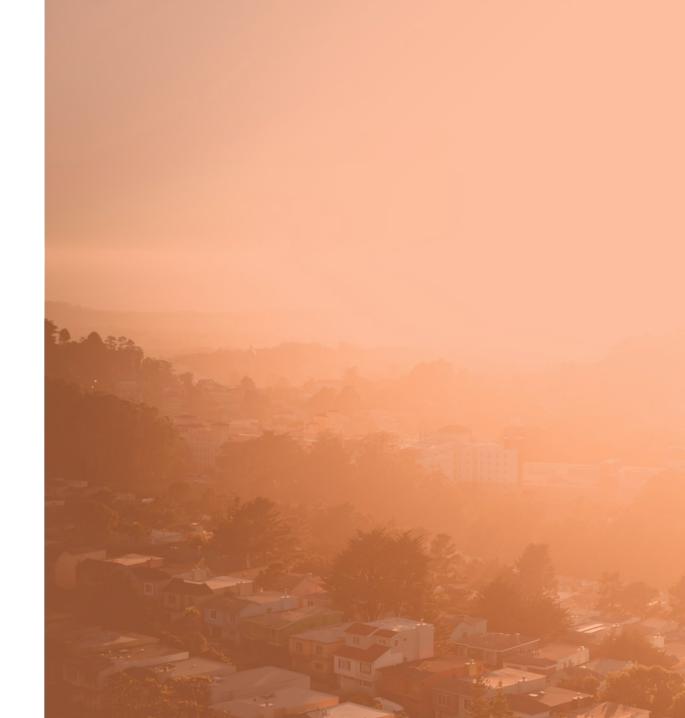
Advocacy Overview and Strategy

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Goals and Future Focus

- Provide an overview of past Advocacy contracts, as well as considerations for the future under the Behavioral Health Services Act (BHSA)
- Define the scope, goals, and strategic focus for future advocacy contracts

Utilize the Advocacy goals to guide future planning and implementation of Advocacy contracts under the BHSA

Create and publish a Stakeholder Toolkit to help community members effectively engage in the BHSA Community Planning Process (BHSA-CPP)



History of Advocacy at CBH

Advocacy Contracts at the Commission originated from the Mental Health Services Act, which prioritized:

- Transparent and collaborative processes to determine the mental health needs, priorities, and services for consumers and their families
- Promoting stakeholder engagement with the goal of informing local and state level policies
- Focus on providing support in advocacy, training and education, and outreach and engagement





Advocacy Populations Timeline



2012

Commission assumed responsibility for advocacy contracts from the Department of Mental Health. These original populations included clients and consumers, families, parents and caregivers



2016

The Legislature provided additional funding in the amount of \$1,536,000 annually to support an equal allocation for each population and identified the LGBTQIA+ community as an additional priority



2022

The Legislature provided additional allocation for Immigrant and Refugee advocacy work and added K-12 Students as an additional population

The Legislature provided additional funding in the amount of \$1,000,000 annually for advocacy for Veterans, Transition Aged Youth, and Diverse Racial and Ethnic Communities



2015

The Legislature provided funding to support advocacy work in the Immigrant and Refugee population



2018



Changes Under the BHSA-CPP

- Priority Populations to be targeted in BHSA-CPP programming
 - Individuals with serious mental illness (SMI)
 - Individuals with Substance Use Disorder (SUD)
 - Individuals with co-occurring SMI and SUD conditions
 - Emphasis on:
 - Chronically homeless or are at risk of homelessness
 - Involved in or at risk of entering the criminal justice system
 - Reentering the community from prison or jail
 - In the child welfare system, at risk of conservatorship, or at risk of institutionalism
- Expanded list of stakeholders who shall participate in the BHSA-CPP (full list shown in future slide)
- Activities that stakeholders will engage in during the BHSA-CPP (full list shown in future slide)





Expanded Stakeholder List Under BHSA-CPP

Eligible adults and older adults, as defined in Section 5892

Local public health jurisdictions.

Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes

Families of eligible children and youth, eligible adults, and eligible older adults, as defined in Section 5892

County social services and child welfare agencies.

The five most populous cities in counties with a population greater than 200,000.

Organizations that focus on youth, youth mental health, or substance use disorders.

Labor representative organizations

Area agencies on aging.

Providers of mental health services and substance use disorder treatment services

Veterans

Independent living centers

Public safety partners, including county juvenile justice agencies

Representatives from veterans' organizations.

Continuums of care, including representatives from the homeless service provider community

Local education agencies

Health care organizations, including hospitals

Regional centers

Higher education partners

Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101.

Emergency medical services

Early Childhood Organizations

Disability insurers

Community-based organizations serving culturally and linguistically diverse constituents



Stakeholder Engagement Activities Under BHSA-CPP

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



Proposed Overarching Goal for Advocacy

Ensure Behavioral Health Services Act (BHSA) priority populations have authentic, community-led representation that shapes behavioral health systems through sustainable leadership and ownership.



Proposed Goals for Advocacy: Advocacy

Support the population to identify their priorities, build strategies, and engage directly with decision makers.



Proposed Goals for Advocacy: Training and Education

Build knowledge of behavioral health systems; foster confidence, networks, and abilities to organize; educate peers; and participate in local and state decision-making.



Proposed Goals for Advocacy: Outreach Engagement

Engage and build trust with the widest possible reach of vulnerable individuals; expand participation, foster connection, and reach new voices.



Community Planning Toolkit for Stakeholders

In the Works:

 An accessible, inclusive plain-language guidebook to help community members meaningfully participate

Goals:

- Help stakeholders understand and engage in the Community Planning Process
- Support community voice in planning and oversight
- Promote equity, transparency, and accountability



