and clearly.

**WHEN TO USE IT**  
In conversations with existing and prospective program partners; during community engagement meetings.

**Question**

**Talking Point**

**How has the funding changed?**

- Given the annual variation in personal income tax returns, this funding source changes from year to year — with some years' allocations being higher than expected and some lower.
- In years past, County Behavioral Health Plans received the BHSA dollars with 5% going to State Administration. Under BHSA, 50% of funds are allocated to County (50% and 10% are allocated to statewide investments, with 4% supporting Population-Based Prevention, 2% to Behavioral Health Workforce, and 3% to State Administration.
- While our allocation of BHSA funding changes, there are opportunities to think expansively and holistically about the sources of funding we do have available. For example, when more community-based organizations become certified as Medi-Cal providers, the ability to claim services to Medi-Cal is maximized.

**I'm a current partner or provider. How will this affect me?**

- There is an opportunity for us to creatively explore ways for the programs that we need to be funded adequately without using BHSA dollars.
- For example, becoming a certified Medi-Cal provider and claiming covered services to Medi-Cal will be essential.

**I am a new partner. Can we apply to be funded through the BHSA?**

- We're currently evaluating the best ways to use these funds to serve our community, so input from your organization is valuable.
- Would you be open to a conversation once we finalize our approach to see where our goals align?

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Chapter 2 — BHSA Overview

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# Modifiable One-Pager

A quick, digestible overview of the BHSA that you can tailor to your county.




Image: Modifiable One-Pager template showing a placeholder for a county name and a sample text block.

### Modifiable One-Pager

**WHO THIS IS FOR**  
County leaders to share with team members, community groups, or anyone they're hoping to educate and inform about the BHSA.

**WHY IT IS USEFUL**  
Distills complex policy changes into a digestible, approachable format and contextualizes what they mean for your county.

**WHEN TO USE IT**  
Circulate with team members to build internal clarity; distribute at community engagement events to build understanding and shared language; share with current and potential program leaders and partners via mailers or communications.

Fill in your county name or logo here.

Modifiable One-Pager

**Behavioral Health Services Act Overview**

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over \$1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. In 2016, voters passed Proposition 1, which replaced the MHSA with the Behavioral Health Services Act (BHSA), and introduced several important changes for counties.

In **Butte County**, we previously used these funds to support programs for **Substance Use Disorder**, resulting in improved care and access for our community. Under BHSA, we will be exploring how we plan, invest, and deliver services moving forward.

**Summary of Changes**

There are some important shifts we want you to know about as we move into this next chapter together:

- We're creating one coordinated plan across all our funding instead of creating separate plans, we'll build one Integrated Plan. This helps us align services, reduce duplication, and design a more connected system of care.
- We're investing more intentionally in housing interventions. At least 30 percent of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs.
- We're focusing on people with the most significant behavioral health needs. The new funding guidelines focus on individuals with serious mental health and substance use conditions, helping us direct support where it's needed most.
- We're setting clearer goals and tracking what's working. We'll be defining specific outcomes and measuring on our progress. This is a good thing — it helps us see what's working, make adjustments, and build trust by showing we're using public dollars thoughtfully.

**What This Means for Us**

We have the opportunity to get creative together as we transform our system to focus on those most in need of services. Over the next several months, we will embark on a Community Planning Process to create an Integrated Plan that aligns not only how we are using BHSA funds, but also how we are using all funding sources we administer as a Behavioral Health Plan.

What programs do we currently fund through BHSA dollars?

List programs in your county.

A Guide to the Community Planning Process

Chapter 2 — BHSA Overview

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# Five Slides

A visual overview of the BHSA that uses metaphor to help translate complex policy into clear, familiar language.



Image: Five Slides presentation showing five slides with orange metaphors.

### Five Slides

**WHO THIS IS FOR**  
County leaders to share with team members, community groups, or anyone they're hoping to educate and inform about the BHSA.

**WHY IT IS USEFUL**  
Distills complex policy shifts into a relatable metaphor that helps community members with all levels of familiarity with Behavioral Health financing understand key changes.

**WHEN TO USE IT**  
During trainings, presentations, and community engagements.

**Why an Orange?**

Visual metaphors are powerful tools for making complex ideas graspable. They turn abstract ideas into something you can picture, pass around, even laugh about. Take legislation: it can feel dense, impenetrable — until you compare it to an orange. Maybe you thought you had the whole fruit, but now it's been sliced up, and your slice is thinner than expected.

Or maybe what looked like a familiar orange turns out to be a kumquat — smaller, tarter, and lighter. It could also be finding an unexpectedly juicy mandarin in the bunch. These kinds of metaphors don't just clarify — they create shared language, anchoring technical shifts in imagery we can all understand.

**Five Slides Document**

Countries receive the majority of BHSA funds for local services. 01

We see housing as care. 03

We are transparent. 05

We focus on who needs help most. 02

We bring more people to the table. 04

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# Talking Points

## WHO THIS IS FOR

Key talking points for county leaders and their team.

## WHY IT IS USEFUL

Helps address some of the most common questions and concerns about the BHSA head-on, simply, and clearly.

## WHEN TO USE IT

In conversations with existing and prospective program partners; during community engagement meetings.

*Image: Two people wearing business attire and holding mugs on saucer plates.*



## Question

## Talking Point

How has the funding changed?

- Given the annual variation in personal income tax returns, this funding source changes from year to year — with some year's allocations being higher than expected and some lower.
- In years past, County Behavioral Health Plans received the MHSA dollars with 5% going to State Administration. Under BHSA, 90% of funds are allocated to County BHPs and 10% are allocated to statewide investments, with 4% supporting Population-Based Prevention, 3% to Behavioral Health Workforce, and 3% to State Administration.
- While our allocation of BHSA funding changes, there are opportunities to think expansively and holistically about the sources of funding we do have available. For example, when more community-based organizations become certified as Medi-Cal providers, the ability to claim services to Medi-Cal is maximized.

I'm a current partner or provider. How will this affect me?

- There is an opportunity for us to creatively explore ways for the programs that we need to be funded adequately without using BHSA dollars.
- For example, becoming a certified Medi-Cal provider and claiming covered services to Medi-Cal will be essential.

I am a new partner. Can we apply to be funded through the BHSA?

- We're currently evaluating the best ways to use these funds to serve our community, so input from your organization is valuable.
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# Modifiable One-Pager

## **WHO THIS IS FOR**

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Distills complex policy changes into a digestible, approachable format and contextualizes what they mean for your county.

## **WHEN TO USE IT**

Circulate with team members to build internal clarity; distribute at community engagement events to build understanding and shared language; share with current and potential program leaders and partners via mailers or communications.

Fill in your county name or logo here.

[Modifiable One-Pager →](#)

INSERT YOUR COUNTY  
NAME OR LOGO HERE

## Behavioral Health Services Act

# Behavioral Health Services Act Overview

The Mental Health Services Act (MHSA) was passed by California voters in 2004 and funded by a 1% income tax on personal income over \$1 million per year. It was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. In 2024, voters passed Proposition 1, which replaced the MHSA with the Behavioral Health Services Act (BHSA) and introduced several important changes for counties.

In **[Insert County Name]**, we previously used these funds to support programs like **[Insert Programs]**, resulting in improved care and access for our community. Under BHSA, we will be updating how we plan, invest, and deliver services moving forward.

What programs  
do we currently  
fund through  
MHSA dollars?

## Summary of Changes

There are some important shifts we want you to know about as we move into this next chapter together:

1. We'll be creating one coordinated plan across all our funding. Instead of creating separate plans, we'll build one Integrated Plan. This helps us align services, reduce duplication, and design a more connected system of care.
2. We're investing more intentionally in housing interventions. At least 30 percent of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs.
3. We're focusing on people with the most significant behavioral health needs. The new funding guidelines focus on individuals with serious mental health and substance use conditions, helping us direct support where it's needed most.
4. We'll be setting clearer goals and tracking what's working. We'll be defining specific outcomes and reporting on our progress. This is a good thing — it helps us see what's working, make adjustments, and build trust by showing we're using public dollars thoughtfully.

List programs  
in your county.

## What This Means for Us

We have the opportunity to get creative together as we transform our system to focus on those most in need of services. Over the next several months, we will embark on a Community Planning Process to create an Integrated Plan that states not only how we are using BHSA funds, but also how we are using all funding sources we administer as a Behavioral Health Plan.

# Five Slides

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## **WHY IT IS USEFUL**

Distills complex policy shifts into a relatable metaphor that helps community members with all levels of familiarity with Behavioral Health financing understand key changes.

## **WHEN TO USE IT**

During trainings, presentations, and community engagements.

## Why an Orange?

Visual metaphors are powerful tools for making complex ideas graspable. They turn abstract ideas into something you can picture, pass around, even laugh about. Take legislation: it can feel dense, impenetrable — until you compare it to an orange. Maybe you thought you had the whole fruit, but now it's been sliced up, and your slice is thinner than expected.

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[Five Slides Document →](#)



The majority of the Behavioral Health Services Act funding flows directly to counties, who know their communities best. We'll be creating one coordinated plan across all our funding sources. This helps us align services, reduce duplication, and design a more connected system of care.

90%	10%
To Counties	To Statewide Investments

Counties receive the majority of BHSA funds for local services. 01



The need for mental health and substance use services continues to grow, and new policies focus county support where it's needed most. The BHSA requires services be prioritized to people experiencing homelessness, those in or at risk of entering the justice system or institutionalization, or in the child welfare system.

We focus on who needs help most. 02



Mental health care is linked with housing, jobs, and family support for lasting stability. At least 30% of BHSA funds will now go toward housing interventions. This creates a meaningful opportunity to expand stable housing for people with behavioral health needs. This includes the development of supportive housing, recovery/sober living housing, and residential care facilities, as well as providing rental subsidies, landlord outreach and mitigation, and recuperative care, for example.

We see housing as care. 03



The BHSA emphasizes collaboration among schools, clinics, housing planners, peers, and nonprofits. By fostering these partnerships, the Act ensures a coordinated approach to mental health care, reducing gaps in services and enhancing support systems.

We bring more people to the table. 04



We want to build trust, and for the public to know and understand how the work we are doing — not just with Behavioral Health Services Act funding but with all Behavioral Health funds — is supporting our community. The BHSA requires counties to set goals, track progress, and report outcomes with an annual update.

We are transparent. 05

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# Conclusion

## Key Takeaways

- The Behavioral Health Services Act (BHSA) replaces the Mental Health Services Act (MHSA) and brings major shifts in policy, budgeting, and accountability for County Behavioral Health Plans.
- Policy shifts include a stronger focus on unhoused populations and severe mental illness, ability to fund substance use disorder services, and a requirement to invest in housing interventions.
- Budgeting shifts mean counties must maximize Medi-Cal funding first, report all behavioral health spending in the Integrated Plan, and follow new allocation rules for BHSA funds.
- Accountability shifts require counties to gather input from more community groups than ever before, follow new state-mandated key performance indicators, and publicly report on outcomes annually.

- Counties must navigate a balance between fixed requirements (funding allocations, reporting, and community engagement) and flexible decisions (local priorities, program design, and funding priorities).
- Exemptions exist for small counties, but must be approved by the State.

## Action Steps

- **Educate yourself on BHSA shifts:** Get familiar with the policy changes, funding allocations, and key implementation milestones.
- **Share key resources with your team:** Use tools like the BHSA One-Pager or Five Slides to build shared understanding.
- **Identify decision points that matter for your county:** Decide whether you want to reallocate funds or apply for exemptions.



## REFLECTION QUESTIONS

- 01 What questions do I still have about the BHSA? Where do I need more clarity before moving forward?
- 02 What assumptions am I making about how these changes will affect my county? Are they based on data, past experience, or something else?
- 03 Which shifts under the BHSA feel the most challenging? Why? What might help ease those challenges?
- 04 What opportunities do these changes create? How could this transition lead to better services or stronger partnerships?
- 05 What aspects of our current behavioral health system are facing the most change within the BHSA? What can we do now to prepare for those risks?
- 06 How do I feel about these changes — overwhelmed, energized, uncertain? How can I use that awareness to navigate the process more effectively?



# Community Planning Process

As a county leader, you know that community engagement isn't a one-time event — it's an ongoing responsibility that takes time and effort to do well. You're already engaging your community, building relationships, and responding to local needs. The Community Planning Process is an extension of that work, creating a structured way to bring people together, gather meaningful input, and ensure that behavioral health services reflect the priorities of those you serve.

As part of developing your Integrated Plan under the Behavioral Health Services Act (BHSA), you'll need to engage a broad set of community groups, collecting input to inform decisions about funding priorities. This chapter is here to help you navigate that process effectively.

Some aspects of the timeline are fixed, and you'll see known deadlines called out in this chapter. But beyond those, you have significant latitude to design a planning process that works for your county. This is your opportunity to shape a process that makes sense locally, meets BHSA requirements, and strengthens trust in the system.

## **By the end of this section, you will be able to:**

- Ground yourself and your team in what meaningful community engagement looks like.
- Understand the phases of the Community Planning Process.
- Ready yourself and your team to plan an engagement process tailored to your community's needs.

---

# Meaningful Engagement

*Image: Two people having a conversation outside.*



*“I get to see the people whose lives get improved by the work we do. And that’s so fulfilling. That’s why I do it. I love hearing from community. I love the processes that we do in order to get feedback from community. That is why I do the job — so that I get to talk to community.”*

**DR. RYAN QUIST, COUNTY BEHAVIORAL  
HEALTH DIRECTOR, SACRAMENTO COUNTY**

*“I want to hear the difficult feedback. I want to hear the good, the bad, and the ugly. That’s been one of our central values: being able to listen to difficult stuff from the community.”*

**ELISE JONES, COUNTY BEHAVIORAL  
HEALTH DIRECTOR, LAKE COUNTY**

Community engagement is most effective when it’s *grounded in trust*. The following pages offer a set of guiding principles to support your efforts. You know your county best, and you likely use many of these approaches already. To shape this guidance, we asked county leaders across the state to share what meaningful community engagement looks like in practice — and captured their insights directly.

*Image: Store owners in front of shop.*



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# Five Principles for Meaningful Community Engagement

After hearing from leaders like you who know this work inside and out, and exploring best practices in equitable community engagement, we've synthesized these approaches into principles to serve as helpful reminders and inspiration as you navigate the Community Planning Process.

- 01 Start from a Place of Humility**
- 02 Set Clear Expectations**
- 03 Make it Easy to Participate**
- 04 Invest in Relationships**
- 05 Do What You Say and Circle Back**



*Image: A person wearing glasses and knitted hat.*

# Start from a Place of Humility

---

## WHAT THIS MEANS

### **Honor Lived Expertise**

Recognize that community members hold insightful knowledge from their direct experiences.

### **Acknowledge History**

Approach engagement with awareness of historical context, past harms, and structural inequities.

### **Embrace Learning**

Position yourself as both a facilitator and learner in the engagement process.

### **Notice Power Dynamics**

Address existing power imbalances explicitly rather than ignoring them.

---

## WHAT IT LOOKS LIKE

- Opening with gratitude.
- Genuinely asking for feedback and allowing ample time to receive it.
- Being mindful of who is speaking and who hasn't had a chance yet, inviting participation in ways that feel safe and inclusive for everyone in the room.
- Creating space for meaningful practices — like naming lived experience, inviting reflection, and honoring cultural or faith-based rituals e.g., land acknowledgments, shared readings.



*Image: Close-up of a person's ear with woven earring.*

# Set Clear Expectations

## WHAT THIS MEANS

### **Start with the Why**

Make clear why community voices matter and how input will be used.

### **Share Information Thoughtfully**

Provide the right information at the right time to support understanding, without overwhelming or withholding.

### **Acknowledge Limitations**

Be transparent about what you are seeking feedback on, and avoid making commitments you can't keep.

## WHAT IT LOOKS LIKE

- Creating visuals or handouts that clarify what is and isn't within your control.
- Establishing clear timelines with key milestones and decision points.
- Requesting consent to collect data and explaining how it will be used.
- Being transparent about uncertainties or non-negotiables.
- Encouraging meaningful input and explaining how it will shape decisions.



*Image: A person smiling.*

# Make it Easy to Participate

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## WHAT THIS MEANS

### **Meet People Where They Are**

Address practical barriers like timing, location, language, childcare, and transportation.

### **Create Multiple Entry Points**

Offer various ways for people to participate, based on their comfort and availability.

### **Ensure Accessibility**

Make accommodations for disabilities, digital access, language needs, and cultural contexts.

---

## WHAT IT LOOKS LIKE

- Hosting meetings in trusted, accessible locations with flexible timing and virtual options.
- Providing food, stipends, childcare, and transportation support to reduce barriers to participation.
- Offering multiple ways for people to contribute.
- Using plain language and defining acronyms.
- Providing translation, interpretation, and captioning to support communication access.



*Image: Two people laughing together.*

# Invest in Relationships

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## WHAT THIS MEANS

### **Allow Time for Connection**

Recognize that trust develops gradually through consistent interactions over time.

### **Cultivate Reciprocity**

Ensure engagement creates mutual benefit rather than soliciting input without action.

### **Commit to Long-Term Partnership**

Approach engagement as an ongoing relationship, not a one-time event.

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## WHAT IT LOOKS LIKE

- Starting with icebreakers and introductions.
- Using name tags.
- Sending handwritten or personalized thank-you notes.
- Maintaining ongoing engagement opportunities beyond one-time events.
- Reaching out personally to encourage participation.
- Using visuals, creative activities, and storytelling to make engagement approachable and community-centered.



*Image: Two people talking.*

# Do What You Say and Circle Back

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## WHAT THIS MEANS

### **Implement Feedback Visibly**

Demonstrate how community input directly influences decisions and programs.

### **Close the Loop**

Return to communities with updates on how their input was used and what changed.

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## WHAT IT LOOKS LIKE

- Ending meetings with clear next steps and commitments.
- Communicating when follow-up meetings will be scheduled.
- Communicating how community input will be used.
- Providing meeting summaries or key takeaways that demonstrate how feedback is being incorporated.
- Sharing results and decisions back with the community.

*“Seeing the can-do attitude, the professionalism, and the sincerity with which they’ve approached some of these things is really inspiring to me. I think our folks tend to be heads-down and really anchored in what their core mission is, which is to find our people, build trust with our people, and get them to yes.”*

**MICHELLE CABRERA, EXECUTIVE DIRECTOR, COUNTY BEHAVIORAL  
HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA (CBHDA)**

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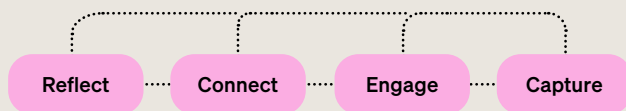
# The Community Planning Process

*Image: Hands holding photographs of people at a community event.*



Your county has flexibility to design a community engagement approach that reflects your unique cultures, geographies, and resources. Some may host town halls, while others might hold in-person workshops. Some may use surveys, while others could conduct small focus groups. The most effective community engagement is authentic and tailored to your county's unique context.

To support this work, we've outlined four key phases of engagement — **Reflect, Connect, Engage, and Capture** — each with activities that contribute to a strong, inclusive Community Planning Process. Use these with your team as planning tools to shape and guide your county's required community engagement efforts.



Community engagement is about building trust over time — not just checking a box. It's about meeting people where they are, using approaches that are responsive, culturally grounded, and accessible. And it's about recognizing that submitting the Integrated Plan is not the end of the journey.

Community engagement lays the groundwork for strong relationships and a deep understanding of community needs — so when it's time to implement, you're moving forward with your communities, not just for them.



## Reflect

Reviewing your county's current Behavioral Health system and developing hunches on where to go next.

- **Take Stock of Your Behavioral Health System**
- **Develop Hunches on Funding Focus Areas**
- **Set Learning Goals**

## Connect

Understanding whose input is required and what is needed to build trust with those audiences.

- **Understand Required Community Groups**
- **Assess Existing Relationships**
- **Show up with Care**

## Engage

## Capture

## Submit

Working with community groups to surface input and influence decisions.

- **Select Modes of Engagement**
- **Tailor Your Approach to your County's Context**
- **Gather Meaningful Input**

Incorporating feedback into your county's Integrated Plan and sharing with your community.

- **Distill Findings from Engagement**
- **Make Choices in the Integrated Plan**
- **Tell the Story to Your Community**

**Integrated Plan Due**

**Draft Due on March 31, 2026**

**Final on June 30, 2026**

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# Ready Yourself and Your Team

*Image: A person rock climbing and cheering with hands over their head.*



## Planning Ahead

As you begin designing your Community Planning Process, there are some important deadlines and requirements to keep in mind. While the BHSA gives you flexibility to design an approach that fits your county's unique needs, a few elements are fixed — and they take time to navigate. Getting ahead of these will set you up for a smoother process down the line. Some parts of the process are locked in, and counties need to plan around them.

First, input from specific community groups must be involved. That's non-negotiable. You're not just gathering feedback from the usual voices — you need to ensure that representatives from Managed Care Plans, Housing Continuums of Care, clients, families, and providers, among others, also have a seat at the table.

Second, if your county plans to request any transfers or exemptions, you'll need to identify those needs well in advance. These requests require time to prepare and submit, and must be factored into your plan. If an exemption or transfer is not approved, you may need to revise your plan accordingly.

Third, the plan must go through the public approval process. Before you submit your final plan in June 2026, it has to go through a 30-day public comment period followed by a public hearing, and then formal approval from your Board of Supervisors. Knowing the timeline matters, so you can meet these deadlines.

### Key Dates to Keep in Mind

- **Now through early 2026:** Begin community engagement and identify any needed exemptions or transfers
- **March 31, 2026:** Draft Integrated Plan due to DHCS
- **June 30, 2026:** Final Integrated Plan due to DHCS

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# Make Your Calendar

One great way to plan ahead is with a calendar. Now that you've seen what's required, what's adaptable, and which deadlines to keep in mind, it's time to put it all into motion. The next chapters walk through each phase — Reflect, Connect, Engage, and Capture — in more depth. Use a **Calendar** like the one on the right to sketch out activities, track ideas, and build a timeline that fits your team and your community. Working backward from key dates can help you stay organized and move forward with confidence.



## Calendar

### WHO THIS IS FOR

County leaders and the teams organizing the Community Planning Process.

### WHY IT IS USEFUL

Helps visualize the timeline of the Community Planning Process and organize activities.

### WHEN TO USE IT

As a place to take notes as you read this guidebook; as a visual aid for your internal team to make sense of the Community Planning Process.

[Calendar Template →](#)

Q2

2025

April							May							June						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
		1	2	3	4	5					1	2	3	1	2	3	4	5	6	7
6	7	8	9	10	11	12	4	5	6	7	8	9	10	8	9	10	11	12	13	14
13	14	15	16	17	18	19	11	12	13	14	15	16	17	15	16	17	18	19	20	21
20	21	22	23	24	25	26	18	19	20	21	22	23	24	22	23	24	25	26	27	28
27	28	29	30				25	26	27	28	29	30	31	29	30					

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Q3

2025

July							August							September						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1	2		1	2	3	4	5	6
6	7	8	9	10	11	12	3	4	5	6	7	8	9	7	8	9	10	11	12	13
13	14	15	16	17	18	19	10	11	12	13	14	15	16	14	15	16	17	18	19	20
20	21	22	23	24	25	26	17	18	19	20	21	22	23	21	22	23	24	25	26	27
27	28	29	30	31			24	25	26	27	28	29	30	28	29	30				
							31													

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Q4

2025

October							November							December						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
			1	2	3	4						1			1	2	3	4	5	6
5	6	7	8	9	10	11	2	3	4	5	6	7	8	7	8	9	10	11	12	13
12	13	14	15	16	17	18	9	10	11	12	13	14	15	14	15	16	17	18	19	20
19	20	21	22	23	24	25	16	17	18	19	20	21	22	21	22	23	24	25	26	27
26	27	28	29	30	31		23	24	25	26	27	28	29	28	29	30	31			
							30													

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Q1

2026

January							February							March						
S	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	F	S
				1	2	3	1	2	3	4	5	6	7	1	2	3	4	5	6	7
4	5	6	7	8	9	10	8	9	10	11	12	13	14	8	9	10	11	12	13	14
11	12	13	14	15	16	17	15	16	17	18	19	20	21	15	16	17	18	19	20	21
18	19	20	21	22	23	24	22	23	24	25	26	27	28	22	23	24	25	26	27	28
25	26	27	28	29	30	31								29	30	31				

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# Align Your Team

County Behavioral Health Plans operate within a wide spectrum of capacity and structure — some are supported by robust teams, others are driven by solo operators navigating complexity on their own.

As you move through the phases of the Community Planning Process, pause to ask:

- What work actually needs doing?
- Who can do it?

The **RACI Framework** — mapping who's Responsible, Accountable, Consulted, and Informed — offers a way to bring clarity to that question and assemble the right constellation of effort, however small or sprawling your team may be.



## RACI Framework

### **WHO THIS IS FOR**

County leaders and the teams leading the Community Planning Process.

### **WHY IT IS USEFUL**

Helps visualize the roles and responsibilities needed to execute the Community Planning Process.

### **WHEN TO USE IT**

As a place to record jobs to be done or action steps as you read this guidebook and consider who on your team is Responsible, Accountable, Consulted, and Informed.

The RACI framework is a simple but powerful tool for making teamwork work. At its core, it answers one question: Who's doing what? It breaks a task or decision down into four key roles, each with a different kind of involvement, and helps teams avoid the confusion that slows down progress.

### Responsible is the doer

This is the person (or people) who actually gets the work done. They're organizing the meeting, drafting the plan, making the call.

### Accountable is the owner

This is the person who ultimately makes sure the task is completed — and completed well. There should only be one accountable person per task to avoid confusion.

### Consulted are the contributors

These are the people whose input needs to be gathered before moving forward — think of them as advisors or subject matter experts.

### Informed are the keep-in-the-loop people

They're not shaping the work, but they need to know what's happening and when. Think: updates not decisions.

Used well, RACI clears the fog. It replaces vague expectations with shared understanding so your team can move forward with focus.

## Sample RACI Chart

Activity	Role		
	County Behavioral Health Director	BHSA Program Manager	Communications Coordinator
Educate Team on BHSA	A	R	I
Publicize Community Meetings	C	A	R
Schedule 1:1 Interview with County Public Health Director	A	C	-

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# Conclusion

## Key Takeaways

- The Community Planning Process is an opportunity to build trust, deepen relationships, and shape services that reflect your county's priorities.
- While some elements are fixed — such as the timeline, public comment period, and groups to engage — you have flexibility in how you design your approach.
- Strong engagement is built on clear expectations, inclusive practices, and follow-through.
- The Reflect, Connect, Engage, and Capture framework gives you a flexible structure to plan intentionally and lead with confidence.
- Planning ahead is essential. A well-thought-out calendar, and clearly defined roles, ensures you can meet key deadlines while creating space for authentic input.

## Action Steps

- **Ground yourself and your teams:** Review the Phases of a Strong Community Planning Process.
- **Set up your calendar:** Track your process from initial outreach to final approval.
- **Factor in time:** Account for public comment periods, Board of Supervisors approval, and funding exemption and transfer requests, if needed.
- **Align with your team:** Determine roles, responsibilities, and the support needed to move forward confidently.



<sup>01</sup> What makes engagement feel meaningful in our community? Where have we seen it build trust and connection — and where are our opportunities to grow?

<sup>02</sup> What do we still need to understand about the Community Planning Process? Where could we use more clarity on timelines, expectations, or best practices?

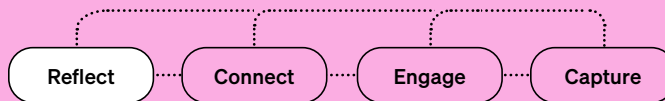
<sup>03</sup> What are the key milestones we need to plan around? How can we work backward from deadlines to set a realistic and thoughtful timeline?

<sup>04</sup> Which parts of our planning process are already in motion? Where do we need to add structure, coordination, or support?

<sup>05</sup> Who else on our team needs to be involved, and what would help them feel more ready?

# Reflect

Community  
Planning Process



# Planning starts by reflecting on what you already know.

Your ongoing engagement, data, and intuition form a strong foundation and set the stage for greater intention in all that follows. The Reflect phase is your opportunity to build a clear understanding of what you're driving toward — what goals and outcomes matter most for your behavioral health system of care. Reflection gives you and your team space to take stock of what you already know, identify gaps in knowledge, and develop informed hunches about your county's priorities.

The tools in this chapter will help you move beyond assumptions, identify areas for deeper inquiry, and prepare to engage people from a data-informed starting point. There will be data you have at your fingertips and insights from past planning efforts, but there will also be missing perspectives — voices you haven't heard and experiences you haven't considered.

This chapter will help you surface those gaps and develop informed starting points, so you can bring people in at the right moment rather than asking overly broad questions.

As you work through this chapter, consider: What are your county's priorities right now? How well does your current system support those priorities? Where are the gaps between services and community needs that need addressing?

## By the end of this section, you will be able to:

- Take stock of your county's existing behavioral health system of care.
- Develop hunches of where BHSA funds will be allocated.
- Set clear learning goals to guide your Community Planning Process.

---

# Take Stock of Your Behavioral Health System

*Image: A highway in a valley.*



## Setting clear priorities is essential to making strategic choices about where to invest your resources.

The Behavioral Health Services Act (BHSA) introduces a new requirement to report on all behavioral health funding sources — not just BHSA dollars. This creates a valuable opportunity to step back and assess priorities with the full picture in view.

In addition to thinking about the resources that you have, consider your county's goals. The State has determined indicators for improvement or reduction. Some of these indicators fall squarely within your plan's influence, while others require collaboration across systems. Counties are required to address the six priority statewide behavioral health goals and select at least one goal from the remaining eight state-wide behavioral health goals and measures to address.

These questions are meant to be used alongside the statewide priority behavioral health goals and accompanying guidance in the DHCS BHSA Policy Manual.

### Try Asking:

- Which of these indicators does your county want to increase or reduce?
- Based on what I know about my county, which of these matter most?
- Which of these indicators are core to what we do? What are the community needs we can take on, versus what is the responsibility of others?
- Which could we influence, either by increasing our scope or partnering effectively with other local agencies or collaborators?

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# Behind the Numbers: Understanding Your Community's Story

## Underneath every statistic is a story.

The hard numbers e.g., how many people are using services, hospital admission rates, or crisis calls, can help you spot trends and figure out where things need attention. But numbers alone don't tell the whole story. A rise in crisis calls might show that more people are reaching out, but it won't explain why. That's where qualitative data comes in — the stories, lived experiences, and insights from the people on the ground. It adds depth, helping you understand what those numbers actually mean and what's driving the changes you're seeing.

Taking a step back and looking at the data before decisions are locked in helps you be more intentional about your planning process. It allows you to consider patterns across your system, identify persistent challenges, and recognize emerging needs. The Community Planning Process is your opportunity to align priorities with what's actually happening in your county, making sure your decisions are based on real needs. By bringing together both numbers and lived experiences, you'll develop a clearer picture and a stronger foundation for making choices that truly make a difference. Here are places you might look to gather quantitative and qualitative data about the state of your county. This list is meant to be illustrative and is by no means exhaustive. You know your county (and your data sources) best.

# Quantitative

## **CalMHSA Dashboards\***

- Behavioral Health Transformation Indicators Dashboard
- Know Your County Indicators Dashboard
- Housing Dashboard

## **DHCS Dashboards\***

- BHCIP Dashboards (Crisis & Behavioral Health Continuum)

## **Local Health**

- Jurisdiction Data
- Community Health Assessments (CHA)
- Community Health Improvement Plan (CHIP)

## **Managed Care Plans Data**

- Population Health Needs Assessment

## **County Fiscal Data**

- Revenue Projections
- Past MHSA Budget vs. Actuals

*\* See [Further Resources](#) section for links to these Data Sources*

# Quantitative

## **Client and Family Testimonial**

Real-life experiences that put a human face on the system's strengths and gaps.

## **Frontline Staff Insights**

What case managers, therapists, and peer support specialists see every day.

## **Open-Ended Survey Questions**

Beyond checkboxes, what people actually say about their experiences.

## **Social Media**

What people are saying online — complaints, praise, or the unexpected.

## **Pattern Spotting in Complaints**

Recurring grievances that reveal cracks in the system.

## **Unexpected Feedback from Partners**

What schools, ER staff, or even librarians notice about behavioral health needs.

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# Behavioral Health Ecosystem

As part of a County Behavioral Health Plan, you're deeply familiar with navigating complexity. That positions you well to lead through this moment — and even possibly uncover new opportunities for collaboration and impact.

To help you focus your energy, the Spheres of Influence tool can support your team in identifying what's within your control and where others need to play a role. You may also find new ways to partner with collaborators within your interconnected system. It's away to move forward with clarity and purpose, even when the terrain is shifting.



## Spheres of Influence

### **WHO THIS IS FOR**

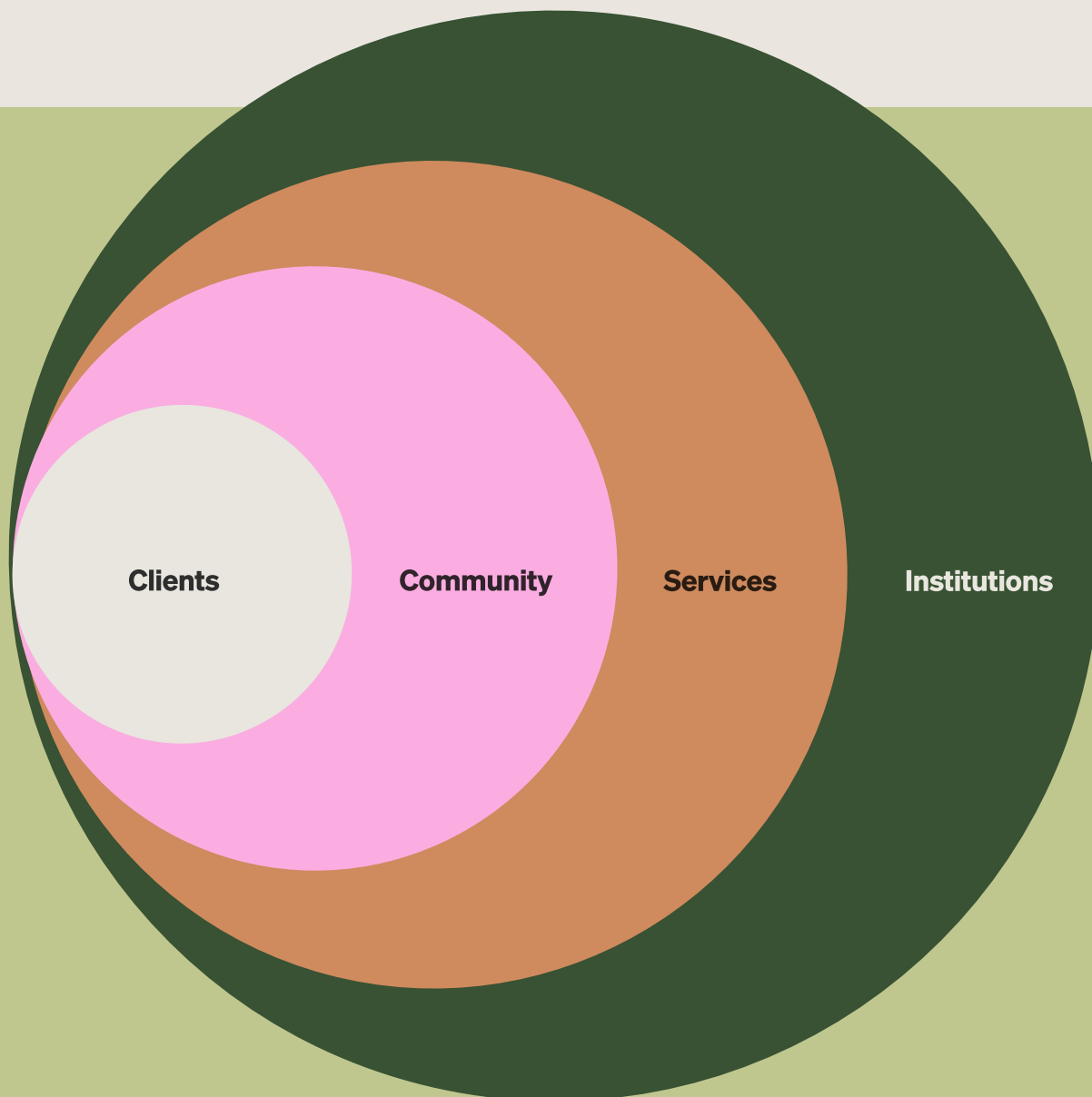
County Behavioral Health teams and their collaborators.

### **WHY IT IS USEFUL**

Helps county leaders focus on what's within their control, while also acknowledging interconnected systems they need to collaborate within.

### **WHEN TO USE IT**

Early in your process as a reference for what's within your sphere of influence, where you might need to partner in order to have influence, and what factors are harder to influence.



**01 Start with your Clients**

Who are they? What context do they live in? What are their key needs?

**02 Look at their Community**

Who are the key players in their network?

**03 Identify Services**

What resources and services are most important to meeting their needs?

**04 Outline Institutions**

What laws, policies, and systems influence the environment?

**05 Pinpoint your Locus of Control**

What aspect of your clients' lives and wellbeing do you influence? Where do your responsibilities and other agencies in the system intersect and overlap? What is outside of your control?

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# Analyzing Existing Programs

As your county prepares to implement the BHSA, it's important to step back and review your existing programs. You may continue funding some programs, while others may not move forward. This transition offers a chance to reflect on what's working, what's not, and where your resources can have the biggest impact.

**The Map Your Programs** tool guides you through that process and helps you assess which programs align with BHSA priorities, meet community needs, and deliver real results. By following these steps, you can make thoughtful decisions about which programs to sustain, adapt, or transition to new sources of funding.



## Map Your Programs

### **WHO THIS IS FOR**

County Behavioral Health teams assessing current programs in light of BHSA priorities.

### **WHY IT IS USEFUL**

Helps you assess your current programs and anticipate which may need to continue, adapt, or find alternative funding under BHSA.

### **WHEN TO USE IT**

Early in your planning process to review existing programs alongside available data and BHSA requirements.

## Mobile Crisis Response

1

## Youth Wellness Outreach

2,300 students across 12 schools

\$450,000/year

Early Intervention

Prevention and Early Intervention (PEI)

2

**01 Write each program on its own index card with:**

- Program Name
- Impact (# of people reached, etc.)
- Funding Amount
- Care Continuum Area (e.g., “Early Intervention”)
- MHSA Funding Component (e.g., “Innovation”)

**02 Give each program a score based on impact and alignment with county needs:**

- 1 = Strong Alignment (aligned to priorities, strong impact)
- 2 = Solid Alignment (aligned to priorities, limited impact)
- 3 = Misalignment (not aligned to priorities, low impact)

Write the score clearly on each card.

**03 Draw a table on a whiteboard with these column headers:**

- Housing Interventions
- Full Service Partnerships
- Behavioral Health Services and Support
- Other

**04 Sort the Program cards**

Tape the cards with a “1” to the chart under the appropriate BHSA funding categories first. If a program doesn’t fit, place it in the “Other” column. Then do the same for the cards with a “2” and “3.”

**05 Review and discuss**

- For strongly aligned programs that don’t fit funding categories, can they pivot or seek different funding? Might they become a Medi-Cal provider?
- If some categories are overloaded, can you shift funds by requesting a transfer or exemption?
- Think ahead: What are your best, worst, and most likely funding scenarios for 2026–2028? How would each scenario affect which programs get funded — and how?

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# Develop Hunches on Funding Focus Areas

Hunches are one of the most powerful tools you have when shaping your county's Integrated Plan. Think of them as your best guesses — what you suspect will be the biggest priorities, challenges, or opportunities in your community. Developing strong hunches before gathering input gives you a head start: you're not just collecting feedback, you're testing ideas and seeing what holds up.

Use the **Fill-in-the-Blank Hunches** tool on the right to begin forming and articulating your hunches. It's a simple way to surface your thinking, connect it to data, and identify areas that need more exploration.

Just remember: a hunch is shaped by what you've seen, who you've talked to, and what data you've had access to. It's important to check your hunches for bias — doing so will only strengthen them.

## Try Asking:

- Where did this hunch come from?
- Who benefits if it's right — and who might be left out?
- What data am I using, and what might be missing?
- What would it take to prove this wrong?

One strategy is to flip the hunch. For example, if you suspect there's a major gap in youth mental health services, ask: What if the services do exist, but young people aren't using them for other reasons? This kind of reframing helps you consider alternative explanations before gathering input from others.

# Fill-in-the-Blank Hunches

## WHO THIS IS FOR

County Behavioral Health teams who are analyzing quantitative or qualitative data.

## WHY IT IS USEFUL

Helps bridge the gap between what data is telling us and what it compels us to do.

## WHEN TO USE IT

As a way to formulate a data-driven point of view that you want to share with internal or external partners.

**We have made progress toward**

**I know this because**

**We've been successful because**

**I've seen this reflected in**

**Despite our best efforts, we haven't been able to**

**I know this because**

**The reason we haven't been able to is**

*(context, barriers, system limitations)*

**We might be more successful if we**

*(new ideas, conditions, partnerships to try)*

**Our county should consider prioritizing**

**I believe this because**

[Go to worksheet →](#)

---

# Set Learning Goals

Before going out to connect with your community, turn your hunches into learning goals. Learning goals are what you want to understand, discover, or explore through your conversations with your community members.

Instead of diving straight into collecting feedback, take a moment to pause and ask: What do I still need to learn? This step is key because it ensures that your engagements aren't just about gathering general input — it's about getting answers to the right questions.

Hunches give you a starting point, but strong planning comes from testing and refining them.

## Try Asking:

- **What does this make you wonder?** Are there specific assumptions behind your hunch that you need to double-check? What are the biggest unknowns?

- **Which hunches were hardest to come to?** If you struggled to land on a hunch, it might mean you don't have enough information yet.
- **Where were you lacking data or information?** Did you rely on outdated reports? Gut instinct? What's missing?
- **Whose perspectives are you currently missing?** Are there voices that should be included but aren't?
- **Where are the gaps in your knowledge?** Are there policies, funding shifts, or best practices you're unsure about? What expertise do you need to bring in?

By working through these questions, you'll start to see where your plan is strong and where you need more clarity. Use the **LEARN Framework** to help you turn your reflections into action.

# LEARN Framework

## WHO THIS IS FOR

County Behavioral Health teams embarking on the Community Planning Process.

## WHY IT IS USEFUL

Helps prioritize the questions that you are exploring in the Community Planning Process, which makes the most of people's time.

## WHEN TO USE IT

Before you schedule community engagement sessions so that you are clear on what information you are trying to learn.

**L**

### List Your Hunches

Write down your key hunches. These might be about funding priorities, service gaps, or community needs.

**E**

### Examine Your Uncertainties

For each hunch, ask: What am I least sure about? What feels the most fragile? This helps you zero in on where you need more learning.

**A**

### Ask the Right Questions

Turn your uncertainties into questions. Instead of “We think we need more youth mental health programs,” ask, “What barriers keep youth from accessing existing services? What types of programs do they actually want?”

**R**

### Recognize Who You Need to Hear From

Match each question with the right community group. If you're questioning service gaps, you'll want to hear from both service providers and the people they serve.

**N**

### Narrow It Down

Prioritize your learning goals. Not everything can be a top priority, so focus on the questions that will have the biggest impact on your plan.

---

# Conclusion

## Key Takeaways

- Before engaging community groups, it's essential to reflect on your county's behavioral health system, identifying priorities, gaps, and unknowns.
- Prioritization matters — counties need to assess which indicators are most important and determine what is in their sphere of influence.
- Data is a tool for understanding, not just reporting. Combining quantitative data with qualitative insights helps create a full picture of community needs.
- Developing hunches before engaging community groups ensures a more strategic planning process. Hunches serve as hypotheses that can be tested and refined through community input.
- Bias exists in every hunch. Pausing to challenge assumptions, check for missing perspectives, and consider alternative explanations leads to better decision-making.

- Turning hunches into learning goals ensures that community engagement is purposeful and focused, rather than just gathering input for the sake of it.

## Action Steps

- **Gather your data:** Combine quantitative trends with community insights to understand the full picture.
- **Develop your hunches:** Use the **Developing Your Hunches tool** and **Bias Check Prompts** to surface priorities, gaps, and assumptions.
- **Turn hunches into learning goals:** Use the **LEARN Framework** to clarify what you want to explore during community engagement.

*Image: Close-up of a tan shrub.*



<sup>01</sup> What makes engagement feel meaningful in our community? Where have we seen it build trust and connection — and where are our opportunities to grow?

<sup>02</sup> What do we still need to understand about the Community Planning Process? Where could we use more clarity on timelines, expectations, or best practices?

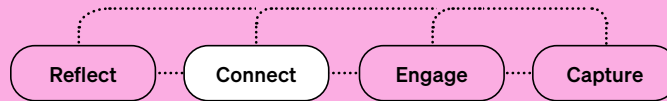
<sup>03</sup> What are the key milestones we need to plan around? How can we work backward from deadlines to set a realistic and thoughtful timeline?

<sup>04</sup> Which parts of our planning process are already in motion? Where do we need to add structure, coordination, or support?

<sup>05</sup> Who else on our team needs to be involved, and what would help them feel more ready?

# Connect

Community  
Planning Process



# At the heart of meaningful connection is trust.

The Community Planning Process is happening within the context of many changes. You're navigating shifting priorities, new requirements, and the need to make important decisions.

To move through this change in a way that deepens trust, it's essential to bring people along with you. That starts with continuing to deepen your understanding of the communities within your county, what they care about, and what they need in this moment.

This chapter will guide you in identifying and aligning around the people and groups who are part of this journey. Some may be long-standing collaborators, organizations and individuals you've worked with over time. Others may be newer connections, or partnerships you've engaged with informally in the past that are now becoming more intentional and structured.

Thoughtfully connecting and engaging with the people in your community ensures a planning process that is not only compliant with the Behavioral Health Services Act (BHSA) requirements, but also inclusive, responsive, and rooted in lasting community trust.

## By the end of this section, you will be able to:

- Understand the community groups you are required to engage through the Community Planning Process.
- Reflect on your county's existing relationships to uncover opportunities for deeper engagement.
- Begin developing a strategy that is responsive, respectful, and adaptable to needs you may encounter.

---

# Understand Community Groups

*Image: A farmers' market from overhead.*



There are more than two dozen groups you'll need to engage as part of your Community Planning Process. The first step is understanding how each group is defined by California's Department of Health Care Services (DHCS), and considering how those definitions apply in the context of your county. The following pages outline the community groups identified in the DHCS Policy Manual as essential to engage.

**<sup>01</sup> Eligible adults and older adults (individuals with lived experience)**

People age 26 and older who are eligible for BHSA-funded behavioral health services. Including adults with Serious Mental Illness (SMI) or substance use disorders (SUD), particularly those who are Medi-Cal beneficiaries, justice involved, or are experiencing or at risk of homelessness.

**<sup>02</sup> Families of eligible children and youth, eligible adults, and eligible older adults**

Relatives, guardians, or support persons of individuals eligible for BHSA-funded behavioral health services.

**<sup>03</sup> Youths (individuals with lived experience) or youth mental health or substance use disorder organizations**

Individuals 25 years of age and younger who have personally experienced mental health challenges or substance use disorders, as well as organizations that advocate for and provide services to youth affected by these issues.

**<sup>04</sup> Mental health and substance use disorder treatment providers**

Licensed behavioral health professionals, treatment centers, clinics, and organizations offering prevention, intervention, and rehabilitation services for individuals with mental health conditions or substance use disorders.

**<sup>05</sup> Public safety partners, including county juvenile justice agencies**

Law enforcement agencies, probation departments, and juvenile detention facilities working to rehabilitate and reduce recidivism through behavioral health interventions.

**<sup>06</sup> Local education agencies**

Public school districts, charter schools, and other education entities providing K–12 instruction, implementing school-based mental health services, and supporting students with behavioral health needs.

**<sup>07</sup> Higher education partners**

Colleges, universities, and vocational training institutions that provide mental health and substance use disorder resources to students, faculty, and staff.

**<sup>08</sup> Early childhood organizations**

Programs and agencies focusing on early childhood development, including childcare providers and advocacy organizations promoting mental and emotional well-being in children.

**<sup>09</sup> Local public health jurisdictions**

County or city health departments responsible for community-wide health initiatives, disease prevention, and public health interventions related to behavioral health.

**<sup>10</sup> County social services and child welfare agencies**

Government agencies responsible for child protective services, foster care, and support for vulnerable populations, including families and individuals experiencing housing instability or behavioral health crises.

**<sup>11</sup> Labor representative organizations**

Unions and worker advocacy groups that support the mental health and well-being of employees. This includes unions that represent behavioral health workers and providers that are serving individuals with behavioral health needs.

**<sup>12</sup> Veterans**

Former members of the United States military who may require specialized behavioral health services, including PTSD treatment, substance use disorder support, and housing assistance.

**<sup>13</sup> Representatives from veterans' organizations**

Nonprofit organizations, government entities, and advocacy groups dedicated to supporting veterans' mental health, social integration, and access to health care.

**<sup>14</sup> Health care organizations, including hospitals**

Medi-Cal institutions providing inpatient and outpatient mental health care, psychiatric services, emergency care for behavioral health crises, and integrated health solutions.

**<sup>15</sup> Health care service plans, including Medi-Cal Managed Care Plans (MCPs)**

Private and public health insurance providers covering behavioral health services, including state-funded Medi-Cal MCPs that offer mental health and substance use disorder treatment.

**<sup>16</sup> Disability insurers**

Insurance companies offering coverage for behavioral health treatments, hospitalizations, and rehabilitative services under commercial disability policies.

**<sup>17</sup> Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes**

Representatives of tribes and tribal health programs that deliver culturally competent behavioral health services to Indigenous communities.

**<sup>18</sup> The five most populous cities in counties with a population greater than 200,000**

Largest urban areas exceeding this population threshold, encompassing both community members and key partners and providers related to behavioral health.

**<sup>19</sup> Area agencies on aging**

Regional organizations that coordinate services for older adults, including mental health programs, elder abuse prevention, and caregiver support.

**<sup>20</sup> Independent living centers**

Centers and community-based organizations that support individuals by providing services that promote autonomy, including mental health and substance use disorder resources.

**<sup>21</sup> Continuums of care, including representatives from the homeless service provider community**

Regional collaborations of housing, social services, and behavioral health organizations, including partners and providers working to prevent and address homelessness through coordinated services.

**<sup>22</sup> Regional centers**

Agencies that provide services for individuals with developmental disabilities, including mental health supports and care coordination.

**<sup>23</sup> Emergency medical services**

First responders, ambulance providers, and emergency medical professionals who provide immediate intervention and transport for individuals experiencing behavioral health crises.

**<sup>24</sup> Community-based organizations serving culturally and linguistically diverse constituents**

Nonprofits and grassroots organizations that provide behavioral health services tailored to the unique needs of racial, ethnic, LGBTQ+, and other historically marginalized communities.

**<sup>25</sup> Representatives from youth from historically marginalized communities**

Young individuals who identify with communities that have experienced systemic barriers or exclusion, bringing lived experience and critical perspectives to shape more equitable behavioral health services.

**<sup>26</sup> Representatives from organizations specializing in working with underserved racially and ethnically diverse communities**

Organizations that focus on addressing the unique needs of racially and ethnically diverse populations through culturally aware and informed care, advocacy, and community-based support.

**<sup>27</sup> Representatives from LGBTQ+ communities**

Individuals and organizations advocating for and supporting the well-being of LGBTQ+ communities, with a focus on affirming, inclusive, and identity-centered care and advocacy.

**<sup>28</sup> Victims of domestic violence and sexual abuse**

Individuals with lived experience of domestic violence or sexual abuse whose participation and perspectives help shape trauma-informed, survivor-led services and support systems.

**<sup>29</sup> People with lived experience of homelessness**

Individuals who have experienced housing insecurity, instability, and/or homelessness whose participation and perspectives help improve access to and design of services and supports.

There are  
a lot of  
people to  
bring into  
the process



*Images top to bottom:  
A person on a street corner.  
A person crossing on a crosswalk.  
A person in traditional Native American dress.  
A person in a hat sitting at desk.*

---

# Assess Relationships

Now that you have a clearer understanding of the required community groups, the next step is to reflect on your existing relationships. Chances are, you're not starting from scratch — you've likely built trust and connection with many community partners over the years. This is a moment to take stock: Who are you already closely connected with? Where do you have strong, consistent engagement? And who might be missing from the table?

The Relationship Reflection tool can help you and your team answer those questions by sorting your connections into three categories — Actively Engaged, Growing, and Emerging. Use it to reflect together, explore the guiding questions, and create a visual map of where you're starting from and where you may want to strengthen relationships as you move through the Community Planning Process.



## Actively Engaged

Their involvement goes beyond one-time input — this may look like:

- Holding formal partnerships or MOUs with the county.
- Participating regularly in meetings, workshops, or advisory boards.
- Collaborating to identify community needs, gaps, and priorities.

### Try Asking:

- Which community groups do you feel a consistent connection with?
- How do you personally define “consistent” in the context of these relationships?
- Would these individuals and organizations describe the relationship in the same way?
- What stories or signs stand out as evidence of trust, collaboration, or shared impact?

**Tip:** Keep track of these indicators and stories — they can serve as valuable tools for storytelling, impact reporting, and strengthening your Integrated Plan.



## Growing

They are not consistently engaged nor have a structured way to share their perspective:

- Attending public meetings and community events that are hosted by other agencies/ organizations in which Behavioral Health has a presence.
- Receiving only high-level information and updates related to Behavioral Health Plan initiatives.
- Engaging in informal or one-time conversations without a clear pathway for continued collaboration, follow-up, or opportunities to close the loop.

### Try Asking:

- Which community groups do you feel a growing connection with?
- Have you received feedback or identified a clear opportunity or shared purpose for deeper partnership and collaboration?
- What would it take to move this connection toward a stronger, more consistent relationship?

**Tip:** Consider both internal and external factors — like capacity, trust, or communication gaps. Identifying these barriers is the first step toward creating more intentional and inclusive engagement strategies.



## Emerging

They may be unaware of the Behavioral Health Plan, feel excluded, or face systemic or structural barriers that limit their participation — this may look like:

- Feeling a lack of trust and/ or experiencing harm related to institutional and/ or government systems.
- Experiencing a historical lack of involvement and connection with Behavioral Health, as individuals and community groups.
- Facing significant barriers to participation — such as limited accessibility, past negative experiences, and a lack of clarity in how their voices and perspectives will impact decision making.

### Try Asking:

- Which community groups do you feel unclear on how to move forward with?
- What barriers currently prevent your team from engaging more deeply with these communities?
- Are there individuals and/or organizations that already have a deep partnership with them?

**Tip:** Reflect on what's needed — whether it's building trust, creating more accessible communication, or dedicating time and resources. These insights can help guide your next steps toward more inclusive and lasting partnerships.

# Relationship Reflection

## WHO THIS IS FOR

County Behavioral Health teams who are engaging in the Community Planning Process.

## WHY IT IS USEFUL

Helps identify relationship strengths, gaps, and opportunities to deepen engagement across systems.

## WHEN TO USE IT

Use individually or as a team to assess connection levels, prioritize outreach, and guide engagement planning.



**01 Print the Relationship Reflection worksheet**

It lists all required community groups in a simple grid format.

**02 Work as a team**

Mark where each group currently falls — actively engaged, growing, or emerging.

**03 Be honest and reflective**

There are no “right” answers. This is a chance to take stock and surface gaps or opportunities.

**04 Discuss as you go**

You may notice overlap across groups or shared insights from past engagements. Talk about what you see and what stands out. It lists all required community groups in a simple grid format..

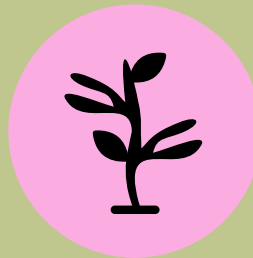
**05 Use your completed reflection to inform outreach planning**

What patterns are emerging? Who do you need to reach out to first? Where might you need new connections, support, or time to build trust?



## Actively Engaged

*strong, ongoing connection and trust*



## Growing

*relationship exists but could be deepened*



## Emerging

*early-stage or no current relationship*

## Relationship Reflection Tool

Which of the community groups below are actively engaged, growing relationships, or emerging relationships?

Eligible adults and older adults (individuals with lived experience)	Families of eligible children and youth, eligible adults, and eligible older adults	Youths	Providers of mental health services and substance use disorder treatment services
Public safety partners, including county juvenile justice agencies	Local education agencies	Higher education partners	Early childhood organizations
Local public health jurisdictions	County social services and child welfare agencies	Labor representative organizations	Veterans
Representatives from veterans' organizations	Health care organizations, including hospitals	Health care service plans, including Medi-Cal Managed Care Plans (MCPs)	Disability insurers
Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes	The five most populous cities in counties with a population greater than 200,000	Area agencies on aging	Independent living centers



## Actively Engaged

*strong, ongoing  
connection and trust*



## Growing

*relationship exists but  
could be deepened*



## Emerging

*early-stage or no current  
relationship*

Continuums  
of care, including  
representatives from  
the homeless service  
provider community

Regional centers

Emergency  
medical services

Community-based  
organizations  
serving culturally  
and linguistically  
diverse constituents

Representatives  
from youth from  
historically  
marginalized  
communities

Representatives  
from organizations  
specializing in working  
with underserved  
racially and ethnically  
diverse communities

Representatives  
from LGBTQ+  
communities

Victims of  
domestic violence  
and sexual abuse

People with lived  
experience of  
homelessness

[Go to worksheet →](#)

---

# Show Up With Care

*Image: A person feeding birds on a dock.*



Now that you've taken stock of your relationships, it's time to think about how you'll connect. Every community group brings different needs, expectations, and goals — which means your invitations to engage should be just as thoughtful.

This section introduces four types of community groups you may need to engage, each organized around a shared engagement need — along with tips for connecting, case studies, and tools to support your outreach. Grounding your approach in a real understanding of where people are coming from can help you strengthen trust, repair disconnects, and show up with care.

01

## Collaborators New to Behavioral Health

Partners who are new to BHSA funding and bring valuable expertise in areas like housing, health, and social services.

02

## Partners Navigating Ambiguity

Longtime MHSA-funded partners who may need support to adapt to BHSA changes.

03

## Community Mobilizers and Connectors

Community-connected partners who bring insight, relationships, and trust — and help ensure engagement is inclusive and grounded.

04

## Community Members Eager for Progress

People who rely on or are impacted by BHSA-funded services — and want to see how decisions will reflect their needs and priorities.

# Collaborators New to Behavioral Health

New to behavioral health, these prospective partners bring critical expertise in areas like housing or physical health care. Together, you're laying the foundation for a stronger, more integrated system — one built for long-term change.

## For Example

Housing experts in counties that have not previously worked with housing partners; Managed Care Plans new to your county.

## What You're Hearing

"I'm new to Behavioral Health altogether."

"So, there's a new pot of money."

General misconceptions about behavioral health.

## You Need

Collaborative partnerships to meet BHSA requirements and achieve shared goals.

## They Need

A solid foundation of what behavioral health is and clear ways to collaborate with your team.

## What to Consider

- **Provide an introduction to BHSA and Behavioral Health**  
Offer simple, clear training and materials that explain key concepts, funding, and priorities.
- **Align expectations and roles**  
Clarify their role in the system and what support and collaboration they can expect.
- **Invest in trust-building from the start**  
Show commitment by showing up, listening with empathy, addressing concerns, and aligning on shared goals.
- **Create open channels for ongoing communication**  
Establish regular check-ins, feedback loops, and shared decision-making.
- **Learn from them**  
Understand what tools they use to engage their communities and explore ways to learn together.

*Image: A table set with items.*



## Lake County Builds Trust with Tribal Nations

In Lake County, building trust and partnership with Tribal Nations is grounded in presence, respect, and long-term commitment. County leaders recognize that it can take years of consistently showing up, not to ask, but to offer support — through services, education, and collaboration on community-led programming. This relationship-first approach prioritizes cultural understanding and mutual respect, laying the foundation for trust before moving forward with formal processes like Memorandums of Understanding (MOUs).

*“Tribal entities want to see that your partnership is not just one-sided; so often, the government uses them to check a box.”*

**ELISE JONES, LAKE COUNTY BHS**

 TOOL

- Spheres of Influence
- Welcome Kit for New Partners

# Partners Navigating Ambiguity

These existing MHSA-funded partners have been stewarding community trust and care and now face uncertainty under BHSA. They've carried the torch; they need clarity and support to pivot, adapt, and continue serving their communities.

## For Example

Community Based Organizations that have traditionally focused on population-level prevention.

## What You're Hearing

"I don't know what the future holds for my program."

## You Need

Protection of essential county services and relationships while supporting partners through funding transitions.

## They Need

Clear communication about funding shifts and next steps.

## What to Consider

- **Support the provider to become Medi-Cal certified**  
Encourage them to take advantage of this funding source. CalMHSA is creating a DHCS-sponsored Medi-Cal for CBO Providers training in its learning management system that will be available this summer.
- **Identify alternative funding sources**  
Explore grants, partnerships, private funding opportunities.
- **Leverage available provider types**  
Train and certify staff for reimbursable roles, such as peer support specialists.
- **Explore shifting key services to another entity**  
Collaborate with local agencies to maintain essential programs.

*Image: A sign that says “Free workshops inside.”*



## Painted Brain’s Evolving Approach to Funding

Painted Brain is evolving its approach to funding by shifting toward more billable services and exploring alternative revenue streams. By diversifying its business and financing model, the organization is reducing reliance on traditional grants and building a more sustainable foundation for long-term impact. A key to their success has been their strong grasp of the evolving funding landscape especially within their counties — which has enabled them to identify and pursue new opportunities with clarity and strategic focus.

*“We are at a turning point within our organization and with our current business model because with the passage of Prop 1, the grants landscape is looking a little bleak.”*

**BETTINA ELSTRO, CHIEF ADMINISTRATIVE OFFICER, PAINTED BRAIN**

### TOOL

- Discussing Funding Changes with Partners

# Community Mobilizers and Connectors

Deeply connected to key community groups, these trusted partners help ensure that voices from the margins are heard. They weave relationships, trust, and participation into the planning process. Without them, engagement unravels.

## For Example

Advocacy groups that represent specific groups of community members; providers and partners who know their clients deeply.

## What You're Hearing

“When will we [insert activity that you did together during MHSA]?”

“Help me understand how my clients can give input.”

## You Need

Warm connections to their networks and co-facilitated sessions to increase meaningful community input.

## They Need

To understand the role that community input will play and the process by which they can engage.

## What to Consider

- **Educate about Behavioral Health funding and BHSA changes**  
Help partners understand funding shifts under BHSA, including engagement requirements and impacts on their work and communities.
- **Lead with an offer, not just an ask**  
Practice reciprocity by identifying what support or resources you can offer before making requests.
- **Meet communities where they are**  
Join partners' existing events to reduce burden and increase participation.
- **Share impact of input**  
Collect stories and data ethically, and show how input shaped decisions by sharing outcomes.

*Image: A person in a yellow shirt.*



## The Power of Promotores (Visión y Compromiso)

Visión y Compromiso's Promotores model highlights the power of community mobilizers. Promotores are also referred to as: patient liaisons, peer educators, health advocates, family educators, outreach workers or system navigators. By going directly into communities to educate, listen, and build trust, they serve as a vital bridge between community members and the systems that serve them. They support in breaking down barriers that often prevent access to critical information and services, while also holding culturally aware and informed knowledge on and advocacy for the needs of their communities.

*"If you're just an ordinary person coming to my door, well, I don't know you. But if you're someone I know, wearing a Visión y Compromiso shirt with bright colors, then I know you're trusted — because you keep bringing me information that matters to me."*

**YOANA LUNA, REGIONAL PROGRAM  
MANAGER, VISIÓN Y COMPROMISO**

### TOOL

- [BHSA in Five Slides](#)
- [BHSA One-Pager](#)

# Community Members Eager for Progress

These community members bring lived experience that grounds the planning process in truth. Their input shapes local decisions — and they need to know when, where, and how their voices are making a difference.

## For Example

People with lived experience, consumers, family members, veterans, etc.

## What You're Hearing

“We’ve already shared input. What have you done?”

“What are you planning to do about [X]?”

## You Need

Meaningful input to incorporate into your Integrated Plan with clear demonstration of how it influenced decisions.

## They Need

To feel seen and heard, and to understand the value/benefit for participation.

## What to Consider

- **Leverage trusted community voices**  
Partner with local leaders and show up regularly to strengthen credibility and connection.
- **Meet people where they are**  
Engage in familiar, comfortable settings to encourage open and honest conversations.
- **Use culturally relevant and accessible communication**  
Tailor messaging to diverse audiences through multiple formats and languages.
- **Honor lived experiences and expertise**  
Acknowledge community wisdom by actively listening, valuing insights, and co-creating meaningful solutions.
- **Be intentional and accountable**  
Ask thoughtful questions and clearly show how feedback shapes decisions.



*Image: Sun setting over a busy street with a street sign that says “Canyon Crest Dr. 3400.”*

## LADOT’s Community-First Approach to Outreach

The Los Angeles Department of Transportation (LADOT) leverages its Street Team Deployment, a dedicated group of outreach specialists, to support community engagement through canvassing, phone banking, tabling, and advising on ground-level strategies. Their approach underscores the importance of not just deciding how to connect with communities, but also why — ensuring that each interaction is guided by a clear purpose and focus. Defining meaningful questions and intent is just as essential as designing outreach that is dynamic, accessible, and responsive at a city-wide scale.

*“We’ve found it to be very important to be realistic about and define what we can and cannot do. Decide the questions [to ask] — ‘Why are we here? What can we do? What are people’s priorities? What are your experiences like?’”*

**CLARE EBERLE, TRANSPORTATION  
PLANNER, LADOT**

 TOOL

- LEARN Framework

# Welcome “Kit” for New Collaborators

*Image: A box that says “Welcome to Behavioral Health in California” and “Tools, history, and best practices for serving our community.”*



## WHO THIS IS FOR

Other agencies, partners, and providers who are new to working with your county’s Behavioral Health Plan.

## WHY IT IS USEFUL

Builds trust, clarity, and alignment by helping foster understanding of BHSA and your county’s Behavioral Health system, and key processes.

## WHEN TO USE IT

Consider creating an onboarding “kit” when first connecting and meeting with other agencies, partners, and providers to help ground them in the context of behavioral health and the BHSA.

INSERT YOUR COUNTY  
NAME OR LOGO HERE

#### Behavioral Health Services Act

## Welcome Letter Template for New Collaborators

Welcome, **[Insert Partner Name]**, to the world of Behavioral Health!

County Behavioral Health delivers mental health and substance use services for those with the greatest need, often in partnership with community-based partners and providers. We fund and coordinate care across systems — from crisis response to Full Service Partnerships (FSPs) — and work closely with schools, hospitals, peer programs, and Managed Care Plans (MCPs). We prioritize transparency, collaboration, and community voice in everything we do.

For the last twenty years, we have been operating under the Mental Health Services Act (MHSA). This legislation was groundbreaking for County Behavioral Health plans: it put a tax on the most wealthy in California — those earning over \$1 million a year — and directed those funds to County Behavioral Health Plans to use to improve the lives of the people that we serve.

In **[Insert County Name]**, we used those funds on many programs including **[Insert Program Name]** that served over **[Insert Number of People]**. These programs had tremendous impact, including **[Insert Results]**.

In 2024, voters passed Proposition 1, which put the Behavioral Health Services Act (BHSA) in place. BHSA replaces MHSA, and signifies a transformational refocusing of the behavioral health system.

We have the opportunity to get creative together as we transform our system to focus on those most in need of services. Over the next several months, we will embark on a Community Planning Process to create an Integrated Plan that states not only how we are using BHSA funds, but also how we are using all funding sources we administer as a Behavioral Health Plan.

We are looking forward to working with you and partnering with you through this process.

[Welcome Letter Template →](#)

### **01 Write an intro letter to Behavioral Health**

### **02 Include an overview of State and Federal regulations**

- [\*DHCS MHSA/BHSA Page\*](#)
- [\*DHCS Prop 1 Fact Sheet\*](#)
- [\*DMHC Behavioral Health Care Page\*](#)
- [\*SAMHSA Laws, Regulations, and Policies\*](#)

### **03 Consider these additions**

- Handwritten card that says hello.
- List of Community Meetings in your county.
- List of other partnering organizations in your county.
- A brief overview of the mission, vision, and values of your Behavioral Health Plan.

### **02 Schedule 1:1 conversations**

- Open up a conversation with introductions and your respective roles. Highlight what inspired you to work in Behavioral Health, and your journey to your role.
- Share why you wanted to connect, and if there was a mutual connection or purpose that made the introduction possible.

---

# Managing Change

As a Behavioral Health Plan, you have an obligation to manage and shape your county's provider network to deliver required services. As your focus shifts under BHSA, the types and number of specific providers and services changes. Even good change can be stressful. Showing up with care is important as you navigate tough conversations — especially when they involve delivering difficult or disappointing news. County leaders we spoke with emphasized how much they value the relationships they've built with partners, and how important it is to preserve that trust. **The Discussing Funding Changes with Partners** tool offers suggested talking points and strategies to help you approach these conversations with clarity, empathy, and respect.

# Discussing Funding Changes with Partners

*Image: Two people talking at a table.*



## **WHO THIS IS FOR**

County Behavioral Health teams meeting with providers and partners that are worried about funding.

## **WHY IT IS USEFUL**

Provides useful talking points that draw clear lines of accountability.

## **WHEN TO USE IT**

Proactively when a partner/provider is likely going to need to pursue alternate funding sources under BHSA; reactively in the moment when partners/providers ask whether their funding will be continued.

Before you begin, ensure the physical space feels private and/or that the person you are speaking with has your full and focused attention.

## Validate

Start by acknowledging that it is normal to feel uncertainty amidst changes.

### You might say:

*“There’s a lot evolving right now. I understand why you’re asking about your program’s future — these are thoughtful and important questions. Like you, we’re committed to the people we serve, and we want to approach this shift with as much care and clarity as possible.”*

**Tip:** Pause and listen. Let your partner articulate their concerns.

## Acknowledge the Program’s Contribution

Recognizing the value of their work helps program partners feel respected, even if the outcome is difficult. Be specific when you can.

### You might say:

*“Your program has made a meaningful difference in our community. For example, [insert metric or story]. The care and commitment your team has shown is not lost on us, and we deeply appreciate the impact you’ve had.”*

**Tip:** Authentic praise builds trust and keeps the door open for maintaining a relationship.

## State the Facts

Provide the necessary details and explain the “why” behind it.

### You might say:

- *“We’re entering a new phase of opportunity to reimagine how we support people with the greatest behavioral health needs. Under the new BHSA rules, we’re aligning our funding to better serve those with serious mental health and substance use conditions.”*
- *“For instance, 30% of our budget is now being invested in housing interventions, which reflects the importance of housing as a foundation for recovery.”*
- *“As a result, we’re reviewing every program through the lens of BHSA’s requirements, and we’re assessing how each program aligns with the new criteria. Where programs aren’t a fit, we’ll work together to support transitions where needed.”*
- *“A priority for us is maximizing Medi-Cal claiming where possible. There are opportunities for providers to become Medi-Cal certified.”*

**Tip:** Let the facts do the heavy lifting.

## State What Comes Next

Partners need clarity not just on what might happen but what they can do now.

### You might say:

- *“If I were in your shoes, I would begin exploring other sources of funding now. We anticipate making final decisions by [DATE], and waiting until then may limit your options.”*
- *“One of the new expectations under BHSA is maximizing Medi-Cal billing. If your program could align with Medi-Cal requirements, that could be a path forward. I’d recommend exploring that, and I’m happy to connect you with resources.”*
- *“Additionally, some services — particularly population-based prevention — are now being shifted to the State level. I recommend reviewing the current California Department of Public Health guidance and learning more about their engagement and planning timeline.”*

**Tip:** Offer to follow up with a one-pager of potential funding leads or a warm intro where possible.

## Check In for Understanding

Before closing, make space to process and confirm understanding. This ensures alignment and allows them to ask lingering questions.

### You might say:

*“Given everything we’ve discussed, what do you see as your next steps?” “What questions do you still have? Is there anything you need from us as you move forward?”*

**Tip:** Silence here is okay — some may need a moment before responding.

## Close the Loop

Follow up in writing with a summary of what was shared, including timelines, next steps, and any resources offered. This reinforces clarity and demonstrates partnership, even in hard times.

### You might say:

*“I’ll follow up with a brief summary of what we discussed, including timelines and the resources we mentioned. We’ll continue to be here as a thought partner as things evolve.”*

---

# Conclusion

## Key Takeaways

- Trust is the foundation of strong community engagement. Transparency, consistency, and collaboration build lasting relationships.
- The BHSA Community Planning Process requires meaningful partnerships with a diverse set of organizational partners and community groups.
- Bringing in new voices ensures that planning efforts reflect the full spectrum of community needs.
- Effective engagement goes beyond compliance — it creates relationships that support an inclusive and sustainable Behavioral Health system.

## Action Steps

- **Identify required community groups:** Review the DHCS table and definitions to understand which groups you're expected to engage with.
- **Map your current connections:** Identify who you're already in touch with and where there are gaps in your network.
- **Use the needs framework to guide outreach:** Reference the framework to ground your engagement approach in best practices that support meaningful connections.
- **Plan your next moves:** Based on your mapping and the framework, outline how you'll initiate or deepen relationships with priority groups.

*Image: Close-up of a red flower petal.*

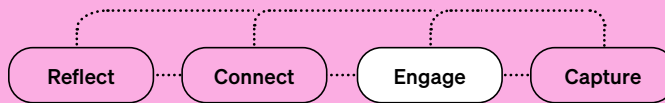



## REFLECTION QUESTIONS

- 01 Which relationships feel strong and well-established? How did they develop?
- 02 How well do we understand the unique needs, values, and concerns of the groups we're required to engage?
- 03 Are there communities we've historically struggled to reach? Why?
- 04 What prevents deeper engagement — and how might we begin to shift that?
- 05 What is one concrete step I can take this month to strengthen the way I connect with the communities in my county?
- 06 What are the biggest barriers to meaningful participation in my county? What steps can I take to remove or reduce those barriers?

# Engage

Community  
Planning Process





# The way we engage shapes what we build.

Once you have made connections to the communities in your county, the deeper question is: What do you actually do together?

This chapter turns its focus to how. How do you structure engagement that respects people's time, invites their insight, and actually influences decisions? How do you choose methods that work not just in theory, but in your specific context?

Community engagement can't be one-size-fits-all — and it should not be performative.

When done well, it's a process of co-creation: rooted in trust, shaped by collaboration, and driven by the communities it is meant to serve.

**By the end of this section, you will be able to:**

- Explore a range of community engagement modes and understand when to use each.
- Tailor engagement modes to reflect your county's specific needs and capacity.
- Design engagements that lead to meaningful input — and ultimately, meaningful decisions.

---

# Modes of Engagement

*Image: An illustration of a family sitting around a table of oranges.*



Meaningful community engagement can take many forms depending on your goals, your audiences, and the communities you serve. In this section, you'll find a curated set of inspiring examples to help you Inform, Listen, and Collaborate while engaging with your communities.

For each mode of engagement, you will see a brief description along with a set of instructions, or examples to show what it is and how to use it. You will also see recommendations for audiences, strengths, and watch outs. You can mix and match tools to adapt them to fit your needs. While every county's approach will look a little different, most engagement efforts for your Community Planning Process will fall into one of three core modes:

## Inform

### **Help people understand the system.**

Informing means equipping community members, partners, and providers with the context, language, and resources they need to participate meaningfully. It's about making complex systems accessible and sharing power through knowledge.

- Pop-Up Events
- Bite-Sized Media Education

## Listen

### **Surface lived experiences and input.**

Listening means creating space for others to share needs, priorities, and ideas — and being intentional about slowing down, asking thoughtful questions, and honoring different ways of expressing input.

- Community Listening Sessions
- 1:1 Interviews
- Immersive Visits

## Collaborate

### **Work together to shape solutions.**

Collaborating means inviting community members, partners, and providers into the process to co-create ideas, make decisions, and design programs that reflect real-life expertise and priorities.

- Community Advisory Boards
- Co-Creation Workshops
- Voting and Prioritization Tools
- Surveys

*Image: An illustration of a family sitting around a table of oranges.*



# Pop-Up Events

Inform

These in-person events are informal gatherings that bring behavioral health teams directly into the community, building familiarity and trust in spaces where people already go for services or connection.

## Who to use this with

Unhoused neighbors, youth, veterans, and other community groups who may be experiencing limited access to broadband, tech, or traditional civic spaces.

## When to use it

When you're trying to build relationships with community groups you haven't engaged before — or want to meet people in their own context where trust can grow naturally.

## How to do it

1. Co-host with a trusted community-based organization (CBO).
2. Choose community spaces. Have events at libraries, parks, or rec centers and offer food, water, and shade.
3. Use clear signage and visuals. Use the One-Pager or printed Five Slides.
4. Bring a suggestion box. Provide prompts that participants can respond to on sticky notes.

## STRENGTHS

- Builds real-world visibility.
- Fosters trust through presence.
- Allows for casual, low-pressure interaction.

## WATCH OUTS

- Avoid over-programming — keep it loose.
- Be clear about who you are and why you're there.
- Respect space and avoid extractive

## CASE STUDY

### Lake County Partners with Probation to Engage Justice-Involved Individuals

Lake County's Behavioral Health Plan took part in the Probation Department's Resilient Re-Entry event, which offered services like record expungement, college info, and free tattoo removal. Instead of hosting a separate event, Behavioral Health met people where they were — engaging both justice-involved individuals and building a stronger relationship with Probation in the process.

*"I've learned that in small rural areas, people can get very creative because your resources are limited. So they manage to partner."*

**ELISE JONES, COUNTY BEHAVIORAL HEALTH DIRECTOR, LAKE COUNTY**

#### Takeaway:

By joining an existing event, the county expanded its reach, reduced barriers to participation, and strengthened local partnerships.

*Image: An illustration of a family sitting around a table of oranges.*



# Bite-Sized Media Education

Inform

Short, accessible content designed to help your community understand your county's Behavioral Health System — delivered in the formats and channels they already use and trust. Whether it's an Instagram reel, YouTube video, or a trusted voice on the local radio, the goal is to meet people where they are, using clear language and fast production to get timely messages out into the world.

## Who to use this with

Community members who follow language-specific media like Facebook pages, local radio, or influencers — especially those not attending in-person events but who want to stay informed.

## When to use it

When you want to build broad, community-wide awareness around the Behavioral Health Services Act (BHSA), services available, or how to get involved. Best used when you've identified which groups you're trying to reach and know the channels they use.

## How to do it

1. **Pick one priority message and one group.** Be focused in what you say and who you're trying to reach.
2. **Go to channels they already use.** Create content where they are: Radio? TikTok? WhatsApp?
3. **Create low-lift content in a formats that feel familiar.** Consider “Get ready with me” explainer videos, provider-led community updates, audio PSAs, etc.
4. **Use real voices.** Feature community leaders, staff, or trusted messengers, whenever possible.

## STRENGTHS

- Fast and flexible.
- Builds trust through familiar formats and/or familiar faces.
- Scales well across geographies and groups.

## WATCH OUTS

- Don't assume one format works for everyone — tailor by audience.
- Keep messages clear and accurate, especially around services.
- Monitor and respond to comments and misinformation.

## CASE STUDY

### LA County Uses YouTube Series to Build Awareness of BHSA

The Los Angeles County Department of Mental Health created a series of short, under-5-minute YouTube videos to explain key topics related to MHSA and BHSA. Featuring LACDMH (Los Angeles County Department of Mental Health) team members, the videos cover history, services, metrics, funding, community planning, and more. Designed to be engaging and accessible, they support outreach by offering a quick, shareable way to build awareness.

**Takeaway:** Short, accessible videos can be an effective tool for educating the community and supporting broader engagement — especially when they use familiar formats and trusted voices.

*Image: An illustration of a group of people talking around a table.*



# Community Listening Sessions

Listen

Inclusive group settings that offer multiple ways to participate — verbally, visually, anonymously, or through creative prompts — often held in large settings with a mix of in-person and virtual options.

## Who to use this with

Any group session with a mix of comfort levels or communication styles — particularly good for town halls or large community meetings.

## When to use it

When you want to surface feedback from everyone around emerging community needs, not just those comfortable speaking up.

## How to do it

1. **Design for accessibility.** Choose inclusive locations, offer hybrid or virtual options, schedule thoughtfully, and provide strong facilitation and recordings when possible.
2. **Create a space for anonymous feedback.** Provide a wall or an anonymous chat where people can share responses or ideas anonymously.
3. **Ask participants to react to ideas.** Gather responses by asking to share what they like, what they wish, and what they wonder.
4. **Partner with skilled, culturally aware facilitators.** Be lead by those who reflect and understand the communities you're engaging.

## STRENGTHS

- Encourages participation from those who may not usually speak up.
- Builds group empathy and accountability.
- Offers choices in how to participate.

## WATCH OUTS

- Don't rush responses.
- Hold space for sensitive shares.
- Be ready to synthesize diverse formats.
- Avoid over-relying on large group meetings as a sole mode of engagement.

## CASE STUDY

### LA County Leans on Skilled Facilitation to Guide Group Input

In Los Angeles County, a dedicated team member, Dr. Rigoberto Rodriguez, facilitates community planning sessions, helping maintain momentum and ensure inclusive participation. Their neutral role supports both small group discussions and large reflections, creating space for focused questions and meaningful input.

*"He facilitates discussion in our [Community Planning Team] meetings breaking folks out into table discussions, and [taking] notes ... he'll consolidate all of that feedback into themes that we're able to use and work with."*

**KALENE GILBERT, PROGRAM MANAGER,  
LOS ANGELES COUNTY DEPARTMENT  
OF MENTAL HEALTH**

**Takeaway:** Skilled facilitators guide groups between breakouts and large discussions, fostering inclusive and actionable feedback.

*Image: An illustration of two people shaking hands.*



# 1:1 Interviews

[Listen](#)

Private conversations to understand lived experiences, technical knowledge, and community wisdom that might not emerge in group settings.

## Who to use this with

Community-based organization (CBO) leaders, individuals with lived experience, new or infrequent partners (such as Managed Care Plans), subject matter experts, and anyone whose perspective can meaningfully shape the system.

## When to use it

When building trust or learning from someone with unique knowledge — especially early in engagement.

## How to do it

1. **Use a lightweight discussion guide.**
2. **Record audio (with consent) or take notes.**
3. **Follow up with summaries and gratitude.**

## STRENGTHS

- Builds trust and intimacy.
- Captures nuanced feedback.
- Supports power-sharing and empathy.

## WATCH OUTS

- Be mindful of power dynamics.
- Don't overpromise change.
- Respect privacy and boundaries.

## CASE STUDY

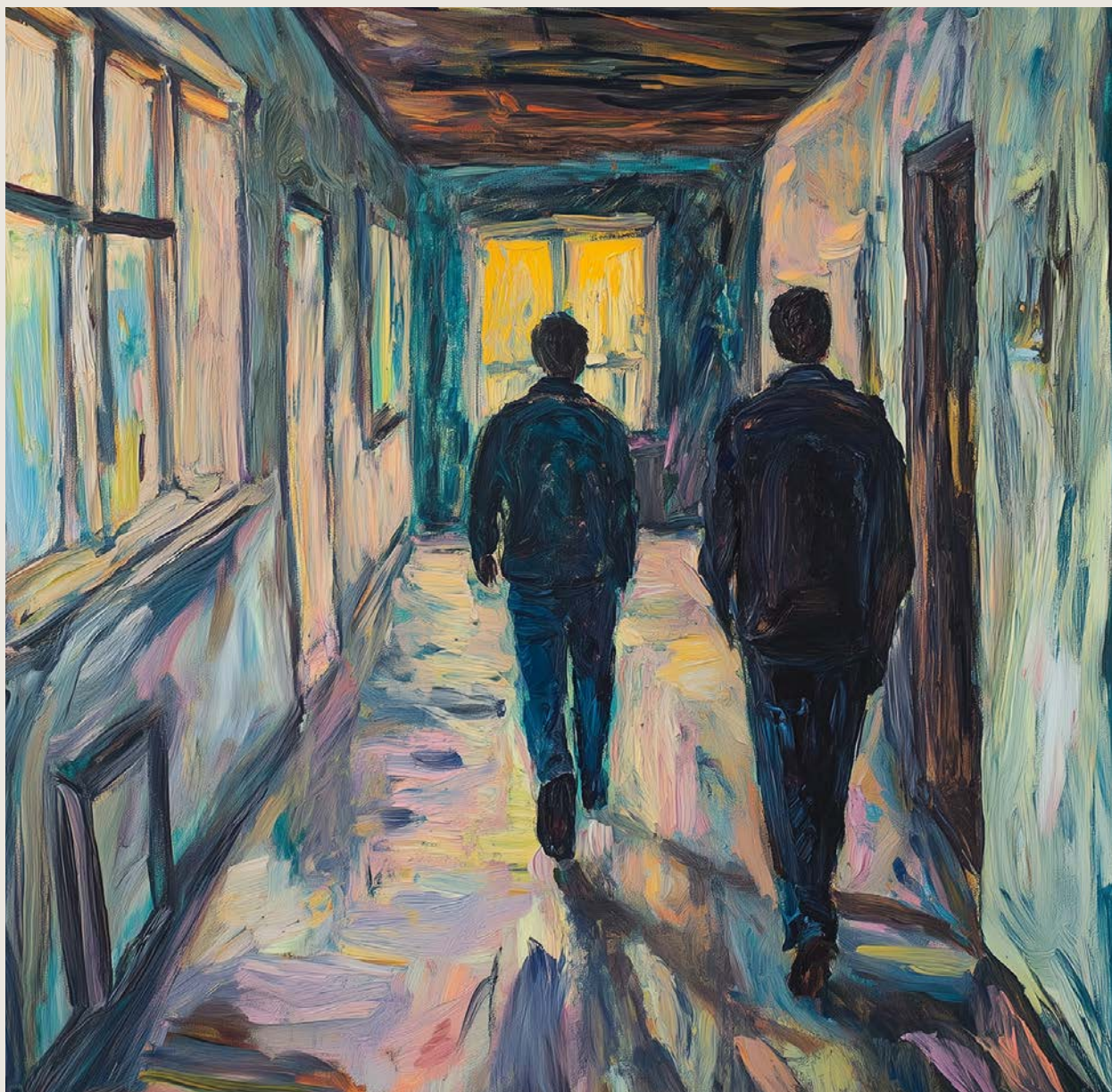
### Tulare County Builds Trust Through Regular 1:1 Conversations

In Tulare County, trust with providers is built through regular group and one-on-one check-ins. Alongside quarterly meetings, the Behavioral Health Director holds informal lunch meetings with each vendor's Executive Director to discuss wins, challenges, and offer support. Over time, these conversations have strengthened relationships and opened communication.

*"I do lunch meetings like once a quarter. It's just a one-on-one of, 'are you getting your needs met? These are the great things that are happening, and these are the areas that are a bit of a challenge.' And so we talk about it at our level, and then that transitions down to our staff as well. So that's been successful too, just building those relationships."*

**NATALIE BOLIN, COUNTY BEHAVIORAL HEALTH DIRECTOR, TULARE COUNTY**

*Image: An illustration of two people walking down a hallway.*



# Immersive Visits

[Listen](#)

Informal visits to real-world behavioral health settings — clinics, drop-in centers, or partner-run programs — guided by someone who lives or works there. They help you build trust, see barriers that might not come up in formal meetings, and deepen your understanding of what's working and what's not.

## Who to use this with

People receiving behavioral health services, care providers, and community advocates.

## When to use it

When you want to build trust by showing respect and curiosity through presence, hear directly from those most impacted by behavioral health services, and better understand the context and barriers within your system.

## How to do it

1. **Coordinate in advance with a service user, provider, or trusted community member to guide your visit.** Always get permission and be clear about who you are, why you're visiting, and how insights may be used.
2. **Visit with just 1–2 team members.** One person can engage while the other observes quietly. Keep a low profile and avoid overwhelming the space.
3. **Ask thoughtful, open questions.** Try:
  - What do you wish people understood about this place?
  - What's something that works really well here?
  - What makes it hard to access or use this service?
  - What would you change if you could?
4. **Respect the space.** Only take notes, photos, or recordings if invited to do so. Some spaces may not feel appropriate for documentation.
5. **Follow up with care.** A small thank you or reflection afterward can go a long way in building relationships.

## STRENGTHS

- Builds authentic, real-time understanding of people's behavioral health experiences.
- Reaches individuals who may not attend formal meetings.
- Surfaces contextual insights and uncover overlooked barriers.

## WATCH OUTS

- Engage in a way that feels informal, not extractive.
- This is not a tour, be mindful to not overwhelm the space with multiple members of your team.
- Be ready to pivot based on what's happening in the space.
- Keep visits short and focused on listening.

*Image: An illustration of a group of people meeting around a table with a desktop computer.*



# Community Advisory Boards

Collaborate

A small group of trusted partners and new collaborators who serve as ongoing partners, informing and advising on key decisions throughout the planning process.

## Who to use this with

Community members who can represent diverse perspectives and who have the time and resources to participate actively. This may include trusted partners who know your clients well and new partners like Managed Care Plans, housing organizations, or CBOs, who bring critical but unfamiliar perspectives.

## When to use it

When you need ongoing feedback as your plan takes shape from people who deeply understand the context and challenge.

## How to do it

1. **Start with a warm, informal kickoff.** Host a session designed for connection.
2. **Define the purpose of the group and roles.** Confirm each person's role, responsibility, and commitment.
3. **Establish ways of working.** Will there be a group chat? Monthly working meetings? Regular check-ins?
4. **Use your Advisory Board.** Test language, ideas, and priorities.

## STRENGTHS

- Builds long-term collaboration.
- Encourages shared ownership.
- Fast access to smart, relevant feedback.

## WATCH OUTS

- Be clear about scope and time commitment.
- Be clear about how decisions are made.
- Be mindful: Advisory boards rarely capture all perspectives.

## CASE STUDY

### Stanislaus County Builds Equity Through an Ongoing Advisory Committee

In Stanislaus County, Behavioral Health and Recovery Services (BHRS) established a Behavioral Health Equity Committee (BHEC) to partner with providers, clients, families, and community members. The group plays a key role in ensuring services reflect the cultural health beliefs and practices of the people they serve.

*“We’re inviting those who want to be part of the conversation around commitment in fostering an environment of diversity, inclusion, and equity.”*

#### STANISLAUS COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

**Takeaway:** A standing advisory group can help embed equity into planning and service design by offering trusted, ongoing input from diverse community voices.

*Image: An illustration of a group of people standing around a wall with papers taped to it, and a circle of desks.*



# Co-Creation Workshops

Collaborate

Hands-on sessions that bring community members and partners directly into the process — not just to give feedback, but to shape ideas alongside you. These sessions help surface creative solutions, build alignment across perspectives, and create shared ownership.

## Who to use this with

Community leaders, staff, and partners you already have some trust with and want to build with further.

## When to use it

When you want to explore new ideas or generate multiple approaches before narrowing down.

## How to do it

1. **Invite the right mix of voices.** Include community leaders, service providers, or cross-sector partners connected to the challenge you're tackling.
2. **Set a clear focus.** The more specific the prompt, the more useful the ideas. Align your team in advance on the challenge or question to explore.
3. **Create the right conditions.** Bring supplies like pens, sticky notes, and art materials. Use warm-ups and group activities that spark imagination.
4. **Use brainstorming rules.** Encourage big ideas, build on each other's thinking, stay visual, and go for quantity — not perfection.
5. **Make ideas actionable.** Capture how the group's input shapes your thinking. Use simple voting tools to identify priorities and next steps.

## Example

A county leader brings together a local Community Based Organization (CBO), a group of impacted community members, and a Managed Care Plan to explore the question, "How might we prioritize new BHSA funding in ways that meet real community needs?" Participants sketch ideas like mobile care teams, trusted community navigators, and co-located services in familiar spaces. They build on each other's thinking, vote on the most promising ideas, and leave aligned on three priority areas to prototype and explore.

## STRENGTHS

- Energizing and generative.
- Builds shared vision.
- Helps identify blind spots early.

## WATCH OUTS

- Requires prep and facilitation.
- Can feel rushed without structure.
- May need a follow-up step for convergence.



## CASE STUDY

# Kern County Co-Designs Youth Crisis Space With Young People

In Kern County, the Behavioral Health Plan partnered with youth at a local Independent Living Center to co-design a new Youth Crisis Stabilization Unit (CSU). Through a series of five workshops with food, presentations, and open dialogue, youth shared what makes a space feel safe and welcoming. In one session, project architects listened for two hours as young people described how design influences their comfort and willingness to seek help — and made real-time adjustments based on that input.

**Takeaway:** Inviting community members into hands-on design sessions builds trust and leads to outputs that better reflect the needs and experiences of those they're meant to serve.

*“The architects sat for two hours with them ... and to sit there and watch the architects adjust the design based on their input of what they’re saying was amazing.”*

**ROBIN TAYLOR, COUNTY BEHAVIORAL  
HEALTH DEPUTY DIRECTOR, KERN COUNTY**

Image: Person skateboarding





*Image: An illustration of people looking at an easel with dots.*



# Voting and Prioritization Tools

Collaborate

Simple, inclusive tools to help groups move from idea generation to decision-making. These techniques surface shared priorities in a clear, transparent way — so the group can see where there's alignment and make progress together.

## Who to use this with

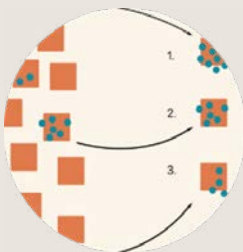
Any group weighing in on proposed options — whether they're community members reflecting on funding priorities, partners exploring new programs or services, or your internal team making sense of community input. These tools are helpful when you need to build consensus and identify clear next steps for shaping your Integrated Plan.

## When to use it

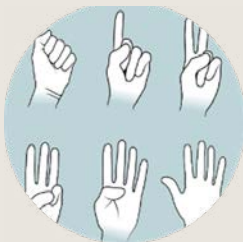
When you want to narrow options, check for alignment, or make a collective call on what matters most — especially when there are multiple strong perspectives in the room.

## How to do it

1. **Name the decision.** Be clear about what's being decided and why.
2. **Show the options.** Use posters, sticky notes, or slides to make the choices visible.
3. **Vote visually.** Use simple, low-barrier methods such as:



**Dot voting:** Each person gets a set number of sticker dots or digital votes to place next to preferred ideas.



**Fist-to-five:** Participants hold up zero to five fingers to show support — zero means no support, five means full alignment.



**2×2 prioritization matrix:** Plot ideas on a grid — e.g., impact vs. feasibility — to identify which ideas rise to the top.

## STRENGTHS

- Easy to use and quick.
- Transparent and visible.
- Supports shared decision-making.

## WATCH OUTS

- Clarify if votes are binding or advisory.
- Watch out for dominant voices.
- Make time to explain results and next steps.

*Image: An illustration of two people filling out a survey.*



# Surveys

Collaborate

Surveys and polls are fast, accessible tools for gathering input from a broad group — especially those who can't show up in person. And they don't have to be boring. When designed with care (and a little creativity), they can feel more like a conversation than a form. The goal? Make it easy to give input and make sure it counts.

## Who to use this with

Anyone who prefers to share feedback on their own time or from their phone, and people at service touchpoints.

## When to use it

When you want broad input fast, especially if:

- You're gathering feedback on something already in motion.
- You want to hear from people beyond in-person events.
- You need a gut check, a pulse read, or a quick trade-off.

## How to do it

Think of it as designing a conversation that's short, simple, and maybe even fun.

1. **Keep it focused.** Ask just one or two questions about what really matters — don't try to cover everything. Example: "If we could fund one new service in your community, what should it be?"
2. **Make it human.** Use plain, warm language that sounds like how people actually talk. Example: Instead of "What behavioral health service delivery gaps exist in your area?" try "What kinds of support are missing in your community?"
3. **Make it mobile and playful.** Design for phones, use emojis or sliders, and avoid long rating scales. Example: "Do these funding priorities feel right for your community?" (🤔 → ✅ → 🔥)

4. **Let people express themselves.** Give space for open-ended responses — or even short videos or voice notes. Example: "Tell us what's one change that would make a big difference in your community's mental health?"

### Tips:

- Translate surveys into commonly spoken community languages.
- Pilot the survey with a small group before wide release.
- Include demographic questions to understand who you're hearing from.
- Offer small incentives as gestures of gratitude and to boost participation.
- Keep the survey short and easy to complete on mobile devices.

## STRENGTHS

- Scalable and flexible.
- Can be anonymous.
- Great for spotting trends and real-time reactions.

## WATCH OUTS

- Don't overcomplicate; short and clear wins.
- Don't collect data you don't need.
- Test for mobile before launching.
- Not everyone responds, so pair with other tools.

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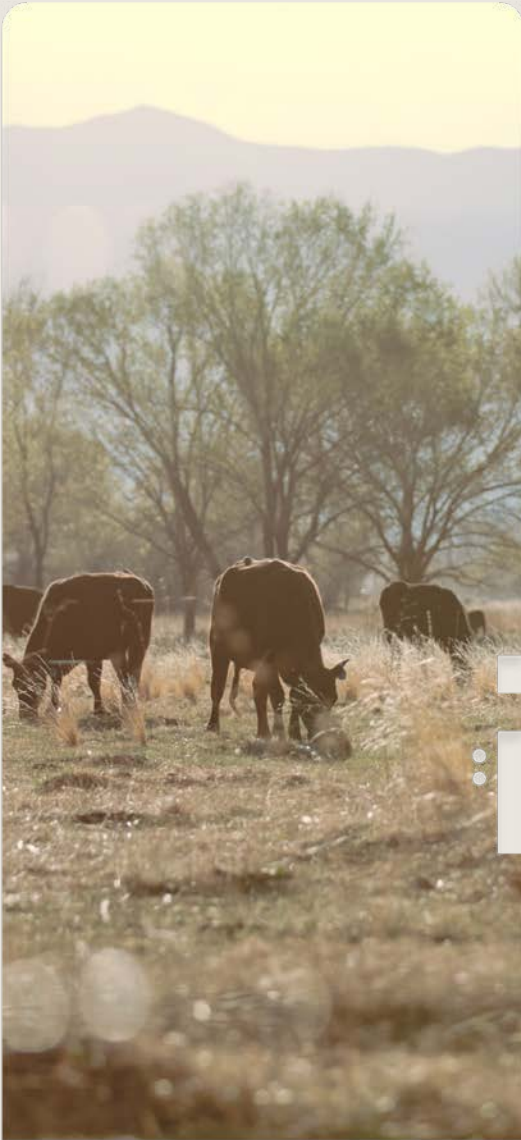
# Tailor Your Approach

*Image: Person standing on a smooth rock overlooking a river.*



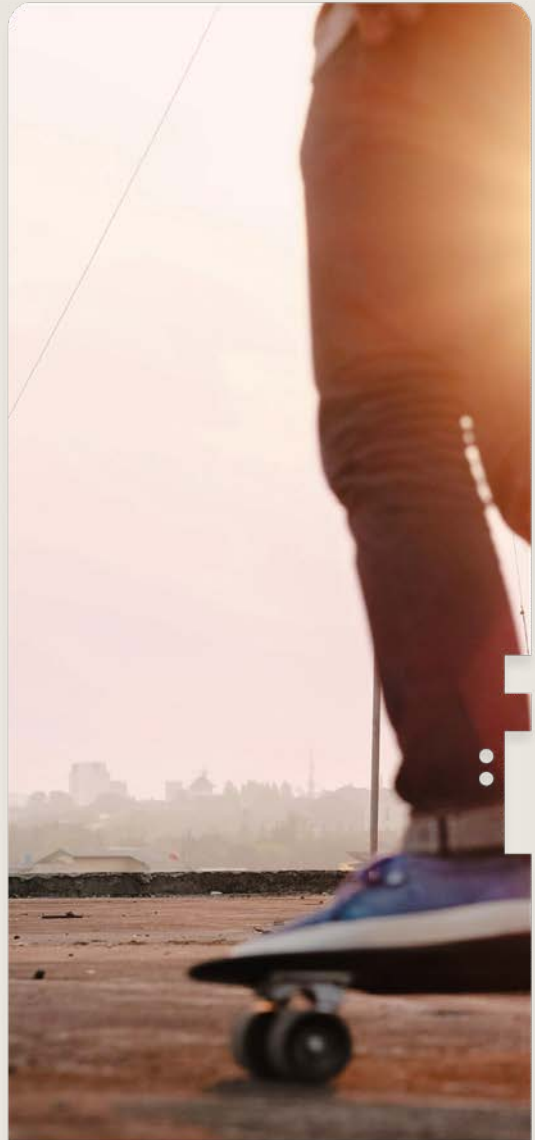
Once you have explored different engagement approaches, it's time to shift from ideas to action. We'll look at two sample scenarios of how a county might identify challenges, set priorities, and create a timeline. As you explore these examples, remember:

- There are many valid ways to meet the BHSA mandate.
- You don't have to do everything — prioritize the modes of engagement that work for your county.



**Rural Example**

County A



**Urban Example**

County B

---

## Rural Example

# County A

**Imagine a small, rural county nestled in the foothills, with long stretches of farmland and a handful of towns scattered across the region.**

The County Behavioral Health Plan is leanly staffed — just a few dedicated people juggling multiple roles — and they're tasked with leading community engagement on their own. While they host quarterly community listening sessions, turnout from some communities has been historically low.

The team identified their greatest challenges as establishing a connection to veterans, deepening relationships with families with lived experience, and aligning care coordination with regional centers. Building trust takes time. To meet their goals, the team recognizes a need to connect with people where they are and create opportunities outside of their listening sessions for deeper input.

## Developing a Strategy for Community Engagement

After developing hunches and taking stock of their County Behavioral Health Plan's existing relationships, the team developed a community engagement strategy to focus and prioritize their efforts.

### Sample Strategy for Community Engagement

#### County A

Mode of Engagement	What	Purpose
Community Listening Sessions	Large, hybrid meetings open to all members of the public. These take place virtually and in-person at several Peer Support Centers and offer multiple ways to participate.	Surface feedback from everyone around emerging community needs, while making space for those who are not as comfortable speaking up.
Pop-up Event	Tabling at a large in-person event at the local Veteran Community Center, which also offers behavioral health services. Through collaboration with a trusted community partner and visually engaging materials, one well-placed engagement can help reach a meaningful cross-section of this group.	Establish a connection with veteran communities who this team has not developed a connection with yet.  Build trust by meeting people in their own environments.
Community Advisory Board	A small group of families with lived experience who serve as ongoing partners to inform and advise on key decisions throughout the Community Planning Process.	Deepen relationships through direct, ongoing feedback that is grounded in lived expertise, context, and awareness.
Co-Creation Workshop	A session with representatives of Regional Centers to host a deeper conversation around care coordination. Insightful prompts and activities can allow a group to generate multiple approaches, while voting and prioritization tools provide structure and a simple framework to support decision making.	Explore new ideas, narrow down, and build alignment, while making space for multiple perspectives.

# Sample Timeline

County A

	Q2 2025 April - June	Q3 2025 July - September	
<b>Milestones</b>	<ul style="list-style-type: none"> <li>Pop-Up Event at Veteran Community Center</li> </ul>	<ul style="list-style-type: none"> <li>Community Advisory Board Meeting 1</li> <li>Community Listening Session 1</li> <li>Community Listening Session 2</li> <li>Community Listening Session 3</li> </ul>	
<b>Key Steps</b>	<ul style="list-style-type: none"> <li>Develop outreach materials.</li> <li>Schedule Community Listening Sessions and invite community members to attend.</li> <li>Identify a partner for a Pop-Up Event.</li> <li>Conduct outreach and identify advisors for Families with Lived Experience Community Advisory Board.</li> </ul>	<ul style="list-style-type: none"> <li>Begin making sense of input and feedback from the Community Listening Session to uncover high-level themes.</li> <li>Host the first Families with Lived Experience Community Advisory Board meeting and align on shared purpose.</li> <li>Plan agenda and materials for Co-Creation Workshop with Regional Centers.</li> </ul>	
<b>Outputs</b>	<ul style="list-style-type: none"> <li>Community Listening Sessions, Co-Creation Workshop, and Advisory Board meetings scheduled.</li> <li>Materials for sessions designed.</li> </ul>	<ul style="list-style-type: none"> <li>Key themes and insights from engagements summarized.</li> </ul>	

	Q4 2025 October - December	Q1 2026 January - March	Q2 2026 April - June
	<ul style="list-style-type: none"> <li>Community Advisory Board Meeting 2</li> <li>Co-Creation Workshop with Regional Centers</li> </ul>	<ul style="list-style-type: none"> <li>Community Advisory Board Meeting 3</li> <li>Public Comment Period</li> <li>Draft Integrated Plan Due</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Plan Submission</li> </ul>
	<ul style="list-style-type: none"> <li>Share needs, themes, and key insights from community input during the Community Listening Session and highlight the county's next steps.</li> <li>Follow-up on key topics and decisions in the Families with Lived Experience Community Advisory Board.</li> <li>Summarize input from engagement efforts into clear priorities and recommendations.</li> </ul>	<ul style="list-style-type: none"> <li>Share the final summary of community needs, themes, and key insights and its impact on the county's Integrated Plan.</li> <li>Provide clear areas of feedback for the Families with Lived Experience Community Advisory Board to share input.</li> <li>Conduct outreach to bring attention to the Public Comment Period.</li> </ul>	<ul style="list-style-type: none"> <li>Summarize and incorporate feedback to prepare the Final Integrated Plan.</li> <li>Hold a Behavioral Health Board hearing after the 30-day Public Comment Period.</li> <li>Submit Integrated Plan for feedback from the Board of Supervisors, and share key insight and decision points grounded in community voices to get buy-in.</li> </ul>
	<ul style="list-style-type: none"> <li>Integrated Plan drafted.</li> <li>Initial decisions made on County Exemptions and Transfer Requests.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Plan shared during Public Comment alongside summary of input.</li> </ul>	<ul style="list-style-type: none"> <li>Integrated Plan submission deadline to DHCS by June 30, 2026.</li> </ul>

*Image: A person on a skateboard in a city.*

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## Urban Example

# County B

**Imagine a densely populated urban county with a fast pace and a complex landscape of community partners.**

It's home to four Managed Care Plans (MCPs), dozens of neighborhoods with distinct identities, and a vibrant network of community-based organizations (CBOs) that are deeply embedded in their communities. While there are more hands on deck, understanding the needs of many diverse communities and aligning with many partners and providers is its own challenge.

The team identified their greatest challenges as taking more ownership of housing and supportive services, identifying and collaborating with the housing partners, and increasing representation and participation from youth. To meet their goals, the team recognizes a need to gain a contextual understanding and deeper partnerships around housing and using creative forms of outreach and collaboration to uplift youth voices during engagement efforts.

## Developing a Strategy for Community Engagement

After developing hunches and taking stock of their County Behavioral Health Plan's existing relationships, the team developed a community engagement strategy to focus and prioritize their efforts.

### Sample Strategy for Community Engagement

#### County B

Mode of Engagement	What	Purpose
<b>Immersive Visits</b>	Hands-on opportunities to build context with new collaborators — such as substance use disorder service providers or Managed Care Plan representatives — through site walkthroughs, shadowing client experiences, or facilitated reflection sessions with providers and peers.	Build trust and empathy by immersing in the lived realities of behavioral health services and gaining shared context with new partners.
<b>1:1 Interviews</b>	Structured, one-on-one conversations with housing partners to explore strategies, challenges, and perspectives. These offer a confidential space for candid insights and are especially useful during early planning stages.	Deepen understanding and uncover barriers by building trust through direct conversation with new partners.-
<b>Bite-Sized Media Education and Surveys</b>	Mobile-friendly outreach designed to engage youth. Includes short-form content and engaging surveys to collect quick input on emerging ideas.	Gather feedback and test early ideas to ensure youth and family voices are reflected in planning.

# Sample Timeline

County B

	Q2 2025 April - June	Q3 2025 July - September	
<b>Milestones</b>	<ul style="list-style-type: none"> <li>1:1 Housing Partner Interview</li> </ul>	<ul style="list-style-type: none"> <li>Bite-Sized Media Education &amp; Surveys</li> <li>Immersive Visit 1</li> <li>Immersive Visit 2</li> <li>Immersive Visit 3</li> </ul>	
<b>Key Steps</b>	<ul style="list-style-type: none"> <li>Identify and schedule 1:1 Interview with Housing Partner to build a deeper connection.</li> <li>Prepare bite-sized, visually engaging content around BHSA and the Community Planning Process.</li> <li>Select popular media channels e.g., social media, flyers, radio/tv to launch content centered on youth outreach.</li> <li>Identify key questions to gain further context around housing, and schedule Immersive Visits with the team and partners/providers.</li> </ul>	<ul style="list-style-type: none"> <li>Gain additional context related to key questions through an additional Immersive Visit to centers for housing and behavioral health services in the county.</li> <li>Partner with CBOs to collaborate on creative digital outreach to engage with youth e.g, engaging content, simple surveys, insightful polls.</li> <li>Begin sense-making input and feedback from the Immersive Visits to generate themes.</li> </ul>	
<b>Outputs</b>	<ul style="list-style-type: none"> <li>Interviews and Immersive Visits scheduled.</li> <li>Materials for sessions designed.</li> </ul>	<ul style="list-style-type: none"> <li>Key themes and insights from engagements summarized.</li> </ul>	

	Q4 2025 October - December	Q1 2026 January - March	Q2 2026 April - June
	<ul style="list-style-type: none"> <li>• Bite-Sized Media</li> <li>• Education and Surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Public Comment Period</li> <li>• Draft Integrated Plan Due</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Plan Submission</li> </ul>
	<ul style="list-style-type: none"> <li>• Finalize summarization of community needs and themes from engagement efforts into clear priorities and recommendations.</li> <li>• Invite the internal team to a sense-making session and to respond to draft ideas.</li> </ul>	<ul style="list-style-type: none"> <li>• Share the final summary of community needs, themes, and key insights during the engagement efforts and its impact on the county's Integrated Plan.</li> <li>• Reconnect with community partners/organizations and conduct outreach to bring attention to the Public Comment Period.</li> </ul>	<ul style="list-style-type: none"> <li>• Summarize and incorporate feedback to prepare the Final Integrated Plan.</li> <li>• Hold a Behavioral Health Board hearing after the 30-day Public Comment Period.</li> <li>• Submit Integrated Plan for feedback from the Board of Supervisors, and share key insight and decision points grounded in community voices to get buy-in.</li> </ul>
	<ul style="list-style-type: none"> <li>• Integrated Plan drafted.</li> <li>• Initial Decisions Made on County Exemptions and Transfer Requests.</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Plan shared during Public Comment alongside summary of input.</li> </ul>	<ul style="list-style-type: none"> <li>• Integrated Plan submission deadline to DHCS by June 30, 2026.</li> </ul>

# Sample Agenda for Co-Creation Workshop

with Representatives of Regional Centers ~2 2.5 hours

Time	Activity	Description & Notes
10 minutes	Welcome & Framing	Light snacks/coffee, casual arrivals. Welcome by facilitator(s). Introduce the purpose of the workshop and today's goal: to co-create ideas for deeper collaboration and align on care coordination.
15 minutes	Ground in Shared Understanding	Use the BHSa <b>Five Slides</b> to communicate key BHSa shifts. Share relevant stories and insights from your Indicators Dashboard and contextualize the need for today's discussion.
45 minutes	Co-Creation Workshop	Facilitate a Co-Creation Workshop where participants work in pairs or small groups to respond to initial hunches and ideas for programs. What do they like, wish, or wonder? What are key challenges?
20 minutes	Group Sharing	Invite each pair or group to share their top takeaways. Use visual capture (e.g., sticky notes, posters) to externalize ideas and identify common themes.
15 minutes	Dot Voting	Lead the group through a <b>Dot Voting</b> exercise to identify the most promising or popular ideas. This will help surface areas of alignment or shared excitement.
15 minutes	Next Steps and Wrap Up	Summarize what was generated. Share how insights will be synthesized and when they can expect to receive a summary or follow-up. Encourage continued involvement.
Afterwards	Optional Community Time	Leave space at the end for informal connection and relationship-building. This time often surfaces great ideas and partnerships organically.

*Image: An illustration of a people working together in a co-creation workshop.*



## **Conducting a Co-Creation Workshop**

This sample agenda provides an outline of key activities of a Co-Creation Workshop with representatives of Regional Centers to deepen the partnership and align on care coordination.

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# Gather Meaningful Input

*Image: Two people sitting on a rock with their dog.*



All the planning you've done — from identifying community groups to designing your sessions — sets the stage for meaningful connection. What brings it to life is strong facilitation. It creates space for trust, clarity, and shared understanding. This section starts with reflection questions to help you and your team align on what good facilitation looks like, followed by best practices to support your approach.

### **Try Asking:**

- Whose perspectives are you currently missing that you want to include?
- What decisions are coming up that require, or would benefit from community input?
- Who is most impacted by this decision or process? Are they currently engaged?
- How have people been engaged on this topic in the past? What worked, and what didn't?
- What kind of engagement do I have the time, capacity, and resources to do well?
- Who is best positioned to lead this type of engagement — me, someone on my team, a consultant, a community-based organization, or a trusted community member?
- What relationships already exist that I can build on? Where do I need to build new trust?
- What language, formats, or cultural practices do I need to consider to ensure people can fully participate?
- If I were a community member being asked to participate, what would I want to know before saying yes?

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# Best Practices for Facilitation

*Image: Three people working together at a table.*



Good facilitation in community engagement ensures that discussions are structured, inclusive, and productive.

It can take many forms — partnering with a community-based organization (CBO), contracting with an external agency, hiring a professional facilitator, or sharing the responsibility across your internal team — and each option comes with unique strengths.

Determining your approach to facilitation requires thoughtful consideration of your team's capacity, the complexity of the conversation, and your community's specific context. On the following pages, we explore several facilitation approaches in more detail, including when and why each might be the right fit.

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## Partnering with a Community-Based Organization

Community-based organizations can be powerful collaborators who hold deeper relationships with community groups and have community trust.

Consider organizations that value and advocate for behavioral health, have lived experience, and strong outreach strategies to meet members of their communities in context.

Opportunities can include (but are not limited to):

- Collaborating on community events and engagement meetings.
- Direct partnerships on outreach and services.
- Guidance on advisory panels.

*“We’ve had to really build the trust and rapport. If we’re saying we’re gonna do something, we do it ...”*

**YOANA LUNA, VISIÓN Y COMPROMISO**

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## Contracting with an External Agency

External consulting agencies can bolster your county team and focus on specific opportunities.

Consider organizations that specialize in policy implementation and community engagement within government, and are regional to your county.

Opportunities can include (but are not limited to):

- Expertise and guidance on policy implementation.
- Drafting the Integrated Plan.
- Owning facilitation during community engagements.
- Gathering and analyzing data for reporting.

*“They relieve such a burden of what we do ... I can’t imagine trying to do this without a consultant like that to help us because it’s such a big lift.”*

**SCOTT ABBOTT, LAKE COUNTY BHS**

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## Hiring a Professional Facilitator

Bringing a professional facilitator onto your team can significantly enhance your county's ability to lead effective, inclusive, and structured community engagement efforts. A skilled facilitator ensures discussions remain productive, helps navigate complex conversations, and creates a space where all voices are valued.

Consider individuals with facilitation experience in government, behavioral health, and community engagement, especially those familiar with your county's unique cultures, communities, and threshold languages.

Opportunities can include (but are not limited to):

- Owning facilitation during community engagements.
- Incorporating creative modes and methods of community engagements. Documentation of key takeaways for policy planning and reporting.

*"We have a paid facilitator who helps organize and keep us going. That has been really key to keeping this moving, where the facilitation is somewhat neutral, and that has been helpful."*

**KALENE GILBERT, LA COUNTY DMH**

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## Facilitating Yourself or with Your Team

Managing community engagement may also be a shared effort across your team — especially in counties with smaller populations. Consider partnering with other agencies in your county, like Public Health or Social Services, to align efforts, share capacity, and reach more community members together.

Consider your team's strengths and current workloads to strategically delegate responsibilities in a way that is both sustainable and effective.

Opportunities can include (but are not limited to):

- Assigning a point person for communication and follow-ups with specific community groups.
- Designating team members to track feedback, document insights, and ensure alignment with the Integrated Plan.
- Scheduling regular internal check-ins to assess progress and adjust as needed.

*"It's just me doing all the logistics — outreach, catering, renting a venue. Partnerships with public health will be imperative. There are a lot of parallels with how they do their community health assessments. Any chance we can partner up when we do that?"*

**OLIVER GONZALEZ BOBADILLA,  
HUMBOLDT COUNTY DHHS**

Facilitators bring their own lived experiences into conversations, which can shape how they engage with different perspectives. With any of these approaches, it's essential for facilitators to take time for self-reflection — considering their personal connection to the topic, recognizing potential biases, and identifying any triggers that could impact their approach. This intentional preparation helps ensure community engagement is a fair and balanced discussion.

**Try Asking:**

- What personal connection do you have with the topic at hand?
- What are some of the biases you might be bringing into this topic?
- What are some of the personal triggers that might surface as you are facilitating?
- Have you facilitated groups before? What worked well?

*Image: A person smiles in a restaurant.*

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PEARL OVALTINE  
珍珠特濃咖啡 3.95  
PEARL EXTRA STRONG COFFEE

PEARL BANANA  
珍珠涼粉 4.95  
PEARL BLACKRASS JELLY  
珍珠菠蘿蜜 4.95  
PEARL JACKFRUIT

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BEVERAGES		DAILY FRESH	
SODA	1.50	FRESHLY SQUEEZED ORANGE JUICE	4.75
KERN'S FRUIT NECTAR	1.60	FRESHLY SQUEEZED CARROT JUICE	1.50
SNAPPLE	2.25	WATERMELON JUICE	3.80
HOME MADE ICED TEA	1.95	CUP O' NOODLE	1.50
APPLE JUICE	1.95	FRESH FRUIT SALAD	2.90
GRASS JELLY DRINK	-		
V8 JUICE	-		
CRYSTAL GEYSER WATER	1.25		
ARIZONA	-		
GATORADE	1.69		
SOY BEAN DRINK	1.59		
VITASOY OR VITA DRINK	1.25		
MILK	1.99		
HOT TEA	1.95		
HOME MADE ICED COFFEE	2.35		
COCONUT JUICE			



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# Conclusion

## Key Takeaways

- Meaningful engagement is not one-size-fits-all — it requires intention, adaptability, and respect for community context.
- There are many ways to engage: informing builds awareness, listening builds trust, and collaborating builds ownership.
- Engagement should be grounded in purpose. Before choosing a mode, clarify what you're trying to learn, from whom, and why it matters.
- Community members are more likely to participate, and return, when they feel heard, valued, and confident their input will shape decisions.

## Action Steps

- **Revisit your engagement goals:** Clarify the “why” behind each effort before choosing your approach.
- **Select your modes and plan the arc:** Match the Inform, Listen, or Collaborate modes of engagement to your goals, and sequence efforts to build trust over time.
- **Adapt resources to fit your context:** Start with the provided templates and examples, and tailor them to your community's culture, needs, and capacity.
- **Close the loop:** Show how input was used to shape decisions. Trust grows not just by asking, but by responding.

*Image: Close-up of grass blades.*



## REFLECTION QUESTIONS

<sup>01</sup> Where do I already have trust, and where do I need to build it?

<sup>02</sup> Am I choosing an approach that matches the group's preferences, context, and communication style?

<sup>03</sup> How might I make this process more inviting, inclusive, or empowering for the people I'm trying to reach?

<sup>04</sup> What would success look like — for my team, for community members, and for our county overall?

<sup>05</sup> What am I trying to understand through this engagement effort — and how will I use what I hear?

<sup>06</sup> Am I clear (with myself and with others) about how community input will influence decisions?

## Reflect

## Connect

## Engage

## Capture



# Capturing what you've learned honors your collaborators and builds momentum.

Engagement is most meaningful when it informs your path forward. Once you've gathered input and heard stories from your community, the next step is making sense of it — identifying key themes, translating what you learned into decisions, and documenting your rationale. This is where community engagement turns into strategy, and where the Community Planning Process becomes the foundation for your Integrated Plan.

Capture is about grounding your plan in the voices you've heard. By thoughtfully organizing and documenting your findings, you build a stronger case for funding decisions and system improvements — and you reinforce trust with the community members who contributed their experiences and insights.

This chapter will help you take everything you've gathered and turn it into an actionable, well-structured plan. You'll learn strategies for making sense of information, documenting decisions, and ensuring that your plan clearly reflects both the input you received and the path forward.

## By the end of this section, you will be able to:

- Make sense of what you heard from your community.
- Develop a narrative that captures relevant themes to support your decisions.
- Share back what you learned to your community members.

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# Distill Findings

*Image: A person looking at clouds in the distance.*



The input you have gathered from your communities — stories, ideas, questions, needs, hopes, frustrations — likely spans formats: notes from listening sessions, Zoom chat transcripts, survey results, dashboard data, and more. Now, it's time to make sense of it all.

In order to turn that raw input into meaningful takeaways that can inform your decisions, you'll need to look across your data to identify patterns, highlight key themes, and reflect on how what you heard supports or challenges your initial hunches. This is what enables you to move from listening to decision-making — and ultimately, to an Integrated Plan grounded in community voices.

Deciding how you'll organize and analyze your data early on will save you a lot of time and stress later. Here are a few steps to consider ahead of time.

- **Establish a system early.** Choose structures and tools that will help your team consistently capture and organize input — whether that's sticky notes, color-coded summaries in a spreadsheet, or transcriptions analyzed with AI. For example, you might establish a norm that your team captures all of their notes on sticky notes on a whiteboard 24 hours after each community engagement meeting.

- **Involve the right people.** Making sense of data is not a solo task. Gather a small group of trusted colleagues, partners, or advisory board members who bring different perspectives and are familiar with the context behind the data.
- **Make it manageable.** Consider breaking up the work into smaller sessions throughout your engagement process rather than saving it all for the end. Schedule time in advance to reflect and make meaning together.
- **Stay consistent.** The more consistently you capture, organize, and store your data, the easier it will be to work with — and the more confident you'll be in the patterns you identify.

There's no one-size-fits-all approach to sense-making. What matters is that you commit to a method and follow it with intention.

**The tools in this section offer two different ways to help:**

- 1. Digital Support** tools supercharge your ability to capture and analyze data when time or capacity is limited.
- 2. Facilitating a Sense-Making Session** guides you and your team through distilling findings, and surfacing insights and implications.

# Digital Support

## **WHO THIS IS FOR**

County Behavioral Health teams, facilitators, and partners reviewing community input to inform the Integrated Plan.

## **WHY IT IS USEFUL**

When time or capacity is limited, digital tools can help you efficiently organize and analyze large volumes of input.

## **WHEN TO USE IT**

After gathering input from community engagement activities, use digital tools to begin sorting and spotting early patterns before diving into group reflection.



*Image: A person sitting on a bench with a handheld device.*

**Don't forget:** Always anonymize sensitive data before uploading it to any third-party tools, and ensure your use aligns with county policy and any agreements made with community members. In addition, when using AI, check output for errors and assumptions and refine the content so that it is true and representative of what you heard.

### A Few Approaches to Try:

- **Organize input in a spreadsheet.** Create a simple table with your interview or session questions in the first column and each engagement session across the top row. This lets you compare responses across different groups all in one place, making it easier to identify themes or gaps.
- **Use video conferencing tools to your advantage.** If you're hosting virtual or hybrid sessions, you can:
  - Automatically save Zoom chat logs.
  - Record sessions (with participant permission).
  - Use transcription tools like Reduct to quickly turn conversations into text for analysis.
- **Bring in generative AI.** Once you have transcripts, you can use Microsoft Copilot, ChatGPT, Claude, or similar tools to summarize content or surface recurring themes. For example, you can:
  - Ask AI to review open-ended survey responses and cluster them by topic.
  - Prompt AI to suggest potential insights or questions that your data might raise.
  - Upload a CSV file to explore trends or generate suggested analyses.
- **Enhance digital whiteboards with AI.** If you're using platforms like Miro or FigJam to capture sticky notes and themes, take advantage of built-in AI tools that can group notes, summarize clusters, or identify patterns automatically.

# Facilitating a Sense-Making Session

## **WHO THIS IS FOR**

County Behavioral Health teams, facilitators, and partners reviewing community input to inform BHSA planning.

## **WHY IT IS USEFUL**

Helps your team pause, reflect, and ask: What are the key themes, and what should we do next? From there, you can translate raw community input into clear themes, insights, and implications that can guide funding decisions, partnerships, and service priorities.

## **WHEN TO USE IT**

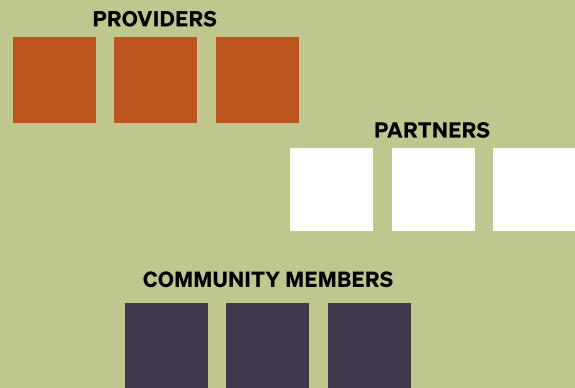
Hold a session after gathering a substantial amount of input; use it to organize what you heard, surface patterns, and decide what it means for your county's Integrated Plan.

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### **01 Gather your input in one shared space**

Bring together all your notes, quotes, transcripts, recordings, and key takeaways from community engagement — interviews, listening sessions, surveys, co-design, and more. Use sticky notes or a digital wall to capture interesting ideas, unmet needs, concerns, or surprises. Focus on what you heard across groups and how it was said.

**Tip:** Color-code notes by community group, engagement type, or topic to spot patterns more easily.



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### **02 Cluster your data into themes**

Sort sticky notes or insights into groups based on what they have in common. Let themes emerge naturally. Label each cluster with a simple phrase that captures the core idea.

**Tip:** Aim for clusters that reflect both shared needs and tensions between groups.



---

### **03 Surface insights**

Step back and reflect on your clusters. What stands out? What's missing? What contradicts expectations? Turn your themes into 3–5 insights that express something true, revealing, or actionable.

#### **TRY USING SENTENCE STARTERS**

*“People need ...”*

*“Even though X, people still ...”*

*“We didn’t realize that ...”*

---

### **04 Connect to implications**

Now ask: So what? What does this insight mean for your next moves? Use these reflections to inform what your county might fund, who you might partner with, or how services need to shift.

#### **TRY USING SENTENCE STARTERS**

*“This means we may need to ...”*

*“We could consider ...”*

---

# Make Choices

*Image: California Poppies on a hillside.*



You began this process with a set of hunches — ideas about what your community needed, what might be working or broken, and where new investment could make a difference. Now that you’ve gathered input and made sense of the data, it’s time to see how those hunches held up.

Ideally, you’ve already completed the **Fill-in-the-Blank Hunches** activity in the Reflect chapter. If not, we recommend reviewing that section before continuing. Then, as a team, compare your early thinking to the insights emerging from your engagement. This is a critical moment to pause, look across everything you’ve heard, and begin aligning on what matters most moving forward.

This doesn’t need to happen just once. Each time you conduct a sense-making session, check back in with your hunches. But at least once — before drafting your Integrated Plan — hold a final “make choices” session with your decision-makers in the room.

Remember, you won’t be able to do everything. The goal isn’t to meet all the needs you heard — it’s to make thoughtful, intentional choices about where to focus now. Be clear on why you’re prioritizing certain actions, and make those reasons visible in your Integrated Plan.

Transparency builds trust. When you communicate your decisions back to community members, explaining how their input shaped the outcome, you show that engagement wasn’t just performative. That honesty invites people to stay involved and helps strengthen the foundation for future collaboration. The next section will help you accomplish just that.

### **Try Asking:**

What answers did we find to our learning questions?

Did we learn anything new?  
Was anything surprising?

Which hunches do we have more conviction around?

What was confirmed? What was complicated or challenged?

How will we adjust course?

What will we prioritize? What will we deprioritize?

---

# Tell the Story

*Image: A person sitting on a couch beneath a large lamp.*



Stories can mobilize and motivate people toward change. As county leaders, it is crucial to tell the story of your communities in a way that fosters trust and transparency, makes data meaningful, engages audiences (including policymakers), unifies, and drives action. Throughout the Community Planning Process, stories can ground your integrated plan in lived experience. For example:

**Stories can show up in your Integrated Plan to explain your choices.**

When you explain why your county is prioritizing certain actions, you're not just reporting decisions — you're helping others see the values and trade-offs behind them. A clear narrative helps others understand not only what you're doing, but why it matters.

**Stories can help new partners and collaborators develop empathy.**

Storytelling also becomes essential when you're working with new collaborators who may not have the same history with your community. Instead of spending hours transferring technical knowledge, you can use stories to convey what's at stake, who's been heard, and where the urgency lies.

**Stories can help clarify what community members are working toward as they collaborate.**

When you're aiming for something big — an ambitious, long-term vision that requires sustained political will — storytelling becomes your bridge. It invites people in. It makes abstract goals concrete. It gives your plan a heartbeat.

**SO HOW DO YOU DEVELOP A STRONG STORY?**

1. Start by framing your challenge: What story do you want to tell? Why do you want to tell it?
2. Then, build a blueprint of your story that you can work from.
3. Finally, test out that story with trusted partners to ensure that it does what you are trying to do. The storytelling tools below will help you get started and refine your story.

Use the **Storytelling Canvas** tool and review the **Seven Best Practices for Storytelling** to help guide you through these steps.



# Storytelling Canvas

## WHO THIS IS FOR

County Behavioral Health teams preparing to communicate a compelling idea, decision, or future vision to internal or external audiences.

## WHY IT IS USEFUL

Helps you craft a clear, motivating story that connects with your audience's needs and supports a specific goal — whether it's informing, inspiring, or influencing action.

## WHEN TO USE IT

Use when you need to frame a narrative for presentations, briefings, or public engagement moments. It's especially helpful when preparing to communicate funding decisions, program impacts, or long-term investments.

*Credit: Modified from an IDEO U Resource*

## Frame Your Challenge

I want to tell a story about

so that I can

## Examples

*I want to tell a story about the connection between transitional housing and health care, so that I can help my county understand the role that housing has played in our behavioral health system of care.*

*I want to tell a story about the impact our Greenvale Community Services program has had since it changed to providing Medi-Cal billable services, so that I can persuade more programs to pursue Medi-Cal funding.*

*I want to tell a story about the future of Gladiola County, so that I can inspire the Board of Supervisors to back my decision to invest in a program that won't see returns in the short-term.*

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# Build Your Blueprint

## The Brief

A brief is an action plan that clarifies who you're talking to, what they care about, and what you're trying to achieve.

### **WHO'S YOUR AUDIENCE?**

Zeroing in on this is important. You might get this by simply looking at the invite list for a meeting. But it isn't always that easy. The more specific you can be, the better.

### **WHAT DOES YOUR AUDIENCE CARE ABOUT?**

Think about the underlying human needs of your audience. Don't just stop at the first thing that comes to mind. People are complex. So are their needs!

### **WHAT ARE YOU TRYING TO ACHIEVE?**

Identify what you're trying to unlock with your story and what you want people to do. Remember, you're trying to motivate people toward change.

## The Big Idea

It's important to get to the point and stick to the point, so your audience is clear about what you're asking of them. Bombarding them with too much information isn't going to serve you or your cause. Less is more. What's the one thing you want them to remember when they're driving home afterward?

### **DOES YOUR BIG IDEA CAPTURE A PROBLEM YOU'RE TRYING TO SOLVE?**

There's probably something you're trying to change.

### **IS IT COMPELLING?**

People should be inspired to action after hearing it.

### **IS IT CLEAR AND CONCISE?**

People need to be able to digest it quickly.

## The Medium

Your message should be delivered in the tone, style, and format in which your audience can best receive it.

### **IS IT IN PLAIN LANGUAGE?**

Avoid jargon and acronyms.

### **IS IT FORMAL/ INFORMAL ENOUGH?**

A more formal tone can help establish credibility; a more informal tone can build trust and relatability.

### **IS THE MEDIUM ACCESSIBLE?**

Is it visual, oral, written — or something else? Will it be on a slide or in a report?

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# Revising Your Story to Make it Stronger

## Build

Write a rough draft of what you want to say. Don't worry about getting it perfect.

## Share

The more you get your story in front of others, the better it will get. Invite others to help shape and support your vision.

## Reflect

Think about what others had to say. Rely on your gut when deciding which feedback to incorporate.

## Keep Trying It Out

Don't overthink it. Simply tell it to trusted advisors who can help you make it better. Invite feedback to make your story stronger for the next round.

*Images top to bottom:*

*Two people on roller skates.*

*Two people in office attire.*

*A person standing in a doorway.*



# Seven Best Practices for Storytelling

## **WHO THIS IS FOR**

County Behavioral Health teams preparing to share stories that inspire action, build understanding, or communicate impact.

## **WHY IT IS USEFUL**

Helps strengthen your story by highlighting techniques that deepen connection, clarify meaning, and motivate others to engage.

## **WHEN TO USE IT**

Use before and after drafting a story to refine and elevate it — choose 1–2 practices to focus on, test your story with others, and iterate based on feedback.

*Credit: Modified from an IDEO U Resource*

### **<sup>01</sup> Make it personal**

Personal stories resonate with us and move us as human beings. Everyone has a story to share.

### **<sup>02</sup> Get Emotional**

A lot of people will tell you otherwise. But don't listen to that. Sometimes you just have to be vulnerable.

### **<sup>03</sup> Use anecdote and reflection**

Anecdotes are the “put you in the room” moments. Reflection is the part of the story where you help the audience make sense of what they just heard.

### **<sup>04</sup> Make it visual**

Choose images to paint a picture for your audience. It will help your audience remember, relate to, and respond to your story.

### **<sup>05</sup> Include a call to action**

What do you want people to do after hearing your story? Highlight “next steps,” “what to remember,” or “the one thing you want them to do.”

### **<sup>06</sup> Stay inspired**

Get fuel to your creative engine. Listen to music. Take a walk outside. Exercise. Leave the office! Just take notice of the world around you. There are stories everywhere in your community.

### **<sup>07</sup> Try it out**

Share your story with others early and seek feedback often. Don't be afraid to share rough drafts and iterate as you go.

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# Rally Your County Around Commitments

Sometimes, as a county leader, you'll come across a pivotal moment — when the conversation shifts from generating interest to securing real commitments. To lead effectively through that transition, you need to be crystal clear about what you're trying to accomplish and what conditions need to be in place to make it happen. This tool is designed to help you gather your thoughts, sharpen your message, and weave that clarity into your Integrated Plan.



## Mobilize Your Community

### **WHO THIS IS FOR**

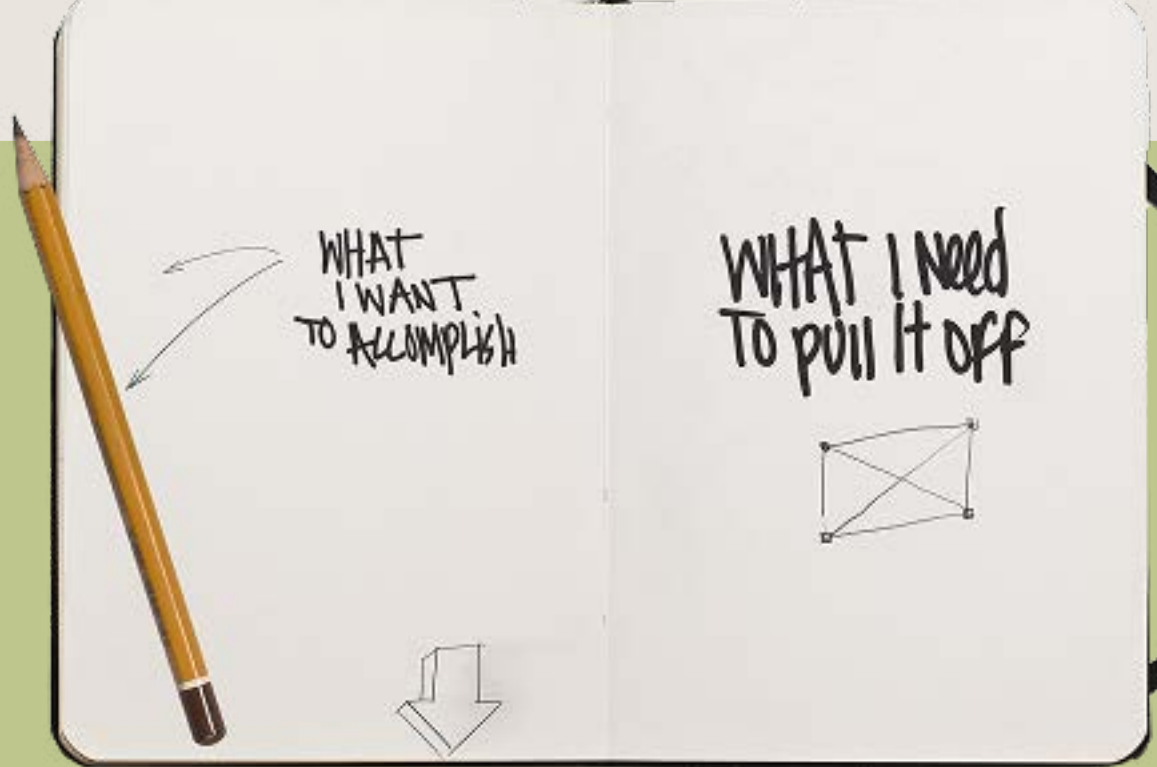
County Behavioral Health teams preparing to lead a major engagement effort or community-driven initiative.

### **WHY IT IS USEFUL**

Helps clarify your goals and assess the conditions needed for success — including people, power, resources, and support.

### **WHEN TO USE IT**

Use this tool to help you gather your thoughts about what you want to accomplish and what you need in order to pull it off.



### **What I Want to Accomplish**

- What does success look like for your county, the community members, and the public?
- What will it look, sound, and feel like?
- What is the desired impact on your clients? (Cite relevant quantitative and qualitative data where applicable.)

### **What I Need to Pull It off**

#### **TALENT AND CAPABILITY**

- What capabilities are required?
- What team or program will you need?
- Who will serve as point persons?
- How dedicated and invested will this team be?

#### **BUDGET AND RESOURCES**

- What budget, space, and tools do you need?

#### **AGENCY**

- Can I work around existing processes and protocols?

#### **VISIBILITY**

- To what extent do other county agencies know about and believe in this work?

### **Time Horizon**

#### **NOW**

- What are you working on today that you could adapt or integrate to serve your goals?

#### **NEAR**

- What new actions might you take to share your goals with community members?

#### **FAR**

- What would you need to ensure the long-term sustainable success of your vision?

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# Continue the Dialogue

Following up with your community after engagement to show how their input was heard, considered, and used is crucial. When people take the time to show up, share their stories, or offer ideas, they deserve to know what was heard, what was acted on, and why. Sharing back helps shift engagement from one-time consultation to an ongoing relationship. It's a key part of building trust, reinforcing transparency, and encouraging continued participation.



## Effectively Closing the Loop



### **WHO THIS IS FOR**

County Behavioral Health teams preparing to share back with community members after engagement activities.

### **WHY IT IS USEFUL**

Helps ensure transparency, builds trust, and keeps community members informed about how their input shaped decisions — and how they can stay involved.

### **WHEN TO USE IT**

Use after synthesizing community input to create clear, accessible communications that show what was heard, what's being acted on, and what comes next.

Use these steps to help you gather your thoughts about how you want to share back with your communities and what you'll need to do it effectively.

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### **<sup>01</sup> Share back what you heard**

Create a simple summary of the key themes, insights, or concerns raised during engagement.

#### **CONSIDER**

- Can this be shared in multiple formats (e.g., presentations, print, digital, social media, newsletters, or infographics)?
- Are you using clear, accessible language that reflects the way your community speaks?

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### **<sup>02</sup> Show what was incorporated and what wasn't**

Be transparent about how input shaped decisions and what constraints prevented some ideas from being implemented.

#### **FORMATS TO HELP COMMUNICATE**

- **Community voices / Our response.**  
Direct quotes or summary of key themes, insights, or concerns → Explanation of how it was addressed.
- **We listened / We learned / We're committing to.**  
Acknowledges the value of input → Highlights takeaways → Names commitments moving forward.

- **What matters to you / What it means for us.**

Names a priority or concern expressed by the community → Explains how it's influencing planning, services, or decisions.

#### **CONSIDER**

- Are you offering a clear rationale for decisions while honoring community perspectives?
- Are you naming tradeoffs, priorities, or requirements that shaped what was possible?

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### **<sup>03</sup> Offer opportunities for ongoing involvement**

Let people know how they can stay connected and continue shaping the work.

#### **CONSIDER**

- How can this lead into your share back of the drafted Integrated Plan? After gathering community input, plan to show how that input is reflected in the draft.
- Encourage people to participate in the 30-day public comment period — through town halls, online forms, or small group conversations.
- Let the community know what comes next: after the public comment period, the Integrated Plan will go to the Board of Supervisors for approval, followed by submission to the State.



## CASE STUDY

# Lake County Programs Share their Stories

In Lake County, the Behavioral Health Plan used a creative and informative approach to help community members better understand the breadth of behavioral health services in their county. During a public meeting, they invited multiple members of their Behavioral Health team, as well as partners and providers, to each give a brief 1–2 minute overview of a program or service.

These updates included data, visuals, and high-level impact information, allowing the community to hear from a variety of voices in a short amount of time. The format helped paint a fuller picture of the county's behavioral health ecosystem, making it easier for attendees to understand priorities, services, and the impact of current efforts. This approach not only shared information clearly and efficiently — it also grounded the audience in the collective work being done across the system.



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# Conclusion

## Key Takeaways

- Engagement leads to insight, action, and shared understanding. Capturing what you heard — and showing how it shaped your plan — is essential.
- Sense-making turns stories and data into strategy. Clear patterns, insights, and decisions should emerge from a thoughtful process, not guesswork.
- Sharing back builds trust. When communities see their voices reflected in decisions, they're more likely to stay engaged.
- Storytelling connects the dots. A strong narrative brings data to life, motivates action, and communicates the “why” behind your plan.
- Clarity builds commitment. When you clearly define your vision, priorities, and conditions for success, others can rally around them.

## Action Steps

- **Facilitate a sense-making session:** Gather your team to surface themes, insights, and opportunities from the data you've collected.
- **Use digital tools to analyze input:** Organize notes, surveys, and transcripts using platforms that help speed up pattern recognition and synthesis.
- **Align your insights with your hunches:** Revisit what you thought going in, and reflect on what's been confirmed, challenged, or changed.
- **Develop your story:** Use the **Storytelling Canvas** to clarify your big idea and tailor it to the right audience and medium.
- **Close the loop:** Share back what you heard and how it influenced decisions. Be transparent about constraints and clear about what comes next.

*Image: Close-up of a dry plant.*

01 Have we created enough space and time to make sense of what we heard?

02 What themes, tensions, or surprises emerged from our engagement?

03 How are we deciding what to prioritize — and are we clear about why?

04 What story do we want to tell about our community and our plan?

05 How will we share back with participants in a way that feels honest, respectful, and clear?

06 What are we asking of others — and what do we need to succeed?



# Closing

*Image: An illustration of a Ribes californicum / Hillside Gooseberry with a large number four.*

This guidebook is a resource for navigating the changes brought by the Behavioral Health Services Act (BHSA) and for fostering meaningful community engagement throughout the Community Planning Process. It outlines key policy shifts, decision-making frameworks, and best practices to support County Behavioral Health Plans in leading with clarity, transparency, and care.

The strategies and tools included here are designed to strengthen equitable, inclusive, and impactful engagement — ensuring that every voice has a place in shaping the future of behavioral health services. And it's meant to be a guide you can return to again and again. As the work evolves, as questions surface, and as trust is built over time, this resource is here to support you in creating change that not only takes root — but lasts.

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# Resources for Further Learning

*Image: A person in a white shirt standing, smiling, and leaning back on a wall.*



## Understanding Policy

- [Behavioral Health Services Act S.B. 326](#)
- [Behavioral Health Infrastructure Bond Act of 2023 A.B. 531](#)
- [Behavioral Health Services Act County Policy Manual](#)
- [DHCS Resources on Behavioral Health Transformation](#)
- [Commission for Behavioral Health \(previously MHSA\) BHSA Transparency Glossary](#)
- [California Department of Public Health \(CDPH\) Transforming Behavioral Health](#)

## Exploring Data

- [Behavioral Health Transformation Indicators Dashboard \(CalMHSA\)](#)
- [Know Your County Indicators Dashboard \(CalMHSA\)](#)
- [Behavioral Health Continuum Infrastructure Program Dashboard \(DHCS\)](#)

## Engaging Community Members

- [Community Rule](#)
- [Commsor Community Engagement Playbook](#)
- [AAMC Center for Health Center's Principles of Trustworthiness](#)
- [American Public Health — An Exploration of Individual and Collective Practices for Community-Based Leaders in Times of Transition](#)
- [Atolye Community Playbook](#)
- [International Association of Public Participation](#)
- [Research for Organizing Toolkit](#)
- [Promatora Model](#)

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# Glossary

*Image: A person smiling in a restaurant.*



**Approval by County Board of Supervisors:**

A required step before a county in California can submit its Integrated Plan to the Department of Healthcare Services (DHCS).

**Behavioral Health:** Behavioral health refers to mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis and treatment of those conditions.

Source: American Medical Association

**Behavioral Health Care Continuum:**

A diagram that shows the eight service categories across substance use disorder and mental health framework, which capture behavioral health programs and services delivered by county behavioral health agencies.

**Behavioral Health Services Act (BHSA):**

The Behavioral Health Services Act replaces the Mental Health Services Act of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce. It also enhances oversight, transparency, and accountability at the state and local levels. Source: DHCS

**Behavioral Health Services and Supports (BHSS):**

A category of BHSA funding that can be used for early intervention, outreach and engagement, workforce education and training, capital facilities and technological needs, and innovative behavioral health pilots and projects.

**Behavioral Health Transformation:**

The effort that will implement the ballot initiative known as Proposition 1. Behavioral Health Transformation complements and builds on California's other major behavioral health initiatives aiming to modernize the behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities for Californians.

Source: DHCS

**California Department of Health Care Services (DHCS):**

The state agency that administers Medi-Cal and oversees BHSA implementation and reporting.

**Community-Based Organizations (CBOs):**

Nonprofit, grassroots, or advocacy groups that provide direct services and support to specific community populations.

**California Mental Health Services Authority (CalMHSA):**

An independent administrative and fiscal public entity representing California counties to work on collaborative, multi-county projects that improve behavioral health care across the state.

Source: CalMHSA

**County Behavioral Health Directors Association of California (CBHDA):**

A non-profit advocacy association representing county behavioral health agencies in California, focused on ensuring access to quality, culturally competent behavioral health care through leadership, policy influence, and support.

Source: CBHDA

**Community Planning Process:**

A collaborative, community-driven process required under the BHSA to identify local behavioral health needs, set priorities, and shape the county's Integrated Plan for the use of BHSA funding to support behavioral health services and programs.

**Full Service Partnerships (FSPs):**

A category of BHSA funding that supports intensive, team-based mental health programs that provide comprehensive, wraparound services to individuals with serious mental illness (SMI) or serious emotional disturbance (SED), following a “whatever it takes” approach to support recovery and stability.

**Housing Interventions:** A category of BHSA funding that supports the range of needs for target populations and helps provide stable housing, in coordination with care, to improve health outcomes.

Source: DHCS

**Integrated Plan:** A comprehensive, county-specific plan (or document) that outlines how BHSA and other behavioral health funding will be used to address local needs.

**Lived expertise:** Deep knowledge that people with lived experience can develop about behavioral health and the behavioral health delivery system. This term recognizes that lived experience is dynamic and that expertise can grow over time through engaging in program and policy discussions, as well as learning more about how the system operates and how policies are developed and implemented. Source: Center for Health Care Strategies

**Managed Care Plans (MCPs):** Health care delivery systems that provide coordinated services to enrolled members through a network of providers, including Medi-Cal plans that cover physical and mild-to-moderate behavioral health care.

**Medi-Cal Managed Care Plans (Medi-Cal MCPs):** Health plans that contract with the state to provide Medi-Cal covered services, including physical health and mild-to-moderate behavioral health care, through a network of providers.

**Medi-Cal:** California's Medicaid program, offering free or low-cost medical, dental, mental health, and substance use services to eligible low-income individuals. It's jointly funded by the state and federal governments.

**Mental Health:** A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, and learn and work well. Source: World Health Organization

**Mental Health Services Act (MHSA):**

The MHSA was passed by California voters in 2004 and funded by a 1% income tax on personal income in excess of \$1 million per year. It was designed to expand and transform California’s behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. The MHSA has been replaced by BHSA.

**Proposition 1:** The 2024 ballot measure that enacted the BHSA, mandating new priorities for behavioral health and housing services.

**Public Health Departments/  
Local Health Jurisdictions:**

Government agencies that oversee health policy and services at the county or city level.

**Service Providers/Partner Providers:**

Organizations contracted or partnered with counties to deliver behavioral health services.

**Small County Exemptions:**

Provisions allowing counties with fewer than 200,000 residents flexibility in BHSA fund allocation.

**Social Determinants of Health**

**(SDOH):** Conditions in which people live, work, and grow that impact health outcomes.

**Statewide Indicators:** Measures of community health and wellbeing associated with the statewide behavioral health goals defined by the Department of Health Care Services (DHCS).

They must be used in the county BHSA planning process and should inform resource planning and implementation of targeted interventions to improve outcomes. They are statewide indicators for which counties are not exclusively responsible. It will take cross-service delivery system collaboration and partnership to move the needle on Phase 1 measures. Source: DHCS

**Stakeholders:** People or groups affected by or involved in decision-making — often replaced in this guidebook by “Community Members” or “Partners.” Source: American Evaluation Association

**Subject Matter Experts (SMEs):**

Individuals with deep knowledge in specific topics such as housing, substance use, or community trauma.

**Thirty Day Public Comment Period:**

A required window for public input on the Integrated Plan before the required public hearing and submission to the Board of Supervisors.

**Wraparound Service:**

A comprehensive, individualized, and team-based approach to mental health care that involves coordinating services and supports from multiple providers to meet the unique and complex needs of individuals.

**Youth and Transition-Age Youth**

**(TAY):** Young people (typically ages 16–25) transitioning from adolescence to adulthood, often a priority group in behavioral health.

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# Acknowledgments & Thank Yous

*Image: A person holding their hat in front of a patterned mural.*



This guidebook was made possible through the collective efforts of behavioral health leaders, community advocates, policymakers, and partners dedicated to strengthening California’s behavioral health systems. We extend our deepest gratitude to the County Behavioral Health Directors, Community-Based Organizations, and individuals with lived experience who provided invaluable insights and expertise. Special thanks to partners at DHCS for their guidance and collaboration in shaping this resource.

Illustrations were generated by Midjourney. We also worked with photographers across the state to document what behavioral health looks like in their community. We are grateful to photographers Jennifer Flemming, Ariana Drehsler, and Andria Lo for their creative vision.

Thank you for your commitment to leading the Community Planning Process with transparency, inclusion, and care. Your dedication to engaging community partners, amplifying community voices, and ensuring equitable access to behavioral health services is shaping a stronger, more responsive system. As you continue this important work, we hope this guidebook serves as a valuable tool in your journey. We appreciate your leadership, innovation, and unwavering support for the well-being of all Californians.

*Image on next page: A person looking out into the mountains.*





