

# California Behavioral Health Planning Council Legislation and Public Policy Committee Agenda

Wednesday, October 16, 2024

1:30 pm to 5:00 pm

[Embassy Suites by Hilton Milpitas Silicon Valley](#)

901 East Calaveras Boulevard, Milpitas, California, 95035

Oak Room

[Zoom Link](#)

Meeting ID: 846 4012 1296 Passcode: 465852

Join by phone: (669) 900-6833 Passcode: 465852

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|----------------|--|--------------|
| <b>1:30 pm</b> | <b>Welcome, Introductions, and Housekeeping</b><br><i>Javier Moreno, Chair-Elect and Naomi Ramirez, Council Staff</i>  |              |
| <b>1:40 pm</b> | <b>Review and Accept June 2024 Meeting Minutes</b><br><i>Javier Moreno, Chair-Elect</i>  | <b>Tab 1</b> |
| <b>1:45 pm</b> | <b>CBHPC Year-End Legislative Report</b><br><i>Naomi Ramirez, Council Staff</i>  | <b>Tab 2</b> |
| <b>1:55 pm</b> | <b>Overview of Legislative Cycle and Discussion of Committee Meeting Structure</b><br><i>Naomi Ramirez, Council Staff</i><br><i>Javier Moreno, Chair-Elect and All LPPC Members</i>  | <b>Tab 3</b> |
| <b>2:15 pm</b> | <b>Public Comment</b>  |              |
| <b>2:20 pm</b> | <b>Partner's Voice: Behavioral Health Transformation</b><br><i>Amber Williams, Chief Executive Officer, Janus of Santa Cruz</i>  | <b>Tab 4</b> |
| <b>3:05 pm</b> | <b>Public Comment</b>  |              |
| <b>3:10 pm</b> | <b>Break</b>   |              |
| <b>3:20 pm</b> | <b>Behavioral Health Transformation Ad-Hoc Update And CBHPC Member Discussion (Action Item)</b><br><i>Javier Moreno, Chair-Elect and All LPPC Members</i>  | <b>Tab 5</b> |
| <b>4:00 pm</b> | <b>Public Comment</b>  |              |
| <b>4:05 pm</b> | <b>Break</b>   |              |
| <b>4:15 pm</b> | <b>Proposition 36 Overview</b><br><i>Monica Davalos, Senior Policy Analyst, CA Budget &amp; Policy Center</i><br><i>Scott Graves, Budget Director, CA Budget &amp; Policy Center</i><br><i>CA District Attorneys Association (Invited)</i> | <b>Tab 6</b> |
| <b>4:50 pm</b> | <b>Public Comment</b>  |              |

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

# California Behavioral Health Planning Council Legislation and Public Policy Committee Agenda

4:55 pm

**CBHPC Workgroup Updates**

Tab 7

*Javier Moreno, Chair-Elect and Workgroup Liaisons*

5:00 pm

**Adjourn**

The scheduled times on the agenda are estimates and subject to change.

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

## **Committee Members**

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

Amanda Andrews, Karen Baylor, Stephanie Blake, Monica Caffey, Erin Franco, Veronica Kelley, Steve Leoni, Catherine Moore, Noel O'Neill, Liz Oseguera, Sarah Poss, Darlene Prettyman, Marina Rangel, Danielle Sena, Karrie Sequeira, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Uma Zykovsky

If reasonable accommodations are required, please contact the Council at (916) 701-8211 **not less than 5 working days prior to the meeting date.**

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**  
Wednesday, October 16, 2024

**Agenda Item:** Review and Accept June 2024 Meeting Minutes

**Enclosures:** June 2024 Meeting Minutes

**Background/Description:**

The Committee Members will review the June 2024 meeting minutes. The draft minutes will be accepted with any edits that are requested and agreed upon.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

Wednesday, June 19, 2024  
1:30 pm to 5:00 pm  
Lake Arrowhead Resort  
27984 CA-189, Lake Arrowhead, CA 92352  
Lakeview Terrace Room

**Members Present:**

Barbara Mitchell, Chairperson	Javier Moreno, Chair-Elect	
Amanda Andrews	Ian Kemmer	Daphne Shaw
Karen Baylor	Steve Leoni*	Deborah Starkey
Stephanie Blake	Catherine Moore	Ali Vangrow*
Jason L. Bradley	Noel O'Neill	Tony Vartan
Monica Caffey	Elizabeth Oseguera	Susan Wilson*
Erin Franco	Karrie Sequeira	Uma Zykovsky

\*=Virtual Attendance

**Meeting Commenced at 1:30 p.m.**

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**Item #1                      April 2024 Meeting Minutes**

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The committee members reviewed the April 2024 meeting minutes. There was a consensus to accept the minutes meeting minutes without any changes.

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**Item #2                      State Budget Update**

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Gail Gronert, CBHDA's Director of Strategic Initiatives provided an update on the status of the State's current budget negotiations. She noted that the budget has not yet been resolved so the presentation is based on what is currently known about the Governor's proposals and the Legislature's counterproposals currently being negotiated. The following are highlights from the presentation:

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

- The State's major sources of revenue including the Behavioral Health Services Act (BHSA) fluctuate dramatically from year to year. A multi-billion dollar budget deficit is forecasted over the next couple of years.
- In January 2024 the Governor proposed the use of \$13.1 billion of the State's \$38 billion reserves to address the deficit.
- In May 2024 the Governor proposed to reduce the use of the reserves to \$4.2 billion and \$8.9 billion in fiscal year 2025-26. The May Revision proposal also included the following:
  - Changes to the rollout of the health care minimum wage enacted with SB 525 in 2024.
  - \$85 million in state funding for county behavioral health to implement new processes to prepare and submit the Integrated Plan (previously Three-Year Plan) and BH Outcomes, Accountability, and Transparency Report (previously Annual Revenue & Expenditure Report).
  - Elimination of the use of General Fund for Behavioral Health Continuum Infrastructure Program (BCHIP).
  - Request from the Department of Health Care Services to reduce Behavioral Health Bridge Housing (BHBH) General Fund expenditure authority of \$132.5 million in 2024-25 and \$207.5 million in 2025-26, and an increase in expenditure authority from the Mental Health Services Fund of \$90 million in 2025-26, for the final rounds of grants for Behavioral Health Bridge Housing.
- The Legislature matched the Governor's May revision use in their counterproposal. The counter proposal also included the following:
  - To reduce, not eliminate California Work Opportunity and Responsibility to Kids (CalWORKS) Behavioral Health Funding funding by \$30 million in 2023-24, \$37 million in 2024-25, and \$26 million in 2025-26.
  - Approval of most of the Governor's proposals to delay and eliminate workforce funding.
  - Rejection of eliminating \$30 million General Fund in 2024- 25 and on-going for the Family Urgent Response System (FURS).
  - Adoption of placeholder language, including revisions, to add milestones toward implementation, reporting to the Legislature, and changes to reflect stakeholder feedback.
    - Rejection of the General Fund trigger and the associated savings (\$425 million in 2026-27 and \$647 million in 2027-28) as proposed in the May Revision.
  - Approval of BHBH as budgeted.
  - Restoration of all General Fund resources for BHCIP and shift into 2025-26, 2026-27, 2027-28, and 2028-29 after utilization of all Proposition 1 Bond funds.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

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**Item #3**

**Partner's Voice: Behavioral Health Services Act**

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Chad Costello, Executive Director, California Association of Social Rehabilitation Agencies (CASRA) discussed his member's views on the Behavioral Health Services Act (BHSA). He acknowledged that as with any new initiative there are opportunities and challenges. Chad then highlighted that the initiative changed substantially from the time it was introduced to the time it was passed, which created many flexibilities. These flexibilities include counties having the ability to potentially move up to 14 percent of funding between funding categories with the Department of Health Care Services' (DHCS) approval. Chad stated that he doesn't believe there will be much change with the Full Service Partnerships (FSPs) requirements because most counties are already spending a minimum of 35 percent on FSPs. Chad shared that there is an umbrella of services that can be included as housing interventions. DHCS has the discretion to add more services to be included without approval from the legislature. Further, Chad highlighted that small counties with a population less than 200,000 can ask for an exemption from the 30% housing interventions requirement. The housing component may be difficult for counties with populations slightly over 200,000. He acknowledged that the changes created because of the initiative will not be easy but emphasized the importance of maximizing the flexibilities available through the community planning process. Some suggestions included redesignating funding from other funding categories to direct more to the behavioral health services and supports for a maximum of 42 percent. Additionally, he shared that prevention programs could likely be redesignated as early intervention. He shared the importance of the maximizing flexibilities through the community planning process. There will now be an inclusion of substance use disorder (SUD) providers, Managed Care Plans, and other partners will in the process and as well as all funding streams rather than just the Mental Health Services Act (MHSA) funds. Chad highlighted that there has not been a steady funding for workforce since the initial 10 percent set aside including in the Mental Health Services Act, so the inclusion of the 3 percent workforce allocation to the state provides an important opportunity.

Potential challenges that were highlighted included:

- The bond money is scheduled to be released by the beginning of 2025, which is a concern since there will not be adequate time for a community planning process.
- New initiatives often need clean up legislation, however the soonest clean up language could be introduced is the 2025 legislative cycle which would be after the initiative goes into effect.
- There are concerns about counties having adequate staffing to implement all component of the initiative.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

- There is still a lot of unknown and anxiety created among the community and providers as a result. There is a concern about there not being adequate time for meaningful stakeholder input and a potential loss of funding.

Chad shared his organization is focused on being open and transparent with their providers. They are aware they may have to make program adjustments and they will focus their efforts on the possible adjustments as more details are released.

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<b>Item #4</b>	<b>Public Comment</b>
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There was no public comment.

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<b>Item #5</b>	<b>CBHPC Members Discussion of BHSA</b>
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Barabara Mitchell led a conversation about the Council's responsibilities related to the Behavioral Health Services Act (BHSA). Additionally, she shared the private landlords are not required to abide by Housing First laws, rather they often restrict the use of drugs in their housing. She acknowledged that this is a controversial topic and reminded the committee that this topic was tabled as an action item at the last committee meeting.

After reviewing the draft recommendation and a discussion, Noel O'Neill made a motion to send the drafted letter with modifications. Catherine Moore seconded the motion. Karen Baylor, Erin Franco, Ian Kemmer, Steve Leoni, Javier Moreno, Liz Oseguera, Deborah Starkey, Tony Vartan, Susan Wilson, and Uma Zykovsky voted no. Amanda Andrews, Stephanie Blake, Jason L. Bradley, Monica Caffey, and Daphne Shaw. The motion failed, therefore the committee decided against sending a letter with recommendations related to Housing First.

Steve Leoni requested that the committee schedule more time at the October meeting for a discussion on BHSA, as there are many other concerns he would like the committee to address.

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<b>Item #6</b>	<b>Public Comment</b>
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Barbara Wilson expressed her gratitude for the committee's discussion of Housing First.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

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**Item #7                      Assemblymember Matt Haney**

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Assemblymember Haney's staff was unable to join the meeting. The committee discussed the Assemblymembers bill, Assembly Bill 2479.

Catherine Moore made a motion to support AB 2479 if amended. The motion was seconded by Steve Leoni. Jason L. Bradley and Tony Vartan abstained. The motion passed.

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**Item #8                      Senate Bill 1082**

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Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards & Commissions provided an update on Senate Bill 1082, which would require the Department of Public Health to develop and implement an Augmented Residential Care Facility plan. She informed the committee that the bill is not moving forward this legislative session but is expected to be re-introduced next session. She also asked the committee to consider sponsoring the legislation. The committee expressed interest in supporting the initiative, however not in a lead capacity at this time. The committee expressed that they feel it is most appropriate for the Housing and Homelessness Committee taking the lead for the Council on this initiative.

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**Item #9                      Consent Agenda**

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Naomi Ramirez, CBHPC Chief of Operations, reviewed the bills listed on the Consent Agenda and the recommended position, which included: to support Assembly Bill (AB) 1470; to oppose AB 2154, Senate Bill (SB) 26, SB 402, SB 1184; and oppose unless amended AB 2352.

Daphne Shaw made a motion to approve the consent agenda. Steve Leoni seconded the motion. Amanda Andrews, Karen Baylor, Stephanie Blake, Jason L. Bradley, Ian Kemmer, and Tony Vartan abstained. The motion passed.

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**Item #10                    Review of Pending Legislation**

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Chairperson, Barbara Mitchell facilitated a discussion of the bills on the Pending Legislative Positions list with all members.

Javier Moreno made a motion to support Senate Bill (SB) 997 and SB 1397. Tony Vartan seconded the motion. Amanda Andrews, Karen Baylor, Stephanie Blake, Jason



**California Behavioral Health Planning Council  
Legislation and Public Policy Committee  
Meeting Summary (Draft)**

L. Bradley, Monica Caffey, Steve Leoni, Daphne Shaw, and Deborah Starkey abstained. The motion passed.

Erin Franco made a motion to oppose SB 1043. Monica Caffey seconded the motion. Catherine Moore, Daphne Shaw, Deborah Starkey, and Tony Vartan voted no. Amanda Andrews, Karen Baylor, Stephanie Blake, Jason L. Bradley, Ian Kemar, Steve Leoni, Barbara Mitchell, Javier Moreno, Noel O'Neill, Liz Oseguera, and Uma Zykovsky abstained. The motion failed.

Liz Oseguera made a motion to watch SB 1043. Tony Vartan seconded the motion. Stephanie Blake, Jason L. Bradley, Steve Leoni, Barbara Mitchell, and Uma Zykovsky abstained. The motion passed.

Karen Baylor recommended that the committee consider restructuring the format of the committee meetings to allow more time to discuss legislation.

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<b>Item #11</b>	<b>Public Comment</b>
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Barbara Wilson expressed her hope for the Council to reinstate a workgroup to assist Theresa with legislation to develop and implement an Augmented Residential Care Facility plan, which would help address the crisis adult residential facilities are facing.

The meeting adjourned at 5:00 pm.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee**

Wednesday, October 16, 2024

**Agenda Item:** Year-End Legislative Report

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate, and advocate for an accessible and effective behavioral health system.*

The Council's legislative activities included in the Year-End Legislative Report document the Council's effort to advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental illness (SMI) and Serious Emotional Disturbances (SED).

**Background/Description:**

The Legislation and Public Policy Committee's activities throughout the year have assisted the Council in upholding its statutory responsibility to advocate for individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED), through the positions taken on numerous bills this session. During this agenda item, committee members will have an opportunity to provide feedback on the report and identify the committee work they would like highlighted in the Council's Annual Report.

To ensure the inclusion of the most up-to-date information on legislative outcomes for the 2024 session, this report will be distributed to members no less than 7 days before the meeting.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**  
Wednesday, October 16, 2024

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

**Enclosures:** [2024 Legislative Calendar](#)

LPPC Legislation Process Flow Chart

LPPC Legislation Process Overview

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The Council is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee take positions on legislation and advocates for those positions throughout the legislative session.

**Background/Description:**

At the June 2024 committee meeting members expressed a desire to discuss the structure of the committee meetings. The committee will identify ways to create more time to discuss legislation and effectively take positions on more bills. During this agenda item members will have an opportunity to decide if they would like to make changes to the structure of future meetings and legislation discussions. The legislative calendar and the Council's current process for taking positions are attached as reference for the discussion.

# California Behavioral Health Planning Council Legislation Process

**Council Member/Staff Identify Bill**

**Review Analysis and Positions of Other Organizations**

MHAC   CBHDA   CCJBH  
CBHA   CASRA   CSAC

**Analyze Bill/  
Determine Placement**

**Consider Information Shared at Meetings**

Irregulars   Access Coalition  
CCMH   MHSA Partners  
Connection Coalition

**Place on  
Consent  
Agenda**

**Determine  
Bill  
Category**

**Place on  
Pending  
Legislation  
Matrix**

**Bill File Sent in  
Meeting Packet**

**Bill File Sent in  
Meeting Packet**

**LC Makes  
Decision**

**LC Makes  
Decision**

**Watch**

**Support/  
Oppose**

**Support/  
Oppose**

**Watch**

**Moves to Pending  
Matrix/No Action**

**Support/  
Opposition  
Letter Sent**

**Moves to  
Decided Matrix**

**Support/  
Opposition  
Letter Sent**

**Moves to Pending  
Matrix/No Action**

**Copy of Letter  
Sent to All  
Council Members**

**Copy of Letter  
Sent to All  
Council Members**

# California Behavioral Health Planning Council

## Legislation Committee

### Legislation Process Overview

The California Behavioral Health Planning Council (CBHPC) provides support for legislation and policy that furthers the Council's Vision. This includes increasing public behavioral health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care and by responding to proposed legislation, rulemaking, and budget bills based on the CBHPC Policy Platform.

In reaching a decision on a position to be taken on a bill, the Legislation Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.
- *Oppose unless amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.

In an effort to cover as many bills as possible, the Council often partners with other organizations, who also monitor and take positions on legislation, to identify bills, share information/ analyses with each other. Organizations such as the Council on Criminal Justice and Behavioral Health (CCJBH), County Behavioral Health Directors Association of California (CBHDA), CA Association of Social Rehab Agencies (CASRA), CA Coalition of Community BH Agencies (CBHA), Mental Health America California (MHAC), California State Association of Counties (CSAC), and many others.

In order for the Legislation Committee to be able to take positions on bills in a timely manner, a consistent and timely process has been established. The process to facilitate the decision-making on as many bills as possible is outlined below:

1. For each Legislation Committee meeting, staff will prepare a list of bills for the Legislation Committee to consider taking positions on. This list titled "CBHPC Pending Legislation" and will include the bill number (linked to current version), the author, and a brief summary of the bill. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation Committee members have the

# California Behavioral Health Planning Council

## Legislation Committee

### Legislation Process Overview

option to request hardcopies of any of the bills under consideration, otherwise the current version of the bill can be accessed through the link included in the bill number.

2. Once a position is taken and a letter has been sent, staff will move the bill information to a second list titled “CBHPC Legislative Positions”. This list will include the bill number, author, a brief summary and the position taken. This list will be posted to the Council’s website to serve as a tool for members to use in attending outside meetings and reporting out of Council positions. If the committee takes a watch position on a bill, it will remain on the CBHPC Pending Legislation list. Additionally, at staff’s discretion, bills the Legislation Committee took an oppose position on may return to the “Pending Legislation” list if they are amended, for reconsideration by the committee.
3. To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, he/she may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
4. The Legislation Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patient Rights’). The Chairperson and Chair-Elect of the Legislation Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation Committee must be notified so staff can include it on the Pending Legislation list for consideration.
5. The Legislation Committee determined it will meet outside the Council Quarterly Meetings as needed. A *minimum* of ten (10) Legislation Committee members must be present to achieve a quorum. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

The Council has to uphold the [Bagley-Keene Open Meeting Act](#). Thus, the staff will work with the Legislation Committee to assure dates are known well in advance due to public noticing requirements.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 16, 2024

**Agenda Item:** Partner's Voice: Behavioral Health Transformation

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This presentation is intended to provide the committee the perspective of a nonprofit organization providing a full continuum of care for substance use disorder (SUD) and co-occurring disorder treatment on the Behavioral Health Transformation (Proposition 1) with a focus on SUD integration, including full service partnerships and housing options. This information will assist the committee in identifying areas advocacy may be needed and inform the development policy recommendations.

**Background/Description:**

For over 45 years, Janus has remained dedicated to its mission: to provide supportive, hope-inspiring and successful SUD treatment services in a professional and compassionate environment while assisting individuals and families on their journey toward wellness and recovery.

Janus of Santa Cruz was founded in 1976 by physician Dr. Robert G. O'Brien, who introduced a highly effective approach for treating alcoholism in a social model setting. In 1981, Janus became a private nonprofit organization and has continued to add, expand, and improve programs over the years. Currently, Janus offers quality programs that treat over 2,500 clients annually using the full continuum of care for substance use disorder (SUD) and co-occurring disorder treatment including detoxification, inpatient and outpatient treatment, perinatal services, DUI education, medication-assisted treatment, behavioral health services, and supervised Sober Living Environment (SLE) housing.

Janus of Santa Cruz was awarded Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding to develop a new SUD treatment facility that will provide outpatient treatment for SUD and perinatal and postpartum residential care for women with SUDs and their children.

## Biography:



Amber is an accomplished professional with a passion for healthcare administration and substance use disorder treatment. With a diverse educational background and over 21 years of field experience, she has demonstrated exceptional leadership skills and a commitment to providing high-quality addiction medicine care.

Amber has a strong track record of driving organizational growth, fostering staff development, and ensuring compliance with regulatory requirements. As the Chief Executive Officer at Janus of Santa Cruz, she oversees a \$16 million non-profit organization, guiding strategic development and direction.

Amber is a versatile and creative leader who fosters a culture of mutual support, respect, personal responsibility, and empowerment. Her expertise in policy development, accountability, and vulnerability has contributed to successful service delivery, team building, staff satisfaction, and positive community perception. She embraces calculated risk-taking and a person-centered model of care, continuously seeking creative improvement and the delivery of exceptional addiction medicine care.



**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 16, 2024

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

**Enclosure:** Council Responsibilities Outlined in the Behavioral Health Services Act

[Letter to Administration Behavioral Health Transformation  
Recommendations on the Definitions of Homelessness](#)

[Letter to Business, Consumer Services and Housing Agency Behavioral  
Health Infrastructure Bond Act Recommendations](#)

[Response to the May 30, 2023 Behavioral Health Transformation Public  
Listening Session on the County Integrated Plan for Behavioral Health  
Services and Outcomes](#)

[Request for Inclusion in Proposition 1 Stakeholder Engagement Process  
and Development of Regulations and Policies](#)

[Behavioral Health Infrastructure Bond Act \(BHIBA\) Recommendations](#)

**How This Agenda Item Relates to Council Mission**

*To review, evaluate, and advocate for an accessible and effective behavioral health system.*

The Behavioral Health Transformation, which includes Proposition 1, will transform the public behavioral health system. The Council is committed to supporting the successful implementation of the Behavioral Health Transformation by using the expertise of our Council Members and persons with lived experience to make policy and regulation recommendations.

**Background/Description:**

In March 2024 California voters passed Proposition 1, which is intended to transform the state's behavioral health system. This initiative included Senate Bill 326 (SB 326) and Assembly Bill 531 (AB 531).

Some of the changes included in the initiative are:

- The expansion of the use of Mental Health Services Act to include substance use disorder (SUD) treatment.

- Updates to the categorial funding buckets, requiring 30 percent of MHSA funds be used on housing services.
- Updates to the county process and spending.

The Council has taken an active role in informing the public about the initiative, as well as informing the administration and legislature on the input of the public. Activities of the Council leading up to the passage of the proposition include public forums, summaries of the forums, requested amendments, the Council's letter of Concern, a panel discussion at the January 2024 Quarterly meeting leading up to the passage of the proposition.

Following the passage, the Council has identified several areas of responsibility within the Behavioral Health Services Act (BHSA). At the April 2024 meeting the members expressed an interest in actively participating in the implementation of the initiative, including the development of regulation. The committee voted to send letter to the Department of Health Care Services, CalVet, and Housing and Community Development requesting that CBHPC be involved in development and review of regulations for Prop 1.

**Members identified the following concerns and areas of interest identified:**

- The development of definitions of homeless, at-risk of homeless, chronic homelessness, veteran, and recovery housing and encampments.
- The development of Full Service Partnership (FSP) regulations.
  - Concerns about structure of FSPs compared to original intent of MHSA.
- Council's participation in facilitating effective stakeholder input, particularly for consumers, family members, and individuals from unserved or underserved communities (including racial/ ethnic groups, LGBTQ+).
- A partnership with the CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) to ensure they have what they need to fulfil their responsibilities.
- Council's monitoring and promotion of transparency and accountability by the State for stakeholder process.
- Request for an assessment of the impact including:
  - financial analysis,
  - equity analysis,
  - impact on current providers,
  - impact on current services.
- Monitoring of gaps due the lack of additional funding and the expansion of the population to advise DHCS.
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**Members identified the following Areas Clarification Needed:**

- State's intent and process for workforce funds
- How Substance Use Disorders FSPs will programmatically work
- How State portion of prevention will work
- Where transparency and accountability will come from

- If there will be public-facing dashboard
- Exemption process for counties' use of funding
- Type of facilities that can be funded through the bond

Following the meeting, the Council sent a letter with recommendations to the Department of Housing and Community Development. The Council has since formed a Proposition 1Ad-Hoc. During this agenda item Executive Officer, Jenny Bayardo, will update the committee on current activities. Additionally, all committee members will have an opportunity to discuss any outstanding areas of concern or unclarity and to decide if any actions is needed.



## **Council Responsibilities Outlined in the Behavioral Health Services Act (BHSA)**

**SEC.19** is about the duties and responsibilities of the Behavioral Health Boards and Commissions. The boards report county performance outcome data to the Council.

Section 5604.2 (a) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

**SEC 25** is about reporting requirements. The BHSA mandates the Department to consult with the Council on reporting requirements for the counties and the development of client-based information system.

SEC 25 5610 (a) (1) Each county behavioral health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the California Behavioral Health Planning Council and the Behavioral Health Services Oversight and Accountability Commission, which shall be uniform and simplified.

SEC 25 5610 (b) (1) The department and the California Health and Human Services Agency shall develop, in consultation with the Performance Outcome Committee, the California Behavioral Health Planning Council, and the Behavioral Health Services Oversight and Accountability Commission, pursuant to Section 5611, uniform definitions and formats for a statewide, nonduplicative, client-based information system that includes all information necessary to meet federal mental health grant requirements, state and federal Medicaid reporting requirements, and other state requirements established by law.

**SEC 31** is about county behavioral health systems requirement to provide reports and data. The Council is one of the bodies identified in the list of bodies to be consulted.

5664. (a) In consultation with the County Behavioral Health Directors Association of California, the State Department of Health Care Services, the Behavioral Health Services Oversight and Accountability Commission, the California Behavioral Health Planning Council, and the California Health and Human Services Agency, county behavioral health systems shall provide reports and data to meet the information needs of the state, as necessary.

**SEC 34** is about the Oversight and Accountability Commissions relationship to the California Behavioral Health Planning Council.

5771.1. (a) The members of the Behavioral Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Behavioral Health Planning Council.

(b) These members serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772.

(c) This membership does not affect the composition requirements for the council specified in Section 5771.

**SEC 58** is about the roles and responsibilities of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC). The BHSOAC is mandated to work with DHCS and the Council on a written report with recommendations to improve and standardize BHSA promising practices every three years.

5845. (g) (1) (g) (1) The commission shall work in collaboration with the State Department of Health Care Services and the California Behavioral Health Planning Council, and in consultation with the County Behavioral Health Directors Association of California, to write a report that includes recommendations for improving and standardizing promising practices for Behavioral Health Services Act programs.

(2) The commission shall complete the report and provide a written report on its internet website no later than January 1, 2030, and every three years thereafter.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 16, 2024

**Agenda Item:** Proposition 36 Overview

**Enclosures:** [Understanding Proposition 36](#)

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This presentation is intended to inform the committee of potential impacts Proposition 36 may have on the public behavioral health system.

**Background/Description:**

California voters will decide on November 5th, 2024, whether to pass Proposition 36, which would repeal Proposition 47.

In 2014 Californians passed Proposition 47 with a majority vote. Proposition 47 reclassified six minor felony offenses to misdemeanors, including shoplifting and drug possession. The proposition redirected the cost savings into safety measures such as drug and mental health treatment, homelessness prevention, and victim services centers. In 2020 there was an effort to recall Proposition 47, however it received less than 40 percent of the vote.

Monica Davalos, Senior Policy Analyst, California Budget & Policy Center will provide her organizations perspective on the proposition and highlight information from the *Understanding Proposition 36* report they released in August 2024.

The California District Attorneys Association was invited to provide their perspective on the proposition.

## Biography:



Monica Davalos, Senior Policy Analyst, primarily conducts research on the intersection of homelessness, housing, and health. Her work uncovers the challenges Californians face to secure housing and emphasizes the need to center compassionate, evidence-based policies and budget choices to ensure all Californians have an affordable, stable, and dignified place to call home.

Prior to joining the Budget Center in 2019, Monica was a legislative assistant at the California Medical Association and a constituent affairs representative in the Office of Governor Jerry Brown. She holds a master's degree in public policy and administration from California State University, Sacramento, and bachelor's degrees in economics and political science from the University of California, Davis.

As the proud daughter of Nicaraguan and Mexican immigrants, a first-generation college graduate, and a Central Valley native, Monica is driven by her personal experiences to build a just and equitable California. In her free time, you can find her on a walk, at a concert, or exploring new hobbies.

**California Behavioral Health Planning Council  
Legislation Public Policy Committee**

Wednesday, October 16, 2024

**Agenda Item:** CBHPC Workgroups Updates

**Enclosures:** None

**How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

This agenda item provides the opportunity for the Legislation and Public Policy Committee to coordinate the activities of the California Behavioral Health Planning Council (CBHPC) workgroups with the advocacy of the LPPC.

**Background/Description:**

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with SMC activities and Work Plan items.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
  - Representative: Uma Zykovsky
- **Children and Youth Workgroup**
  - Representative: Erin Franco and Noel O'Neill
- **Substance Use Disorder Workgroup**
  - Representative: Javier Moreno