



# California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion

## 2022 Year-End Report

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## Overview

The California Behavioral Health Planning Council (Council) is a 40-member body that serves to advise the California administration, legislature, and local mental/behavioral health boards on policies and priorities for California's publicly funded behavioral health system. We advocate for an accountable system of care, as outlined in our [Policy Platform](#), that is responsive, strength-based, consumer and family-member-driven, recovery-oriented, culturally and linguistically responsive, and cost-effective. Our authority comes from [Welfare and Institutions Code](#) and [Public Law 102-321](#).

## ABOUT OUR COUNCIL MEMBERS

Council Members apply for appointment by the Department of Health Care Services to the Council as volunteers for three-year terms. [Current members](#) include direct consumers, family members, parents of children with Severe Emotional Disturbance (SED), consumer-related advocates, professional/providers, and State department representatives from Social Services, Housing & Community Development, Education, Corrections & Rehabilitation, Health Care Services, Aging, Rehabilitation, and Health & Human Services Agency.



## COUNCIL ACCOMPLISHMENTS IN REVIEW

The Council held one virtual and three in-person meetings this year across the state to focus on addressing the behavioral health needs of Californians with Serious Mental Illness (SMI) and children with Severe Emotional Disturbances (SED).

### This year the Council had a number of accomplishments including:

- Taking positions on 26 pieces of legislation
- The Release of the [2021 Survey of County Mental Health Patients' Rights Advocates on Patients' Rights Advocacy in County Jails](#) in March 2022
- Responding in writing to DHCS on 16 Behavioral Health Information Notices
- Highlighting four (4) County Mental Health Block Grant Programs during General Sessions at Council Quarterly meetings
- Tracking Peer Certification (SB 803) Implementation
- Making recommendations in writing to DHCS on various components of the CalAIM Initiative

## COMMITTEE ACCOMPLISHMENTS

The Council committees are structured around six priority areas we believe are of key importance right now and will be for several years to come, including: [Legislation](#), [Housing and Homelessness](#), [Systems and Medicaid](#), [Workforce and Employment](#), [Patients' Rights](#), and [Performance Outcomes](#). In addition, there are two workgroups that address interdisciplinary issues that affect the focus areas of multiple committees. These workgroups, [Children & Youth and Reducing Disparities](#), provide a less formal environment for members to discuss topics of interest to bring back to the committees to ensure key issues and priorities in these topic areas are addressed.

### Legislation Committee

The Legislation Committee (LC) supports the Council's mission and vision by reviewing and taking a position on legislation that impacts the behavioral health system. The Council's [Policy Platform](#), which identifies the key areas of interest and the Council's overarching principles, guides the work of the committee and Council staff. During the

second year of the 2021-2022 legislative session, the LC took positions on 26 pieces of legislation which are outlined in our [2022 Year-End Legislative Report](#).

The committee also focused on specifically addressing legislation that fell under two of our key overarching principles:

- To promote appropriate services to be delivered in the least restrictive setting possible.
- To uphold the principles and practices of the Mental Health Services Act (MHSA).

Two key pieces of legislation the Council opposed and advocated on were Senate Bill 1338 (Umberg) and Assembly Bill 2242 (Santiago). The Council sent position letters at various stages of the legislative cycle, voiced the Council's position at legislative hearings, and worked with key stakeholders to advocate in response to the legislation.

Senate Bill 1338 was signed into law September 14, 2022, despite the Council and many other organizations expressing great concern. This legislation established the [Community Assistance, Recovery, and Empowerment \(CARE\) Act](#) and the first cohort of counties are required to implement the program beginning October 1, 2023. Despite the Council initially opposing this legislation, we are committed to supporting the successful implementation of the CARE Act in a way that makes it possible for individuals with lived experience of Serious Mental Illness (SMI) and Substance Use Disorder (SUD) to lead full and purposeful lives.

Assembly Bill 2242, which allows for MHSA funding to be spent on involuntary programming, was signed into law September 30, 2022. The Council remains steadfast in its position that this legislation goes against one of the core values of the MHSA, which is that services should be voluntary and client-centered. In the coming session the Council will continue to focus efforts on advocating for appropriate services in the least restrictive settings and informing decision-makers and the public on the intent and spirit of the MHSA.

## **Housing and Homelessness Committee**

In June of 2021, the Housing and Homelessness Committee hosted a listening session for owners and operators of Adult Residential Facilities (ARFs) to voice their issues in maintaining their facilities. The committee continues to focus on the rapid loss of ARFs serving persons with serious mental illness. These licensed facilities are an important segment on the housing continuum, and they are closing at an alarming rate.

The committee is also interested in hearing directly from people with lived experience about their housing needs and challenges. Currently, the committee is planning its next listening session for consumers of the public behavioral health system. This information will be used to help guide the committee in making decisions about future advocacy efforts.

## **Systems and Medicaid Committee**

The Systems and Medicaid Committee (SMC) kicked off the year by providing the Department of Health Care Services with [a Letter of Recommendations for the CalAIM No Wrong Door Policy in January 2022](#). Throughout the year, the committee received updates and feedback from eight counties regarding the implementation of CalAIM behavioral health proposals, such as the criteria to access SMHS, Enhanced Care Management (ECM), and Community Supports (CS). The SMC actively participated in efforts to educate Council Members and the public on CalAIM, which can be a very complicated subject to understand. The committee provided an overview of the CalAIM behavioral health proposals during the Planning Council's General Session meeting on how the CalAIM Initiative will change how behavioral health services are delivered and paid for throughout the state. Committee members also engaged local agencies, including Sacramento County and WellSpace Health, regarding the implementation of the 988 Suicide Prevention Crisis Hotline and Crisis Care Continuum.

The SMC provided DHCS with recommendations on several draft Behavioral Health Information Notices (BHINs) for the CalAIM Initiative including documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services, adult mental health

screening and transition of care tools, and youth mental health screening and transition of care tools. In addition to responding to proposed CalAIM policies, the SMC provided DHCS with a [Letter of Recommendations to DHCS Telehealth Advisory Workgroup](#), and responded to several BHINs pertaining to guidance to counties and providers on Short-Term Residential Therapeutic Program (STRTP) Placement and Institution for Mental Disease (IMD) transitions, network adequacy requirements for county Mental Health Plans and DMC-ODS, obligations related to Indian Health Care Providers in DMC-ODS counties, parity requirements for Drug Medi-Cal, Medi-Cal Mobile Crisis Services Benefit, updated Telehealth Policy, and the DMC-ODS and SMHS Peer Support Services opt-in and claiming requirements.

## **Workforce and Employment**

Throughout the year, the Workforce and Employment Committee (WEC) received updates from the Department of Health Care Access and Information in regards to the 2020-2025 Workforce Education and Training (WET) Five-Year Plan as well as the workforce investments and programs for the Children and Youth Behavioral Health Initiative. The WEC heard from the County Behavioral Health Directors Association (CBHDA) on their 10-Year Strategic Workforce Plan and several committee members provided input on CBHDA's strategic plan.

In 2022, the WEC focused on Peer Certification implementation and provided written recommendations on [peer supervisor trainings](#) to DHCS. In addition, the WEC responded to Behavioral Health Information Notices regarding peer certification annual reporting requirements and the complaints and investigations process. As part of the committee's implementation tracking efforts, the California Mental Health Services Authority (CalMHSA) provided the committee with updates regarding the implementation of Senate Bill 803: Peer Support Specialist Certification. Cal Voices and the California Association of Mental Health Peer-Run Organizations (CAMHPRO) provided their perspectives along with research and statistics to the committee regarding the design and implementation of SB 803 which fueled a committee discussion regarding concerns of the policies and implementation of the optional Medi-Cal Benefit. The committee submitted questions on

behalf of concerned peer-run organizations to DHCS which provided [responses](#) to the committee regarding the implementation concerns.

Committee members also engaged in discussions with county behavioral health agencies and local employment programs to investigate challenges and best practices with the utilization of employment supports as a means of behavioral health recovery. The conversation began with level-setting from the California Association of Social Rehabilitation Agencies (CASRA), followed by presentations from the counties of Solano, Alameda, San Francisco, and Butte. The committee plans to continue such conversations with additional counties and employment programs throughout 2023 and will evaluate multiple employment models such as Individual Placement and Supports (IPS), Clubhouse, and Social Enterprise. The goal is to elevate the use of employment as a recovery service amongst many competing initiatives at the state and county level.

The WEC concluded the year by engaging in advocacy for the inclusion of Occupational Therapists (OTs) as Licensed Mental Health Professionals (LMHPs) in the Specialty Mental Health Services System and Licensed Practitioners of the Healing Arts (LPHAs) in the Drug Medi-Cal Organized Delivery System (DMC-ODS). The committee wrote a [letter to include OTs as LMHPs and LPHAs](#) to DHCS and plan on continuing discussions in 2023 to elevate the utilization of this qualified provider type in behavioral health services.

## **Patients' Rights Committee**

The Patients' Rights Committee pursued multiple lines of activity and inquiry over the course of 2022. The committee conducted a survey of county mental health patients' rights advocates (PRAs) on the topic of patients' rights advocacy in county jails. The [analysis report](#) of this survey was published in March 2022, and includes discussion of the barriers facing PRAs providing these crucial services to patients in county jails, one of California's most vulnerable populations. The PRC also continued to monitor county compliance with requirements to provide timely and appropriate training to newly hired PRAs, in accordance with the requirements set forth in state law. Through these activities,

the committee remains committed to supporting the work of PRAs to protect the rights of all mental health patients in California.

The PRC took a great interest in the development of the CARE Court act and framework, and after thorough review and consideration of the legislation, took a hard “opposed” stance to the act. The committee will continue to watch the implementation of the CARE act carefully. Additionally, the committee reviewed DHCS published data on Lanterman Petris-Short (LPS) conservatorships and involuntary detentions as part of their ongoing monitoring of the patients’ rights system.

As always, the Patients’ Rights Committee greatly values collaboration and communication with other organizations and stakeholders. The committee invited guests from Disability Rights California, the California Office of Patients’ Rights, and local PRAs to meetings throughout the year to discuss important issues and developments throughout California. The PRC also sent a member to participate in COPR’s annual patient’s rights advocate training conference to share their knowledge and expertise with PRAs across the state.

## **Performance Outcomes Committee**

Last year, the Performance Outcomes Committee released its report for the [2020 Data Notebook](#) on the implementation of telehealth during the COVID-19 pandemic, and then went on to develop the 2021 Data Notebook with a focus on “Diversity and Health Equity in Behavioral Health Services in California.” During 2022, the committee released the 2021 data notebook and received survey responses from over 40 behavioral health boards/commissions in California. Due to the complexity and depth of this important topic, much time has been devoted to analyzing the data collected. The Overview Report for the 2021 Data Notebook is currently in its final revision and will be released early 2023.

The committee also developed and released the 2022 Data Notebook survey. The topic of focus for the 2022 DN is the impact of the COVID-19 pandemic on behavioral health needs and services in California. The Survey was released in the summer of 2022 and the committee has been receiving responses throughout the latter half of the year. So far the Performance Outcomes Committee has received responses from 41 behavioral

health boards/commissions, with more expended through January 2023. Analysis of this data will begin in early 2023.

The development and selection of the 2023 Data Notebook topic began in summer of 2022 and resulted in the selection of “stakeholder engagement” as the topic of focus for the next Data Notebook survey. Development of survey questions for the 2023 Data Notebook has progressed through the fall and will be completed by January 2023. The committee aims to release the 2023 Data Notebook survey in the spring of 2023.

## Conclusion

The Council continues to be committed to reviewing and evaluating the public behavioral health system, which has expanded in its scope of services as it has seen a significant increase in funding over the past few years. The increased awareness and attention to mental health statewide has also resulted in increased legislation. As a result, like many other behavioral health organizations, the Council’s resources are spread thin, but we continue to focus on our six areas of priority to ensure we continue to strive for 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](#) or [Facebook](#) page.

## 2023 Council Meeting Schedule

January 17-20, 2023: [Holiday Inn San Diego Bayside](#), San Diego, CA

April 18-21, 2023: [Holiday Inn Downtown-Arena](#), Sacramento, CA

June 13-16, 2023: [Double Tree Santa Ana-Orange County Airport](#), Santa Ana, CA

October 17-20, 2023: [Embassy Suites San Francisco Airport](#), San Francisco, CA