

# Executive Director's Report

*Reporting Period: April through May 2026*

The work highlighted in this report has been undertaken by the Commission for Behavioral Health (CBH), led by the Executive Director, and made possible through the dedicated support and generous expertise of CBH Commissioners, CBH staff, CBH grantees/contractors, and public stakeholders. This reporting period covers the period from April through May 2026. During this time frame, the Commission continued to focus on its Behavioral Health Services Act (BHSA) mandates, strengthening internal team infrastructure and operations, and promoting cross-agency collaboration.

## Accomplishments

Highlights of CBH accomplishments during the reporting period are as follows:

### Commissioner Strategic Priorities & Committee Implementation

- Continued to advance the CBH Strategic Plan update to align with new BHSA mandates. The time-limited Strategic Plan Advisory Committee held its second and final meeting on April 27, 2026, and the final Strategic Plan Update Addendum will be presented to Commissioners for a vote at the May 28, 2026, Commission meeting.
- Held four CBH committee meetings in April 2026: Workplace Optimization Advisory Committee, Program Advisory Committee, Budget and Fiscal Advisory Committee, and Legislative and External Affairs Advisory Committee.

### Commission Projects

- Published the Request for Application (RFA) for the Innovation Partnership Fund on March 20, 2026, with a due date of May 8, 2026.
  - The Commission welcomed a total of over 1,000 people from 497 unique organizations during two bidder conferences on March 28, 2026, answered 421 written questions, and received over 300 applications.
  - Scoring of the applications is currently underway and the Commission anticipates releasing Intent to Award announcements before the end of the fiscal year.
- Continued drafting the Peer Respite RFA, which will be published by this summer.
- Began development of advocacy grants for veteran and LGBTQIA+ communities, hosting listening sessions with each community.

- The Assembly Appropriations Committee passed AB 2003 from the suspense file. The bill now moves to the Assembly Floor for a vote by the full chamber. That vote date was not available when this report was published on May 21, 2026, along with other materials for the May 28, 2026, Commission meeting.

## **Improving CBH Staff Team Operational Excellence**

- Introduced “Commission 2.0” to CBH team members, which is an effort to improve to strengthen CBH’s infrastructure and support exceptional staff performance. It involves establishing SMART goals and developing a RACI matrix to establish clear roles for successful implementation.
- Continued the CBH internal Quality Assurance Process Improvement project to strengthen quality and consistency across grants and contracts, integrating best-practice standards to improve clarity, accountability, and performance.
- Continued to meet monthly with the CBH Employee Wellness in the Workplace Workgroup (WWW). The WWW began drafting an action plan based on the recent CBH Staff Engagement and Wellbeing survey, from which recommendations will be presented to Commissioners during closed session at the May 28, 2026, Commission meeting.
- Held bi-weekly meetings with all CBH managers, as well as bi-monthly 1:1s with all CBH managers.
- Held a monthly CBH All Team Meeting to celebrate accomplishments, disseminate information, and highlight current CBH work efforts.
- Continued recruitment activities to fill all CBH vacancies. The permanent position vacancy rate was 7.5% as of April 28, 2026. CBH held interviews for both of the vacant executive positions. The Career Executive Assignment (CEA) C and CEA B recruitments are currently underway.
- Continued leadership training with Leading Resources, Inc., for the executive director and CBH management team.
- Engaged a professional parliamentarian to support the Bagley-Keene Open Meeting Act and provide parliamentary and rules training for staff and Commissioners.

## CBH Budget Activities and Financial Health

- The Commission is on track with spending within current allocations and is projected to expend all allocated funds within the fiscal year.
- Prior to the release of the May Revise budget, the Commission continued to track Fiscal Year 2026-27 budget negotiations to ensure stable continuation of program operations. This involved participating in budget hearings at the Senate and Assembly budget committees (April 28, 2026, and May 4, 2026, respectively).
- Following the release of the May Revise, the Commission immediately took action to prevent the proposed deep cuts to the IPF and the elimination of advocacy funds, all of which would result in a nearly 25 percent reduction to the Commission's overall budget.

## Commissioner, System Partner, and Stakeholder Collaboration and Engagement

- Met regularly (at least monthly) with the CBH Chair and Co-Chair and held quarterly meetings with all Commissioners to communicate CBH strategic priorities and identify opportunities for continuous improvement.
- Maintained regular, collaborative engagement with key behavioral health system partners, including the California Health and Human Services Agency (CalHHS), Department of Health Care Services (DHCS), Department of Health Care Access and Information (HCAI), and the California Department of Public Health (CDPH).
- Maintained regular engagement with a broad base of system partners, including the California Behavioral Health Planning Council (CBHPC), California Behavioral Health Directors Association (CBHDA), California Association of Addiction Recovery Professionals (CAADPE), Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), California Association of Local Behavioral Health Boards and Commissions (CalBHB/C), California National Alliance on Mental Illness (NAMI), the California Commission on Asian and Pacific Islander American Affairs (CAPIAA), the Steinberg Institute, the Chief Probation Officers of California (CPOC), the California Hospital Association, the California Commission on Aging (CCOA), the California Department of Rehabilitation (DOR), the California Department of Managed Health Care (DMHC), California Department of Veterans Affairs and the California Labor and Workforce Development Board (CLWDB). Efforts to expand this list continue to engage with additional system partners and stakeholders to foster collaboration and gather diverse perspectives.

- Participated as a member on the DHCS Behavioral Health Transformation (BHT) Implementation Stakeholder Workgroup and the DHCS BHT Quality and Equity Advisory Committee.
- Participated as a member on the CalHHS Behavioral Health Task Force, the CalHHS Care Act Working Group, and CalHHS 988-Crisis Policy Advisory Group (including the CalHHS 988 Crisis PAG Workgroup on 988 Integration Workgroup).
- Presented at conferences and convenings to share the Commission's initiatives and expertise on relevant behavioral health efforts, including:
  - United Parents Advocacy Day
  - California Mental Health Advocates for Children and Youth Annual Conference
- Attended conferences and convenings to stay informed on key multi-sector developments in behavioral health and to continuously foster collaborative networks, including:
  - California Department of Veterans Affairs' Veteran Support to Self-Reliance Stakeholder Convening
  - California Behavioral Health Planning Council quarterly meeting
  - Brighter Together: Integrating Substance Use, Mental Health and Physical Health Care Services with Los Angeles County
- Shadowed the Sacramento Street Medicine Outreach Team, alongside the CBH Executive Team, on May 7, 2026.

## Upcoming Priorities (Next 60 Days)

Strategic focus for the next 60 days will concentrate on the following:

- Begin operationalizing CBH's 2026 Strategic Plan Update with LRI, Inc. (subject to Commission approval).
- Continue CBH's Commission 2.0 implementation to strengthen the Commission team infrastructure.
- Track Fiscal Year 2026-27 State budget conversations and continue budget hearings in the Legislature to protect the Commission from the proposed May Revise reductions.

## Risks, Challenges, & Mitigation Strategies

### California's Budget Shortfall

- CBH began working to mitigate the impacts of the budget shortfall before the calendar year began by:
  - Proactively engaging with the Legislature and Administration to advocate for continued support of CBH's important behavioral health projects.
  - Maintaining fiscal conservatism across operations and implementing cost-control measures, wherever possible, to preserve essential functions while anticipating potential funding changes.
- The revised budget, released on May 14, 2026, proposes two significant cuts to CBH:
  - Proposes to halve the amount of funds available for the Innovation Partnership Fund, from \$20 million per year for five years to \$10 million per year for five years.
  - Proposes to eliminate all funding for advocacy contracts.
- The Commission immediately took action to protect those funds.

### CBH's Executive Team Vacancies

- Two key executive leadership positions remain vacant: 1) the Chief Deputy of Administration & Operations and 2) the Deputy Director for Research, Evaluation & Programs. Recruitment for these critical roles has been challenging.
- Mitigation strategies include actively exploring options for expanding recruitment outreach to a variety of professional networks to attract qualified candidates.

*Thank you for your continued leadership, partnership, and engagement.  
I appreciate the guidance and support of the Commission as we work collectively to strengthen  
California's behavioral health system and advance equitable, person-centered care for all  
communities.*