

California Behavioral Health Planning Council (CBHPC)

General Session Meeting Minutes

April 18-19, 2024

CBHPC Members Present Day 1:

Susie Baker
Stephanie Blake
Monica Caffey
Erin Franco
Jessica Grove
Ian Kemmer (for Veronica Kelley)
Steve Leoni*
Lynne Martin Del Campo
Barbara Mitchell
Catherine Moore
Javier Moreno
Don Morrison
Dale Mueller
Jessica Ocean
Noel O'Neill

Elizabeth Oseguera
Vandana Pant
Deborah Pitts
Marina Rangel
Danielle Sena
Daphne Shaw
Walter Shwe
Maria Sierra
Deborah Starkey
Bill Stewart
Arden Tucker
Tony Vartan
Susan Wilson
Uma Zykofsky

*=Remote Appearance

CBHPC Members Absent

Amanda Andrews
Karen Baylor
John Black
Erika Cristo
Darlene Prettyman

Ali Vangrow
Sarah Poss
Karrie Sequeira

Staff Present: Jenny Bayardo, Naomi Ramirez, Justin Boese, Ashneek Nanua, Gabriella Sedano, Simon Vue, Peter Saechao

Welcoming and Introductions

Chairperson Deborah Starkey called the meeting to order. She welcomed Council Members and led self-introductions. A quorum was achieved with 29 of 37 Council Members present.

Approval of October and January Meeting Minutes (Action)

The October 2023 and January 2024 meeting minutes were reviewed and accepted with edits requested by Jessica Ocean and Steve Leoni.

Committee Report-Outs

Patients' Rights Committee: Chairperson Daphne Shaw reported that the Patients' Rights Committee received updates on SB-43 from Samuel Jain of Disability Rights California. The committee will continue to track the implementation of this bill, as well as any follow-up legislation, due to its impact on the patients' rights system. The committee continues to track implementation of the CARE Act and heard updates from Tony Vartan (Stanislaus County) and Ian Kemmer (Orange County). Melanie Roland from the Law Foundation of Silicon Valley presented to the committee on two pieces of patients' rights legislation they are seeking authors for. The first bill would ensure that people who are discharged from mental health holds are provided bridge medications and/or existing prescriptions upon request. The second would prevent the vehicles of people taken into custody for mental health treatment from being towed, and/or cover the negative consequences of their vehicles being towed. The committee will stay in communication with the Law Foundation regarding these potential bills.

Performance Outcomes Committee: Chairperson Susan Wilson provided updates on the 2022, 2023, and 2024 Data Notebooks. The Overview Report for the 2022 Data Notebook (Impact of the Covid-19 Public Health Emergency on Behavioral Health Needs and Provision of Services in California) has been published and the Executive Summary report will be finalized soon. Susan reported that the committee has collected 51 completed 2023 Data Notebook (Stakeholder Engagement) to date. Susan Wilson shared that members reviewed a draft of the 2024 Data Notebook, which focuses on Homelessness in the Public Behavioral Health System. The development on the survey questions and background information will continue with the goal of finalizing the document for distribution this summer. Lastly, Susan shared that in addition to the Data Notebook project, the POC will continue assisting with the planning and facilitation of public forum events similar to the panel and forum on Senate Bill 43.

Executive Committee: Deborah Starkey, Chairperson of the Council, shared that items discussed included Council appointments and the mentorship program. There are currently 2 vacancies, 1 Family Member/Parent of SED Child and 1 Direct Consumer. Written guidance has been developed for mentors and mentees that outline the responsibilities of each. The final version of the updated Council Priorities document was reviewed and will be posted to the Council webpage following the meeting. At this meeting members also received an update on the expenditures and budget from the Chief of Operations, Naomi Ramirez.

Legislation and Public Policy Committee: Chairperson Barbara Mitchell reported that the committee took 8 legislative positions. The committee is in support of Assembly Bill (AB) 2711, AB 2119, and AB 2995. The committee also supports Senate Bill (SB) 2411 in concept and members will continue to monitor and provide recommendations on the language to the sponsor of this bill. The committee opposed AB 2411 and SB 1238. Lastly, the committee decided to watch AB 1907. Barbara Mitchell shared that member discussed areas of concern regarding the Behavioral Health Services Act, which will be submitted to Council leadership. A motion to request the Council send a letter to the Department of Health Care Services (DHCS), Housing and Community Development (HCD), and the Department of Veteran Affairs, requesting involvement in the development and review of regulations for Prop 1 was passed.

Workforce and Employment Committee: Walter Shwe shared the success of the committee's advocacy efforts resulting in the approval of Occupational Therapists as Licensed Mental Health Professionals in the Specialty Mental Health Services System and Licensed Practitioners of the Healing Arts in the Drug Medi-Cal Organized Delivery System. Walter then reported the committee had an update from the Department of Health Care Access and Information (HCAI) on their behavioral health programs and the development of the Certified Wellness Coach (CWC) Benefit. Walter shared that the committee engaged in a robust discussion with Turning Point Community Programs and peer-run community-based organizations such as the Consumers Self Help Center and Project Return Peer Support Network regarding the challenges and opportunities to bill Medi-Cal for certified Peer Support Specialist services. The committee had presentations from the California Department of Rehabilitation (DOR), Butte County Department of Behavioral Health, and vocational rehabilitation programs, Caminar and Dreamcatchers Empowerment Network about efforts to support individuals with employment and productive role engagement.

Housing and Homelessness Committee: Chairperson Monica Caffey reported that Simon Vue is the new staff person for the committee. She shared that the committee heard multiple presentations. The first presentation was on Senate Constitutional Amendment 2, which would repeal Article 34 from 1950. Marlyn Sepulveda, Chief Operating Officer of the Hope Cooperative provided a presentation on their shared permanent housing. The committee received updates from Hal Zawacki, Assistant Regional Director for Substance Abuse and Mental Health Services Administration (SAMHSA). Teresa Comstock, Executive Director for the California Local Behavioral Health Boards and Commissions (CALBHB/C) provided an overview on Senate Bill 2411 and the members decided to monitor the bill. They also discussed that they sent a letter to SAMHSA regarding their interest in broadening the Federal definitions on homelessness to include people who have been in institutions more than 89 days, including prisons, jails, locked behavioral health facilities, and other residential treatment programs.

Systems and Medicaid Committee: Chairperson Uma Zykofsky reported that the meeting focused on older adults. The committee received an overview on the Master Plan for Aging as well as California Department of Aging (CDA) programs and services

for older adults with behavioral health needs from Stephanie Blake. The members engaged in a robust discussion with Dr. Ryan Quist, Behavioral Health Director for Sacramento County, on the older adult system of care programs and needs. Genelle Cazares, Executive Director for El Hogar, shared El Hogar's programs for older adults such as their Full Service Partnership, prevention and early intervention (PEI) program, and evidence-based depression intervention program. Genelle Cazares was joined by a senior graduate from the PEI program, SeniorLink, shared her experience and successes from engaging in the program. The committee also reviewed and approved the SMC Work Plan for 2024-2025.

Children/Youth Workgroup: Council Staff Ashneek Nanua reported that the workgroup had a 30-minute screening of the *Hiding in Plain Sight* documentary followed by a group discussion. The group is interested in planning a larger screening of the film with a panel presentation. The members agreed that the event will need to be very structured with a specific purpose and call to action, in addition to resources being included throughout the event.

Reducing Disparities Workgroup: Workgroup leader Uma Zykovsky reported that Anna Bolanos from the Department of Public Health Office of Health Equity provided a presentation about the work of the Office of Health Equity. The information will be posted on the website. Uma also shared that Monica Caffey was appointed to the Black Health Equity Advisory Group (BHEAG).

Substance Use Disorder Workgroup: Workgroup leader Javier Moreno reported that the workgroup reviewed the steps the Council has taken to date to integrate substance use disorder (SUD). Additionally, the Sacramento County Alcohol and Drug Advisory Board joined the meeting and was happy to see SUD included in the Council's Policy Platform. The committee developed the following recommendations:

- Identifying ways to address some of the licensing and certification issues that some providers are experiencing, including continued variances and audit findings which differ between non-medical and medical providers.
- Raising business and clinical standards to continue to weed out some of the bad SUD providers that provide subpar care.
- Ensuring that there's a greater stakeholder engagement with the development of regulations.
- Seeking parity between the private and public sector SUD providers.
- Ongoing community education on SUD related topics in an attempt to bring awareness to SUD related issues and in an effort to remove any existing stigma.

Public Comment

None.

Break

Department of Health Care Services Update

Paula Wilhelm, Interim Deputy Director of Behavioral Health at the Department of Health Care Services (DHCS) addressed the attendees. Paula shared that she joined DHCS in December of 2022 as Assistant Deputy Director for Behavioral health, working with Tyler Sadwith who has since moved into the Medicaid Director role. Prior to coming to DHCS, Paula worked for approximately 5 years with the County Behavioral Health Directors Association (CBHDA) Before that she worked in the public behavioral health system as a graduate student at the Senate Office of Research writing a paper about the Drug Medi-Cal Organized Delivery System (DMC-ODS).

Paula updated the Council on the Behavioral Health Transformation (BHT), Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-Connect), and the Health Equity Roadmap.

Paula also announced that DHCS is continuing to support Elevate Youth California (EYC) to bolster community-based and tribal organizations whose work prevents young people from using drugs. As a result, the Department is investing \$51.8 million in grants to 75 community-based and tribal organizations serving youth to expand substance use prevention programs. She also shared that DHCS is seeking stakeholder representation from up to 25 individuals and/or organizations with SUD prevention, treatment, and recovery experience to provide guidance, insight, and review from stakeholders across the state on the content and delivery of the AB 2473 curriculum. Applications are due by April 29, 2024. Lastly, she announced that DHCS is accepting proposals for presentations at the 2024 Substance Use Disorder Integrated Care Conference. The deadline to submit proposals is April 19, 2024.

CA's Behavioral Health System Redesign: County Implementation Update

Michelle Cabrera, Executive Director for the County Behavioral Health Directors Association of California provided an overview of California's Behavioral Health Delivery Systems, highlighted significant behavioral health policy changes and reforms, and gave updates on the implementation progress. Michelle highlighted that 45% (16.1 million) of Californians with insurance have with public coverage through Medi-Cal or Medicare as of 2022. Medicare coverage for behavioral health is more limited than Medicaid coverage. Behavioral health needs are often treated as "elective" services for those with private commercial insurance due to lack of network access & quality. Federal and state funding opportunities are often limited to competitive grants, unfunded optional benefits, or one-time, time limited. As a result, everyone across all systems feel the effects including cost shift to public payers including Medi-Cal and county behavioral health.

Michelle provided an extensive list of California's behavioral health reforms impacting county behavioral health from 2022 to 2024. This list included numerous new Medi-Cal

benefits; program and quality reforms; the Children & Youth Behavioral Health initiative; treatment & housing infrastructure initiatives; Lanterman-Petris-Short (LPS) Act & Crisis Continuum reform; CARE Court; Housing/Homelessness initiatives; Department of State Hospitals reform; and Parity. Michelle highlighted that the initiatives included have created a tremendous amount of work at the county level.

Michelle also highlighted reforms that are still pending which include the 90-day in-reach for individuals in carceral settings. She stated that four counties are anticipated to launch in October 2024 and the subsequent counties will be required to implement quarterly with all counties going live by 2026.

Public Comment

Steve McNally from Orange County shared that he has a son with schizophrenia. He thanked Michelle for her presentation and expressed a desire to receive access to the data referenced in her presentation. He shared that his fear is a lack of adequate funding. In a recent meeting his county shared that they estimate it will cost \$90 million to create a system to comply with the reporting requirements. He highlighted that the reporting is an unfunded mandate. Steve asked if this concern has come up from any other counties and if it is being discussed at the state level. Steve also stated that given how close that vote on Proposition 1 was, he hopes that the State will ensure adequate stakeholder feedback from the community and the counties to ensure services are not lost for individuals like his son.

Recess

CBHPC Members Present Day 2:

Susie Baker
Stephanie Blake
Monica Caffey
Erin Franco
Jessica Grove
Steve Leoni*
Lynne Martin Del Campo
Barbara Mitchell
Catherine Moore
Javier Moreno
Don Morrison
Dale Mueller
Jessica Ocean
Noel O'Neill

Elizabeth Oseguera
Deborah Pitts
Sarah Poss
Marina Rangel
Danielle Sena
Daphne Shaw
Walter Shwe
Maria Sierra
Deborah Starkey
Bill Stewart
Arden Tucker
Tony Vartan
Susan Wilson
Uma Zykovsky

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Amanda Andrews
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Darlene Prettyman
Ali Vangrow
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Welcome and Introductions

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Local County Behavioral Health Services Overview

Nicole Ebrahimi-Nuyken, Behavioral Health Director from El Dorado County addressed the attendees. Nicole shared the demographics and characteristics of El Dorado County. She highlighted that in El Dorado County the Behavioral Health Division has 3 branches, which are Mental Health Services, Substance Use Disorder Services, and then the Public Guardians Office. In this county, unlike most others, the Public Guardians Office is closely tied to their work and vision. El Dorado County is currently considered a small county for the Behavioral Health Division Group since their total

population is just under the 200,000 threshold with 194,425 individuals. The three Managed Care Plans in El Dorado County are Mountain Valley Health Plan, Anthem Blue Cross, and Kaiser. The County's mental health outpatient services include an Access Team, Children's Services, Transitional Age Youth Services, Adults and Older Adults Services, Medication Management, Wellness and Recovery, Prevention and Early Intervention, Intensive Case Management (ICM/FSP), Assisted Outpatient Treatment (AOT), Psychiatric Emergency Services / Psychiatric Emergency Response Team (PERT), Mental Health Diversion, and LPS Conservatorships & Investigations.

El Dorado County spends their Mental Health Block Grant (MHBG) First Episode of Psychosis Services (FEP) funds to enhance training and services. The county has an array of services including early intervention of coordinated, interdisciplinary, and evidence-based treatment when diagnosed with a FEP. They also have Full-Service Partnership (FSP) services which include both mental health and non-mental health services that help youth/young adult achieve their identified treatment goals using a "whatever it takes" approach. The FEP team offers outreach, screening, engagement, case management, symptom management, medication support services, substance use treatment, linkages to services, and other needed services and supports.

Nicole shared FEP client data for her county, which shows that in the first 9 months of fiscal year 2023-2024 there were 17 FEP clients and a total of 201 sessions received. Of the 17 clients, 4 were 0-15 years old and 13 were 16-25 years old. She also shared gender and ethnicity data for the clients served. She highlighted that the majority (14) of the clients were served at the Wellness Center. Additionally, 8 families attended a total of 58 Parent Support Groups, which she emphasized is important for the support of the clients.

Public Comment

Stacy Dalgleish congratulated Nicole Ebrahimi-Nuyken on her program. Stacy shared that she wishes her family had a program like El Dorado County's when they were in need. She asked Nicole her thoughts on whether the County's success is related to the fact that they have a predominantly white population and do not have to expend funds on serving other populations.

Steve McNally stated that he is intrigued by the County's Wellness Centers. He asked Nicole to provide more information about the size and scope of their wellness centers, what happens within the center, and the County's relationship with the school district. Steve shared the different types of wellness centers his county has.

Behavioral Health System Transformation Overview

Michelle Cabrera, Executive Director for the County Behavioral Health Directors Association of California provided a brief overview of Proposition 1 from the county perspective. Elements of Senate Bill (SB) 326 and Assembly Bill 531 were placed on the March 2024 ballot as Proposition 1. Michelle highlighted that the initiative has

several components, and some parts of SB 326 were not dependent on voter approval and therefore were not placed on the ballot. These sections include the following:

- Bronzan-McCorquodale ACT/1991 Realignment Welfare and Institutions Code (WIC) Sections 4090, 4094, 4096.5, 5675 which are related to mental health residential programming. These sections primarily add language related to California Advancing and Innovating Medi-Cal (CalAIM) and documentation reform.
- WIC Section 5813.6 which is related to DHCS reporting on state expenditures of the millionaire's tax by department to the Legislature.
- Section 115 which is related to DHCS authorities in effect due to urgency clause.

Michelle stated that we are on a fast 2-year timeline to implement the remaining provisions of the initiative. The Health and Human Services agency intends on engaging external stakeholders through listening session and a variety of standing forums. The State anticipates having bond funding available in the Summer of 2024 using the Behavioral Health Continuum Infrastructure Program (BHCIP) and Homekey structures. In early 2025, the State will release policy and guidance for county 3-year plans, which will guide the new community planning process. This will result in the core changes to the structure and funding of Mental Health Services Act (MHSA) programs and services starting at the end of 2025 or beginning of 2026.

Michelle provided a high-level summary of the elements of Proposition 1. She shared that eligible housing Interventions include rental subsidies; operating subsidies; shared housing; family housing for eligible children and youth; the nonfederal share for transitional rent; other housing supports, as defined by the Department of Health Care Services (DHCS), including, but not limited to, the community supports policy guide; Capital development projects, including affordable housing; and project-based housing assistance, including master leasing of project-based housing. Michelle also provided insight on the planning, reporting, and accountability process.

Public Comment

Stacy Dalglish asked if now that there is a fiscal carve out for substance use disorder (SUD) whether a clinician can re-chart and add a diagnosis for SUD to be paid from SUD funds.

Barbara Wilson thanked Michelle for her presentation. She followed up by asking Michelle if she thinks there is a possibility for regional planning through this new initiative.

Steve McNally thanked Michelle for her presentation. He shared that the data that is available needs to be shared more openly. He expressed the importance of stakeholders including local boards to be more connected to the State during the decision-making processes.

Break

Opportunities for BIPOC and LGBTQ+ Communities in the Behavioral Health Services Act (BHSA)

Stacie Hiramoto, Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) provided an overview of Proposition 1 focused on Community Defined Evidence Practices (CDEPs) and Reducing Disparities. CDEPs offer culturally anchored interventions that reflect the values, practices, histories, and lived experience of the communities they serve. Stacie stated that CDEPs are often preferred and more effective in serving black, indigenous, and people of color (BIPOC) and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ+) communities. They incorporate their culture, employ people from their respective communities, and ultimately reduce disparities. She highlighted that the California Reducing Disparities project (CRDP) is the largest and best example of many community defined evidence practices that have been funded by government for many years and formally evaluated. She shared the website to view more information of the CRDP.

Stacie shared that the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA) was primarily used to fund CDEPs. Under Proposition 1 the PEI will be split into 2 separate components. The Population-Based Prevention will be administered by the State Department of Public Health (CDPH). The Early Intervention will be administered by each county within the Behavioral Health Services and Supports (BHSS) component. She shared that CDEPs have also been funded through the Innovations component at the county level, however under proposition 1 Innovation funds are now at the State level at the Behavioral Health Services Oversight and Accountability Commission (BHSOAC). Stacie stated that under Proposition 1 the best opportunity for funding CDEPs will likely be under Population Based Prevention and the second-best option will likely be under Innovations. However, she shared that there may be some challenges as the proposition language states that Population-Based prevention cannot be used for individuals.

Stacie urged all attendees to be engaged in the Proposition 1 implementation process to ensure services are not lost. She shared that stakeholders should engage with CDPH, BHSOAC, the Department of Health Care Services (DHCS), Department of Health Care Access and Information (HCAI) and local counties.

Behavioral Health Services Act (BHSA): Council Member Discussion

Tony Vartan, Chair-Elect facilitated a conversation with all Council Members about the Behavioral Health Services Act. He emphasized the importance of the Council being involved in the implementation process and asked members to identify areas the Council should be involved.

Daphne Shaw stated several committees discussed the importance of the Council being involved in the development of regulations. She emphasized the importance of this being a top priority for the Council. Tony assured her that the Council will be sending a letter requesting inclusion.

There was a discussion among multiple members about the importance of the Council being involved in the data and outcomes component of the BHSA. It was stated that Performance Outcomes Committee (POC) will be involved in these efforts. Susan Wilson and Uma Zykofsky stated that there is data that will be of interest for multiple committees, and it may result in the need for multiple committees to work together.

Erin Franco asked how the Council feels about each committee having a research component. Tony stated that the Council can explore that if it is something the members would like to do. Further he stated that since the Council has a POC, an option is for a member from each committee to participate in the POC.

Noel O'Neill recommended the Council host a forum in San Diego in January and in Sacramento in April with a panel of representatives from the different state departments responsible for the implementation.

Steve Leoni recommended that Council Members send their list of concerns to Council staff as there is not sufficient time to address all recommendations during the meeting.

Tony urged members to consider Steve's comment. Additionally, he recommended that the Council have a discussion at a future meeting to ensure the recommendations are thoroughly discussed to inform members that may be part of conversations about implementation.

Tony also highlighted that the members of the BHSOAC are ExOfficio members of the Council and asked if there is interest from the Council to ask them to engage with us. Daphne shared that in the past members did participate and expressed the importance of resuming that relationship. Other members agreed.

Public Comment

Stacy Dalglish asked that the local boards are involved in the development of any new requirements. She also asked that any new requirements for the local behavioral health board be shared with Theresa Comstock from the California Local Behavioral Health Boards and Commissions (CALBHB/C) quickly. Theresa can then make sure all the local boards quickly receive the information, so they understand their new responsibilities.

Richard Krzyzanowski expressed his admiration for all the communities represented at the Council meetings. He stated that he feels like that work of the mental health community is slipping away, however he still he hopes to continue working alongside the Council.

Steve McNally shared his appreciation for the conversation. He asked that whoever runs the state's open data portal provide a tool to take the raw data and turns it into county level data. He highlighted that there is a lot of data available, however the data is not broadly advertised.

Benny Benavidez echoed the comments made by Stacy Dalglish.

Closing Remarks

Deborah Starkey thanked all participants for attending the meetings over the course of the last 3 days. She also thanked the Council staff for all of their work preparing for the meetings.

Adjourn

Chairperson Deborah Starkey adjourned the meeting at 12:00 p.m.