California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

November 11, 2024

Behavioral Health Transformation

Department of Health Care Services

P.O. Box 997413

Sacramento, CA 95899-7413

RE: November 4, 2024, Behavioral Health Transformation Public Listening Session on Behavioral Health Services and Supports (BHSS)

Dear Behavioral Health Transformation Team,

The California Behavioral Health Planning Council (CBHPC) has the statutory authority to review, evaluate, and advocate for persons with Serious Mental Illness (SMI), youth with Severe Emotional Disturbances (SED), and individuals with Substance Use Disorders (SUD) in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with the Council's Policy Platform and our vision of a behavioral health system that makes it possible for individuals with lived experience of a serious mental illness or substance use disorder to lead full and purposeful lives.

This letter includes Council Member's consolidated response to the questions posed in the listening session.

DHCS Question to Stakeholders: Early Intervention services for children and youth is an integral part of the BHSS funding. What models and services have been effective in serving this population?

The Council has found the following models and services to be effective:

1. Respite Care Programs for Families of Children and Youth
2. Crisis and Respite Programs for Foster Youth and Foster Families
3. Respite Care Programs for Caregivers
4. Crisis Respite Programs

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5. Grief and Loss Services for All Ages
6. Prevention and Postvention Programs

It is critical that these programs are available for both nuclear and extended families. Foster families also need a tremendous amount of support as they take on lot of responsibility but often get little support directly for their mental health and/or substance use disorder (SUD) challenges. This results in foster families being at risk of fatigue and not maintaining appropriate self-care.

Early Intervention programs must reflect the cultural and ethnic diversity of California and those served in programs across both the mental health and substance use systems. In addition to the programs listed above we would like to highlight the importance of services for children 0-5 years old and their families. Providing prevention services and education to families of young children will avoid the need of future navigation of services. In regard to grief and loss services, these services, whether due to loss of a dear one or a natural disaster affect whole family systems and can manifest themselves immediately or over time.

In some counties the programs we identified were previously funded under the Prevention and Early Intervention (PEI) component of the Mental Health Services Act (MHSA). While most of these services now fall under Behavioral Health Services and Supports (BHSS) funding, crisis respite does not fit into any Behavioral Health Services Act (BHSA) funding buckets.

<u>DHCS Question to Stakeholders:</u> Besides the broad categories of Outreach, Access, Linkages, Services, and Supports, are there other categories of Early Intervention that DHCS should consider?

The CBHPC recommends that DHCS consider peer support services and non-traditional outreach to culturally diverse programs. We would like to strongly encourage the department to Include the older adult system of care a priority category of Early Intervention. Further, we recommend the inclusion of respite care for adults, and particularly older adults and their caregivers.

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DHCS Question to Stakeholders: Are there any additional considerations DHCS should add for the inclusion in the biennial EBP and CDEP list? The list includes the following:

a. **EBPs: Levels of Evidence (Well-Supported, Supported, Promising, Emerging)**
b. **CDEPs: Strong level of efficacy within specific communities based on their perceived positive outcomes**
c. **Cultural Evidence**
d. **Populations Served**
e. **Risk and Protective Factors**
f. **Program Type (Universal, Selective, Indicated, Tiered)**

The CBHPC recommends the inclusion of the Older Adult Systems of Care in these areas of consideration. For example, we recommend listing the Program to Encourage Active, Rewarding Lives (PEARLS) as an EBP for older adults.

Additionally, we would like to ensure that peer operated wellness and recovery services are fundable as an EBP.

DHCS Question to Stakeholders: Are there other Workforce, Education, and Training (WET) activities that DHCS should consider including in the proposed policy?

The CBHPC recommends including an emphasis on training and supports for peers and family members working in the behavioral health system. Ongoing support for peer staff should include financial support for certification and supportive coaching to help them get through the exam process. Assistance with the fees to become certified should be included as it may be a financial hardship for peers.

DHCS Question to Stakeholders: What other types of allowable expenditures should DHCS consider for Capital Facilities and Technological Needs (CFTN)?

The CBHPC recommends beautification, landscaping, and ongoing maintenance in Capital Facilities grants. These expenditures are important for community acceptance and reducing Not in My Backyard (NIMBY) challenges. They create a good neighborly atmosphere, increasing the likelihood of new projects being accepted.

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The CBHPC recognizes that there are many competing and legitimate local program needs within the Behavioral Health Services and Support funding. We are concerned that choices made at the local level on what to include and what to leave out will result in program losses. We understand the local county stakeholder process will determine what services are provided at the county level; however, we must ensure that consumer voices and choices are intentionally included in decisions about Behavioral Health Services and Supports funded under the Behavioral Health Services Act (BHSA).

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

CC: Paula Wilhelm, Interim Deputy Director, Behavioral Health, DHCS
Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS
Marlies Perez, CEA, Community Services Division, DHCS