Commission *for* Behavioral Health

Meeting MaterialsPacket

Program AdvisoryCommittee

July 17,2025

2:15 p.m.–4:15p.m.

1812 9th Street
Sacramento, CA 95811
(916) 500-0577
Program@bhsoac.ca.gov

Commission *for* Behavioral Health

Program Advisory Committee Meeting

July 17, 2025

NOTICE IS HEREBY GIVEN that the Program Advisory Committee will conduct a meeting on July 17, 2025, at 2:15 p.m.

This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123, 11123.5, and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

COMMITTEE MEMBERS:
Gary Tsai, MD, Chair
Mara Madrigal-Weiss, Vice Chair
Pamela Baer
Michael Bernick
Rayshell Chambers
Makenzie Cross
Brandon Fernandez
Marjorie Swartz, *Senate Designee*

EXECUTIVE DIRECTOR:
Brenda Grealish

DATE	July 17, 2025
TIME	2:15 p.m. - 4:15 p.m.
LOCATION	1812 9th Street Sacramento, CA 95811 and Virtual

ZOOM ACCESS
Zoom meeting link and dial-in number will be provided upon registration.
Free registration link: https://bhsoac-ca-gov.zoom.us/j/83959716313

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the detailed explanation of how to participate in public comment after the meeting agenda.

Our Commitment to Excellence

The Commission's 2024-2027 Strategic Plan articulates four strategic goals:

- Champion vision into action to increase public understanding of services that address unmet behavioral health needs.
- Catalyze best practice networks to ensure access, improve outcomes, and reduce disparities.
- Inspire innovation and learning to close the gap between what can be done and what must be done.
- Relentlessly drive expectations in ways that reduce stigma, build empathy, and empower the public.

Meeting Agenda

Items may be considered in any order at the discretion of the Chair. Public comment is taken on each agenda item. Unlisted items will not be considered.

2:15 p.m. **1. Call to Order and Roll Call**
Commissioner Tsai will convene the Committee meeting and welcome participants. Roll call of Committee members will be taken to establish quorum.

2:20 p.m. **2. Announcements**

2:25 p.m. **3. General Public Comment**
General Public Comment is reserved for items not listed on the agenda. No discussion or action will take place**.**

2:35 p.m. **4. Overview of Program Advisory Committee**
Information
Overview of the purpose and scope of the committee.

- Public Comment and Open Dialogue

3:00 p.m. **5. Shaping CBH's Approach to the Innovation Partnership Fund**
Information

Committee members and community partners will be provided with a planning framework to structure CBH's approach to implement the Innovation Partnership Fund (IPF) Grants, with the goal of ensuring a thoughtful planning process that will meet the needs as established under WIC 5845.1[1]. Commissioners will engage in an open discussion and community members will be asked to provide input via public comment. Collectively, Commissioner and community partner input will inform CBH's approach to developing the IPF grants. Presented and facilitated by Marko Mijic.

- Public Comment and Open Dialogue

[1] WIC 5845.1 provides that the innovative mental health and substance use disorder programs and practices shall be designed for the following purposes: (A) Improving Behavioral Health Services Act programs … 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. (B) Meeting statewide Behavioral Health Services Act goals and objectives.

4:00 p.m. **6. California Association of Local Behavioral Health Boards and Commissioners Contract**

Action

The Committee will consider a recommendation for a 1-year contract to the California Association of Local Behavioral Health Boards and Commissioners to be placed on the Consent Agenda for the Budget and Fiscal Advisory Committee and the October Commission for Behavioral Health Meeting.

- Public Comment
- Vote on Recommendation

4:15 p.m. **7. Adjournment**

Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.bhsoac.ca.gov at least 10 calendar days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov.

Our Commitment to Those with Disabilities

Pursuant to the Americans with Disabilities Act, individuals who, because of a disability need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 500-0577 or by emailing bhsoac@bhsoac.ca.gov. Requests should be made one (1) week in advance, whenever possible.

Notes for Participation

For Public Comments: Prior to making your comments, please state your name for the record and identify any group or organization you represent.

Register to attend for free here:
https://bhsoac-ca-gov.zoom.us/meeting/register/tZcvdOirpz8iEtQdBKMRwIzvIIQ5pMjAbR_F

Email Us: You can also submit public comment to the Commission by emailing us at publiccomment@bhsoac.ca.gov. Emailed public comments submitted at least 72 hours prior to the Commission meeting will be shared with Commissioners at the upcoming meeting. Public comment submitted less than 72 hours prior to the Commission meeting will be shared with Commissioners at a future meeting. Please note that public comments submitted to this email address will not receive a written response from the Commission. **Emailing public comments is not intended to replace the public comment period held during each Commission Meeting and in no way precludes a person from also providing public comments during the meetings.**

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding public participation procedures.

The Commission is not responsible for unforeseen technical difficulties that may occur. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fail, the meeting may continue in person. For this reason, members of the public are advised to consider attending the meeting in person to ensure their participation during the meeting.

Public participation procedures: All members of the public have a right to offer comment at the Commission's public meeting. The Chair will indicate when a portion of the meeting is open for public comment. Any member of the public wishing to comment during public comment periods must do the following:

→ If joining in person. Complete a public comment request card and submit to Commission staff. When it is time for public comment, staff will call your name and you will be invited to the podium to speak. Members of the public should be prepared to complete their comments within 3 minutes or less, unless a different time allotment is needed and announced by the Chair.

→ If joining by call-in, press *9 on the phone. Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

→ If joining by computer, press the raise hand icon on the control bar. Pressing the raise hand will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. When it is your turn to comment, the meeting host will unmute your line, announce your name, and ask if you'd like your video on. The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

In accordance with California Government Code § 11125.7(c)(1), members of the public who utilize a translator or other translating technology will be given at least twice the allotted time to speak during a Public Comment period.

AGENDA ITEM 4

Information

July 17, 2025

Program Advisory Committee Overview

Summary:
The Program Advisory Committee will hear an overview of the Program Advisory Committee, including the purpose and scope of the Committee.

Presenter: Dr. Gary Tsai, Chair

Enclosures: Charter and Decision Framework

Handouts: PowerPoint Presentation

Alignment	Impact & Equity	Landscape & Value	Potential Outcomes
• Does the proposal directly relate to behavioral health and/or to the Commission and its work? • Does the proposal relate to the implementation of the Behavioral Health Services Act (BHSA) and/or the state's Behavioral Health Transformation? • Is it aligned with the strategic plan of the Commission to: 1. *Champion vision into action (elevate diverse voices, improve systems, apply global best practices);* 2. *Catalyze best practices (build capacity, strengthen workforce, ensure equitable access);* 3. *Inspire innovation (promote adaptive policy, fund new ideas, share impact stories); or* 4. *Drive expectations (reduce stigma, measure outcomes, raise public and policymaker awareness)?*	• Does the proposal advance equity for marginalized or underserved groups? • What is the potential impact (high, medium, low)? • What is the urgency or timing of the proposal? • Is funding identified and sufficient to implement and sustain the proposal? • Are the intended impacts consistent with the Commission's vision for all Californians to experience wellbeing through a coordinated, prevention- and recovery-focused system?	• Have we engaged with a variety of stakeholder groups? • Do the individuals, communities, or organizations directly impacted by the proposal support it? • Is the Commission's support meaningful or necessary for the proposal's success? • Does this duplicate current initiatives or other statutory mandates?	• Support • Support (with modifications) • Oppose (with direction to staff to revise and come back to the Committee)

AGENDA ITEM 5

Information

July 17, 2025

Innovation Partnership Fund

Summary:
The Program Advisory Committee will engage in a dialogue about a planning framework to structure CBH's approach to implement the Innovation Partnership Fund (IPF) grants. Committee members will discuss how community input will be provided as the Commission continues to hone how the IPF will be modeled and administered. This discussion will be facilitated by Marko Mijic, Managing Director, Sellers Dorsey, and will continue the discussion of concepts for the IPF.

Background:
Under the Behavioral Health Services Act (BHSA), the Commission will begin administering the Innovation Partnership Fund on July 1, 2026, awarding grants to private, public, and nonprofit partners. With $20 million per year over five years (totaling $100 million), the fund will support innovative, evidence-based approaches to mental health and substance use disorder services, with a focus on underserved, low-income populations, and communities impacted by behavioral health disparities.

On May 22, 2025, during its full Commission meeting, Marko Mijic facilitated a discussion on the IPF that began with an overview of the themes and suggestions that emerged from the CBH's call for concepts. These themes were largely centered on the overwhelming desire for the IPF to be community-centered. In addition to the overview of the call for concepts, CBH also discussed funding structure, governance, and decision-making, and other vital components of the IPF, including technical assistance and data, metrics, and outcomes.

Facilitator: Marko Mijic, Managing Partner, Sellers Dorsey

Enclosures: Framing Brief

Handouts: PowerPoint Presentation

Proposed Motion: None

VERSION 1.0—DRAFT FOR DISCUSSION PURPOSES

Working Product of the Program Advisory Committee

Commission *for* Behavioral Health

WORKING FRAMEWORK – INNOVATION PARTNERSHIP FUND

Version 1.0

Disclaimer: *This working draft reflects themes and priorities 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 Fund's structure, scope, and strategy.*

BACKGROUND AND PURPOSE

The Innovation Partnership Fund, established through Proposition 1 and administered by the California Commission for Behavioral Health, is designed to invest in bold, equity-centered solutions that fundamentally improve how behavioral health[1] (mental health and substance use) services are delivered, experienced, and sustained across the state.

California's behavioral health system faces significant challenges: persistent racial and geographic disparities, rising youth 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 to improve outcomes for people living with or at risk of behavioral health conditions.

DEFINITION OF INNOVATION

For the purposes of funding proposals under the Innovation Partnership Fund, we would propose that "innovation" 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.

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

[1] **Behavioral health** includes both mental health and substance use disorders. It refers to the prevention, diagnosis, and treatment of these conditions, as well as services that support recovery and overall well-being.

- Advance new models, tools, partnerships, or technologies not yet widely implemented in California;
- Introduce or scale practical, community-centered solutions that increase access to prevention, treatment, and recovery supports—particularly for historically underserved populations and inclusive of harm reduction approaches;
- Demonstrate a clear break from the status quo, not simply incremental improvements to existing programs;
- Be actionable and ready for real-world implementation, not solely focused on concepts, research, or pilot testing; and
- Not be designed to supplant or replace existing public funding streams or to backfill lost or reduced funding for behavioral health services.[2]

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.

FOCUS ON PRIORITY POPULATIONS

As we consider how to invest these funds, it is critical to anchor our collective efforts around the core purpose of the Behavioral Health Services Act (BHSA) and Proposition 1. This initiative is specifically focused on individuals with serious mental illness —including conditions such as schizophrenia, bipolar disorder, and schizoaffective disorder—and/or those with severe substance use disorders. These are the individuals most at risk of experiencing homelessness, hospitalization, incarceration, or premature death due to untreated or undertreated behavioral health conditions. The Act aims to prevent these conditions from becoming severe and disabling through early detection and intervention, while also ensuring timely and effective care for those already experiencing serious illness. While broader mental health and wellness are important, this funding is intentionally targeted at those with the greatest needs and highest risk— too often overlooked and underserved.

PILLARS FOR INVESTMENT

The Innovation Partnership Fund would focus its initial investments on three strategic pillars, identified through stakeholder engagement and Program Advisory Committee recommendations. Each pillar represents a key opportunity to address longstanding system challenges and create scalable impact.

1. Youth: Prevention and Early Intervention at a Population Level

[2] We recognize the significant potential for budget cuts at both the state and federal level, and will revisit and adjust this requirement as needed to ensure continued support for critical behavioral health services.

Invest in strategies that promote overall well-being and prevent the onset of behavioral health conditions among youth—especially in communities most impacted by trauma, discrimination, and underinvestment.

- Support upstream, community-based interventions that meet young people where they are—schools, homes, community centers, and digital platforms.
- Fund culturally responsive and developmentally appropriate supports, including peer-to-peer programs, family engagement strategies, and trauma-informed practices.
- Advance universal mental health and substance use literacy, early detection tools, and systems that support social-emotional development.
- Promote cross-system collaboration between behavioral health, education, child welfare, and juvenile justice to create seamless early intervention pathways.
- Ensure youth voice and leadership in program design, implementation, and governance.

2. *Workforce: Expanding Peer, Traditional, and Non-Traditional Providers to Align with Community Needs*[3]

Strengthen and diversify the behavioral health workforce by supporting the pipeline, recruitment, training, and employment of peer, traditional, and non-traditional providers—particularly those with lived experience—to address both current and future-oriented behavioral health workforce gaps.

- Invest in peer support specialists, promotores, community health workers, cultural brokers, and other trusted messengers rooted in their communities.
- Fund alternative credentialing pathways and remove barriers that prevent qualified individuals from entering the workforce.
- Expand training programs that embed cultural humility, trauma-informed care, and co-occurring mental health and substance use expertise.
- Build partnerships between academic institutions, workforce certification organizations, community-based organizations, and public agencies to scale inclusive pipelines and address workforce *demand*.
- Support recruitment, retention, and career development strategies to sustain the workforce over time and address workforce *supply*.

3. *Enhancing Quality and Integration of Behavioral Health Systems and Services*

[3] The California Commission for Behavioral Health would coordinate projects with other relevant state departments working on developing/expanding California's behavioral health workforce (e.g., the California Department of Health Care Access and Information).

Support innovations that improve behavioral health services, bridge silos, and enable providers across systems—specifically mental health and substance use—to work together in service of whole-person care.

- Invest in tools, technologies, and service delivery models that improve, grow, and/or better connect behavioral health with physical health, housing, education, social services, and justice systems.
- Support shared data systems, care coordination platforms, and integrated service delivery models that enable warm handoffs and reduce fragmentation.
- Fund community-driven navigation tools that simplify access to care for individuals and families—especially those with complex needs.
- Break down regulatory and financial barriers that prevent collaboration and accountability across sectors.
- Encourage partnerships that embed behavioral health into non-traditional settings, including schools, shelters, reentry programs, and family resource centers.

CROSS-CUTTING PRIORITIES

All proposals must consider the following five core dimensions:

1. ***Equity:*** Proposals should consider advancing racial equity and closing 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. ***Financing and Sustainability:*** Proposals should consider 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 investment.

3. ***Public-Private Partnerships:*** Proposals should consider collaboration across public, private, and community sectors. 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 consider how they are designed with, not for, 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 consider building upon—not duplicating—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). 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.

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 meetings, our forthcoming stakeholder listening sessions, and by providing us with your written feedback, here: Program@bhsoac.ca.gov.

Together, we can ensure this Fund fulfills its promise: to spark real, scalable, and lasting change for the behavioral health of all Californians.

AGENDA ITEM 6

Action

July 17, 2025

California Association of Local Behavioral Health Boards and Commissioners Contract

Summary:
The Program Advisory Committee will consider a recommendation for a 1-year contract to the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C).

Background:
Welfare and Institutions Code Section 5604 requires each county to establish a local behavioral health board or commission (local board) where fifty percent (50%) of the membership must be consumers or the parents, spouses, siblings, or adult children of consumers who are receiving or have received behavioral health services. Under this code, there are seven specific duties of the Local Boards, including a requirement to evaluate community-level public behavioral health services and needs; approve procedures to ensure citizen and professional involvement throughout planning processes; submit an annual report to the local governing body; review local performance outcome data with a report to the California Behavioral Health Planning Council; and, assess the impact of the realignment of services from the state to the county, on behavioral health services delivered in the local community.

Welfare and Institutions Code Section 5892(d) authorizes the use of BHSA administrative funds by CBH to assist consumers and family members at the local level to ensure that the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to mental/behavioral health services. CBH has contracted with CALBHB/C consistently since 2012 to: provide support, training, education, and technical assistance to local board members; conduct regional meetings in the Bay Area, Central, LA/Southern, and Superior California that address priority issues related to behavioral health, and; online and regional trainings. The contract proposed for this fiscal year includes capacity building around BHSA, including the development of BHSA 3-Year Integrated Plans and Performance Outcomes.

Presenter: Melissa Martin-Mollard, Acting Deputy Director, CBH

Enclosures: CALBHB/C Annual Report

Handouts: PowerPoint Presentation

Proposed Recommendation: That the Commission recommends to the Budget and Fiscal Advisory Committee that a 1-year contract for $97,000 be considered for the California Association of Local Behavioral Health Boards and Commissions.

California Association of Local Behavioral Health Boards and Commissions

Annual Report

2024-2025

As of May 28, 2025

The California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) supports the work of California's 59 local behavioral health boards and commissions.
www.calbhbc.org

CA Association of Local Behavioral Health Boards & Commissions

2024-25 Annual Report

I. EXECUTIVE SUMMARY

The California Association of Behavioral Health Boards and Commissions (CALBHB/C) supports the work of California's 59 local behavioral health boards and commissions by providing resources, training, and opportunities for communication and state-wide advocacy. CALBHB/C succeeded in the past year in fulfilling this mission in many ways, including:

Service to Behavioral Health Boards and Commissions (BHBs)

CALBHB/C staff and leadership engaged with BHBs throughout the state, offering technical assistance, resources, issue-based behavioral health information and training. Communications were provided through: a resource-rich website (www.calbhbc.org); informational newsletters and social media; and regional & state-wide hybrid meetings and trainings.

Issue Advocacy: CALBHB/C advocates for the best system of behavioral health care, to include culturally relevant/responsive, evidence-based, recovery-focused treatment and services for all behavioral health consumers, including individuals who are unserved and underserved.

Input from CA's local boards/commissions provided the basis to identify issues for advocacy and to identify successful programs. See page 4 for information on how CALBHB/C addressed issues in 2024/2025.

State-wide collaboration included supporting, communicating, and establishing relationships among CA's 59 local behavioral health boards/commissions, state-wide organizations, public officials, state and local legislators, and stakeholder organizations to increase support for the work and interests of local behavioral health boards and commissions. CALBHB/C connected with many organizations such as:

- CA Access Coalition
- CA Alliance of Child & Family Services
- CA Association of State Rehabilitation Agencies
- CA Behavioral Health Planning Council
- CA Coalition for Behavioral Health
- CA Commission for Behavioral Health
- CA Department of Health Care Services
- CA Department of Rehabilitation
- CA Health & Human Services
- CA Health Care Access & Information
- CA HHS Behavioral Health Task Force
- CA Mental Health Peer Run Organizations
- CA Mental Health Services Authority
- CA Pan-Ethnic Health Network (CPEHN)
- CA Reducing Disparities Project
- CA State Association of Counties
- CA Health Care Foundation
- CA Hospital Association
- County Behavioral Health Director's Association
- Licensed Adult Residential Care Association
- Occupational Therapy Association of California
- NAMI Greater Los Angeles
- Racial & Ethnic Mental Health Disparities Coalition
- State Rehabilitation Council
- Steinberg Institute
- U.S. Senator Padilla's Health Policy Advisor

II. BACKGROUND

The California Association of Behavioral Health Boards and Commissions (CALBHB/C) is a 501(c)(3), non-profit public benefit corporation created in 1993.

Mission:

CALBHB/C supports the work of California's 59 local behavioral health boards and commissions (BHBs) by providing resources, training and opportunities for communication and state-wide advocacy.

Local boards and commissions serve in an advisory capacity to local governing bodies and local behavioral health directors per CA Welfare and Institutions Code 5604.2. They are responsible for ensuring citizen and professional involvement at all stages of the planning process and are responsible for reviewing community mental health needs, services, facilities and special problems. Link to www.CALBHBC.org

Membership:

CALBHB/C membership is comprised of California's 59 local behavioral health boards and commissions (BHBs). Members include BHBs from 58 counties (two counties work together as one entity), plus the City of Berkeley Mental Health Commission and the Tri-City Mental Health Board.

Members of local boards are appointed by their board of supervisors or governing body. At least 50% of local board members must be individuals with lived experience of mental illness or substance use conditions (aka "consumers") or family members of consumers. Additionally, each BHB is required to include one Board of Supervisor (or Governing Body) member. BHB membership should reflect the ethnic and cultural diversity of the communities served.

Local boards and commissions are located in five different regions: Superior, Central, Bay Area, Southern and Los Angeles (Regions coincide with the County Behavioral Health Directors Association regions). Link to Regional Map and BHB Websites.

Leadership (Link to Bios):

Governing Board: CALBHB/C is led by an elected Governing Board that is comprised of a President, Vice President, Secretary/Treasurer, and Past President, with up to three board members from each of the five regions. The Governing Board members are all current members of local behavioral health boards or commissions.

Staff Leadership: CALBHB/C has an Executive Director.

Funding:

Funding in this fiscal year (as of May 27, 2025) includes membership dues from CA's local behavioral health boards and commissions ($70,400 collected from 55 (of 59)) jurisdictions, and $75,896 collected from the Commission for Behavioral Health (formerly the Mental Health Services Oversight & Accountability Commission).

III. SERVICE TO BEHAVIORAL HEALTH BOARDS

1. Addressing Issues:

Listening: Through teleconferences, phone calls and on-line reporting, local boards/ commissions were encouraged to report local behavioral health issues. This input provided the basis to identify issues for advocacy and to identify successful programs.

Responding: behavioral health issues were addressed with issue papers, website resources, communication of successful practices, policy and legislative advocacy, and collaboration with state-wide partners.

CALBHB/C supported several mental-health related bills/appropriations/policies. Issue-based advocacy was always done in compliance with state and federal laws and regulations affecting advocacy by non-profit, charitable organizations. Legislative Advocacy information: www.calbhbc.org/legislative-advocacy

Issue	
Access	AB 384 (Connolly): Mental Health Protection Act
Budget Advocacy	Letters of Support for: ● Adult Residential Facilities (ARFs) & Residential Care Facilities for the Elderly (RCFE) LARCA Community Marketplace Hub ● CA Warmline ● CA Reducing Disparities Project ● Medicaid (Maintaining Federal Funding)
Children & Youth	SB 531 (Rubio): Student Mental Health Education
Homelessness/Housing	AB 804 (Wicks) Homelessness: Medi-Cal Housing Board & Care (Assisted Living) Advocacy: ● Letter of Support for Adult Residential Facilities (ARFs) & Residential Care Facilities for the Elderly (RCFE) LARCA Community Marketplace Hub
Performance Outcome Measures	Participation with CA Behavioral Health Transformation Performance & Equity Workgroup
Various (35 Issue Pages)	Website News/Issues

2. Meetings/Trainings

CALBHB/C conducted state-wide hybrid meetings and trainings. These events were conducted by Zoom and in-person in: San Diego, Milpitas, Folsom and Redding. Our Annual Meeting/Training is scheduled for June 20th, 2025 by Zoom and in Marina Del Rey. Meeting presenters included MHSOAC (now CBH) Advocacy Stakeholder Contractors, state-wide organizations and experts, and Peer Specialist Certification updates.

Recordings:

Meeting recordings and materials are at: www.calbhbc.org/meetings
Training recordings and materials are at: www.calbhbc.org/training

Trainings

Community Engagement & Unconscious Bias (L.A.)	Sept. 7, 2024 and January 18, 2025
How to be an Effective Board/Commission (includes MHSA Community Program Planning)	Oct. 19, 2024 and April 19, 2025
Chair & Admin Training	Oct. 19, 2024 and April 19, 2025

Quarterly Meetings (Hybrid)

Superior (Redding & Zoom)	September 7, 2024
Bay Area (Milpitas & Zoom)	October 18, 2024
Southern/LA (San Diego & Zoom)	January 17, 2025
Central (Folsom & Zoom)	April 18, 2025
Southern (Marina Del Rey & Zoom) (Annual Meeting)	June 20, 2025

Teleconference Presentations

Workforce Education & Training	September 7, 2024
Crisis Care Continuum & AB 988 Implementation	October 18, 2024
Substance Use Disorder	January 17, 2025
Crisis Care Continuum & CA Warmline	April 18, 2025
Psychiatric Advance Directives & Vocational Services	June 20, 2025

Board-Specific: Local board trainings or presentations were provided **in-person** to behavioral health boards/commissions in the following counties:

Del Norte
Humboldt
Los Angeles
Madera County
Mendocino
Orange
Placer
San Francisco
Shasta
Ventura

[Riverside County has scheduled a training in August of 2025]

3. Technical Support

CALBHB/C staff and Governing Board members were engaged with all behavioral health boards and commissions in the state. In addition to hundreds of support calls and emails, staff and Governing Board members met individually with board/commission leadership around the state, both by teleconference and in-person.

Resources were updated to align with Proposition 1/The Behavioral Health Services Act. Support resources found at www.calbhbc.org/resources include "Frequently Asked Questions", templates/sample documents, handbooks, on-line trainings and more. Instructional materials are provided at www.calbhbc.org/training and technical questions from local board members are answered within 24 hours. New or updated resources include: "Best Practices Handbook", Brown Act Guide (Updated to incorporate the Attorney General Opinion Regarding

Remote Brown Act Participation for those with Disabilities), Membership Guide (Sample) and Welfare & Institutions Code.

CALBHB/C also provided communication and support to local boards to facilitate completion and submission of a questionnaire requested by the CA Behavioral Health Planning Council: the "Data Notebook".

4. **MHSA** [To become BHSA] **Review Strategy (for 3-Year Plans, Updates and Innovation Plans** [BHSA Integrated Plans 3 Year Plans and Updates]**)**

CALBHB/C updated materials due to the passage of Proposition 1.

The review and analysis of the MHSA (to become BHSA plans) can be major undertakings for behavioral health boards/commissions (BHBs). Related BHB duties (according to CA WIC 5604.2 and WIC 5963.03) include:

1. Ensure Citizen and Professional Involvement (5604.2)
2. Review, and Advise (5604.2)
3. Conduct Public Hearings (5963.03)
4. Review and Comment on Performance Outcome Data (5604.2(7))

Plan documents are lengthy and complex (including program descriptions, populations served, penetration rates, charts, graphs, and fiscal documents).

To help local boards/commissions fulfill MHSA[BHSA]-related duties, CALBHB/C focuses on two primary areas: **A)** Resources/training for local boards/commissions and staff; **B)** Performance Outcome Data.

A. **Resources/Training:** CALBHB/C provides resources, advice and training to BHBs to help with effective review of MHSA Three-Year Plans, Annual Updates and Innovations Plans. Resources include:
   1. Community Engagement Training Includes:
      a. Presentation (PDF) (PowerPoint)
      b. Cultural Requirements
      c. Listening Sessions
      d. Stakeholder Requirements (PDF) (Word) (Google Doc)
   2. "Best Practices 2025" Handbook, Pages 15-18.
   3. Frequently Asked Questions (FAQs), #5, #6
   4. On-line MHSA Training Module/Materials include:
      - Funding Categories (15 Min. Module) ; Funding Categories Summary (1 Page)
      - Stakeholder Involvement Requirements: 2 Pages
      - MHSA (15 Min. Module)
   5. CALBHB/C included Community Program Planning (CPP) training during all behavioral health board trainings. Recorded CPP Training is available on our website.
   6. Recommendations (Page 19) and Review (Page 23) found in the Best Practices Handbook

B. Performance Outcome Data: To effectively review MHSA Plans and Updates, boards and commissions need access to meaningful performance outcome data. Currently each of CA's 59

behavioral health agencies collect and report on different MHSA performance outcome data, with some providing meaningful data, and some providing very little performance outcome data.

CALBHB/C's Performance Outcome Data Issue Brief & Performance web pages were developed to:

1. **Call for Standardization:** CALBHB/C has repeatedly requested that the state establish a standardized set of BHSA performance outcome data points and continues to advocate for performance outcome data. CALBHB/C's Executive Director is participating on the Behavioral Health Transformation Performance & Equity Committee, and the Theory of Change Subcommittee. These committees are working to identify performance goals, performance outcome measures and technical assistance to help local behavioral health agencies provide effective behavioral health offerings.

2. **Provide Data:** CALBHB/C culls performance outcome data (link to data input form) from MHSA plans and updates for all counties, and provides links to "Promising Data" by category and for all 59 counties/jurisdictions for MHSA performance outcome data related to:

   Children & Youth
   Criminal Justice
   Employment
   Hospitalization
   Housing/Homelessness
   Wellness

   CALBHBC.org/performance provides MHSA performance outcome data (where it exists) for all 59 counties/jurisdictions, along with Medi-Cal EQRO, and SAMHSA PATH performance outcome data.

IV. Publications:

Newsletters: A quarterly, online newsletter was sent to every local behavioral health board and commission and the county behavioral health directors. Newsletters include information about important issues, upcoming meetings/trainings, links to registration and resources. www.calbhbc.org/newsissues

Website: The CALBHB/C website, www.calbhbc.org contains a wealth of information. Publications include manuals, reports, templates/sample documents, newsletters, legislative advocacy and other useful information. CALBHB/C's on-line resource listing is shown below, and at: www.calbhbc.org/resources

Handbooks/Manuals: *Best Practices for Local behavioral Health Boards & Commissions* Handbook

Resources

1. Acronyms
2. Advocacy
3. Behavioral Health Continuum
4. Brown Act (Open Meetings) ***Updated***
5. Community Program Planning
6. Conduct
7. Cultural Relevance
8. Data Notebooks
9. Duties
10. Evidence-Based Practices
11. Frequently Asked Questions "FAQs" ***Updated***
12. Handbook "Best Practices" ***Updated***
13. History
14. Hybrid Meetings
15. Legislation (MHSA, Laura's Law, 5150+)
16. Legislative Advocacy
17. Membership Guide (Sample)
18. MHSA [BHSA] 3-Year Plans/Updates: BHB/C Role, Components, Fiscal Information
19. Performance Outcome Data
20. Recommendations
21. Recruitment
22. Review
23. Reports (Local Annual Reports & Statewide Reports)
24. Templates/Sample Docs
25. Training (Online Modules, Materials & Recordings)
26. Welfare & Institutions Code **Updated**

Issue Briefs

1. Board & Care ***Updated***
2. Children & Youth
   a. School-Based BH
   b. Transition-Age Youth
3. Criminal Justice
4. Crisis Care Continuum ***Updated***
5. Disaster Prep/Recovery
6. Employment
7. Lanterman Petris Short Act
8. LGBTQ+
9. Older Adults
10. Performance Outcomes ***Updated***
11. Suicide Prevention
12. Substance Use Disorder ***New***
13. ***Workforce New***

Templates/Sample Docs

1. Acronyms
2. Ad Hocs
3. Agendas
4. Annual Goals (and Task List)
5. Annual Reports
6. Bylaws
7. Member Orientation
8. Recruitment (Application, Flyer, Interview, Policy, Resignation Letter)
9. Site/Program Visit Forms/Procedures

... and more

News/Issues Full Listing

1. Board/Commission News
2. BHSA/BHIBA Prop 1
3. Children & Youth
4. Children's Issues
5. Foster Children
6. Transitional Age Youth
7. Co-Occurring
   - Dementia
   - Developmental Disabilities
   - Substance Use Disorder
   - Traumatic Brain Injury
8. Coordinated Care
9. Court-Ordered Services
10. Crisis Care Continuum
11. Cultural Issues
12. Disaster Recovery
13. Employment
14. Homeless/Housing
15. Jails/Prisons
16. Laura's Law
17. Law Enforcement
18. LGBTQ
19. Lanterman-Petris-Short Act
20. Navigator Programs
21. Parity
22. Patients' Rights
23. Peer Supports
24. Psychiatric Advance Directives
25. Seniors
26. Stigma
27. Substance Use Disorder
28. Suicide
29. Veterans
30. Whole Person Care
31. Workforce

V. Training

1. **On-Line Modules**: On-line modules at www.calbhbc.org/training include:

   Duties of Local Boards - Check Your Understanding of WIC 5604.2 Duties (15 minutes)

   Ethics Training ***(2-Hours)***

   MHSA [BHSA] Training Modules/Materials:

   1. MHSA: Role of BHB (15 Minutes)
   2. MHSA: Fiscal (15 Minutes)
   3. MHSA CPP: Community Program Planning (1 page)
   4. BHSA Funding Categories
   5. BHSA Funding Categories Summary (1 page)
   6. BHSA Stakeholder Involvement Requirements (2 pages)

2. **Hand-Book:** CALBHB/C developed and maintains the Best Practices for Local behavioral Health Boards and Commissions Handbook.

3. **Offerings**

   - **Recordings:** Training materials and recordings:
     Behavioral Health Board Training
     Behavioral Health Continuum
     Chair Training
     Community Program Planning & Community Engagement
     Cultural Requirements
     Performance and Fiscal Training
     Unconscious Bias Training

   - **State-wide:** Members and agency staff from all counties/jurisdictions are welcome to attend.

   - **Individual** local trainings provided upon request

   - **Expenses:** There is no fee to register for meetings/trainings. For in-person events, CALBHB/C covers travel expenses for one member per local behavioral health board/commission in the region, but more are welcome. Additional members can be reimbursed in the case of boards/commissions with CALBHB/C Governing Board Members.

   - **Plans for 2024 - 2025:** Meetings/Trainings will be provided at least quarterly. Anticipated virtual meeting topics include:

     1. **BHSA Community Involvement in Planning Processes:** Ensuring Procedures related to Community Involvement in Planning Processes
     2. **Performance Outcome Data** for reviewing and advising regarding local behavioral health offerings.
     3. Substance **Use Disorder**

VI. REFLECTIONS & FUTURE GOALS: Progress, Challenges, Adaptation, Rationale & Goals for the Future

Progress came this year in the form of increased requests for technical assistance, increased in-person engagement and a higher level of issue-based advocacy:

1. **Technical Assistance**: There was an uptick in inquiries from local boards and commissions regarding duties, reviewing/making recommendations, member recruitment, behavioral health director recruitment, open meeting rules, combining mental health & drug and alcohol boards, ad hoc committees, the Behavioral Health Services Act and more. CALBHB/C responds via phone and email, providing resources electronically, and by mail when requested.
2. **Training** updates related to changes due to Proposition 1/Behavioral Health Services Act, BH CONNECT and Brown Act changes.
3. **Resource** additions/updates include:
    - Behavioral Health Continuum
    - Brown Act Guide (Open Meeting Rules)
    - Membership Guide (Sample)
    - WIC for CA MH/BH Boards/Commissions
4. **Issue Brief**:
    - Adult Residential Facility/Residential Care Facility for the Elderly (ARF/RCFE) - *Updated*
    - Crisis Care Continuum - *Updated*
    - Performance Outcomes - *Updated*
    - Substance Use Disorder - *New*
    - Workforce, Education & Training - *New*
5. **Issue-based Advocacy:** CALBHB/C leadership provided support and/or informed legislation related to behavioral health. See page 5 for more information on CALBHB/C 2024-25 issue advocacy.

Challenges/Adaptation/Rationale:

1. **MHSA/BHSA Community Involvement -** CALBHB/C continues to provide training and resources to board and commission members and staff in order to increase their capacity to review and approve procedures that ensure meaningful stakeholder involvement throughout planning processes.

   With the increased requirements due to Proposition 1/Behavioral Health Services act, CALBHB/C is increasing support, attention, and conversations with state leadership in order to ensure that local behavioral health agency staff are facilitating planning processes in a meaningful way with all required categories.

2. **Commenting on performance outcome data -** BHBs continue to need greater access to meaningful performance outcome data for review, analysis, and comment in order to better advise locally and communicate findings to the state.

   CALBHB/C has addressed this issue in the following ways:

   A. Advocacy for standardization, collection and communication of performance outcome data.

      Prior Years:

      i. Letters: 2019 Letter to CA Assembly Budget Subcommittee No. 1 on Health & Human Services; 2020 Letter to MHSOAC and DHCS; 2021 Letter to MHSOAC

ii. Performance Outcome Data Issue Brief
iii. Legislation: Communicating the enactment of related legislation: SB 465 (2021); Supporting related legislation (SB 970)
iv. Advocacy: Prompting the CA Behavioral Health Planning Council's "Performance Outcome Committee" to focus on "performance outcomes" during committee meetings and within the "Data Notebook" questionnaire. (Ongoing)

In 2024-25

i. Participation on the Behavioral Health Transformation Performance & Equity Committee and its the Theory of Change Subcommittee
ii. Meetings with Commission for Behavioral Health staff leadership
iii. Prompting the CA Behavioral Health Planning Council's "Performance Outcome Committee" to focus on "performance outcomes" during committee meetings and within the "Data Notebook" questionnaire. (Ongoing)

B. Performance Outcome Data for all 59 counties/jurisdictions (MHSA, Medi-Cal and SAMHSA) are provided at www.calbhbc.org/performance. We continue to cull the MHSA performance outcome data from the most recent MHSA plans and updates. CALBHB/C provides this information in order to identify successful programs, gaps/needs, and to make this information more readily accessible to board/commission members.

Goals for the Future – Along with performing its mission, the CALBHB/C Governing Board has identified the following top issues for support and advocacy in 2025:

1. **Racial, Ethnic, Cultural Responsiveness** (including racial, ethnic, cultural, linguistic, LGBTQ+, as well as individuals with intellectual, developmental and physical disabilities) – Integrating on-going mechanisms throughout behavioral health operations to increase racial, ethnic and cultural responsiveness and relevance of services (including: identification of barriers/gaps, identification of successes, program development, data analysis, stakeholder review, training, education, workforce and performance outcomes.)

2. **Resources**: Top concerns include:
   a. Workforce, Education & Training – Address CA's behavioral health workforce shortage at all levels, to include:
      · Peer Supports integrated throughout the behavioral health workforce ("Peers" include individuals with lived experience and family members);
      · Living Wages Support the implementation of SB 525 (Minimum wage for health care workers should apply to mental health workers, including peer providers.)
      · Education & Training that are: Trauma-Informed, Culturally Relevant, Recovery-Focused
   b. Substance Use Disorder (Including Drug and Alcohol Misuse and Disorders)
      · Addressing gaps in the continuum of substance use disorder services
      · Increasing knowledge of effective treatments and services.
      · Increasing knowledge of SUD as brain disorders to reduce stigma and increase willingness to access services.
   c. Crisis Care Continuum – Providing a comprehensive BH crisis continuum for all ages, and addressing foundational elements that reduce the need for crisis services. Special focuses: Expanding Crisis Services; Reducing 5150's; Reducing law enforcement's involvement; Increased collaboration with the criminal justice system.

THANK YOU!

Thank you to everyone who serves on

or supports the work of one of

California's 59 local behavioral health boards/commissions!

California Association of Local Behavioral Health Boards and Commissions

CALBHB/C is a 501(c)(3) Non-Profit Organization
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