



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AGENDA

January 20, 21, 22, and 23, 2026

[Bahia Hotel](#)

998 West Mission Bay Drive, San Diego, CA 92109

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 **January 5, 2026** 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, January 20, 2026

2:00 p.m. [Performance Outcomes Committee](#)

Wednesday, January 21, 2026

8:30 a.m. [Executive Committee](#)

10:30 a.m. [Patients' Rights Committee](#)

12:00 p.m. LUNCH (on your own)

1:30 p.m. [Workforce and Employment Committee](#)

1:30 p.m. [Legislation and Public Policy Committee](#)

Thursday, January 22, 2026

8:30 a.m. [Housing and Homelessness Committee](#)

8:30 a.m. [Systems and Medicaid Committee](#)

12:00 p.m. LUNCH (on your own)

12:10 p.m. Reducing Disparities Workgroup (tentative)

Thursday, January 22, 2026

COUNCIL GENERAL SESSION

Room: Mission DE Ballroom

Conference Call: (669) 900-6833 (Listen Only)

Meeting ID: 817 0827 1878 **Passcode:** 015656

1:30 p.m. Welcome and Introductions

Tony Vartan, Chairperson

1:40 p.m. Acceptance of January 2025 Meeting Minutes

TAB I

Susan Wilson, Chairperson Elect

1:45 p.m. Local Behavioral Health Services Overview

Tab J

*Nadia Privara Brahms, Interim Director of Behavioral Health Services,
County of San Diego Health & Human Services Agency*

- *Presentation (30 minutes)*
- *Council Member Question & Answer (15 minutes)*
- *Public Comment (5 minutes)*

2:35 p.m. 15-Minute Break

2:50 p.m. Council Focus for 2026

Tony Vartan, Chairperson and Susan Wilson, Chairperson Elect

3:10 p.m. Committee Report-Outs

- **Performance Outcomes:** Noel O'Neill, Chairperson
- **Executive:** Tony Vartan, Chairperson
- **Patients' Rights:** Mike Phillips, Chairperson
- **Legislation and Public Policy:** Javier Moreno, Chairperson
- **Workforce and Employment:** Bill Stewart, Chairperson
- **Housing and Homelessness:** Deborah Starkey, Chairperson
- **Systems and Medicaid:** Karen Baylor, Chairperson

4:00 p.m. 15-Minute Break

4:15 p.m. CBHPC External Partners Representation Updates

Tab K

*Noel O'Neill, Council Member, The Quality and Equity Advisory Committee
Jenny Bayardo, Executive Officer, Pacific West Hub Advisory Board*

4:40 p.m. General Public Comment

5:00 p.m. Recess

Public Comment: Limited to a **2-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. We respectfully ask those not participating to exit the meeting space to allow for Council business to occur.

Friday, January 23, 2026

COUNCIL GENERAL SESSION

Room: Mission DE Ballroom

Conference Call: (669) 900-6833 (Listen Only)

Meeting ID: 817 0827 1878 **Passcode:** 015656

8:30 a.m. Welcome Back & Announcements

Tony Vartan, Chairperson

**8:40 a.m. Patient Advocacy in Substance Use Disorder
Residential Treatment Facilities**

Tab L

Iris Olivares-Searcy, Patients' Rights Advocate, Jewish Family Service of San Diego, Patient Advocacy Program

Tera Gigax, Certified Medi-Cal Peer Support Specialist, Jewish Family Service of San Diego, Patient Advocacy Program

- *Presentation (45 minutes)*
- *Council Member Question & Answer (15 minutes)*

9:40 a.m. 20-Minute Break

10:00 a.m. Department of Health Care Services (DHCS) Update

Michelle Baass, Director, CA Department of Health Care Services

- *Presentation (20 minutes)*
- *Council Member Question & Answer (5-7 minutes)*
- *Public Comment (4-5 minutes)*

**10:30 a.m. Substance Use Disorder Voices for Change:
The Consumer Revolution**

Tab M

Robb Layne, Executive Director, California's Association of Alcohol and Drug Program Executives (CAADPE)

- *Presentation (20 minutes)*
- *Council Member Input/Discussion (10 minutes)*

11:00 a.m. Commission for Behavioral Health Update

Tab N

Riann Kopchak, Assistant Deputy Director of Legislative and External Affairs, Commission for Behavioral Health

- *Presentation (20 minutes)*
- *Council Member Question & Answer (10 minutes)*

11:30 a.m. 2025 Conference Sharing

Tab O

11:45 a.m. General Public Comment

11:55 a.m. Closing Remarks

Tony Vartan, Chairperson

12:00 p.m. Adjourn

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

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2026 Council Meeting Schedule

- April 14-17, 2026: [Residence Inn Sacramento Capitol Park/California Endowment](#), Sacramento, CA
- June 16-19, 2026: [Marriott Riverside at the Convention Center](#), Riverside, CA
- October 20-23, 2026: [Embassy Suites San Francisco Airport-South San Francisco](#), South San Francisco, CA

**California Behavioral Health Planning Council
General Session**

Thursday, January 22, 2026

Agenda Item: Acceptance of January 2025 Meeting Minutes

Enclosures: Draft January 2025 Meeting Minutes

Background/Description:

The January 2025 Draft Meeting Minutes will be provided to Council Members via e-mail a minimum of three days in advance of the meeting. Committee members will review and accept meeting minutes.

California Behavioral Health Planning Council General Session

Thursday, January 22, 2026

Agenda Item: Local Behavioral Health Services Overview

Enclosures: San Diego County Behavioral Health Services Presentation

Background/Description:

The California Behavioral Health Planning Council is mandated in Welfare and Institutions Code 5772 to review and evaluate the effectiveness of California's public behavioral health services. Behavioral Health directors from areas surrounding Council meetings are invited to present to the Council's full membership. San Diego County Health will provide a general overview of the behavioral health services they provide.

San Diego County Behavioral Health Director Bio:



Nadia Privara-Brahms, MPA, is the Acting Director of Behavioral Health Services (BHS) for the County of San Diego, Health and Human Services Agency. Prior to this position, Nadia served as the Assistant Director and Chief Strategy and Finance Officer for BHS where she led major initiatives, including departmental reorganization and change management, development of the Mental Health and Substance Use Optimal Care Pathways models, implementation of Behavioral Health Payment Reform, development of innovative provider partnerships, and the implementation of the new ELEVATE Behavioral Health Workforce Fund to recruit and retain members of the local specialty care system. Nadia has also successfully pursued over \$170 million in new grant funding to support expansion of local services and infrastructure. She has also spearheaded efforts to seek almost \$100

million of Proposition 1 Bond Infrastructure grant funding to develop a Behavioral Health Wellness Campus in the Midway District within the City of San Diego. Nadia holds a master's degree in public administration from San Diego State University.

San Diego County Behavioral Health Services

California Behavioral Health Planning Council

Nadia Privara, MPA, Acting Director, Behavioral Health Services
County of San Diego

January 22, 2026

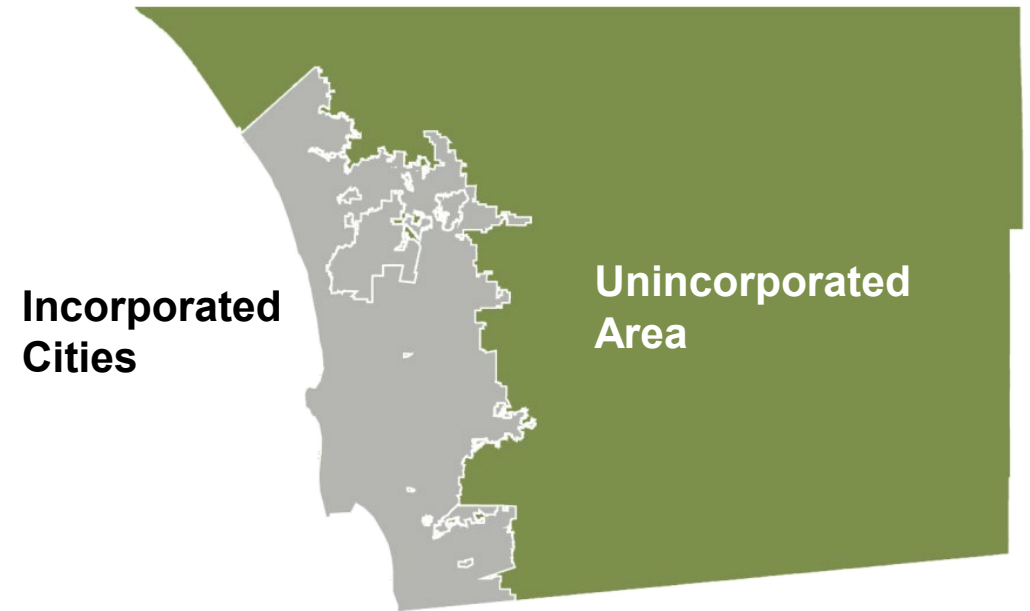


San Diego County



Overview

- 2nd largest county in CA
- Population of 3.3 million
- 18 incorporated cities
- 18 federally recognized tribes
- Geographic managed care (4 plans)



Highlights

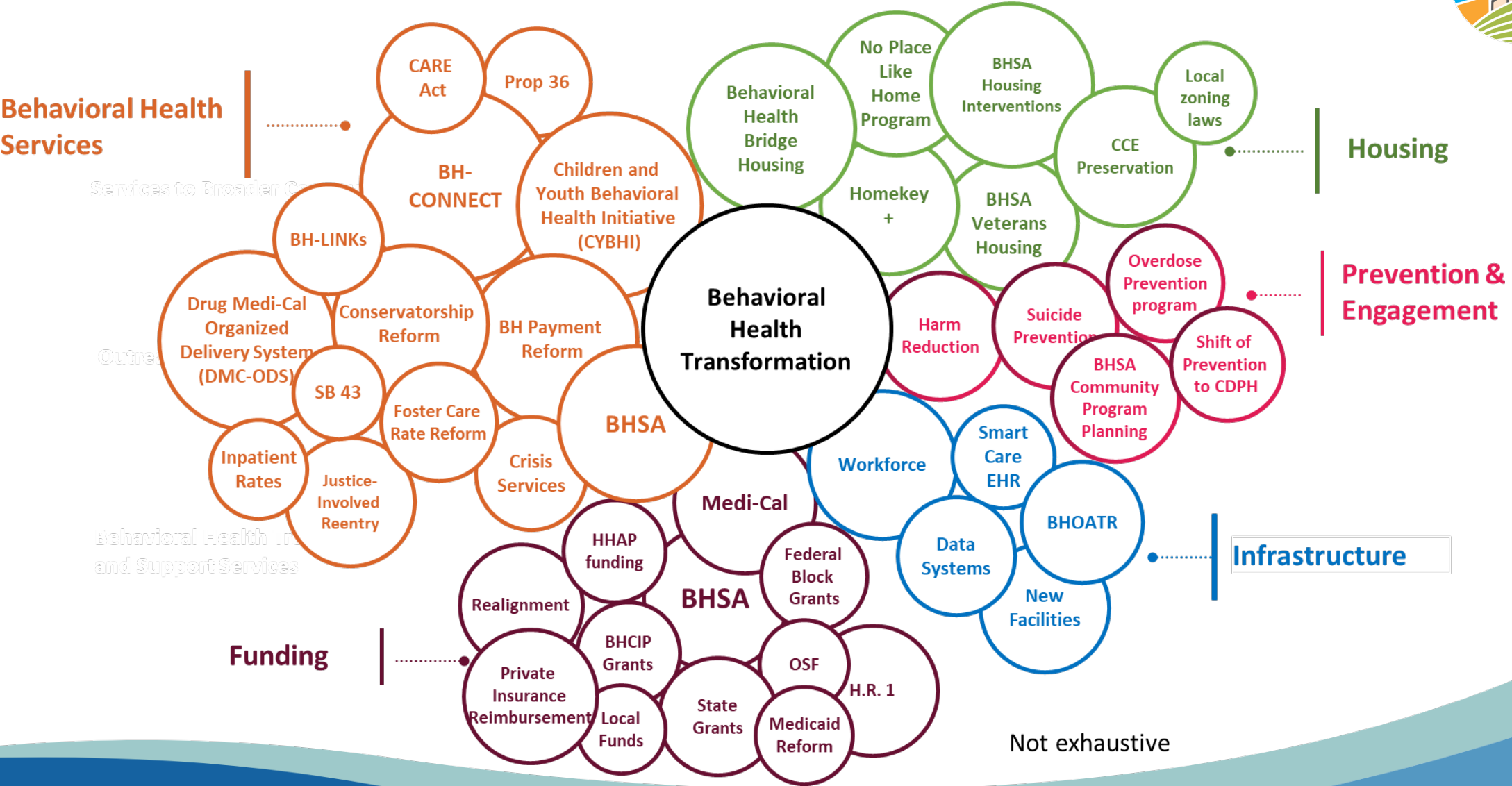
- BHS is separating from Health & Human Services
- Board of Supervisors
 - 3 Democrats, 2 Republicans
 - All 5 support for behavioral health expansion

Shift from Crises Care to Chronic Care & Prevention



From program to person-centered care.

Statewide Changes Impacting County Behavioral Health



San Diego County Behavioral Health Strategy



2021 RAND Study: Psychiatric Bed Capacity, Need, & Shortage

- Outlined a shortfall in California of (per 100,000 adults):
 - 1,971 acute inpatient beds
 - 2,796 subacute beds
 - 2,963 community residential beds

San Diego's Comprehensive Approach

- Reviewed local data, academic research, and best practices
- Assessed existing capacity and utilization for Medi-Cal beneficiaries
- Identified barriers and bottlenecks, with focus on members with complex needs

Optimal Care Pathways (OCP) Models



Focus of OCP Models

- Diversion from higher levels of care
- Appropriate lengths of stay
- Durations of connection to right level of care, in least restrictive setting

Service and Infrastructure Goals

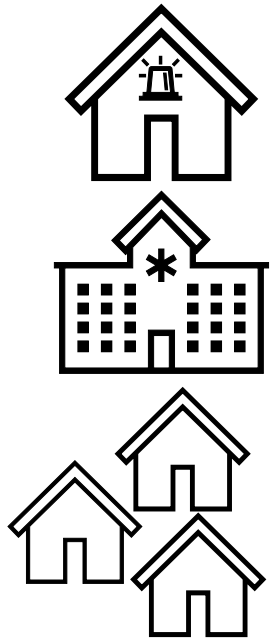
- Adult Mental Health OCP (September 2022)
- Substance Use OCP (March 2025)
- Housing OCP (*Development underway*)
- Children & Youth Mental Health OCP (*Development underway*)

OCP models serve as a roadmaps for service and infrastructure investments to support better client care and flow across services

Mental Health OCP Model



2022 vs. Future Recommended Bed
Utilization Days (in Thousands)

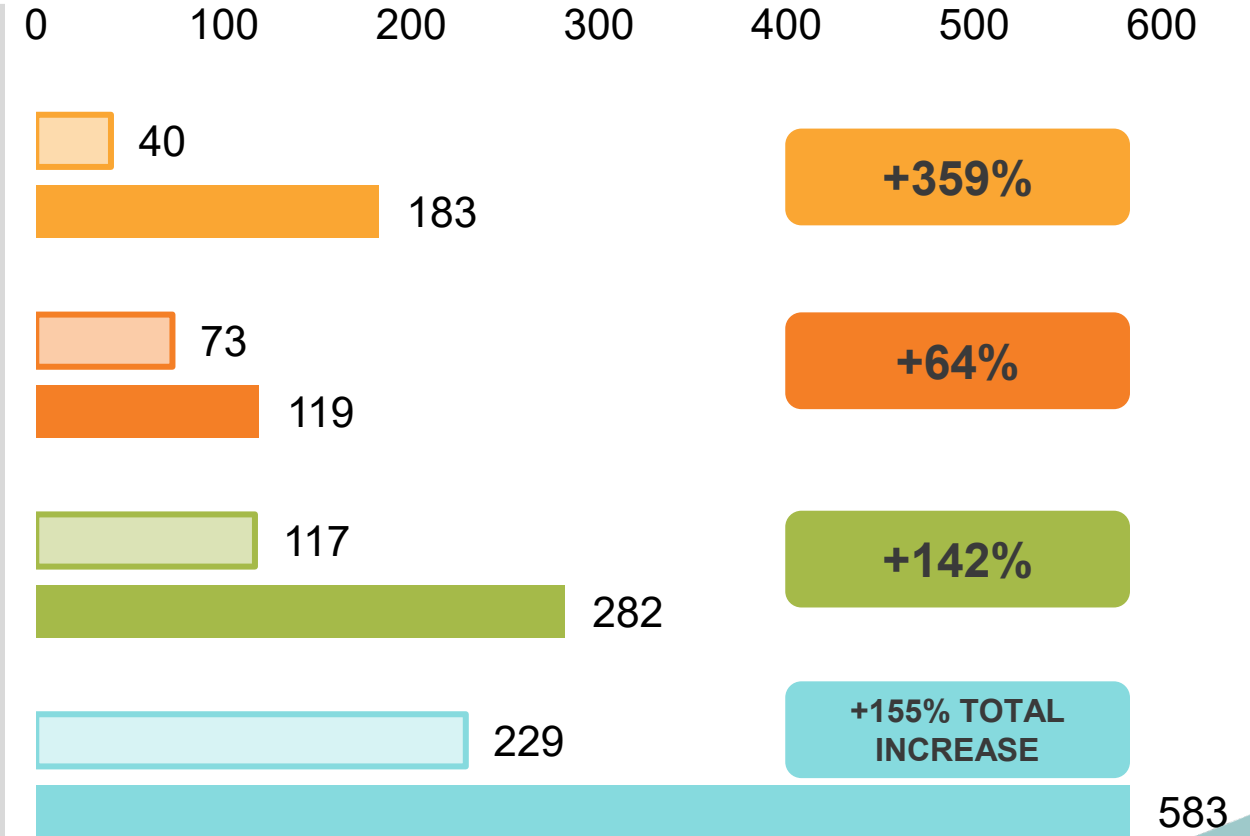


Crisis Diversion

Subacute Care

**Community-Based
Care**

**TOTAL
EXPANSION**



Substance Use OCP Model

- Assumes 3% annual growth (although need is much higher)

	FY 20-21 Clients Served*	FY 24-25 Clients Served*	% Growth Since FY 20-21	Clients Served Under Optimal System by 2030*
Transitional Support	0	0	0.0%	456
Residential Care	3,092	6,956	124.9%	8,851
Outpatient Care	8,305	9,157	10.3%	18,390
Housing Resources	1,576	2,768 [♦]	75.6% [♦]	5,033

*Duplicated clients ♦ Estimated

Funding Opportunities (Mental Health)



<i>Services</i>	<i>New Capacity</i>	<i>Funding Opportunities</i>
Mobile Crisis Services	+ 18 teams	<ul style="list-style-type: none">Crisis Care Mobile Units Grant (\$18M)
Psychiatric Acute Inpatient Care	+ 12 new beds	<ul style="list-style-type: none">BHCIP Round 3 Grant (\$16.7M)



San Diego County's Mobile Crisis Response Teams

Funding Opportunities (Mental Health)



<i>Services</i>	<i>New Capacity</i>	<i>Funding Opportunities</i>
Licensed Board & Care	+ 273 new slots	<ul style="list-style-type: none">• CCE Preservation Grant (\$16.6M)• BH Bridge Housing Grant (\$44.3M)
Forensic ACT Housing Interventions & Supports	+ 56 housing slots	<ul style="list-style-type: none">• Prop 47 Grant (\$8.0M)
Children's Crisis Residential	+ 16 beds	<ul style="list-style-type: none">• Bond BHCIP Round 1 (\$8.0M)
Children's Psychiatric Residential Treatment Facility*	+ 16 beds	<ul style="list-style-type: none">• Bond BHCIP Round 1 (\$20.0M)*

*Awarded to local provider

Funding Opportunities (Substance Use)



<i>Services</i>	<i>New Capacity</i>	<i>Funding Opportunities</i>
SUD Residential	+ 73 beds	<ul style="list-style-type: none">Bond BHCIP Round 1 (\$22.0M)
Recuperative Care	+ 49 beds	<ul style="list-style-type: none">BH Bridge Housing Grant (\$12.4M)
SUD Residential & Outpatient*	+ 150 beds + 2,000 slots	<ul style="list-style-type: none">Bond BHCIP Round 1 (\$86.0M)*

*Awarded to local providers



Rendering of the County of San Diego's Substance Use Residential and Treatment Services Facility

Funding Opportunities (Substance Use)



<i>Services</i>	<i>New Capacity</i>	<i>Funding Opportunities</i>
Behavioral Health Campus <ul style="list-style-type: none">• Social Rehabilitation• Subacute Care• MH Outpatient• SUD Residential• Crisis Stabilization Unit	<ul style="list-style-type: none">+ 15 beds+ 40 beds+ 35 slots+ 70 beds+ 16 recliners	<ul style="list-style-type: none">• Bond BHCIP Round 2 (TBD)• Application to be submitted by 10/28• Integrated campus with substance use and mental health services



Rendering of Behavioral Health Wellness Campus
(subject to adjustment during design process)

System Expansion & Sustainability



Infrastructure Funds to Support OCP Model Goals

- San Diego County awarded **over \$155M** grant funds
- Other local CBOs awarded **over \$105M** grant funds



Funding to Support Long-Term Sustainability

- Grants + ongoing funding
- Redesigning services to be Medi-Cal reimbursable
- BH-CONNECT, including new reimbursement opportunities
- BHSA
- Payment reform reinvestment opportunities



Significant one-time/ongoing funding is still needed to support service expansion, and infrastructure and housing development

Behavioral Health Workforce



\$75M ELEVATE Behavioral Health Fund (MHSA Innovation)

- Will recruit and sustain 3,000 BH workers
 - 0% interest loans with forgiveness via service in County-funded programs
 - Upskilling and Apprenticeships
 - Training, tuition support
- Went live in September 2025



The background is a solid blue color. A white, wavy, curved line starts from the top left and curves towards the bottom right, separating the blue area from the white area on the right.

Thank You

Nadia Privara, MPA
Acting Director
Behavioral Health Services
County of San Diego

California Behavioral Health Planning Council General Session

Thursday, January 22, 2026

Agenda Item: CBHPC External Partners Representation Updates

Enclosures: [Council Member Representation in External Groups Document](#)
[About Pacific West Cost Hub](#)

Background/Description:

The California Behavioral Health Planning Council participates in other statewide planning groups to make meaningful contributions to the development of behavioral health policies and services in California. Council Members are approved to represent the Council via CBHPC Operating Policies and Procedures 10.2.

10.2 Roles and Accuracy of Planning Council Positions

Individual members may be called upon to represent the Planning Council before the Legislature, state departments, or other groups. In addition, individual members may wish to represent the Planning Council at particular forums. In any forum, members must indicate whether they are representing the Planning Council or are speaking as individuals. Individuals may represent the Planning Council only when authorized by the Chairperson or Executive Officer and are responsible for representing the Planning Council's positions accurately.

During this agenda item, we will receive a brief update on two external groups to which Council members and staff participate: the Quality and Equity Advisory Committee & the Pacific West Hub Advisory Board.

**California Behavioral Health Planning Council
General Session**

Friday, January 23, 2026

Agenda Item: Patient Advocacy in Substance Use Disorder Residential Treatment Facilities

Background/Description:

The California Behavioral Health Planning Council is mandated in Welfare and Institutions Code 5772 to advocate for effective and quality mental health and substance use disorder programs. The purpose of this presentation is to inform the Council about the role of patients' rights advocates in substance use disorder facilities.

Patients' Rights Committee chairperson Mike Phillips is the Senior Director of Patient Advocacy and Housing Services for the Jewish Family Service of San Diego (JFSSD), which is contracted to provide patients' rights advocacy services in San Diego County. The JFSSD patients' rights team provides education, monitoring, and consulting in facilities throughout the county to improve the behavioral health system.

Two members of the JFSSD patients' rights team, Iris Olivares-Searcy and Tera Gigax, will present to the Council on patients' rights in substance use disorder treatment facilities. The presentation will include an overview of the patients' rights advocacy services that their team provides in local substance use disorder facilities, information on grievances and appeals, and examples of issues faced in the field.

Council Members will have an opportunity to engage with the presenters during a 15-minute question-and-answer session after the presentation.

Presenter Biographies:



Iris Olivares-Searcy has worked as a Patient Rights Advocate at Jewish Family Service of San Diego for the past five years. Her previous experience includes working for eleven years as a mental health rehabilitation specialist in a secured psychiatric unit.



Tera Gigax, Certified Medi-Cal Peer Support Specialist (CMPSS), has worked as a Patient Rights Advocate at Jewish Family Service of San Diego for the past four years. Her previous experience includes working for four years as a program coordinator at a substance use disorder residential treatment facility.

California Behavioral Health Planning Council General Session

Friday, January 23, 2026

Agenda Item: Substance Use Disorder Voices for Change: The Consumer Revolution

Enclosures: From Strategy to Action: CAADPE's 2026 Goals Presentation

Background/Description:

The California Behavioral Health Planning Council (CBHPC) has responsibilities under the Welfare and Institutions Code 5772 and Public Law 102-321 to advocate for persons with lived experience of Serious Mental Illness. The CBHPC also has advisory responsibilities in the Behavioral Health Services Act, which now also includes people with lived experience of substance use disorders only.

Robb Layne from the California Association of Alcohol and Drug Program Executives (CAADPE) will share exciting news about statewide efforts to uplift the voices of individuals with lived experience of substance use disorder to ensure their expertise is incorporated into policy recommendations and services provided in California.

Council Members will have the opportunity to engage in a conversation about the role they can play in elevating the voices of consumers of substance use services.

Presenter Biography:

Robb Layne, Executive Director, California's Association of Alcohol and Drug Program Executives (CAADPE)



Robb Layne is the Executive Director of the California Association of Alcohol and Drug Program Executives (CAADPE), the only state-wide association representing all types of substance use disorder services. In this role, Robb transformed the association into a vital player in the Substance Use Disorder (SUD) policy arena, grew the association's financial position, and created a wider political footprint for his members.

Robb graduated from the University of California, Davis, and began a career bridging multiple industries. Bookending where he started to where he is now, Robb spent over ten

years in the California State Assembly and California State Senate as legislative and committee staff. After leaving the Capitol, he was recruited to work as an executive team member at Partnership HealthPlan of California. After three years with Partnership, he was asked to join the County Behavioral Health Directors Association of California. He rebranded the organization, increased its exposure, and enhanced its reputation at the State Capitol.

CAADPE

CALIFORNIA ASSOCIATION OF
ALCOHOL AND DRUG PROGRAM EXECUTIVES

FROM STRATEGY TO ACTION:

CAADPE'S 2026
GOALS

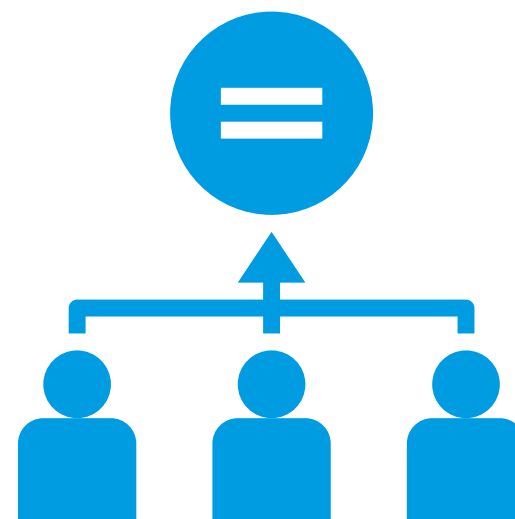


CAADPE.ORG

CAADPE 2026 GOALS SYSTEM TRANSFORMATION



**TECHINCAL
ASSISTANCE**

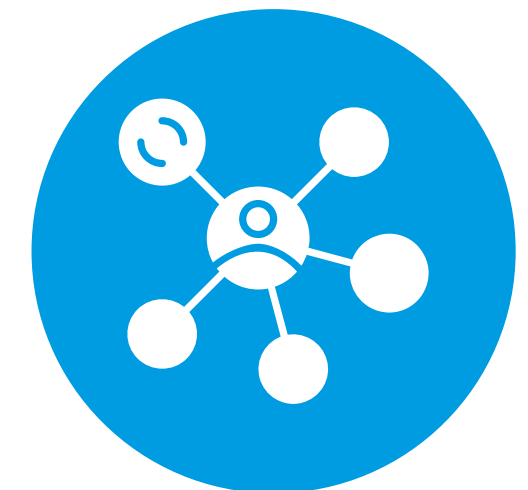


PARITY

**REDUCING
STIGMA**



**EXPANDING
THE
NETWORK**



**CONSUMER
VOICE**



SUD PARITY LEGISLATION



**OVERDOSE
AWARENESS
IN-CPR TRAINING**



**PROPOSITION 36:
ASAM-BASED
ASSESSMENT
STANDARD**



SUD YOUTH POLICY LEGISLATION



**SCHOOL SAFETY &
OPIOID OVERDOSE
PREVENTION ACT**



**BEHAVIORAL
HEALTH PROVIDERS:
ON-CAMPUS
NALOXONE
AUTHORIZATION**



SUD CONSUMER MOVEMENT



AS CALIFORNIA ADVANCES BEHAVIORAL HEALTH INTEGRATION, THE LACK OF A STATEWIDE VOICE FOR PEOPLE WITH SUD AND THEIR FAMILIES RISKS SIDELINING SUD PRIORITIES, MISALLOCATING FUNDS, AND MISSING SOLUTIONS INFORMED BY LIVED EXPERIENCE.

CALIFORNIA NEEDS A GRASSROOTS, STATEWIDE VOICE FOR PEOPLE IMPACTED BY SUD THAT IS INDEPENDENT FROM GOVERNMENT AND PROVIDERS. SUD VOICES WILL MEET THIS NEED WITH A CENTRAL HUB AND LOCAL AFFILIATES ACROSS THE STATE, LAUNCHED WITH CAADPE/SAPC SUPPORT AND TRANSITIONED TO INDEPENDENT SUD LEADERSHIP



JOIN US IN-PERSON



CAADPE'S FIRST POLICY SYMPOSIUM

WEDNESDAY, JANUARY 21, 2026 – THE CALIFORNIA ENDOWMENT

JOIN PROVIDERS, ADVOCATES, AND POLICYMAKERS FROM ACROSS THE STATE FOR A DAY OF CONVERSATION AND COLLABORATION. THE SYMPOSIUM WILL EXPLORE CALIFORNIA'S SUD POLICY LANDSCAPE, STATE PRIORITIES, AND COMMUNITY -DRIVEN SOLUTIONS.



SAVE THE DATE

THURSDAY, OCTOBER 29, 21, 2026 – CRI-HELP INC

CAADPE IS HEADING BACK IN PERSON —PLEASE SAVE THE DATE FOR OUR NEXT IN -PERSON MEMBER MEETING. JOIN FELLOW SUBSTANCE USE DISORDER AND BEHAVIORAL HEALTH LEADERS FROM ACROSS CALIFORNIA FOR TIMELY UPDATES, PEER CONNECTION, AND FORWARD -LOOKING CONVERSATIONS TO STRENGTHEN OUR FIELD.



CAADPE.ORG

THANK YOU!

Robb Layne -
robb@caadpe.org



California Behavioral Health Planning Council General Session

Friday, January 23, 2026

Agenda Item: Commission for Behavioral Health Update

Enclosures: BHSA Community Planning Process Stakeholder Toolkit

Background/Description:

The Behavioral Health Services Act (BHSA) provides an opportunity for the community to participate in shaping how local mental health and substance use services are planned and delivered through a Community Planning Process.

To educate and support individuals interested in engaging in their local planning process, the Commission for Behavioral Health will provide an update on their BHSA Community Planning Process Stakeholder Toolkit.

This toolkit is designed to help community members meaningfully participate in the BHSA Community Planning Process. It explains how the process works and how community members can get involved. The toolkit includes tools, examples, and resources to support community engagement.

Presenter Biography:



Riann Kopchak is the Assistant Deputy Director at the Commission for Behavioral Health, where she oversees legislation, external affairs, advocacy, and communications programs. She leads community engagement initiatives to identify gaps and barriers within California's behavioral health systems and has managed grant programs for many grantees totaling more than \$500 million in funding.

Riann brings over 20 years of public service experience, including leadership roles at the Department of State Hospitals and the California Department of Justice. She is also a practicing Marriage and Family Therapist and Professional Clinical Counselor, specializing in trauma-informed therapy for veterans, active-duty service members, first responders, and their families. She holds master's degrees in both Forensic Psychology and Counseling. Riann is recognized for her strategic and innovative approach to problem-solving, clinical expertise, and commitment to improving behavioral health systems across California.

BHSA Community Planning Process Stakeholder Toolkit

Riann Kopchak
Commission for Behavioral Health
*Assistant Deputy Director of Legislative
and External Affairs*
January 23, 2026



Project Goals

An accessible, inclusive, plain-language guidebook to help community members meaningfully participate in the Behavioral Health Services Act (BHSA) Community Planning Process (CPP).

1.

Help partners understand and engage in the CPP.

2.

Support community voice in planning and oversight.

3.

Promote equity, transparency, and accountability.

Community Engagement

- Discussions from project initiation with California Health and Human Services Agency, California Behavioral Health Planning Council, and Department of Health Care Services
- Review of the CalMHSA toolkit for counties to develop similar format and approach
- Attending community planning webinars and county planning meetings
- Soliciting feedback from partners on current processes
- Partner interviews and Listening Sessions
- Published January 2026



Toolkit Outline

- **Who** are counties required to consult with and who should stakeholders advocate for?
- **What** to advocate for?
- **How** do you advocate?
- **Ask** counties for help?
- **When** to advocate?
- **Where** do you go?



Toolkit Outline

- **When** to advocate?
 - Community Planning dates for each county
 - Three-year and annual cycles
- **Where** do you go?
 - How to navigate bureaucratic systems
 - Information specific to each county
- **How** do you advocate?
 - Best practices for community engagement and advocacy
 - Guidance on strategies
- **Ask** counties for:
 - Technology, accessibility, stipends, ages, translation, travel support, child care, elder care, technical assistance, etc.
 - Meaningful participation and partnership

Next Steps

Community Feedback

- Webinars and Listening Sessions
- Incorporate community input in future iterations

Language Access

- Language Access is a priority, not just for threshold languages
- In progress



California Behavioral Health Planning Council General Session

Friday, January 23, 2026

Agenda Item: 2025 Conference Sharing

Enclosures: California Hospital Association (CHA) 2025 Behavioral Health Care Symposium Conference Report

Background/Description:

The California Behavioral Health Planning Council periodically solicits Council Members to travel to events and conferences on behalf of the Council. The members are expected to share the information gained from these events with fellow members.

The following events were recently attended by Council Members who will provide a report-out:

- CBHDA Policy Forum
 - Tony Vartan
 - Susan Wilson
 - Uma Zykovsky
 - Barbara Mitchell
- California Hospital Association (CHA) 2025 Behavioral Health Care Symposium Conference
 - Uma Zykovsky
 - Karen Baylor

The following questions will be addressed in the report-outs:

1. What three things did you learn from this event?
2. How does what you learned relate to the work of the Council and/or your committee?
3. Is there any action the Council should take as a result of the information you learned? (If yes, please explain)

California Hospital Association (CHA)
2025 Behavioral Health Care Symposium
December 8-9, 2025
Uma Zykovsky Conference Report

1. What three things did you learn from this event?

a. HCAI presentation was overall very informative on how much loan repayment activities have expanded to support many other sectors, such as inpatient hospitals, community hospitals, and substance use disorders providers, such as MAT providers. The key is that such entities that apply provide at least 40% of the services to Medi-Cal beneficiaries. Takeaway – privately insured clients also benefit from these public dollars, as individuals can work across the organizations. This ends up supporting the workforce broadly but can be viewed as well as public funding supporting private pay clients. In other areas, there are loan repayment and training supports for peer support, school-based service provision (certified wellness coaches), and a community college career ladder track.

b. Michelle Baass presentation on parallel planning going on with Behavioral Health Plans, Managed Care Plans (MCPs), and the Community Health Assessment (CHA). Different planning processes are being aligned to integrate and pull multiple processes together. Specifically, the Behavioral Health Services Act (BHSA) will bring the CHA and the BHSA planning process closer. Parallel to this is the MCP reinvestment process.

c. Lanterman-Petris-Short Act (LPS) Annual Report and changes to laws impacting definitions for grave disability to include substance use disorder (SUD) (Senate Bill 43), how holds are done in this context, common misperceptions about 5150 holds, and how they are applied. A lot of good information and a status update.

d. Paula Wilhelm's presentation had a lot of detail. Some important elements for Institutions for Mental Diseases (IMD) exclusion opt-in within BH-CONNECT. Counties that do opt in will do all the BH-CONNECT Evidence-Based Practices (EBPs), so there is a lot to track and see its impact on the public behavioral health system.

Transition In-reach services are not only about jail and justice-involved population but also an element of in-reach to IMD-excluded facilities (total 180 days before and after discharge). It would be important to track this in different settings. Do individuals who receive these services transition and maintain better in the community? Will transitional rent and housing be a smooth transition for this vulnerable population?

1. How does what you learned relate to the work of the Council and/or your committee?

BH-CONNECT has many elements that the Systems and Medicaid Committee is closely following: IMD exclusion and the impact on services of Behavioral Health Transformation (BHT).

2. Is there any action the Council should take as a result of the information you learned? (If yes, please explain)

Idea for WET Committee follow-up: There are many possible areas for follow-up and analysis. Track whether loan repayment disbursements continue to lift up public behavioral health staffing needs. Since private providers, especially hospitals, pay higher salaries, will there be unintended effects on public system recruitment efforts? Good to track how different parts of loan repayment impact the workforce. Who is applying, and where is it benefiting most? Is it spreading benefits across the continuum of the public behavioral health system?

Idea for CBHPC follow-up: Explore how parallel stakeholder and planning processes in MCP and CHA are including or leaving out consumer voice and experience. It might be a good area to get more information as this develops further out of the **three**-year Integrated Plans, since some of those entities are established stakeholders in BHSA.

Idea for CBHPC to track: Where can one find the MCP Community Reinvestment Plan? If it relates to behavioral health, is public behavioral health involved? Are stakeholders aware and weighing in? Is there a process for their voice to impact change?

Idea for Housing Committee: How transitional rent plays out with changes in SAMHSA on funding.