



**UC San Diego**

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY, BEHAVIORAL HEALTH SERVICES (BHS)

# **Stakeholder Engagement Input & Planning Discussion with *NAMI Peer Council***

***Tuesday, April 15, 2025, 2:30 PM – 4:00 PM***

**BHS Communication & Engagement (C&E) Unit**

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- **Background/Context – BHS**

- Key Drivers of Changes and Purpose of Today's Session
- Working Timeline for Behavioral Health Services Act Integrated Plan
- Evolving and Enhancing BHS' Stakeholder Engagement: 2025 Activities To-Date and General Planning Approach
- Recap: February Input Sessions at BHS System of Care (SoC) Council Meetings

- **Input & Planning Discussion – UCSD Health Partnership**

- Engaging Consumers, Youth, and Others with Lived BH Experience

- **Next Steps and Upcoming Opportunities – BHS**

- Other Planned Discussions

# Key Drivers of Changes



## Changes across Health and Human Services Agency (HHSA) and County enterprise

- New and revised departments and teams
- New platforms and revised resourcing

## Stakeholder recommendations

- Learnings from community events, as well as input from activities for Mental Health Services Act (MHSA) Plan updates



BHT  
COUNTY  
ACTIVITIES

Q1 2025

JANUARY 1, 2025

Integrated planning begins

Upon guidance from the state, counties begin to develop three-year (2026-2029) implementation plans. Integrated Plans will include all local, state and federal behavioral health funding, a budget, alignment with statewide and local goals and outcome measures, and workforce strategies.

## Prop 1: Behavioral Health Transformation (BHT)

- Significant changes to usage of funds, reporting, stakeholder engagement



**County stakeholder planning**

Each county must involve diverse stakeholders in developing Integrated Plans for mental health and substance use disorder policy and program planning.

# Purpose of Today's Session



*To develop an understanding from participants of how to best involve NAMI Peer Council members and other individuals and families navigating and/or receiving care for specialty behavioral health in San Diego County in upcoming engagement opportunities as the County prepares to implement multiple State BHT initiatives, including the **Behavioral Health Services Act (BHSA)**.*

## How will input from future BHSA engagement opportunities be used?

- Input will inform specialty mental health and substance use disorder treatment services, priorities, and investments included in the region's first BHSA Integrated Plan scheduled for presentation to the San Diego County Board of Supervisors in 2026.

# Working Timeline: BHSA



2025			2026	
Q1 2025	Q2 2025	Q3 2025	Q1 2026	Q2 2026
<p><b>JANUARY 1, 2025</b>  <b>Integrated planning begins</b></p> <p>Upon guidance from the state, counties begin to develop three-year (2026-2029) implementation plans. Integrated Plans will include all local, state and federal behavioral health funding, a budget, alignment with statewide and local goals and outcome measures, and workforce strategies.</p> <p><b>County stakeholder planning</b></p> <p>Each county must involve diverse stakeholders in developing Integrated Plans for mental health and substance use disorder policy and program planning.</p>	<p><b>Stakeholder engagement (SE) with populations* identified by DHCS</b></p> <p><i>*Twenty-nine as of 02/20/25; previously eleven</i></p>		<p><b>BHS develops and reviews first BHSA Integrated Plan</b></p>	<p><b>JUNE 30, 2026</b>  <b>First Integrated Plan due (for FY 26-29)</b></p> <p>Counties submit their behavioral health Integrated Plan to DHCS. Each county board of supervisors must approve the plan prior to the fiscal year or years the plan would cover.</p>

*(Estimates based on current San Diego County MHSA reporting and available DHCS guidance)*

- **Mar/Apr:** Incorporate additional stakeholder input; **initiate collaborative planning efforts**
- **Apr-Oct/Nov:** Host new and revised activities to inform first BHSA Integrated Plan (IP)
- **Nov 2025-Jan 2026:** Input and learnings synthesized into first BHSA IP draft

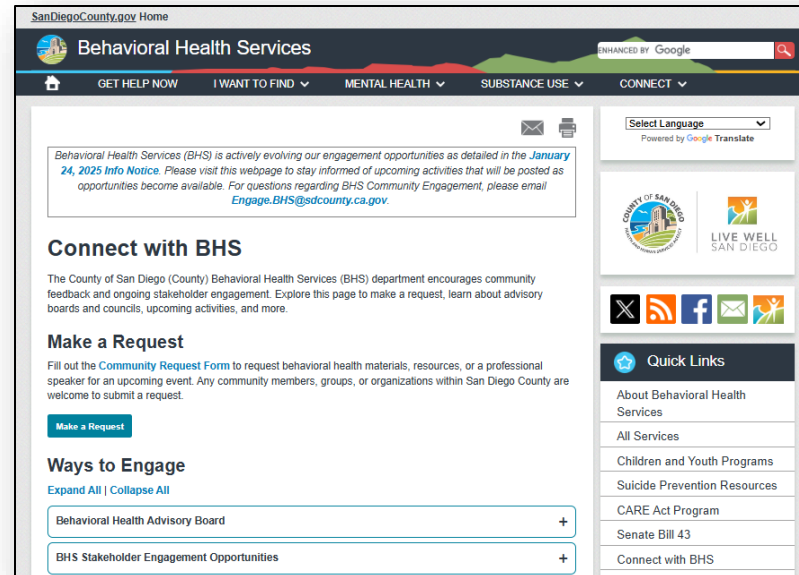
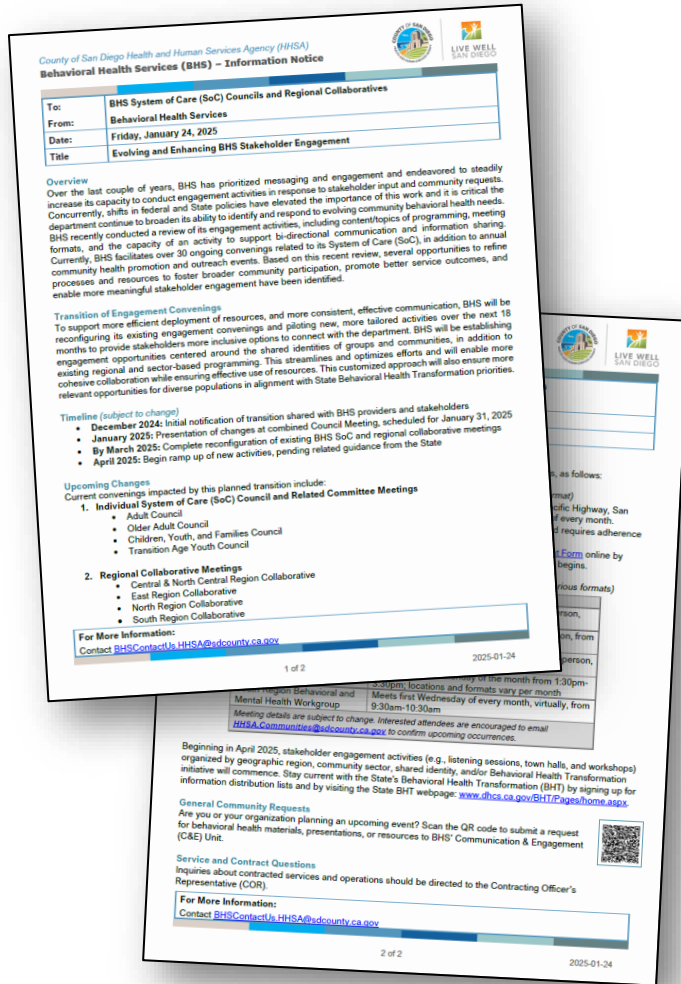
# Evolving and Enhancing BHS SE



LIVE WELL  
SAN DIEGO

## Recap of 2025 Activities To-Date

- **Jan 2025:** Info Notice; SoC Combined Council presentation
- **Feb 2025:** Input Sessions held at individual SoC meetings
- **Mar 2025:** UCSD Health Partnership synthesizes input; BHS begins initial edits to department engagement webpages



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- Bookmark URL
  - Community Request Form
- URL | [bit.ly/connectwithBHS](https://bit.ly/connectwithBHS)**

## General approach for stakeholder engagement, including BHT initiatives

- Continue internal reviews, monitor/align to State guidance, and maintain activities, i.e.
  - Interviews, focus groups, and listening sessions
  - Community health education/promotion events and data workshops
  - Online input form(s)
- Host various opportunities, incorporating and initiating input discussions at activities with existing groups, e.g.,
  - SoC Councils and community-based collaborative
  - Contractor and provider-facilitated convenings
  - Annual behavioral health outreach and education events
- **Host ad-hoc and recurring collaborative planning discussions based on learnings**



# February SoC Input Sessions

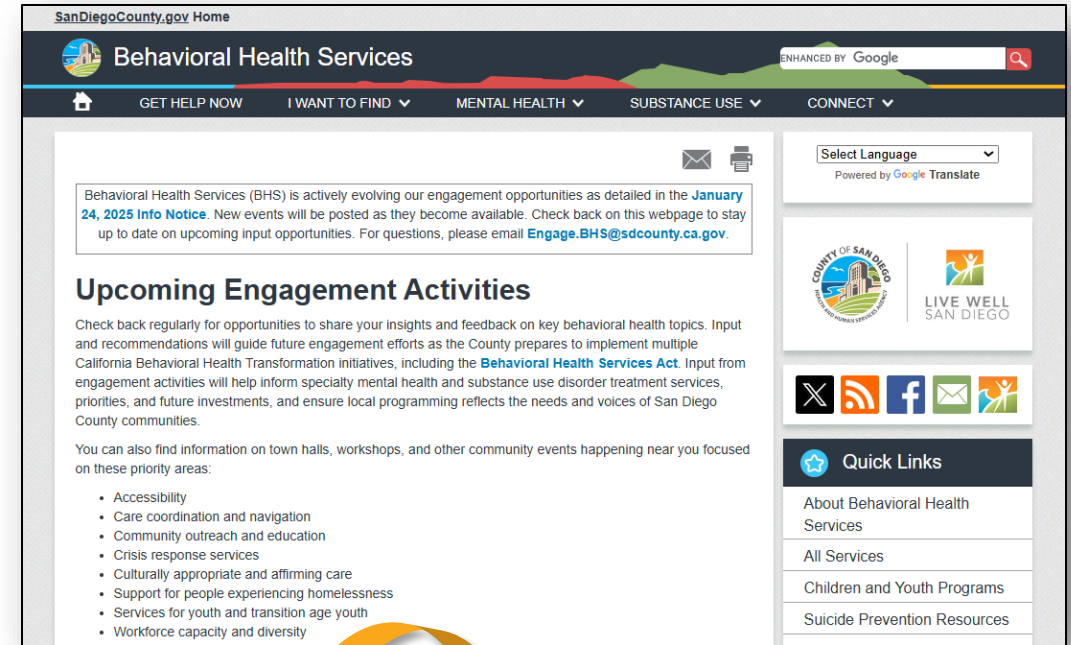


Nearly 200 total session attendees

3 live polls; 5 discussion questions  
in virtual breakout rooms

Over 500 comments received

- 322 comments submitted via Mentimeter across all sessions
- 209 comments through open discussion and chat windows of breakout rooms



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- Bookmark URL
  - Engagement summaries
- URL | [bit.ly/BHSEngagement](https://bit.ly/BHSEngagement)**



# February SoC Input Sessions



## Key Learnings – General

1. Attendees' impression of the primary purpose of SoC meetings varied — some viewed convenings as a critical mechanism to elevate and advise BHS on unique service needs and priorities, while others indicated they attend to receive more general updates, learn about resources/best practices, and network with others.
2. Some stakeholder populations were more widely represented across SoC meetings than others based on affiliations self-selected by attendees during live polling.
3. The venue of SoC meetings enables direct access to/dialogue with BHS staff and/or other subject matter experts who can elaborate and explain key changes and updates.
4. Majority of attendees view SoC meeting content as valuable, but the high volume of information can be overwhelming and impacts capacity for back-and-forth dialogue.

## Key Learnings – General *(continued)*

5. It was unclear to most attendees how stakeholder input collected by BHS is integrated into the department's program planning or policy development efforts.
6. Smaller subcommittees and workgroups present the best opportunity for continuous dialogue/shared planning, but need clearer threading to BHS' broader planning efforts.
7. Majority of attendees indicated they also attend Behavioral Health Advisory Board (BHAB) and/or BHAB subcommittee meetings, but noted that the format of BHAB convenings does not present the same opportunities for dialogue as SoC meetings.
8. Strong desire for engagement opportunities beyond age-oriented SoC meetings that focus on ADDITIONAL topics and populations, including but not limited to, LGBTQ+ youth and families, continued examination of BH workforce challenges, immigrant and undocumented youth and families, and supports for unhoused individuals.

## Key Learnings – Consumers, Youth, and Others with Lived BH Experience

- Representation was lower compared to other groups at SoC meetings and consumer and peer voices are critical to developing and implementing services and supports.

### ***How can we best involve those with lived BH experience?***

*“...it’s hard to get the consumer voice and the provider voice at the same table. It’s necessary to reduce barriers and have meetings after work hours or on weekends for the consumer-driven voice, but then for providers, they have to be offered times during the work week in order to get staff there.”*

*“Timing is an issue; we do this in the middle of the school day. Need something that’s convenient for students if you want to successfully engage more youth.”*

*“Activities need to have some level of compensation for youth and families (might need gift cards or childcare) to allow them to meaningfully participate in meetings.”*

• 1. Policy Manual Introduction

• 2. Behavioral Health  
Transformation

• **3. County Integrated Plan**

• 4. Behavioral Health Outcomes,  
Accountability, and  
Transparency Report (BHOATR)

• 5. County Portal

• 6. BHT Fiscal Policies

• 7. BHSA Components and  
Requirements

• 8. Documentation Requirements  
for BHSA Services

• 9. Appendix



## B. Community Planning Process

### B.1 Stakeholder Involvement

Stakeholder engagement requirements for the Integrated Plan (IP) are effective January 1, 2025.<sup>[12]</sup> Counties must engage with local stakeholders to develop each element of their IP.<sup>[13]</sup>

The stakeholders that must be engaged include, but are not limited to<sup>[14]</sup>:

- Eligible adults and older adults<sup>[15]</sup> (individuals with lived experience)
- Families of eligible children and youth, eligible adults, and eligible older adults<sup>[16]</sup> (families with lived experience)
- Youths (individuals with lived experience) or youth mental health or substance use disorder organizations
- Providers of mental health services and substance use disorder treatment services
- Public safety partners, including county juvenile justice agencies
- Local education agencies



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# **Input & Planning Discussion**

## Breakout Room Questions

1. As a regular attendee of NAMI Peer Council, and/or member with lived BH experience, what specific BHS updates would be important to learn about?
2. What top three engagement activities are most meaningful to you, and are there others not listed by the State (DHCS) that you think the County should consider?
3. What factors contribute MOST to your willingness to participate in BHS engagement activities? (e.g., content of presentation, relevant/relatable materials, time of day, frequency of meeting, modality)
4. What other topics would you like to see addressed for individuals and families with lived BH experience?
5. Is there anything else you'd like to share that could help improve engagement?



# Next Steps and Upcoming Opportunities



# Other Planned Discussions



*(estimated timing; subject to change)*

- **April 2025**
  - Children's Continuum Framework
  - Crisis Response Services Public Messaging
- **May 2025**
  - BHSA: Housing Interventions
  - Training/Technical Assistance for CBOs Interested in Medi-Cal Provider Certification
- **July 2025:**
  - BHSA: Community-Defined Evidence Practices