



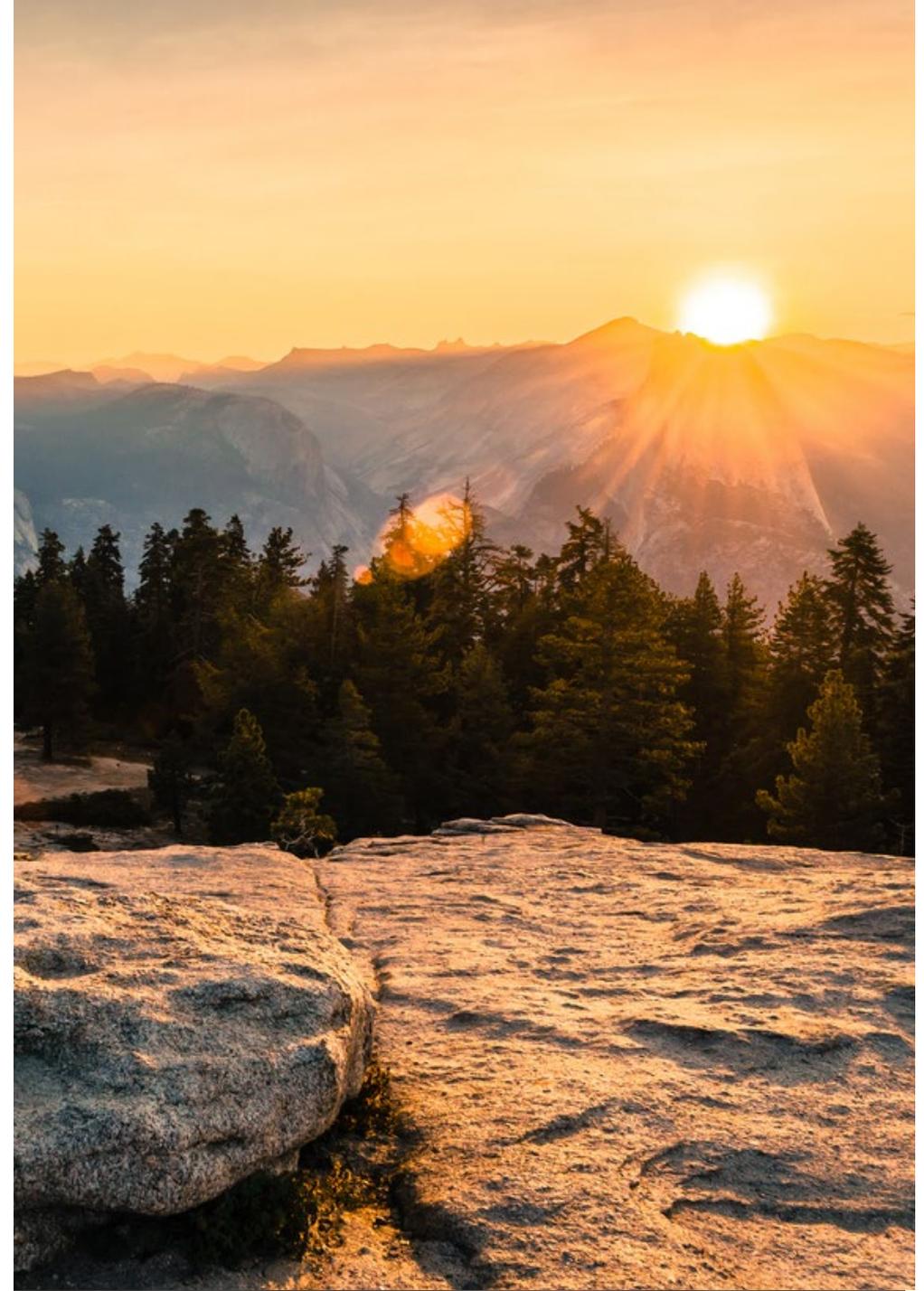
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Strategic Plan Update Discussion

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bhsoc.ca.gov



Discussion overview

1. Impetus for the strategic plan update
2. Proposed priorities for next two years
3. Proposed results tied to the priorities



Part 1: Impetus for the Strategic Plan Update

How we got here

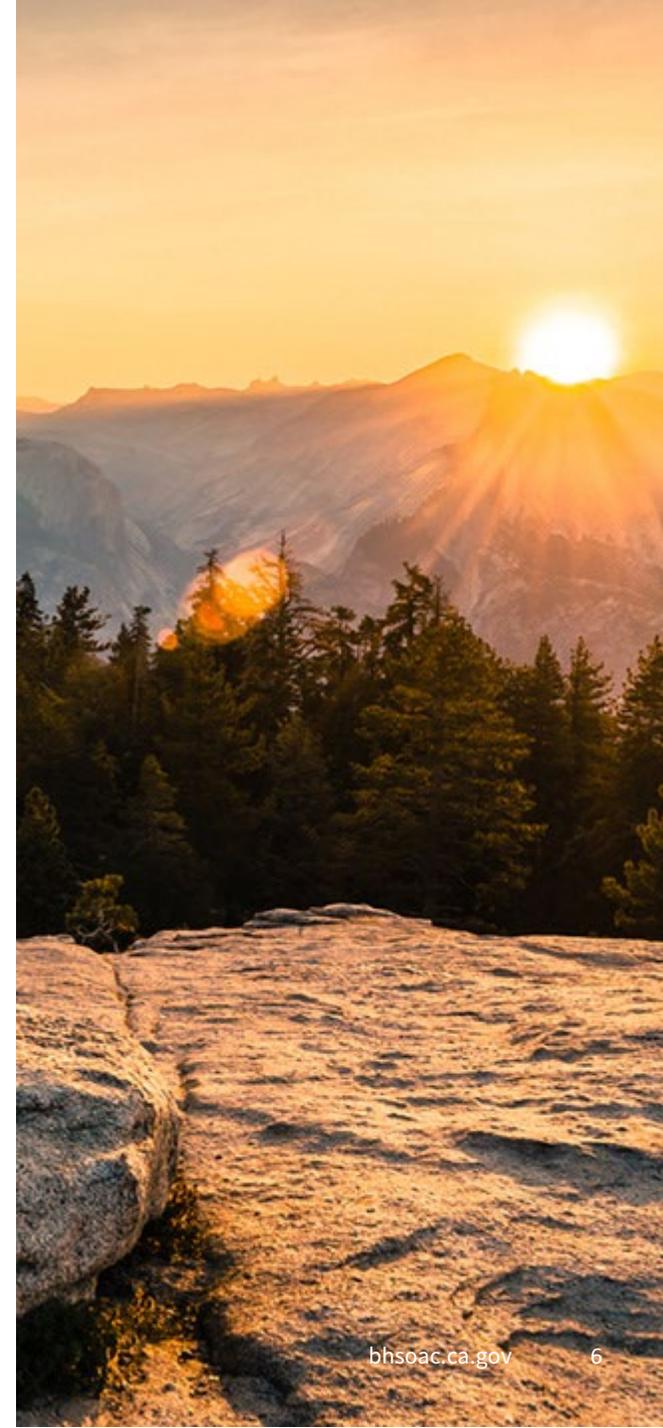
- **January 2023:** 2024-2027 Commission Strategic Planning efforts commence
- **January 2024:** 2024-2027 Strategic Plan approved by the Commission
- **March 2024:** Proposition 1 passed by Voters
- **January 2025:** Commission's BHSA statute implemented

CBH Strategic Plan: Update to reflect BHSA changes

- Recall: 100% of CBH funding is from the Behavioral Health Services Fund
- Establishment of this time-limited Strategic Plan (SP) Advisory Committee at the January 2026 full Commission meeting
- Contract with LRI to support this update
- Timeline:
 - Strategic Plan update: January – May 2026
 - SP Advisory Committee meetings in February and April 2026
 - SP Update discussions at the full Commission meeting in March, with the final update proposed for adoption in May 2026
 - Staff SP Implementation Planning: June – July 2026

Proposed approach:

1. This is a refresh, not an overhaul.
2. Retain the existing 2024-2027 CBH Strategic Plan framework of goals and objectives.
3. Add a layer of priorities and results to provide necessary focus on BHSA and priority populations.
4. Align CBH's current project portfolio within these priorities.



Recall: CBH changes under the BHSA

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

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

Proposed refinements to the current CBH strategic Plan

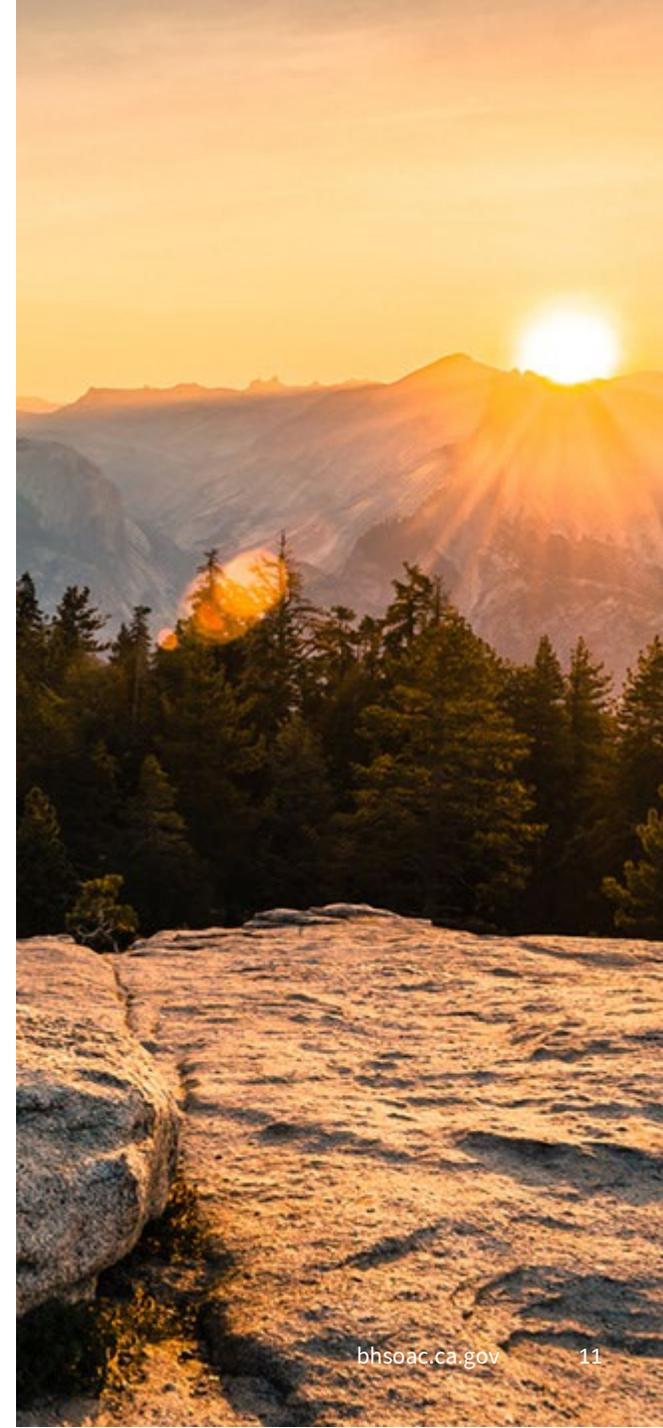
Considerations	Proposed refinements
<ul style="list-style-type: none">• Lacks focus on priority populations• Limited to prevention and early intervention rather than full spectrum of behavioral health services and supports• Does not explicitly mention integrating substance use disorder• Missing transformative,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



**Part 2:
Proposed Priorities to Update and
Focus the Strategic Plan
for Calendar Years 2026 and 2027**

Proposed priorities for 2026-2027

1. Meet the needs of people with the highest behavioral health needs
2. Ensure substance use disorder is incorporated throughout the Commission's work
3. Expand peer behavioral health services
4. Build the evidence base for the effectiveness of new and innovative statewide strategies



Rationale for each priority

Priority 1. Meet the needs of people with the highest behavioral health needs

RATIONALE

- This work aligns with 14 BHSA goals and priority populations, as well as offers a bridge to housing issues.
- The Commission has a statutory responsibility and a legacy role in evaluating the outcomes of Full Service Partnerships (FSPs) through SB 465.
- The Commission also has a role in educating legislators, counties, and providers on the goals of the BHSA and how it differs from the MHSA.
- CBH offers an independent perspective on reforms, filling gaps in oversight and technical assistance historically unaddressed by other state agencies.
- CBH's FSP work is a critical driver for system accountability and improvement.

Rationale for each priority (cont'd)

Priority 2. Ensure substance use disorder is incorporated throughout the Commission's work

RATIONALE

- Addressing the significant issues caused by Substance Use Disorder (SUD) and integrating SUD services is one of the most significant and complex changes under BHSA, impacting all funding streams and requiring coordination across fiscal, clinical, and administrative systems.
- SUD integration aligns with the BHSA and its priority populations, is currently reflected in our \$20M MHWAA project, and should be considered in our remaining grant portfolios (BHSSA, FSP, and IPF).
- The Commission's expertise and leadership are essential to guide implementation, reduce stigma, and ensure success.

Rationale for each priority (cont'd)

Priority 3. Expand peer behavioral health services

RATIONALE

- CBH plays a significant role in advocating for peer support and its proven benefits in improving outcomes, reducing costs, and addressing workforce shortages while providing culturally relevant, whole-person care.
- The Commission is trusted to elevate lived experiences and address workforce shortages by supporting peer-run organizations and integrating peers into the behavioral health system.
- This work supports and aligns with HCAI's workforce development efforts without being duplicative.
- This is a legacy priority of the Commission and aligns with BHSA priorities and addresses a critical systemic gap.

Rationale for each priority (cont'd)

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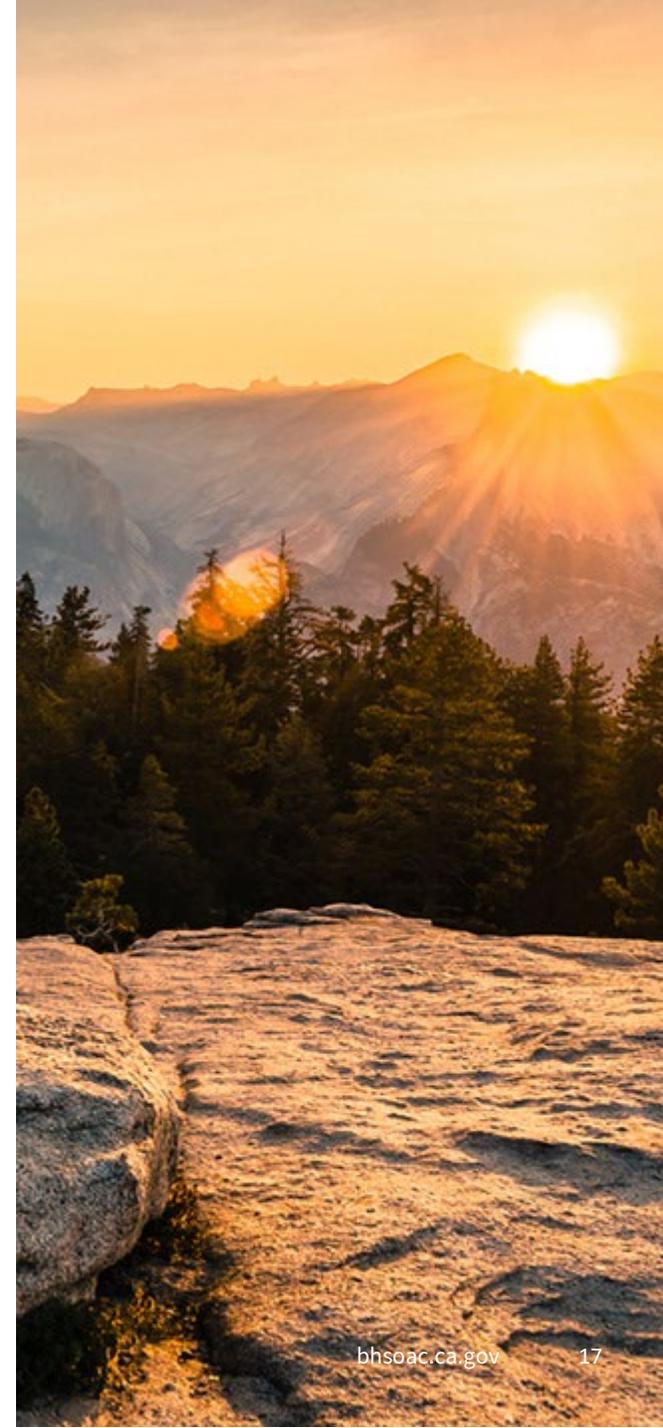
Priority 4. Build the evidence base for the effectiveness of new and innovative statewide strategies

RATIONALE

- Innovation is a statutory mandate and the Commission's most visible initiative.
- As the only entity in California dedicated to behavioral health innovation, the Commission can demonstrate its value by driving transformation where the State and counties lack capacity, reinforcing its leadership and fulfilling its core mission.
- Tying sustainability directly to innovation highlights the challenges the system faces with state and local funding volatility and the impacts of federal legislation (e.g., HR 1).

Commission Discussion

What questions or feedback do you have about these four priorities and the rationales for making them the focus of the Commission's work for the next two years?





Public Comment



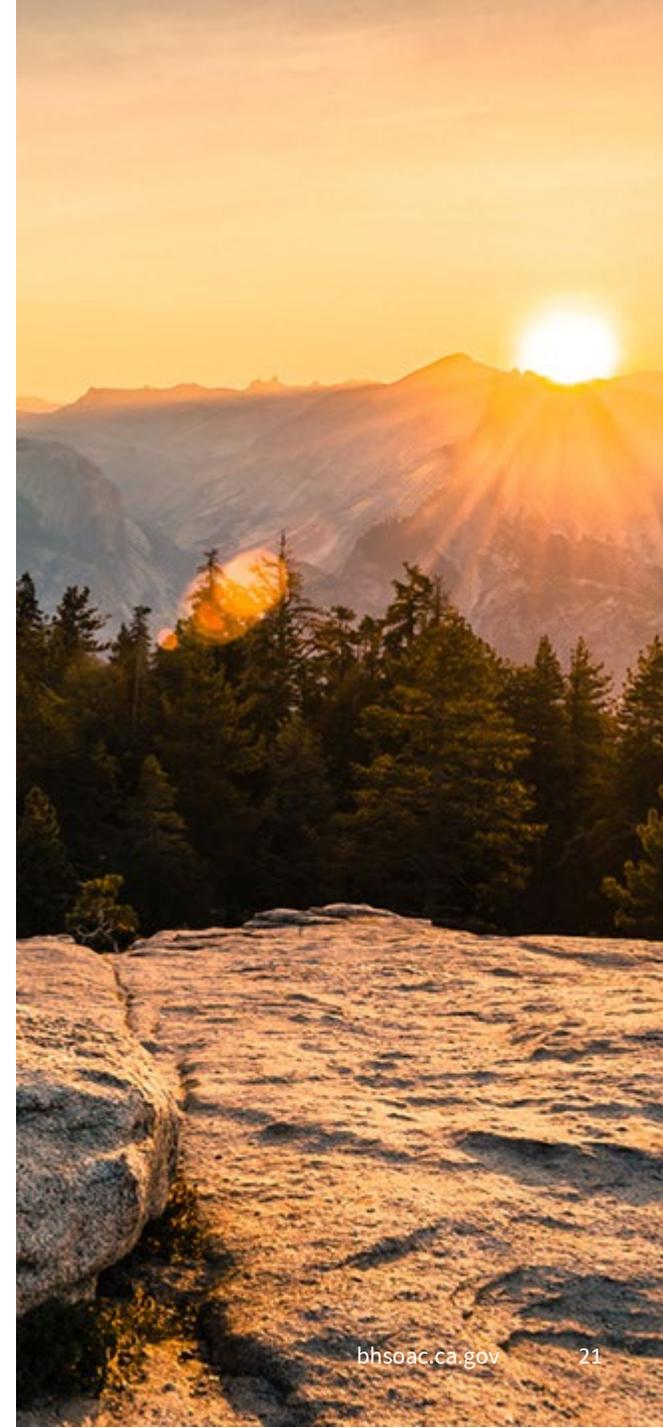
Break



Part 3: Proposed Results Tied to the Priorities

Introduction

To provide a clear picture of what the Commission will achieve in the next two years, we propose a layer of desired results tied to each of the four priorities.



Desired Results for Each Priority

Priority 1. Meet the Needs of People with the Highest Behavioral Health Needs

- **Result #1:** The Commission will educate key stakeholders on the distinction between the MHSA and the BHSA and the intended results of the BHSA.
- **Result #2:** The Commission will increase transparency and shared understanding of how county behavioral health departments are allocating BHSA resources to serve individuals with the highest behavioral health needs (subject to available information).
- **Result #3:** The Commission will become a trusted steward of knowledge and learning regarding Full Service Partnerships (FSP) during and beyond California's transition to a new behavioral health data and accountability framework.
- **Result #4:** The Commission will increase statewide understanding of the standard of care experienced by individuals served through FSPs, focused on the BHSA priority populations, by systematically gathering and synthesizing qualitative, community-based insights.
- **Result #5:** The Commission will increase statewide understanding and visibility of how housing scarcity and housing service mismatches affect individuals served in FSPs, particularly those with co-occurring SMI/SUD, in order to inform policy, planning and future investment decisions.

Desired Results for Each Priority (cont'd.)

Priority 2. Ensure Substance Use Disorder Is Incorporated Throughout the Commission's Work

- **Result #1:** The Commission will continue efforts to expand Medication Assisted Treatment (MAT) providers and help to strengthen county infrastructure to support effective, scalable MAT implementation.
- **Result #2:** The Commission will support the integration of SUD identification and treatment services into school-based behavioral health programs in order to improve timely access to care for children and youth.
- **Result #3:** The Commission will increase local-level understanding and acceptance of evidence-based SUD treatment by supporting community-based advocacy that addresses stigma, misinformation and philosophical resistance within local SUD systems.
- **Result #4:** The Commission will increase statewide understanding of the SUD treatment landscape in California to inform more effective integration of mental health and SUD care across the public behavioral health system.

Desired Results for Each Priority (cont'd.)

Priority 3. Expand Peer Behavioral Health Services

- **Result #1:** The Commission will support the expansion, visibility and appropriate use of peer-run and peer-owned behavioral health services including peer respites, as recovery-oriented alternatives within the behavioral health crisis continuum.
- **Result #2:** The Commission will elevate and strengthen the role of peers in serving individuals with SUD and SMI conditions, including through education and training.

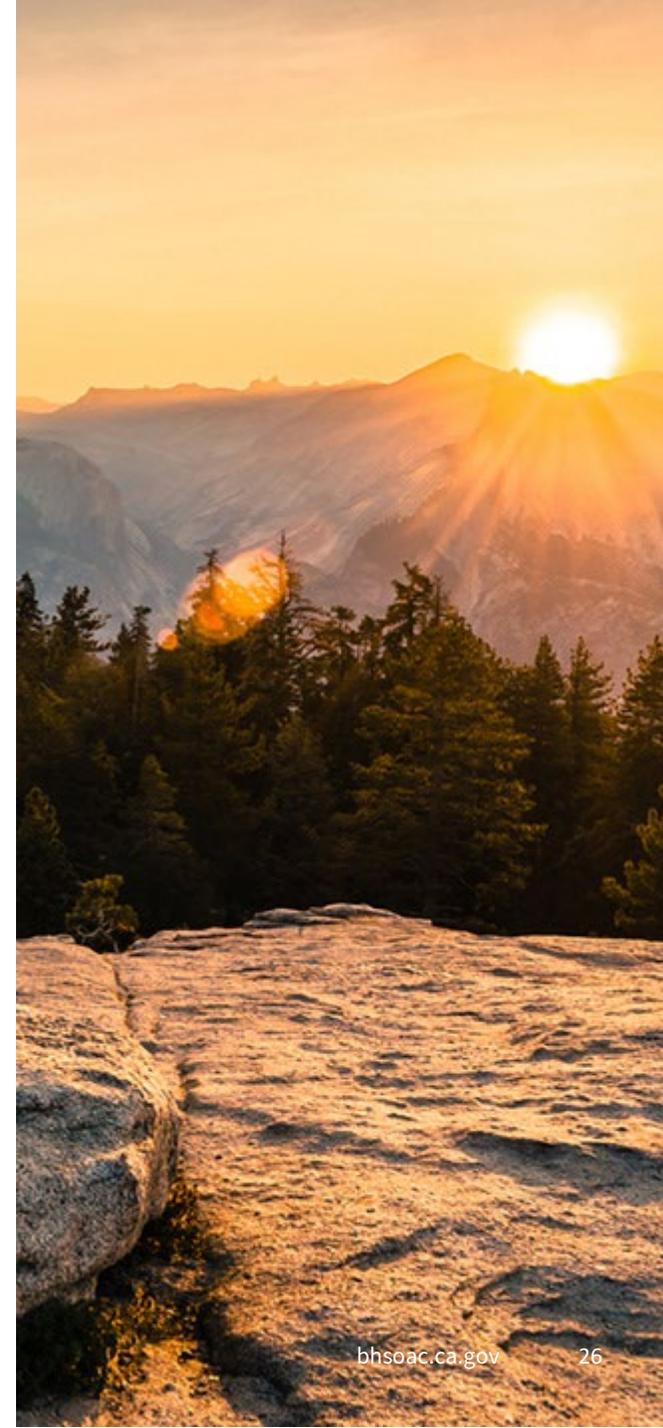
Desired Results for Each Priority (cont'd.)

Priority 4. Build the Evidence Base for the Effectiveness of New and Innovative Statewide Strategies

- **Result #1:** The Commission will uplift best and promising practices and sustainability strategies through effective administration and evaluation of the Innovation Partnership Fund grant portfolio.
- **Result #2:** The Commission will seek to advance behavioral health priorities beyond the constraints of BHSA funding through feasible and mission-aligned public-private partnerships.
- **Result #3:** The Commission will explore strategies for ensuring long-term public behavioral health system revenue stability.

Committee Discussion

1. What questions or feedback do you have about the desired results for each priority?
2. Are these the right results to be focusing on?
3. Are important results missing?
4. Globally: What do you think about this approach of adding priorities and results as an additional layer to focus the strategic plan?





Public Comment



Thank you!