

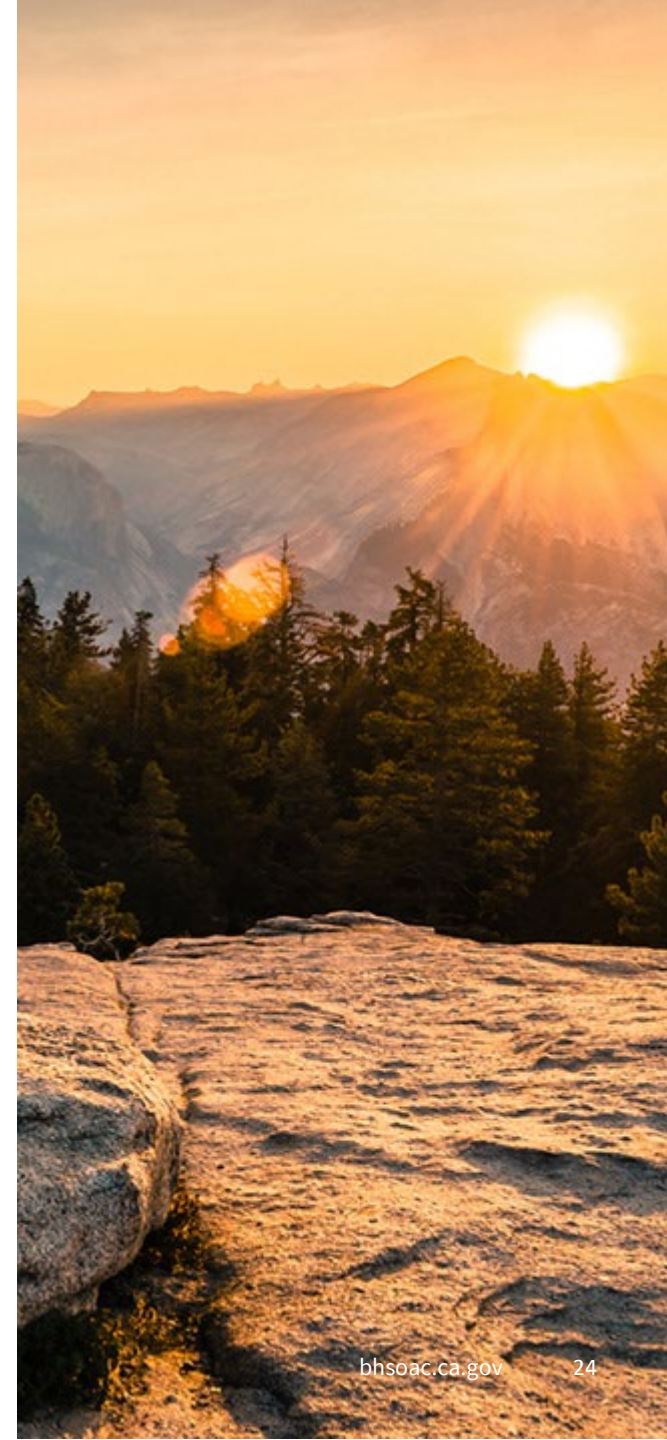


Part 2: Preview Implementation Planning

Implementation Planning

The following slides summarize the Executive Director's draft strategies for implementing Priorities and Results in 2026-2027.

The Executive Director will keep the Commission apprised as strategies change and evolve, as well as report on progress of implementation.



Priority 1 Draft Strategies

Priority 1. Meet the Needs of People with the Highest Behavioral Health Needs

1. Leverage CBH's stakeholder advocacy contracts to deliver consistent, plain language education on the transition from MHSA to BHSA; integrate BHSA messaging into community engagement forums and support two-way dialogue that surfaces stakeholder questions and misconceptions to inform ongoing Commission communication and policy work.
2. Analyze county BHSA Integrated Plans to identify high-level patterns and trends in how funds are allocated, with particular attention to ensure inclusion of SUD services; use analysis to inform statewide learning, stakeholder education, and policy discussions.
3. Leverage CBH's Data Transparency Suite to present aggregate data from individual-level, cross-departmental data matches, as well as publicly-available population-level data, to inform local BHSA planning, policy development and decision-making related to FSPs and the broader behavioral health system.

Priority 1 Draft Strategies Cont'd

Priority 1. Meet the Needs of People with the Highest Behavioral Health Needs

4. Help counties and providers strengthen internal performance management systems using current FSP data (and potentially prepare for new Individual Service Level (ISL) data requirements).
5. Preserve and translate FSP institutional knowledge during the transition, especially if the Data Collection and Reporting System is sunset in lieu of the ISL data requirements.
6. Identify and document common patterns in service delivery to the BHSA Priority Populations that affect care quality (e.g., FSP, High Fidelity Wrap, SUD integration, crisis care continuum).
7. Examine and document how housing placement decisions are made for individuals served in FSPs, including the factors, constraints and service considerations that influence housing suitability.

Priority 2 Draft Strategies

Priority 2. Ensure that the Substance Use Disorder Continuum Is Incorporated Throughout the Commission's Work

1. Identify and document common infrastructure barriers and enabling conditions that affect county-level implementation of Medications for Addiction Treatment (MAT), including billing, contracting, workforce capacity, data workflows and cross-system coordination.
 - Support pilot counties in testing and refining practical infrastructure solutions that improve MAT access and sustainability within existing financing and delivery structures.
 - Synthesize and elevate replicable strategies from county pilots to inform broader system planning and reduce duplicative problem-solving across counties.
2. Establish and support clear implementation pathways for school-based SUD services by defining roles, workflows, and partnerships between schools and county behavioral health departments and their contracted providers.

Priority 2 Draft Strategies Cont'd

Priority 2. Ensure that the Substance Use Disorder Continuum Is Incorporated Throughout the Commission's Work

3. Equip and deploy CBH's community-based advocacy grantees to engage local stakeholders in structured dialogue and outreach that surfaces misconceptions about SUD, elevates evidence and lived experiences, and normalizes MAT as an integral component of recovery-oriented care.
4. Conduct a comprehensive landscape analysis to identify strengths, gaps and barriers in California's SUD service system, with particular attention to how trauma, mental health conditions and primary care needs are addressed across service settings.

Priority 3 Draft Strategies

Priority 3. Expand Peer Behavioral Health Services

1. Fund and support the implementation of peer-run respite programs; increase awareness among policymakers, counties and communities of the role and value of peer-run services within the crisis continuum; document peer respite implementation experiences and impacts of peer-run respite programs to inform future planning and investment.
2. Use CBH's convening, funding, and advisory roles to elevate expectations for specialty peer competencies, engaging the California Health and Human Services Agency, Department of Health Care Services, and CalMHSA, to examine alignment between peer certification and high acuity behavioral health service needs, uplifting peer training and supervision models through Commission-funded initiatives.
3. Identify and elevate examples of effective peer-integrated models, particularly those serving the BHSA Priority Populations, to demonstrate the value of peers who reflect the populations served.

Priority 4 Draft Strategies

Priority 4. Build the Evidence Base for the Effectiveness and Sustainability of New and Innovative Statewide Strategies

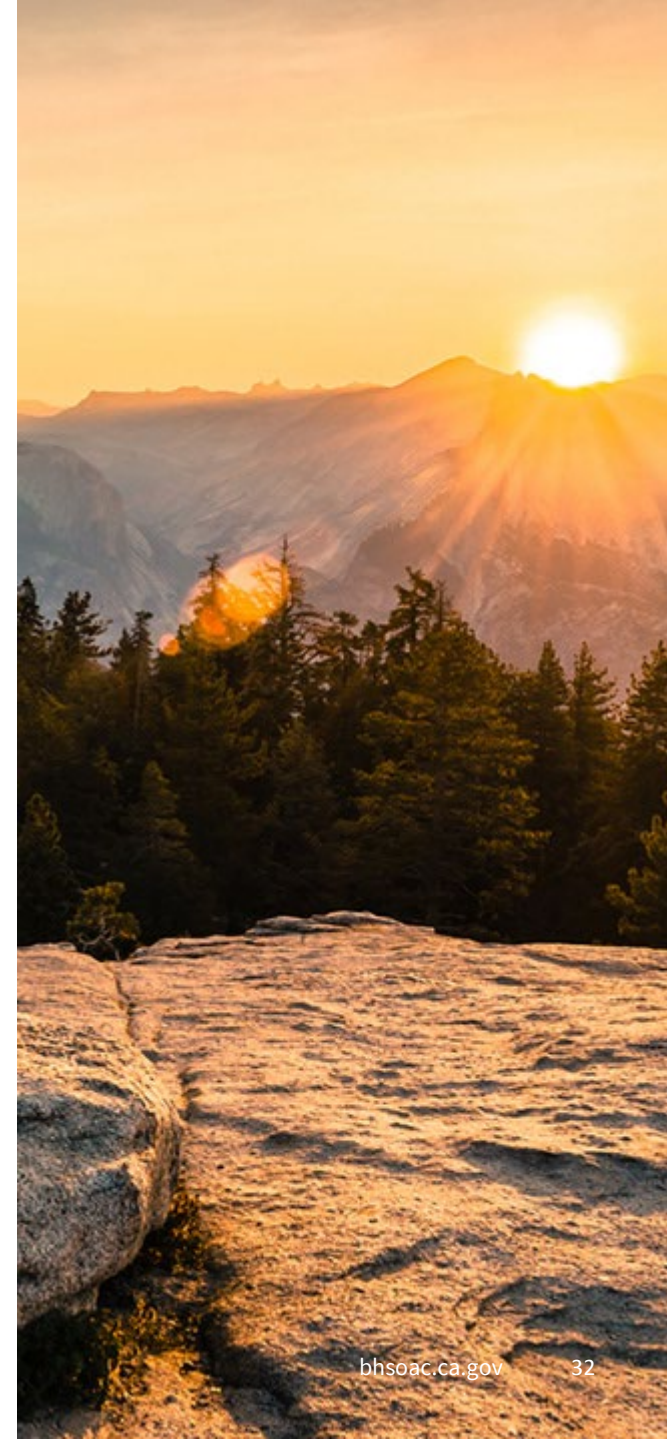
1. Establish/Use clear expectations for implementation of the Innovation Partnership Fund (IPF).
2. Identify effective practices, promising models, and recurring barriers.
3. Synthesize/Elevate sustainable strategies and policy insights.
4. Assess whether and how alternative financing strategies, such as social impact financing or debt-based instruments, could be explored for public behavioral health purposes within California's legal and fiscal framework.



Commissioner Discussion and Public Comment

Next Steps

- **May 28, 2026:** Seek Commission's adoption of priorities and results as strategic plan update
- **June – July 2026:** Staff and LRI continue implementation planning





Thank you!