

Behavioral Health Services Act

Community Partner Toolkit



A guide to understanding and participating in your
county's behavioral health planning process



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Acronym Guide

Behavioral health materials often include acronyms. Here are some you might see in this toolkit or hear in county meetings.

Acronym	Meaning	What It Refers To
BHB/ BH Board	Behavioral Health Board	A local group that reviews county plans and holds public meetings to make sure community voices are heard.
BHOATR	Behavioral Health Outcomes, Accountability, and Transparency Report	A yearly county report that explains how behavioral health funds were spent and what results were achieved.
BHSA	Behavioral Health Services Act	California's funding law for county behavioral health services. It replaced the MHSA in 2024.
BHSS	Behavioral Health Services and Supports	Programs funded by the BHSA that focus on prevention, early help, and community wellness.
BHT	Behavioral Health Transformation	Statewide changes to how counties plan and report behavioral health funding, with a focus on housing, accountability, and transparency.
BOS	Board of Supervisors	Elected county leaders who approve each county's BHSA Integrated Plan before it goes to the state.
CalMHSA	California Mental Health Services Authority	A statewide organization that supports counties by offering training, tools, and services to help improve mental health and substance use programs.
CBH	Commission for Behavioral Health	The state commission that promotes transformational change in California's behavioral health system by researching, evaluating, and tracking outcomes to inform policy, grant-making, and technical assistance.
CBHDA	County Behavioral Health Directors Association of California	A statewide group made up of behavioral health directors from all 58 counties.
CBO	Community-Based Organization	A local nonprofit or community group that provides services or supports residents.
CPP	Community Planning Process	The public process counties use to gather community input for their BHSA Integrated Plans.
CPT	Community Planning Team	A group of community members, people with lived experience, youth, families, providers, and county staff who help draft county plans.
DHCS	Department of Health Care Services	The statewide agency that makes sure counties manage their behavioral health programs correctly and that they follow BHSA rules.

Acronym	Meaning	What It Refers To
EI	Early Intervention	Services that provide early help, especially for young people, to address behavioral health needs before they become more serious.
FQHC	Federally Qualified Health Center	Community health centers that provide primary care and behavioral health services, often for underserved groups.
FSP	Full Service Partnership	A county program that offers intensive, wraparound (team-based) care for people with the most serious behavioral health needs.
IP	Integrated Plan	A county's three-year plan that explains how BHSA funds (and other behavioral health funds) will be used.
MCP	Managed Care Plan	A health plan that provides health and behavioral health care services, including services to Medi-Cal members. Counties work with these plans to coordinate behavioral health care.
MHSA	Mental Health Services Act	The 2004 law that was first created to better serve individuals with, and at risk of, serious mental health issues, and their families. The BHSA replaced it in 2024.
PEI	Prevention and Early Intervention	Behavioral health services designed to help people before a crisis happens.
SED	Serious Emotional Disturbance	A diagnosable mental, behavioral, or emotional disorder that interferes with daily life, school, family relationships, or the ability to function.
SMI	Serious Mental Illness	A diagnosable mental, behavioral, or emotional disorder that interferes with a person's life and ability to function.
SUD	Substance Use Disorder	A chronic disease where people compulsively seek and use drugs despite harmful consequences.
WET	Workforce Education and Training	BHSA-funded programs that train and support people working in behavioral health.

Tip: If you hear an acronym or term you don't recognize at a county meeting, ask staff or facilitators to explain it in plain language. Everyone has the right to understand how local behavioral health decisions are made.

Glossary of Terms

The language used in county behavioral health planning can feel unfamiliar at first. This glossary explains common words and phrases you may hear in meetings, on county websites, or in planning documents.

Use it as a quick reference while you read this toolkit, prepare for a meeting, or review your county's plans and reports. If you hear a term that isn't listed here, you can always ask county staff or meeting facilitators to explain it — everyone has the right to understand how decisions are made.

Term	Meaning
Accessibility	The practice of making meetings, services, or programs available to everyone. This may include language interpretation or translation services, transportation support, or online options.
Advisory Board	A group of community members who give advice to the county on specific topics, such as behavioral health services.
Advocacy	Actions people take to bring attention to an issue and push for change. Advocacy can include speaking at meetings, sharing your story, writing public comments, or organizing with others.
Agenda	A list of topics that will be talked about during a meeting. It helps participants know what to expect.
Barriers	Things that make it hard for people to get or participate in services. Barriers can include cost, transportation, language, childcare, or not knowing where to go for help.
Behavioral Health	Services that support mental health and substance use recovery. This includes counseling, treatment programs, crisis services, and community supports.
Budget	A plan for how money will be spent. Counties must explain how funds will be used for different programs and supports.
Conservatorship	A court process that appoints someone to make certain decisions for an adult who can't safely manage their own care or finances.
County Behavioral Health Department	The local government agency responsible for planning, funding, and providing behavioral health services to residents.
Crisis Services	Immediate help for people experiencing a mental health or substance use emergency, such as crisis lines, mobile crisis teams, and urgent care centers.
Culturally Responsive	Services that respect and reflect the cultures, languages, and backgrounds of the people they serve.
Data	Information that counties collect to understand what's working and what needs improvement — such as how many people used a service or the results.
Data Dashboard	A website or online page where counties show information about services in a simple, visual way (charts, numbers, summaries).

Term	Meaning
Engagement	Activities that help community members learn about and participate, such as meetings, outreach, trainings, and surveys.
Equity	Fair access to services and supports. Equity means making sure that people and communities that have been overlooked or underserved get the resources they need.
Facilitator	The person who guides a meeting, keeps it on track, and helps make sure everyone has a chance to speak.
Funding Stream	A source of money that pays for services. Behavioral health might be funded by state laws, federal programs, Medi-Cal, or local resources.
Homelessness Services and Housing Services	Supports that help people find and keep safe housing. This can include outreach teams, shelters, treatment programs, and long-term housing options.
Inclusion	An environment where everyone feels welcome and able to participate. Inclusion focuses on removing barriers that prevent people from taking part.
Inclusive	An approach that involves people from different backgrounds and experiences so they can fully participate.
Institutionalization	Placement in a long-term care setting where a person lives and receives ongoing supervision, treatment, or support.
Listening Session	A community meeting where county staff listen to people's experiences, ideas, and needs to help shape BHSA Integrated Plans.
Lived Experience	Personal experience with mental health and/or substance use challenges, or with supporting a family member through them.
Marginalized	A term for groups that have been overlooked or underserved and may face extra barriers to getting services or sharing their needs.
Medi-Cal	California's free or low-cost health coverage for people with limited income. Many county behavioral health services are provided through Medi-Cal.
Minutes	Notes from a meeting that summarize what was discussed and what decisions were made.
Motion	A formal suggestion or proposal made during a meeting. Officials will vote on motions to make decisions.

Term	Meaning
Outcome	A result or change that a program aims to achieve, like fewer crises, more people served, or improved well-being.
Outreach	Activities counties use to connect with community members — such as phone calls, flyers, emails, events, or direct engagement — to ensure diverse voices are included.
Priority Population	A group that the Behavioral Health Services Act (BHSA) identifies as having the highest needs for county behavioral health services.
Program	A service or group of services offered to the community. This can include outpatient behavioral health treatment programs, crisis hotlines, peer support groups, and school-based counseling.
Provider	Any individual or any organization that delivers services, such as counselors, therapists, doctors, peer support workers, treatment centers, community organizations, and clinics.
Psychosocial	How a person's mental health and social environment together affect their well-being, relationships, and daily life.
Public Comment	A time during a meeting or planning process when anyone can share what they think about a draft BHSA Integrated Plan or decision. Counties must listen.
Public Hearing	A formal meeting where the county presents its draft BHSA Integrated Plan, and community members can provide feedback before it is submitted to DHCS.
Quorum	The minimum number of voting members who must be present for a meeting to officially conduct business.
Stakeholder	Anyone who cares about behavioral health services, community members, family members, elders, people with lived experience, providers, and advocates.
Stigma	Negative attitudes or beliefs about a group of people or a health condition. Stigma can make people feel ashamed or afraid to ask for help, and can lead to unfair treatment.
Underserved	A term that describes communities that do not get enough services or resources compared to their needs. Underserved groups may have fewer programs, longer wait times, or less access to care than other groups.
Workgroup	A small team that focuses on a specific issue, such as youth needs, crisis services, housing, or outreach.

About This Toolkit

Every county in California plans for how to support people with behavioral health needs (mental health and/or substance use disorders). This is called the **Community Planning Process**, or CPP.

The Community Planning Process is part of the **Behavioral Health Services Act** (BHSA). The BHSA is a state law that was passed by voters as Proposition 1 in 2024. The law helps fund important local services for certain individuals who have high behavioral health needs. Counties can't build these plans alone. They must listen to people in the community — people like you.

Advocacy helps turn your experiences into real change. When you share what's working, what's missing, or what could be better in local behavioral health care, you help counties make decisions based on your community's needs.

It isn't always easy to speak up. The system can feel big, slow, or hard to change. But your voice matters more than you may think. When you share your story or your ideas, you help shape the way care looks in your county. You help make your community fairer, stronger, and more focused on what people truly need.

This toolkit is here to guide you — to show how the process works and how you can take part. Inside, you'll find tools, examples, and resources to help you get involved.

Each voice helps shape behavioral health care in your community. Yours deserves to be heard.

Note: This document will be updated to reflect community input and any changes to the CPP.

What Is the Community Planning Process?

The Community Planning Process is the process every county in California must take to create its Behavioral Health Integrated Plan, or “Integrated Plan” for short.

The Integrated Plan

The Integrated Plan is a document that explains how counties will use funding to support behavioral health services in the community. It is required by a law called the **Behavioral Health Services Act** (BHSA). The BHSA states that the Integrated Plan must serve people with the greatest need, or “priority populations.”

The BHSA defines priority populations as individuals with behavioral health needs [serious emotional disturbance (SED), serious mental illness (SMI), and/or substance use disorder (SUD)], with an emphasis on those who are or at risk of:



Homelessness



Justice system involvement

(e.g., jail, prison, youth detention facilities)



Conservatorship



Institutionalization/hospitalization



Child welfare system

The Integrated Plan covers three years and must include specific information, such as:

- The programs and services counties will fund
- The funding sources they will use
- County demographics
- The behavioral health needs in the community
- Plan goals and objectives
- Information on when the county met with the public
- How the county will measure success

Putting together the Integrated Plan takes months and includes many steps in the process. The entire process is called the Community Planning Process, or CPP.

A CLOSER LOOK

The CPP is not meant to make it harder for counties to get funding.

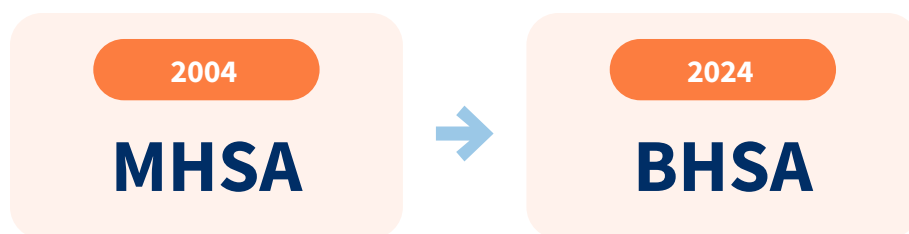
It is put in place to make sure counties are using the funds to help the people who have the greatest need. It also ensures that people who live in the community — and especially people who have severe mental illness or substance use disorder — can voice their opinions.

The Law

Counties are required to create an Integrated Plan and follow the Community Planning Process by the Behavioral Health Services Act (BHSA). Counties must do both to receive BHSA funding for community mental health and SUD services.

The BHSA is funded by a 1% tax on personal income over \$1 million. This means wealthy Californians contribute extra to support community behavioral health services.

It was first passed by voters in 2004 as the Mental Health Services Act (MHSA). In 2024, it was updated and expanded to become BHSA.



🔍 A CLOSER LOOK

Some of the changes made in the BHSA include:

- More focus on people with the greatest need.
- An increased focus on treating SUD.
- Housing is now a key part of care.
- Counties must create one plan that shows how all behavioral health funding will be used.
- Counties must track results, report spending, and share progress with the public each year.
- Counties are no longer required to get community input through the full CPP when they update the Integrated Plan every year. They must still post the annual update for 30 days, but they do not have to complete the full CPP.

The BHSA provides funding to counties in California for a wide range of behavioral health programs, support, and services, including:



Outreach and engagement

Such as identifying, reaching, and connecting individuals who need behavioral health support



Early intervention (also known as indicated prevention)

Such as supporting individuals who are at risk of, or are experiencing, early signs of a mental health or substance use disorder (SUD)



Full Service Partnerships (FSPs)

Such as delivering treatment, including offering outpatient mental health and SUD services, to individuals with the highest behavioral health needs and maintaining ongoing engagement



Housing interventions

Such as providing rental assistance, offering transition services, and providing supportive or recovery housing to individuals with the greatest behavioral health needs



Workforce education and training

Such as training and recruiting people to provide behavioral health care



Capital facilities and technology

Such as developing or constructing new buildings that provide care



Innovative behavioral health pilots and projects

Such as testing new ways to provide behavioral health care

Community Involvement

— It's Required

The BHSA includes rules that counties must follow during the Community Planning Process. One of the reasons for these rules is to make sure county officials are listening to the people they serve.

These rules include:

1 Listen to the community

When counties are creating their Integrated Plans, they must hear from community members, including providers, schools, local organizations, and especially people who receive services. The county must hear from the community in many different ways, such as in meetings, focus groups, and surveys.

2 Consider culture and language

Counties must make sure programs are “culturally responsive” and “language-accessible.” This means services should respect your culture, be offered in your preferred language, and address the needs of your community.

3 Reach people who face barriers

Programs must reach people who often face barriers because of race, culture, language, gender, identity, age, income, or other life experiences.

4 Partner with organizations

Counties also must partner with many different types of organizations, including community-based organizations (CBOs). These organizations already work with local cultural groups who bring trusted relationships and deep knowledge of the community.

5 Look at the data

Counties must use local data to find out what is working and what may be missing. Data includes things like how many people are using services and if the services are working well for different groups.

6 Share the plan publicly

The draft plan is shared with the community for a 30-day public comment period. This gives anyone a chance to say what they think should be added or changed.

A CLOSER LOOK

Community-Defined Evidence Practices (CDEPs)

Counties are encouraged to consider Community-Defined Evidence Practices (CDEPs) in their planning. CDEPs are services created by and for specific groups in a community. They are based on cultural traditions, shared experiences, and what people have found to work over time.

CDEPs are recognized by the community as effective. They are especially important because they can better meet the needs of underserved groups. Some examples include:

- Drum Assisted Recovery Therapy for Native Americans
- Convivencia, which supports community connection and well-being through culturally rooted gatherings and shared activities
- The Zoosiab Program, which works to support the mental health needs of Hmong elders in ways that honor Hmong culture and traditions

Ways to Engage the Community

Counties have many opportunities to engage the community. They also have many ways of listening to what members have to say. These include:

- Public comment and hearings on Integrated Plan drafts and updates
- Focus groups
- Surveys
- Key informant interviews
- Conference calls
- Client advisory meetings
- Consumer and family group meetings
- Listening sessions
- Engaging with subject matter experts
- Town hall meetings
- Video conferences
- Media announcements
- Targeted outreach
- Stakeholder workgroups and committees
- Training, education, and outreach related to community planning
- Other strategies that demonstrate meaningful partnership with stakeholders

Where Does the Money Come From?

The BHSA is not the only source of county funding for behavioral health services. But, according to the law, counties must explain where all the money that they plan to use will come from.

Funding Sources

Here are a county's funding sources, and what they may be used for:

Funding source	Where it comes from	What it covers
BHSA	State “millionaires tax”	Behavioral health services and supports for people with serious mental illness (SMI), serious emotional disturbance (SED), and/or substance use disorders (SUD).
Medi-Cal	Federal, state, and local funds (including realignment funding) ¹	Behavioral health services for eligible individuals. It is limited to those who meet federal medical necessity criteria.
Additional county funds	County general funds, Substance Abuse and Mental Health Services Administration grants ² , opioid settlement funds ³ , realignment funds ⁴ , etc.	Provides money where it's needed to fill gaps.



The Community Planning Process is where you come in. Your feedback helps decide what services your county funds and how programs are shaped.

1. State dollars given to counties to deliver local behavioral health services.
2. Federal funding from the Substance Abuse and Mental Health Services Administration to support behavioral health programs
3. Resources from statewide legal settlements with opioid manufacturers and distributors, dedicated to prevention, treatment, and recovery efforts.
4. A funding source created in 1991, when the legislature realigned several health and social services programs from the state to the counties.

BHSA Funding Requirements

The BHSA sets rules for how counties get and use funding. These rules help make sure money is shared fairly and that people who need behavioral health services and supports have a say in how it is used.

Funding must support those with the highest need

County behavioral health services support people of all ages, whether they are uninsured, use Medi-Cal, or have private insurance. However, BHSA funding must be used to support BHSA priority populations.

Funding starts with Medi-Cal

Counties are expected to prioritize Medi-Cal funding for services that qualify. BHSA funds are there to fill gaps — supporting behavioral health and community support services that Medi-Cal and private insurance plans do not cover.

Funding covers specialty behavioral health care

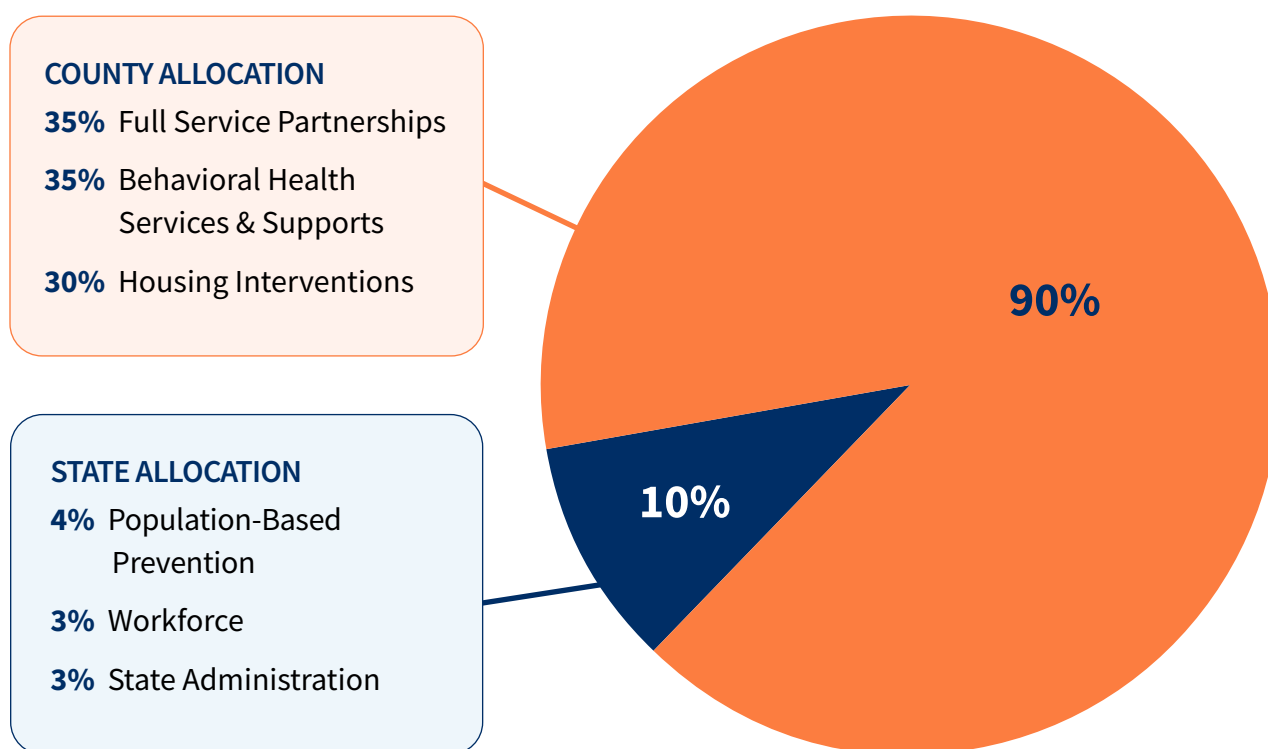
County behavioral health programs focus on *specialty behavioral health care*. This is typically longer-term help for people with more serious behavioral health needs.

People who need basic or short-term mental health or substance use care — sometimes called *non-specialty behavioral health care* — should start with their managed care plan, such as Medi-Cal or private insurance. They can also look for behavioral health prevention programs offered through the California Department of Public Health (CDPH).

Funding must be used to cover specific services

The chart below shows how BHSA dollars are divided between counties and the state. Most funding (90%) goes directly to counties, where it is used to support Full Service Partnerships, Behavioral Health Services and Supports, and Housing Interventions.

BHSA FUNDING OVERVIEW WITH COUNTY & STATE BREAKDOWNS



Here's more information about the programs and services counties must support with their BHSA funding:

35% — Full Service Partnerships (FSP)

These programs give people with the most serious behavioral health challenges all-around support — not just treatment, but help with daily life. This includes mental health and substance use disorder (SUD) treatment services, as well as supportive services.

Examples:

- A team that helps a person find housing, food, and transportation assistance.
- A case manager who checks in regularly and connects people to medical care, psychosocial rehabilitation, and social services.

35% — Behavioral Health Services and Supports (BHSS)

These funds pay for services that cover the full range of care, from supporting people who may be at risk for a behavioral health condition to helping people thrive during their recovery. This includes early intervention services, workforce/staff education and training, family education and training, client education and training, facilities⁵, technology, and testing new research/ projects.

At least 51% of BHSS funds must go to Early Intervention programs. At least 51% of those Early Intervention funds must serve youth and young adults (ages 25 and under).

Examples:

- Educational materials to help individuals understand a new diagnosis.
- Construction of a new care facility.
- Services to address a person's first episode of psychosis.

5. This includes acquiring, developing, or renovating buildings or to purchase land in anticipation of acquiring/constructing a building.

30% — Housing Interventions

These dollars help people with behavioral health needs find and keep safe, stable housing. This includes rental and operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.

At least 50% of housing funds must support people who are chronically homeless, meaning they've been without housing for a long time. No more than 25% of housing funds may be used for purchasing or developing facilities.

Examples:

- Rental assistance or housing with on-site support staff.
- Outreach teams that help people move from encampments into housing.
- Small housing projects or renovations.



Together, they form the backbone of California's BHSa-funded behavioral health services.

 **A CLOSER LOOK****How funding may be used to support you and your community**

The BHSA recommends that counties use funds to support CDEPs and community involvement in the Community Planning Process. Here are some details and what you can advocate for:

CDEPS

BHSS and FSP funds can be used to support CDEPs. This means you can speak up for funding to go toward community-run programs and practices that reflect your culture, values, or lived experience. This is especially important for groups that are often overlooked in traditional services.

COMMUNITY INVOLVEMENT

Counties may use up to 5% of their yearly behavioral health funds to support community participation in planning.

This money can help cover costs so that people with lived experience, family members, and other community voices can take part in meetings and planning activities. Funds may be used for things like:

- Laptops and other devices
- Translation/interpretation services
- Travel and transportation
- Childcare
- Eldercare
- Training and technical assistance
- Stipends (money) for your time or travel
- Peer or family navigators who can guide you and help you feel comfortable

Who Can Participate in the Community Planning Process?

Anyone in the community has a right to participate in the Community Planning Process. In fact, counties cannot create their Integrated Plans without meeting with the public. They are required by law to give the members of the community many opportunities to advocate for their needs.

Who Counties Must Hear From

Counties are required to listen to the community during the Community Planning Process. This includes, but is not limited to, members in the groups below.

COMMUNITY MEMBERS

- Individuals who are eligible for county behavioral health services, including youth, adults, and older adults with lived experience
- Families and friends of individuals who are eligible for county behavioral health services

PEOPLE REPRESENTING DIVERSE VIEWPOINTS

- Representatives from historically marginalized communities
- Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
- Veterans
- Representatives from LGBTQIA+ communities
- Victims of domestic violence and sexual abuse
- People with lived experience of homelessness

INSURERS

- Disability insurers
- Health care plans, including managed care plans (MCPs)



ORGANIZATIONS

- Community-based organizations serving culturally and linguistically diverse communities for substance use disorders (SUD)/serious mental illness (SMI)/serious emotional disturbance (SED)
- Local public health organizations
- Health care organizations, including hospitals
- Early childhood organizations
- Youth organizations
- County social services and child welfare agencies
- Veterans organizations
- Labor organizations
- Regional centers
- Local education agencies
- Higher education partners
- Public safety partners, including county juvenile justice agencies



OTHER SERVICE PROVIDERS

- Providers of mental health services and substance use disorder (SUD) treatment services
- Emergency medical services
- Continuums of care
- Representatives from homeless service providers
- Independent living centers
- Tribal and Indian Health Programs
- Agencies on aging

Why

Is It Important to Participate in the Planning Process?

Many people have felt let down by systems that were confusing, underfunded, or out of reach. The Behavioral Health Services Act (BHSA) is changing that by making your voice a required part of the process. When you share your experience, you help county leaders understand what's needed, what's missing, and how to build a system that truly supports everyone.

6 Reasons Why Your Participation Matters

1 It's the law — and it's your right.

Counties are required by the BHSA to include community members in planning. That means you, your family, and others with lived experience must be part of the discussion. You are not being invited as a favor — you are being invited to participate because it's your right.

2 Your story has power.

The people who build behavioral health programs need to understand what life looks like for you — what's working, what's not, and what could help make it better.

Data can show numbers, but only you can show what those numbers mean. Every story adds another piece to the picture of what recovery and community strength really look like.

3 What you share helps shape real decisions.

The ideas and concerns raised during the Community Planning Process help guide where counties spend their money — things like:

- Expanding mental health and/or substance use services
- Funding housing and outreach
- Supporting early help, including youth programs

The changes may not happen immediately, but your input may impact future change.

4 The system is changing — and you are part of that change.

California's behavioral health system has not always worked for everyone. Many people have felt unseen or left out, but the culture is changing. Counties are required to listen first and create solutions with the people who are most affected by behavioral health challenges. When you participate, you help make sure this change continues — from a system that talks *about* people to one that listens *to* them.

5 Advocacy takes time — but every voice moves us forward.

You may not see the impact of your participation right away. That doesn't mean you're being ignored. Advocacy isn't a one-time event. It's a long-term effort that grows stronger with every voice. Each meeting, each comment, each story adds up.

6 You are part of an important community.

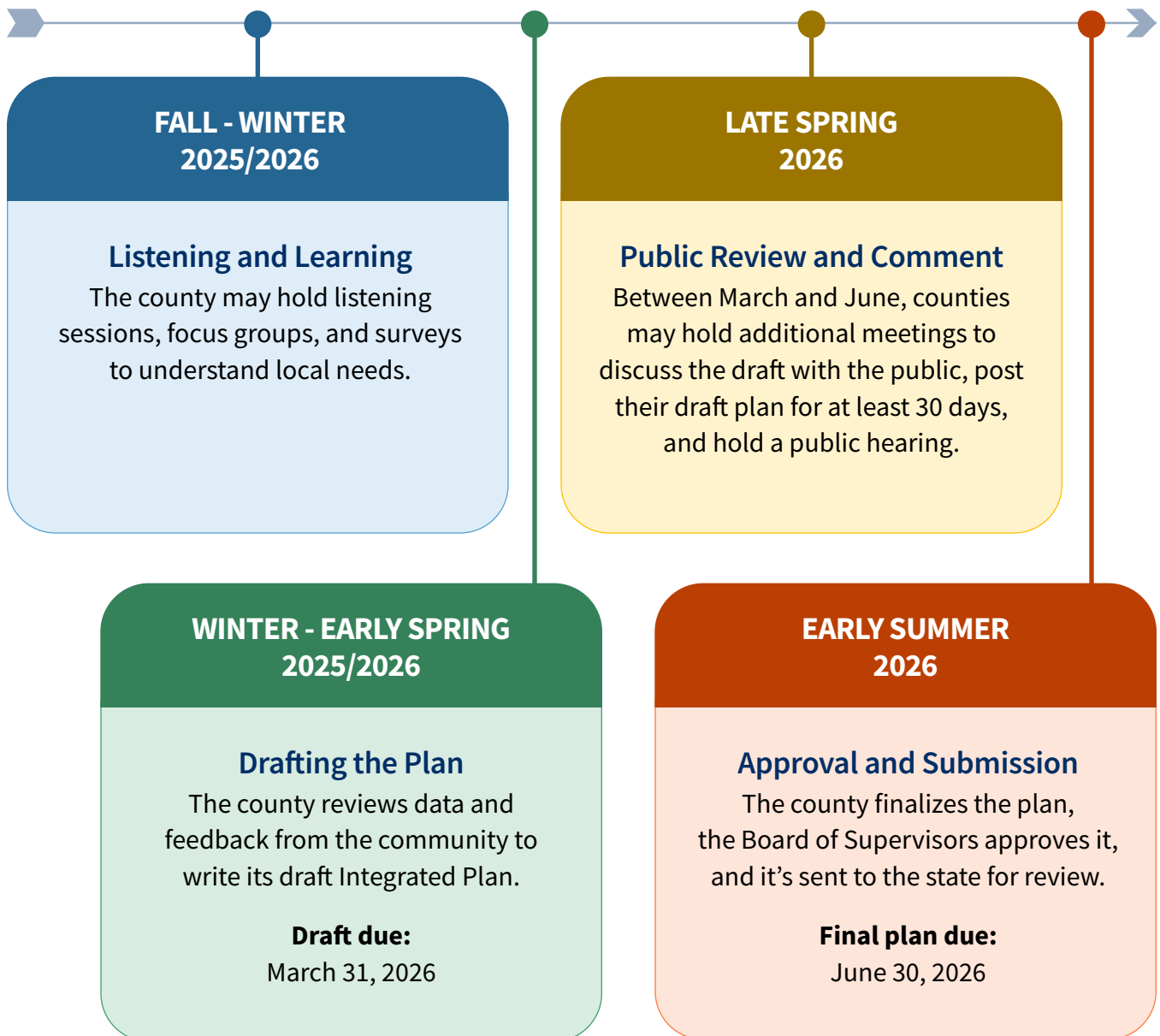
Every voice matters — but many voices together create real change. When you get involved, you join a growing community of families, peers, advocates, and organizations who share the same goal: a better, fairer behavioral health system. By speaking up together, your voice becomes harder to ignore.

When Does the Community Planning Process Happen?

Every three years, counties update their BHS Integrated Plans. Each county sets its own schedule. Most follow the state fiscal year (which runs from July 1st through June 30th) rather than the calendar year (January 1st through December 31st). The new fiscal year begins in the summer, and public planning activities — like meetings and listening sessions — typically start in the fall.

The Integrated Plan Timeline

Even though counties have different timelines, they all follow the same process and a similar schedule that includes public participation.



Note: Counties are required by law to give the public 30 days to comment on the plan.

After the Plan Is Approved

The State will review the Integrated Plan in the summer and either approve it or work with counties to address identified issues. Once approved, counties must:



Work to put the plan into action



Collect data and report results



Post changes on their website for 30 days before the changes are made



Allow community members to comment on the changes during the 30-day comment period

Finding Information About Your County's Timeline

Every county in California runs its CPP a little differently. Learning your county's CPP schedule is the first step to getting involved.

Here's how to get started:

Go online.

Search “[Your County Name] Behavioral Health” to find your county's official website. Look for pages labeled Community Planning, Behavioral Health Board, or Public Meetings.

Reach out to your County Behavioral Health Department.

Staff can tell you when meetings happen, how to share feedback, or how to access past plans and reports.

- [County Mental Health Plan Information](#): phone numbers by county.
- [Substance Use Disorder County Program Administrators](#): contact information by county.

Contact your Board of Supervisors.

They approve county plans and can connect you with local planning teams or advisory groups.

Connect with your Behavioral Health Board.

Ask to be added to their mailing list to get notices about meetings, hearings, and draft plans.

You can find links to every county's Behavioral Health Department and other trusted sources in the Resources section of this toolkit, starting on [page 62](#).

How Do I Participate?

There are many ways to take part in your county's BHSA Community Planning Process, from listening and learning to sharing your story or helping create new programs. Some people attend meetings to stay informed. Others share experiences that help county leaders understand real needs. And some stay deeply involved, joining community groups or advisory boards and speaking at meetings often.

You Can Participate at Any Level

Whether you want to stay informed, share your story, or take on a leadership role, every level of participation makes a difference. You don't need to be an expert — your interest and lived experience are what matter most. Together, each voice helps shape a stronger behavioral health system in your community.

Here are some ways to get started:

Stay informed.

Follow your county's Behavioral Health Department webpage or sign up for updates on meetings and planning timelines. You can also check the DHCS website for your county's Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR). The BHOATR is an annual report that shows how well the Integrated Plan is working.

Join a meeting or a listening session.

These are open to everyone. You can listen or share your ideas about what's needed.

Connect with advocates.

Community-based organizations and peer groups can help you prepare, share your story, or write public comments. To find local groups, check your county's behavioral health department website (often under "Get involved" or "Community meetings") or search for local mental health and substance use or peer support organizations in your area.

Share your story and/or your ideas during the public comment period.

Counties must allow at least 30 days for public review when draft BHSA Integrated Plans are released.

Apply to serve.

Apply to serve on a local Behavioral Health Advisory Board (BHAB) or Community Planning Team (CPT). Most counties welcome community volunteers.

You Can Participate During Any Phase

Counties collect community input throughout the year. Here are ways you can participate in each of the five phases:

1. Listening and Learning

Counties hold community meetings, focus groups, or surveys to learn what's needed.

How You Can Take Part

Attend meetings or community forums. Share your story, experiences, and ideas.

2. Drafting the BHSA Integrated Plan

Counties write the draft BHSA Integrated Plan describing how funds will be used.

How You Can Take Part

Review the draft, if it's available. Ask whether the needs you shared are included. Provide feedback through your county's Behavioral Health Board or advisory council.

3. Public Review and Comment

Counties have a 30-day public comment period and a local behavioral health board hearing before they submit their draft BHSA Integrated Plan to the state.

How You Can Take Part

Read the draft BHSA Integrated Plan online or request a copy. Submit written comments or attend the local behavioral health board hearing to speak directly. You can find details on how to participate (including dates, times, and location/virtual link) on your county's behavioral health department website.

4. Approval and Reporting

Counties finalize and submit their BHSA Integrated Plan to the state.

How You Can Take Part

Attend your county's Board of Supervisors meeting. Encourage others to join and show community support.

5. Annual Review

Counties may make changes to the BHSA Integrated Plan. They are required to post those changes on their website for 30 days.

How You Can Take Part

Learn about the changes the county wants to make. If you have a comment to share, attend a Board of Supervisors or commission meeting. They take public comments even if the annual review isn't on the agenda.

What to Expect During Meetings

Most county community planning meetings are open to the public. County staff, service providers, advocates, and community members are all together to talk about local behavioral health needs and programs. Some meetings are small and informal, while others are more structured and follow a set agenda.

You can always ask ahead about:



The meeting schedule and agenda



Whether it's in person, online, or both



How long you will be given to speak during public comment



**Who will be there — county staff, board members,
or community partners**

The Agenda

Most county planning meetings follow a similar agenda:

1. Welcome and introductions.

County staff or board members open the meeting, explain the purpose, and review the agenda.

2. Program updates or reports.

Staff share information about current programs, spending, or progress toward goals.

3. Presentations or discussion topics.

The county may present new plans, data, or proposals for feedback.

4. Public comment.

This is when community members can speak — usually for two to three minutes each.

5. Next steps and closing.

The meeting concludes with reminders about future sessions or how to submit written comments.

If you plan to speak, you may need to sign in or fill out a short form before the public comment period begins. The county takes notes during every meeting, and your input becomes part of the public record.

It's normal to feel unsure at first. You can attend a meeting just to listen before deciding to speak. Many people do this to understand how the process works.

A CLOSER LOOK

It's the law

Counties are required to offer free language support so you can get information and participate in the language you're most comfortable with.

And remember: Counties may also use BHSF funds to help people participate, such as helping with transportation or childcare costs.

Your First Meeting: 5 Things to Know

1**Know that you're welcome there.**

Most meetings are open to the public and include time for community comments.

2**Start by listening. You don't need to participate.**

It's okay to attend just to learn how things work.

3**Plan ahead.**

Check the agenda, format (in-person, online, or hybrid), and speaking time.

4**Ask for help if you need it.**

Counties are required by law to provide translation or interpreter services if you ask. They may also provide support, such as transportation or childcare, so everyone can take part.

5**Ask questions.**

County staff are there to help. It's their job to make the process clear and accessible. Remember, your questions help make the process clearer for everyone.

When You're Ready to Speak

Choosing to speak during a public meeting is not for everyone. But hearing from people with lived experience is very powerful and often influences the decisions of county officials.

If you're thinking about speaking during a meeting, here are some topics you may consider:

- Services or supports that have helped you or your family
- Programs that are missing or hard to access
- Barriers that make it hard for people to get care
- Ideas for improving outreach, housing, or programs
- Ways to make services more welcoming, inclusive, or culturally responsive
- Reasons why a program or service should be funded
- Support for you and others who are participating in the planning process
- Funding for CDEPs that support a group you belong to or other groups in your community

You can also ask questions, share local stories, or suggest improvements to programs or processes.

A CLOSER LOOK

If You Prefer Not to Speak

You don't have to speak at a meeting to participate. Counties must accept written public comments during the 30-day review period. You can email your county, fill out an online form, or submit a letter [see page 53 of this toolkit for a template]. Written comments are part of the public record and are reviewed just like spoken comments.

Tips for Participating Effectively

You don't need to be a policy expert to make a difference. Your lived experience makes you the expert in the room. It may take time to feel comfortable speaking up, and that's okay. Every meeting is a chance to build confidence.



Prepare for the meeting

Watch a meeting first.

Listening once before you speak helps you understand how things work.

Write down what you want to say.

A few notes or a short script can keep you focused when you are nervous.

Practice out loud.

Saying it to yourself or a friend helps you feel more confident about timing and tone.

Know the limit.

Many public meetings limit public comments to two minutes for each person. Hearing other public comments and practicing yourself can help you understand how much you can say within that time limit.

Gather data.

Good advocacy starts with good information. Data help show how big an issue is, where gaps exist, and which communities are most affected. Community members can help counties see the full picture by collecting numbers (such as data from publicly available dashboards or surveys) and stories. [See page 65 of this toolkit for tips on where to gather data.]



Build a support team

Bring someone with you.

A friend, peer, or family member can provide encouragement and help take notes.

Ask for help if you're nervous.

You can ask someone you trust to share your story or read your comments for you.

Invite a trusted community member or leader.

They can help represent people who may not feel comfortable attending or speaking for themselves.



Speak from experience

Share your story and connect it to others.

Try phrases like, “Many people in my situation face...” or “This affects not just me, but others in my community.”

Focus on solutions.

Explain what changes could help and how they would benefit the community as a whole.

Use respectful, clear language.

Your message is strongest when it's easy to understand. Speak clearly, calmly, and avoid slang.



Stay involved

Build relationships.

Trust grows over time. So, get to know county staff, board members, and other advocates.

Remember why you're there.

County leaders need to hear directly from people who use or need behavioral health services.

Keep showing up.

Each time you attend, you learn more, feel more confident, and make your voice stronger.

Learn How Your Input Made a Difference

Counties have to show how they used community feedback in their plans. They will write a summary of all the public comments and explain what changed because of that feedback. You can read this summary to see how your voice helped shape the final plan. This summary is typically posted with the final BHSA Integrated Plan on a county's behavioral health department website.



Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

— Margaret Mead, cultural anthropologist

The Importance of Staying Engaged Over Time

Advocacy doesn't happen all at once — it takes time. You might not see change right away, but it may inspire future change. Every story you share, every question you ask, and every meeting you attend adds up to stronger behavioral health programs and better care over time.

Staying involved doesn't mean you have to do everything. It's about choosing what works best for you and continuing to share your voice. Here are some ways to stay connected:



Follow up after meetings.

Ask your county how your feedback was used or when the next step in the process will happen.



Attend Behavioral Health Board meetings.

Most meet monthly and welcome public input.



Watch for county reports.

Every year starting in 2028, counties will publish their Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR). This report shows what's working and where improvements are needed. You can use this information to see whether your county is meeting its goals and speak up about what needs more attention in the next plan.



Join or support local advocacy groups.

Community organizations and support groups can help you stay informed and make your voice stronger.



Mentor others.

If you've participated once, help someone else do it next time. Passing on what you've learned strengthens your community's voice.

Change often happens slowly — but it does happen. When you keep showing up, connecting with others, and speaking from experience, you become part of the progress that shapes what comes next.

Participation Tools

In this section, you'll find worksheets to help you prepare to participate in the BHSA Community Planning Process.

Brainstorming What to Say

Sharing your story at a community planning meeting is a meaningful way to make your voice heard. It's natural to wonder what to share or how much detail to include. This worksheet can help you organize your thoughts and feel prepared to speak with confidence.

THE PROBLEM OR ISSUE

What is leading you to speak? Is it about a service, support, or resource that you want included in the plan? Is something missing? Is there a change that would make it easier for people to get help?

YOUR EXPERIENCE

How does your experience reflect what you see in your community?

THE SOLUTION

What do you want to see happen? What do you want the county to do?

Tip: You don't need to share everything to make an impact. Even a short story or simple observation can help shape better programs and services.

Participation Scripts

After you've decided what you want to talk about, you can use this template to create your script. Please note that this is just a suggestion to help you get started. You should organize your talking points in a way that makes sense to you.

Note: Aim to speak for two minutes or less.

1. INTRODUCE YOURSELF

(ex. "My name is _____. I live in _____ County. I'm here because [I/my family/my community] have been affected by [mental health challenges, substance use, housing instability, etc.].")

2. DESCRIBE THE PROBLEM OR ISSUE

(ex. "The _____ program should be included in funding. What's still needed is _____ because right now people have to _____ or can't access _____.")

3. DISCUSS YOUR EXPERIENCE (30 SECONDS)

(ex. "I know first-hand the impact this program has on people because _____. I could have used _____ when I was _____.")

4. SUGGEST A SOLUTION

(ex. "The county could help by _____. I hope you will include _____ in the next plan.")

5. CLOSING

(ex. "Thank you for listening and for including community voices.")

Written Public Comment Worksheet

Use this worksheet to prepare what you want to share in writing during your county's BHSA Integrated Plan 30-day public comment period.

1. WHAT I WANT TO COMMENT ON

What service, support, or issue should the county know about?

2. WHY THIS MATTERS

How does this affect you, your family, or your community?

3. WHAT I HOPE THE COUNTY WILL DO

What change, action, or funding choice are you asking for?

PUTTING IT ALL TOGETHER

Use this format to submit your written public comment by email, online form, or letter.

Subject: Public Comment on Draft Integrated Plan

Hello, my name is _____. I live in _____ County.

I am writing because _____

This matters because _____

I hope the county will consider _____

Thank you for including community voices.

Name: _____

City or ZIP code (optional): _____

Email address or phone number (if you'd like a response):

Using Language That Respects All

The words we use can affect the people around us. They can make people feel welcome, respected, and safe. They can also make people feel uncomfortable or left out. Using the right language helps honor people's lived experiences and encourages more people to participate in the BHSA Community Planning Process.

You don't need to get every word perfect. The goal is to communicate with care and compassion. Below are some examples to guide you.

1. ACKNOWLEDGE THE PERSON, NOT THE CONDITION

Avoid words that define someone by a condition — a diagnosis is never an adjective.

TRY

- ✓ person living with mental health challenges
- ✓ person with a substance use disorder (SUD)
- ✓ their behavior was unusual or erratic

AVOID

- ✗ mentally ill person
- ✗ addict, alcoholic
- ✗ he's schizophrenic

2. USE “LIVING WITH” OR “EXPERIENCING,” NOT “SUFFERING FROM”

Not everyone suffers. Many people are managing their health with support, services, and community.

TRY

- ✓ experiencing depression
- ✓ living with bipolar disorder

AVOID

- ✗ suffering from depression
- ✗ bipolar person

3. CHOOSE RESPECTFUL TERMS FOR PLACES AND CARE

Use neutral, accurate descriptions of treatment settings.

TRY

- ✓ psychiatric hospital
- ✓ treatment facility or clinic

AVOID

- ✗ asylum

4. USE SUPPORTIVE, NON-JUDGMENTAL LANGUAGE AROUND SUICIDE

These phrases help avoid blame and stigma.

TRY

- ✓ died by suicide
- ✓ person at risk of suicide
- ✓ suicide attempt survivor

AVOID

- ✗ committed suicide
- ✗ suicidal person

5. DO WHAT EACH PERSON PREFERS — ESPECIALLY WHEN THEY DESCRIBE THEMSELVES

Some people prefer person-first language (“a person living with depression”), while others prefer identity-first language (“I’m bipolar” or “I’m autistic”). It is most respectful to use the words people choose for themselves, and to avoid giving them labels or diagnoses they have not shared.

Quick Reference: Language Options

TRY THIS LANGUAGE

- ✓ Died by suicide
- ✓ Mental health challenges
- ✓ Person living with mental health challenges
- ✓ Person with a substance use disorder (SUD)
- ✓ Substance use disorder (SUD)
- ✓ Unusual or unpredictable behavior
- ✓ Mental health hospital/treatment facility

AVOID THIS LANGUAGE

- ✗ Committed suicide
- ✗ Mental issues/mental illness (as a label)
- ✗ Mentally ill person
- ✗ Addict, alcoholic
- ✗ Substance abuse
- ✗ Crazy, psycho
- ✗ Asylum

The words we choose can help people feel respected and safe. If you're not sure what to say, choose language that centers the person and their experience.

Meeting Notes

Taking notes during meetings is a great way to remember what you learned, who you met, and what you want to follow up on. Here is a template you can use to record your notes.

Date/time

Meeting location

Topics discussed

1. _____
2. _____
3. _____
4. _____
5. _____

Who was there

Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____
Name: _____	Role: _____

What was decided

What I want to follow up on

Notes for next meeting

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Myths & Facts About the BHSA Community Planning Process (CPP)

? MYTH 1

“You have to work for an organization to participate.”

FACT: Anyone can participate.

If you have experience with mental health and/or substance use challenges, or you care about someone who does, your opinion matters.

The Behavioral Health Services Act (BHSA) requires counties to include community members — not just professionals — in planning.

? MYTH 2

“My opinion won’t make a difference.”

FACT: It really can.

Counties must document and consider public feedback before their BHSA Integrated Plans are approved. Comments and stories from community members often lead to change.

? MYTH 3

“The county already knows what people need.”

FACT: The county needs your lived experience to understand what’s really happening in the community.

Data can show numbers, but personal stories show the why behind the numbers. Your input helps shape behavioral health programs that meet real needs.

 MYTH 4

“You have to speak in public to be involved.”

FACT: There are many ways to participate.

You can attend listening sessions, submit a written comment, answer a survey, or share your thoughts with a community group that reports to the county.

All feedback counts in the public record.

 MYTH 5

“I need to speak English to participate.”

FACT: You can participate in *any* language.

Counties must make meetings open to everyone by providing language interpretation or translators. It’s the law.

Your voice is welcome — and needed — in the language you feel most comfortable using.

 MYTH 6

“You have to be an expert or an official to participate.”

FACT: Your voice matters.

You don’t need to know special terms or have a professional background. These meetings are meant to hear from people with lived experience — and your voice helps shape what behavioral health services look like in your community.

 MYTH 7

“The planning process only happens once, and the community’s role ends after the plan is approved.”

FACT: Planning and community involvement continue *all year, every year*.

Counties must submit a new Integrated Plan every three years, and they are required to review, update, and adjust the plan annually. During the year, counties track progress, share results, and make changes based on what’s working. Community input is needed throughout the entire cycle — not just at the beginning.

 MYTH 8

“Only big cities have a say.”

FACT: Every county must follow the same rules for community input, even the smallest counties.

Whether you live in a rural area or a city, your county is required to offer opportunities for local participation.

Resources

This section brings together helpful resources and trusted links to support your participation in community behavioral health planning.

Find Your County

Start local. Every county in California has its own behavioral health department and Community Planning Process. Click on your county's link below to find meeting information, contact details, or ways to join the conversation near you.

Alameda	Alpine	Amador	Butte	Calaveras	Colusa
Contra Costa	Del Norte	El Dorado	Fresno	Glenn	Humboldt
Imperial	Inyo	Kern	Kings	Lake	Lassen
Los Angeles	Madera	Marin	Mariposa	Mendocino	Merced
Modoc	Mono	Monterey	Napa	Nevada	Orange
Placer	Plumas	Riverside	Sacramento	San Benito	San Bernardino
San Diego	San Francisco	San Joaquin	San Luis Obispo	San Mateo	Santa Barbara
Santa Clara	Santa Cruz	Shasta	Sierra	Siskiyou	Solano
Sonoma	Stanislaus	Sutter	Tehama	Trinity	Tulare
Tuolumne	Ventura	Yolo	Yuba		

You can also find a complete list of California's Local Behavioral Health Boards & Commissions meeting schedules [here](#).

Tip: You don't need to read everything at once — start with your county, then explore the sections that fit your needs.

Learn More

Understand how decisions are made. These resources explain how counties plan and fund behavioral health services — and how the public can participate.

- **California Department of Health Care Services:** [*Community Planning Process and Local Stakeholder Engagement Handout*](#)

Overview of how counties gather community input, including key requirements and timelines.

- **California Department of Health Care Services:** [*“Engaging in the BHSA Community Planning Process” Webinar Slide Deck*](#)

Covers what the BHSA is, how the Community Planning Process works, how counties engage stakeholders, and how community members can stay involved.

- **California Coalition for Behavioral Health:** [*BHSA Community Planning Resources and Toolkits*](#)

Guidance and templates to support local community engagement under the Behavioral Health Services Act.

See how counties track and report behavioral health progress. These state sites show how the Behavioral Health Services Act (BHSA) works and how your county reports its outcomes.

- **California Department of Public Health (CDPH)**

Tracks Population-Based Prevention efforts and provides data on statewide behavioral health trends. Visit cdph.ca.gov.

- **California Health and Human Services Agency, Department of Health Care Access and Information (HCAI)**

Tracks California’s Behavioral Health Workforce Initiative, including workforce development data and program investments. Visit hcai.ca.gov.

→ **Commission for Behavioral Health (formerly MHSOAC)**

Evaluates outcomes and promotes innovation across California. Visit bhsoc.ca.gov.

→ **Department of Health Care Services (DHCS)**

Oversees behavioral health funding and county Integrated Plans. Visit dhcs.ca.gov.

Understand local behavioral health data. These dashboards can help you learn about trends, needs, and services in your county.

→ **CalMHSA: [Data Dashboards](#)**

Statewide and county-level behavioral health indicators.

→ **CalMHSA: [Know Your County Indicators Dashboard \(CalMHSA\)](#)**

Demographic and behavioral health snapshots for each county.

→ **California Department of Health Care Services: [Behavioral Health Continuum Infrastructure Program Dashboard](#)**

State investments in facilities, housing, and infrastructure.

Find ways to speak up and share your story. These guides offer additional tips and tools for community members, families, and advocates who want to take part in shaping behavioral health programs.

→ **California Association of Local Behavioral Health Boards and Commissions: [Basic Guide to Advocacy](#)**

Simple steps for engaging with county boards and public meetings.

→ **California Department of Aging: [County Toolkits](#)**

These toolkits are designed to support engagement with local behavioral health departments, navigate planning processes, and advocate for older adult services.

→ **NAMI California: [Advocacy Toolkit](#)**

Practical guidance on storytelling, policy engagement, and community leadership.

Stay Connected and Find Support

Find trusted sources of support and information. These statewide organizations and programs offer reliable information, education, and help for individuals, families, and advocates involved in behavioral health.

211 California

A free, 24-hour helpline and website connecting you to verified local services, including housing, food, and mental health support. Call 211 or visit 211ca.org.

CalHOPE

A state-supported program providing free emotional support, crisis counseling, and resources for people coping with stress, trauma, or behavioral health challenges. Visit calhope.org.

Commission for Behavioral Health

Offers tools and guidance to help individuals, families, and communities navigate behavioral health systems. Find resources on crisis support, youth services, prevention, and advocacy. Visit <https://bhsoac.ca.gov/finding-help/>.

NAMI California (National Alliance on Mental Illness)

Connects individuals and families affected by mental health conditions with education, peer groups, and advocacy opportunities. Find your local chapter at namica.org.

State of California Mental Health for All

A statewide hub that provides practical information on staying mentally well, finding help, and supporting others. Explore self-care tips, community resources, and crisis support options.

Visit <https://www.mentalhealth.ca.gov/>.

Take Action for Mental Health (California Department of Health Care Services campaign)

California's statewide movement to reduce stigma and promote mental health awareness. Offers campaigns, education, and resources.

Visit takeaction4mh.com.

United Parents

Supports parents and caregivers raising children and youth with emotional, behavioral, and mental health challenges. Offers peer support, education, and leadership opportunities for families.

Learn more at unitedparents.org.

Acknowledgements

This BHSA Community Planning Toolkit was developed with help from organizations and individuals across California. Many organizations and advocates provided valuable feedback during interviews and listening sessions. Their input helped make sure this toolkit reflects the needs and voices of the communities they serve.

We want to extend a special thanks to the following groups and participants for sharing their time, knowledge, and lived experience during interviews held in October and November 2025:

[Behavioral Health Advisory Board Reform Initiative \(BHABrehab\)](#)

BHABrehab advocates for strengthening the role and effectiveness of county Behavioral Health Boards.

[California Association of Alcohol and Drug Program Executives \(CAADPE\)](#)

CAADPE member agencies deliver substance use disorder (SUD) treatment and recovery services statewide.

[California Department of Corrections and Rehabilitation \(CDCR\)](#)

CDCR oversees California's prison and parole systems with a focus on public safety, rehabilitation, and successful reentry.

[California Pan-Ethnic Health Network \(CPEHN\)](#)

CPEHN advances health equity for communities of color, immigrants, and LGBTQ+ Californians.

[Cal Voices](#)

Cal Voices provides peer-led advocacy, education, and culturally responsive behavioral health services throughout California.

[County Behavioral Health Directors Association of California \(CBHDA\)](#)

CBHDA represents behavioral health directors from all 58 counties.

[National Alliance on Mental Illness \(NAMI\) California](#)

NAMI California represents families, peers, and advocates working statewide to improve mental health awareness, access, and equity.

[St. John's Program for Real Change](#)

St. John's provides housing, employment training, and supportive services for women and children overcoming homelessness, trauma, and addiction.

[United Parents](#)

United Parents empowers parents and caregivers of children and youth with emotional, behavioral, and mental health challenges.

