



California Behavioral Health Planning Council

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June 5, 2026

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

RE: Behavioral Health Services Act Population-Based Prevention Program Final Plan

Dear Dr. Pan:

The California Behavioral Health Planning Council (CBHPC) appreciates the California Department of Public Health's (CDPH) leadership in implementing Behavioral Health Transformation and the collaborative process accompanying development of the Behavioral Health Services Act (BHSA) Population-Based Prevention Program Final Plan.

CBHPC serves as an advisory body to the Department of Health Care services and the Legislature on behavioral health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. In alignment with its statutory responsibilities under the BHSA §§ 5604.2 (a), 5610 (a) (1), 5610 (b) (1), and 5664 (a), CBHPC plays a critical role in the review of county performance outcome data, the advisement on reporting requirements, and coordinated efforts with state agencies to improve and standardize behavioral health practices. As a majority consumer and family member organization, we must consider the perspectives of persons with lived experience of Serious Mental Illness (SMI) and therefore spent a significant amount of time connecting with our Council Members and stakeholders before officially commenting on the final prevention program plan.

We commend CDPH for integrating much of the feedback from our [Phase 1 Response](#), dated July 2025, and [Phase 2 Letter](#), dated December 2, 2025, into the Final Plan. Our recommendations are grounded in public input and the lived experiences of our members, many of whom have firsthand experience with SMI and substance use disorders (SUD). Their voices strengthen the relevance and integrity of the policies we help shape.

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We respectfully request that CDPH consider revisiting the following elements not yet addressed in the Final Plan during the implementation process:

Feedback #1: Clarify and Prioritize Children and Youth Population Budget

- **Specify how the required 51% of the overall BHSAs Population-Based Prevention budget will be allocated to Children and Youth.** While the [Final Plan Frequently Asked Questions \(FAQs\)](#) describe the mechanism CDPH will use to monitor compliance with the 51% requirement. The current budget categories do not reflect how Children and Youth are represented. A clearer illustration would strengthen accountability for this statutory mandate.
- **Add a dedicated Children and Youth funding category to the Appendix B Investment Table.** Including a description of how these funds will support prevention for Californians ages 0-25 would improve transparency and affirm CDPH's intent to center this priority population.
- **Clarify which investment categories serve Children and Youth.** Specifying the components that support children and youth living with behavioral health conditions will promote consistent implementation across partners and ensure that resources reach the communities with the greatest behavioral health prevention needs.

Feedback #2: Address Concerns About the BHSAs State Prevention Initiative Rollout

CBHPC remains concerned about the unintended consequences that affect counties and community programs during this transition period. We urge CDPH to address the following:

- **Misalignment of Implementation Timelines:** There is a misalignment between state and county timelines for prevention efforts. Many counties planned and budgeted based on the original implementation schedule but the shift in funding toward state-level prevention efforts has delayed state implementation by about a year. This delay has forced counties to cut local prevention programs while state initiatives are still not fully operational. This



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timing gap has reduced public visibility of state-level prevention initiatives and left local programs without the support they expected during the transition.

- **Fiscal Risk during a Budget Crisis:** Prevention funds for the year beginning July 2026 are already being held at the state level. Because the state is facing significant budget pressures, there is a concern that these dollars could be redirected before local prevention programs are stabilized. To avoid losing critical prevention capacity, we urge CDPH to protect prevention funds for its intended purpose. We also recommend that CDPH work with counties to save prevention funds now so they can be used during the first year of implementation.
- **Local Program Losses:** Programs serving older adults, peers and family support networks, such as NAMI-affiliated services, and other prevention-oriented programs are now at serious risk of permanent closure. Bridge funding is urgently needed to sustain these services through the transition.
- **Continuity of the California Reducing Disparities Project (CRDP):** Considering recent federal budget changes and potential impacts on Prevention and Early Intervention (PEI) initiatives, CBHPC seeks clarity on CDPH's plans to sustain the CRDP. We strongly encourage the continuation of this program, which plays a vital role in advancing health equity for California's diverse and underserved populations.

Feedback #3: Strengthen Alignment of BHSA Initiatives

CBHPC seeks clarity on how Behavioral Health Services Act (BHSA) 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.



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Feedback #4: Extend Public Comment Deadlines

CBHPC strongly recommends CDPH give more time for public comment on future draft policies and evaluation frameworks. Adequate time enables organizations to meaningfully consult with community partners, such as individuals directly involved in the programs outlined in the Final Plan. We recommend extending the public comment period to **at least 30 days**, in alignment with federal standards.

In closing, CBHPC is grateful for the opportunity to provide this feedback and remains committed to supporting CDPH's ongoing efforts to transform behavioral health services in California. We look forward to continuing our partnership in shaping policies that advance equity, resilience, and recovery for all Californians.

Thank you for your time and consideration.

Sincerely,

Jenny Bayardo
Executive Officer