California Behavioral Health Planning Council (CBHPC)
General Session Meeting Minutes
October 17-18, 2024

CBHPC Members Present Day 1:

Susie Baker
Karen Baylor
John Black
Stephanie Blake
Jason L. Bradley (for Sarah Poss)
Dave Cortright
Erin Franco
Jessica Grove
Ian Kemmer
Steve Leoni*
Lynne Martin Del Campo
Lanita Mims-Beal
Catherine Moore
Javier Moreno
Don Morrison
Dale Mueller
Noel O'Neill
Elizabeth Oseguera
Marina Rangel
Danielle Sena
Daphne Shaw
Walter Shwe
Maria Sierra
Deborah Starkey
Bill Stewart
Arden Tucker
Tony Vartan
Uma Zykofsky

*=Remote Appearance

CBHPC Members Absent

Amanda Andrews
Monica Caffey
Erika Cristo
Barbara Mitchell
Jessica Ocean
Darlene Prettyman
Deborah Pitts
Karrie Sequeira
Ali Vangrow
Susan Wilson

Staff Present: Jenny Bayardo, Naomi Ramirez, Justin Boese, Ashneek Nanua, Simon Vue

Welcoming and Introductions

Chairperson Deborah Starkey called the meeting to order. She welcomed Council Members and led self-introductions. A quorum was achieved with 28 of 38 Council members present.

Acceptance of April 2024 Meeting Minutes (Action)

Chairperson-Elect Tony Vartan facilitated the review of the April 2024 meeting minutes. The minutes were accepted as written with no edits.

Department of Health Care Services Update

Paula Wilhelm, Deputy Director of Behavioral Health, greeted members and reported that on October 16, 2024, the Centers for Medicare & Medicaid Services (CMS) approved California's request to cover Traditional Healer and Natural Helper Services (collectively referred to as Traditional Health Care Practices) in the Drug Medi-Cal Organized Delivery System (DMC-ODS). She informed members that her update would focus on this approval.

She shared that Medi-Cal members who receive care through DMC-ODS to promote treatment of substance use disorders (SUDs) are eligible for this benefit. All DMC-ODS counties will be required to offer the Traditional Healer and Natural Helper Services benefit. Urban Indian Organizations (UIOs), Indian Health Service-Memorandum of Agreement (IHS-MOA) programs, and Tribal Federally Qualified Health Centers (FQHCs) are all included as eligible provider organizations that may render covered services. Traditional Healer and Natural Helper services will be reimbursed based on DHCS' existing policy for DMC-ODS services.

Paula reported that California is home to more American Indians than any other state in the country, including Urban Indian communities, and terminated (or non-federally recognized) Tribes. She also shared the current landscape of Indian Health Care Providers (IHCPs) in California. The Department of Health Care Services partnered with Tribes to develop draft service descriptions of Traditional Healer and Natural Helper Services and will work to ensure that these descriptions are coverable under the Demonstration. Traditional Healers may use an array of interventions, including music therapy (such as traditional music and songs, dancing, drumming), spirituality (such as ceremonies, rituals, herbal remedies), and other integrative approaches. Natural Helpers may assist with navigational support, psychosocial skill building, self-management, and trauma support to individuals who restore the health of those DMC-ODS beneficiaries receiving care at IHCP.

The Department plans to host additional consultations in late October on policy design areas, which will include rates, reimbursement, and categorization of services. They plan to release Policy Guidance in December 2024, and implementation should start no sooner than January 1, 2025.

Paula welcomed dialogue and questions from the Council. Highlights of the discussion include:

- Steve Leoni asked for clarification on the eligibility of individuals who are part of tribes that are not federally recognized.
    - Paula stated that on the medical side, eligibility is not based on tribal membership or any other criteria. The person just needs to be served by an IHCP for a substance use disorder.
- Liz Oseguera asked how the Department plans to share that information once data is collected.
    - Paula stated that, at a minimum, there will be a required evaluation for this program as part of the broader 1115 waiver. She highlighted that those are always public evaluation reports.
- Dave Cortright asked if there is a way to take this model of how the Government can work with a group of people who can combine and decide qualifications and apply it to peer support to update the requirements.
    - Paula stated that there is currently a statute that lays out some of the requirements for peer qualifications. She highlighted that there are also some pieces that are at the discretion of the State, and or the certifying entity that works on behalf of counties. She emphasized that the Department is always open to feedback about how to better engage with the peer community.
- Erin Franco asked if there is a timeline for the program.
    - Paula stated that the program can launch January 1, 2025, and currently has approval through the end of 2026. At the end of this period, the department will need to apply to renew this as part of our next 1115 waiver package.

Public Comment on DHCS Update

Theresa Comstock, California Association of Local Behavioral Health Boards and Commissions (CALBHB/C), shared that local community-based organizations and non-profits are excited about the approval but concerned about the heavy administrative burden and the lag time in billing for Medi-Cal. She asked what kind of support there is to address this.

Break

Committee Report-Outs

Performance Outcomes Committee: Chairperson-Elect Noel O'Neill reported that the Performance Outcomes Committee focused on the review of the 2024 Data Notebook. They also discussed their plans for the 2025 Data Notebook. The committee will vote for the new Chairperson-Elect at the January 2025 meeting.

Patients' Rights Committee: Chairperson Daphne Shaw reported that the Patients' Rights Committee received a report from Justin Boese, Council Staff, on the Patient Rights Advocate training verification. She reminded members that legislation was passed that requires Patient Rights Advocates (PRA) to take an online training module

within 90 days of when they become a PRA. The committee will send another letter to the County Behavioral Health Directors to remind them that it is their responsibility to make sure it happens. The committee also received an update on the Community Assistance, Recovery, and Empowerment Act (CARE Act) implementation in San Diego from Claude Witham, Program Manager. He reported that they have received 200 petitions, and there are 68 care agreements in place. Lastly, Daphne reported that the Legislative Analyst's Office (LAO) is conducting a report on the PRA ratios in counties. The committee will inform the Council when the report is released.

Executive Committee: Deborah Starkey, Chairperson of the Council, reported that members were updated on the Council's expenditures, allotments, and Council Member appointments. Deborah highlighted that the Council currently has 38 appointed members and only two vacancies. She shared that the committee also received updates from the California Coalition for Behavioral Health, the California Association of Local Behavioral Health Boards and Commissions, and the Council's Proposition 1 Ad Hoc committee.

Legislation and Public Policy Committee: Chairperson-Elect Javier Moreno reported that the committee reviewed the Council's Year-End Legislative Report. The members discussed whether the Council should take any action on bills of interest that they were following during this legislative cycle. There were no recommendations to take any further action on any bills at this time. The committee had a robust discussion on the structure of future committee meetings and the activities that occur. Members decided to prioritize the discussion of legislation at the beginning of the meetings. They also discussed holding more in-between meetings, prioritizing bills by placing them in tiers, and the need to be more proactive and intentional about the actions the committee takes. Members also discussed the committee's role in the Behavioral Health Services and Behavioral Health Transformation. The committee received presentations from Janus of Santa Cruz and an overview of the possible implications of Proposition 36.

Workforce and Employment Committee: Walter Shwe shared that the Workforce and Employment Committee decided to write a letter to the Department of Health Care Services regarding the Community Transition In-Reach Services. Deborah Pitts informed the committee that the Department's initial proposal required each in-reach team to include an occupational therapist, and now they are optional. The letter will request that DHCS go back to requiring occupational therapists to be included. The committee also heard presentations from Safe Passages and a panel of individuals with lived experience as peer support specialists, including committee member Maria Sierra.

Housing and Homelessness Committee: Chairperson-Elect Deborah Starkey reported that Simon Vue, Council Staff, provided an update on the bond portion of Proposition 1. The committee received a presentation from Alan Gutierrez, Director of System, Access, and Equity from Alameda County Housing and Homelessness Services. They also heard from Cynthia Castillo, Senior Policy Advocate for the County Behavioral Health Directors Association. Deborah also shared that committee members reviewed and updated the committee's 2023-2024 Workplan.

Systems and Medicaid Committee: Chairperson Uma Zykofsky reported that the committee devoted the first half of the meeting to review how the first round of the Behavioral Health Continuum Infrastructure Program (BHCIP) Crisis Care Mobile Unit disbursements were implemented. The Department of Health Care Services provided an overview, which included the grantees and the different types of grants that were awarded. The committee also heard from two different grantees. They provided a small grantee and a large grantee perspective. During the second half of the meeting, the committee reviewed the Behavioral Health Services Act matrix created by Council staff to identify the committee's role.

Children/Youth Workgroup: Erin Franco reported that the workgroup is planning a short screening of the *Hiding in Plain Sight* documentary, followed by a discussion with five to seven panelists. The purpose of the event is to identify ways to increase behavioral health support services for children and youth. The event will take place in San Diego on the Wednesday evening of the quarterly meeting. The workgroup is hoping to have 50-100 attendees.

Reducing Disparities Workgroup: Workgroup leader Uma Zykofsky reported that the workgroup plans to work closely with the Children's Workgroup to make the event successful. She highlighted that there's some joint interest for both groups. The workgroup discussed its focus areas for the upcoming year and nominated Liz Oseguera to be the new workgroup leader as of January 2025.

Substance Use Disorder Workgroup: Workgroup leader Javier Moreno reported that the workgroup discussed the need for advocacy and potential legislation to prevent arbitrary care denials. He highlighted that there are parity issues with managed care plans' coverage of substance use disorder (SUD) treatment and a lack of enforcement. The group also discussed the need to educate the Council on SUD-related topics and how best to utilize the group to make Behavioral Health Transformation recommendations to the full Council.

Break

Behavioral Health Transformation (BHT) Updates and Integrating SUD into BHSA

Marlies Perez, Behavioral Health Transformation Project Executive for the Department of Health Care Services, provided an overview of Behavioral Health Transformation (BHT) and the integration of substance use disorder into the Behavioral Health Services Act. The Department will be releasing the Policy Manual in phases with opportunities for public comment. The first module should be released before the end of 2024.

Behavioral Health Transformation started with Senate Bill 326, the Behavioral Health Services Act (BHSA), and Assembly Bill 531, the Behavioral Health Bond Act. Both bills passed through the Legislature and then went on the March 2024 ballot as Proposition 1, which passed.

She highlighted the current funding sources for SUD, which include:

- Drug Medi-Cal
    - There are currently 19 of those counties.
    - There is a required set of core services.
    - Provided through a State plan amendment.
- Drug Medi-Cal Organized Delivery System
    - There are currently 39 counties that have opted in.
    - 96% of California's population is served.
    - More extensive benefits that individuals can receive for SUD.
    - Residential services can be funded.
- Opioid Settlements (County/City)
- Bankruptcy Settlements
- Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG)
- 2011 Realignment

Marlies shared that under the Behavioral Health Services Act, counties will identify strategies to address SUD disparities in their integrated plan. With BHSA, there are also additions to who needs to be included in the decision-making process. The current local Mental Health Boards have changed to Behavioral Health Boards and now require SUD representation. Also, the newly named Behavioral Health Services, Oversight and Accountability Commission now has SUD membership requirements.
She highlighted that integrated plans are due every 3 years, and the first one is due June 30, 2026.

She highlighted that the Department of Health Care Services website has a Behavioral Health Transformation webpage with resources and an inbox for questions or feedback. Marlies also shared that listening sessions will take place in the upcoming months.

Marlies welcomed dialogue and questions from the Council. Highlights of the discussion include:

- Catherine Moores asked for clarification on what is considered harm reduction.
    - Marlies stated that a Behavioral Health Information Notice was released on how counties can spend SABG funds on harm reduction. The same guidance will be modeled for BHSA.

General Public Comment

Steve McNally, from Orange County, thanked Marlies for her presentation. He shared that he has attended some of the listening sessions and stated that the Department of Health Care Services has done a terrific job at archiving the videos.

Recess

CBHPC Members Present Day 2:

Amanda Andrews
Susie Baker
Karen Baylor
John Black
Stephanie Blake
Jason L. Bradley (for Sarah Poss)
Dave Cortright*
Erin Franco
Jessica Grove
Ian Kemmer
Steve Leoni*
Lynne Martin Del Campo
Lanita Mims-Beal
Catherine Moore
Javier Moreno
Don Morrison
Dale Mueller
Noel O'Neill
Elizabeth Oseguera
Marina Rangel
Karrie Sequeira
Daphne Shaw
Walter Shwe
Maria Sierra
Deborah Starkey
Bill Stewart
Arden Tucker
Tony Vartan
Uma Zykofsky

*=Remote Appearance

CBHPC Members Absent

Monica Caffey
Erika Cristo
Barbara Mitchell
Jessica Ocean
Darlene Prettyman
Deborah Pitts
Danielle Sena
Ali Vangrow
Susan Wilson

Staff Present: Jenny Bayardo, Naomi Ramirez, Justin Boese, Ashneek Nanua, Simon Vue

Welcome Back & Announcements

Chairperson Deborah Starkey called the meeting to order. Deborah welcomed Council Members back and led self-introductions. A quorum was achieved with 29 of 38 Council Members present.

Mental Health Services Oversight and Accountability Commission Update

Tom Orrock, Deputy Director of Operations, Mental Health Services Oversight and Accountability Commission, provided an overview of the Commission's advocacy work, initiatives, and what they are doing to prepare for Proposition 1. He shared that the commission administers advocacy contracts for the following nine target populations: Clients and Consumer, Families, Immigrants and Refugees, K-12, LGBTQ Populations, Diverse Racial and Ethnic Communities, Parents and Care Givers, Transition Age

Youth (TAY), and Veteran Populations. They are typically for three-year grants of $670,000 per year for each organization to provide local-level and state-level advocacy.

Current initiatives include the Mental Health Student Services Act, Early Psychosis Intervention, Immigrant and Refugee Advocacy, K-12 Advocacy, and the 0-5 Mental Wellness Act. He shared that a report was released on the Immigrant and Refugee findings.

As a result of the passage of Proposition 1, the Commission will add 11 new commissioners for a total of 27 Commissioners. Some of the new commissioners will start in January 2025. The new commissioners will include a Behavioral Health Director, a Transition Age Youth, and four new substance use disorder (SUD) representatives. The commission will also be administering the Innovation Partnership Fund. The Commission is currently conducting listening sessions to identify the best statewide use of these funds.

Substance Abuse and Mental Health Services Administration (SAMHSA) Update

Carly Blemmel, Region IX Behavioral Health Advisor for the Substance Abuse and Mental Health Services Administration (SAMHSA), provided an overview of their priorities and resources.

SAMHSA currently has five strategic priorities, which are enhancing access to suicide prevention and mental health services; promoting resilience and emotional health for children, youth, and families; integrating behavioral and physical health care; strengthening the behavioral health workforce; and preventing substance use and overdose. Most of SAMHSA's work falls under one of these five priorities.

Carly shared that SAMHSA has multiple applications that can be downloaded. Some of the apps include AlcoholX, SAMHSA Disaster App, Know Bullying, and SAMHSA Talk, which is for parents. There is also a QR code for FindTreatment.org. She highlighted that most resources are in two or more languages. SAMHSA also conducts extensive research and offers toolkits that can all be found on its website.

Deborah Starkey shared her appreciation for all the work SAMHSA has done around suicide safety.

David Cortright expressed interest in hearing about the outcomes of the SAMHSA Youth Summit. He also suggested that the materials are made more youth-friendly, rather than the current government look.

Public Comment on SAMHSA Presentation

No public comment.

Break

San Francisco County Behavioral Health Services

Hillary Kunins, MD, MPH, MS, Director, Behavioral Health Services and Mental Health for San Francisco Department of Public Health provided an overview of their services. She highlighted that they are the largest provider of mental health and substance use prevention, early intervention, and treatment services in San Francisco. They have both civil service staff and contracted community partners who deliver clinical services across the city. In fiscal year 2022-23, they provided behavioral health services for 21,000 people. Their services are categorized in the following groups: prevention, crisis, access and navigation, outpatient treatment, residential care, treatment, and support.

She highlighted their Behavioral Health Treatment Beds Dashboard and their Office of Coordinated Care. She also shared that San Francisco is one of seven pilot counties that rolled out Care Court as of October 2023. They estimate 1,000-2,000 individuals in San Francisco are eligible.

Dr. Kunis provided a brief overview of Senate Bill 43 and Proposition 1 to highlight the changes currently in the behavioral health system and shared the Department of Health Care Services Behavioral Health Transformation Milestones.

Public Comment on San Francisco County Presentation

Barbara Wilson from Los Angeles County thanked Dr. Kunis for her presentation. She stated that she works with many parents trying to get their children off the streets and asked what Dr. Kunis sees as the role of more housing with embedded services, such as Adult Residential Facilities.

Dr. Kunis stated that in San Francisco, there is a range of housing with different wrap-around supports. She thinks the goal is to find the right place and the support the individual needs to be successful.

Conservatorship in California

Patients' Rights Committee Chairperson-Elect Mike Phillips introduced Alex Barnard, PhD, to provide an update on Conservatorship in California. During his presentation, Alex shared a piece of his book, *Conservatorship: Inside California's System of Coercion and Care for Mental Illness*. His book is intended to provide an overview of what has led to the current state of conservatorships, what's driving problems on the ground, and what kind of reforms are likely to be effective.

A conservatorship, also known as a guardianship, is a legal measure that grants a third party the power to place someone in a locked facility, order them to receive treatment, and control their finances and personal decisions. In California, a person with a mental illness can be placed on a conservatorship when they've been deemed "gravely

disabled", which means unable to meet their need for food, clothing, and shelter because of a mental disorder. This has recently been expanded to include medical care and personal safety, and covers severe substance use disorders.

Alex provided statistics on short-term and long-term holds. He shared that the number of people going onto 30-day temporary conservatorship and one-year permanent conservatorships has been going down until recently. On its own, this trend would be a good thing because ideally, people are quickly stabilizing and returning to voluntary, community-based services. However, the literature, media reporting, and California's streets suggest something else. People are subjected to many short-term and often traumatic interventions, without putting them onto any long-term trajectory towards stability or transformation. In recent years, there has also been an increase in legislation related to involuntary treatment.

The two very different visions of conservatorships were highlighted. Key points include the following:

- Many people are being subjected to repeated, ineffective involuntary interventions when they could be helped by voluntary services.
- Some people are failing by purely voluntary services and Housing First, and need more support.
- California's current crisis is driven by a legacy of state disinvestment, a new wave of de-institutionalization, deteriorating conditions for the unhoused, and a forced treatment revolving door.
- Decision-making in the conservatorship system is driven by bureaucratic fragmentation, financial considerations, and misaligned priorities, more than legal criteria.
- Both sides of the debate can contribute to accountable, careful implementation.

Alex welcomed dialogue and questions from the Council. Highlights of the discussion include:

- Steve Leoni shared his admiration for the information shared during the presentation. He shared that he has been an advocate for about 35 years and appreciates Alex's statement about treatment-resistant conditions being multifactorial. He has long believed that to be the case. Steve shared that he was involved in the passage of the Mental Health Services Act in 2004, and he thinks some of that expanded capacity is at risk under Proposition 1. He feels the focus is currently on trying to build more inpatient beds. This may or may not be needed, but he would like to see a focus on effectiveness and what works, rather than what will alienate people.
- Karen Baylor thanked Alex for his presentation. She asked if he looked at the data on how long people stay in Conservatorships and how difficult or easy it is to get out of conservatorships.
    - Alex stated that he would be curious to know, but the state does not have great quantitative data.

Public Comment on Conservatorship Presentation

Barbara Wilson thanked Alex for the presentation. She asked that he look into the issue of private ownership facilities. She stated that she has seen more facilities become more aware of legal implications, and many have become Limited Liability Corporations (LLCs). This has shifted facilities into a business model. She stated that the fact that people are on public funds and pay money every month to privately held, anonymous organizations is rampant for abuse, misuse, and fraud.

General Public Comment

There was no public comment.

Closing Remarks & Announcements

Tony Vartan thanked Deborah Starkey for her leadership during the time she served as the Chairperson of the Council. Deborah said that she enjoyed the last 2 years as Chairperson. While it is a lot of work, meetings, and reviewing, she feels it's all worth it. She also shared that she would like to give family members a little glimmer of hope. Her son, who is the reason she became an advocate, was diagnosed at 14 with schizoaffective disorder. They went through multiple suicide attempts, out-of-state placement, and many other experiences. She is happy to share that he will graduate from Sacramento State College, summa cum laude, on December 14.

In closing, Tony Vartan shared a 45-second video created by Stanislaus County Behavioral Health that highlighted diversity and inclusion.

Adjourn

Chairperson Deborah Starkey adjourned the meeting at 11:52 a.m.