

Behavioral Health Services Act



Community Program Planning (CPP) Brief

Purpose

As required in the Behavioral Health Services Act (BHSA), counties are required to engage with local stakeholders in the development of a **Three-Year Behavioral Health Integrated Plan (BHIP)**. The purpose of CPP process is to provide

open, meaningful engagement opportunities to all interested stakeholders, allowing opportunities to provide feedback on decisions related to the development of the BHIP.

CPP Requirements



Updated Community Program Planning (CPP) process requirements for counties became effective January 1, 2025. Counties may use up to 5% of the total Behavioral Health Services Act (BHSA) annual revenue to support CPP activities.

A portion of the requirement is to ensure more systems planning occurs and that counties align resources to address goals and strategies identified by the State. To that end, Department of Health Care Services (DHCS) is requiring healthcare entities to align CPP efforts.

While perspectives and focus

areas may vary, local public health, Managed Care Plans (MCPs), and counties serve common communities. Local integration and partnerships are essential to paving a path toward better planning of integrated healthcare systems. The mandate to ensure participation of individuals with lived experience remains.

Due to the impacts of state and federal funding cuts, the Health Care Agency (HCA) will streamline the required integration and work to centralize Community Planning within the agency and support the following allowable types of CPP activities.

Allowable Community Program Planning Activities

- Education/engagement to support involvement in development of health plans
- Listening sessions
- Conference calls
- Client advisory meetings
- Consumer/family meetings
- Town hall meetings
- Focus groups
- Surveys
- Video conferences
- Media announcements
- Targeted Outreach
- Public comment
- Public hearings
- Workgroups and committees
- Key informant interviews or engaging with subject matter experts
- Training, education, and outreach related to the CPP process and BHIP

Collaboration of local CPP activities by health organizations such as Behavioral Health, Public Health, MCPs, and other health entities is expected by DHCS, as part of the local CPP process and is required in the future.

HCA will centralize CPP activities over the next several months, to achieve this requirement.

DHCS requires integration by 2028.

Planning costs may include staffing/coordination supports, technologies to help stakeholders participate in the planning process, web-based meeting platforms, virtual engagement tools, accessibility services, stipends, wages, and contracts, translation/interpretation services, travel and transportation for stakeholders, childcare, eldercare, training and technical assistance for stakeholders to be meaningfully involved, including on fiscal policies, and other supports to help with stakeholder engagement.

BHIP and CPP Timeline



The BHIP must be approved by the local Board of Supervisors (BOS) and submitted to DHCS by June 30, 2026. The development of the BHIP must be completed through the required CPP process.

HCA-BHS has developed the following planned activities and timeline for completion. The information below provides an overview of CPP activities by timeframe.

March 2025 – December 2025

Bi-Monthly BHSA Workgroups: 1. Behavioral Health Services and Supports 2. Full Service Partnerships 3. Housing Interventions	Ongoing open meetings led by County/Community co-chairs that are specific to the BHSA funding categories and focused on developing and reviewing programming for each of the BHSA funding categories. Feedback from workgroups will be incorporated into the draft plan. Draft plan should be completed by December 2025.
3 Listening Sessions	Professionally facilitated sessions that gather written and verbal feedback from participants to inform the County's BHIP.
4 Educational Sessions	Opportunities to learn about upcoming changes to behavioral health services and the impact of Prop 1 to our community and the services provided.
3 Community Forums	Presentation related to BHSA/upcoming changes followed by open dialogue and collaboration to share ideas, ask questions or discuss behavioral health issues affecting the community.
30 Focus Groups*	Invitation-only small groups designed to gather insight from impacted and vulnerable communities (e.g. youth, older adults, cultural groups, those with lived experience).
Community Demographic/Needs Survey	A digital or paper survey with questions to gather feedback on BHSA programs and priorities from specific participants. Other surveys gather input on the quality of CPP meetings and/or information to learn which communities are represented at meetings.
3 Key Informant Interviews*	Interviews with subject matter experts related to BH priority populations and programs.
12 Focus Groups and Informational Meetings - Leveraging Existing Stakeholder Meetings*	Focus groups with stakeholders that already participate in collaborative planning with other partners. Informational meetings provide an opportunity for current partners to hear about upcoming CPP events and impacts of Proposition 1.

* subject to change

(timeline continues on page 4)

Required Stakeholders

Stakeholder engagement for the BHIP include but are not limited to the following stakeholder groups.

- Eligible adults/older adults
- Families of eligible children and youth, eligible adults, and eligible older adults
- Youths with lived experience or youth organizations
- Eligible Veterans
- Veteran Organizations
- Local public health jurisdictions
- County social services and child welfare agencies
- Labor representative organizations
- Health care organizations, including hospitals
- Health care plans, including MCPs
- Regional Centers
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Emergency medical services
- Disability Insurers
- Local education agencies
- Higher education partners
- Continuums of care, reps from homeless service providers
- Independent living centers
- Tribal and Indian Health Programs
- Five most populous cities in the County
- Early childhood organizations
- Areas in aging
- Community-Based organizations serving culturally and linguistically diverse communities for Substance Use Disorders/Serious Mental Illness



BHIP and CPP Timeline (continue from page 3)

December 2025 – June 2026

DHCS Review of Draft BHIP	Submission of the DRAFT BHIP to California Department of Health Care Services for their review and approval.
30 Day Public Posting and Comment	A period of 30 days where a draft of the BHIP is available for the public to review and provide written feedback.
Public Hearing	Public Hearing to review the CPP process. This process allows the community to be heard on the final draft of the County's BHIP.
BOS Approval and Submission	The BOS is required to approve the BHIP and BHSA must submit the approved Plan to DHCS by June 30, 2026.