California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Tony Vartan

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA
95899-7413

PHONE
(916) 701-8211

FAX
(916) 319-8030

MS 2706

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Gary Tsai, MD, FAPA, FASAM

Commissioner

Chair, Program Advisory Committee

Commission for Behavioral Health

1812 9th Street

Sacramento, CA 95811

RE: Innovation Partnership Fund Framework

Dear Chair Tsai and Members of the Program Advisory Committee,

The California Behavioral Health Planning Council (CBHPC) appreciates and acknowledges the Commission for Behavioral Health for its responsiveness to community feedback on the Innovation Partnership Funds. We commend the Commission's commitment to transparency in the community planning process implemented by the Program Advisory Committee through the development of the framework for the Innovation Partnership Fund Grants. In the context of the Behavioral Health Transformation alongside ongoing federal cuts to public health funding, counties and programs may face significant challenges transitioning to new funding requirements. Therefore, we recommend refining the language regarding innovation funding grants to allow for greater flexibility in how funding sources may be utilized. Members of our Council attended the July 2025 Program Advisory Committee Meeting and respectfully submit the following recommendations, suggestions, and questions for clarification as the framework continues to evolve.

Lived Experience Stakeholder Sessions

The Council thanks the Program Advisory Committee for incorporating Lived Experience Stakeholder Sessions into the development of the Innovation Partnership Funding Framework. To ensure inclusive

participation, we request that the Program Advisory Committee clarify how these sessions will be publicized. We welcome collaboration with the Commission to support outreach efforts that engage a diverse range of stakeholders with lived behavioral health experience, reflecting both the mental health and substance use disorders populations of focus within the Behavioral Health Services Act. We strongly recommend that individuals with lived experience be included in each step of the planning and implementation process. The publicized calendar of feedback does not have a sufficient number of sessions listed in the abbreviated timeline; therefore, we emphasize the need for more expansive outreach in this area.

Defining Innovation

The Council believes the definition of innovation is too narrow as defined in the working framework for the Innovation Partnership Fund. We ask the Program Advisory Committee to consider the following recommendations for the proposed definition of innovation:

1) Funding Flexibility: We would like to acknowledge the removal of the following statement from the Framework: *"Not be designed to supplant or replace existing public funding streams or to backfill lost or reduced funding for behavioral health services."* We support this change as it may allow for greater funding flexibility and potentially reduce challenges that counties and programs may face when transitioning to new funding requirements due to the ongoing federal cuts to public health funding and the changes initiated by the Behavioral Health Transformation (BHT).
2) Pilot Testing: The requirement to be "actionable and ready for real-world implementation" may be limiting, especially the language that innovation funds should not solely be used for pilot testing. There are several reasons why a pilot program conducted in the past by any County may have been considered unsuccessful. An integrated partnership approach that has unequal commitment from some partners, including a willingness to commit funds, may fail to produce notable positive outcomes. Pilot testing programs that use an integrated care approach involving complexities across multiple systems before they are implemented statewide can be helpful. The current sociopolitical environment is changing, so the funding and commitment to integration is a new opportunity. Therefore, we recommend removing language against pilot testing from the definition of innovation. This may be a missed opportunity to identify and test programs that may have statewide scalability.

3) Status Quo Language: We recommend that the Program Advisory Committee rephrase language for “a clear break from the status quo” to include language that states the innovation funds should protect the public system and its resources, since Behavioral Health Services Act funding is intended for individuals with mental health and substance use disorders served in the public behavioral health system. We would like to see clarification in the ways that partnerships between public and private health systems, when feasible, are introduced in a manner that enhances the innovation funds in the proposed definition of innovation.

Strategic Pillars

The Council supports the proposed strategic pillars of youth, workforce, and connection, including the populations identified with mental health conditions and substance use disorders. However, older adults represent a vulnerable population with significant behavioral health needs and are also recognized as a priority population under the Behavioral Health Services Act. Therefore, we recommend adding older adults as a fourth pillar to reflect California's aging population. This inclusion would help ensure that behavioral health services are responsive to the full spectrum of needs across the lifespan.

Cross-Cutting Priorities

Regarding the five core dimensions of cross-cutting priorities, the Council recommends the following:

1) Public-Private Partnerships: The language for public-private partnerships states that “Proposals **should** demonstrate **a variety of partnerships such as** government agencies, health systems, technology innovators, philanthropic organizations, community-driven providers, and others working towards shared impact.” We also recommend removing the word “strong” in front of the word “proposals” in the framework. The purpose of the language changes is to ensure that counties with fewer resources and who experience capacity challenges but are attempting to create partnerships may participate in the innovation funds. Where feasible, partnerships with private and public entities should be considered.

2) Lived Experience and Community Leadership: The language for lived experience and community leadership should state that "Proposals should consider how they are designed with **and** for people with behavioral health conditions and lived experience from the mental health and substance use disorder perspective." Additionally, we recommend language for this section state that "Lived experience must inform every stage of the innovation process **and implementation** to ensure relevance, trust, and impact."

We thank the Behavioral Health Services Oversight and Accountability Commission for the opportunity to respond to the working framework for the Innovation Partnership Fund in the Behavioral Health Services Act. Should you have any questions regarding our recommendations, please contact the Council's Executive Officer, Jenny Bayardo, by email at Jenny.Bayardo@cbhpc.dhcs.ca.gov or by phone at (916) 750-3778. The Council looks forward to continuing participation in the stakeholder process for the development of the Innovation Partnership Fund Framework.

Sincerely,

[redacted]

Tony Vartan

Chairperson

Cc: Brenda Grealish, Executive Director, Commission for Behavioral Health
Melissa Martin-Mollard, Acting Deputy Director of Operations, Commission for Behavioral Health
Mayra E. Alvarez, Chair, Commission for Behavioral Health