California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion

QUARTERLY MEETING AGENDA
October 19, 20, 21, and 22, 2021

General Session Zoom Meeting Link:
https://us02web.zoom.us/j/82540087495?pwd=dHdUem1vVmFUQU5Ed0NIeHFuRkQ5QT09

Meeting ID: 825 4008 7495 **Passcode:** CBHPCGS21

Join by Phone: 1 669 900 6833 **Passcode (Phone):** 576253050

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916.701.8211 by October 12, 2021 in order to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

COMMITTEE MEETINGS See Committee Agendas on the Council website for Zoom links

Tuesday, October 19, 2021

2:00pm	Performance Outcomes Committee

Wednesday, October 20, 2021

8:30am	Executive Committee
10:30am	Patients' Rights Committee
1:30pm	Workforce and Employment Committee

Thursday, October 21, 2021

8:30am	Housing and Homelessness Committee
10:30am	Systems and Medicaid Committee
1:30pm	Legislation Committee

Friday, October 22, 2021

COUNCIL GENERAL SESSION

9:00am	**Welcome and Roll Call** *Noel O'Neill, Chairperson*	
9:05am	**Child/Youth Behavioral Health Initiative** *Stephanie Welch, Deputy Secretary, California Health and Human Services Agency*	**Tab N**
10:00am	**Public Comment**	
10:10am	**Break**	
10:15am	**Updates from Dept. of Health Care Services** *Kelly Pfeifer, MD., Deputy Director, Behavioral Health Division, Department of Health Care Services*	**Tab O**
11:05am	**Public Comment**	
11:15am	**Break**	
11:20am	**Approval of June 2021 Meeting Minutes** *Noel O'Neill, Chairperson*	**Tab P**
11:30am	**Council Committee Reports** *Council Committee Chairpersons*	
11:55am	**Update on Future Quarterly Meeting Format** *Noel O'Neill, Chairperson*	
12:00pm	**Adjourn**	

2022 Council Meeting Schedule

January 18-21, 2022

April 19-22, 2022

June 14-17, 2022

October 2022 TBD

TAB N

California Behavioral Health Planning Council
General Session
Friday, October 22, 2021

Agenda Item: Child/Youth Behavioral Health Initiative

Enclosures: Summary of Child/Youth Behavioral Health Initiative CBHPC Excerpt of CHHS Children and Youth Behavioral Health Initiative

CHHS Summary of May Revise: Child and Youth Behavioral Health Initiative

Background/Description:

The Child and Youth Behavioral Health Initiative seeks to transform California's children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where all children and youth (ages 0-25) are routinely screened, supported and served for emerging and existing BH needs. Services are to be statewide, evidence-based, culturally competent, and equity focused. The Initiative proposes $4 billion over five years including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23.

Stephanie Welch, Deputy Secretary, California Health and Human Services Agency will provide an overview of the Child/Youth Behavioral Health Initiative and discuss consumer and family member voice. Because this initiative will cross systems and departments, CHHS has responsibility for coordination.

Planning for the initiative is scheduled to occur over the first year. Council members are asked to weigh in on how the Council would like to be involved in the design and implementation of the initiative. The vision for the initiative is to not repeat existing programs but to utilize this opportunity for innovation. The Council is asked to provide feedback on what it would like to be different under this new initiative

California Behavioral Health Planning Council Excerpt of:
California Health and Human Services Agency (CHHS) Children and Youth Behavioral Health Initiative (May Revision 2021-22)

Proposal: Transform California's children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where all children and youth (ages 0-25) are routinely screened, supported and served for emerging and existing BH needs. Services are statewide, evidence based, culturally competent, and equity focused. This proposal includes funding of $4 billion over five years, including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23. $50 million of the $4 billion will be given to CHHS to coordinate efforts for this proposal including evaluations and consultation with subject matter experts.

High-Level Summary of Each Component of the Behavioral Health Initiative (BHI):

Behavioral Health Service Platform:

In this $680 million proposal, the California Health and Human Services Agency (CHHS) proposes to leverage the brand and presence of CalHOPE to build out a behavioral health service virtual platform integrated with interactive education and therapy, self-monitoring tools, and automatic, evidence based screenings and assessments which feed into a tiered system of care. The California Department of Health Care Services (DHCS), as the lead entity, would issue an RFP for a vendor to launch and manage a robust platform just for children, youth and their families with linkage to CalHOPE resources. The goal is a population health model to deliver and monitor behavioral health treatment so the least resource-intensive treatment is available to youth who may not need counseling but need help managing stress and building resilience.

Young people with more significant needs would be guided to peers or coaches who can deliver more personal services. Those who may need clinical services for mental health and/or substance use disorders would be guided to their health plan to set up assessment visits, allowing ongoing continuity relationships with licensed clinicians through telehealth or in-person.

In addition, the platform would develop strategies and tools to help people navigate and access help regardless of payer source, and would explore ways technology can support locating available services and supports, including to address unmet needs (such as food or housing insecurity) that can lead to anxiety, stress and trauma.

School-Linked Behavioral Health Services: Capacity/Infrastructure for Health Plans, County Mental Health Plans, Community Based Organizations (CBOs), and Schools

This proposal would add $550 million to the Governor's Budget $400 million School Behavioral Health proposal, creating a $950 million program to ensure a robust system of school-linked behavioral health prevention and services available to all students and families. This proposal seeks to build infrastructure supporting ongoing behavioral health prevention and treatment services on or near school campuses by expanding access to behavioral health schools counselors, peer supports, and coaches, as well as

building a statewide community-based organization network to connect health plans, counties, CBOs, and schools via data sharing systems. The funding would allow direct incentive payments to counties, tribal entities, schools, local education agencies, school districts, health care service plans, Medi-Cal Managed Care Plans, community-based organizations, and behavioral health providers. DHCS will act as the lead entity on this proposal. Please refer to Page 8 of the BHI Memo for examples of how entities may use their funding allocations.

Develop and Scale-up Age-Appropriate Behavioral Health Evidence Based Programs

The goal of this $430 million proposal is to spread evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions, with a focus on young people experiencing their first episode of psychosis or developing a substance use disorder. CHHS will assist the lead entity, DHCS, with selecting a limited number of evidence-based practices (EBPs) to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability. The proposal would issue the funding through grants to counties, tribal entities, commercial plans, Managed Care Plans, community-based organizations, and behavioral health providers to support implementation of these EBPs and programs for children and youth. Grants for county behavioral health departments would be administered through DHCS' Behavioral Health Quality Improvement Project (BHQIP). Grantees would be required to share standardized data in a statewide behavioral health dashboard.

The projects can evolve over the course of 5 years, based on learnings in early years. Probable funding priorities include first episode psychosis programs, efforts focused on disproportionately impacted communities and where language and other cultural features are needed to enhance effectiveness and penetration rates, youth drop-in wellness centers, intensive outpatient programs for youth to address alternatives to out-of-home placements, and prevention and early intervention services for youth.

Building Continuum of Care Infrastructure

With a funding allocation of $245 million, this proposal seeks to ensure that youth can access the care they need without delay and without having to leave their home county, wherever possible, by building up sites where they can receive mental health and substance use disorder services and care. DHCS, as the lead entity, would issue grants to counties, tribal entities, non-profit entities, for-profit entities, and other entities through an RFP process to add child/adolescent beds to existing facilities, or to set up new facilities or new crisis mobile services. A strong focus would be on offering social model, residential settings as an alternative to institutional settings, and providing crisis stabilization and crisis residential services in a home-like setting. The goal is to decrease the trauma of the experience and allow youth to build skills that are transferable to community living. This builds on the System of Care (AB 2083, 2018) work and focus on linkages to ongoing community based supports.

Enhance Medi-Cal Benefits

This $800 million proposal is based on the HealthySteps Model of Care, which has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, and developmentally appropriate parenting and maternal mental health. The lead entity, DHCS, would add Dyadic Behavioral Health Visits as a Medi-Cal benefit as well as slight modifications to existing benefits, including but not limited to: Case Management Services, Psychiatric Diagnostic Evaluation, Caregiver Depression Screening, and Family Therapy.

Through this care model, mental health professionals would be available to address developmental and behavioral health concerns as soon as they are identified. Additionally, dyadic services delivers health care to the child in the context of the caregiver and family so that families are screened for behavioral health problems, interpersonal safety, tobacco and substance misuse and social determinants of health such as food insecurity and housing instability. Families who are given referrals will receive follow-ups after services are delivered.

Workforce Education and Training:

This section is divided into workforce strategies that would result in increased numbers of capable and diverse providers, and education and training strategies that focus on providing more resources for natural “helpers” to support the mental health and wellness of children and youth.

School BH Counselor and BH Coach Workforce

The Office of Statewide Health Planning and Development (OSHPD), in partnership with subject matter experts in education and behavioral health, will develop a multi-year plan that will launch and implement a school behavioral health counselor system where students statewide can receive in-person and/or virtual one-on-one and group supports. Much of the work counselors and coaches will be doing is virtual and kids will have choice in how, where, and when they receive services. The goal of this $430 million proposal is to produce up to 10,000 culturally and linguistically proficient counselors and coaches to serve school and college age children and youth within 5 years.

Broad BH Workforce Capacity

Historically, the majority of OSHPD investments in workforce, education, and training have been limited to a mental health focus because the funding source was the Mental Health Services Act (MHSA). This $430 million proposal builds upon existing efforts underway at OSHPD to invest in the diversity and range of behavioral health providers needed. Investments will support staff with age appropriate skill sets and cultural and linguistic proficiencies, including a focus on SUD counselors and providers, working with families, and treating complex co-occurring mental health and substance use disorders. Examples of workforce training programs and models are provided on Page 12 of the BHI Memo.

Pediatric, Primary Care and Other Healthcare Providers

This proposal provides the opportunity for primary care and other health care providers to access cultural proficient education and training on behavioral health and suicide prevention. DHCS will be the lead entity responsible for administering this $165 million proposal. A core part of the strategy will be to build out a statewide eConsult/eReferral service with the requisite professional workforce to support the service to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for patients in their practices.

Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign

Using MHSA funds in 2011-2012, the counties through CalMHSA implemented over 30 different programs and 2 social marketing campaigns to prevent suicide, reduce stigma and discrimination and improve student mental health, known as the Prevention and Early Intervention (PEI) Statewide Projects. In 2016, RAND Corporation assessed and documented the favorable impact of these efforts including an analysis of the costs that could be saved by preventing the negative outcomes associated with not receiving behavioral health care until a crisis. With a funding allocation of $125 million, the Office of Surgeon General (OSG) in partnership with the California Department of Public Health (CDPH) will lead efforts to utilize lessons learned from RAND's studies to guide a campaign that will take a strategic and effective public health approach to behavioral health. The campaign will have four components:

1. *General Public Acceptance and Awareness* – Raise Behavioral Health Literacy, Increase Help Seeking Behavioral Health
2. *ACEs and Toxic Stress* – Raise awareness about prevention, recognizing the signs and self-care strategies
3. *Culturally Specific Campaigns* – Led by Office of Health Equity in partnership with community leaders, build on existing or promising local efforts
4. *Youth Empowerment* – Create local youth-led behavioral health focused engagement and education efforts that use social media and other popular apps and programs to create positive messaging by youth, for youth

TAB O

California Behavioral Health Planning Council
General Session
Friday, October 22, 2021

Agenda Item: Updates from Department of Health Care Services

Enclosures: CalAIM Executive Summary and Key Changes

California Health Care Foundation Fact Sheet – CalAIM Explained: A Five-Year Plan to Transform Medi-Cal

CHCF Fact Sheet – CalAIM: Behavioral Health Proposals

DHCS Behavioral Health Continuum Infrastructure Program

BHCIP-Home

Background/Description:

Kelly Pfeifer, MD, Deputy Director for Behavioral Health will introduce two new key people at DHCS, Palav Barbaria, MD, and Tyler Sadwith. Additionally, Kelly will provide an update on the implementation of CalAIM, address the department's activities on the Child/Youth Behavioral Health Initiative and the Behavioral Health Continuum Infrastructure funding.

Palav Babaria, MD, MHS, was appointed as DHCS' first Chief Quality Officer and Deputy Director, Quality and Population Health Management (QPHM), in March 2021. Palav leads the QPHM to promote and support DHCS' critical health care quality function and create a standard approach to quality as DHCS works to consolidate existing internal quality-related resources and workload. She also oversees the department's roll out of population health management under CalAIM and department-wide health equity efforts.

Prior to joining DHCS, Palav served as Chief Administrative Officer for Ambulatory Services at the Alameda Health System (AHS) where she was responsible for all clinical operations, quality of care, and strategy for primary and specialty care and integrated and specialty behavioral health, as well as executive sponsor for value-based programs including the Medi-Cal 1115 Waiver. From 2013 to 2017, Palav served as Medical Director for the K6 Adult Medicine Clinic, AHS, where she managed a large urban hospital-based clinic, overseeing all practitioners, improving quality of

care, and patient safety programs. In addition, she serves on a Clinical Advisory Committee with the California Association of Public Hospitals/Safety Net Institute.

Palav earned a Bachelor's Degree in Sanskrit and Indian Studies from Harvard University, and a Master's Degree in Health Science in Epidemiology and Public Health and Doctor of Medicine from Yale University. She completed her residency and global health fellowship at the University of California, San Francisco – San Francisco General Hospital.

Tyler Sadwith was appointed Assistant Deputy Director, Behavioral Health Division (BH) on July 19, 2021. Tyler worked closely with DHCS BH over recent years, most recently helping MAT (medications for addiction treatment) expansion work in the Community Services Division, with a special focus on working with tribal populations. Tyler comes to DHCS with a wealth of relevant experience and an excellent reputation.

Tyler was a Senior Consultant at Technical Assistance Collaborative, Inc. (TAC), where he provided strategic advice and technical support to state health leaders on behavioral health policy and delivery system reforms. Prior to joining TAC, he was a Technical Director at the Centers for Medicare & Medicaid Services (CMS), where he spearheaded efforts in supporting states to introduce comprehensive benefit, program, and delivery system reforms through Medicaid Section 1115 substance use disorder (SUD) demonstration waivers. He received a CMS Award for 'Excellence in Executing a Major Project' for outstanding policy development, planning, and partnerships with states in their design, implementation, oversight, and evaluation of Section 1115 SUD demonstrations.

Tyler served in various capacities over the course of seven years at CMS. He also managed the SUD portfolio of CMS' Medicaid Innovation Accelerator Program, a cross-agency strategic support and technical assistance platform designed to support service delivery and payment innovation. In this capacity, he developed and oversaw strategies to support states in advancing data-informed coverage, payment, and policy reforms through a variety of platforms, including national learning opportunities, tools and resources, and targeted technical support opportunities. Tyler earned a Bachelor's Degree in History from Reed College, Portland, Oregon. He is a Certified Professional in Healthcare Quality.

TAB P

California Behavioral Health Planning Council
General Session
Friday, October 22, 2021

Agenda Item: Approve June 2021 Meeting Minutes

Enclosures: Draft June 2021 Meeting Minutes

Background/Description:

Attached are the draft meeting minutes for member review and approval.

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL

GENERAL SESSION MEETING MINUTES

June 18, 2021

CBHPC Members Present:

Noel O'Neill, Chairperson
Deborah Starkey, Chairperson-Elect
Lorraine Flores, Past Chairperson

Karen Baylor
John Black
Christine Costa
Christine Frey
Hector Ramirez
Celeste Hunter
Veronica Kelley
Steve Leoni
Barbara Mitchell
Iris Mojica de Tatum
Catherine Moore
Dale Mueller
Liz Oseguera
Deborah Pitts
Daphne Shaw
Walter Shwe
Arden Tucker
Tony Vartan
Gerald White
Susan Wilson
Uma Zykofsky
Jim Kooler

Staff Present:

Jane Adcock, Executive Officer
Jenny Bayardo
Gabriella Sedano
Justin Boese
Ashneek Nanua
Naomi Ramirez

Friday, June 18, 2021: Council General Session

1. Welcome and Introductions

Chairperson Noel O'Neill welcomed Planning Council members to the meeting. Jane Adcock, Executive Officer, did a roll call for attendance and stated that a quorum was met. 24 of 38 Council Members were present.

2. Approval of April 2021 Meeting Minutes

Chairperson Noel O'Neill opened the floor for comments on the April 2021 meeting minutes. Council Member Steve Leoni provided a few edits for the minutes. He first noted a missing word on one of the organizations that presented: "Dr. Cutcha Risling-Baldy, Local Evaluator for Feathers Native American Family Services-Native American Hub" should be "**Two** Feathers." Steve also stated he was misquoted on one of his statements in response to Michelle Cabrera's presentation regarding disparities. Steve reported he said "high usage of services by African-Americans is likely accounted for by inappropriate service because they are disproportionately **involuntary**," not incarcerated. He also mentioned that in his statement "Obviously, paranoid schizophrenia wasn't included," should read "**was** included." Lastly, he corrected "special advantage health managed care and mental health" to "**specialty mental health managed care**."

Council Member Susan Wilson moved to approve the minutes including the edits made by Steve Leoni; seconded by Catherine Moore. The motion passed with no abstentions.

3. Brain XP's System of H.O.P.E. (Teens Helping Teens)

Chairperson Noel O'Neill introduced the next agenda item, a presentation from Council Member Christine Frey. Christine is the founder of the program, Brain XP (Brain Expanded). She was inspired to develop services that have a positive association with mental illness due to the challenges she faced with stigma. Christine shared personal stories about her life when she began to exhibit symptoms as a teenager. She developed the program's guiding principles of service with the acronym HOPE (Healthy Mind, Open Sharing, Positive Coping and Empowerment). Christine explained that although Brain XP is not a clinically proven model of care, it worked for her in her lived experience. The focus of Brain XP is to "maintain a healthy mind" and implement various coping tools and strategies. Christine, also an international award winning author, wrote her book "Brain XP: living with mental illness, a young teenager's perspective." She emphasized how her early treatment as a young teen completely transformed her life, why she is passionate about early intervention and teen peer-to-peer services. Lastly, Christine shared about Brain XP's social media presence on Instagram, TikTok, and a YouTube channel. She reviewed the variety of resources and info on her website. Brain XP also has a blog, podcast that does a "Spotlight Series" interviewing various advocates, teen advocacy coaching development and youth

volunteers. Christine thanked the Council members and made herself available for comments and questions.

Vera Calloway expressed her gratitude for her work and her presentation and offered to help her in any way.

Jim Kooler thanked Christine for demonstrating the value of youth voice and helping other youth find theirs. Jim emphasized how positive it is for youth development to have a voice.

Hector Ramirez recommended diverse resources for various backgrounds such as Latino, LGBTQ and Native American. He emphasized the importance of considering the background of the population engaging in her program. Hector also expressed the need for TAY services and connection as he is well aware of how the transition from young adult to adult living with mental illness is remarkably different from support networks, way of interaction and services. Hector shared about the active TAY and Youth Council in his county of Los Angeles.

Catherine Moore asked: in regards to medication stigma and some persons not wanting to take medication, how might she address that with a consumer?

Response: Christine acknowledged and emphasized that while she encourages teens experiencing mental illness to think of their brains as expanded, that they still require management and maintenance. And only with management and maintenance, can they experience their expanded mind.

4. Future Council Meeting Format Discussion

Chairperson Noel O'Neil introduced the next agenda item to discuss the Council's meeting format structure. Noel explained that the Executive Committee is proposing that starting in October 2022, the Council operate in a hybrid meeting format to include in-person and virtual meeting accessibility. He shared that there are waivers in place from the governor that allow more freedom with the Bagley-Keene Open Meeting Act. Noel referred members to Tab L in the meeting packet where he reviewed the current all-virtual format the Council is currently operating under due to the pandemic. He also reminded members about the Council's traditional in-person quarterly meeting format. Then he reviewed the hybrid proposal which would have committee meetings held virtually during the 2nd week of the month in which the quarterly meeting occurs and which would be scheduled on the same days and times as the traditional in-person meeting with two committees meeting at same time. Then in the 3rd week of the month in which quarterly meetings occur, the Patients' Rights Committee would meet in-person on Tuesday afternoon, Executive Committee in-person early on Wednesday morning

and the in-person General Sessions would start mid-morning and continue through noon on Thursday.

Iris Mojica de Tatum, Tony Vartan, Veronica Kelley, Celeste Hunter, Deborah Starkey, Vera Calloway, John Black, Uma Zykofsky, Susan Wilson, Gerald White and Lorraine Flores individually expressed their overall approval.

Hector Ramirez voiced that the proposed meeting structure be put in place sooner to maintain a widened accessibility for stakeholder participation.

Steve Leoni vocalized opposition to the meeting format. He suggested it continue to be amended due to the overlapping of committee meetings which limits the public's opportunity to attend multiple committees. He also suggested committee meetings meet in person once a year.

Christine Frey voiced her favorability as it works well with her schedule.

Walter Shwe stated he has mixed feelings about the meeting format proposal. Suggested to extend committee meetings to allow adequate time for committee discussion and public comment.

Monica Caffey specified she is open to majority consent and supports what is the best representation for the Council and allow for participation for the people we are advocating for. Monica stated that these times provide an opportunity to improve on processes and procedures.

Barbara Mitchell voiced mixed feelings. She also announced that with her term ending in October and her retiring from the Council after 20 years that perhaps her opinion should not be taken into account. Barbara suggested that committees need more time and that virtual meetings can be difficult with distractions of incoming emails, persons coming into the office, etc.

Christine Costa noted reservations for virtual meetings due to distractions, but supports the majority. Christine stated that she feels it will be difficult to have availability back to back weeks since Fridays would no longer be the day for General Session.

Dale Mueller reported she is willing to give it a try. Dale cited concerns of losing support from the public and stakeholders because of virtual meeting format.

Karen Baylor stated that she appreciates the innovation, it is how the Council can grow and evolve. She suggested that after trying the meeting format a few times, to take the opportunity to get feedback and assess for possible tweaks to new meeting structure.

Deborah Pitts voiced opposition and does not feel it is a meaningful way for exchange. Deborah shared her experience teaching online and that it is often problematic.

Catherine Moore reported that she is in overall support but suggests that committee meetings be spread out to allow for public participation of multiple meetings and should be longer.

Daphne Shaw expressed that she is generally in favor but feels some things are lost virtually due to less committee member interaction.

Jim Kooler suggested the format start as soon as possible, at the next meeting so the Council can be more accessible.

Karen Hart reported she is willing to work with the majority.

Arden Tucker shared mixed feelings expressing concern for getting new members up to speed on zoom and the loss of quality in virtual meetings. She hopes accessibility issues of low-income stakeholders will be addressed.

Jane Adcock provided a couple clarifications to the Council. Jane made clear in regards to Council Member Hector Ramirez's inquiry from the chat feature regarding an endorsement of a specific program, that the "Council does not support any one program, model or product." Jane stated that Christine's presentation was to bring perspective on youth and her work with Brain XP; and reiterated that the Council is focused on advocacy of policies. Jane also clarified the meeting structure proposal that committees will be 100% virtual except Patient Rights and Executive Committee and those two committees and the General Session will be in person.

5. **Public Comment**

Steve McNally voiced his support for virtual committee meetings as it allows the opportunity to attend more meetings. He also shared that it is good for the community to be able to find out information across the state.

6. **Council Vote on Future Quarterly Meeting Format**

Chairperson Noel O'Neill introduced the next item on the agenda for the Council to vote on the motion presented in the meeting materials for the hybrid quarterly meeting format. Noel voiced that he is not sure the Council is ready to move to a hybrid model because there are a lot of issues to be worked out before a launch. Noel suggested a new motion: "To vote on full virtual meeting in October 2021, then in 2022, the January, April and June meetings occur in the regular in-person meeting format." Noel stated that during the October 2021 meeting, the Executive Committee will work out kinks for

hybrid model and bring back to full membership for approval. And that the new Hybrid model would start in October 2022. Steve Leoni moved. Catherine Moore seconded.

Hector Ramirez shared that he would rather see the money spent for his hotel stay, etc. be used for virtual accessibility for peers to attend the meetings.

Catherine Moore clarified that the Council's traditional in-person meetings provide a phone number to call in which provides an opportunity for person's to participate without attending. Jane Adcock added that while people can call in, it is listen-in only.

Vera Calloway inquired why the meetings can't be in person and virtual and mentioned utilizing YouTube to access live meetings.

Jenny Bayardo added that the Council doesn't have a YouTube account and certain permissions are required by the Department with using social media. Jenny stated it is something that can be looked into to find out more information. Jane also added that even if Wi-Fi is available, the quality may not be enough to have live video.

No public comment on Council motion.

The Council proceeded to vote on the proposed motion. Hector Ramirez voted no while Walter Shwe and Gerald White abstained. Motion passed.

7. Council Committee Reports

Systems and Medicaid (SMC): Ashneek Nanua, Council Staff for SMC, reported on the committee's activities. Ashneek reported that the committee approved its charter with minor changes and developed their work plan. Members discussed several activities including the Children and Youth Behavioral Health Initiative with Health and Human Services that is being released, Telehealth, potential partnership with PRC on Conservatorship, Medicaid Peer Support Specialist Certification, tracking efforts with CalAIM and potentially having a General Session educational presentation on CalAIM.

Housing and Homelessness (HHC): Chairperson Vera Calloway provided HHC report out. Vera shared that the committee had a presentation on SB 648, Enriched Care Adult Residential Facility (ARF) pilot program, from Taryn A. Smith, Chief Consultant of the Senate Human Services Committee. It was learned that more research is needed for the program due to consumers not being consulted. Members also received an update from Vicky Smith, Ph.D., Program Administrator for Adult and Senior Care Programs, Community Care Licensing, Department of Social Services on AB 1766, data collection bill which captures the closures, and pending closures of facilities. Vera reported the committee will have an interim meeting in July to further discuss these issues. Lastly,

HHC had an ARF operator guest presenter who provided members insight to many issues.

Legislation (LC): Chair-Elect Iris Mojica de Tatum reported on the committee's meeting and shared that they reviewed eight proposed bills that had pending positions from LC. Iris mentioned that Theresa Comstock made public comment that the committee is going too quickly through the legislation and that there is a time frame challenge to adequately review. Theresa also suggested to have a speaker, whether analyst or author of the bill to give a presentation on bills to which the committee is taking positions. Iris added that while having a speaker would be great for the committee, there would not be enough time to review the same quantity of bills in the committee meeting. Suggested the committee meetings could be longer to allow for more thorough review.

Patients' Rights (PRC): Chairperson Catherine Moore updated Council members on PRC meeting discussions. Catherine shared that the committee's focus for the last year has been on patients' rights in county jails. She stated that they sent out a questionnaire to the local Behavioral Health Boards to raise awareness. They also surveyed Patients' Rights Advocates on services available in jails to get a better understanding of what's going on throughout the state, but have not been successful in getting responses. The committee will further inquire in hopes to gather the info. Catherine also shared the committee is exploring the issue of Lanterman-Petris-Short Act (LPS) rules as many more people are impacted than persons under conservatorship. The committee is in active discussion to look into the effectiveness of quality of care in either LPS or conservatorship. Catherine added that SMC is looking into conservatorship so there is opportunity for collaboration between the two committees. Lastly, PRC was asked by CA Office of Patients' Rights to present at their annual meeting in October 2021 about the Council and the work of PRC.

Comment: Chairperson Noel O'Neill commented and encouraged requests for information to advisory boards to also be sent to the Behavioral Health Director because it is the county that puts together the boards' agenda.

Workforce and Employment (WEC): Chair-Elect John Black reported on the WEC meeting and shared they had a presentation from Elia Gallardo, Director of Governmental Affairs, County Behavioral Health Directors Association (CBHDA). Elia discussed DHCS recommendations and Medi-Cal Code of Ethics for Peer Support Specialist Certification as well as CBHDA's workforce development plan. John stated that California Mental Health Services Authority (CalMHSA), CBHDA and California Association of Mental Health Peer Run Organizations (CAMHPRO) are considered the top 3 organizations that helped get Peer Certification passed. John suggested that the Council be added to the list. Lastly, the committee developed questions for their Work Plan regarding regional partnerships.

Performance Outcomes (POC): Chairperson Susan Wilson reported that POC finished their 2020 Data Notebook (DN) Report on telehealth. This DN was sent out to all Mental Health Boards for completion in survey monkey. Susan stated that there were some behavioral health boards that didn't respond; POC will contact them to find out what the issues were. It was their first time using survey monkey to collect data so they will assess if that was a barrier in receiving responses. Susan shared that this year their Data Notebook will be on racial and ethnic disparities including older adults and youth, which will include questions regarding Substance Use Disorders (SUD) and mental health services. Addressing the disparities is a follow-up to the 2014 DN which looked into access to underserved and unserved populations. Susan mentioned the committee is addressing the ongoing issue of data sources and dated data; due to having more questions than what data can answer. POC spent a lot of time discussing data sources and that they are increasing over time. Susan reported the Mental Health Services Oversight and Accountability Commission (MHSOAC) dashboard has been a useful source. Susan expressed the importance that organizations need to be urged to collect certain data and that POC's annual DN get to the right people so it can be used to improve access and services.

Question: Chairperson Noel O'Neill asked if the Data Notebook is on the Council website.

Response: Susan reported it is on the Council website and is also on the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) site.

8. Closing Remarks

Chairperson Noel O'Neill thanked the Council Members and community members for their participation and closed the meeting.

Meeting Adjourned