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# HMA

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## Aligning Public Health, Health Care, and Behavioral Health for Population Health

Supporting Local Health Jurisdictions with their Local Planning Expectations

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### **Presented by:**

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# Session Description

- Define local planning and explain how the CHA and CHIP provide a shared framework for cross-sector assessment, priority setting, and coordinated action.
- Clarify the distinct roles and planning obligations of LHJs, MCPs, and County Behavioral Health departments.
- Examine how local behavioral health structures affect CHA, CHIP, and BHSA Integrated Plan alignment.
- Identify practical opportunities, challenges, and technical assistance needs related to shared data, community engagement, coordinated strategies, and complementary investments.

# About HMA

- Deep expertise across all three partner systems in California
- Expertise in population health planning and improvement
- Behavioral health expertise integrated into population health strategies
- Subject matter expertise in Medi-Cal and CalAIM transformation
- Communications and change management expertise
- Previous CA County BH Department executive



**Nayely Chavez**

*Associate Principal*



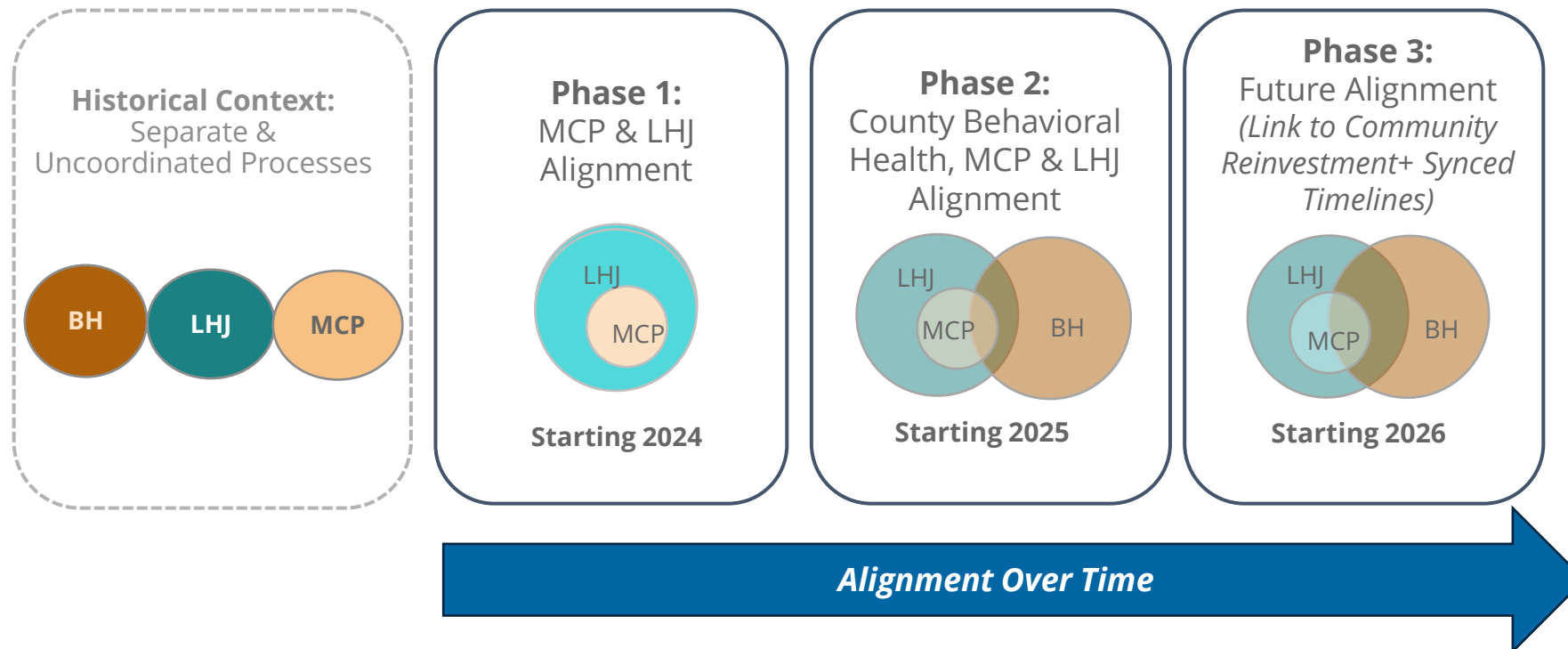
**Brittany Dobsom-Ellis, M.A.**

*Associate Principal*

# Advancing Local Planning Through Technical Assistance

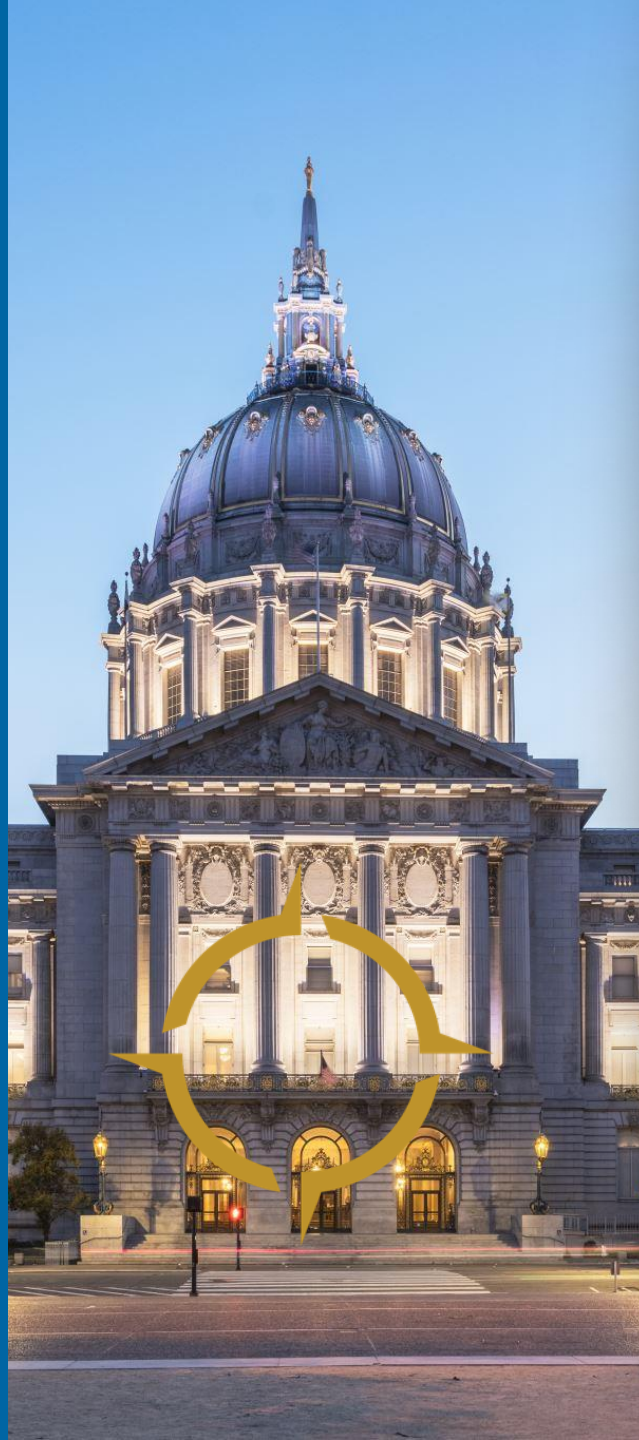
To support population health efforts, DHCS and CDPH are implementing a cohesive set of policies to align local planning processes among Manage Care plans (MCP), Local Health Jurisdictions (LHJ), and County Behavioral Health Plans (BH).

**These policies are being implemented over time in three phases.**



# What Is Local Planning?

Local planning is the **multi-year collaborative process** through which Local Health Jurisdictions, Managed Care Plans, and County Behavioral Health Plans work together to align on identifying community health and behavioral health needs, engage community partners and residents, share data, set priorities, and align strategies to improve population health, behavioral health, and health equity.



## Local Health Jurisdictions

Leads the development and implementation of the CHA and CHIP process that sets population health priorities and guides upstream strategies across delivery systems.

## Managed Care Plans

Participate meaningfully in the CHA/CHIP for communities served, contributing data, expertise, funding, and resources to meet PHM and Community Reinvestment requirements.

## County Behavioral Health Plans

Contribute behavioral health data and stakeholder perspectives, and use local planning findings to shape BHSA Integrated Plans.

## Local Planning: Frequently Asked Questions

Aligned local planning means one coordinated process — shared data, shared priorities, and complementary investments across public health, managed care, and behavioral health.



### What does local planning do?

Creates shared understanding across partners, reduces fragmentation, and supports coordinated investments and interventions.

### What is the local planning framework?

The CHA and CHIP serve as the shared community planning framework through which each partner fulfills its respective planning requirements, with BHP considering CHA/CHIP findings and priorities for its BHSA

### Why is alignment required?

Streamlines local effort, optimizes resources, integrates siloed data, builds public trust, and drives upstream prevention.

### What is the timeline?

Starting 2028, CHA/CHIP submissions move to a standardized three-year cycle synced with BHP Integrated Planning and MCP PNA compliance

### How does this connect to CalAIM, PHM, and BHSA?

CHA/CHIP findings drive PHM risk stratification and care management, inform BHSA Integrated Plans, and guide MCP Community Reinvestment.

# Local Planning Technical Assistance Goals

DHCS and CDPH have partnered with HMA to support local planning by providing statewide integrated support to MCPs, LHJs, and BHPs through 2029.

## GOAL 1

### **Support cross-sector policy implementation**

Support MCPs, LHJs, and BHPs understand and implement DHCS and CDPH requirements for local planning and cross-sector alignment.

## GOAL 2

### **Strengthen collaboration infrastructure**

Build shared governance structures, coordinated resource contributions, data-sharing practices, and meaningful stakeholder engagement across partners.

## GOAL 3

### **Targeted behavioral health support**

Provide direct BH-focused TA where integration alone is insufficient to address implementation challenges at the local level.

## GOAL 4

### **Advance health equity**

Strengthen trust, power-sharing, and meaningful community engagement across systems to reduce disparities and center impacted communities

**HMA will lead implementation of the TA initiative, providing resources, facilitation, and ongoing support.**

# Strengthening Partnerships. Aligning Plans. Improving Health

## 1. Convene Partners

Facilitate collaboration among MCPs, LHJs, and behavioral health partners.

## 2. Guide Practical Implementation

Governance, shared priorities, jurisdictional overlaps, data sharing, and resource coordination.

## 3. Support Alignment with Requirements

Connect local health planning with Medi-Cal, managed care, and state policy requirements.

# HMA

Neutral  
convener and  
technical  
expert

## 4. Spread Promising Practices

Surface lessons from jurisdictions partnering successfully across sectors.

## 5. Prepare for the 2028 CHA/CHIP

Help organizations transition into the synchronized planning cycle.

## 6. Navigate Complexity

Serve as a neutral convener and technical expert on system and operational issues.

Our goal: sustainable local partnerships that align plans, share data, and improve population health.

# TA Modalities at a Glance

Six connected modalities deliver TA to MCPs, LHJs, and behavioral health plans.

01

## Annual Convenings

In-person sessions on trust, data and governance, regional learning, and community engagement.

02

## Virtual Learning Opportunities

Topic-focused sessions, peer-to-peer learning, case studies, and working sessions.

03

## Online Resource Repository

Policy guidance, tools, templates, frameworks, and webinar recordings in one place.

04

## Ongoing TA and Office Hours

Scheduled virtual office hours, small group sessions, and facilitated peer exchange.

05

## Written Publications and Reports

Synthesis reports, policy guidance memoranda, and issue briefs.

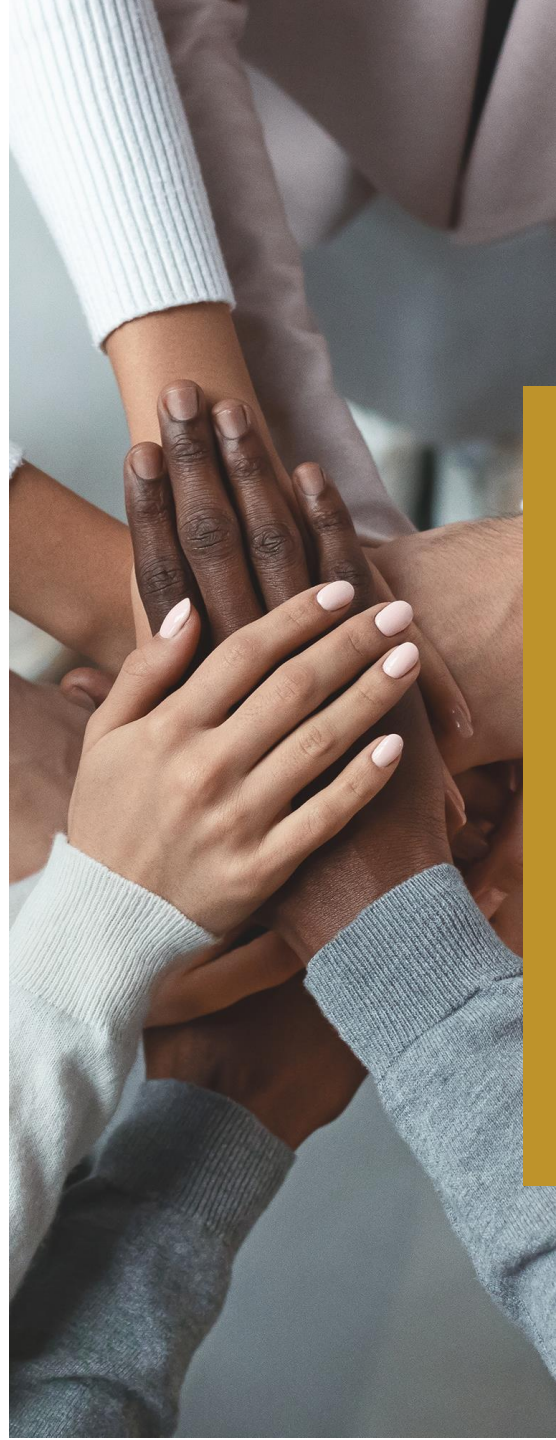
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## Behavioral Health Peer-Learning Collaborative

Quarterly small group sessions on BH integration opportunities and lessons learned.

# What does success look like?

By the end of the first TA cycle, DHCS/CDPH should see partners using the same language, tools, calendar, decision structure, and measures to manage population health together.



## Clearer Alignment

Planning calendars and crosswalks make state requirements and local cycles visible.

## Strategic shared data use

Partners know what data to request, why, under what agreements, and how to act on it.

## Actionable collaboration

Shared goals are backed by responsibilities, timelines, measures, and contribution expectations

## Coordinated Planning & Investment

Partners align CHIP priorities and community reinvestment to advance shared community health goals.

# Different Roles. A Stronger, Healthier Community.

Three systems. Shared commitment to health, equity, and opportunity for all.

| Dimension                                                                                                   |  <b>Managed Care Plans (MCPs)</b><br>Care for Today. Healthier Tomorrows. |  <b>Local Health Jurisdictions (LHJs)</b><br>Healthy Communities. Stronger Together. |  <b>County Behavioral Health</b><br>Hope. Recovery. Thriving Communities. |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <b>Core Role</b>          | Finance and coordinate care for members                                                                                                                    | Protect and improve community health                                                                                                                                    | Administer specialty behavioral health                                                                                                                       |
|  <b>Primary Lens</b>       | Access, quality and whole-person care                                                                                                                      | Population health, prevention and equity                                                                                                                                | Mental health and substance use                                                                                                                              |
|  <b>Population Focus</b>   | Medi-Cal members                                                                                                                                           | All residents and communities                                                                                                                                           | People needing specialty behavioral health services                                                                                                          |
|  <b>Intervention Level</b> | Member, provider and network                                                                                                                               | Population and community                                                                                                                                                | Individual, family and system                                                                                                                                |
|  <b>Prevention</b>         | Preventive care and early identification                                                                                                                   | Upstream and community prevention                                                                                                                                       | Prevention and early intervention                                                                                                                            |
|  <b>Data</b>               | Utilization, quality and care gaps                                                                                                                         | Population health and disparities                                                                                                                                       | Access, outcomes and system performance                                                                                                                      |
|  <b>Services</b>           | Manages networks and covered services                                                                                                                      | Public health and selected clinical services                                                                                                                            | Treatment and recovery services                                                                                                                              |
|  <b>Financing</b>          | Medi-Cal managed care                                                                                                                                      | Public health funding and grants                                                                                                                                        | Medi-Cal, BHSA and other behavioral health funding                                                                                                           |
|  <b>Key Partners</b>     | Providers, LHJs, County Behavioral Health and community-based organizations                                                                                | MCPs, County Behavioral Health, government and community partners                                                                                                       | MCPs, providers, LHJs and community-based organizations                                                                                                      |



**Shared Focus**



Prevention



Access



Equity



Care Coordination



Improved Community Health



Healthy People.  
Strong Communities.  
Brighter Futures.

# 58 Counties. No Single County Behavioral Health Model.

Before aligning CHA, CHIP, and the BHSA Integrated Plan, understand the system you are integrating with.

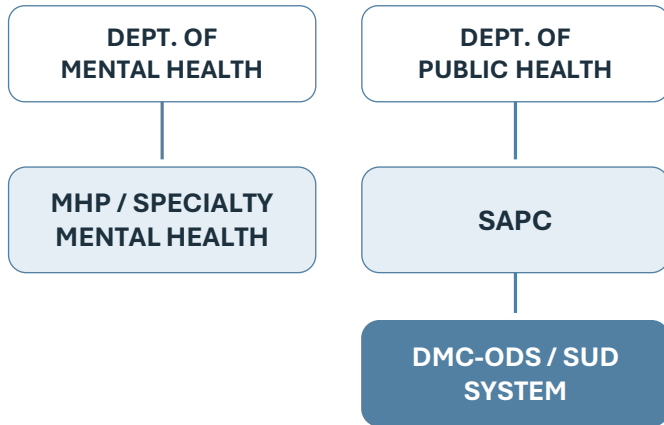
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| <div>58<br/>COUNTIES</div> <div>Shared<br/>statewide<br/>requirements</div> <div>•</div> <div>Different<br/>local<br/>operating<br/>contexts.</div> | WHERE DOES IT SIT?         | Standalone BH • Health Agency • HHS/HHSA • other county structure                   |
|                                                                                                                                                     | WHAT DOES IT ADMINISTER?   | Medi-Cal MHP • BHSA • DMC-ODS/SUD where applicable • other programs                 |
|                                                                                                                                                     | WHAT DOES IT OPERATE?      | County clinics • crisis • FSP/ACT • SUD • residential • inpatient • contracted care |
|                                                                                                                                                     | WHAT ELSE MAY SIT WITH IT? | Public Guardian • conservatorship • housing • justice/forensic • other functions    |
|                                                                                                                                                     | WHO DOES IT DEPEND ON?     | LHJ/Public Health • MCPs • social services • hospitals • schools • justice • CBOs   |

BEFORE INTEGRATING PLANS, UNDERSTAND THE SYSTEM YOU ARE INTEGRATING WITH.

# Same State. Three Very Different Behavioral Health Contexts.

For LHJs and MCPs, understanding where Behavioral Health sits — and what sits with it — is a prerequisite to meaningful CHA, CHIP, and Integrated Plan alignment.

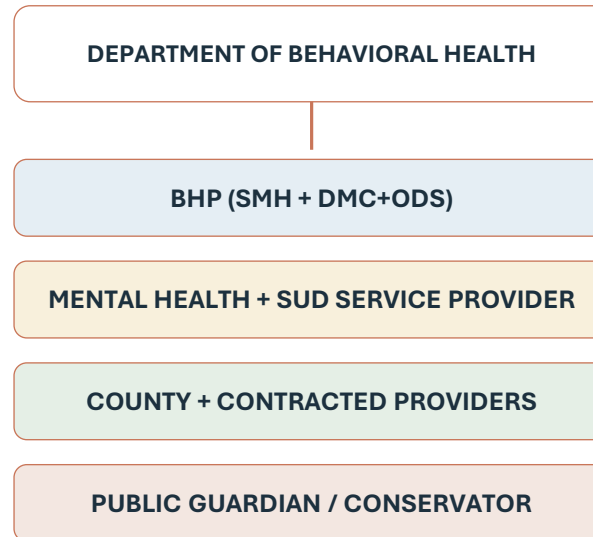
## LOS ANGELES COUNTY



MH and SUD are organizationally split across two departments.

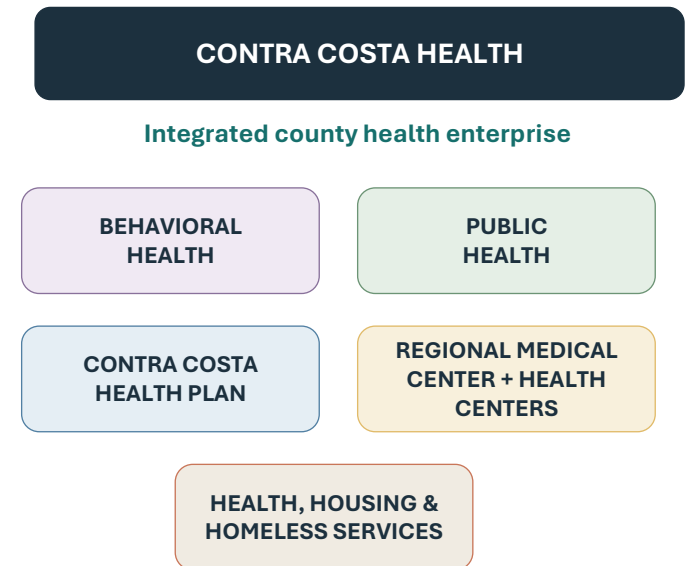
Planning implication: one “BH” seat may not represent the full behavioral health continuum.

## FRESNO COUNTY



BH spans plan administration, service delivery, SUD, and Public Guardian.

## CONTRA COSTA COUNTY



BH sits alongside Public Health, the local MCP, hospital/clinics, and housing functions within one health enterprise.

THE QUESTION FOR CHA + CHIP + IP: WHO IS YOUR LOCAL “BEHAVIORAL HEALTH” PARTNER — AND WHAT FUNCTIONS, DATA, AND RELATIONSHIPS COME WITH THAT SEAT?

# What Might “County Behavioral Health” Actually Mean?

The label can describe very different combinations of plan administration, direct service delivery, SUD, conservatorship, housing, and enterprise relationships.

## COUNTY A

### PLAN + PROVIDER

MCP / BHP

County-operated MH services

## COUNTY B

### PLAN + PROVIDER + SUD

MCP / BHP

Drug Medi-Cal Organized Delivery System / SUD

County-operated services

## COUNTY C

### PLAN + PROVIDER + PG

MCP / BHP

County-operated services

Public Guardian / Conservator

## COUNTY D

### BROAD BH ENTERPRISE

MCP / BHP

Drug Medi-Cal Organized Delivery System / SUD

Direct services

Public Guardian

## COUNTY E

### PLAN + CONTRACTED NETWORK

MCP / BHP

Network management

Primarily contracted providers

## COUNTY F

### BH INSIDE HEALTH AGENCY

BHP + services

Public Health / LHJ peer

Hospital / clinics / other health functions

## COUNTY G

### MH IN BH • SUD ELSEWHERE

MCP / BHP

MH delivery

SUD in Public Health / other structure

## COUNTY H

### BH + HOUSING / CROSS-SECTOR

BHP + services

BHSA housing interventions

Housing / justice partnerships

ALL MAY BE CALLED “COUNTY BEHAVIORAL HEALTH” — but they do not bring the same functions, authority, data, financing, populations, or partnerships to the table.

# Discussion

## SMALL TABLE DISCUSSIONS

Among small groups, discuss your experience with Local Planning

- What do you need to better understand about your county BH configuration and where can you seek this information?
- How are you currently working with your BHP, particularly around CHA/CHIP or other community planning?
- Where are LHJ and BHP roles clear, and where is there confusion or overlap?
- What information, data, or community engagement could you more effectively share or coordinate?
- What is preventing the LHJ and BHP from moving from coordination to joint planning or action?
- What TA, guidance, tools, or examples would make the biggest difference?

### Report Out

What is one thing you wish DHCS/CDPH understood about what it takes to make LHJ-BHP alignment work locally?

What TA, guidance, tools, or examples would make the biggest difference?

# Contact Us.



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