Data Explainer Series

Week 10: Collaborating with Local Planning Processes and Webinar Series Recap

September 30, 2025

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CalMHSA
California Mental Health Services Authority

Series Schedule

Webinar Date	Office Hours Date	Webinar Title
7/29/2025	8/1/2025	Introduction to Statewide Goals & Access to Care
8/5/2025	8/8/2025	Homelessness
8/12/2025	8/15/2025	Justice-Involvement
8/19/2025	8/22/2025	Removal of Children from the Home
8/26/2025	8/29/2025	Overdoses and Suicides
9/2/2025	9/5/2025	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025	9/12/2025	Care Experience, Quality of Life, Social Connection
9/15/2025	9/19/2025	Engagement in School and Work
9/23/2025	9/26/2025	Institutionalization
9/30/2025	**9/30/2025**	Webinar Series Recap & **Collaborating with Local Planning Processes** ⬅ *You Are Here*

Thank you to DHCS for sponsoring this series.

CalMHSA

Uplifting community through meaningful behavioral health solutions

California Mental Health Services Authority (CalMHSA) is a Joint Powers of Authority – an independent government entity – formed in 2009 by counties and cities throughout the state to focus on collaborative, multi-county projects that improve behavioral health care for all Californians.

By pooling resources, forging partnerships, and leveraging technical expertise on behalf of counties, CalMHSA develops strategies and programs with an eye toward transforming community behavioral health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations.

Housekeeping

- Each week we have a new webinar topic and corresponding office hours
- The aim of office hours is to dive a bit deeper and respond to questions
- All webinars will be recorded and placed on our website *(office hours will not be recorded)*
- Utilize the Q&A for questions

Agenda

Welcome

Collaborating with Local Planning Processes

Data Explainer Top Takeaways

What's Next

Statewide Behavioral Health Goals and Associated Measures

Behavioral Health Transformation

DHCS Vision:

All Californians have access to behavioral health services leading to longer, healthier, and happier lives, as well as improved outcomes and reduction in disparities.

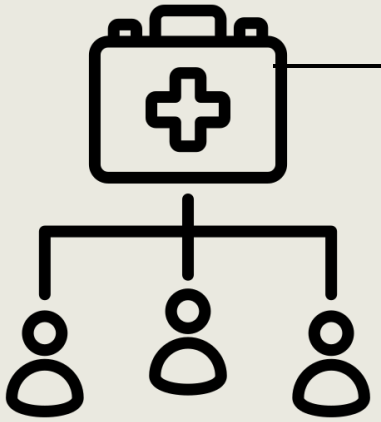
Collaborating with Local Planning Processes

Statewide Behavioral Health Transformation goals require *strong collaboration* among BHPs, MCPs, and community partners.

Local Health Jurisdictions also play a *vital role*.

Historically, BHPs, MCPs, and LHJs have operated with separate and overlapping planning processes.

BHT seeks to *unify and align* them.



Medi-Cal Managed Care Plans (MCPs)

Coordinate and deliver health services to Medi-Cal members through contracted provider networks

- Ensure access to medical, non-specialty behavioral health, and specialty healthcare
- Responsible for network adequacy, access, quality, and compliance to regulatory standards

Local Health Jurisdiction (LHJ)

The official local public health authority, typically a county health department, responsible for:

- disease control and prevention
- health protection and promotion
- assessment and planning
- policy and enforcement

Click here for the CDPH list of LHJs.

LHJ Planning Processes

What is needed in our community?

Community Health Assessment (CHA)

Structured process for documenting local health needs and planning for public health services

How should we accomplish it?

Community Health Improvement Plan (CHIP)

Plan to address the priority health needs identified in the CHA

Historical Context

County Behavioral Health

Mental Health Services Act (MHSA) Expenditure Plans

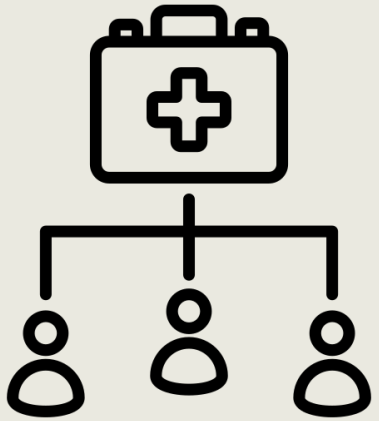
Community Planning Process

Local Health Jurisdiction

Community Health Needs Assessment (CHA)

Community Health Improvement Process (CHIP)

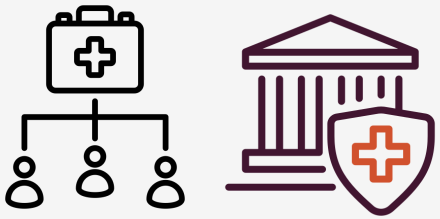
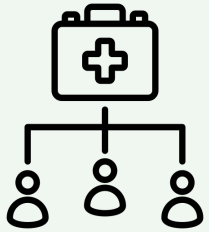
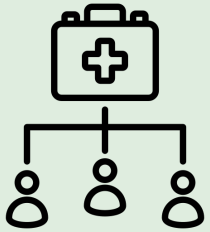
Managed Care Plans



Population Needs Assessment (PNA)

Source: DHCS, BHSA Technical Assistance Development Workshop, August 27, 2025

Aligning Community Planning Processes

Now	By June 2026	Starting Dec 2028	Starting June 2029
MCP merges with LHJ planning process  BHP local planning requirements in effect	BHPs launch BHSA planning process - first IP due  MCP Community Reinvestment Plans due 	LHJ required to plan on consistent cycle with BHPs and MCPs   	Next IP due  CHIP due 

Source: DHCS, BHSA Technical Assistance Development Workshop, August 27, 2025

BHP Requirements for the Community Planning Process

1. Collaborate in LHJ CHA/CHIP meetings and governance (as requested by the LHJ)
2. Share relevant data
3. Identify overlapping stakeholder engagement activities

Streamlined processes and cross-sector alignment are essential to achieving statewide population behavioral health goals and advancing overall health equity

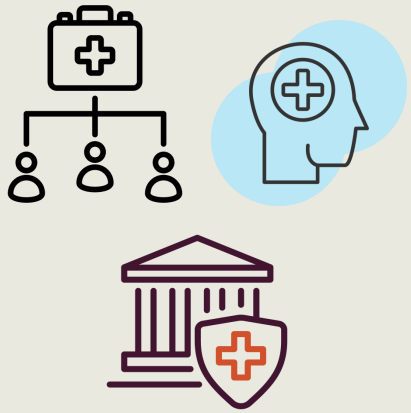
Members don't experience their needs in silos – aligning our system better serves the whole person

Opportunity to Collectively Identify Goals and Mobilize Local Action

- Strengthen collaboration
- Bring together historically bifurcated systems to better meet complex needs
- Reduce community survey fatigue
- Decrease costs
- Promote innovation
- Advance overall community health & wellbeing
- Enhance cross-sector understanding of community needs
- Integration of statewide goals and measures into formal planning
- Reduce duplication of efforts

Source: DHCS, BHSA Technical Assistance Development Workshop, August 27, 2025

The Long-Term Vision



Cross-Sector Community Planning

Cross-Sector Community Investments

Upstream prevention & other public health and behavioral health interventions

Improved Health Equity

Movement on Statewide BH Goals

Source: DHCS, BHSA Technical Assistance Development Workshop, August 27, 2025

DHCS All-Comer Webinar

October 30th 12-1:30pm

Investing in California's Communities:
Aligning and strengthening community planning, engagement and reinvestment policies to advance health equity

Alongside the webinar, DHCS will be releasing a Local Planning Collaboration Toolkit this fall that seeks to support county behavioral health to meet BHSA local planning requirements.

Take a Moment to Reflect

- In what ways have you seen behavioral health priorities reflected in your county's broader community health assessments?
- What opportunities do you see for deeper collaboration between county behavioral health and local health jurisdictions in future CHNAs/CHIPs?

If you're comfortable, share your response in the chat!

Data Explainer Series

Top Takeaways

1

BHSA broadens your role

BHSA expands who you serve, broadens responsibility, and highlights new opportunities for cross-system partnership.

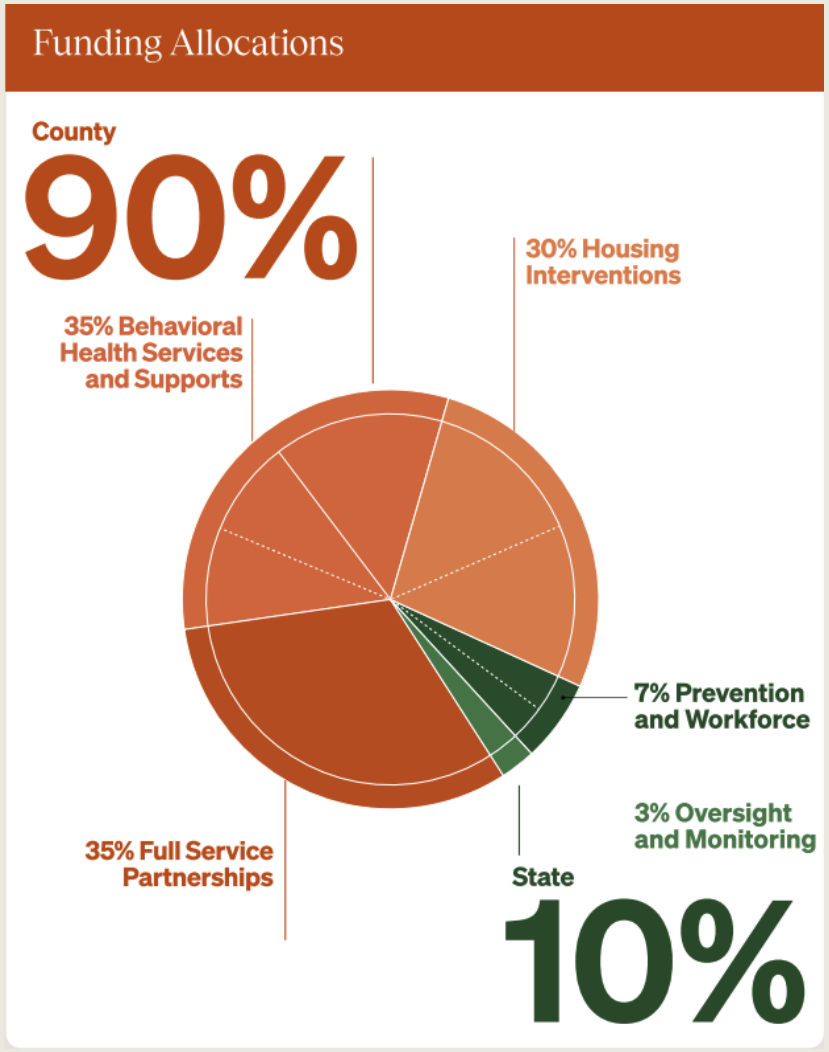
Behavioral Health Services Act

MHSA Modernization = BHSA

- Increased focus on most vulnerable populations
- Broadening of county behavioral health plan responsibilities to include housing interventions
- Expands eligibility to Substance Use Disorder only populations
- Redirecting administration of funding for population-based prevention and workforce programming

Introduces Behavioral Health Services Act Integrated Plan

Introduces Statewide Behavioral Health Goals and Measures



2

These goals are your long-term compass, and the measures are evolving

The new BHT Statewide Population Behavioral Health Goals set a lasting direction for your work and will guide your efforts over time.

As we move towards Phase 2, you'll show how you've made real progress for your population. Your decisions on investments will drive measurable change.

BHT Population Health Strategy

Use county performance on the six priority goals and choose one additional goal to inform the Community Planning Process and complete the BHSA Integrated Plan.

Priority Goals

1. Access to Care
2. Homelessness
3. Institutionalization
4. Justice-Involvement
5. Removal of Children from the Home
6. Untreated Behavioral Health Conditions

Choose at least one

Additional Goals

1. Care Experience
2. Engagement in School
3. Engagement in Work
4. Overdoses
5. Prevention and Treatment of Co-occurring Physical Health Conditions
6. Quality of Life
7. Social Connection
8. Suicides

Phase 1 Goal & Measure Structure

PHASE 1

***Priority* Goals**

***Additional* Goals**

6 Priority Goals" that BHPs must address.

+ BHPs select…

1 Additional Goal" (from 8 options) based upon county performance and local needs.

Phase 1 Goal & Measure Structure

PHASE 1

***Priority* Goals**

***Additional* Goals**

***Primary* Measures**

***Supplemental* Measures**

Each Phase 1 goal has one or more associated measures.

"Primary Measures" reflect the community's status relative to the goal.

"Supplemental Measures" provide additional context.

BHT Measure Phases

PHASE 1 ⬅ *You Are Here*

Use *publicly available, population-level data* for community planning processes and resource allocation in the BHSA Integrated Plan.

Identify interventions to improve areas of low performance relative to statewide rate.

PHASE 2 ⬅ *You Are Going Here*

Use *individual client-level data* to measure performance and identify Plan accountability for Behavioral Health goals.

Pre-decisional – further guidance forthcoming

3

Equity is your guiding map

Behavioral health goals show where we want to go, and equity data guides our work so progress benefits everyone.

Equity data interprets your terrain

Local partners and equity data are your guide

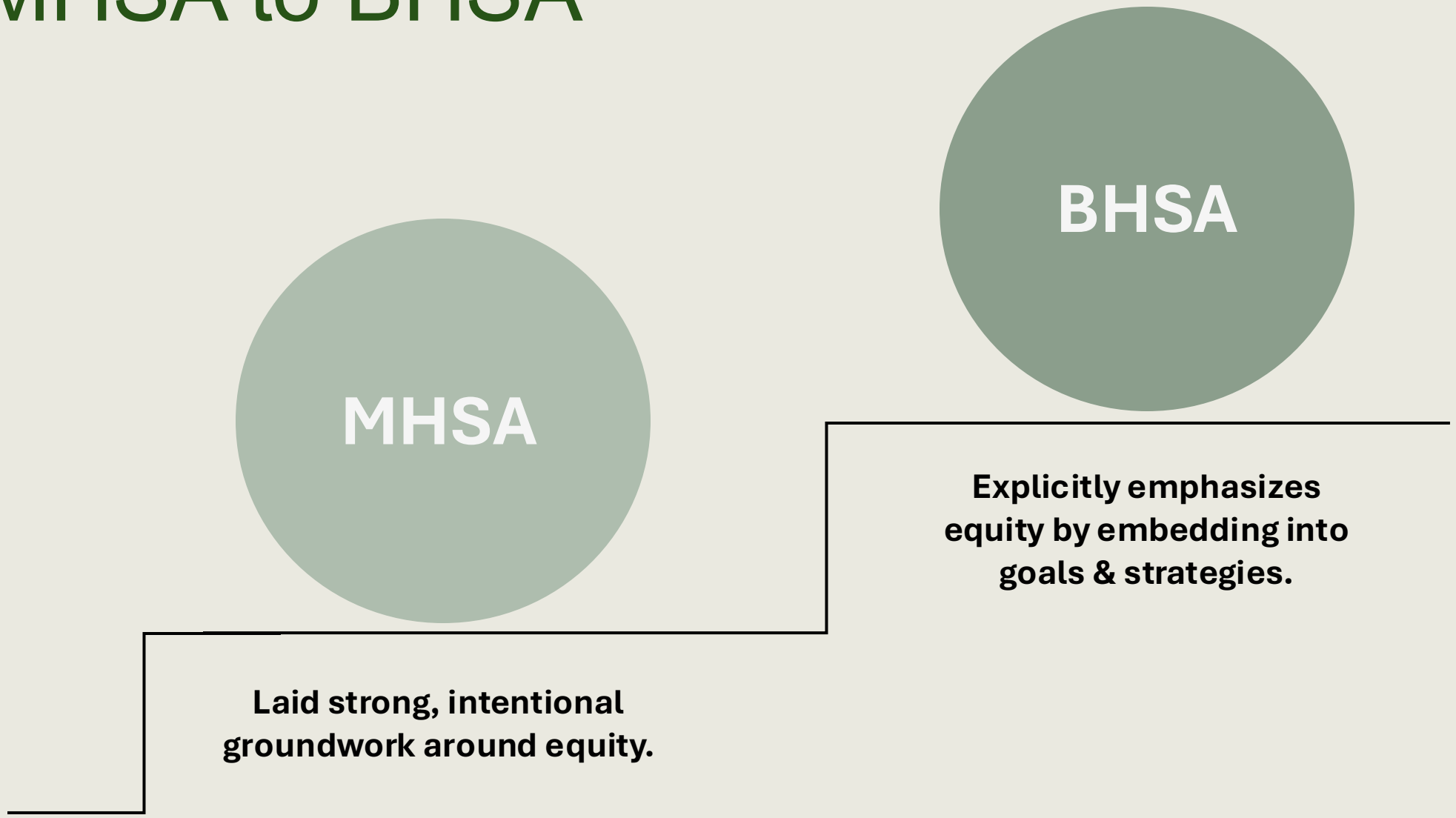
People with lived experience

Equity data

Local organizations who serve historically marginalized communities

Stakeholders working in affected areas

MHSA to BHSA


MHSA
BHSA
Laid strong, intentional groundwork around equity.
Explicitly emphasizes equity by embedding into goals & strategies.

Let's use our progress as a launching pad...

Preserve MHSA's gains in equity framework

Ensure county-wide progress reaches all communities

Address key inequities as we move forward

Integrating local equity data into practice

1. **What are the main drivers?** Identify determinants associated with the measures and goal.
2. **Which populations are most affected?** Compare sub-groups to county average and to each another.
3. **Why might you be seeing this result?** Examine potential causes of the result you're seeing.
4. **How do you want to make an impact?** Set specific goals based on inequities identified and locus of control.
5. **Are you meeting your goals?** Monitor progress and adjust when needed, including discussions and feedback from affected communities.

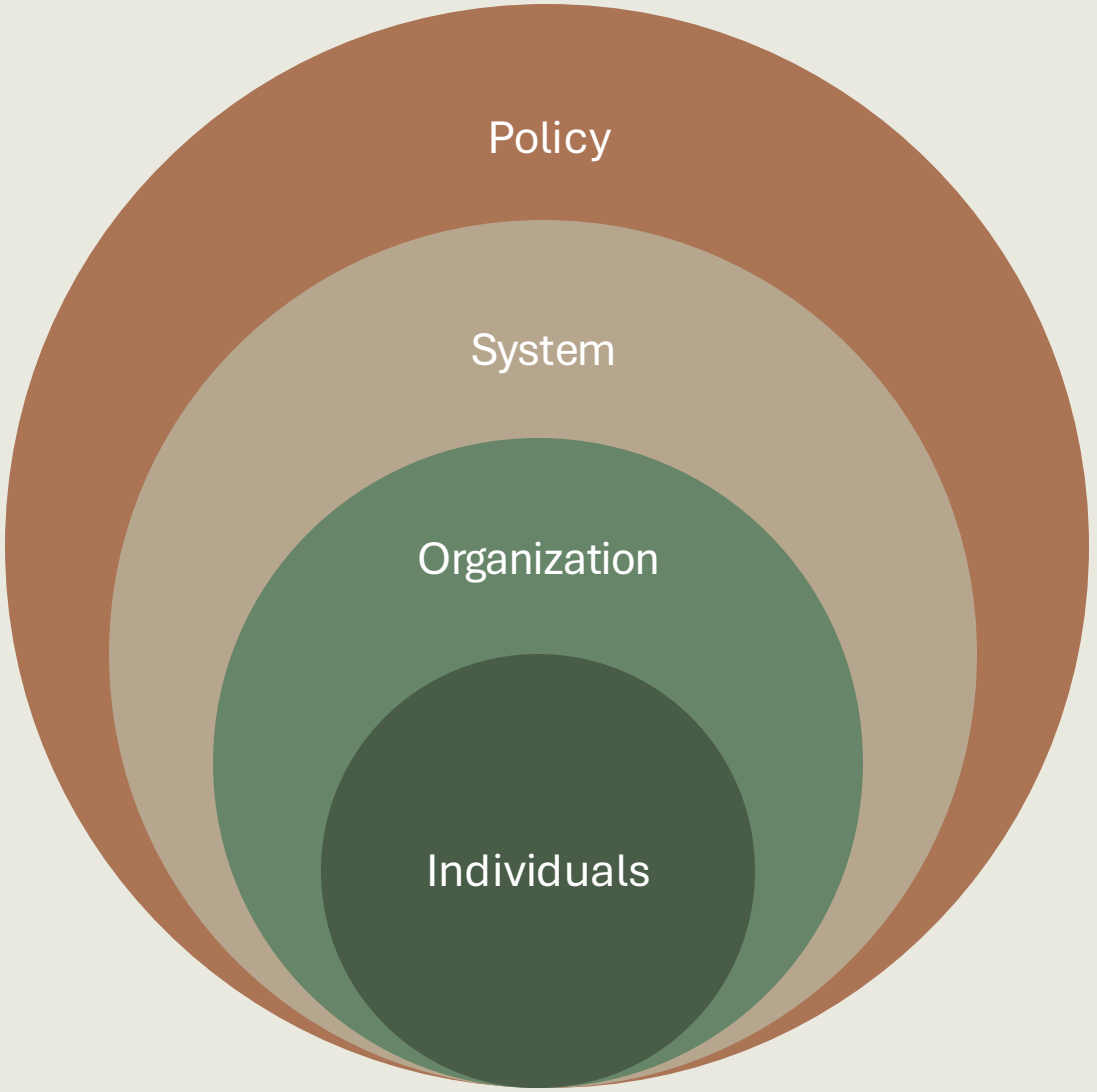
4

Data is a clue, not a conclusion

Phase 1 measures reveal part of the story.

Your community knowledge, planning processes, and local partnerships turn that data into meaningful action.

Local Context



Using Data to Shape Community Planning

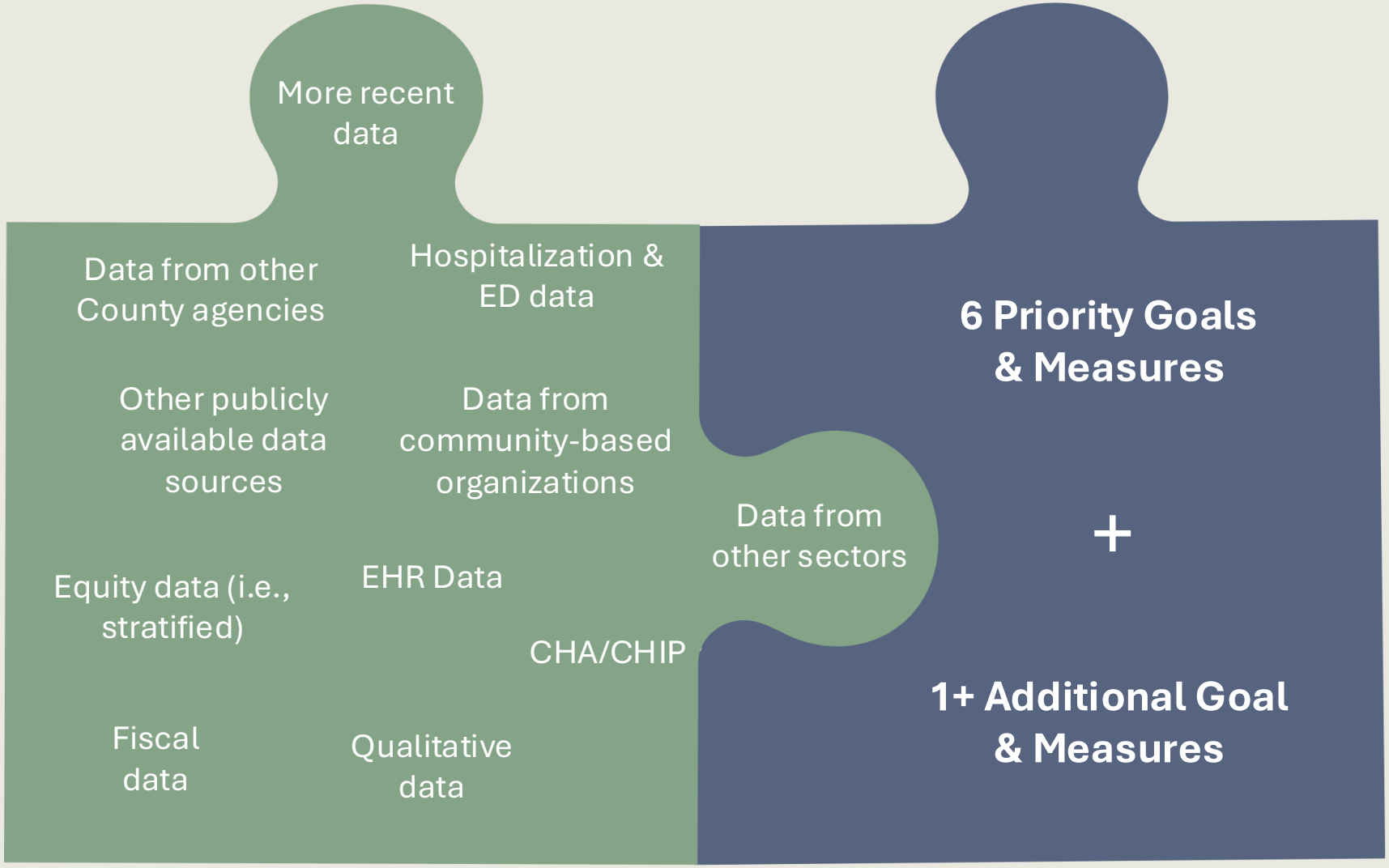
Reflect	Develop hunches by reflecting on data
Connect	Find the right partners
Engage	See what resonates with your community
Capture	Translate hunches into strategies in your integrated plan

5

Local data completes the picture

As you develop your Integrated Plans, use local data to supplement Phase 1 measures where needed—especially since it will be central to Phase 2.

Local data completes the picture



Using Data In the Community Planning Process

Quantitative	Qualitative
CalMHSA Dashboards	Client and family testimonials
DHCS Dashboards & Workbooks	Frontline Staff Insights
Local Health Jurisdiction Data	Open-Ended Survey Questions
Managed Care Plan Data	Social Media
County Fiscal Data	Pattern Spotting in Complaints
	Feedback from Partners

Using Data In the Community Planning Process

Quantitative

- **CalMHSA Dashboards**: Data Explainer Dashboards, Housing Dashboard, Know your County Indicators Dashboard
- **DHCS Dashboards & Workbooks:** BHCIP Dashboards (Crisis & BH Continuum), Phase 1 Measures Workbook
- **Local Health Jurisdiction Data:** Community Health Assessments (CHA) and Community Health Improvement Plan (CHIP)
- **Managed Care Plan Data**
- **County Fiscal Data:** Revenue Projections, Past MHSA Budget vs. Actuals

Qualitative

- **Client and family testimonials:** Real-life experiences that put a human face on the system's strengths & 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 libraries notice about behavioral health needs.

6

Choose the right Additional Goal for your community

Each county must select one additional goal for their Integrated Plan where performance is below the statewide rate.

Start with the data

Review baselines for each "Additional Goal" – including disparities – and identify the biggest gaps

Identify additional goals where your county is performing below the statewide rate/average on the primary measure

Center community voice

Use your Community Planning Process (CPP) engagement results and input from other local planning processes to see which issues matter most to your community

Check feasibility

Select a goal where…

Required: Your county is performing *below* the statewide rate on the primary measure(s).

You have partnerships, programs, and resources to realistically make measurable change.

Strategies can be maximized across multiple goals.

7

Collaboration is key—and expected

For every goal, identify the partners you need—both within your county behavioral health team and across other systems.

Shared Responsibility

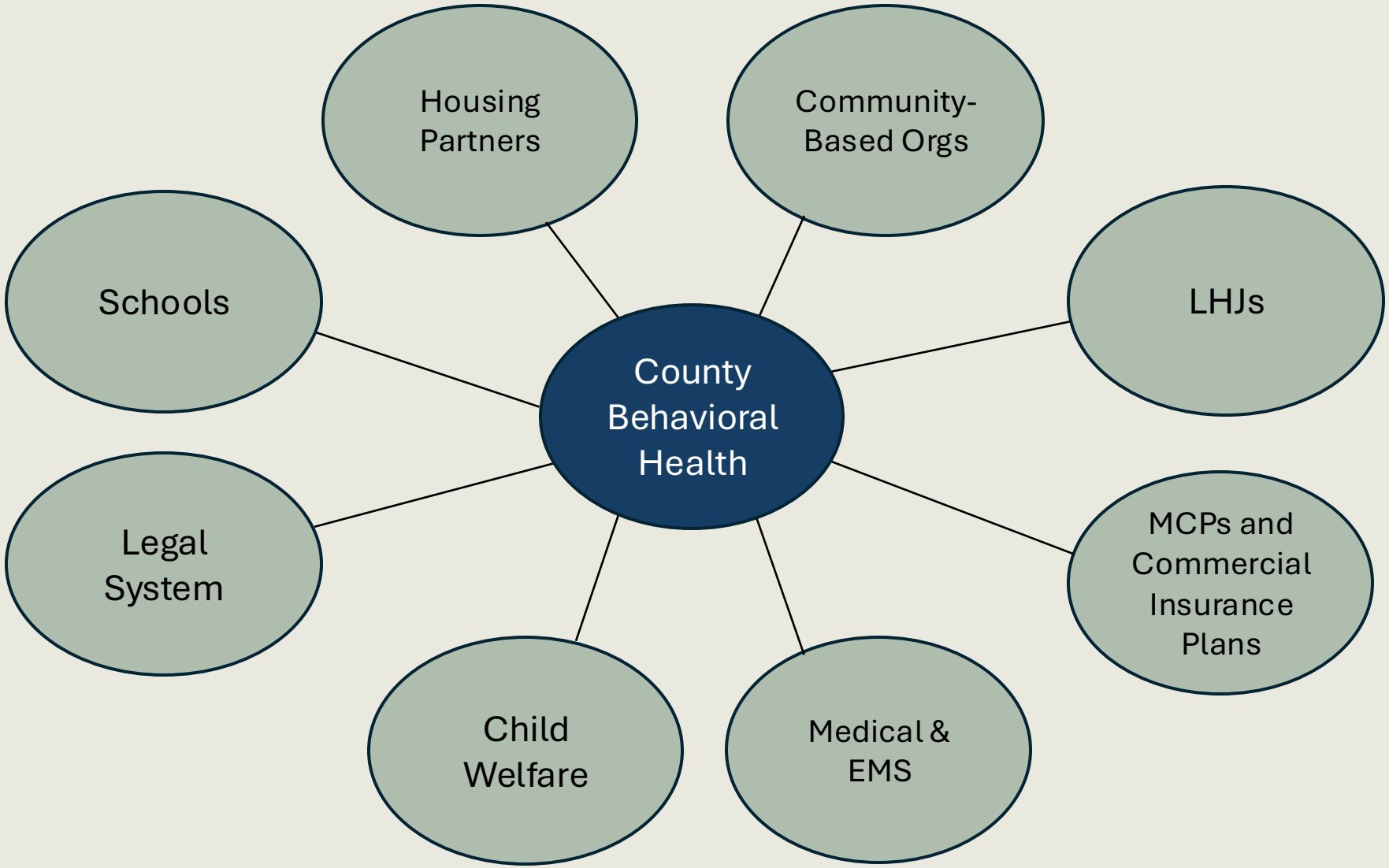
BHT requires collaboration across every part of the delivery system to provide care across the continuum.

Inclusive of the following service delivery systems:

- Local health jurisdictions
- Schools
- Child Welfare
- Legal system
- Managed Care plans
- Commercial insurance plans
- Community-based organizations
- Housing partners

Source: DHCS, BHSA Technical Assistance Development Workshop, August 27, 2025

System Partners

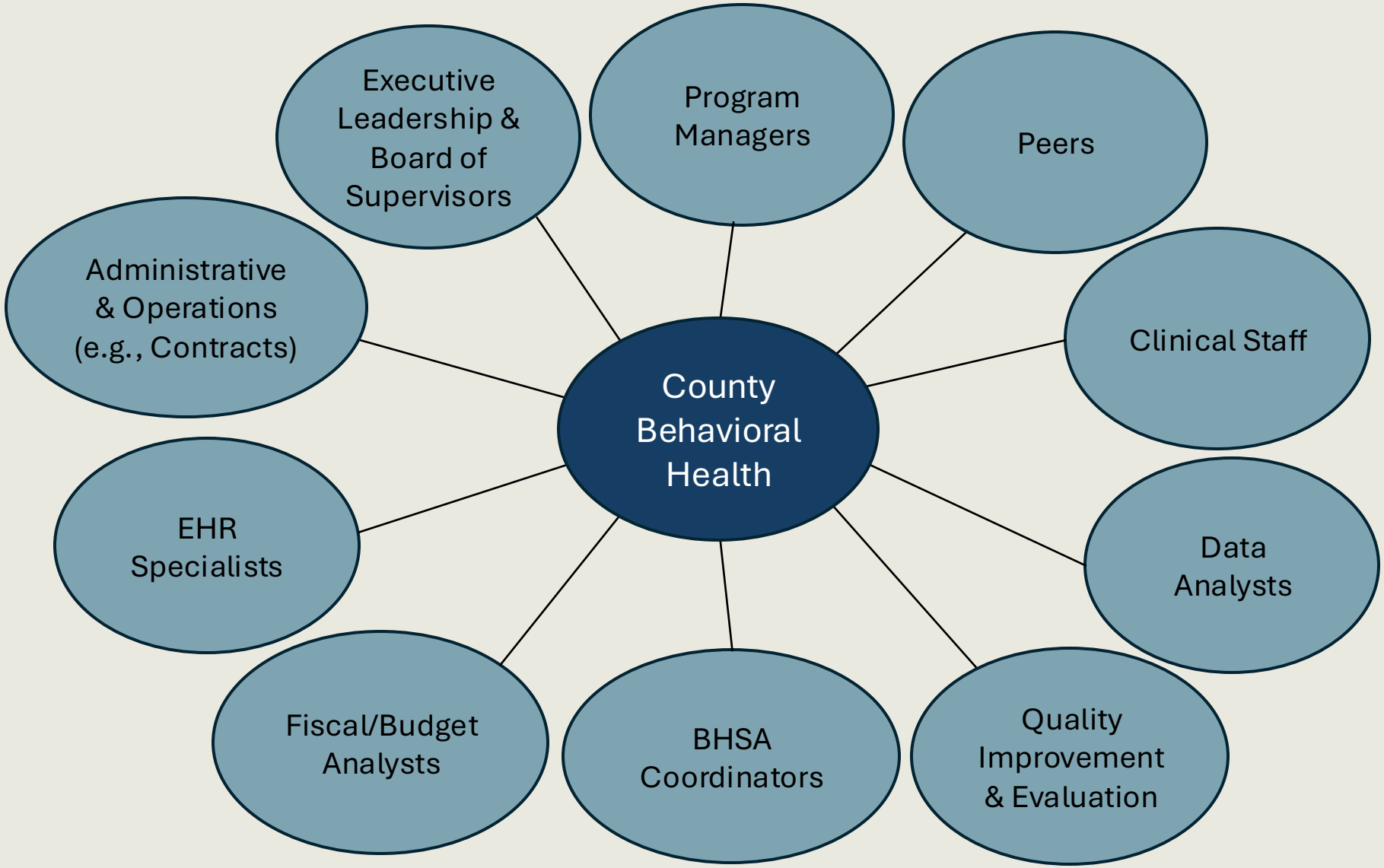


Required BHSA Stakeholders

Payers/Insurers
City/County/Tribal Government
Medical
Community & Special Populations
Education & Workforce

Health care service plans, including Medi-Cal managed care plans	Disability insurers	Early childhood organizations	Youths or youth MH/SUD organizations	Individuals with lived experience (behavioral health, homelessness, SUD)
County social services and child welfare agencies	Local public health jurisdictions	Local education agencies	CoCs, including homeless service providers	BHSA eligible adults, older adults, and children/youth, and their families
Five most populous cities (counties with ≥200,000 population)	Public safety partners, including county juvenile justice agencies	**County Behavioral Health**	CBOs (adult, youth, equity-focused)	Regional centers
Health care organizations, including hospitals	Tribal and Indian Health Programs	Higher education partners	Victims of domestic violence and sexual abuse	Area agencies on aging
MH & SUD Providers	Emergency medical services	Labor representative organizations	Veterans and Veterans Service Organizations	Independent Living Centers

Internal Stakeholders



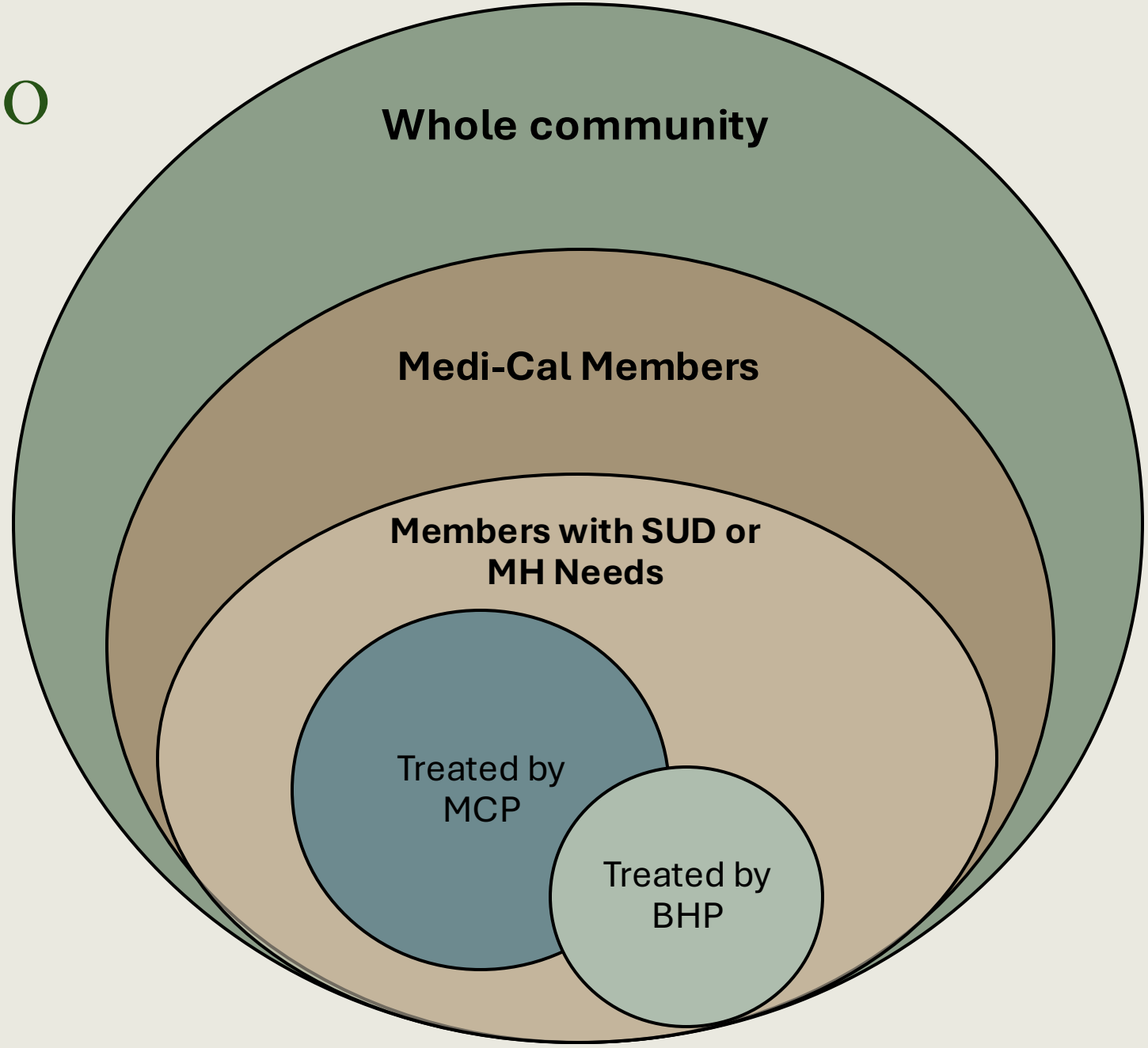
8

Focus on your sphere of influence

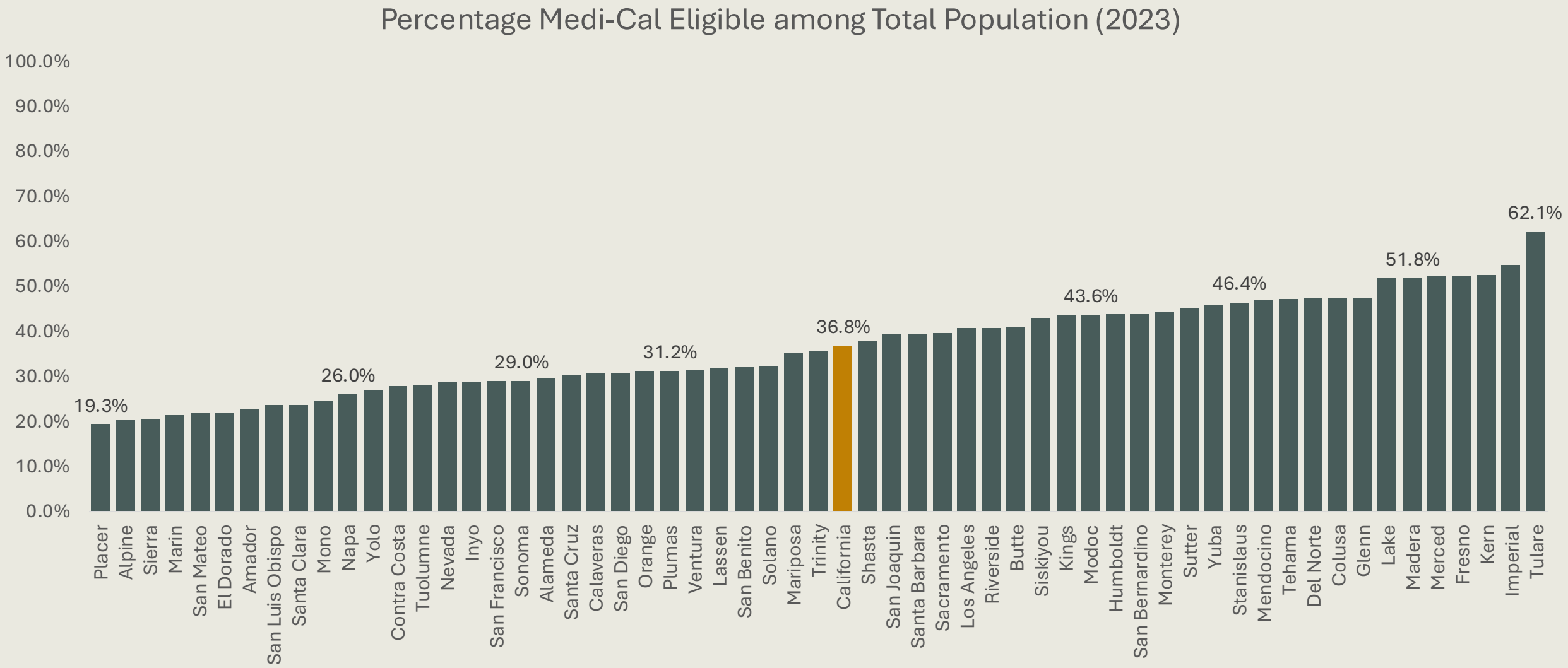
Use the new measures to understand county-wide context.

They can guide you to better serve your member population and the BHSA-eligible populations you support.

You don't have to move the needle on your whole community...



Remember your community context



Source: DHCS Medi-Cal Eligibles 12-2023: http://data.chhs.ca.gov; 2023 County Census: https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html

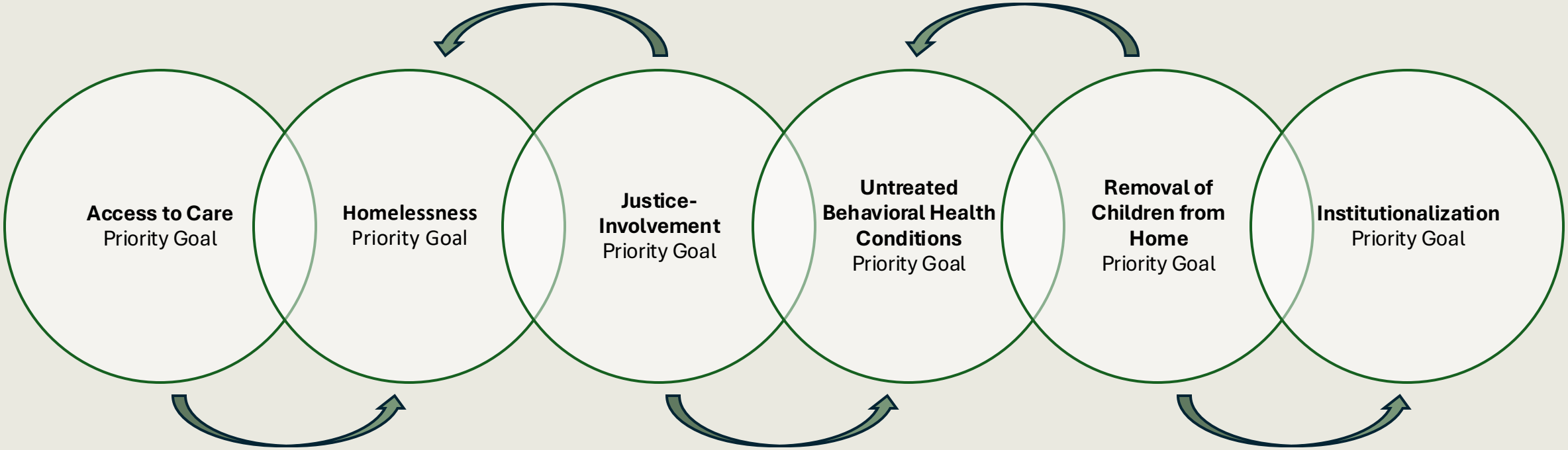
9

Strategies can be interconnected

Seven goals don't necessarily require seven separate interventions.

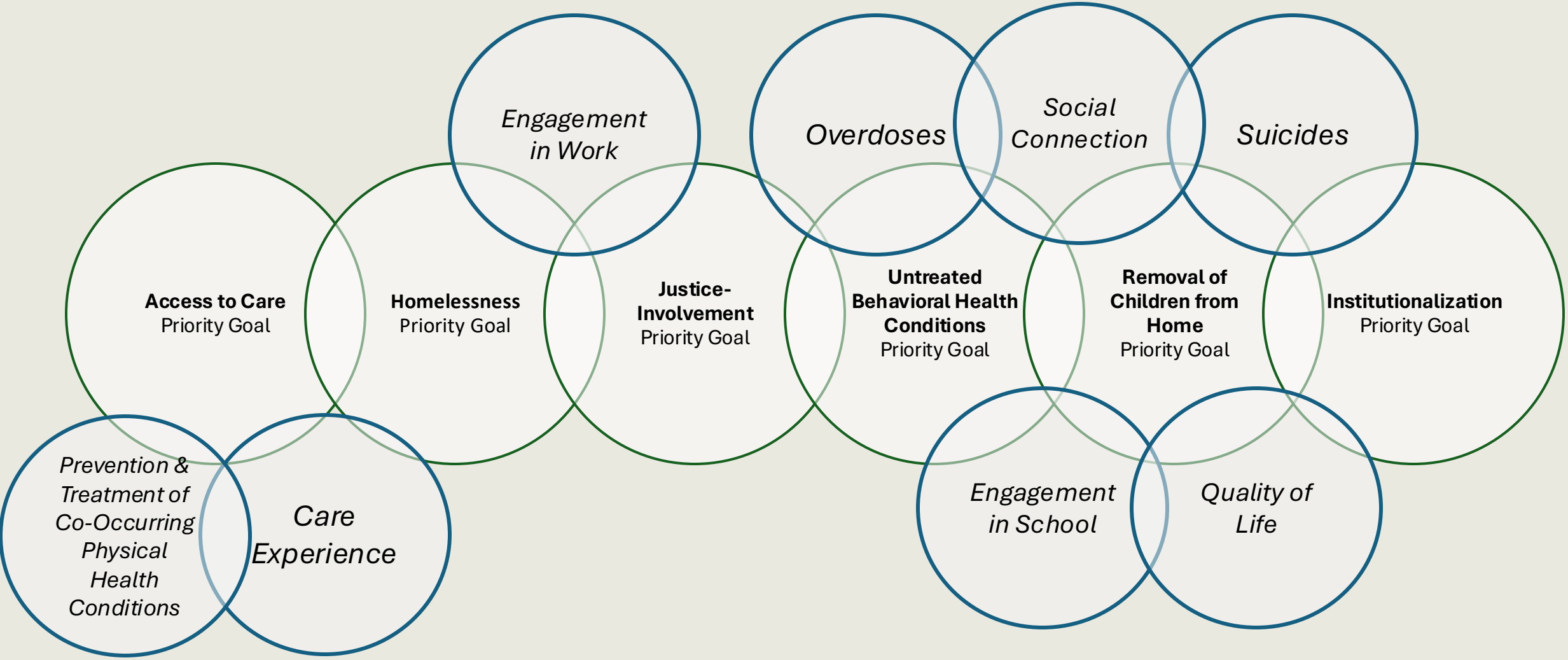
Serving the whole person means that progress in one area can often advance multiple goals.

All the Priority Goals are interconnected…



*Arrows are for illustrative purposes. Each goal connects with others in unique ways

… as well as with the Additional Goals.



*Overlaps are for illustrative purposes. Each goal connects with others in unique ways

10

Focus on what is working...or pivot to something new

As we move forward, we build on MHSA successes while forging new paths where needed.

You have changed countless lives through MHSA

Stigma Reduction

Reduced Hospitalizations

Reduced Homelessness

PEI

FSPs

Outreach and Engagement

Equity & Hard to Reach Populations

Enhanced Housing Supports

Reduction in Suicides

Culturally Responsive Care

Crisis Response

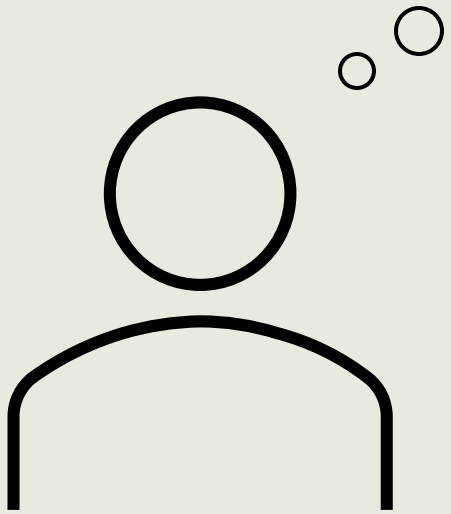
Navigating What's Ahead

Who will Medi-Cal cover?

What will be funded?

How will legal frameworks change?

As we move forward...



What do the data show me is already working in my community?

Do I have key partnerships that will allow me to build new initiatives to meet these goal(s)?

Where can I adapt or strengthen existing initiatives to meet these goal(s)?

Where are there opportunities to address inequities observed in my community by working with trusted stakeholders?

What's Next?

Office Hours:
Right now!

Tuesday 9/30, 1-2PM

Questions:

managedcare@calmhsa.org

Thank You!

For joining us
For your questions and feedback
For robust discussions
For your collaboration

CalMHSA
California Mental Health Services Authority