CDPH BHSA Population-Based Prevention Program - Phase 2 Guide

Executive Summary

Introduction

Phase 2 of the California Department of Public Health (CDPH) Behavioral Health Services Act (BHSA) Population-Based Prevention Program Guide addresses the operational and administrative components to execute activities towards achieving intended objectives, goals, and outcomes, and in alignment with BHSA statute. Phase 2 includes specific funding levels and implementation activities per strategy. This executive summary provides an overview of the key components and objectives of Phase 2 and is a complement to the **CDPH BHSA Population-Based Prevention Program Phase I Guide**.

Office of Social and Behavioral Health

To strategically invest BHSA funds with greater efficiency and strong leadership and improve coordination across the vast array of existing CDPH behavioral health related programmatic experience, expertise and initiatives, CDPH is establishing the Office of Social and Behavioral Health (Office) in 2026. This office aims to centralize and coordinate behavioral health activities, ensuring leadership, oversight, and alignment across various programs, and promotes behavioral health as a public health priority.

Priority Populations for Strategic Investment

The BHSA emphasizes serving populations with the highest needs and at greatest risk for negative outcomes along the behavioral health care continuum. Limited funding provided for population-based prevention dictates a focused approach on addressing the most critical needs and gaps and using data and community input to drive strategic investment. The Phase 2 Guide outlines the following list of specific populations for strategic investment[1]:

- Black, Indigenous, and other people of color;
- Children, youth, and families;
- Immigrant and refugee populations;
- LGBTQIA+ populations;
- Older adults;
- Tribes[2]; and
- Veterans.

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[1] The list is represented in alphabetical order and should not be viewed as levels of prioritization.
[2] Tribal entities refer to federally recognized Tribes, Indian Health Clinics/Indian Health Programs, and Urban Indian Organizations.

Statewide BHSA Population-Based Prevention Program Plan

CDPH developed statewide prevention strategies to align with the statewide BHSA behavioral health goals. These strategies leverage existing expertise from various offices within CDPH to ensure comprehensive and effective interventions, with a focus on stigma and discrimination reduction. The Phase 2 Guide outlines details for the following program components:

- *Statewide Policy Initiatives* – to address new and emerging behavioral issues and threats, and novel and emerging substance use
- Focused Statewide Behavioral Health Strategies – includes the investment in CalHOPE and an established set of focused strategies
- *Statewide Awareness Campaigns* – includes investment in maintenance of ongoing campaign assets (Never a Bother; Take Space to Pause; Live Beyond and Facts Fight Fentanyl) and development of three new awareness campaigns:
    - Suicide and Self-Harm Prevention – focused on young adults, older adults and veterans
    - 988 Suicide and Crisis Lifeline and Behavioral Health Services
    - Substance Use Prevention
- *Training and Technical Assistance* – supports CDPH expertise to ensure success of policy work and implementation of prevention strategies
- *Community Engagement* – includes development of an Implementation Workgroup
- *Statewide Evaluation* – dedicated staff and resources to monitor the effectiveness of all BHSA population-based prevention activities, including those within CDPH. This includes data collection, analysis, and reporting to ensure transparency and continuous improvement in behavioral health outcomes.

Funding to Mobilize Local Reach of Statewide Strategies

To support and complement state-level efforts, CDPH will provide funding to mobilize local reach of state-led and state-defined strategies, aligned with the goals and outcomes of BHSA. Locally funded implementation partners will support infrastructure for strong coordination, cross-cutting efforts, and systems change at the local level. The Phase 2 Guide outlines the following proposed funding to develop local reach of statewide strategies:

Community-Based Organizations and Tribes: $30.8M in 2026/27; $41.3M in 2027/28-2028/29

- Community-Defined Evidence Based Practices (CDEP) and Evidence-Based Practices Grant Program:
- Trusted Messenger Campaign Grant Program:
- Regional Policy Research and Development:
- Regional Implementation of Focused Strategies:
- 988 Suicide and Crisis Lifeline Outreach Campaign Grant Program:

Dedicated Funding for Tribes - $6M

Training and Technical Assistance Grants (open to CBOs and other non-governmental entities) - $7.5M

- To support statewide training and technical assistance in specialized areas and unique populations, including:
    - Older Adults
    - Veterans
    - 988 Crisis Services

Local Health Jurisdictions - $12M:

- *Local Health Jurisdiction (LHJ) Grant Program*: Funding for the 61 LHJs to act as Local Prevention Coordinators and convene local prevention coalitions

Aligning Local Planning Processes

The BHSA framework and Phase 2 Guide emphasize the integration of local prevention coordination into the LHJ Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes. As part of the funding directed to LHJs, they will be required to integrate the convening and coalition process into the required LHJ CHA/CHIP by 2028/29 – to continue to advance ongoing alignment of local planning processes, in coordination with Medi-Cal Managed Care Plans and county behavioral health departments.

Next Steps

After the public comment period, CDPH will analyze and integrate public comment into a Final Phase 2 Guide. The Final Phase 1 and Phase 2 Guides will comprise the Final Plan, which is expected to be released in December 2025. The Final Plan will cover BHSA population-based prevention strategies beginning in July 2026 for a three-year period including Fiscal Years 2026–29. CDPH will also be releasing any specific funding requirements or Request for Proposals (RFPs) related to the various grant opportunities mentioned in this Guide during the early part of 2026.

Figure 1 *– Total* ***Proposed*** *BHSA Budget for 2026/27 – 2028/29*

Program Component	FY 2026/27 (in Millions)	Percent of Budget	FY 2027/28 & 2028/29 (in Millions)	Percent of Budget
Statewide Policy Initiative	$1.4M	1%	$3.4M	3%
Statewide Prevention Strategies	$6.2M	5%	$16.2M	14%
Statewide Awareness Campaigns	$40.7M	34%	$14.7M	12%
Training and Technical Assistance	$2.6M	2%	$3.6M	3%
Community engagement	$1.4M	1%	$1.4M	1%
Data and evaluation	$7.1M	6%	$9.1M	8%
CBO Grants	$30.8M	26%	$41.3M	35%
Tribal Grant Program	$6.0M	5%	$6.0M	5%
Training / Technical Assistance Grants	$7.5M	6%	$7.5M	6%
Local Health Jurisdiction Grants	$12.0M	10%	$12.0M	10%
TOTAL Annual (by Component)	**$115.6M**		**$115.2M**	
Core Staffing	$4.2M	4%	$4.2M	4%
Total BHSA Budget	**$119.8M**		**$119.4M**	
Component	**Budget**		**Budget**	
Statewide Strategies	$63.6M	53%	$52.6M	44%
CBO Grants	$30.8M	26%	$41.3M	35%
Dedicated funding for Tribal Entities	$6.0M	5%	$6.0M	5%
Training / Technical Assistance Grants	$7.5M	6%	$7.5M	6%
LHJ Grants	$12.0M	10%	$12.0M	10%