

## CDPH BHSB Population-Based Prevention Guide Program Guide Phase 1 CBHPC Responses

**Name:** California Behavioral Health Planning Council

**Email Address:** [inbox@cbhpc.dhcs.ca.gov](mailto:inbox@cbhpc.dhcs.ca.gov)

**Organization:** California Behavioral Health Planning Council

**Behavioral Health Transformation:** Please provide any comments for this section.

The Council seeks clarity on how Behavioral Health Services Act initiatives led by the California Department of Public Health (CDPH) and Department of Health Care Services (DHCS) will be aligned. We recommend that both departments consider a coordinated approach such as publishing a joint annual report featuring a dashboard of program outcomes to enhance transparency and demonstrate how each department supports oversight and implementation within its respective scope.

**BHSA Population-Based Prevention:** Please provide any comments for this section.

The Council requests clarification on how Behavioral Health Services Act (BHSA) funding for population-based prevention efforts will be allocated. Specifically, we seek confirmation on whether the California Department of Public Health (CDPH) will directly contract with and oversee all prevention contractors statewide, or if the state plans to contract with counties, delegating the responsibilities of fund distribution, monitoring, and oversight of local prevention efforts to them.

### **BHSA Population-Based Prevention Program Framework**

This section is consistent with the Behavioral Health Services Act as it demonstrates efforts to integrate and use all parts of existing prevention initiatives for this implementation. While we do not have additional comment at this time, we expect, as a Council, to weigh in further as the process develops.

**Statewide Prevention Planning:** Please provide any comment for this section.

This section is consistent with the Behavioral Health Services Act as it demonstrates efforts to integrate and use all parts of existing prevention initiatives for this implementation. While we do not have additional comment at this time, we expect, as a Council, to weigh in further as the process develops.

**Statewide Prevention Strategies:** Please provide comments on any of the following subsections.

- Statewide Policy Initiatives
- Focused Statewide Behavioral Health Prevention Strategic Plan
- Statewide Awareness Campaign
- Prevention Training and Technical Assistance

## CDPH BHSA Population-Based Prevention Guide Program Guide Phase 1 CBHPC Responses

- Community Engagement and Coalition Building
- Data and Evaluation

Many sections of the prevention-based strategies have goals pertaining to stigma reduction. The Council recommends that the California Department of Public Health (CDPH) clarify how stigma reduction efforts will be evaluated and establish specific outcome measurements to assess progress toward these goals.

Please refer to the next section for detailed comments regarding specific statewide prevention strategies.

### **OPTIONAL - Statewide Prevention Strategies**

If you would like to provide specific feedback on any of the statewide strategies, please complete the applicable fields below.

**9. Statewide Policy Initiatives:** *Recommendations of policy, systems, and environmental actions to advance statewide goals, including reducing suicide, self-harm, and overdose for state and local policymakers to protect Californians.*

This section is consistent with the Behavioral Health Services Act as it demonstrates efforts to integrate and use all parts of existing prevention initiatives for this implementation. While we do not have additional comments at this time, we expect to weigh in further as the process develops.

**10. Focused Statewide Behavioral Health Prevention Strategic Plan:** *A focused set of strategies that advance the statewide BHSA population behavioral goals to ensure implementation alignment across the state. These strategies will be informed by the Statewide Policy Initiatives to drive aligned and complementary efforts across the state.*

This section is consistent with the Behavioral Health Services Act as it demonstrates efforts to integrate and use all parts of existing prevention initiatives for this implementation. We expect to weigh in further as the process develops.

**11. Statewide Awareness Campaign:** *An integrated set of mutually reinforcing public awareness and education campaigns to educate all Californians about mental health illnesses and substance use disorders, including addressing suicide and overdose prevention, stigma reduction around seeking help and opportunities for treatment, promotion of connectedness to raise behavioral health awareness, and support social norms change. These statewide campaign assets can be tailored to local needs and will be informed by Statewide Policy Initiatives to drive aligned and complementary efforts across the state.*

The Council recommends that individuals with lived experience and family members are involved in the campaign development process. The Council will provide additional comments as the process develops and more details are provided.

## CDPH BHSA Population-Based Prevention Guide Program Guide Phase 1 CBHPC Responses

**12.Prevention Training and Technical Assistance:** *Programmatic technical assistance and subject matter expertise that will equip health professionals, educators, and community leaders with the tools to promote behavioral health awareness, reduce stigma, and prevent suicide, self-harm, and overdose, especially among priority populations.*

The Council recommends that there be transparency for the process of selecting entities that will provide technical assistance to health professionals, educators, and community leaders. This process should include input from individuals with lived experience and family members. Additionally, we request that technical assistance for community-defined evidence practices be provided from leaders of those respective communities.

**13.Community Engagement and Coalition Building:** *Developing relationships with and amongst community to create stigma-free environments and provide ongoing support through proactive outreach and relationship building.*

We strongly urge the California Department of Public Health (CDPH) to include a representative from the California Behavioral Health Planning Council on its formal advisory committee. As outlined in Welfare and Institutions Code §§ 5771 and 5772, the Council is an advisory body to the Department of Health Care Services (DHCS), the Legislature, and the administration on behavioral health matters. The Council has a responsibility to be actively involved in the development of behavioral health policy and to ensure that the voices of individuals with lived experience and their families are meaningfully represented in decision-making processes.

The Council is comprised of 40 members appointed by DHCS. The members include individuals with lived experience of serious mental illness and substance use disorders, family members, advocates, service providers, and representatives from state and county departments. Together, they provide a rich diversity of knowledge and lived expertise.

Including the Council in the Department's advisory committee would help ensure statewide planning and implementation efforts reflect broad stakeholder input and promote inclusive, responsive policies.

**14.Data and Evaluation:** *Establish an aligned system of metrics, in conjunction with other behavioral system partners, to develop an evaluation framework that will determine data collection requirements, monitoring and reporting to increase transparency on outcomes, the effectiveness of strategies and policies, and how funds are being used across the state to prevent suicide, self-harm and overdose.*

The Council recommends that the California Department of Public Health (CDPH) clarify which entity is responsible for measuring outcomes. Specifically, the Department should determine whether the entity that oversees the funding is also responsible for tracking and reporting outcomes. For instance, when the state allocates funding and oversees

## **CDPH BHSA Population-Based Prevention Guide Program Guide Phase 1 CBHPC Responses**

implementation, such as with suicide prevention initiatives, the state should also be responsible for tracking and reporting relevant outcomes like changes in suicide rates.

Additionally, we recommend there be clarity on how the Department will report on progress towards the defined goals and whether it will be the state or the counties' responsibility to report on these goals even if counties are not responsible for the primary contracting or monitoring responsibilities.

### **15. Please provide any general comments on the overall direction and content of the Guide - Phase 1.**

The Council is concerned about recent changes to the federal budget and the potential impact on Prevention and Early Intervention (PEI) initiatives. We request clarification on whether the state intends to modify the Behavioral Health Services Act (BHSA) Population-Based Prevention Program in response to these budget cuts.

Appendix B states, “*All of these components will be based on the foundations already established by the Office of Suicide Prevention (OSP); the Overdose Prevention Initiative; the Office of School Health; the California Reducing Disparities Project and other existing work.*”

While the Office of Suicide Prevention, Overdose Prevention Initiative, and the Office of School Health are existing state-funded and state-led initiatives, the California Reducing Disparities Project (CRDP) is funded through the Mental Health Services Act (MHSA). The Council seeks clarity on the Department's plans for sustaining the California Reducing Disparities Project and strongly encourages the continuation of this program.