

California Behavioral Health Planning Council Legislation and Public Policy Committee Meeting

October 16, 2024
Meeting Minutes

Members Present:

Javier Moreno, Chair-Elect

Karen Baylor

Stephanie Blake

Jason L. Bradley (*Stand in for Sarah Poss*)

Erin Franco

Ian Kemmer (*Stand in for Veronica Kelley*)

Steve Leoni*

Catherine Moore

Noel O'Neill

Liz Oseguera

Marina Rangel

Danielle Sena

Daphne Shaw

Deborah Starkey

Tony Vartan

Uma Zykovsky

Staff Present: Jenny Bayardo, Naomi Ramirez

* = *Virtual Attendance*

Agenda Item: Welcome, Introductions, and Housekeeping

Chair-Elect Javier Moreno called the meeting to order and welcomed Council Members and attendees. Council Members, staff, and attendees introduced themselves. A quorum was established with 16 of 20 members present.

Agenda Item: Review and Accept June 2024 Meeting Minutes

The committee reviewed the meeting minutes from June 2024. The minutes were accepted as written with no revisions. Chair-Elect Javier Moreno moved to accept the minutes as written.

Agenda Item: CBHPC Year-End Legislative Report

Chief of Operations, Naomi Ramirez, reviewed and discussed the Year-End Legislative Report for 2024 with the committee. Some of the key points from the committee's discussion and feedback included:

- Depending on the topic of each bill, a different committee may take lead on the bill during the implementation phase.
- It may be helpful for the report to include a “next steps” section, documenting information such as the committee that is monitoring the bill and next steps.
- It may be important for the committee to consider possible next steps for dead or vetoed bills that the Council supported or opposed such as reintroducing a bill or working with sponsors to draft language for the upcoming legislative cycle.
- It is important for the Council to assess the sufficiency of current resources in following each piece of legislation and if there is not sufficient resources, the committee should consider the need to prioritize the allocation of resources to priority legislation.

**Agenda Item: Overview of Legislative Cycle and Discussion of
Committee Meeting Structure**

Naomi Ramirez, Chief of Operations, provided an overview of the committee’s current legislation process. Committee members also discussed and provided comments with respect the legislative calendar and the committee’s process. The key points from the discussion included:

- Council members can request specific bills to be included in the list of identified bills to present to the committee by sending Council staff an email.
- It was emphasized that the committee needs to take a more proactive approach rather than a reactive approach during the legislative session to avoid the need to consecutively develop and submit an overwhelming number of letters for pieces of legislation. It is also important to start having conversations about the Council’s interests with partners and authors, working with authors to clean up bill language, and identifying advocacy efforts in opposing bills that were passed.
- It was expressed that the Council is in a unique circumstance with regard to the Behavioral Health Services Act and it was suggested that the Council may not be ready to comment or take action at this time.
- It was identified that the list of partners included within the Overview of the Legislation Process document does not include a partnering organization with expertise in the substance use disorder treatment field. With the integration of substance use disorder into the Behavioral Health Services Act, it was recommended that the Council also partner with California Association of Alcohol and Drug Program Executives (CAADPE) and California Opioid Maintenance Providers (COMP) whom between both organizations, represent nearly all levels of care for substance use disorder, in helping to provide feedback and opinions on legislation related to substance use disorder treatment.

Following the discussion of the committee’s current legislation process, committee members provided recommendations for restructuring and organizing meetings as well as legislation and advocacy activities. Some of the key points from the member’s discussion included:

- The committee was encouraged to utilize the Consent Agenda and reduce the occurrences of pulling bills off the Consent Agenda to save time for discussion on other legislation.
- Committee members agreed to prioritize the discussion of legislation at the beginning of meetings and save presentations for after.
- Committee members expressed the need to have more in-between meetings to discuss legislation. It was also recommended for members to submit questions in advance regarding the bills so that staff has sufficient time to research and obtain the information, prior to the meetings.
- Committee members were encouraged to review legislations identified on the Consent Agenda ahead of time and share any concerns about the bills with staff prior to committee meetings.
- Committee members recommended prioritizing bills into tiers to efficiently allocate advocacy efforts for priority bills.
- It was emphasized that the Council needs to be more visible to the legislature and at hearings. Members suggested the utilization of committee members who are already present at hearings, to also represent and state the Council's position, if staff is not able to attend.

Agenda Item: Public Comment

Lynn Rivas, Executive Director of California Association of Mental Health Peer-Run Organizations, encouraged the committee to make a recommendation to the Department of Health Care Services to remove major mental illness diagnoses or anticipated major mental illness as a requirement for receiving services for early intervention. Lynn emphasized that this requirement is discriminatory against many marginalized communities and provided the example of stigma against the term “mental illness” within the African American community. She highlighted that many organizations do not use “mental illness” in their advertisements for their services and as a result they are serving many individuals who may have had a mental illness diagnoses had they been diagnosed.

Agenda Item: Partner's Voice: Behavioral Health Transformation

Amber Williams, Chief Executive Officer, and Lisa Willmes, Chief Strategy Officer, from Janus of Santa Cruz provided an overview on the organization's programs, services, funding streams, and past advocacy efforts.

Janus currently services 4,500 clients and their families each year, offering a full continuum of care for substance use disorder and co-occurring disorder treatments. Their services include withdrawal management, residential treatment, perinatal

treatment, medicated assisted treatment (MAT), intensive outpatient programs (IOP), and driving under the influence (DUI) services.

Janus has been able to successfully secure various funding opportunities through the years to assist in providing an array of programs and services for community members. The following highlights some of Janus' funding streams and what the funding opportunities have supported:

- *Path Cited:* This funding has assisted Janus with improving and updating data sharing systems and billing processes, ultimately helping to close the technology infrastructure gaps. Additionally, it supports their door-to-door referrals and transportation to withdrawal management and the operations of their Sobering Center that was re-opened in February 2024. The Sobering Center has helped divert individuals from jail and saves law enforcement time from booking people. In partnership with Managed Care Plan and the Sheriff's office, the Sobering Center provides enhanced care management and peer support services to individuals in its 10-bed residential facility. The Sobering Center also has on-site Licensed Vocational Nurses, Nurse Practitioners, and Emergency Medical Technicians. Janus has been able to serve 1,379 individuals from February 2024 to September 2024 in addition to only diverting a total of 17 people to the emergency room because of the Sheriff's mandate that all local law enforcement jurisdictions must use the Sobering Center.
- *Behavioral Health Continuum Infrastructure Program (BHCIP):* This funding has supported Janus' ability to open a perinatal residential facility in Watsonville for the underserved community of mothers and pregnant women with substance use disorders with children up to age 12 and tailoring services to the Spanish-speaking community.
- *Proposition 47 Passthrough:* This funding has allowed Janus to facilitate coordinating services to low level offenders including case management, housing navigation, peer support, job support, and connecting individuals to community and family resources.
- *The Center at Sierra Health Foundation:* This has allowed Janus to operate 50 locations in the state to coach and mentor 30 substance use disorder treatment providers. It has also assisted Janus with securing two mobile vans to expand their Narcotic Treatment Program (NTP) services and bringing medication assisted treatment and counseling services to patients in the community.
- *Central California Alliance for Health (CCAH)/Alliance Incentive Payment Program (IPP) Funding:* This funding has supported Janus in converting a currently owned and aging building to a fully functioning post hospitalization housing model.

Additionally, in 2015, Janus co-authored Assembly Bill 848 with Assemblymember Mark Stone to bring Incidental Medical Services (IMS) into residential facilities. This bill was passed, and Janus was able to support the Department of Health Care Services in developing the regulatory and licensing requirements. Janus also developed policies and procedures to implement a Medical Model of Care.

Following the presentation, committee members engaged in a question-and-answer discussion. Some of the key discussion points, responses, and additional information included:

- Amber shared that there is no incentive for providing perinatal services and explained that the reimbursement rate for their residents who are pregnant mothers with children, is the same rate for a single male.
- Amber shared that they could bill for medicated assisted treatment (MAT) as well as medical services through the Managed Care Plan. She emphasized that this is a disconnect for providers because many do not have contracts with Managed Care Plan.
- Janus receives the highest reimbursement rate for residential services in the state and can justify the rates due to their inclusion of medical staff and services.
- The statewide reimbursement rates are low for providers for many different reasons and are at no expense of the county. The initial negotiation of rates happens at the state level and then are passed down to the counties.
- It is vital for the operational issues to be sorted with the integration and transformation of California's public behavioral health system. Currently, a major barrier is that providers are having to bill in two different systems with each system having different billing requirements and separate regulatory oversight and steps to follow. There is a need to develop one system for providers to bill for all services.

Agenda Item: Public Comment

There was no public comment.

**Agenda Item: Behavioral Health Transformation Ad-Hoc Update and
CBHPC Member Discussion (Action Item)**

Executive Officer Jenny Bayardo provided a brief overview regarding the purpose of the Behavioral Health Transformation Ad-hoc Workgroup which includes assisting the Council in monitoring the implementation of Behavioral Health Transformation and representing the Council's position on related policies and regulations. The members consist of Susan Wilson, Barbara Mitchell, Javier Moreno, and Jenny Bayardo. Jenny shared that the workgroup was able to develop and submit several letters with comments and recommendations to the Department of Housing and Community Development (HCD), the Health and Human Services (HHS) Agency, and to the Department of Health Care Services (DHCS), which are all published to the Council's Advocacy and Legislation webpage. The Ad-hoc has met with the DHCS and HHS leadership teams and have requested to be involved during the development of regulations.

The workgroup's advocacy efforts and recommendations so far have focused on the definitions of chronic homelessness, homelessness, and veterans. The final definition released by DHCS is broad enough, and less restrictive than before, and therefore meets the intent of what the workgroup was striving for. Additionally, the Ad-hoc requested the inclusion of veterans with discharge statuses other than an honorable discharge to ensure that more veterans would be able to access and receive services.

Furthermore, the Ad-hoc shared about the advocacy efforts and concerns with other groups who the Council have not typically been partners with including some veterans' groups. The workgroup intended to write an additional letter to follow up with the definition of veterans, but after meeting with different veterans' associations and not being able to obtain data from the California Department of Veterans Affairs (CalVet), the members determined that there was not enough information to develop the letter at this time. Therefore, the workgroup decided to take a different direction with advocacy efforts.

In August, members of the workgroup met with the Executive Committee to start a discussion and planning of next steps. During this meeting, it was determined that there was a need to identify and prioritize different topics of the Behavioral Health Services Act (BHSA) that the Council is interested in monitoring and advocating for. The Ad-hoc workgroup developed an initial list of topics and created a crosswalk to outline the various topics which was presented to the Executive Committee earlier in the day. The Executive Committee accepted the topics chosen and recommended additional topics to be included in the crosswalk grid. The crosswalk also provides the relevant code sections that cover each topic along with the potential committee or committees that could help to follow the implementation and advise on the identified topics.

Following the update provided from Jenny, committee members were able to provide comments, suggestions, and ask questions. The key points from the discussion included:

- It is important to consider that it may be most effective for some topics on the crosswalk to have more than one committee to oversee and provide input on, rather than identifying one committee per topic.
- Some of the topics identified on the crosswalk needs to be refined to be more accurate and clear.
- It may be helpful to add a column to the crosswalk to document related activities for each topic.
- If the responsibility and topic is clear, there should be some flexibility for the committees to start working on addressing these topics as regulations are released for input so that the Council does not fall behind.

The next steps that were identified are:

- Committee members may provide additional suggestions for topics and/or other input by emailing Jenny and Chief of Operations, Naomi Ramirez, within the next two weeks.
- Staff will work to identify the code sections for the newly added topics and refine the topics.

Agenda Item: Public Comment

Steve McNally from Orange County shared that he found the crosswalk helpful in understanding better the Behavioral Health Services Act. Steve also expressed his concerns which includes transparency, the lack of involvement and input from the community, and the absence of discussions about the budget fluctuation and supplantation. Steve emphasized that there seems to be more discussion on the Behavioral Health Services Act and not the coordinated group of budgets and questioned the relationship between the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the Council. He also indicated that there are many people who believe that managed healthcare has what the Behavioral Health Services Act flexible funding housing money should be doing and expressed uncertainty of the effects supplantation would have.

Barbara Wilson from Los Angeles County expressed appreciation for the layout of the Behavioral Health Services Act crosswalk and asked if a copy will be available for the public. Executive Officer Jenny Bayardo shared that the first version of the crosswalk is available on the committee's website and the updated version would be made available upon finalization.

Agenda Item: Proposition 36 Overview

Monica Davalos, Senior Policy Analyst, from the California Budget & Policy Center provided an overview of Proposition 36 and key considerations.

Monica highlighted the current law which is known as Proposition 47 that was passed in 2014, reducing penalties for six nonviolent drug and property crimes from felonies to misdemeanors. Monica also outlined some of the positive impacts it has had within California's justice system which includes the reduction of prison overcrowding and prison costs. In addition, Proposition 47 generates savings that is redirected to the Safe Neighborhoods and Schools fund for supporting crime victims and efforts to reducing recidivism. The Safe Neighborhood and Schools fund allocates 65% of funds for behavioral health services and diversion programs, 25% for K-12 school programs to support vulnerable youth, and 10% to trauma recovery services for crime victims. Proposition 47 has reinvested more than 800 million in state savings toward these efforts.

The passing of Proposition 36 would increase penalties for drug crimes which includes a “treatment-mandated felony” charge against individuals for possession of illegal drugs, state prison sentences for individuals who sell large quantities of certain drugs including fentanyl, and requiring individuals convicted of possessing fentanyl while armed with a loaded gun to serve up to four years in state prison. Overall, there are various sentencing enhancements that come with Proposition 36 that are not currently part of state statute.

Proposition 36 would also increase penalties for theft crimes, including people with multiple prior theft convictions to be charged with a felony if they subsequently commit petty theft or shoplifting, which reverses a key reform implemented by Proposition 47. Additionally, it creates sentencing add-ons or enhancements that apply to people convicted of a felony involving damaged or stolen property valued at more than \$50,000.

The following are key considerations about Proposition 36 from the California Budget & Policy Center:

- It would create substantial new costs for both the prison system and court system at the local and state levels. There are no new revenues or funding sources to pay for these new expenses, therefore, state and local leaders may have to limit existing public services in order to fund the costs associated with Proposition 36.
- The increased penalties would reduce the state prison savings and in turn, defund the Safe Neighborhood and Schools fund which provides behavioral health treatment, housing, and other critical diversion supports for Californians who are currently being diverted from our justice system.
- It could increase homelessness in California because of the deep link between incarceration and homelessness. The statewide study from the University of California San Francisco (UCSF) on homelessness showed that nearly 20% of unhoused Californians entered homelessness directly from an institutionalized setting, primarily a jail or prison, because of the defunded critical programs aimed to support these individuals.
- It does not follow effective evidenced based interventions that have been proven successful in helping individuals to obtain mental health and substance use treatment.
- A key flaw in the court mandated treatment program is the absence of emphasis on simultaneously supporting these individuals experiencing homelessness with securing housing placements. Housing is a key component for those who are homeless and have a mental health or substance use disorder.

Following the presentation, committee members engaged in a question-and-answer discussion. Some of the key discussion points, responses and additional information included:

- The California Budget & Policy Center did not put together the data and estimated increased costs directly. Information regarding the estimates was

gathered from various state organizations and community organizations to illustrate the estimated costs for the state.

- Mandated treatment is not the most effective method and the rebounding rates for individuals who are mandated to treatment are very low.
- Proposition 47 is not linked to retail theft or shoplifting. There have been reports that organized retail theft have been greatly exaggerated by realtors and rose to predominance following the isolation and social breakdown from the pandemic, which was long after Proposition 47 was passed. There are many underlying factors that have influenced the rise in these types of crimes, including the increase of poverty.
- Research and data indicate that harsher penalties, such as incarceration, does not help reduce recidivism or behaviors like drug use. Intervention programs, economic security, and affordable housing help reduce recidivism and prevent individuals from committing crimes.

Agenda Item: Public Comment

There was no public comment.

Agenda Item: CBHPC Workgroup Updates

Members of the Reducing Disparities Workgroup, Children and Youth Workgroup, and Substance Use Disorder Workgroup provided updates regarding recent activities and upcoming meeting discussion topics.

Reducing Disparities Workgroup: Committee member Uma Zykovsky shared that the workgroup has completed the equity questions incorporating feedback given from the Executive Committee in June. These questions will be sent out to all the committees to use when requesting presenters for meetings. During the upcoming meeting, members of the workgroup will discuss the intersection of the changes and work of each committee along with potentially electing a new chair.

Children and Youth Workgroup: Committee member Erin Franco shared that the committee is planning a behavioral health awareness event for youth and their caregivers in January. The event will include a screening of *Hiding in Plain Sight*, a panel and focused on behavioral health support for youth.

Substance Use Disorder Workgroup: Chair-Elect Javier Moreno shared that the workgroup will be discussing priorities and topics to cover for 2025. Committee member Steve Leoni recommended for the workgroup to also consider discussing the differentiation of the term “recovery” for individuals with a substance use disorder and

individuals with a mental illness as well as ways to honor the differences as both integrates under the Behavioral Health Services Act.

Agenda Item: Adjourn

The meeting was adjourned at 4:52pm.