California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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Behavioral Health Transformation
Department of Health Care Services
P.O. Box 997413
Sacramento, CA 95899-7413

RE: Behavioral Health Transformation (BHT) Oversight, Monitoring, and Early Intervention of Evidence-Based Practice (EBP) and Community-Defined Evidence Practices (CDEP) List

Dear Behavioral Health Transformation Team:

The California Behavioral Health Planning Council appreciates the considerable effort invested in releasing Modules 1, 2, and 3 of the Behavioral Health Services Act (BHSA) County Policy Manual with the opportunity for public input and transparency through the development of the BHSA policies. The Council has been actively engaged in reviewing these modules and providing feedback, drawing on public input and the lived experiences of our members, many of whom have firsthand experience with serious mental illness (SMI) and substance use disorders (SUD).

We thank the Department of Health Care Services (DHCS) for the opportunity to provide feedback on the oversight, monitoring, and early intervention components of the Evidence-Based Practice (EBP) and Community-Defined Evidence Practice (CDEP) list under the Behavioral Health Transformation (BHT).

Please refer to the following comments and recommendations, which respond to the questions asked of stakeholders during the webinar on this topic scheduled for July 31, 2025.

Question to Stakeholders: Are there other sources, databases, or clearinghouses that DHCS should reference when updating the early intervention EBP/CDEP biennial list?

Council Response: We support the separation of children and youth and adults in the population types for the Evidence-Based Practices (EBP) and

Community-Defined Evidence Practices (CDEP) list format. We recommend that there be additional separation of population types within the children, youth, adult, and older adult population categories. For instance, children between 0 and 5 years old have different needs and interventions compared to youth ages 18 and 25. Additionally, older adults should be defined and separated from the regular adult population. The recommended delineation of age groups would acknowledge the developmental differences of each population and support the selection of the most effective EBPs or CDEPs for each age group.

We strongly suggest that DHCS specify or publish the list of stakeholders participating in the development and approval process for the new Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP). We also ask the Department to clarify if a committee will be created to select the approved EBPs and CDEPs, and how the Department plans to decide which EBPs and CDEPs will be adopted in the list. Additionally, we recommend that the Department create a process and guidance for counties that would like to request the addition of specific EBPs or CDEPs to the list of approved practices.

We support the proposed sources for the Evidence-Based Practices (EBP) and Community-Defined Evidence Practices (CDEP) list. We suggest that this list be considered in policies as new approved EBPs and CDEPs are created. We recommend that the Department of Health Care Services remain open to accepting new sources in the future. Additionally, in response to the current federal changes, we strongly suggest that the Department ensure that resources and guidance for EBPs and CDEPs that are typically listed on federal websites such as the Substance Abuse and Mental Health Services Administration (SAMHSA) Website are available on the DHCS Website or written in forthcoming policy.

Question to Stakeholders: Are there other aspects of aligning county behavioral health compliance review DHCS should consider?

Council Response: We understand that the DHCS compliance review process change in the Behavioral Health Services Act eliminates the interview of key county personnel and review of documentation. We ask the Department of Health Care Services to clarify whether the Department's compliance review teams include individuals with lived experience of mental health and substance use disorders. If the compliance review teams do not include individuals with lived experience,

we recommend that the Department sample the voices of these individuals in the compliance reviews via focus groups or other methods in addition to any reviews based on data, reports, and policies and procedures.

Question to Stakeholders: Are there other areas within BHSA that DHCS should consider identifying specific sanctions?

Council Response: There are several layers to the sanction negotiations that impact providers and clients of California's public behavioral health system. We request that the Department consult with the counties on the potential financial impacts on services and service expansion before imposing sanctions.

The Council appreciates the opportunity to provide feedback, and we look forward to continuing our partnership in shaping policies that promote equity, resilience, and recovery.

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

Sincerely,

[redacted]

Chairperson

Cc: Marlies Perez, CEA, Community Services Division, DHCS
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Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS
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