

## **BHSA: Stakeholder Involvement Requirements** *(Beginning January 1, 2025)*

Each Integrated Plan (3 Year Plan) must be developed with local stakeholders. Counties must demonstrate a partnership with constituents and stakeholders throughout the process that includes **meaningful stakeholder involvement** on mental health and substance use disorder policy, program planning, and implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations.

Integrated Plans should include a demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality, culturally responsive, and timely care along the continuum of services in the least restrictive setting from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.

### **STAKEHOLDERS:**

**I. Each Integrated Plan (3 Year Plan) must be developed with local stakeholders**, including, but not limited to, all of the following:

1. Adults and older adults who either:
  - a. Meet the criteria to receive specialty mental health services *or*
  - b. Have a substance use disorder
2. Families of individuals (all ages) who meet the criteria to receive specialty mental health services
3. Youths or youth mental health or substance use disorder organizations
4. Providers of mental health services and substance use disorder treatment services
5. Public safety partners, including county juvenile justice agencies
6. Local education agencies
7. Higher education partners
8. Early childhood organizations
9. Local public health jurisdictions
10. County social services and child welfare agencies
11. Labor representative organizations
12. Veterans
13. Representatives from veterans organizations
14. Health care organizations, including hospitals
15. Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101
16. Disability insurers
17. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes
18. The five most populous cities in counties with a population greater than 200,000
19. Area agencies on aging
20. Independent living centers
21. Continuums of care, including representatives from the homeless service provider community
22. Regional centers
23. Emergency medical services
24. Community-based organizations serving culturally and linguistically diverse constituents

**II. Diverse Viewpoints Required:** Counties must include sufficient participation of individuals representing diverse viewpoints, including, but not limited to:

1. Representatives from youth from historically marginalized communities
2. Representatives from organizations specializing in working with underserved racially and ethnically diverse communities
3. Representatives from LGBTQ+ communities
4. Victims of domestic violence and sexual abuse
5. People with lived experience of homelessness

## SUPPORTS & REQUIREMENTS

1. **Training and Technical Assistance:** A county may provide supports, including, but not limited to, training and technical assistance, to ensure stakeholders, including peers and families, receive sufficient information and data to meaningfully participate in the development of integrated plans and annual updates.
2. **Description of the Stakeholder Process & Input:** Integrated plans (3 Year Plans or Annual Updates) must include:
  - a. A description of the development process in partnership with local stakeholders;
  - b. Consideration of input and feedback into the plan provided by stakeholders, including, but not limited to, those with lived behavioral health experience, including peers and families;
  - c. A description of how the integrated plan aligns with local goals and outcome measures for behavioral health, including goals and outcome measures to reduce identified disparities;
  - d. *\*A demonstration of how the county has considered other local program planning efforts in the development of the integrated plan to maximize opportunities to leverage funding and services from other programs, including federal funding, Medi-Cal managed care, and commercial health plans. (\*Beginning July 1, 2026)*
  - e. Certification by the county behavioral health director, that ensures that the county has complied with all pertinent regulations, laws, and statutes, including stakeholder participation requirements.
3. **30-Day Review:** A **draft** Integrated 3-Year Plan or Update must be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interest and any interested party who has requested a copy of the draft plan.
4. **Local Behavioral Health Board/Commission (BHB) Requirements:** The BHB must:
  - a. Review & approve procedures used to ensure citizen & professional involvement in all stages of planning process;
  - b. Conduct Public Hearings on the **draft** Integrated 3-Year Plans or Updates at the close of 30-day public comment periods.
  - c. Review the **adopted** Integrated 3-Year Plans or Updates & make recommendations to the local mental health agency, substance use agency or behavioral health agency, as applicable, for revisions;
5. **ADOPTED Integrated Plan Requirements**
  - a. Each adopted integrated plan and update shall include substantive written recommendations for revisions.
  - b. The adopted integrated plan or update shall summarize and analyze the recommended revisions.
  - c. The local MH/BH agency must provide written explanations in an annual report to the governing body and DHCS for any “substantive recommendations made by the BHB” that are not included in the final plan or update. “Substantive recommendation made by the local behavioral health board” means a recommendation that is brought before the board and approved by a majority vote of the membership present at a public hearing of the local behavioral health board that has established a quorum.
  - d. *\*Each county’s board of supervisors shall approve the integrated plan and annual updates by June 30 prior to the fiscal year or years the integrated plan or update would cover. (\*Beginning July 1, 2026)*

**CA Welfare & Institution Code (WIC) 5963.02, 5963.03(a,b,f) & 5604.2(4)**