California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

June 7, 2024

Behavioral Health Transformation

Department of Health Care Services

P.O. Box 997413

Sacramento, CA 95899-7413

RE: May 30, 2024, Behavioral Health Transformation Public Listening Session on the County Integrated Plan for Behavioral Health Services and Outcomes

Dear Behavioral Health Transformation Team:

The California Behavioral Health Planning Council has the statutory authority to review, evaluate, and advocate for persons with Serious Mental Illness (SMI) and youth with Severe Emotional Disturbances (SED) in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with the Council's Policy Platform and our vision of a behavioral health system that makes it possible for individuals with lived experience of a serious mental illness or substance use disorder to lead full and purposeful lives.

The CBHPC appreciates the Department of Health Care Services (DHCS) for hosting monthly listening sessions to engage stakeholders in the implementation of the Behavioral Health Transformation (Proposition 1).

CBHPC staff and Council Members attended the May 30, 2024, Behavioral Health Transformation Public Listening Session on the County Integrated Plan for Behavioral Health Services and Outcomes. Included in this letter is our consolidated response to the questions posed in the listening session.

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DHCS Question to Stakeholders: Do the macro questions capture the key areas to address through the Integrated Plan? Would you add or change any?

The CBHPC has reviewed the macro questions and recommends the addition of the following questions: Which organizations are receiving funding, what communities are they serving, and what services are they providing? This will help increase transparency in how counties are working to leverage community resources and reach a more diverse population.

Regarding the macro question about braiding/blending funding: braiding funding does not add value since all counties must braid funding to make their budgets work. We ask that DHCS consider reevaluating what information the state is seeking in this question. What will the state do with the response from the counties?

Additionally, the CBHPC recommends that the state connect with organizations that are doing this work successfully and elevate their stories, lessons learned, and best practices. It may be helpful to arrange consultation sessions with interested parties to build out a robust set of macro questions and ensure that the consultation sessions are public knowledge.

DHCS Question to Stakeholders: What guidance or technical assistance from DHCS to counties would you like to see regarding the local development process for the Integrated Plan?

We suggest that Federally Qualified Health Centers (FQHCs) be specifically identified as stakeholders in this process since they cater to 1 in 5 Medi-Cal beneficiaries and serve those with mild to moderate behavioral health needs. This would help remove silos in care and help push forward state initiatives to improve the No Wrong Door Initiative and warm hand-off referrals. FQHCs are also contracted providers in some counties and can offer unique perspectives.

For Macro Question #3, the state may consider making a statement to recognize the representation of culturally diverse populations within the county. This is an opportunity to really appreciate efforts to engage LGBTQ, youth, and those with lived experience. Reaching all populations with a focus on diversity in these stakeholder discussions is important to our efforts and aligns with DHCS' vision.

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For Macro Question #5, the state should ensure these public meetings are accessible. For instance, sessions should be hybrid, close to public transportation, and offer childcare.

DHCS Question to Stakeholders: When preparing the budget reporting structure for the Integrated Plan, what key elements would you want DHCS to capture?

CBHPC suggests that the budget reporting structure also include details on populations of focus within the Continuum of Care framework reporting structure. We recommend that DHCS ensure that the data is disaggregated by race and ethnicity to verify where funds are being invested within the community.

It would be beneficial to also see which Community-Based Organizations, if any, received funding. This involves including the amount of funding, services offered, and target population(s) served.

This reporting requirement may be strenuous for the counties during the initial stages, therefore, collecting good data that will be used in a meaningful way is crucial.

DHCS Question to Stakeholders: What are your thoughts on utilizing the BH Continuum of Care Framework for organizing data in the Integrated Plan? Are there other changes you would recommend to the revised Framework?

The BH Continuum of Care framework can work well so long as it includes demographic data (race, ethnicity, age, etc.) and highlights the priority population that it's serving. Additionally, we ask that DHCS clarify why inpatient services are included with residential treatment. The CBHPC recommends that the state create a subcategory for residential treatment and a subcategory for inpatient treatment centers such as Crisis Stabilization Units.

<u>DHCS Assumptions Feedback:</u>

In response to the assumptions presented during the webinar, we agree with the assumptions overall and in concept. Ideally, the assumptions could be more client and family centered. The Integrated Plans should describe how the community planning process benefits consumers and the community at large. The plans should be a useful tool for counties to use

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during their community planning process and should be available to consumers.

In addition to the responses above, the CBHPC would like to note that stakeholder engagement is currently done differently in every county, and we recognize that building an effective, robust stakeholder engagement process can be very difficult. We appreciate the focus on prioritizing stakeholder engagement and encourage the state to include persons with lived experience as well as family members as primary stakeholders.

Every individual who uses public behavioral health services should be invited to participate in the Integrated Plan development, particularly at the early stages of the process.

If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Deborah Starkey
Chairperson

CC: Paula Wilhelm, Interim Deputy Director, Behavioral Health, DHCS
Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS
Marlies Perez, CEA, DHCS