California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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Erica Pan, MD, MPH, FIDSA, FAAP
California Department of Public Health
1615 Capitol Ave,
Sacramento, CA 95814

RE: BHSA Population-Based Prevention Framework – Phase 2

Dear Dr. Pan,

The California Behavioral Health Planning Council (CBHPC) serves as an advisory body to the Legislature and the Administration on behavioral health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. In alignment with its statutory responsibilities under the Behavioral Health Services Act (BHSA), the Council plays a vital role in the implementation of the Act. Our diverse membership includes individuals with lived experience of serious mental illness and substance use disorders, family members, service providers, professionals, and representatives from state departments whose work intersects with California's behavioral health system. Their perspectives are essential in our evaluation of the public behavioral health system and shape the Council's recommendations.

The Council has reviewed Phase 2 of the Behavioral Health Services Act (BHSA) Population-Based Prevention Framework. The Council thanks the California Department of Public Health (CDPH) for its efforts in the development of this document and the opportunities for community engagement in the development and implementation of the population-based prevention strategies for California's most vulnerable, high-need populations. The Council has offered recommendations for Phase 2 of the Framework in our comments below.

Feedback #1: Clearly Define Prevention Separate from Early Intervention

The Council recommends that the California Department of Public Health (CDPH) clearly define the terms "prevention" and "early intervention" as two separate terms. Clear and precise definitions will help guide the types of services and programs that community-based organizations (CBOs) and others may offer under this Framework. It is essential that counties

and stakeholders understand the distinction between “prevention” and “early intervention” to ensure that individuals receive the appropriate services at the right time, without encountering unnecessary barriers.

Feedback #2: Increase the Budget Allocation for Community-Based Organization (CBO) Grants

We strongly urge CDPH to revise the funding categories outlined on Pages 4, 5, and 43 of the document to designate **at least 50%** of the budget for population-based prevention to Community-Based Organization (CBO) grants for Fiscal Year 2026-27. Additionally, we recommend reducing the portions allocated to the Statewide Awareness Campaigns, Statewide Prevention Strategies, and Training and Technical Assistance components to **no more than 25%** of the total budget.

CBOs are the backbone of prevention efforts in communities. To keep these programs strong and sustainable, the Framework must prioritize funding for local CBOs, especially those that rely on Behavioral Health Services Act (BHSA) funding to serve underserved and marginalized populations across California.

While statewide mental health campaigns have helped raise awareness and shown positive outcomes in suicide prevention, we believe that real, lasting change happens through local programs and services.

Research from the National Action Alliance for Suicide Prevention shows that awareness campaigns alone do not lead to significant behavior changes unless people also have access to services like crisis lines, treatment, and community support. This is supported by the *RAND Corporation’s 2023 Evaluation of California’s Statewide Mental Health Campaigns*. The report found that while California’s statewide campaigns reached many Californians, including Spanish-speaking Hispanic communities, most mental health outcomes did not improve significantly at the population level over time. However, people who saw the campaigns did report better knowledge about mental health, reduced stigma, and greater confidence in helping others at risk. The report also noted a significant increase in Californians accessing mental health care in the past year, which indicates progress in treatment access. Together, these findings demonstrate that while raising awareness is crucial, it is the availability of trusted, local services, particularly those provided by community-based organizations (CBOs), that truly makes a lasting difference.

There is a serious risk that prevention and early intervention programs will be lost as funding shifts from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA). Rebuilding these essential programs is especially hard for smaller organizations with limited resources. The Council recommends increasing the budget for the CBO grants during the first year of BHSA implementation. This will help prevent closure and ensure that critical prevention and early intervention services continue for those with the greatest behavioral health needs. This includes Black, Indigenous, and People of Color (BIPOC), Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, Two-Spirit, and other gender-diverse individuals (LGBTQIA2S+), and other underserved communities that often face barriers to care and have had poor experiences interfacing with public health systems. These communities should receive services from trusted local providers, in their preferred language, to support health equity and culturally responsive care. These recommendations align with comments shared by organizations such as the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), Safe Passages, and projects funded by the California Reducing Disparities Project (CRDP) during the BHSA Population-Based Prevention Listening Session on November 13, 2025.

Feedback #3: Expand Programs Eligible for Funding to Mobilize Local Reach of Statewide Strategies and Policy

The Council finds that the list of items for which Community-Based Organizations (CBOs) and tribes may use funding, as outlined in *Section C: Funding to Mobilize Local Reach of Statewide Strategies and Policy*, is currently too restrictive. The Council recommends that CDPH expand the list of eligible programs and activities to enable CBOs to better utilize the grants in meeting the unique needs of the communities they serve.

Feedback #4: Streamline the CBO Grant Application Process

The Council recommends a streamlined CBO grant application process to reduce administrative burdens, especially for organizations with limited staff and resources. We believe a streamlined process will help ensure continued funding and services during the first year of the BHSA implementation and beyond. We encourage CDPH to work closely with county behavioral health departments to mitigate the negative impacts on CBOs that are already providing prevention services during this transition.

Feedback #5: Increase the Community Engagement Budget Allocation

It is essential that communities and individuals affected by the BHSA have fair access and opportunities to shape the policies that impact them. Appendix B outlines a total of $1.4 million for Community Engagement across Fiscal Years 2026-27, 2027-28, and 2028-29. However, in counties with smaller populations, this amount may not be enough to support meaningful engagement. For example, Monterey County, home to approximately one percent of California's population, would receive only $1,400 for community engagement over a three-year period. This amount is unlikely to support a comprehensive community engagement process. Given the wide differences in county sizes and resources, we recommend that CDPH increase the Community Engagement budget to ensure all counties have the funding necessary to conduct meaningful and effective, locally tailored engagement efforts.

Feedback #6: Clarify and Prioritize Children and Youth Population Budget

The Council asks that CDPH clearly specify how 51% of the overall BHSA Population-Based Prevention budget will be allocated to children and youth. The current Framework does not show how this priority group is reflected in the listed budget categories. We recommend that CDPH add a category for children and youth funding in the investment table on Appendix B and clearly indicate how funds will be used for prevention among these groups. It would also be helpful to clarify whether each budget category includes services and efforts focused on children and youth. This level of detail will help ensure transparency and accountability in the use of prevention funds.

Additionally, we suggest that CDPH prioritizes children and youth as the primary focus group among the groups identified on Page 9 of the Framework. We support comments made by the Children's Partnership during the BHSA Population-Based Prevention Listening Session regarding the importance of aligning local strategies with statewide awareness campaigns. It is crucial that the Framework supports local-level prevention efforts, where services can be tailored to meet the specific needs of children and youth.

Feedback #7: Prioritize Older Adult Population of Focus

The Council recommends that CDPH focus on older adults in the Framework, as this group is growing and has behavioral health prevention needs. We support the California Department of Aging's (CDA) recommendations to include more examples of acceptable activities for local partners. These activities include digital connections for older adults, culturally responsive initiatives such as knitting circles for Afghan women, managed by Choice in Aging, as well as group sessions and Mental Health First Aid for Older Adults.

We also support comments by the California Institute of Aging during the Behavioral Health Services Act (BHSA) Population-Based Prevention Listening Session on November 13, 2025. It is crucial to reduce stigma and invest in early interventions and preventive behavioral health support for older adults. Friendship Line California is a valuable resource that can help reduce mental health stigma for older adults and serve as an entry point to mental health services and support. Additionally, we support the Southern Care Resource Center's call to include family caregivers in prevention funds, as they assist older adults with behavioral health issues and neurocognitive disorders. The Council further recommends that the CDPH review the *Master Plan for Aging* to identify other best practices for prevention among older adults.

Feedback #8: Clarify Funds Used for the Trusted Messenger Campaign

The Council requests that the CDPH specify the purpose of the funds for the Trusted Messenger Campaign. The current Framework does not make it clear whether the funds are intended to support training for trusted messengers or to help CBOs run outreach campaigns to recruit more trusted messengers for their programs. We recommend that the majority of these funds be primarily allocated for the training and employment of trusted messengers, rather than being used primarily for campaign activities. An investment in the people who deliver these messages will have a more substantial and more lasting impact on communities.

Feedback #9: Re-Examine Funding Priorities for Activities with Existing Infrastructure

The Council would like to highlight that many of the programs and services in the Framework already have existing infrastructure at the local level.

Therefore, we recommend that CDPH review current initiatives and their budgets outside of the BHSA to avoid duplicating efforts. To make the best use of financial resources, it is also crucial that the state avoid rebuilding programs and instead allocate funds to CBOs and other organizations to deliver direct services to the target populations. For example, the Opioid Overdose Prevention Program already receives opioid settlement funds, so the use of population-based prevention funds for this may be redundant. The Council aims to support the service sector. It requests that CDPH re-examine the Framework to ensure that funds are used efficiently and not spent on activities that already have existing funding.

Feedback #10: Oppose or Limit BHSA Prevention Funds Used for CDPH Office of Social and Behavioral Health

While we support strong leadership to coordinate behavioral health services at the state level, we are concerned that transferring BHSA programs to CDPH will result in unnecessary costs that rebuild existing structures. Therefore, the Council recommends that this portion of the budget be allocated to the California Department of Health Care Services (DHCS), which already oversees most BHSA programs, to lead the interagency coordination efforts. The creation of new administrative structures at the expense of funding more direct services is not a cost-effective approach. We urge CDPH to prioritize investments in the service sector and CBOs, and to reconsider any plans that reduce funding for programs directly serving BHSA focus populations.

Feedback #11: Ensure Robust Stakeholder Processes Re: Extending Response Deadlines

The Council appreciates the CDPH for hosting listening sessions and providing stakeholders with the opportunity to provide input on Phase 2 of the BHSA Population-Based Prevention Program. Community feedback plays a vital role in the development of effective policies and programs and is essential for the successful implementation of the proposed BHSA programs. We understand that the state has its internal deadlines and processes to follow; however, we strongly recommend that CDPH allows more time for public comment on future draft policies and initiatives. This approach helps ensure that organizations can consult with community partners, including individuals directly involved in the programs outlined in the Framework. It takes time to review proposals, gather meaningful input, and organize thoughtful recommendations, especially for organizations

with limited staff who are focused on the direct delivery of services. To support a more inclusive and effective process, we recommend that CDPH work with state and local partners to extend the public comment period to **at least 30 days,** in alignment with federal standards.

In closing, the Council thanks CDPH for the opportunity to provide feedback on Phase 2 of the BHSA Population-Based Prevention Framework. We will continue to monitor the development and implementation of this program. We urge CDPH to include state and local partners and prioritize individuals with lived experience throughout every stage of this process.

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.

Sincerely,

[redacted]

Tony Vartan

Chairperson

Cc: Stephanie Welch, Deputy Secretary, Behavioral Health, CalHHS