



Advocacy • Evaluation • Inclusion

AGENDA

April 18, 19, 20, and 21, 2023
Holiday Inn Downtown – Arena
300 J Street Sacramento, CA 95814

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916-701-8211 by **April 15, 2023** in order to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

COMMITTEE MEETINGS

Tuesday, April 18, 2023

2:00pm Performance Outcomes Committee

Wednesday, April 19, 2023

8:30am Executive Committee

10:30am Patients' Rights Committee

10:30pm Children/Youth Workgroup

12:00pm LUNCH (on your own)

1:30pm Workforce and Employment Committee

1:30pm Legislation Committee

Thursday, April 20, 2023

8:30am Housing and Homelessness Committee

8:30am Systems and Medicaid Committee

12:15pm Reducing Disparities Work Group (working lunch)

12:15pm Substance Use Disorder Workgroup (working lunch)

Thursday, April 20, 2023

COUNCIL GENERAL SESSION

Room: Fresno/El Dorado/Diablo

Conference Call (listen only) 1-877-951-3290

Participant Code: 8936702#

- 1:30pm Welcoming Remarks**
Deborah Starkey, Chairperson
- 1:40pm Approval of January Meeting Minutes** **Tab A**
Tony Vartan, Chairperson-Elect
- 1:45pm Mental Health Block Grant Overview** **Tab B**
Joe Hallett, LCSW, Glenn County Behavioral Health Director, HHS Deputy Director
- 2:20pm Public Comment**
- 2:25pm Panel on Performance Outcomes Measures** **Tab C**
Moderator: Susan Wilson, Chairperson, Performance Outcomes Committee
- Debbie Innes-Gomberg, Deputy Director - Quality, Outcomes and Training Division, Los Angeles County DMH*
- Samantha Spangler, Owner and CEO of Behavioral Health Data Project*
- Erika Cristo, Assistant Deputy Director, Community Services & Licensing and Certification, Behavioral Health Division*
- 4:25pm Break**
- 4:35pm Questions from Council Members for Panelists**
- 4:45pm Public Comment**
- 4:55pm Closing Remarks**
- 5:00pm Recess**

Public Comment: limited to a 3-minute maximum to ensure all are heard

Mentorship Forum for Council members, including Committee Chairpersons and Chair-Elects, will occur following Thursday's General Session in the same room.

Friday, April 21, 2023

COUNCIL GENERAL SESSION

Room: Fresno/El Dorado/Diablo

Conference Call (listen only) 1-877-951-3290

Participant Code: 8936702#

8:30am Welcome and Introductions

Deborah Starkey, Chairperson

8:40am Performance Outcomes Measures Discussion

Tab D

Susan Wilson, Chairperson, Performance Outcomes Committee

Toby Ewing, PhD., Executive Director, Mental Health Services Oversight and Accountability Commission

Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards

Karen Baylor, Performance Outcomes Committee Member

Uma Zykofsky, Performance Outcomes Committee Member

10:05am Public Comment

10:15am Department of Health Care Services Update

Tyler Sadwith, Deputy Director, Behavioral Health, CA Department of Health Care Services

10:40am Break

11:00am April Meeting Committee Report-Outs

- **Performance Outcomes:** Susan Wilson, Chairperson
- **Patients' Rights:** Daphne Shaw, Chairperson
- **Executive:** Deborah Starkey, Chairperson
- **Legislation:** Veronica Kelley, Chairperson
- **Workforce and Employment:** Vera Calloway, Chairperson
- **Housing and Homelessness:** Monica Caffey, Chairperson
- **Systems and Medicaid:** Karen Baylor, Chairperson
- **Children/Youth Workgroup:** Vandana Pant (interim)
- **Reducing Disparities Workgroup:** Uma Zykofsky
- **Substance Use Disorder Workgroup:** Javier Moreno

11:50am Public Comment

11:55am Closing Remarks

Deborah Starkey, Chairperson

12:00pm Adjourn

Remaining 2023 Council Meetings Schedule

June 13-16, 2023 [Double Tree](#), Santa Ana, CA

October 17-20, 2023 [Embassy Suites San Francisco Airport](#)

TAB A

**California Behavioral Health Planning Council
General Session
Thursday, April 20, 2023**

Agenda Item: Approval of January 2023 Meeting Minutes

Enclosures: Draft January 2023 Meeting Minutes

Background/Description:

Attached are the draft January 2023 meeting minutes for member review and approval.

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL

GENERAL SESSION MEETING MINUTES

January 19 and 20, 2023

CBHPC Members Present:

Tony Vartan, Chairperson-Elect
Noel O'Neill, Immediate Past-Chair

Karen Baylor
John Black
Arden Tucker
Christine Frey
Barbara Mitchell
Celeste Hunter (virtual)
Veronica Kelley
Steve Leoni (virtual)
Vera Calloway
Jessica Grove
Walter Shwe
Angelina Woodberry

Susan Wilson
Marina Rangel
Darlene Prettyman (virtual)
Catherine Moore
Monica Caffey (virtual)
Dale Mueller
Liz Oseguera
Deborah Pitts (virtual)
Daphne Shaw
Vandana Pant
Erin Franco
Sutep Laohavanich

Staff Present:

Jenny Bayardo
Gabriella Sedano
Eva Smith
Ashneek Nanua

Justin Boese
Naomi Ramirez

Thursday, January 19, 2023: Council General Session

1. Welcome and Introductions

Noel O'Neill, Council Chairperson, welcomed Planning Council members to the meeting. He did a roll call for attendance and stated that a quorum was met.

2. Mental Health Block Grant Overview

Dr. Luke Bergmann, County Behavioral Health Director for San Diego County, presented to the Council. He discussed their county's vision for transforming behavioral health that aligns with the goals across the state of California, to shift away from crisis-oriented care to continuous care. Dr. Bergmann shared their county's three areas of focus: crisis and diversion services, inpatient hubs and care coordination, and long-term residential care. He reported that they have six crisis stabilization centers across the county, two more are in planning stages, and have regional mobilized response teams. San Diego County has these services significant by scale from other counties.

To accelerate their quality of services they developed their "optimal care pathways model." The model is an algorithm which gathers local data on healthcare, justice involvement and behavioral health care specialty system utilization across the continuum. The data is used to project what is needed to create an optimal continuum of care. Based on the outcome of data, the optimal care pathways model recommends an increase in capacity in crisis and diversion services by 350%, primarily for persons with substance use disorder (SUD). For post-acute care, approximately a 70% increase in total bed day capacity is needed and for long-term care, a 150% increase is needed. Dr. Bergmann emphasized the need for a sustainable revenue source for long-term care that is part of the public insurance system. He reported how the Community Care Expansion (CCE) state funds will help contribute to this matter. Lastly, the optimal care pathways model reflects a needed increase of 18 -19,000 additional persons in the behavioral health workforce and they are engaged with the San Diego Workforce Partnership for this effort.

3. Election of 2023 Chairperson-Elect and Change of the Officers

Council members voted on the motion to have Deborah Starkey as the Chairperson and Tony Vartan as the Chair-Elect. Susan Wilson moved, and Darlene Prettyman seconded the motion. A roll call was taken with 28 'yes,' zero 'no' and no abstentions. Motion passed.

Public Comment:

No public comment.

4. Executive Officer Address

Jenny Bayardo made a formal address to the Council as she takes on the position of the new Executive Officer following the recent retirement of the former Executive

Officer, Jane Adcock. Jenny started with the Council as the Chief of Operations in August 2017. She looks forward to serving as the Council's Executive Officer for years to come.

5. Approval of October Minutes

Susan Wilson moved to approve the October minutes, Vandana Pant seconded. Liz Oseguera abstained and there were no objections. Motion passed.

Public Comment:

Jerry Hall, Alcohol and Drug Advisory Board Member, Access Ambassador and consumer with lived experience in mental health and the criminal justice system provided public input. He encouraged the Council to take on the issue of the Mental Health Services Act (MHSA) Community Planning Process (CPP) in the next year. Jerry reported concerns that the County behavioral health systems are required to plan and collaborate for the CPP. He stated that the review and approval process is not happening.

Stacy Dagleish echoed Jerry's comments and suggested receiving direction from a state body such as the Council. She reported that stakeholders continue to say that the CPP is not done well.

Steve McNally echoed comments on the CPP needing improvement.

6. Peer Certification Update

Michelle Doty Cabrera, Executive Director for County Behavioral Health Directors Association of California (CBHDA) presented to the Council. Michelle shared that CBHDA was a proud sponsor of SB 803 in 2020 along with their co-sponsor, Los Angeles County Department of Mental Health, to establish the peer support specialist benefit in Medi-Cal. She discussed how peer support has been an important role for the specialty behavioral health safety net for a long time, but with the absence of Medi-Cal reimbursement. Michelle shared discussions that occurred with the Department of Health Care Services (DHCS) in 2020 to help educate them on the difference between someone with lived experience who happens to be providing a service, and a person who has been trained to provide peer support services. She also shared some of the challenges of implementation due to peer support being county funded with existing resources and that it is a county optional benefit. Additionally, counties must set up their own certification body, as part of the federal requirements under Medicaid. Michelle closed with sharing her appreciation that the Administration now fully understands the value of peer support services.

Lucero Robles, Director of Quality Assurance and Compliance for California Mental Health Services Authority (CalMHSA) presented to the Council on their role in the certification process. She shared that for peer support certification, there is one certification with four areas of specialization:

- **Parent/Caregiver/Family Member/Peer:** curriculum is currently available
- **Justice Involved:** curriculum in progress
- **Unhoused:** curriculum in progress
- **Crisis Care:** curriculum in progress

CalMHSA has developed a website with information and updates it regularly. As the certifying entity, they ensure applicants meet requirements. CalMHSA has developed and is responsible for administering the exam approved by DHCS. The exam will be available in 16 languages identified by DHCS by February or March of 2023. Lucero discussed their development of a Peer Specialist registry so a person can check on the status of their certificate. She also discussed the establishment of their Stakeholder Advisory Council that meets monthly.

Lucero Robles provided these additional updates on the program:

Areas of Specialization in Progress (Justice Involved, Unhoused and Crisis Care):

- Conducted focus groups with subject matter experts for input and feedback
- Produced a landscape analysis and presented to the Stakeholder Advisory Council
- Have approved 21 training vendors in the four areas of specialization

Application/Exam Information and Updates:

- Application: \$100
- Exam: \$150
- CalMHSA has certified 184 individuals with Medi-Cal Peer Support Certification.

Andrea Wagner, Executive Director for California Association of Mental Health Peer Run Organizations (CAMHPRO), presented to the Council. Andrea shared that their goal as an organization is to promote peer-run organizations devoted to advocacy and empowerment for mental health consumers. Andrea shared that the initial intention of SB 803 was to recognize peers as experts in their own lived experience and recovery, legitimize peer support as a specialty mental health practice, and establish training and practice standards and framework for Medi-Cal. She emphasized the need to support non-certified peers not currently billing Medi-Cal, including voluntary or part-time peers. Andrea discussed the need for the supervisors of peer workers to be properly trained and understand the role of a peer worker. Andrea discussed the issue of community-based organizations that support certified peers but do not bill to Medi-Cal. Andrea suggests that there be an independent peer body to review appeals on a case by case basis for unique circumstances of persons who have been denied peer certification.

Stephanie Ramos, Education Director, and Dawniell Zavala, Associate Director of Cal Voices co-presented to the Council. They shared that their peer-run organization has approximately 60 to 70 peer workers that are either consumers, family members or

both. Stephanie and Dawniell shared that they echo much of what Andrea Wagner shared. They emphasized that peers are not just for consulting for feedback, but to be a part of co-creation and implementation at every stage of peer certification development to establish a partnership. They shared that they partnered with the Council on Criminal Justice and Behavioral Health (CCJBH) to create a survey of questions for consumers to respond to for the area of specialization on 'Justice Involved' and have received over 350 responses in less than a month. Stephanie and Dawniell stated that for peer support to be as successful as possible, we must transition from the medical model to a recovery model which requires a culture shift in the entire system. Stephanie commented on the disparity in the efforts to address the barriers to growing the clinical workforce, compared to the efforts to address the barriers to growing the peer workforce. She asserted the importance of growing both the clinical and peer workforce.

Alexandria Simpson, CA Department of Health Care Services provided updates on their guidance for implementation of peer support certification published in 2022:

Certification Updates:

- Established current certification process
 - CalMHSA currently accepting initial and grandparenting applications for certification
- Certification Exam
 - The Medi-Cal Peer Support Specialist Exam for early test takers concluded in October 2022
 - The Medi-Cal Peer Support Specialist Exam is available for all test takers as of December 2022
- 2023 Scholarship Rollover
 - Rolling over \$3 million in Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA) funds through June 2023

Upcoming Priorities:

- Regular frequently asked questions (FAQ) updates
 - Telehealth based services
 - Supervisor Requirements
 - Plan of Care Development
 - Provider Application and Validation for Enrollment (PAVE)
- Continued opportunities for counties to opt in to Peers

7. Council Member Questions for Panelists

Vera Calloway requests that every advisory Council have two seats: one peer specialist and someone from a peer-run organization. She mentioned that she believes the Behavioral Health Advisory Council has 37 members, but only one consumer member.

Vandana Pant inquired if digital providers who want to recruit certified peers to work with Medi-Cal patients, would be supported for reimbursement by DHCS.

Alexandria Simpson reported that telehealth guidance is being developed.

Barbara Mitchell voiced concern for peer providers who don't always want to be labeled as a "peer" which requires lived experience and the potential issues they may encounter finding employment with other organizations due to stigma. She also inquired about reimbursement rate based on educational levels.

Alexandria Simpson clarified that the reimbursement rate is not different, but there may be pay scale differences from the employer.

Steve Leoni discussed concern for counties looking at guidelines for ethics violations. He suggested having a panel of peers to make these judgments.

Public Comment:

Jack Barber discussed the disproportionate number of African Americans who are going through peer support certification and asked if it is being addressed.

Stacy Dalgleish expressed concerns about labeling someone as different if supervisors are not peers.

Jerry Hall stated that he hopes to see education around peer support leaders to manage stigma around the value of peer work.

Robert Forte, Cal Voices Ambassador for Southern region, a forensic peer and consultant for the sheriff department emphasized that a value cannot be placed on peer work.

8. CA Association of Local Behavioral Health Boards and Commissions Update

Theresa Comstock, Executive Director presented an update to the Council on their projects and activities. She reviewed their current issue briefs that are accessible on their website: Board and Care (ARF), Children and Youth and Transition Age Youth (TAY)Criminal Justice, Crisis Care Continuum, Disaster Prep/Recovery, Employment, LGBTQ+, Older Adults, Performance Outcome Data, and Suicide Prevention.

Theresa reviewed CALBHB/C top issues for support and advocacy voted on by the governing board for 2023:

- **Diversity, Equity & Inclusion**
 - Including racial, ethnic, cultural, linguistic, LGBTQ+, as well as individuals with intellectual, developmental and physical disabilities.
 - Integrating on-going mechanisms throughout behavioral health operations to increase diversity, equity and inclusion including: identification of barriers/gaps, identification of successes, program development, data analysis, stakeholder review, training, education, workforce and performance outcomes.

- **Performance Outcomes**
 - Identification
 - Standardization
 - Communication

- **Resources**
 - Housing (including ARFs and RCFEs)
 - Crisis Care Continuum
 - Workforce

Theresa announced their upcoming training to assist the boards and commissions to understand their role in approving the community planning process and ensuring diverse representation, information for all trainings on be found on their website.

Friday, January 20, 2023: Council General Session

9. Patient Rights Overview

Mike Phillips, Chair-Elect of the Patient Rights Committee and Senior Director of Patient Advocacy and Housing Services, Nellie Torres Klein, Lee Laurence, Taylor Amdal-Barela Asuncion, Melissa Hall, and Caley Watrous provided a panel presentation to the Council on the Patient Advocacy Services provided through the Jewish Family Service Program.

The panel highlighted that the Patient Rights Advocate Mandate requires each local mental health director to appoint, or contract for the services of, one or more county patients' rights advocates. The duties of these advocates are outlined in WIC 5520 and include: to receive and investigate complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, unreasonable denial or punitive withholding of rights; to monitor mental health facilities, services and programs for compliance with statutory and regulatory patients' rights provisions; and to provide training and education about mental health law and patients' rights to mental health providers. The advocates must also ensure that recipients of

mental health services in all licensed health and community care facilities are notified of their rights and are required to exchange information and cooperate with the patients' rights program. Patient Rights hearings may be conducted in the following locations: Correctional Facilities, Child and Adolescent Units, Military Hospitals (dependents only), Veterans Hospital, Acute Psychiatric Hospitals, Crisis Stabilization Units (CSU), and General Acute Care Hospitals/Inpatient Psychiatric Units. All concerns are resolved at the lowest level, usually within one day. Of the thousands of calls received monthly, some require use of the formal grievance process to most effectively resolve the issue.

The panel discussed how they investigate grievances and complaints of concerns about behavioral health at Skilled Nursing Facilities (SNFs), Adult Residential Facilities (ARFs) and Substance Use Disorder (SUD) facilities. They collaborate with the Ombudsman who addresses concerns about physical health. The most commonly SNF based grieved issues are regarding medication concerns (emergent, overmedication), confidentiality concerns, denial of rights, and quality of care. The most common ARF issues are bedbugs, evictions, quality and/or quantity of food, buildings repair needs, staff member rudeness, caregiver burnout/shortages, the need for more de-escalation training, inadequate SSI rate, and facilities closing. The process for appeals includes a review of an adverse benefit determination or "action" stated in the Notice of Adverse Benefit Determination (NOABD) received by the client within ten days of the termination date. The client must file the appeal within 60 days from the date on the NOABD and there is a 30-day appeal investigation timeline.

Carol Neidenberg, Director for the Consumer Center for Health Education and Advocacy, presented to the Council on their organization. The Consumer Center began offering services in 1999. They have knowledgeable consumer health advocates and experienced health care attorneys to help consumers obtain and maintain coverage, overcome barriers to necessary care, and navigate health systems. They partner with multiple state and local agencies including: the County of San Diego Health and Human Services Agency (HHSA), DHCS CMC Ombudsman program, Department of Managed Health Care Consumer Outreach and Assistance (COAP) partners, and Covered California Consumer Assistance Program.

The organization also offers direct legal services to assist with eligibility and enrollment assistance for Medi-Cal, Medicare Savings Programs, In Home Supportive Services (IHSS) and Covered California denials, terminations, and affordability issues. The most common eligibility barriers are over income/share of cost (SOC), excess assets, residency, redeterminations, and name and gender markers. The legal services also assist with enrollment and disenrollment barriers, and effective date disputes. They prioritize quick resolutions through their established county and state contacts, and also represent consumers at appeal hearings and in Superior Court to secure eligibility.

Public Comment:

No public comment.

10. Committee Report Outs

Housing and Homelessness: Council Staff, Eva Smith provided an update to the Council. The committee had three presentations, Alpha Project, a local non-profit organization to San Diego that provides an array of homeless services. Also Lived Experience Advisors/Safe Village Pilot Program presenters discussed their efforts to expand shelter capacity, add safe non-congregate shelter options, and increase outreach with professionals trained to assist those with behavioral health or substance abuse needs, and deploy resources. Third, the committee received an update on Bridge Housing from Ilana Rub, Section Chief for the Behavioral Health Bridge Housing Program. Eva also provided an update on the committee's plans for hosting a community listening session to hear from consumers on their housing preferences.

Performance Outcomes: Chairperson, Susan Wilson discussed POCs three Data Notebooks (DNBs) in progress. Susan reported their 2021 DNB on Racial and Ethnic Inequities is finished, with just a few modifications to be made. Their 2022 DNB on the Effects of Covid-19 have received about 35 responses; until they have at least 45 or more they will be finished later this year. Their 2023 DNB on Stakeholder Engagement, is in progress and questions are being developed. Susan reported that at the Council's April meeting for General Session they are planning to have a panel of presenters on performance outcomes. They also plan to bring their Stakeholder Engagement DNB to California Mental Health Advocates for Children and Youth (CMHACY) with Council Member, Christine Frey as a speaker to present and acquire feedback.

Patients' Rights: Chairperson, Daphne Shaw reported the committee reviewed the paper they are currently developing, Patient Rights Advocacy in California: Analysis and Recommendations. The paper includes what has changed or not changed since 2017, their last paper on this topic. Daphne reported they have been consulting with the CA Office of Patient Rights as they continue to be concerned about staffing ratios and are looking to see how they can assist. PRC plans to advise the Director of State Hospitals, as part of their state mandate for the committee.

Executive Committee: Chairperson, Noel O'Neill shared that the committee discussed procedures for meeting minutes to be sure they are complying with the Brown Act. They reviewed the Welfare and Institutions Code (WIC) to ensure the work of the Council reflects our mission and vision, while also adhering to statutory mandates. Noel reported in regards to fulfilling the Council's statutory requirements, the Council needs improvement in the area of evaluation in order to provide more recommendations on the public behavioral health system. He also discussed the Council's development of 'norms for engagement,' or 'community agreement.' It has been decided the entire Council should participate in the development of these documents intended to help guide discussions at Council meetings.

Legislation: Council Staff, Naomi Ramirez provided an update to the Council. Three organizations presented to this committee and provided their policy platform and priorities for the upcoming session: CA Association of Alcohol and Drug Program Executives (CAADPE), CA Council of Community Behavioral Health Agencies (CBHA), and County Behavioral Health Director's Association (CBHDA). Gail Gronert of CBHDA provided an overview of the governor's proposed budget and reported that they will not be sponsoring any legislation this year as they are busy with the new legislation. CAADPE and CBHA are planning to sponsor legislation and welcomes the Council to partner and take positions. The committee approved their updated policy platform that will be posted to the Council website soon. The committee also spoke with the new Council leadership on their approach to taking positions on legislation. Members discussed ensuring following the details in bills, so the committee can influence development of regulations when needed. Naomi reported members also discussed potentially changing its name to properly capture the activities of the committee such as advocacy. The committee expressed interest for the next meeting to invite California Association of Social Rehabilitation Agencies (CASRA) and Children's Alliance on their priorities. Members also expressed interest in receiving training on how a bill becomes law and how to best advocate to be most effective. Lastly, Assembly Member Jasmeet Baines spoke with the committee on her Assembly Bill (AB) 33, which would require a task force of law enforcement, prosecutors, first responders, school officials, community leaders and addiction experts to create a coordinated plan to solve the fentanyl crisis. The bill will be reviewed at the next meeting. Jasmeet Baines welcomed the committee's feedback and to sponsor legislation.

Workforce: Chairperson, Vera Calloway reported that the Program Coordinator, Jason Navarro from San Diego County Behavioral Health Employment Solutions Department presented to the committee on consumer clients who went through the program and still utilizes services. The committee continues to look at different employment models, due to Individual Placement and Support (IPS) being the predominant model throughout state. The committee is interested in developing a white paper of employment services including peer support that are available to any consumer. Vera reported they approved their 2022-2023 charter. The committee had a presentation from John Madriz, the Section Chief of Grants Management Division present an update on the 2020-2025 Workforce Education and Training (WET) Plan and Department of Health Care Access and Information (HCAI) Behavioral Health. She also shared that the committee had a follow-up discussion on developing a letter of recommendation for the state and DHCS for occupational therapists to offer licensed to Occupational Therapists (OTs) as licensed mental health practitioners and licensed practitioners in healing arts.

Systems and Medicaid: Chairperson, Karen Baylor reported that the DHCS issued a concept paper on the 1115 waiver that is being submitted to Centers for Medicare (CMS) that provides a continuum of care that has Institutions for Mental Disease (IMDs) viable for receiving Federal Financial Participation (FFP). The committee worked to review the paper and provide feedback. Karen also shared about a presentation from CBHDA that provided an overview of the county requirements, if the waiver is approved.

The committee is interested in learning how it will impact the local level and had Orange County present on what they do with IMDs. Lastly, the committee continues to monitor what is happening with the Behavioral Health Continuum Infrastructure Program (BHCIP) and had a presentation from DHCS with updates for this program.

Children/Youth Workgroup: Christine Frey provided the update for this workgroup. She reported they are working on a letter of advocacy for a statewide high school peer counseling program to be created and implemented. They are currently reviewing and making revisions. The workgroup also discussed possible recruitment for more youth participation. Christine reported they talked about possible representation at the CMHACY conference in May. Lastly, the workgroup is encouraging the Council to grow its online and social media presence to reach more youth.

Reducing Disparities Workgroup: Susan Wilson reported that Performance Outcomes came to the Reducing Disparities Workgroup to review the questions for the 2023 Stakeholder Engagement DNB. Susan shared that the committee is looking to collect names of organizations that deal with issues of reducing disparities that Council Members are a part of to create an ‘annotated bibliography.’

Public Comment:

Barbara Wilson thanked the Council for their work in their committees. She expressed the importance of developing the behavioral health workforce and to not overlook professional development because peers might be less expensive.

Stacy Dalglish from Los Angeles County announced CALBHB/C’s new chair of the commission, Kathleen Austria.

Andrea Wagner from CAMPHRO suggested expanding peer support as an apprentice program for youth.

11. Closing Remarks

Noel O’Neill concluded the general session meeting and retired his role as the Council Chairperson. Deborah Starkey takes on the role of Chairperson and Tony Vartan as Chair-Elect.

Meeting Adjourned at 12:00pm

**California Behavioral Health Planning Council
General Session
Thursday, April 20, 2023**

Agenda Item: Mental Health Block Grant (MHBG) Overview

Enclosures: Glenn County PowerPoint Presentation

Background/Description:

Joe Hallett, LCSW, Glenn County Behavioral Health Director, HHSA Deputy Director will provide a brief overview of Glenn County's behavioral health services followed by a presentation on Glenn County's Mental Health Block Grant programs.

To facilitate the Council's knowledge about Mental Health Block Grant (MHBG) funding and counties' use of the funds within their systems of care, Glenn County will discuss (3) three main areas:

- 1) How does your county utilize the MHBG funds?
- 2) Describe any specific innovative program(s) the county has implemented and the impact on individuals with Serious Mental Illness and Serious Emotional Disturbance such as programs using First Episode Psychosis (FEP) or Dual Diagnosis (DDX) set-aside funding.
- 3) Tell us about any evidence-based or community-defined practice(s) implemented in your county that have been effective in meeting the needs of your county's population. Can you share any outcomes?

**Glenn County
Health and Human Services Agency
Behavioral Health**



April 2023

GLENN COUNTY
— HHSA —
HEALTH & HUMAN
SERVICES AGENCY

CHARACTER COUNTS

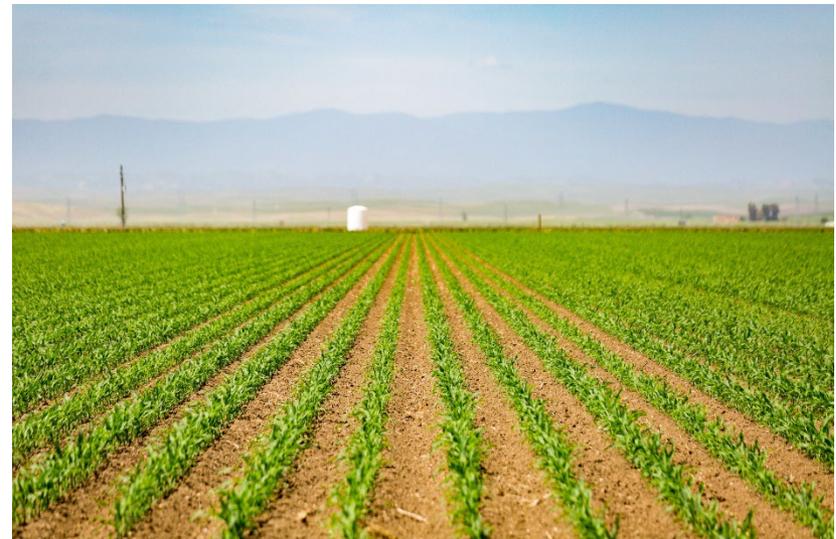
**HEALTH &
OPPORTUNITY
FOR ALL!**

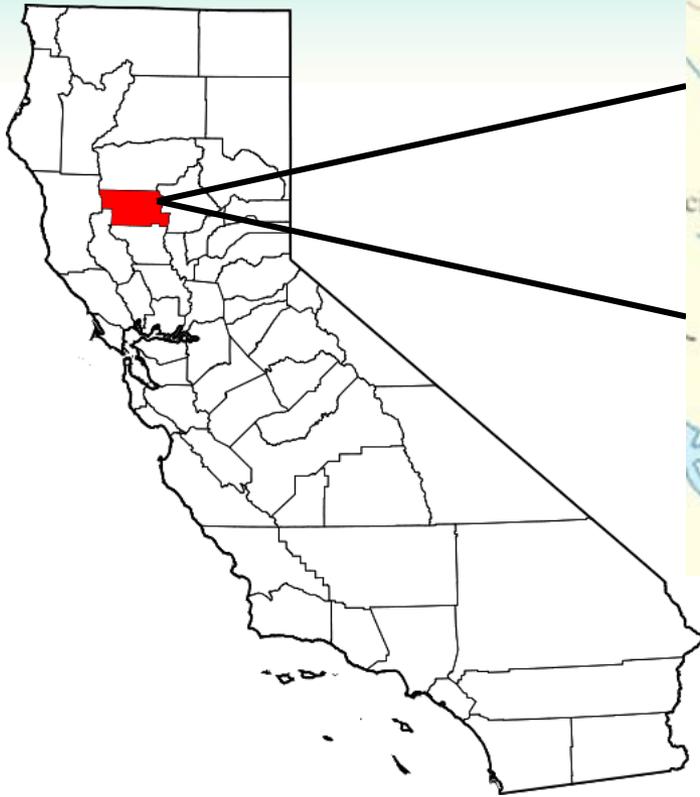
**BUILDING
HEALTHY
FUTURES!**

**ONE AGENCY
ACCESSIBLE
TO ALL!**

WISE—WELLNESS, INTEGRITY, SERVICE AND EMPOWERMENT

~ WELCOME TO GLENN COUNTY! ~





Glenn County Population Data

County of Glenn: 28,805

City of Willows: 6,244

City of Orland: 8,322

2021 U.S. Census Estimates

Glenn County Facts

Glenn County is located about half way between Sacramento and Redding in Northern California. Glenn County is primarily an agricultural community with mountains on the west, the Interstate 5 corridor taking you through rich farm land, and the Sacramento River bounding the east side of the County.

- Land Area, Square Miles: 1,314
- Persons per Square Mile (Glenn County): 22
- Persons per Square Mile (Statewide): 239.1

Glenn County Behavioral Health Service Locations

Willows Behavioral Health



Behavioral Health clinic that includes both Mental Health and Substance Use Disorder (SUD) services for all ages.

Orland Behavioral Health



Behavioral Health clinic that includes services for individuals of all ages; includes the Transitions Learning Center (TLC).

Children's System of Care



Behavioral Health Clinic in Orland that includes Mental Health Services for youth and families, a Substance Use Perinatal Intensive Outpatient Program, and Child Welfare Services onsite.

Harmony House - Adult Wellness Drop-In Center



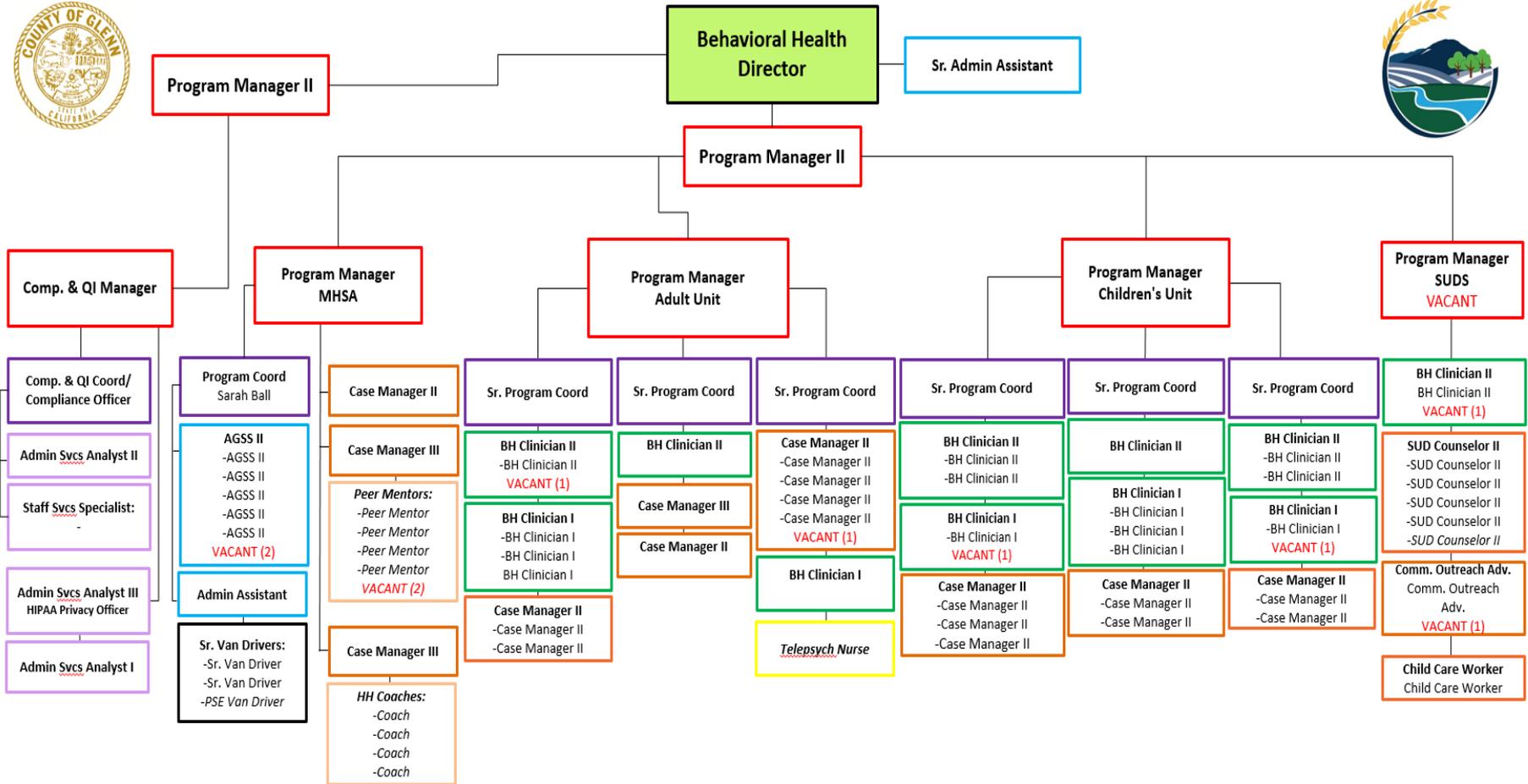
Offers a wide range of services, including health and wellness activities for adults, such as healthy lifestyles, WRAP, cooking classes, exercise, and walking groups.

TAY Wellness Center - Orland

A youth-run, youth-friendly environment offering peer support, expressive arts, mentoring, and counseling, as well as other healthy activities. Activities and support designed for youth, ages 14-24.



Behavioral Health Org Chart



Italicized = Public Service Worker (PSW)

Services

County Owned and Operated Services

- Outpatient SUD and Mental Health Services
- Drug Courts-Juvenile and Adult
- Behavioral Health Treatment Court
- Mental Health Student Services Act Grant
- Daytime Crisis services
- Student Mental Health Assessment and Response Team (SMART)
- Drop-In Centers
- Full Service Partnership
- SUD/Mental Health Prevention and PEI
- AB109



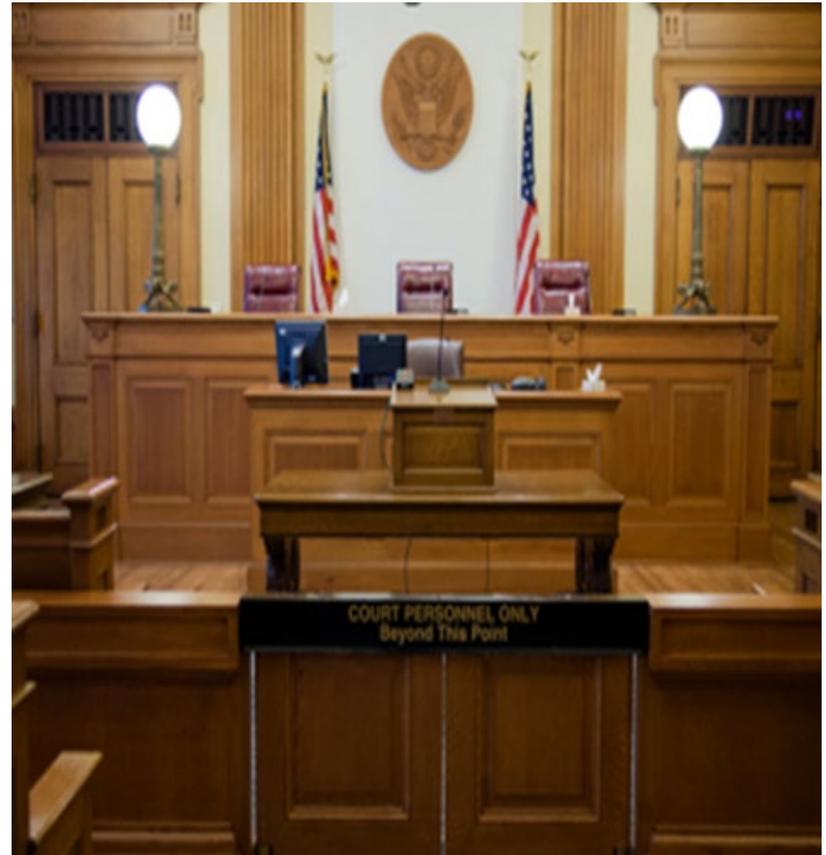
Contracted Services

- Psychiatry
- Therapeutic Behavioral Services
- Short Term Residential Treatment Programs (STRTP)
- Wraparound Services
- In-patient Psychiatric Hospitals
- Afterhours Crisis
- Residential SUD Treatment



CARE Court

- Cohort 1 County
 - Implementation by October 2022
- A new framework designed to link individuals with specific mental health disorders to county behavioral health to receive the support and care they need.
- Designed as a diversion process to prevent conservatorship or incarceration.
- Connects a person to a court-ordered Care Plan for up to 24 months.
- Clinically prescribed, individualized treatment plan, with supportive services and dedicated team.
- Anticipated to have up to 20 participants per year in Glenn County



Community Mental Health Services Block Grant (MHBG)

- Intensive Treatment Coordination Program
 - Supports consumers with intensive needs, and coordination of care with community resources
 - Glenn Medical Center, Local Law Enforcement Agencies, Probation, Jail, Courts, HHSA, Protective Services, Local Healthcare Providers etc.
 - Objectives for FY 2022-2024
 - Reduce the number of consumers in IMD facilities
 - Increase consumers' involvement in MDT meetings following discharge from inpatient
 - Increase mental health services for justice-involved consumers through use of Behavioral Health Treatment Court
 - Increase access to affordable local housing for consumers experiencing homelessness
 - Services Include:
 - Long-Term Residential Treatment Programs
 - Screening and Assessment
 - Outpatient Mental Health Services
 - Intensive Case Management

MHBG Olmstead Mandate

- Housing Services
 - Behavioral Health Staff Members of the Dos Rios Continuum of Care
 - Coordinated Housing Resources and Funding
 - Residential Facility Visits, Placement, Discharge Planning, and Transitional Support-Dedicated Case Manager
 - Outreach
- Home and Community-Based Services and Peer Support
 - Access to Drop-In Centers
 - Peer Support Staff Onsite
 - Community Resources, Skill Building Groups, Basic Needs
- Employment Services
 - Transitions Learning Center
 - Adult Education
 - Referrals to Technical and Trade Schools
- Transition From Hospitals to Community Settings
 - Intensive Case Management, Discharge Planning, Transitional Support

MHBG Staffing

FY 2022-23

Title of Position	FTE
Behavioral Health Clinician I	.08
Behavioral Health Clinician II	.09
Case Manager I	.08
Case Manager II	.15
Case Manager III	.05
Van Driver	1.0
Senior Program Coordinator	.05

FY 2023-24

Title of Position	FTE
Behavioral Health Clinician I	.09
Behavioral Health Clinician II	.08
Case Manager I	.07
Case Manager II	.14
Case Manager III	.04
Van Driver	1.0
Senior Program Coordinator	.04

MHBG- Dual Diagnosis

- Additional Funding for Providing Service to Consumers with Co-Occurring Mental Health and SUD Concerns
- Same Level of Service and Objectives with a Focus on the Co-Occurring Population
- Staffing:

FY 2022-23

Title of Position	FTE
Case Manager III	.05
Senior Program Coordinator	.01

FY 2023-24

Title of Position	FTE
Case Manager III	.03
Senior Program Coordinator	.02

Evidence-Based Practices

- Wellness Recovery Action Plan (WRAP)
 - Self-Identified Tools for Daily Wellness, Prevention, and Action-Planning Before and After a Crisis
 - Hope, Personal Responsibility, Education, Self-Advocacy, and Support



Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, 29(4) 311-314.

- Strengths Model Case Management
 - Not EBP, but model utilized by Case Managers
 - Rehabilitation Model
 - Utilizes Identified Skills, Talents, and other Positive Characteristics

Outcomes

- Percentage of Consumers in an IMD
 - Percentage dropped from 33% February 2022, to 29% February 2023
 - Total number of conserved increased from 24 to 28
 - Additional consumers have maintained lower levels of care
- Percentage of Consumers who attend a MDT Following Inpatient Discharge
 - No data available, but this is a standard practice
- Increased use of Behavioral Health Treatment Court
 - 13 unique individuals served the last 12 months
 - 5 Still Enrolled, 5 Discharged, 2 Unplanned Discharge, 1 Conserved
- Increased Access to Housing
 - 3 in-county single dwelling units specifically for Behavioral Health Consumers added 2023. None previously

Challenges



- All Contracted IMDs and Board and Cares are out of County
 - Difficult to Provide Intensive Services
 - Costs
 - Scheduling
- Limited Housing Resources in County
 - No Emergency Shelter, or Transitional Living
 - Shortage of Affordable Housing
 - Barriers to No Place Like Home
 - BHCIP Delays
- Workforce Shortages and Turnover
- Staff with Multiple Roles

~ Questions?~



**California Behavioral Health Planning Council
General Session
Thursday, April 20, 2023**

Agenda Item: Panel on Performance Outcome Measures

Enclosures: Welfare and Institutions Code Section 5772

WIC 5604.2 Duties: Related to Mental Health

Background/Description:

The California Welfare and Institutions Code gives the California Behavioral Health Planning Council the responsibility and authority to review program performance in delivering mental health and substance use disorder services. This includes:

- Reviewing and approving performance outcomes measures
- Reviewing performance outcomes data and other reports from the State Department of Healthcare Services and other sources
- Reporting findings and recommendations on the performance of programs to the Legislature, DHCS, and the local boards

The Performance Outcomes Committee has prepared a 2-day event as part of April's General Session meeting. Day one is a facilitated panel discussion moderated by Performance Outcomes Committee Chairperson, **Susan Wilson**, with data and evaluation experts representing key areas of the public behavioral health system.

Panelists include:

- **Debbie Innes-Gomberg**, Los Angeles County DMH, Deputy Director of Quality, Outcomes and Training Division
- **Samantha Spangler**, Behavioral Health Data Project Owner and CEO
- **Erika Cristo**, Department of Health Care Services (DHCS), Assistant Deputy Director of the Community Services & Licensing and Certification, Behavioral Health Division

Questions for the panelists: 2 hours

1. How do *you* define performance outcome measures?
 - a. What are 2-3 examples that you collect, and how long have you been collecting them?
2. What is the lens through which you collect performance outcomes measures? In other words, who and what do you have in mind when you choose and collect measures in regard to their functionality and usefulness?
3. How should we expect quality performance outcomes measures be collected, analyzed, and shared throughout the system?

Panel Presenters:



Dr. Innes-Gomberg is a Deputy Director for the Los Angeles County Department of Mental Health with responsibility for Quality Improvement, Quality Assurance, Outcomes and Training.

Over the course of her 30 year career with Los Angeles County, she has assumed leadership roles, overseeing the administration of the Mental Health Services Act (MHSA), outcome evaluation, prevention services, adult services, Jail Mental Health Services and served as a District Chief for the Long Beach/South Bay areas of Los Angeles County.

Dr. Innes-Gomberg is a member of the American and California Psychological Associations, as well as their Public Service Divisions (CPA- Div. 4 and APA- Div 18). She is the 2023 Chair of the California Quality Improvement Committee (CalQIC) Conference. She has served as the

Co-Chair of the County Behavioral Health Directors' Association's (CBHDA) MHSA Committee, including a member of its Governing Board. She is a leader in LA County and across the State on outcome evaluation of public mental health programs.



Samantha Spangler, PhD, is the owner and CEO of the Behavioral Health Data Project, a small consulting firm that helps behavioral health providers and government agencies use data to improve the quality and effectiveness of their behavioral health services. Prior to founding the Behavioral Health Data Project, Samantha was the Research and Evaluation Director at the California Institute for Behavioral Health Solutions (CIBHS). Samantha leads and conducts program evaluations, manages projects, and provides consultation related to data collection, analysis, and reporting for behavioral health and human services programs. Samantha has directed statewide and community-based data collection and evaluation efforts. Samantha is currently leading evaluations of California's 5-year Workforce Education and Training Plan, a multi-site

learning collaborative aimed at improving behavioral health outcomes through promoting equity and engagement in behavioral telehealth, and Mental Health Services Act (MHSA) Innovation projects in 3 California counties. Additionally, Samantha has recently led evaluations of two Whole Person Care pilot programs, Sacramento County's Perinatal Residential Substance Use Treatment System, Strengths Model Care Management implementation in the Santa Cruz County Housing for Health Division, and the Multi-disciplinary Assessment Team process for newly detained youth in Los Angeles County.

Previously, Samantha worked as an analytics consultant at Focus Strategies, a national consulting firm dedicated to supporting communities to use data-driven approaches to addressing homelessness, and a management and technology consultant at Cambria Solutions. Samantha earned a PhD (2009) and a Master of Science (2006) in Neuroscience from the Erasmus Medical Center in Rotterdam, The Netherlands, and a Bachelor of Science degree from the University of North Carolina, Chapel Hill. She completed an interdisciplinary autism research fellowship at the University of California Davis MIND Institute in 2014.

Erika Cristo, is the Assistant Deputy Director of DHCS Community Services & Licensing and Certification, within the Behavioral Health Division. Ms. Cristo has over 20 years of State of California experience in the behavioral health field including several years with DHCS and the former Mental Health Services Division. Erika Cristo's former responsibilities were over complex, analytical, and high-level staff work. She provided subject matter expertise and consultation that informed Division decisions, recommendations, and policy development; and performed ongoing work related to the implementation of mental health services covered by Medi-Cal managed care plans. Erika will be representing DHCS's perspective on performance outcomes measures.

WELFARE AND INSTITUTIONS CODE SECTION 5772

The **California Behavioral Health Planning Council** shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

(a) To advocate for effective, quality mental health and substance use disorder programs.

(b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.

(c) To review program performance in delivering mental health and substance use disorder services by annually reviewing performance outcome data as follows:

(1) To review and approve the performance outcome measures.

(2) To review the performance of mental health and substance use disorder programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.

(3) To report findings and recommendations on the performance of programs annually to the Legislature, the State Department of Health Care Services, and the local boards, and to post those findings and recommendations annually on its Internet Web site.

(4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties.

(d) When appropriate, make a finding pursuant to Section 5655 that a county's performance in delivering mental health services is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature.

(e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder health systems.

(f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

(g) To make recommendations to the State Department of Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health and substance use disorder services.

(h) To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed.

(i) In conjunction with other statewide and local mental health and substance use disorder organizations, assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties.

(j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.

(k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

(l) To suggest rules, regulations, and standards for the administration of this division.

(m) When requested, to mediate disputes between counties and the state arising under this part.

(n) To employ administrative, technical, and other personnel necessary for the performance of its powers and duties, subject to the approval of the Department of Finance.

(o) To accept any federal fund granted, by act of Congress or by executive order, for purposes within the purview of the California Behavioral Health Planning Council, subject to the approval of the Department of Finance.

(p) To accept any gift, donation, bequest, or grants of funds from private and public agencies for all or any of the purposes within the purview of the California Behavioral Health Planning Council, subject to the approval of the Department of Finance.

(q) Notwithstanding subdivisions (a), (c), (e), (g), and (i), in the event that the State Department of Health Care Services determines that California's Community Mental Health Services Block Grant funding pursuant to Section 300x et seq. of Title 42 of the United States Code is in jeopardy due to the California Behavioral Health Planning Council's noncompliance with the requirements specified in Public Law 102-321, the State Department of Health Care Services shall notify and consult with the California Behavioral Health Planning Council, and the California Behavioral Health Planning Council shall make the changes necessary to comply with federal law.

(r) The Legislature finds and declares that the amendments made to subdivisions (a), (b), (c), (e), (g), (i), and (k) by the act that added this subdivision are consistent with Section 5892.

(Amended by Stats. 2017, Ch. 511, Sec. 15. (AB 1688) Effective January 1, 2018.)

WIC 5604.2 DUTIES: Related to Mental Health

The local mental health board shall do all of the following:

1. **Review and evaluate the community's public mental health needs, services, facilities, and special problems** in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. **Review any county agreements entered into pursuant to [Section 5650](#)**. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.
3. **Advise the governing body and the local mental health director as to any aspect of the local mental health program**. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.
4. **Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process**. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.
5. **Submit an annual report to the governing body** [usually the Board of Supervisors] on the needs and performance of the county's mental health system.
6. **Review and make recommendations on applicants for the appointment of a local director of mental health services**. The board shall be included in the selection process prior to the vote of the governing body.
7. **Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council**.
8. **This part does not** limit the ability of the governing body to transfer additional duties or authority to a mental health board.

(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall **assess the impact of the realignment of services** from the state to the county, on services delivered to clients and on the local community.

In addition, pursuant to W&I Code Section 5848, the local mental health board **conducts a public hearing on the county's MHSA Three Year Program and Expenditure Plan and Annual Update.**

**California Behavioral Health Planning Council
General Session
Friday, April 21, 2023**

Agenda Item: Performance Outcomes Discussion

Enclosures: CHCF Almanac, 2022 Edition – Mental Health in [California Quick Reference Guide](#)

CHCF Almanac, 2022 Edition – [Substance Use in California-Quick Reference Guide](#)

Background/Description:

Following Thursday's Performance Outcomes panel of expert's presentation, the Council will have a follow-up discussion on performance outcomes measures and the Council's role in evaluation of these measures.

To give Council Members a better understanding of current evaluation efforts Toby Ewing, Executive Director of the Mental Health Services Oversight & Accountability Commission (MHSOAC), will provide an overview of the MHSOAC's data and evaluation efforts. Following the presentation will be a discussion lead and facilitated by members of the Performance Outcome Committee, along with Theresa Comstock (CALBHBC).

This discussion will focus on separate but related questions from those the Thursday panelists answered, including:

1. What is your perspective/lens when it comes to performance outcomes?
2. What kinds of outcomes does the Planning Council want to measure?
3. What data is already being collected that aligns with these measures?
4. What is the Planning Council's role in this process?
5. What are the next steps?

This discussion is the first step for the Planning Council in re-evaluating our roles and responsibilities around performance outcomes and data collection/evaluation. Working towards meaningful progress on this topic will require further discussions to follow up on this event.

Invited Guests



Toby Ewing, Ph.D., joined the Mental Health Commission in 2015 after working for governance reform as a consultant to the California State Senate, research director at California Forward, and a project manager at the Little Hoover Commission. In addition, Ewing worked as the Director of the California Research Bureau and the California Cost Control Commission.

With the Commission, Toby launched California's first Mental Health Innovation Summit and an Innovation Incubator to promote novel approaches to improving mental health systems in California. He has also steadfastly worked to increase public access to high-quality data on mental health funding, programs, and outcomes.

Toby has championed community engagement with more than \$5 million in annual grants that support stakeholder advocacy, the launch of a youth leadership initiative, and creative ways of reaching the public, including through community engagement and filmmaking. The goal has always been the same: to elevate the voices of consumers, family members, and communities on mental health issues.



Theresa Comstock is the Executive Director of the CA Association of Local Behavioral Health Boards and Commissions (CALBHB/C). CALBHB/C supports the work of California's 59 local mental and behavioral health boards and commissions by providing resources, training, and opportunities for communication and state-wide advocacy. Local boards are responsible for reviewing community mental health needs, services, facilities, and special problems. They serve in an advisory capacity to local governing bodies and local mental and behavioral health directors per California Welfare and Institutions Code Section 5604.2.