



# California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion



## 2021 Year-End Report

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# OVERVIEW

The California Behavioral Health Planning Council (Council) advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness and/or substance use disorders.

If we thought the year 2020 was unusual, well 2021 surpassed unusual and went into outright unpredictable. The ups and downs of our nation's public health emergency saw us anticipating a return to normalcy by summer and then disappointed with the development of new, more communicable variants. To ensure the health and safety of all, the Council continued to hold its quarterly meetings in a virtual format in 2021. And Council staff continued working remotely and working in the office in a staggered schedule.

The Council maintained its mission-driven efforts and sustained our focus in a number of key areas both emergent and enduring. The continuation of the public health emergency demonstrated that the COVID-19 virus is not only affecting the behavioral health community but increasing the need for services, especially by younger folks and children. Advocacy for access that is responsive is essential and a significant piece of the Council's work.

Before we begin, a tremendous amount of gratitude is extended to the Council Officers, Committee leaders and to the staff for their ongoing dedication to ensure the Council's successful operations and continued voice of advocacy for Californians served by the public behavioral health system. Their unflagging diligence is recognized and valued.

# 2021 ACCOMPLISHMENTS IN REVIEW

The influx of federal funding as well as increased state revenues resulted in a number of new health initiatives that cross systems and public/private sectors to address several of California's challenges including housing, access/barriers to care, workforce shortage, behavioral health needs of children/youth and disparities in health outcomes. Below are highlights of the Council's work in these areas during 2021.

## **HOUSING AND HOMELESSNESS COMMITTEE**

The Housing and Homelessness Committee continues its focus on the ongoing loss of Adult Residential Facilities (ARFs) serving persons with serious mental illness. These licensed ARFs are an important segment on the continuum of housing and they are closing at an alarming rate which results in more persons with serious mental illness (SMI) living on the streets or not having the appropriate level of care. In July 2021, the committee held a virtual public forum to hear from ARF owners and operators about the financial challenges they experience serving persons with SMI and their suggestions for solution. Over 100 persons attended the event and we heard from ARF operators from around the state. They all expressed the same issues of facilities in disrepair due to lack of funds for regular maintenance, low staff wages including no income for owner/operators and large debt incurred to keep the facilities operational. This forum provided the Committee with clear information that facilities need to receive a minimum of \$125 per day for each person (\$3750 p/month) in order to have sufficient revenues to operate effectively. The current rate of \$37 per day has resulted in subpar care and quality.

Committee leadership met with the Governor's Office regarding the dire fiscal challenge and apprise them that even with the \$1000 per month subsidy contained in the budget, such additional funding will fall short of what is needed and the number of subsidies provided will be insufficient to reach all the individuals in need. Last fall, the Committee officers joined with other providers to meet with Community Care Licensing leadership at the California Department of Social Services to discuss the

potential to revisit the community-based care + housing model that was created over 50 years ago. This work will continue into 2022.

## **PERFORMANCE OUTCOMES COMMITTEE**

In April 2021, the Performance Outcomes Committee released its report for the [2020 Data Notebook](#) which focused on the implementation of telehealth as a result of stay-at-home orders to mitigate the spread of the COVID-19 virus. Important findings in that report show that counties and community providers made significant investments of resources, time and effort in order to keep behavioral health services accessible in their communities. While telehealth already was used to some degree, a swift and extensive expansion occurred including the types of services offered via telehealth. Many benefits were reported including decreased appointment no shows/cancelations, increased flexibility for both consumers and providers, and increased access to services for many individuals.

The report also found some distinct challenges such as difficulties with technology and software needed for telehealth services; need to train staff, providers, and users; navigation of telehealth regulations, billing and reimbursement; as well as lack of infrastructure including computers, mobile devices, high-speed internet and even privacy for clients in their homes. Many of these challenges are addressed in the Committee's recommendations. The Council believes the benefits of telehealth will remain relevant even after the public health emergency ends. And while telehealth does not replace face-to-face services, it is a valuable and vital tool in the toolbox for behavioral health care in California.

The 2021 Data Notebook was released to county boards in August 2021 and focuses on access and retention in services by California's diverse racial and ethnic communities. The 2014 Data Notebook also addressed these issues and so a comparison may prove informative about progress in serving California's diverse communities. As of the writing of this report, responses have come in from a majority of counties. The analysis and report will be completed in early 2022.

## **WORKFORCE AND EMPLOYMENT COMMITTEE**

The Council's Workforce and Employment Committee has been active in both advocacy for and input on the development and implementation of Peer Support Specialist Certification, Community Health Workers and reform of administrative functions to reduce the burden on providers. All of these efforts are important keys to attract and retain a comprehensive and diverse workforce. Additionally, the Council remains in partnership with our colleagues at the Department of Health Care Access and Information, formerly Office of Statewide Health Planning and Development, in the oversight of the Five-Year Plan to address the mental health workforce shortage.

The Committee is participating in new endeavors to address the workforce shortage including the Governor's Child and Youth Behavioral Health Initiative as well as the development of a 10-Year Strategic Plan to strengthen the public behavioral health workforce. This Plan is supported by Kaiser Permanente Southern California and the County Behavioral Health Directors Association of California.

## **LEGISLATION COMMITTEE**

The Legislation Committee's primary focus is to advocate on policies impacting the publicly-funded behavioral health system contained in proposed legislation, regulations and budget proposals. In 2021, despite the continued public health emergency, the committee members addressed over 30 bills during this legislative session. The committee focused much of its resources to advocate to maintain voluntary decision making for persons who are in need of treatment but who are not receiving services. The Council advocates for the availability of sufficient resources to engage individuals in services rather than removing an individual's right to self-determination. The Council celebrates the passage of legislation that extends the meaning of a pupil's excused absence to include an absence for the benefit of the pupil's mental or behavioral health. Additionally, the Governor signed legislation that requires that appointments with non-physician mental health and substance use disorder providers are subject to the timely access requirements.

## **SYSTEMS AND MEDICAID COMMITTEE**

The Systems and Medicaid Committee spent a very busy year reviewing, assessing and advising DHCS on its many proposed policies to implement the behavioral health sections of CalAIM. In early 2021, committee members submitted policy recommendations on the final proposals for the CalAIM Initiative and tracked guidance issued regarding Medicaid operations enacted during the public health emergency. Committee members also commented on several proposed Information Notices on topics including medical necessity, telehealth, and criteria to access Specialty Mental Health Services. They are in the process of reviewing an Information Notice on the CalAIM No Wrong Door policy due in January 2022. Throughout 2021, members and staff monitored the meetings of the CalAIM Behavioral Health Workgroup, the Behavioral Health Stakeholder Advisory Committee and the Behavioral Health Task Force in order to stay engaged in the latest developments and direction from the Administration. Additionally, the members submitted comment during the CMS federal comment period for California's 1115 waiver. The Systems and Medicaid Committee is preparing a series of presentations throughout 2022 to inform Council members and the public on the myriad of changes brought about with the advent of CalAIM.

## **PATIENTS' RIGHTS COMMITTEE**

The Patients' Rights Committee's continued its strategic focus to promote accessible and effective mental health Patients' Rights Advocacy (PRA) services in California county jails. The committee released a survey to county patients' rights advocates to gather information regarding the advocates' work in county jails. The policies that affect the rights of inmates with mental illness are complex and the committee seeks to ensure adequate and appropriate services are accessible to persons with serious mental illness who are incarcerated in local institutions.

Additionally, in accordance with the requirements set forth in state law, the Patients' Rights Committee continued the monitoring and tracking of county compliance to provide timely and appropriate training to newly hired patients' rights advocates. The

tracking indicates that numbers of new hires receiving the training has declined from 2019 to 2020 and into 2021 which saw just 10 new advocates were trained.

## Conclusion

For the Council, and many of our colleagues in behavioral health, we have known and advocated that there is no health without behavioral health and that mental illness and substance use disorders know no boundaries of race, economic level, gender, nor life circumstances. The public health emergency has underscored these facts, motivating state leaders to take necessary action to plan augmented ongoing, one-time and cross-system resources for Californians in need of care and treatment. The recognition of the need has resulted in many new initiatives, additional funding and the expansion of existing programs. The Council remains steadfast in fulfilling its duties to advise on the policies and priorities for California's publicly-funded behavioral health system. If the past two years are any indication, 2022 will be another dynamic year for behavioral health in California. The Council looks forward to sharing its work with you and invites you to join our efforts to achieve our vision of a behavioral health system that makes it possible for individuals to lead full and purposeful lives.

## Contact Us

For questions or more detailed information about any of the actions, projects or committees mentioned in this report, please contact us at 916-701-8211. You may also visit our website at:

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### **2022 Council Meeting Schedule**

January 18-21, 2022

April 19-22, 2022

June 14-17, 2022

October 18-21, 2022