Commission *for* Behavioral Health

Meeting Materials Packet

Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee

September 25, 2025

9:00 – 11:00 a.m.

1812 9th Street
Sacramento, CA 95811

(916) 500-0577
bhsoac@bhsoac.ca.gov

bhsoac.ca.gov

Commission for Behavioral Health

RAYSHELL CHAMBERS, Chair
MAYRA ALVAREZ, Vice Chair
BRENDA GREALISH, Executive Director

Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee | September 25, 2025

Meeting Time: 9:00 a.m. to 11:00 a.m.
Location: CBH Office 1812 9th St., Sacramento, CA 95811
Zoom Access: Zoom meeting link and dial-in number will be provided upon registration. Click here for free registration.

Meeting Agenda

9:00 a.m. **1. Call to Order and Roll Call**

9:10 a.m. **2. Announcements**

9:15 a.m. **3. General Public Comment**
This time is reserved for public comments on items not on the agenda.

9:25 a.m. **4. Innovation Partnership Fund Report Out**
Commissioner Gary Tsai, MD, and Melissa Martin-Mollard, PhD, Deputy Director of Research, Evaluation, and Programs, will give an update on the status of the development of the Behavioral Health Services Fund Innovation Partnership Fund grant concept.

- Public Comment & Open Dialogue
- Vote

11:00 a.m. **5. Adjournment**

Meeting Information and Public Participation

Get more information about this meeting by calling (916) 500-0577 or emailing bhsoac@bhsoac.ca.gov.

Action Items

The Commission may take action on any item labeled "Action," though it may postpone or decline action at its discretion. Items may be heard in any order. Public comment is taken on each agenda item. Items not on the agenda will not be considered.

Meeting Notices

In compliance with the Bagley-Keene Open Meeting Act, agendas are posted at www.bhsoac.ca.gov at least 10 days before the meeting. For questions, call (916) 500-0577 or email bhsoac@bhsoac.ca.gov.

Accessibility

To request accommodations under the Americans with Disabilities Act, call (916) 500-0577 or email bhsoac@bhsoac.ca.gov at least one week before the meeting.

Public Comment: Verbal

- In person: Fill out a comment card. Staff will call your name.
- By phone: Press *9 to raise your hand. Staff will call you by the last three digits of your number.
- By computer: Use the "Raise Hand" function. Staff will call your name.
- Comments are typically limited to three minutes. The Chair may adjust time limits as needed.
- Those using a translator are entitled to twice the speaking time, per Gov. Code § 11125.7(c)(1).

Public Comment: Email

- Send comments to publiccomment@bhsoac.ca.gov.
- Comments received more than 72 hours before the meeting will be shared at the meeting.
- Comments received less than 72 hours before the meeting will be shared at a future meeting.
- No written responses will be provided.
- Email does not replace the public comment period for each meeting, and you may email a comment and give a comment in person.

Remote Participation

Phone lines will be muted to prevent background noise until public comment periods. The Commission will make reasonable efforts to ensure reliable remote access, but technical difficulties may occur. To guarantee participation, consider attending in person.

VERSION 3.0—DRAFT FOR DISCUSSION PURPOSES

Working Product of the Program Advisory Committee

Commission *for* Behavioral Health

WORKING FRAMEWORK – INNOVATION PARTNERSHIP FUND

Version 3.0

Disclaimer: *This working draft reflects themes and considerations that have emerged to date from public conversations with the California Commission for Behavioral Health. It is not intended to be complete and rather is intended to prompt discussion and feedback. The Commission, through its Program Advisory Committee, welcomes input from stakeholders and the public to shape the Innovation Partnership Fund's structure, scope, and strategy.*

BACKGROUND AND PURPOSE

The Innovation Partnership Fund, established through Proposition 1, the Behavioral Health Services Act (BHSA), and administered by the California Commission for Behavioral Health, is designed to invest in bold, equity-centered solutions that fundamentally improve how public mental health and substance use disorder (i.e., behavioral health) services that are delivered, experienced, and sustained across the state. This investment specifically targets supporting county behavioral health departments in their efforts to provide specified BHSA programs and practices to specific BHSA priority populations across the lifespan (see Attachment 1).

The BHSA focuses on individuals with the highest behavioral health needs who suffer from serious emotional disturbances (SED), serious mental illness (SMI), and/or substance use disorders (SUDs) – oftentimes referred to as individuals with complex behavioral health needs (CBHNs) – many of whom also suffer from chronic physical health conditions, intellectual/developmental disabilities, etc. Leveraging the Innovation Partnership Fund, innovative projects should lead to improvements in county behavioral health services for individuals with CBHNs, encompassing the prevention,[1] diagnosis, and treatment of SED/SMI and/or SUDs, including services that achieve and support recovery. While broader behavioral health and wellness is important, this funding is intentionally targeted at those with the greatest needs and highest risk— too often overlooked and underserved. These are the individuals most at risk of experiencing homelessness, hospitalization,

[1] Prevention, in the context of focusing on BHSA priority populations with SED/SMI and/or SUDs, is what the California Department of Public Health classifies as "indicated prevention." Indicated prevention efforts "focus on BHSA eligible at-risk individuals who are at risk of and experiencing early signs of mental health or substance use disorder or who have experienced known risk factors for poor behavioral health outcomes, such as trauma, Adverse Childhood Experiences, or involvement with the child welfare or corrections system."

incarceration, or premature death due to untreated or undertreated behavioral health conditions.

California's public behavioral health system faces significant challenges: persistent racial and geographic disparities, increasing numbers of youth impacted by unmet behavioral health needs, workforce shortages, fragmented systems, and unsustainable funding models. While recent investments have built momentum, they have yet to deliver the transformative change Californians need. The Innovation Partnership Fund is a unique opportunity to support community-led, real-world innovation—solutions that are ready to be implemented, scaled, and sustained by county behavioral health departments. Accordingly, projects must align with the goals of the BHSA and demonstrate innovation to strengthen BHSA programs and practices, with the goal of optimally serving the BHSA priority populations.

INNOVATION PARTNERSHIP FUND FRAMEWORK

The statutory framework under Proposition 1 is clear and specific about who shall be served by these funds. As outlined in the Welfare and Institutions Code 5945.1(c), the Innovation Partnership Fund shall be designed for the purpose of "improving BHSA programs and practices funded pursuant to Section 5892.1(a) for the following groups:"

- "*Underserved populations*"
- "*Low-income populations*"
- "*Communities impacted by other behavioral health disparities*"
- "*Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission*"

Furthermore, these funds must be used to meet the statewide BHSA goals and objectives to reduce identified disparities, as established and defined by the Department of Health Care Services in consultation with the Commission, counties, and stakeholders[2] (Welfare and Institutions Code § 5963.02).

DEFINITION OF INNOVATION

For the purposes of funding proposals under the Innovation Partnership Fund, "innovation" is proposed to be defined **as a new or adapted/expanded approach** to solving persistent problems in California's behavioral health system—especially those that relate to equity, access, workforce expansions,[3] service fragmentation, and quality enhancement.

To be considered innovative under this Fund, a project must:

[2] More information regarding the DHCS-established statewide BHSA goals and objectives may be found on their website in their BHSA policy manual.
[3] In consultation with the Department of Health Care Access and Information (HCAI).

- Advance new culturally competent models, tools, partnerships, or technologies not yet widely implemented in California, this may include adopting or scaling efforts underway in one county but that could be scaled in other counties;
- Introduce or scale practical, community-centered solutions (including community-defined evidence-based practices[4]) that increase access to behavioral health treatment and recovery supports—particularly for historically underserved populations and inclusive of harm reduction approaches;
- Demonstrate a clear break from the status quo,[5] not simply incremental improvements to existing programs or efforts, but a concerted deviation from those efforts; and/or
- Be actionable and ready for real-world implementation, not solely focused on concepts, research, or pilot testing.

Innovation may include ideas from other sectors or geographies, adaptation of promising practices, or bold new models co-created with people with lived experience. At its core, innovation is about transforming how we deliver care—with impact, equity, and dignity.

CROSS-CUTTING ELEMENTS

All proposals must consider the following eight core dimensions:

1. ***Equity:*** Proposals should demonstrate how they will advance racial equity and close gaps in access, experience, and outcomes for communities historically underserved by the behavioral health system—including communities of color, LGBTQ+ individuals, people with disabilities and who use drugs, rural residents, and others marginalized by systemic barriers.

2. ***Financial Sustainability:*** Proposals should demonstrate a clear, feasible plan for long-term sustainability. This may include alignment with Medi-Cal, commercial health plans, philanthropic investment, public-private partnerships, or local funding streams. The goal is to ensure that effective innovations can be scaled and sustained beyond initial investments.

3. ***Public-Private Partnerships:*** Proposals should demonstrate how they will collaborate across public, private, and community sectors with explicit benefits to the public

[4] **Community Defined Evidence Based Practices** or CDEPs, which have been evaluated through the California Reducing Disparities Project, and offer culturally anchored interventions that reflect the values, practices, histories, and lived experiences of the communities they serve. The BHSA defines CDEPs as "an alternative or complement to evidence based practices, that offer culturally anchored interventions that reflect the values, practice, histories, and lived-experiences of the communities they serve. These practices come from the community and the organizations that serve them and are found to yield positive results as determined by community consensus over time." (WIC 5892(k)(6)),

[5] Status quo in the context of innovation can be considering the prevailing conditions, solutions, or approaches that are in place before a novel idea, product, or process is introduced. It is what is considered "normal" or "the way things are done" – often marked by inertia, routine, or outdated assumptions.

system clearly articulated. Strong proposals will demonstrate partnerships between government agencies, health systems, technology innovators, philanthropic organizations, community-based providers, and others working together toward shared impact.

4. ***Lived Experience and Community Leadership:*** Proposals should demonstrate how they are designed with people with behavioral health conditions and lived experience. Proposals should demonstrate meaningful engagement of individuals, families, and communities who are most directly impacted—through co-design, shared governance, continuous feedback loops, and leadership roles in implementation. Lived experience must inform every stage of the innovation process to ensure relevance, trust, and impact.

5. ***Alignment with Statewide Behavioral Health Transformation Efforts:*** Proposals should demonstrate how they will build upon—not duplicate—California's broader behavioral health transformation efforts. This includes alignment with Proposition 1, BH-CONNECT, CalAIM, the Drug Medi-Cal Organized Delivery System, and Children and Youth Behavioral Health Initiative (CYBHI), as well as enabling a focus on substance use disorders independently (i.e., without requiring linkage to a SED/SMI). Proposals should complement these initiatives by filling critical gaps, testing bold ideas, accelerating systems change, or reaching populations or geographies that remain underserved. The goal is to ensure coherence and strategic leverage across all levels of the state's behavioral health investments.

6. ***Advance Effective Treatment Models:*** Proposals should demonstrate how they will invest in new or improved ways of delivering care that address the layered challenges individuals with complex behavioral health needs face (e.g., co-occurring SMI/SUD and social service needs). This involves strengthening county behavioral health systems with the infrastructure and partnerships necessary to coordinate care, apply evidence-based and/or community-defined evidence-based practices, to deliver person-centered, integrated, culturally responsive support.

7. ***Demonstrate Agility and Quality Improvement Integration:*** Proposals should demonstrate agility and a commitment to nimble, quality improvements. This includes building the necessary infrastructure, cultivating a culture of continuous learning, and developing teams that can rapidly iterate, pivot, and operate under a continuous quality improvement philosophy. The goal is to fully leverage available funds while ensuring that lessons are quickly learned and immediately incorporated into ongoing efforts.

8. ***Leverage Emerging Technologies:*** Proposals should demonstrate innovation, including those that leverage new technologies, improve behavioral health service delivery, bridge silos, and enable providers across the mental health and substance use systems to work together in service of whole-person care for the BHSA priority populations.

NEXT STEPS

The California Commission for Behavioral Health and its Program Advisory Committee is committed to a transparent and inclusive process for designing and implementing the Innovation Partnership Fund.

Please engage in our process by participating in the Program Advisory Committee and Commission for Behavioral Health public meetings, and by providing us with your written feedback at Program@bhsoac.ca.gov.

Together, we can ensure this Fund fulfills its promise: to spark real, scalable, and lasting change for the individuals living in California with complex behavioral health needs.

Attachment 1:
BHSA Programs & Practices + Priority Populations

BHSA Programs and Practices (Welfare and Institutions Code § 5892(a))

- Housing intervention programs:
    - For the chronically homeless (focus on those in encampments).
    - For capital development projects, as specified.
- Full-Service Partnership programs, as specified.
- For the following behavioral health services & supports:
    - Services for the children's system of care and the adult and older adult system of care (excluding services already covered for unhoused/Full Service Partners).
    - Early intervention programs, as specified.
    - Outreach and engagement.
    - Workforce education and training.
    - Capital facilities and technological needs.
    - Innovative behavioral health pilots and projects.

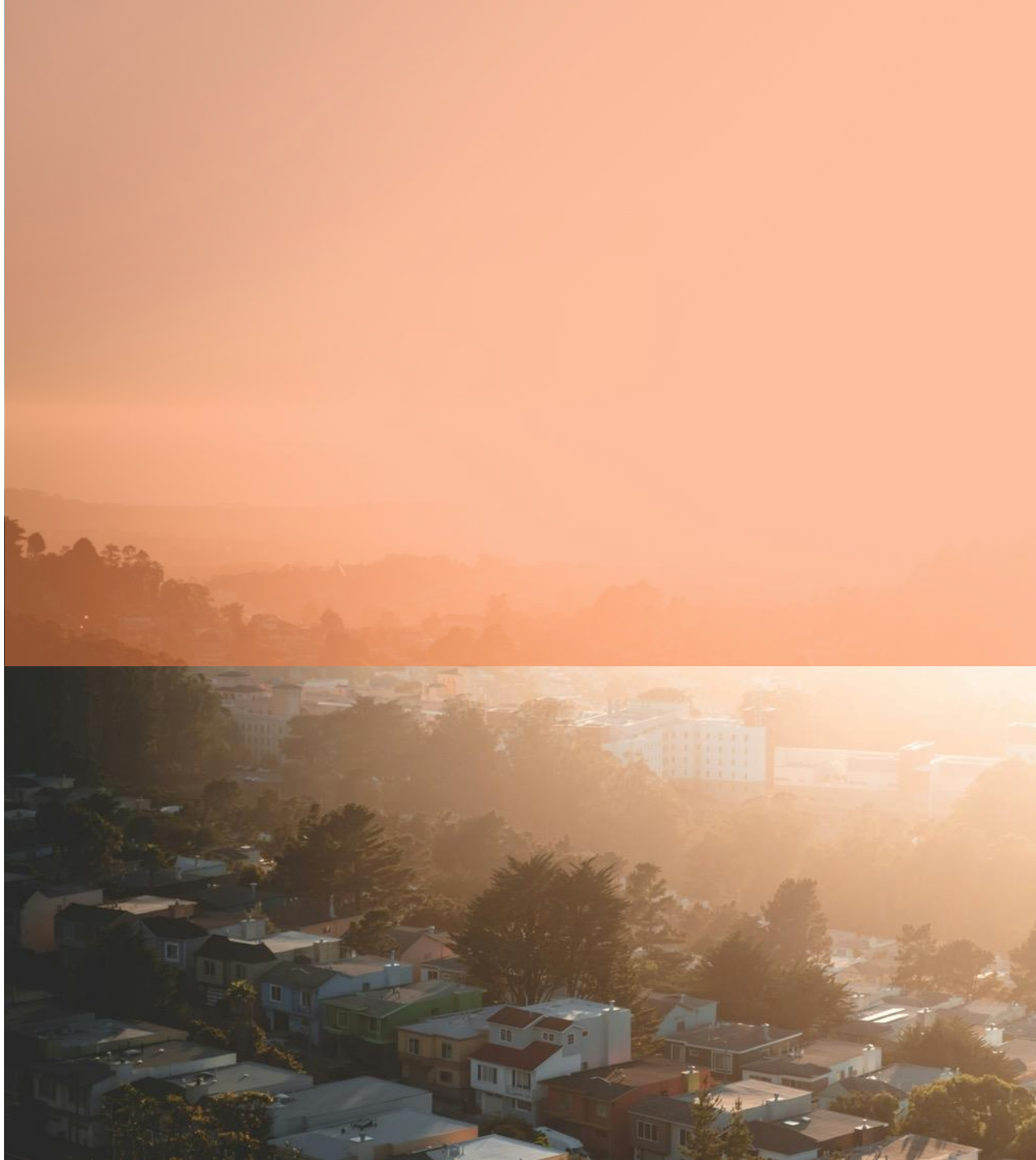
BHSA Priority Populations (Welfare and Institutions Code 5892(d))

- Children and Youth who meet one or more of the following criteria:
    - "Are chronically homeless or experiencing homelessness or at risk of homelessness"
    - "Are in, or at risk of being in, the juvenile justice system"
    - "Are reentering the community from a youth correctional facility"
    - "Are in the child welfare system pursuant to W&I Code sections 300, 601, or 602"
    - "Are at risk of institutionalization"

- Adults and Older Adults who meet one or more of the following criteria:
    - "Are chronically homeless or experiencing homelessness or at risk of homelessness"
    - "Are in, or at risk of being in, the justice system"
    - "Are reentering the community from state prison or county jail"
    - "Are at risk of conservatorship"
    - "Are at risk of institutionalization"

Commission for Behavioral Health

Innovation Partnership Fund (IPF)



Commission for Behavioral Health

INNOVATION PARTNERSHIP FUND (IPF)

- Created by Proposition 1 and is part of shifting from MHSA to BHSA
- Under MHSA, 5% of total MHSA county funding was reserved for innovation projects, which Commission for Behavioral Health (CBH) approved
- Under BHSA, innovation funds shifts from county-directed to state-directed
- The IPF is administered by the CBH, starting on July 1, 2026
- $20M per year for 5 years (FY 2026–27 through FY 2030–31; $100M total)

Commission for Behavioral Health

Innovation Partnership Fund Development To Date

TIMELINE

JULY

- XX — Program Advisory Committee Meeting
- XX — Virtual Community Engagement Session

AUGUST

- XX — Lived Experience Session
- XX — Virtual Community Engagement Session

SEPTEMBER

- XX — Program Advisory Committee Meeting

OCTOBER

- XX — Commission Meeting

HOW TO ENGAGE?

Join the Program Advisory Committee meetings.

Participate in the virtual community engagement sessions.

Provide written feedback online via CBH website.

Definition of Innovation

“Innovation” would be defined as a new or adapted approach to solving persistent problems in California’s behavioral health system– especially those that relate to equity, access, workforce shortages, and service fragmentation.

Advance new models, tools, partnerships, or technologies

Introduce or scale practical, community defined evidence-based practices that increase access to prevention*, treatment, and recovery supports

Be actionable and ready for real-world implementation

Demonstrate a clear break from the status quo, not simply incremental improvements to existing programs or efforts

May include ideas from other sectors or geographies, adaptation of promising practices, or bold new models co-created with people with lived experience

*We are researching statute for allowable uses for “prevention”

ELEMENTS INFORMED BY ENGAGEMENT EFFORTS

Engagement Learnings

Feedback Sources:

- Three community listening sessions (321 unique community participants)
- Open call for concepts (49 submissions)
- Shared with other State agencies

Thematic analysis

- Scope of IPF (grouped into focus areas, mechanisms and outcomes)
  - These inform the framework
- RFP nuts and bolts
  - These will inform the RFP processes

IPF Listening Sessions Feedback

IPF Framework Document General Feedback Received:

- Target Population
  - Definition (statutory requirements)
- Definition of Innovation
  - Culturally competent
  - Community-Defined Evidence-Based Practices
- Pillars
  - Youth

IPF Listening Sessions Feedback

Other Topical Areas:

- Evaluation
- How prevention is considered
- Data driven approach
- Eligibility
- Scoring
- Alignment with State efforts

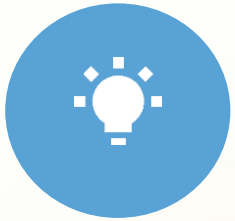
Next Steps:
IPF Framework Document to be presented at upcoming October Commission meeting for further discussion and approval.

CBH Commission for Behavioral Health

Cross-Cutting Considerations

Equity

Finance & Sustainability



Public-private partnership

Advance Effective Treatment Models

Lived experience & Community Leadership

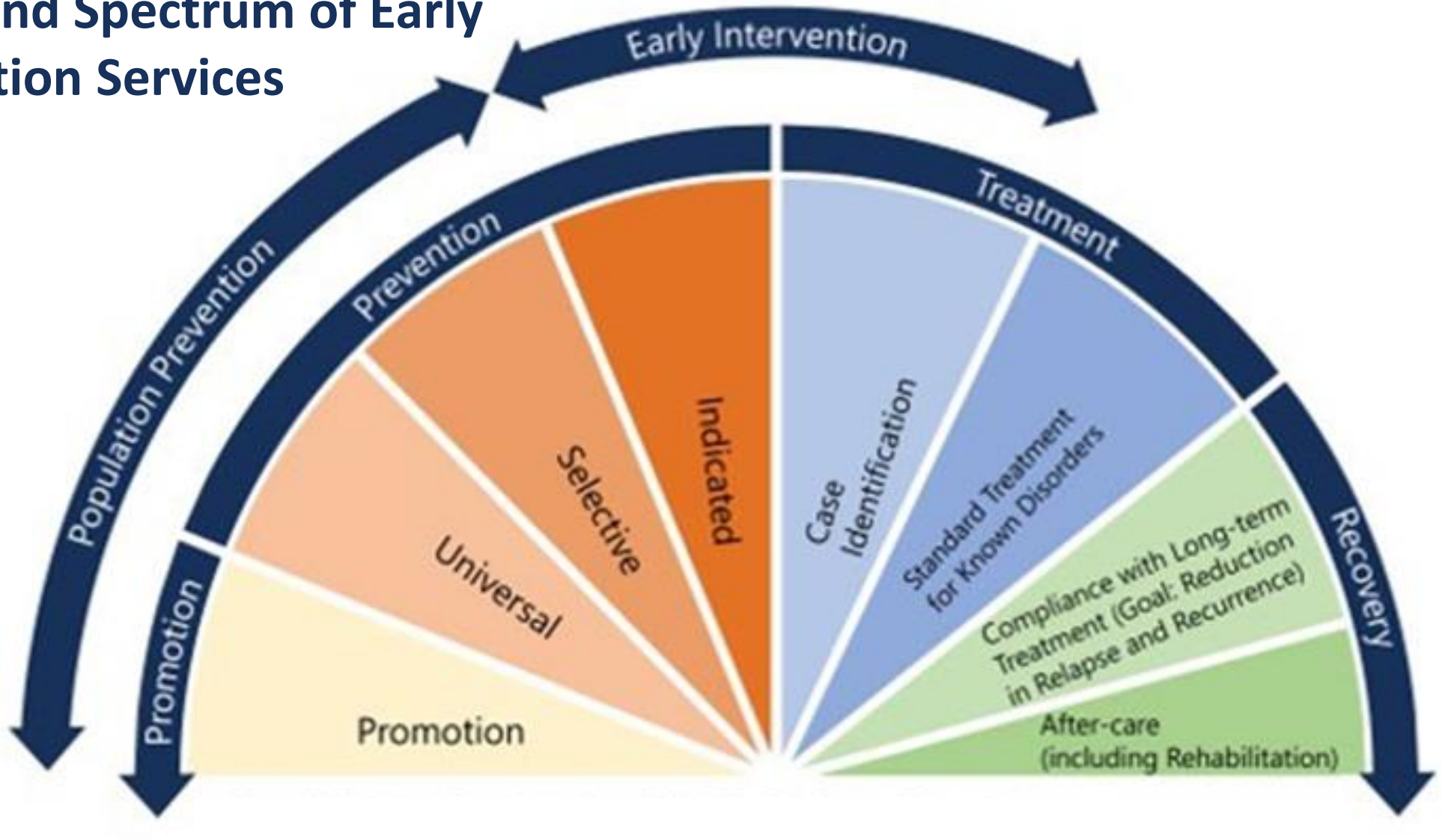
Alignment with State Efforts

Agility and Quality Improvement

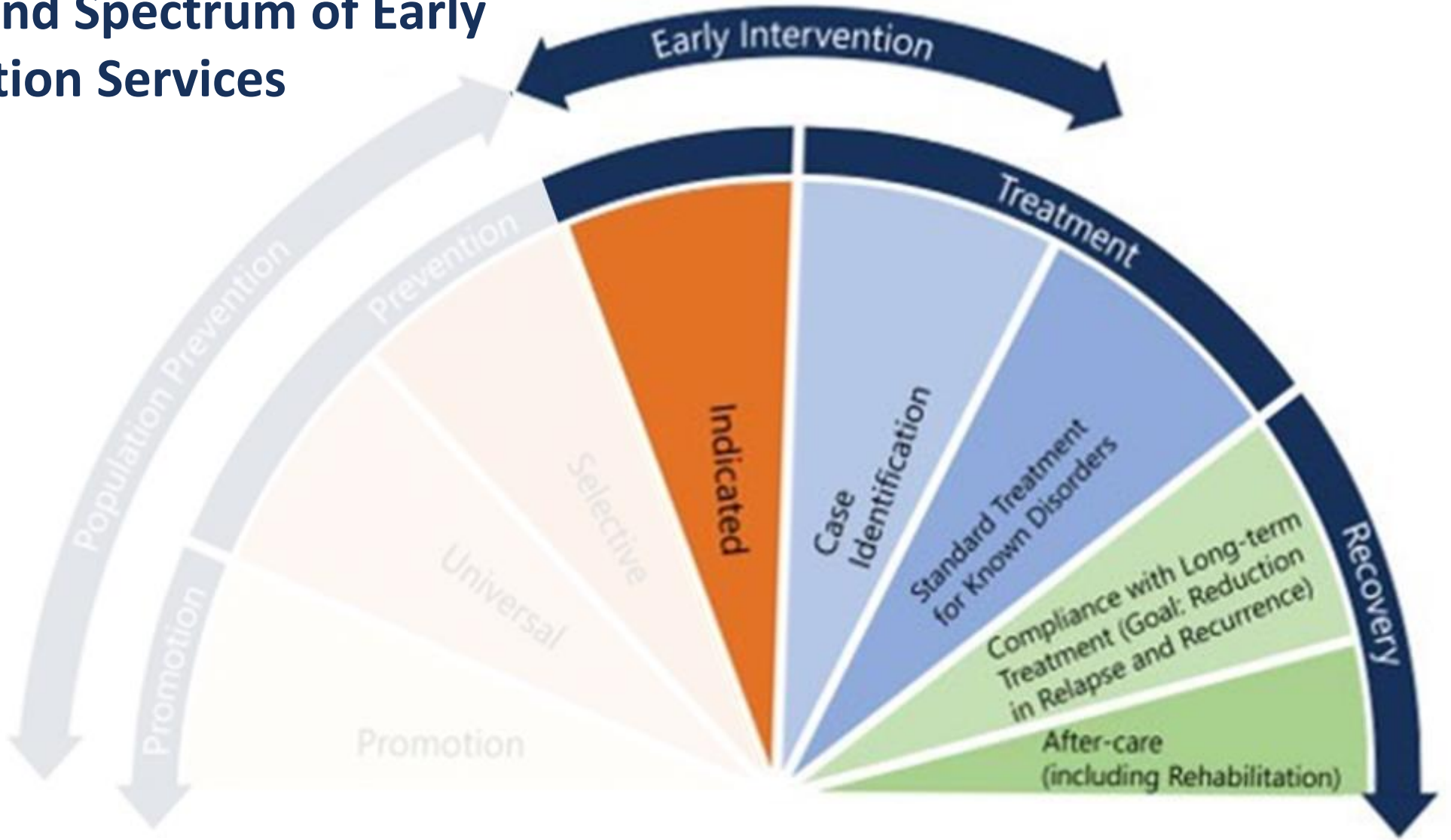
Leverage Emerging Technologies

ELEMENTS INFORMED BY STATUTE AND POLICY

The Institute of Medicine's Continuum of Care and Spectrum of Early Intervention Services



The Institute of Medicine's Continuum of Care and Spectrum of Early Intervention Services



Focus on Priority Populations

To be considered innovative under this Fund, projects must focus on the following Behavioral Health Services Act Priority Populations:

Welfare and Institutions Code 5945.1(c): Underserved populations

Children and youth who satisfy one of the following:

- Are chronically homeless or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the juvenile justice system
- Are reentering the community from a youth correctional facility
- Are in the child welfare system pursuant to W&I Code sections 300, 601, or 602
- Are at risk of institutionalization

Adults and Older Adults who satisfy one of the following:

- Are chronically homeless or experiencing homelessness or at risk of homelessness
- Are in, or at risk of being in, the justice system
- Are reentering the community from state prison or county jail
- Are at risk of conservatorship
- Are at risk of institutionalization

BHSA Programs and Practices

The IPF Focus As Outlined in WIC § 5892(a):

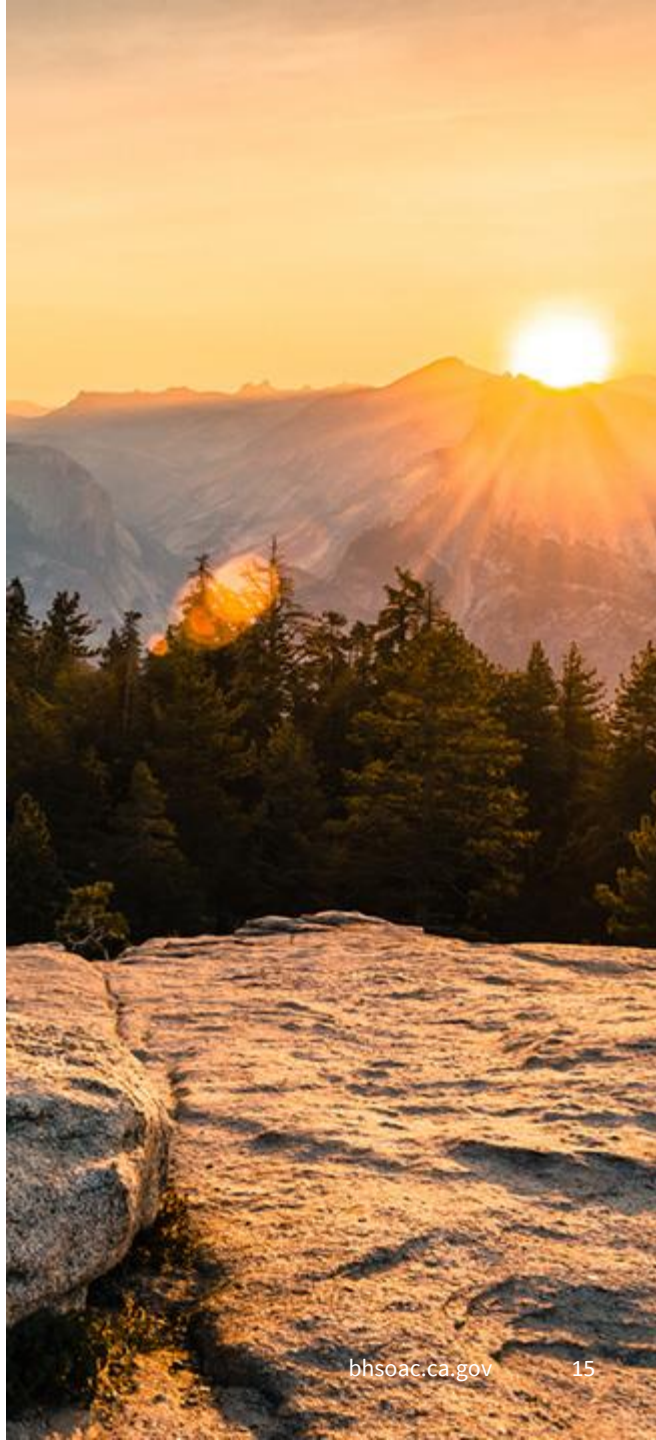
County programs and practices as follows:

- Housing intervention programs:
  - For the chronically homeless (focus on those in encampments).
  - For capital development projects, as specified.
- Full-Service Partnership programs, as specified.
- For the following BH services & supports:
  - Services for the children's system of care and the adult and older adult system of care (excluding services already covered for unhoused/FSPs).
  - Early intervention programs, as specified.
  - Outreach and engagement.
  - Workforce education and training.
  - Capital facilities and technological needs.
  - Innovative behavioral health pilots and projects.

IPF Purposes: First Element

The innovative mental health and SUD programs and practices shall be designed for the following:

- Improving BHSA programs and practices funded pursuant to Welfare and Institutions Code (WIC) § 5892(a) for the following groups:
  - Underserved populations
  - Low-income populations
  - Communities impacted by other behavioral health disparities.
  - Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission.

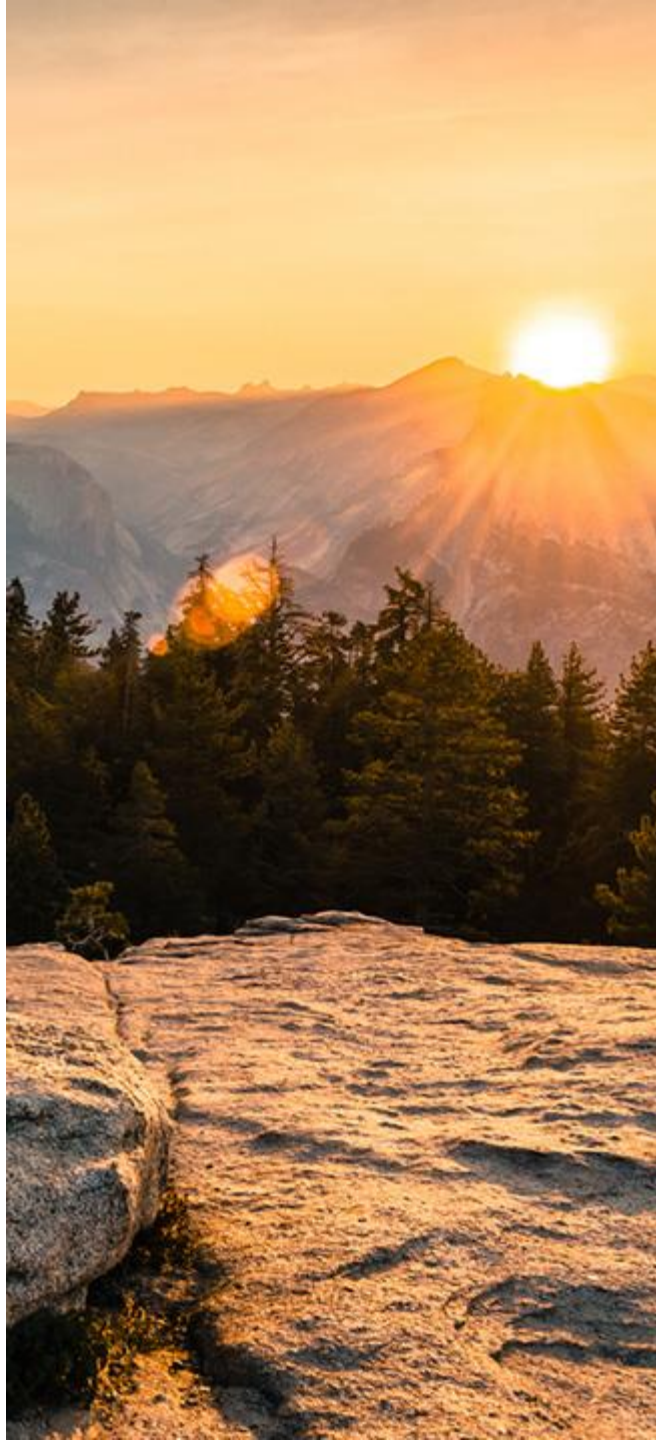


IPF Purposes: Second Element

Meeting statewide Behavioral Health Services Act goals and objectives.

- Within Proposition 1, statewide BHSA goals and objectives or measures are discussed within the context of the county integrated plans.
- These statewide BHSA goals and outcome measures, which must include goals and outcome measures to reduce identified disparities, are as established and defined by DHCS in consultation with the Commission, counties, and stakeholders.
- More information regarding the DHCS-established statewide BHSA goals and objectives may be found on their website in their BHSA policy manual.

Welfare and Institutions Code § 5963.02



Outcomes and Indicators of Success

In line with the goals of BHSA and the DHCS-defined population Behavioral Health goals

BHSA Goals	DHCS Statewide Population Goals
❖ Prioritize people with the most significant needs ❖ Integrate mental health & substance disorder treatment ❖ Expand housing and community-based services ❖ Grow and diversify the behavioral health workforce ❖ Advance equity and reduce disparities ❖ Strengthen oversight, transparency and accountability ❖ Support early intervention and prevention	*Reduce* ❖ Suicide ❖ Overdose ❖ Untreated behavioral health conditions ❖ Institutionalization ❖ Homelessness ❖ Justice involvement ❖ Removal of children from the home *Increase* ❖ Care experience ❖ Access to care ❖ Prevention and treatment of co- occurring conditions ❖ Quality of life ❖ Social Connection ❖ School engagement ❖ Work engagement

In sum…

- The BHSA intent language for Prop 1 additionally clarifies that the modernization of the MHSA is, "[…] to focus funds on 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."

- Together, these provisions provide a clear statutory mandate: **Proposition 1 funding, and specifically IPF, must be directed toward those populations with the highest behavioral health needs who often face structural barriers**. Projects must align with these Behavioral Health Services Act goals of the BHSA and demonstrate innovation in serving eligible priority populations, as defined in law.

Next Steps

- Continue to engage state agency departments mandated by IPF—CalHHS, DHCS, CDPH, HCAI
- Present recommendation to the full Commission during the October 23rd meeting
- Present RFP outline to full Commission in January 2026
- Upon approval, release RFP with grant awards by July 1st, 2026

Vote

That the Client, Family, and Community Inclusion, Lived Experience, and Diversity Advisory Committee recommend the adoption of the Innovation Partnership Fund Framework 3.0 to the full Commission.

Welfare and Institutions Code § 5963.02