



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

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MS 2706

December 3, 2024

Behavioral Health Transformation

Department of Health Care Services

P.O. Box 997413

Sacramento, CA 95899-7413

RE: Behavioral Health Transformation Policy Manual-Module 1

Dear Behavioral Health Transformation Team:

The California Behavioral Health Planning Council appreciates the efforts made by the Department of Health Care Services (DHCS) to include stakeholders in the implementation of the Behavioral Health Transformation (BHT). The Mental Health Services Act, soon to be Behavioral Health Services Act (BHSA), is valued and treasured statewide by those who have benefited from its innovative and often life changing services. It is because of the impact that the BHSA will have on persons with lived experience of serious mental illness, as both consumers and family members, that meaningful stakeholder engagement is crucial. The Council would like to strongly encourage DHCS to continue to strive for meaningful and effective stakeholder engagement in the development of policies and regulations related to BHT. We would like to suggest that;

- DHCS hold an additional round of review on Module 1 to allow opportunity for stakeholders that were unable to comment due to the learning curve associated with the new platform and the loss of business days due to the holidays.
- DHCS provide an opportunity for stakeholders to comment on the revised version of Module 1.
- DHCS conduct at least two rounds of review for Module 2 when it is released.
- DHCS offer an opportunity to comment on the full document when complete. It can be difficult to comment on some items when entire sections within the Modules, such as Full Services Partnerships, are not complete.



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The Module 1 document appears to be geared towards counties and therefore may not be accessible for all stakeholders to follow and comment on. Anything the Department can do to increase engagement from stakeholders outside of the counties, including but not limited to, non-profits, consumer related advocacy groups, and consumers and family members is appreciated.

The California Behavioral Health Planning Council submitted comments to Module 1 electronically by the December 2, 2024 deadline. This letter serves as a follow-up addressing broader items that may not have been explicitly described in the module or that are of such great importance to our Council Members that we also want to reiterate.

Eligible Populations

The Council commends the DHCS for including individuals who are at risk of institutionalization in the criteria for adults and older adults. We are also excited about the opportunity statewide to serve individuals with lived experience of Substance Use Disorder and the focus on children and youth in the Behavioral Health Services Act. To ensure these two groups are fully represented and served, we are recommending the following;

- DHCS should add individuals who are screened and determined to be **“at risk of developing a substance use disorder (SUD)”** to the priority population for both children and youth, and adults and older adults since this population is covered under the Behavioral Health Services Act.
- We recommend adding **“at risk of institutionalization”** to the eligibility criteria for children and youth.

We also recommend that DHCS make it very clear that this funding is not for dementia patients as there are concerns there may be some confusion around this resulting in funds being spent on this population.

Stakeholder Engagement

We believe persons with lived experience of serious mental illness or substance use disorder must be included in the development of policies, programs, and services they receive. The Three-Year Integrated Plans are an opportunity statewide to ensure persons with lived experience are included in decisions about how BHSA funds are spent at the local-level. DHCS should create policies that ensure that counties include persons with lived experience in all aspects of the integrated plans, including planning of



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how the stakeholder engagement process occurs in each county. The expansion of stakeholders included in the development of the three-year plans should improve services in counties throughout California, however we must make a concerted effort to ensure the voice of consumers and family members are not lost. In addition, engagement should not be limited to the 30-day public comment period but should be weaved throughout each county's planning and implementation process.

General Housing Concerns

The California Behavioral Health Planning Council requests more clarification on how "project based" rent subsidies will work. It is presumed that housing will be limited to persons who are eligible for BHSA funded housing supports and services. This needs to be specified.

Housing Definitions

CBHPC supports and thanks DHCS for the updated definition of at-risk of homelessness. We view this definition as a significant improvement over the federal definition, as it includes individuals residing in motels who are self-paying, whereas the federal definition only considers those in motels funded by government or charitable organizations.

CBHPC commends DHCS for expanding the definition of chronically homeless to include individuals exiting institutions, regardless of their length of stay or prior homelessness status. CBHPC is particularly mindful of the requirement that 50 percent of housing intervention funds be allocated to the chronically homeless population, and we believe this updated definition will help in achieving this requirement.

Upon examining the definition of chronically homeless in **Section 7 C.4.1.2** and **Appendix A: C. Chronically Homeless**, we have identified an inconsistency. Section 7 C.4.1.2 states that anyone who was chronically homeless before receiving Transitional Rent or staying in an Enriched Residential Setting, and is transitioning to Housing Interventions services, will be considered chronically homeless under Housing Interventions. However, Appendix A indicates that individuals do not need to have been chronically homeless before entry to be defined as such. CBHPC requests that DHCS address this discrepancy by aligning the definition in Section 7 C.4.1.2 with the definition outlined in Appendix A. We would be in favor of a definition that allows more institutionalized individuals to qualify under the chronically homeless definition.



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The CBHPC has some concerns about the discrepancies between the definitions adopted by DHCS and the definitions to be used in the bond funded programs. For example, the DHCS example provided in the module released, project HomeKey Plus, has a slightly different definition of homelessness. Potentially, some individuals who qualify under the BHSA definition of homelessness will not qualify under the Housing and Community Development homeless rules. CBHPC encourages the two implementing departments to work through this discrepancy in a way that results in more, not less, individuals with serious mental illness or substance use disorder being served.

Currently the Homeless Management Information System (HMIS) is used to determine if someone meets chronic homelessness eligibility. It can be very challenging to verify and qualify someone in this system. In addition, the definition used is not the same as the one selected for BHSA. ***The California Behavioral Health Planning Council requests that California does not use HMIS.*** Again, we are interested in serving as many of our most vulnerable chronically homeless individuals and HMIS will create a barrier for some. If the Behavioral Health Transformation implementation is to be successful we need to serve as many individuals who meet the established criteria as possible.

Thank you for the opportunity to provide input on the initial Behavioral Health Transformation policies. The California Behavioral Health Planning Council will continue to track and provide input on Behavioral Health Transformation Implementation.

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

Sincerely,

Deborah Starkey
Chairperson

Enclosure: CBHPC Comments on BHT Policy Manual-Module 1