Public comment from D. Thirakul

From: Danny Thirakul <dthirakul@mhac.org>
Sent: Friday, October 10, 2025 1:21 PM
To: BHSOAC Public Comment <publiccomment@bhsoac.ca.gov>
Cc: Karen Vicari <kvicari@mhac.org>
Subject: Public Comment for Commission Meeting on 10/23/2025

Good Afternoon,

My name is Danny Thirakul, Public Policy Coordinator with Mental Health America of California. I'm reaching out to provide public comment on the Innovation Partnership Fund (IPF) Framework that will be presented to the Commission at their next meeting on October 23rd, 2025.

I have attached our public comment containing our recommendations to improve the IPF Framework. Please include this in the meeting materials for all the Commissioners to see.

In Community,

Danny Thirakul, CMPSS

He/Him/His

CAYEN Public Policy Coordinator

Mental Health America of California

PO Box 567

Sacramento, CA 95812-0567

www.mhac.org

(916) 460-8940

Programs of Mental Health America of California:

October 10th, 2025

Commissioner Mayra E. Alvarez
Behavioral Health Services Oversight and Accountability Commission
1812 9th Street
Sacramento, CA 95811

RE: Recommendation on Innovation Partnership Fund Working Framework Version 3.0

Dear Chair Alverez,

Mental Health America of California (MHAC) is reaching out regarding the recently released Innovation Partnership Fund (IPF) Working Framework Version 3.0. To ensure efficacy of the IPF, we recommend the following changes:

Recommendation 1: Innovation Partnership Fund (IPF) Framework Should Prioritize Behavioral Health Services and Supports (BHSS)

The current IPF framework focuses on populations with the highest behavioral health needs. As a result, IPF proposals would center around Full Service Partnership and Housing Intervention programs. However, BHSS funds are not limited to individuals with the highest behavioral health needs. This component of the Behavioral Health Services Act (BHSA) also supports the following:

i) Services pursuant to Part 4 (commencing with Section 5850) for the children's system of care and Part 3 (commencing with Section 5800) for the adult and older adult system of care, excluding those services specified in paragraphs (1) and (2).
ii) Early intervention programs in accordance with Part 3.6 (commencing with Section 5840).
iii) Outreach and engagement.
iv) Workforce education and training.
v) Capital facilities and technological needs.
vi) Innovative behavioral health pilots and projects.

Shifts in BHSA allocations have significantly limited the revenue available for BHSS (formerly Community Services and Supports), requiring counties to do more with less funding and resources. The IPF presents an opportunity to support county programing in these areas while innovating to meet the needs of "Other populations, as determined by the Behavioral Health Services Oversight

and Accountability Commission." Therefore, the framework should reflect this opportunity and prioritize BHSS.

Recommendation 2: Small-Scale Funding Grants and Request for Applications

With the lack of available funding counties receive to support BHSS, it is vital for IPF grants to reflect the potential for community investments that do not require significant amounts of funding. Through our CBH-funded work with Local Level Entities throughout California, these entities have identified multiple innovative solutions for community needs that could be implemented for under $250,000. Thus, in addition to some larger IPF investments, we strongly recommend that the CBH offer small-scale funding grants to meet specific innovative community needs. These small-scale funding grants could be distributed through an application process rather than a request for proposal to reduce administrative burden and increase community access to these funding opportunities.

Recommendation 3: Focus on Community-Based Organization

Partnerships with local Community-Based Organizations (CBOs) provide an opportunity for counties to deliver BHSS with the limited funding they receive. CBOs are local organizations with a pre-existing relationship and an established trust with the community and surrounding population and can bring in additional funding to support county programing. The IPF framework must call out and prioritize CBO involvement. The current proposal references community-based services and providers. However, those are different from prioritizing local CBOs. IPF grants must include these local organizations to align with local programming needs and behavioral health goals. This can be done by expanding interpretation of the Cross Cutting Elements: Lived Experience and Community Leadership and Public-Private Partnerships to include CBOs and Peer-Run Organizations.

Recommendation 4: Provide Guidance on "Other Populations as determined by the Behavioral Health Services Oversight and Accountability Commission"

Counties are responsible for serving numerous diverse communities using the BHSA component that provides the most flexibility, the BHSS. However, the scarce funding for this component must be spread out among various programs and populations. To better support county innovation around these programs, IPF grants should be inclusive of specific populations. The current framework lacks clarity on which population the commission has determined will be served under the IPF. It also does not outline the process the commission will take to make such determinations. MHAC requests the framework provide guidance on how the commission intends to identify these populations prior to the release of request for proposals or applications. Furthermore, MHAC request that the following populations be recognized transition aged youth, the LGBTQIA+ community, and the Immigrant/Refugee population.

These four recommendations will enhance innovation for the BHSA component in need of most support, improve access to grant funding, ensure coordination with local stakeholders, and ensure populations with significant behavioral health disparities are not excluded.

If you have any questions, or if MHAC can provide any assistance, please do not hesitate to contact me at kvicari@mhac.org or our Public Policy Coordinator, Danny Thirakul, at dthirakul@mhac.org.

In Community,

Karen Vicari

Karen Vicari
Director of Public policy