



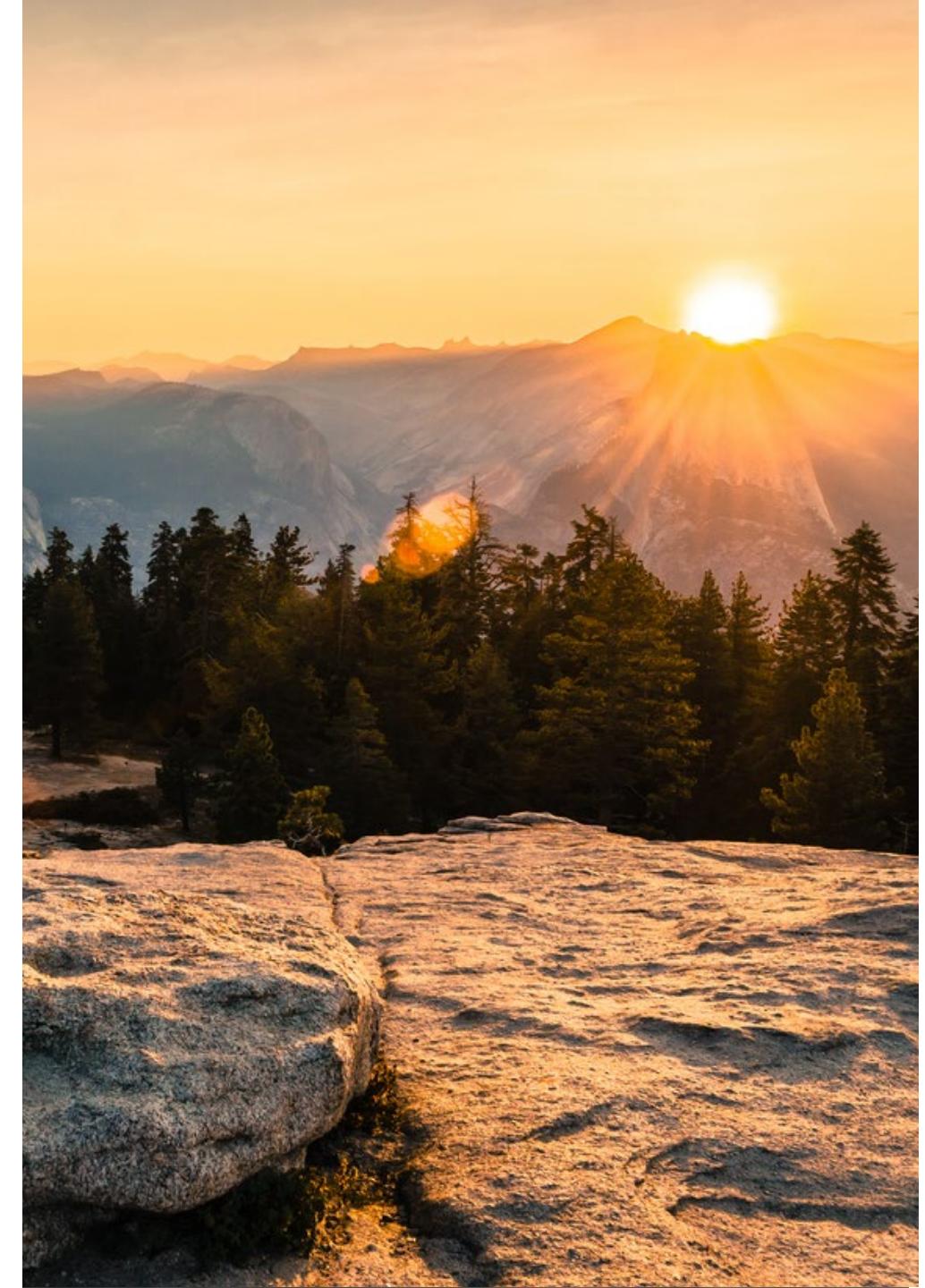
JANUARY 2026

# Strategic Plan Background

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# Quick Review: 2024-2027 Strategic Plan

**Mission:** The Commission works to transform systems by engaging diverse communities and employing relevant data to advance policies, practices, and partnerships that generate understanding and insights, develop effective strategies and services, and grow the resources and capacity to improve positive behavioral health outcomes for every Californian.

**Vision:** All Californians experience wellbeing through a coordinated system that prioritizes prevention, early intervention, and recovery-oriented services; builds on the strengths of communities and marginalized groups; and creates opportunities for individuals to engage in meaningful and purposeful activities and helps them to thrive.

**North Star priority:** Accelerate system-level improvements to achieve early, effective, and universally available services.

# Quick Review: 2024-2027 Strategic Plan

## **Goal 1: Champion vision into action.**

- Elevate perspectives of diverse communities.
- Assess and advocate for system improvements.
- Connect federally and globally to learn and apply.

## **Goal 3: Inspire innovation and learning.**

- Curate an analytical-based narrative on the potential for innovation to improve outcomes.
- Establish an innovation fund to link and leverage public-private partnerships.
- Accelerate learning and adaptation in public policies and programs.

## **Goal 2: Catalyze best practice networks for school mental health, early psychosis intervention, allcove®, workplace mental health, and full service partnerships (FSPs).**

- Support organizational capacity building.
- Fortify professional development programs and resilient workforce strategies.
- Develop adequate and reliable funding models.
- Support system-level analysis.

## **Goal 4: Relentlessly drive expectations.**

- Launch a public awareness strategy to reduce stigma.
- Develop a behavioral health index.
- Promote understanding of progress being made.

# How we got here

- **January 2023:** Commissioner Carnevale was appointed as the lead Commissioner for the 2024-2027 Strategic Planning efforts and Commissioner approval was given for a consultant to support development.
- **May - November 2023:** Extensive community and commission engagement.
- **January 2024:** 2024-2027 Strategic Plan approved by the Commission
- **June 2023:** First SB 326 (Eggman) amendments released on the BHSA
- **October 2023:** SB 326 (Eggman) signed into law
- **March 2024:** Proposition 1 passed by voters
- **January 2025:** Commission's BHSA statute implemented

# What did we accomplish?

## **Goal 1: Champion vision to action**

- Legislative reports with policy recommendations to remove system barriers and improve service coordination
- Consultation with state partners
- Collaborate with DHCS on data and metrics
- Elevate peer and community voice in decision-making (e.g., listening sessions, committees, site visits)
- Build capacity of advocacy groups to drive actionable change (e.g., advocacy grants)

## **Goal 2: Catalyze best practice networks**

- Technical assistance for FSPs
- Establish excellence networks through grantmaking portfolios: school behavioral health, older adults, crisis stabilization and hospital diversion, substance use disorder, peer respite, FSPs
- Establish new policy projects to align with BHSA goals (e.g. substance use disorder integration, housing) (TBD)

## **Goal 3: Inspire innovation and learning**

- Conceptualize and launch Innovation Partnership Fund
- Bolster equity-focused evaluation in all BHSA innovation projects.
- Disseminate findings statewide once projects are complete (TBD)

## **Goal 4: Relentlessly drive expectations**

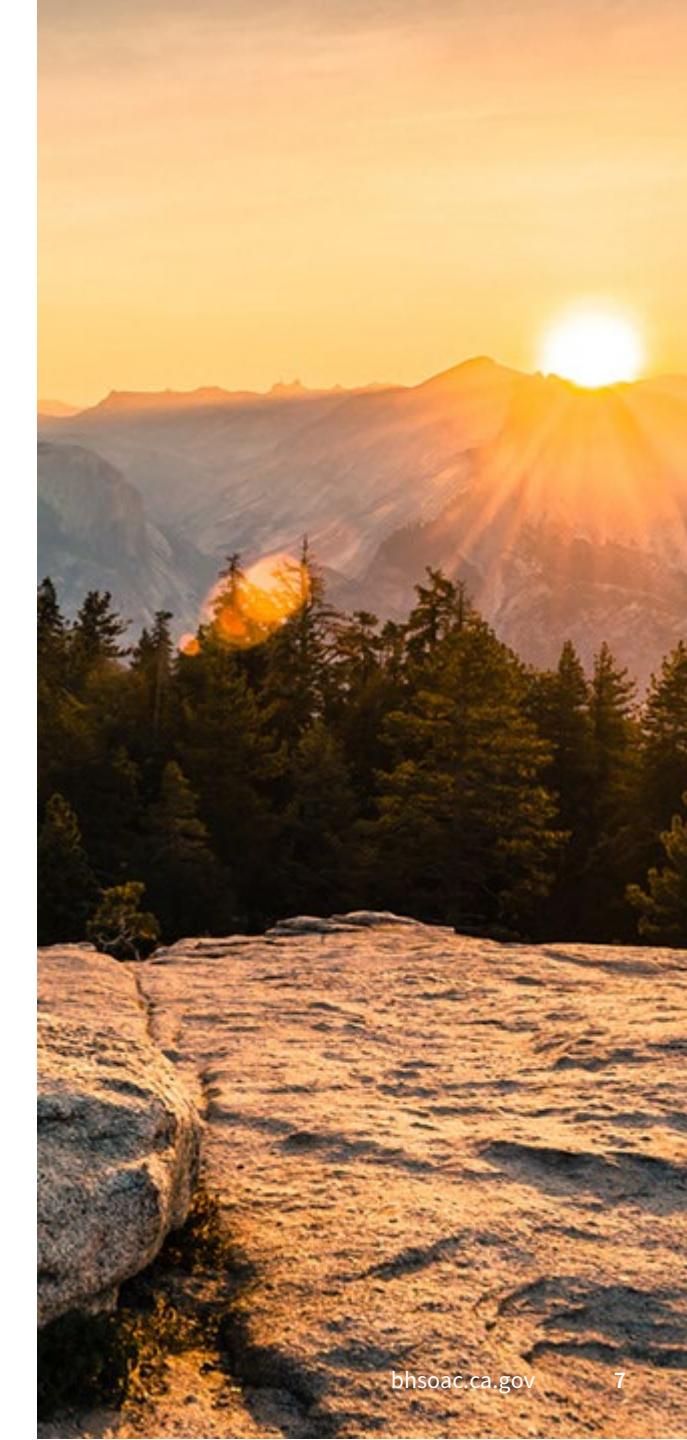
- Data, evaluation, public accountability
- Launch Behavioral Health Integration and Outcomes Dashboard (TBD)
- Ensure county reports meet DHCS standards (TBD)
- Lead public awareness campaigns on substance use disorder integration and peer workforce (TBD)

# CBH changes under BHSA

Removed	Added	Remains
<ul style="list-style-type: none"><li>• Oversight role</li><li>• Oversight of county level innovation</li><li>• Receiving county revenue and expenditure report (BHTOAR)</li><li>• Setting prevention and early intervention priorities</li><li>• Regulation authority</li></ul>	<ul style="list-style-type: none"><li>• New name</li><li>• 11 commissioners</li><li>• State-level Innovation Partnership Fund grant program</li><li>• Consultation roles: metrics; early intervention; prevention; FSP; and stigma</li><li>• Reports: Innovation and recommendations for promising practices</li><li>• Focus on priority populations</li></ul>	<ul style="list-style-type: none"><li>• Advisory Role (research, evaluation, grants, technical assistance, best practices)</li><li>• Access to &amp; reporting of data</li><li>• Biennial FSP report</li><li>• CCLC/CFLC</li><li>• EPI Advisory Committee</li><li>• Receiving county integrated plans</li><li>• Mental Health Wellness Act</li><li>• Behavioral Health Student Services Act</li><li>• Advocacy Grants</li></ul>

# Broader MHSA to BHSA Changes

- Focus on priority populations
- Integrates substance use disorder (SUD; and allows for standalone SUD services)
- New required county-level housing allocation
- Prevention moved from county to state level
- Increase focus on accountability and transparency
- Additional investments in housing and workforce





# **BHSA – Proposition 1 Legislative Intent**

# Legislative findings and declarations for Proposition 1

**1 in 20**

California adults lives with a serious mental illness

**1 in 13**

California children has a serious emotional disturbance

**30% of youth**

12 to 24 years of age experience serious psychological distress

**1 in 10**

Californians meet the criteria for a substance use disorder

**121% increase**

in opioid deaths between 2019 and 2021

**Suicide rates have increased**

among youth between 10 and 18 years of age

# Proposition 1 legislative intent

## LEGISLATIVE FINDINGS AND DECLARATIONS FOR PROP 1 (UNCODIFIED)

“ The time has come to modernize the MHSA to focus funds where they are most needed:

expanding services to include **treatment for those with substance use disorders and prioritizing care for those with the most serious mental illness**, including the **disproportionate number experiencing unsheltered homelessness**.

”

# Behavioral Health Services Fund (BHSF)

## WIC 5892: USE OF FUNDS DISTRIBUTED FROM BHSF – EFFECTIVE JULY 1, 2026

90%: County Funding - WIC 5892(a)		10%: State Administration
30% Housing Interventions	35% Full Service Partnerships (FSPs)	35% Behavioral Health Services and Supports (BHSS) <i>51% of this allotment must fund early intervention, and of that, 51% must fund early intervention for individuals who are 25 years or younger</i>
		3%: HCAI's BH workforce initiative
		4%: CDPH's Pop-Based Prevention Programs
		3%: "State Directed Purposes" e.g., DHCS, BHSOAC, CalHHS, CDPH, HCAI, BH Planning Council

# Use of funds distributed from BHSF

Per WIC 5892(d), starting on July 1, 2026, county programs (WIC 5892(a)) must prioritize certain populations:

## **Children and youth** who are:

- Chronically homeless, experiencing homelessness, or at risk of homelessness,
- In, or at risk of being in, the juvenile justice system,
- Reentering the community from a youth correctional facility,
- In the child welfare system,
- Or are at risk of institutionalization

## **Adults and older adults** who are:

- Chronically homeless or experiencing homelessness or at risk of homelessness,
- In, or at risk of being in, the justice system,
- Reentering the community from state prison or county jail,
- At risk of conservatorship,
- Or are at risk of institutionalization



# CBH BHSA Funding Allocations

# CBH Funding Allocations

- 100% of CBH funding is from the Behavioral Health Services Fund
- The specific allocations include:
  - Mental Health Wellness Act (\$20 million per year ongoing)
  - Innovation Partnership Fund (\$20 million per year for 5 years)
  - Behavioral Health Student Services Act (\$7.6 million per year ongoing)
  - Advocacy grants (\$6.7 million per year ongoing)
  - The budget directed allocation from our operations fund is the Full Service Partnerships (FSP) Report (\$400,000 per year ongoing)



# **Mental Health Wellness Act**

**WIC 5848.5**  
**\$20 Million Ongoing Annually**

# Legislative Intent

Post-realignment,  
**community-based resources** must be available to meet mental health needs

Prevention, early intervention, outpatient, and crisis stabilization services **reduce inpatient and ED costs**

**1 in 5** people with mental health disorders visit an ED at least once per year

**Limited community-based care** leads to inappropriate – and expensive – use of EDs

**Comprehensive public and private partnerships** are crucial for recovery and wellness

**Individual recovery matters** for all levels of government, business, and the local community

# Legislative Intent

## WIC 5848.5(C)

“ it is the intent of the Legislature to authorize [CBH], to administer competitive selection processes or a sole-source contracting process as provided in this section **for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources.** ”

# Legislative Intent

## WIC 5848.5(G)(1)(A)

“ Funds appropriated by the Legislature to the commission for purposes of this section shall be allocated **to support crisis prevention, early intervention, and crisis response strategies**, as determined by the commission with input from peers, county behavioral health agencies, community-based organizations, and others.

”



# **BHSA Innovation Partnership Fund**

**Maximum of \$20 million for five years**

# Purpose of IPF Programs and Practices

The innovative mental health and substance use disorder programs and practices shall be designed for the following purposes:

- (1) Improve BHSA programs and practices funded pursuant to Section 5892(a) for the following groups:**
  - (i) Underserved populations.
  - (ii) Low-income populations.
  - (iii) Communities impacted by other behavioral health disparities.
  - (iv) Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission.
- (2) Meet statewide BHSA goals and objectives.**



# Behavioral Health Student Services Act

**WIC 5886**  
**\$7.6 million ongoing annually**

# BHSSA Purpose

“ The Behavioral Health Student Services Act is hereby established as a mental health partnership grant program for the purpose of establishing mental health **partnerships between a county's mental health or behavioral health departments and school districts**, charter schools, and the county office of education within the county. ”

# BHSSA Goals and Targeted Population

## COUNTY PLANS MUST ADDRESS EACH OF THESE GOALS

- Preventing **mental illnesses** from becoming **severe and disabling**.
- Improving timely access to services for underserved populations.
- Providing outreach to families, employers, primary care health care providers, and others to **recognize the early signs of potentially severe and disabling mental illnesses**.
- Reducing the stigma associated with diagnosis of a mental illness or seeking mental health services.
- Reducing discrimination.
- Preventing negative outcomes in the **targeted population**, including, but not limited to, all of the following:
  - Suicide and attempted suicide.
  - Incarceration.
  - School failure or dropout.
  - Unemployment.
  - Worsening of symptoms and the condition over time.
  - Homelessness.
  - Removal of a child or youth from their home.
  - Involuntary mental health detentions.



# Advocacy Grants

5892(f)(1)(B)

\$6.7 million ongoing annually

# Advocacy Funds

## PART OF STATE ADMINISTRATIVE CAP

“ Prior to making BHSA WIC 5892 allocations for sections (a),(b),(d) and (e), funds shall be reserved for:

(B) The costs to **assist consumers and family members so that the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.**

”



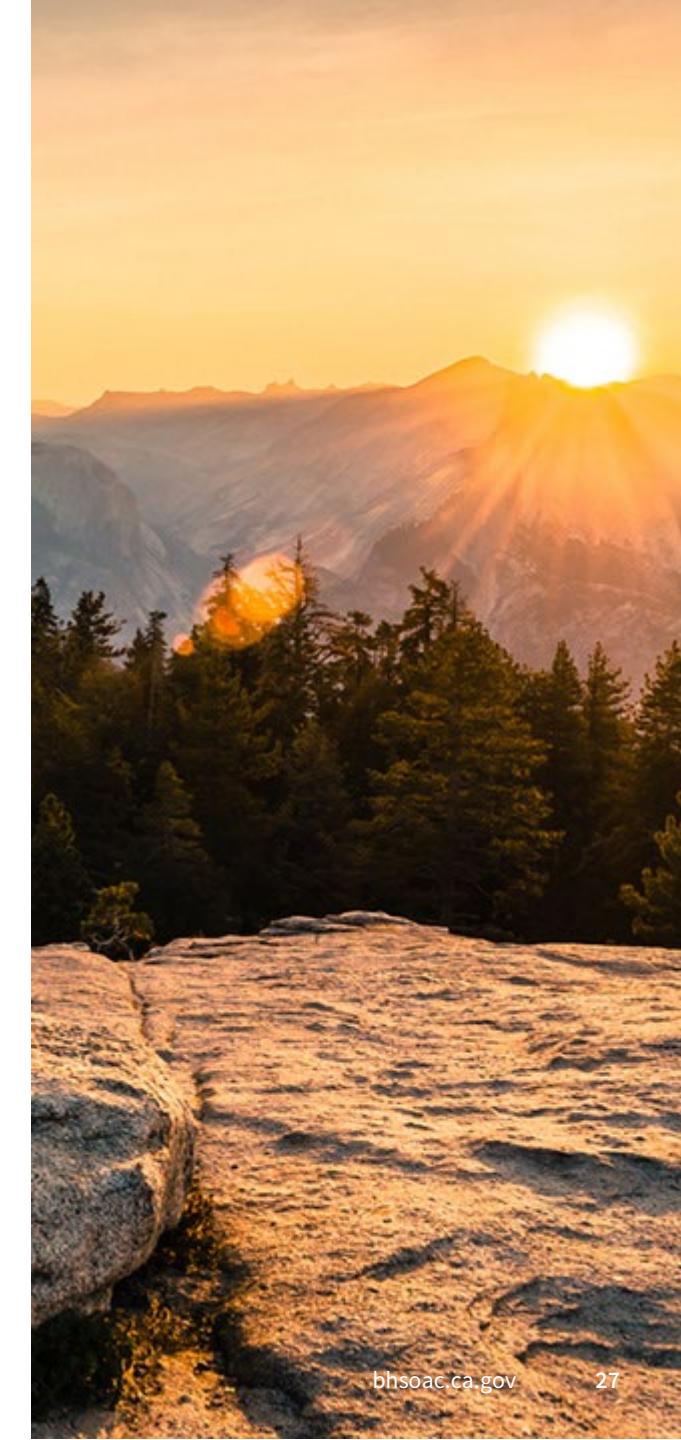
# **FSP Evaluation – Biennial Report to the Legislature**

**WIC 5845.8  
\$400,000 ongoing annually**

# About FSPs

## 35% OF COUNTY BHSA FUNDS

- Comprehensive service model providing intensive, individualized support for adults and children **with serious mental illness**
- 24/7 availability with “whatever it takes” approach to support client success
- Community-based services delivered in natural settings where clients live, work, and socialize
- Funded by BHSA



# FSP Target Populations

## ADULTS

- Serious mental illness with functional impairment
- Frequent psychiatric hospitalizations
- At risk of or experiencing homelessness
- Multiple failed treatment attempts
- High utilizers of emergency services

## CHILDREN/TRANSITION AGE YOUTH

- Serious emotional disturbance with significant functional impairment
- Multiple system involvement (child welfare, juvenile justice, special education)
- At risk of out-of-home placement
- Failed multiple previous treatment attempts

# Population of Focus

The [CBH] report shall include, but not be limited to, information regarding persons eligible for full service partnerships, including summary information relating to enrollees and non-enrollees with respect to the community mental health services they receive and their experience with all of the following:

- 1. Incarceration or criminalization.**
- 2. Housing status or homelessness.**
- 3. Hospitalization, emergency room utilization, and crisis service utilization.**

Focus also includes:

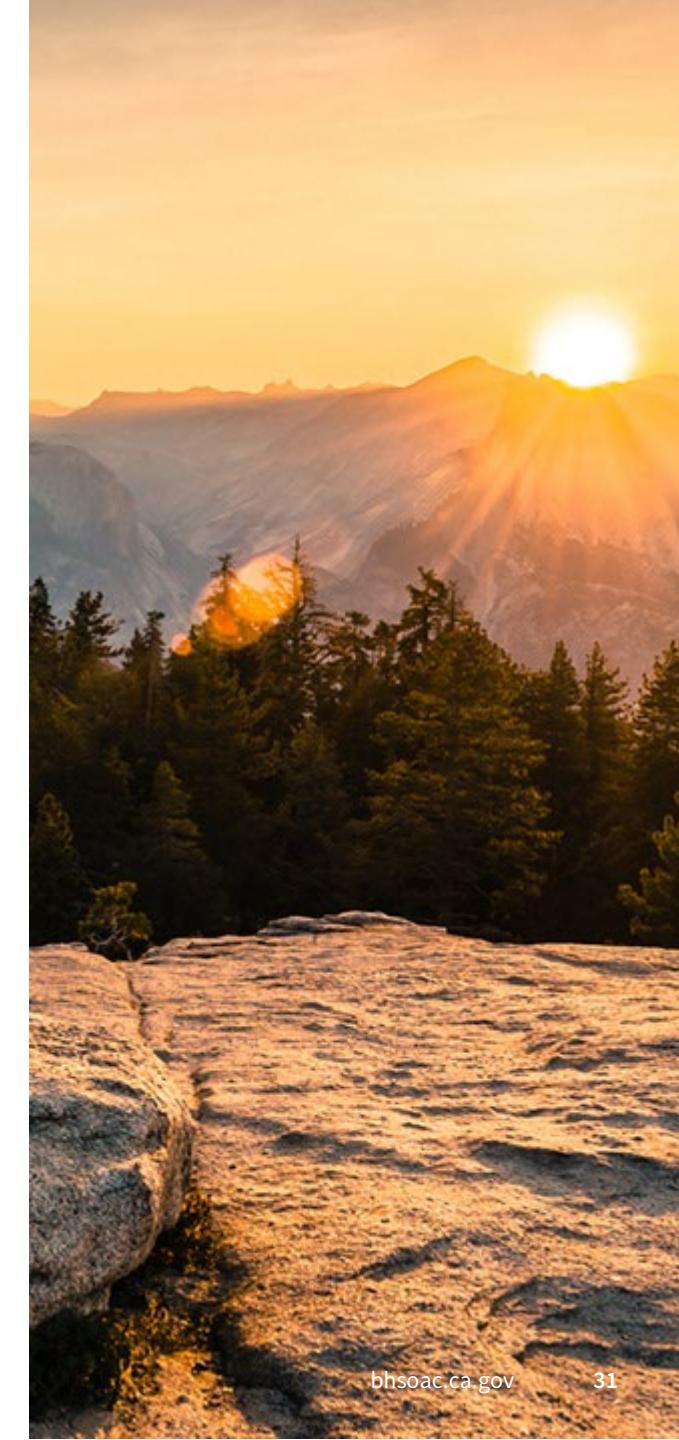
- Information about those who separate from an FSP
- Service access and participation by the individuals most in need
- Any barriers to receiving the data relevant to completing the report



# CBH Strategic Plan Update

# CBH Strategic Plan: Update to reflect BHSA changes

- Reflection: 100% of CBH funding is Behavioral Health Services Fund
- Given the BHSA changes, CBH has recognized the need to update its current strategic plan
- Contract with LRI for a time-limited project for this update
- Project timeline: January – August 2026



# Where do we begin?

## CBH statutorily required/ongoing funding roles\*

- Innovation
- Crisis continuum
  - SUD
  - 0-5
  - FSP
  - Older adults
  - Peer respite
- Advocacy
- School behavioral health
- FSP data/evaluation

\* *allcove® and EPI+ grants end in 2026.*

## Other CBH levers

- Data: Research and evaluation
- Policy reports
- Technical assistance
- Best practices
- Community engagement
- Cross-system convener

## BHSA menu

- Priority populations
  - Homeless
  - Incarcerated
  - Reentry
- SUD integration
- Housing
- FSP
- Prevention
- Early intervention
- Workforce
- Outreach and engagement
- Capital facilities/technological needs
- Innovative pilots
- Accountability and transparency
- Community engagement
- Diversity and equity
- Cultural and linguistic competency

# Mission, Vision, North Star & Proposed Refinement to the Current CBH Strategic Plan

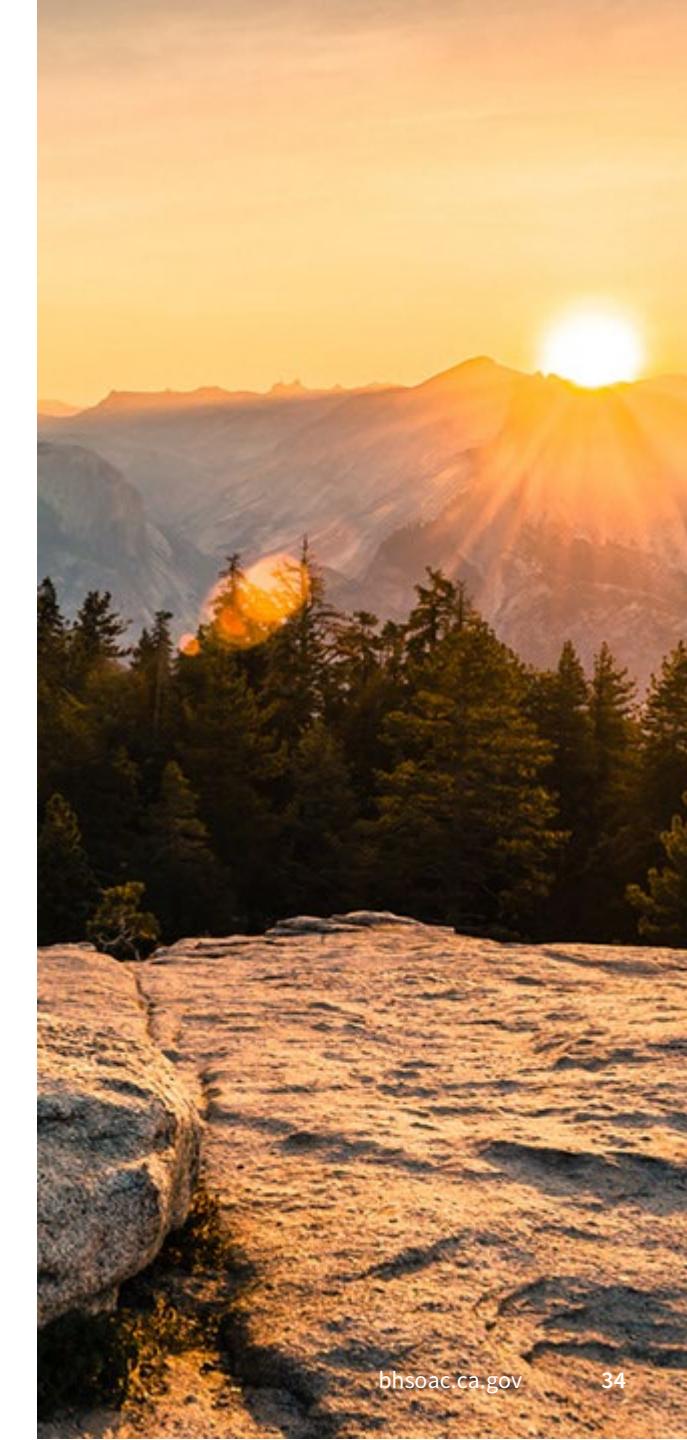
Considerations	Proposed refinement
<ul style="list-style-type: none"><li>• Lacks focus on priority populations</li><li>• Limited to prevention and early intervention rather than full spectrum of behavioral health services and supports</li><li>• Does not explicitly mention integrating substance use disorder</li><li>• Missing transformative, innovator, and collaborative/convener role</li></ul>	<ul style="list-style-type: none"><li>• Priority populations</li><li>• Integration</li><li>• Transformation/systemic change</li><li>• Innovation</li><li>• Collaboration</li></ul>

# Discussion: Proposed refinement to goals and objectives

Prioritize CBH roles and capabilities in:

- Full service partnerships
- Integrating substance use disorders
- Peers
- Innovation and Public/Private Partnerships

With an overall focus on BHSA priority populations.



# The Planning Process

What	When
Develop draft strategic goals and objectives with executive and management team	January, February
First Strategic Plan Advisory Committee meeting	February
Refine strategic goals and objectives; update Commission	March
Second Strategic Plan Advisory Committee meeting	April
Refine draft plan; facilitate Commission discussion; Commission approve plan	May
Develop implementation plan with executive and management team	June, July

# Motion

That the Commission establish a new time-limited Advisory Committee – the Strategic Plan Advisory Committee – pursuant to Welfare and Institutions Code § 5845(f)(4) and Commission Rules of Procedure 6.1(B).

# Questions for Commissioners:

1. What questions do you have about the presentation?
2. What priorities would you like to see in the updated Strategic Plan?
3. What other issues or topics do you think need to be addressed in updating the Strategic Plan?