



Program Advisory Committee Handouts

September 18, 2025 | 3:00 p.m.– 5:00
p.m.

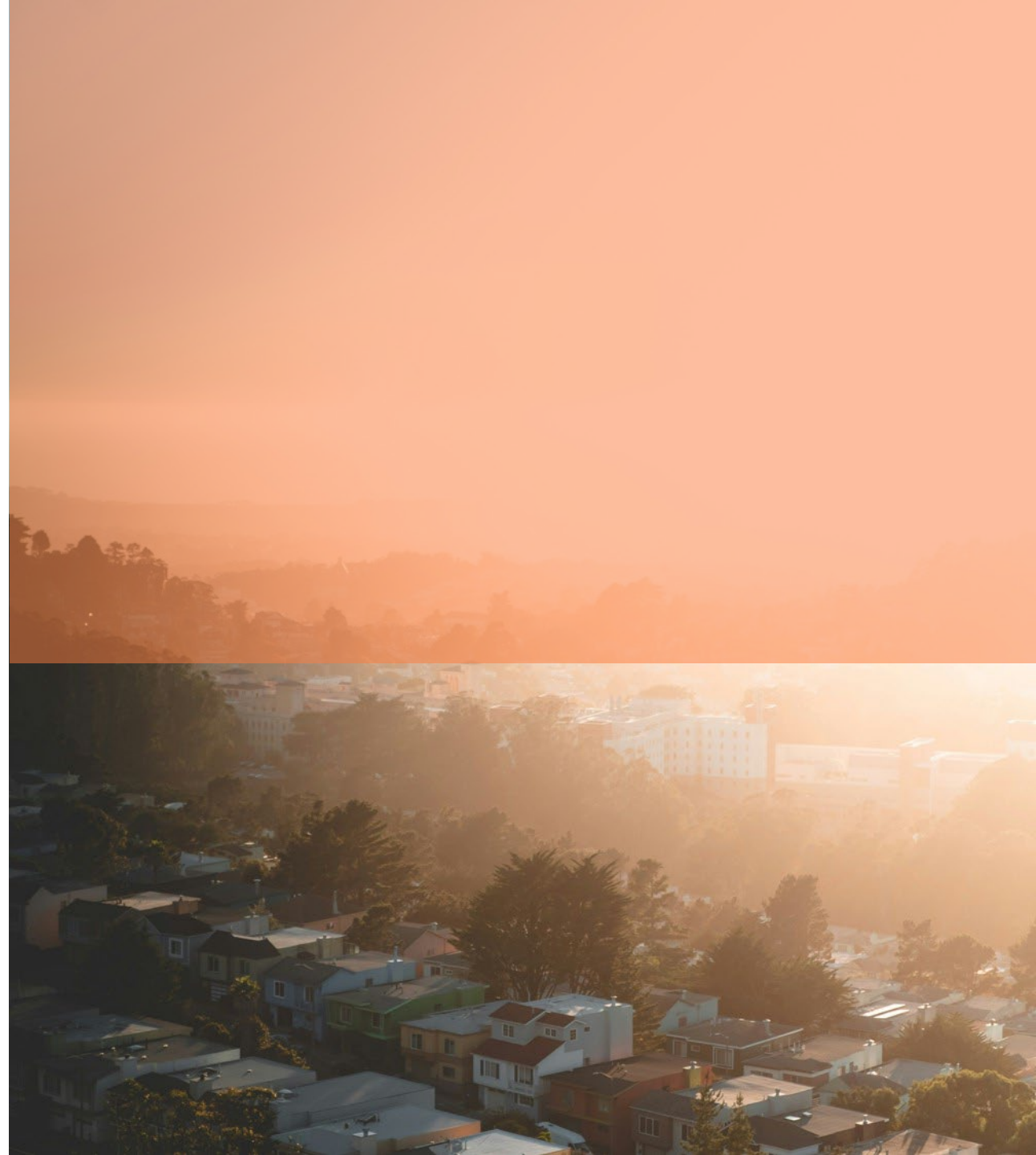
Agenda Item 5: PAC IPF Overview

Agenda Item 5: IPF Framework Version 3.0

Agenda Item 6: BHSSA Admin and Evaluation Funding



Innovation Partnership Fund (IPF)



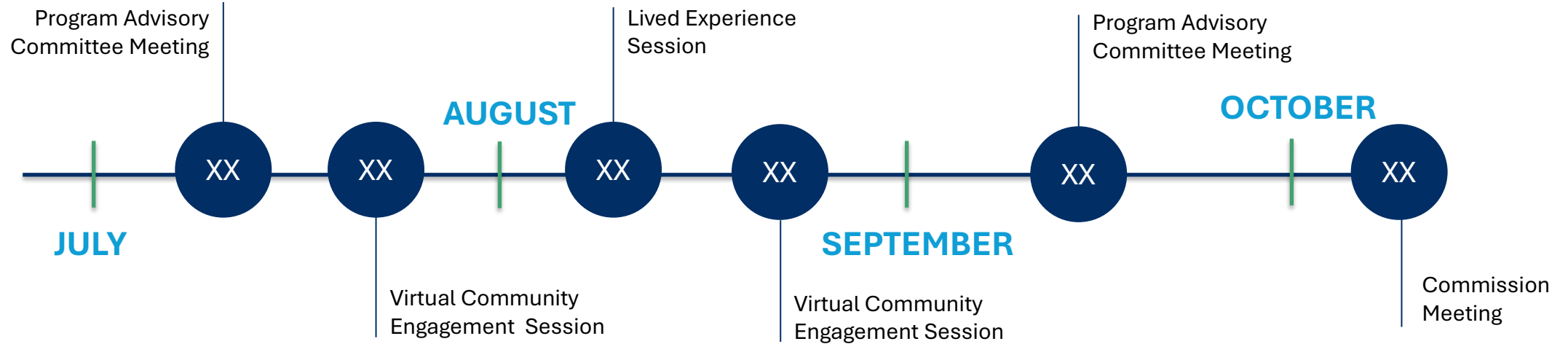
INNOVATION PARTNERSHIP FUND (IPF)

- 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 CBH approved
- Under BHSA, innovation funds shifts from county-directed to state-directed
- The IPF is administered by the Commission for Behavioral Health (CBH), starting on July 1, 2026
- \$20M per year for 5 years (FY 2026–27 through FY 2030–31; \$100M total)



Innovation Partnership Fund Development To Date

TIMELINE



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.



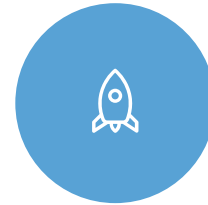
Advance new models, tools, partnerships, or technologies



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

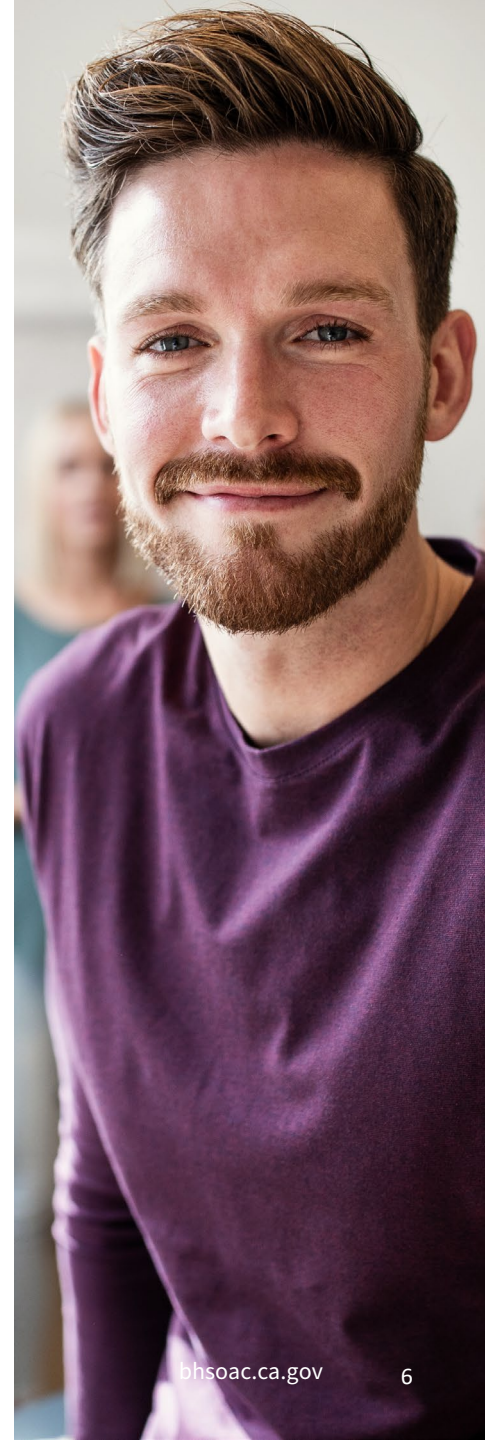
Engagement Learnings

Feedback Sources:

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

Thematic analysis

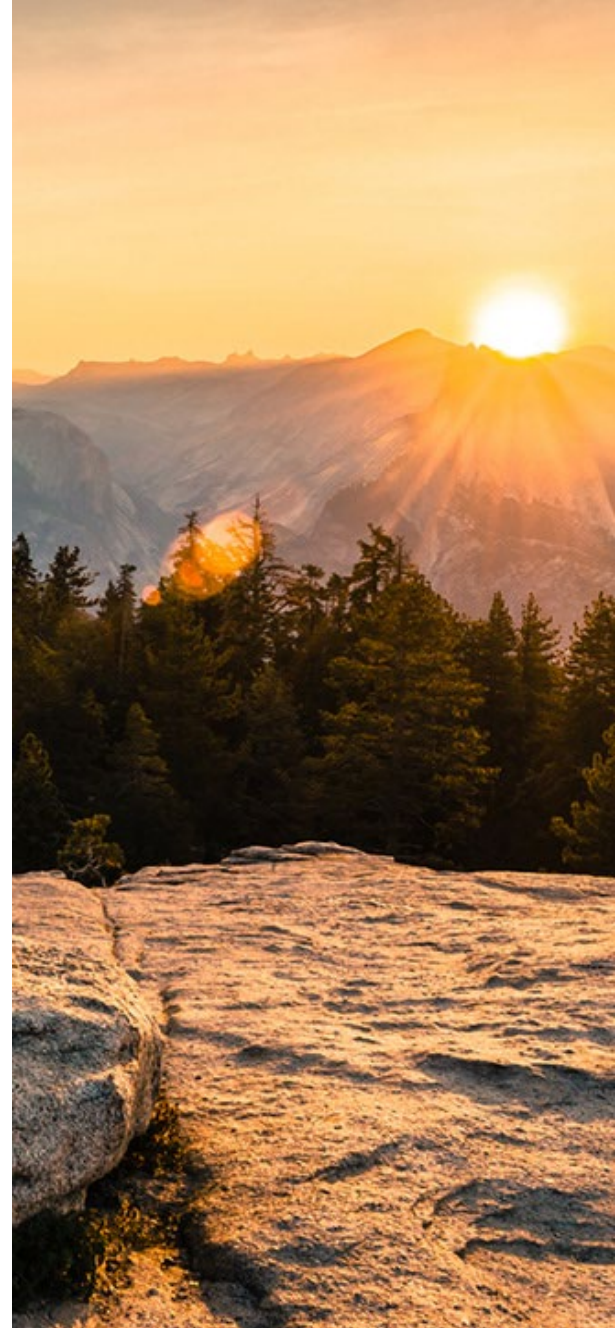
- Scope of IPF (grouped into focus areas, mechanisms and outcomes)
 - These inform the framework
- RFP nuts and bolts
 - These will inform the RFP processes



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.



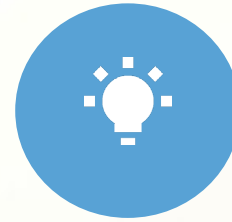
Cross-Cutting Elements



Equity



Finance &
Sustainability



Public-private
partnership



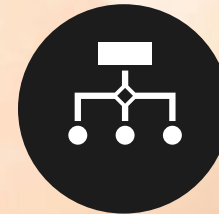
Advance Effective
Treatment Models



Lived experience &
Community
Leadership



Alignment with
State Efforts



Agility and Quality
Improvement



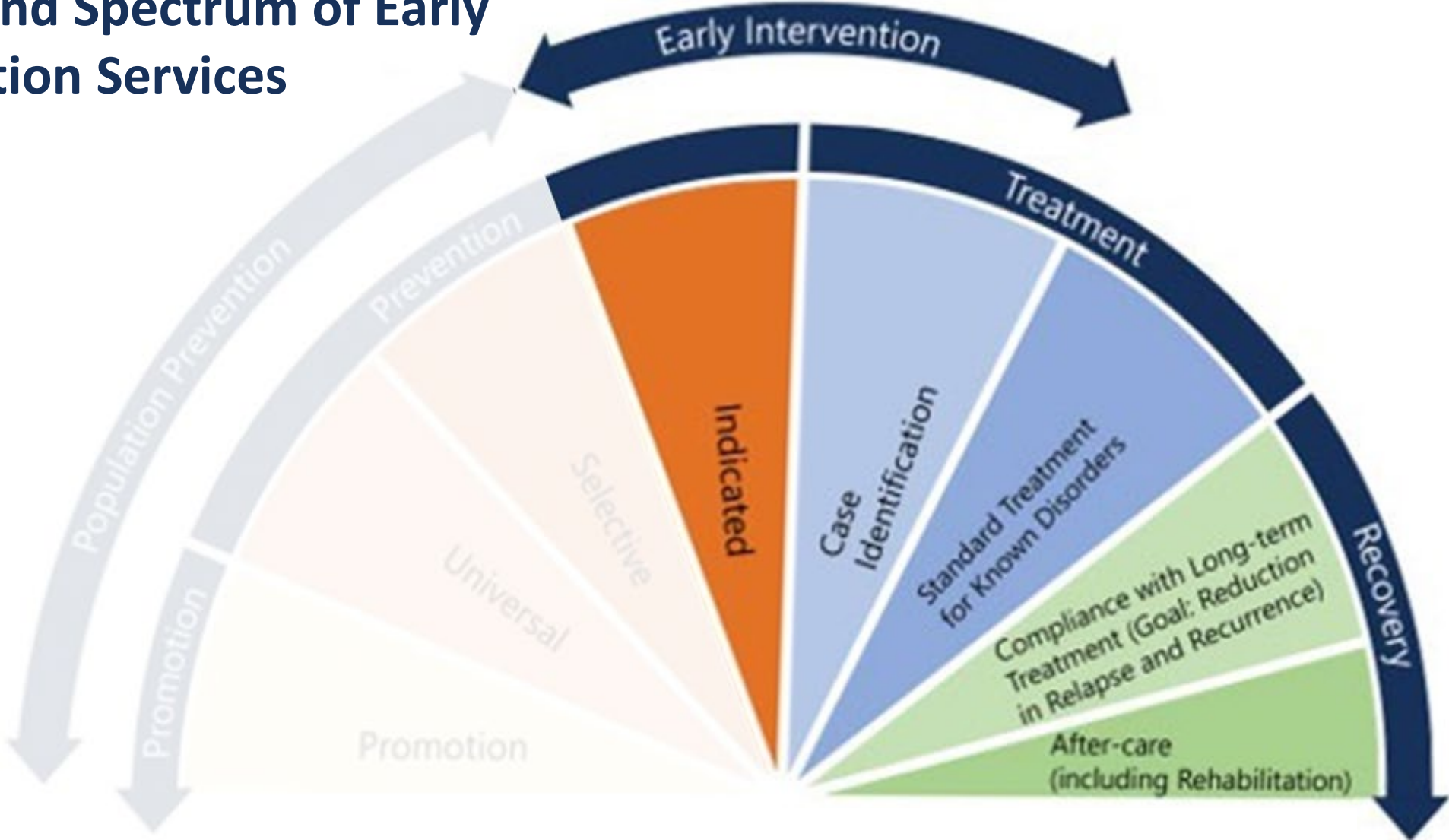
Leverage Emerging
Technologies

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:

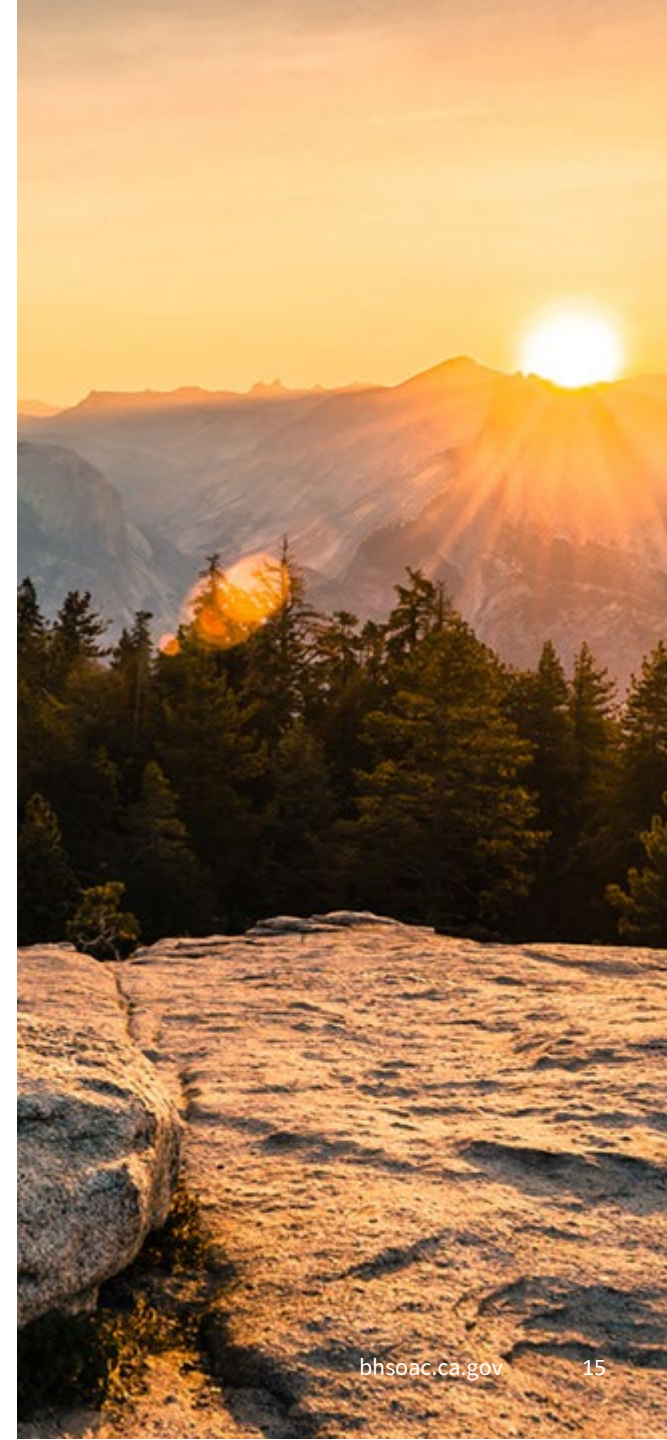
- Housing intervention programs:
 - For the chronically homeless (focus on those in encampments).
 - For capital development projects, as specified.
- Full-Service Partnership programs, as specified.
- For the following BH services & supports:
 - Services for the children's system of care and the adult 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.

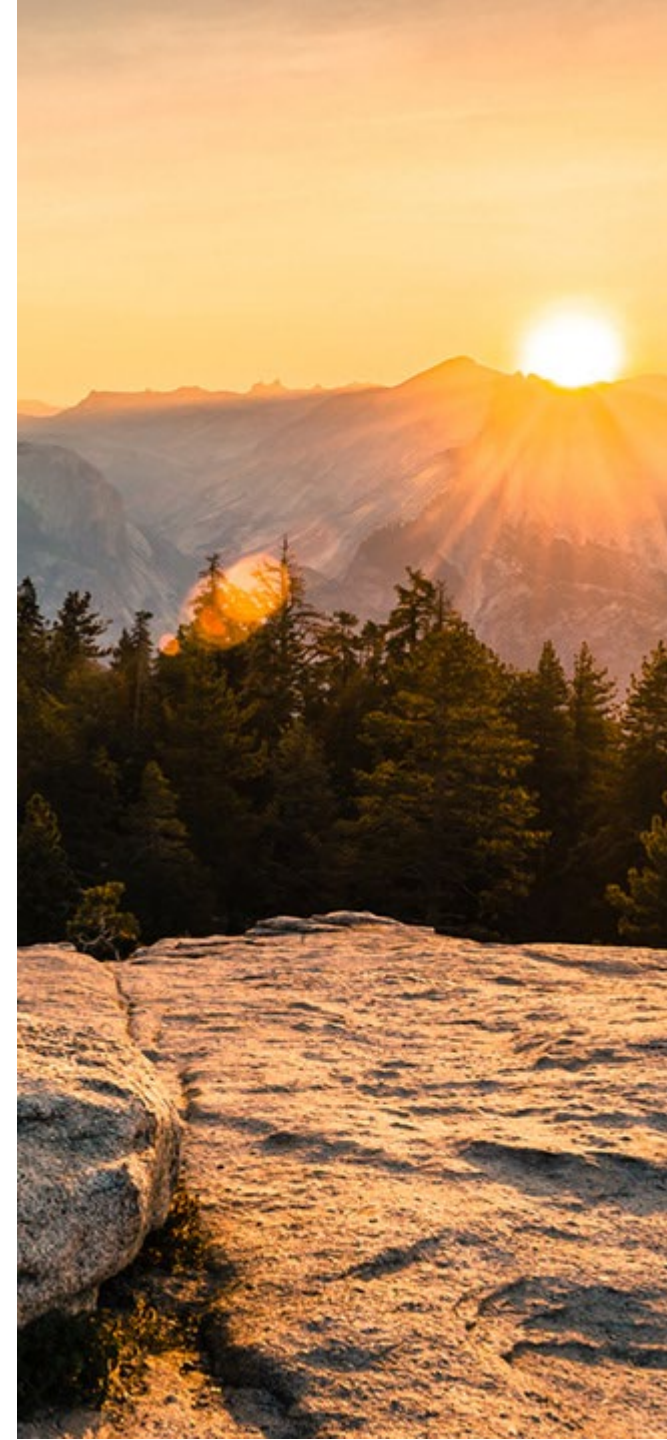


IPF Purposes: Second Element

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

- ❖ 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

DHCS Statewide Population Goals

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 BHSAs 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 BHSAs 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 of the PAC 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

VERSION 3.0—DRAFT FOR DISCUSSION PURPOSES

Working Product of the Program Advisory Committee



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.”

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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 stakeholders² (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).

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- 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 practices⁴) 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.

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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.

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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”



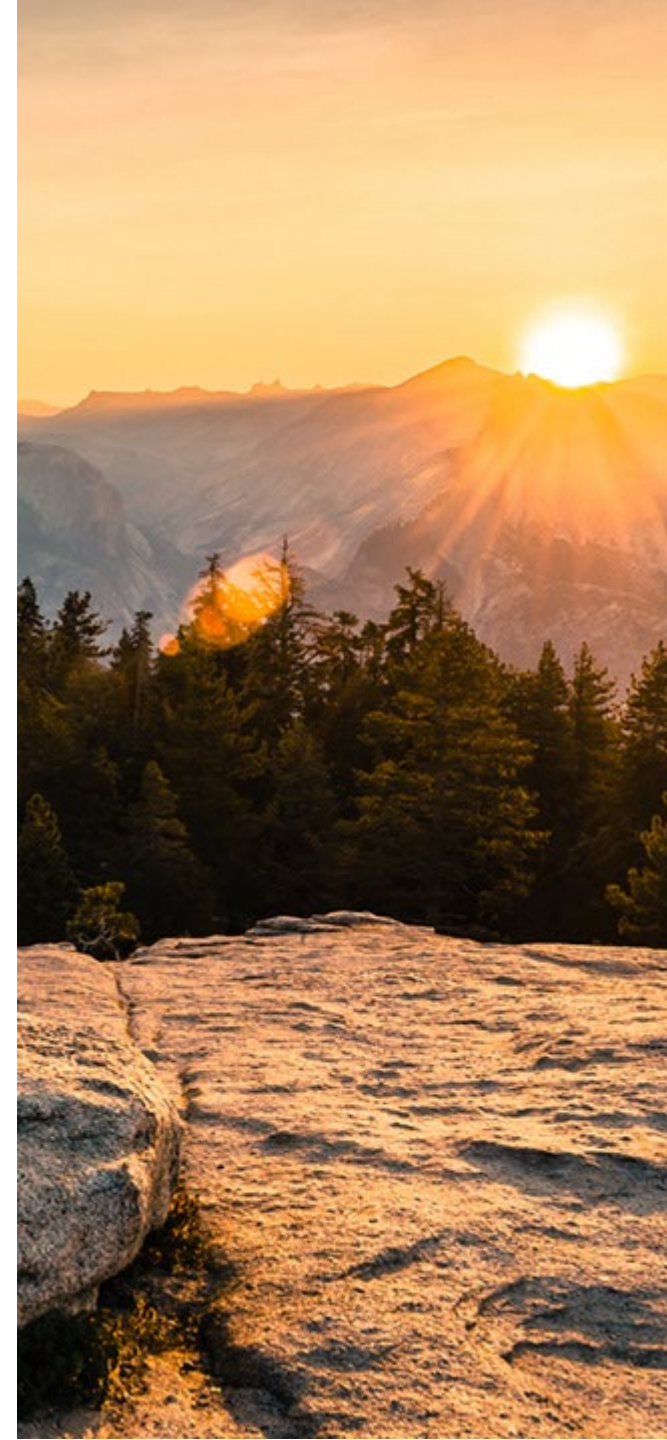
Behavioral Health Student Services Act: Administrative and Evaluation Funds

Kai LeMasson, PhD
Chief of Research, Evaluation, and Programs
September 18, 2025

Goals

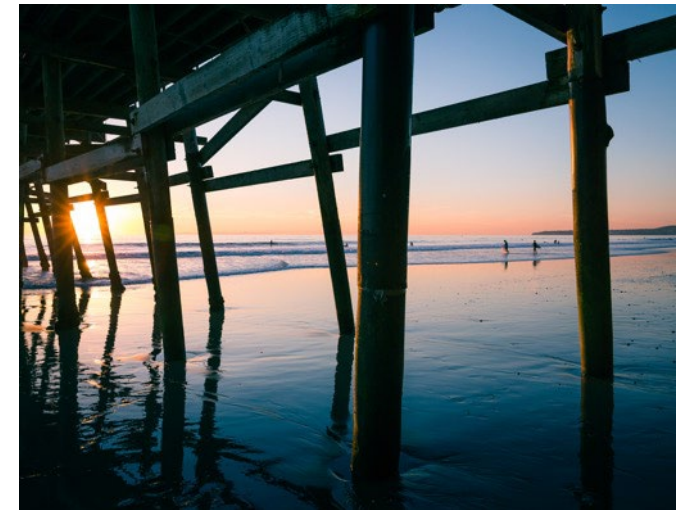
To help prioritize areas for funding:

- \$5.8M in one-time BHSSA administrative funds
- \$10.9M in one-time BHSSA evaluation funds



BHSSA Components

- ✔ Grants: \$280M to foster system change
- ✔ Technical Assistance: capacity building around key areas, including sustainability
- ✔ Evaluation and Learning



BHSSA One-time Administrative and Evaluation Funds

Administrative Funds

- \$25 million in one-time BHSSA administrative funds
- Most of these funds have been earmarked or encumbered
- **\$5.8 million needs to be encumbered by June 30, 2026**

Evaluation Funds

- \$16.6 million in one-time funds to support evaluation
- \$5.7 million encumbered (WestEd and local evaluator stipends)
- **\$10.9 million needs to be encumbered by June 30, 2026**



BHSA –

Proposition 1 Legislative Intent

(BHSSA is currently funded by Proposition 63 and will transition to Proposition 1 Funding on July 1, 2026)

Proposition 1 legislative intent

LEGISLATIVE FINDINGS AND DECLARATIONS FOR PROP 1 (UNCODIFIED)

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

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

”

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

BHSSA Purpose

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

BHSSA Goals and Targeted Population

COUNTY PLANS MUST ADDRESS EACH OF THESE GOALS

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

Considerations



**Aligning
BHSSA with
priority
populations of
BHSA**



**Further SUD
Integration**



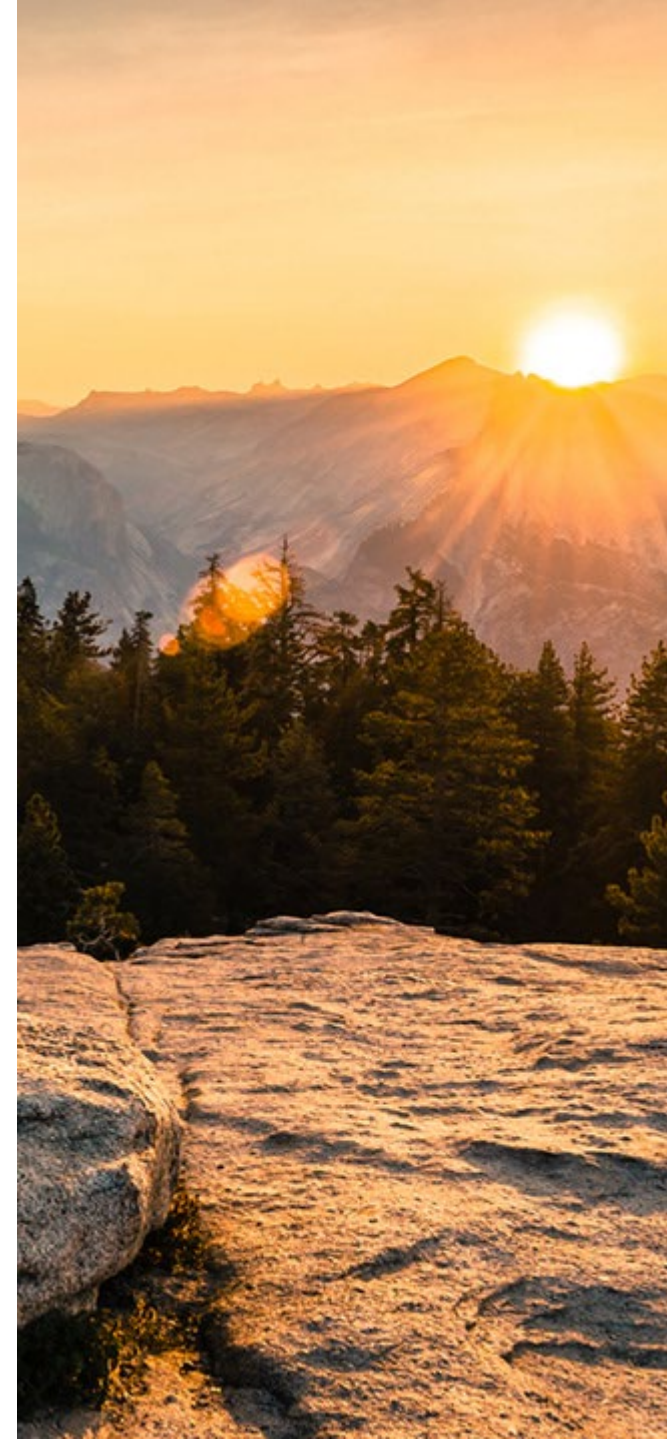
**Workforce
challenges—
clinical,
licensed staff
and peers**



**Infrastructure
and capacity
building to
expand and
sustain efforts
of BHSSA
funding**

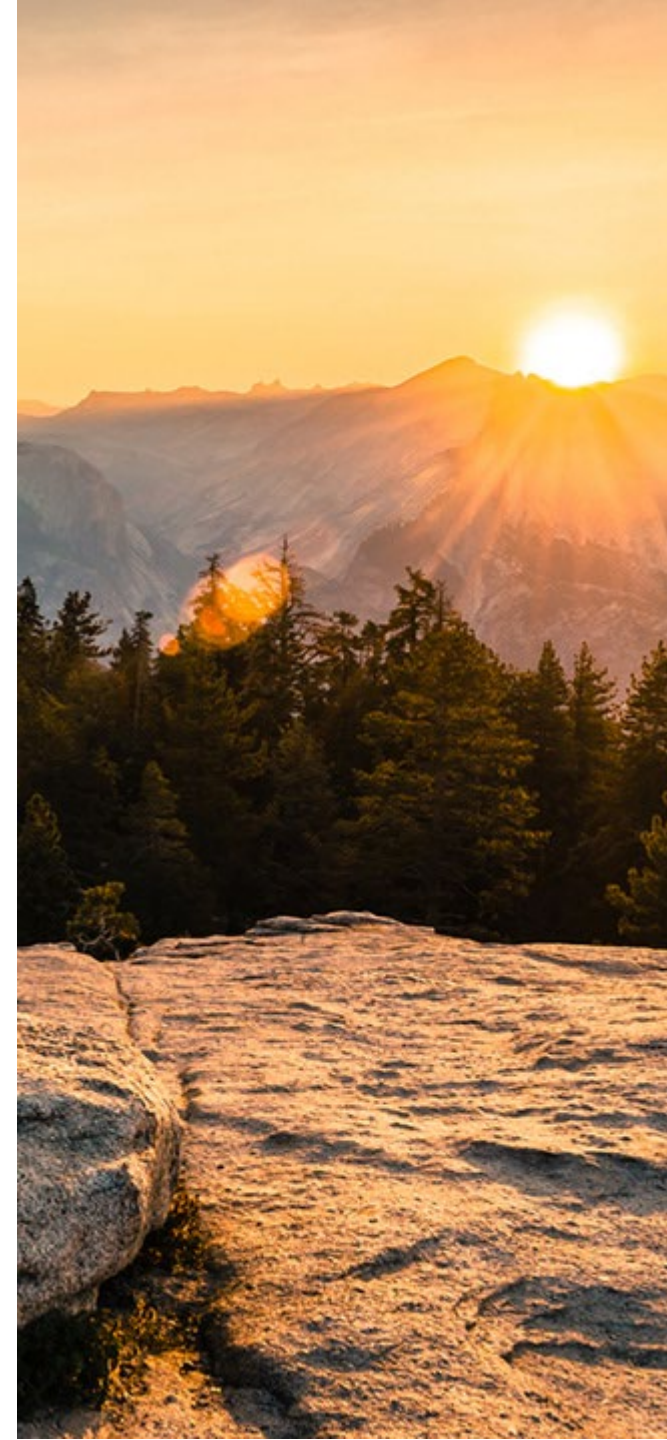
Considerations for BHSSA Administrative Funds

- Additional support for rural BHSSA county behavioral health departments and their local education partners
- Support BHSSA grant partners in sustainability planning and implementation (those that did not receive sustainability funding under BHSSA Round 4 grants)



Considerations for BHSSA Evaluation Funds

- Continued support of BHSSA grant partners that can demonstrate impact.
- Invest in working with partners to establish school behavioral health standards and metrics.
- Invest in building local capacity to collect data and report on school behavioral health metrics.



Discussion Questions

- What should the priorities be for the one-time \$5.8M in administrative funds for BHSSA?
- How can we target the remaining \$10.9M in evaluation funds to meet our reporting/evaluation requirements in BHSSA?

