### **California Behavioral Health Planning Council**

### **Executive Committee Agenda**

Wednesday, June 19, 2024 8:30 am to 10:15 am Lake Arrowhead Resort 27984 CA-189, Lake Arrowhead, CA 92352 Pinecone and Acorn Room

Zoom Meeting Link
Join by phone: 1-669-900-6833

Meeting ID: 208 614 7159 Passcode: EC2024

8:30 am	Welcome and Introductions Deborah Starkey, Chairperson	
8:35 am	Accept April 2024 Meeting Minutes (Action) Tony Vartan, Chairperson-Elect	Tab 1
8:40 am	Expenditures Report & Budget Updates Naomi Ramirez, Chief of Operations	Tab 2
8:50 am	CBHPC Updated Documents (Action) Jenny Bayardo, Executive Officer	Tab 3
8:55 am	Committee Meeting Facilitation Discussion Tony Vartan, Chairperson-Elect	Tab 4
9:05 am	RDW Questions for Presenters Uma Zykofsky, RDW Lead	Tab 5
9:15 am	Break	
9:15 am 9:25 am	Break  Appointment Categories Follow-Up Discussion Deborah Starkey, Chairperson	Tab 6
	Appointment Categories Follow-Up Discussion	Tab 6
9:25 am	Appointment Categories Follow-Up Discussion Deborah Starkey, Chairperson  Council Membership Update (Action)	
9:25 am 9:35 am	Appointment Categories Follow-Up Discussion Deborah Starkey, Chairperson  Council Membership Update (Action) Naomi Ramirez, Chief of Operations  Approve Transparency Statement (Vote)	Tab 7

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

### **California Behavioral Health Planning Council**

9:55 am Report from CA Coalition for Behavioral Health

Daphne Shaw

10:00 am Report from CA Association of Local Behavioral

**Health Boards and Commissions** 

Theresa Comstock

10:05 am Public Comment

10:10 am Wrap-Up and Plan for Next Meeting

Deborah Starkey, Chairperson

10:15 am Adjourn

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a 2-minute maximum to ensure all are heard.

### **Executive Committee Members**

**Officers:** Deborah Starkey, Chairperson Tony Vartan, Chair-Elect Noel O'Neill, Past

Chair

**Housing/Homelessness**: Monica Caffey, Chairperson Deborah Starkey, Chair-Elect

**Legislation**: Barbara Mitchell, Chairperson Javier Moreno, Chair-Elect **Patients' Rights**: Daphne Shaw, Chairperson Mike Phillips, Chair-Elect

**Systems and Medicaid**: Uma Zykofsky, Chairperson Karen Baylor, Chair-Elect

**Workforce and Employment**: Walter Shwe, Chairperson

**Performance Outcomes**: Susan Wilson, Chairperson Noel O'Neill, Chair-Elect

Reducing Disparities Workgroup: Uma Zykofsky Children & Youth Workgroup: Vandana Pant

Substance Use Disorder Workgroup: Javier Moreno

At-Large: Arden Tucker

**Liaisons: CBHDA:** Tony Vartan **DHCS:** Erika Cristo

**CCMH**: Daphne Shaw

## California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

Agenda Item: Accept April 17, 2024 Meeting Minutes

Enclosures: Draft Executive Committee Minutes for April 17, 2024 Meeting

**Background/Description:** 

Attached are the draft meeting minutes for the Executive Committee to review and adopt.

## CBHPC Executive Committee Meeting April 17, 2024

### **Committee Members Present:**

Karen Baylor \*
Erika Cristo\*
Ian Kemmer
Barbara Mitchell
Noel O'Neill
Daphne Shaw

Walter Shwe Deborah Starkey Arden Tucker Tony Vartan Susan Wilson

**Committee Members Absent:** Monica Caffey, Javier Moreno, Vandana Pant, Mike Phillips, and Uma Zykofsky.

Staff Present: Jenny Bayardo, Naomi Ramirez

#### Welcome and Introductions

Chairperson Deborah Starkey called the meeting to order, welcoming Council Members. Attendees introduced themselves. A quorum was established with 11 of 16 members.

### Approval of the January 2024, Executive Committee Meeting Minutes (Action)

Chairperson Elect Tony Vartan asked if committee members had any changes to the minutes. With no changes requested, Tony Vartan moved to record minutes as accepted. Minutes accepted as written.

### **Council Membership Update**

Naomi Ramirez, Chief of Operations, provided an update on Council member appointment and recruitment efforts. As of the meeting, there is one "Parent of a Child with Severe Emotional Disturbance" and one "Direct Consumer" vacancy. All state representative vacancies are filled. Naomi stated council staff have been actively recruiting applicants at events that target parents of children with behavioral health needs as well as events for persons with lived experience of serious mental illness. In addition, Chair Mara Madrigal-Weiss of the Mental Health Services Oversight and Accountability Commission assisted Naomi Ramirez in filling the Department of Education vacancy which has been vacant since March 2020.

Chair-Elect Tony Vartan asked if any Council Members or potential applicants are under the age of twenty-five. He went on to explain that with the passage of Proposition 1 the mental health advisory boards are required to have one member who is under 25 years

<sup>\*=</sup>Remote Attendance

of age and it would be good to replicate that representation. Naomi Ramirez stated that we do not currently have a member under 25 due to a recent vacancy. CBHPC staff are working with the California Youth Empowerment Network and the California Alliance of Child and Family Services to recruit for our remaining vacancies in hopes of attracting youth applicants. Naomi asked for recommendations from the committee members of other organizations to partner with on our recruitment efforts. Tony Vartan suggested that CBHPC staff work with the counties to reach out to the transitional-age youth programs statewide. Susan Wilson noted the Council will have a presence at the California Mental Health Advocates for Children and Youth (CMHACY) conference and can hand out flyers at the conference.

### **Expenditure Reports & Allotment Updates**

Naomi Ramirez reviewed the budget information provided in the April meeting packet. Naomi pointed out that the legal fees spent were not accounted for when the allotments for the current year were set. In addition, travel expenses have increased due to inflation of hotel prices and increased per diem rates. CBHPC is reducing spending in other areas to account for the increase in these areas to stay within the funds allotted. Naomi Ramirez then referenced the Budget Letter enclosed in the packet which impacts expenditure decisions for the rest of this year. For example, attendance at conferences for the rest of the year is limited to hosting exhibit tables and presenting. Naomi reported that we secured approval for a contract to develop a report on data collected through the data notebook over several years. Susan Wilson thanked Naomi for the work involved in securing this contract. Daphne Shaw asked for details about the legal fees in September. Naomi shared that the charge was for consultation on changes to Bagley-Keene Open Meeting Act which informed our decisions on the attendance policy and guidance on our application. Tony Vartan asked what is included in the departmental services overhead.

### **RDW Questions for Presenters**

Executive Officer, Jenny Bayardo, presented the questions the Reducing Disparities Workgroup created for CBHPC staff and chairpersons to use when securing presenters.

- 1) How does your organization guard against unconscious bias in administering your program? Please provide your mission statement in your presentation.
- 2) What is the demographic data of the individuals you serve? Please compare that to similar data in your community. What is the demographic data of your staff?
- 3) How is your program designed to reduce structural or systematic racial and cultural disparities?
  - \*Give presenter examples of systemic inequity and inequalities.
  - \*Include language about interpreters and language translation.

The Executive Officers would like the committee chairs to start using these questions when inviting presenters to quarterly meetings. The topic was opened up for committee questions and discussion.

Barbara Mitchell asked how much time these questions would take to address. She went on to share that potentially this could take the entire presentation time in some cases. Barbara also stated that a definition of unconscious bias should be included if these questions are asked.

Susan Wilson and Arden Tucker, members of the workgroup, shared some key points that address the intent of the questions which include:

- Questions would be embedded in the presentation.
- They build awareness for speakers that this information is important to us.
- Presenters would address inequities in their work.
- Foster respect and encourage respectful language.

Council Member discussion resulted in a few recommendations.

- Barbara Mitchell: Provide specific instructions for speakers on what they are required to do.
- Tony Vartan: Ask speakers in advance to respond to the questions in writing and include them in meeting packets along with their bio.
- Daphne Shaw: Supported Tony's recommendation as some committees are already pressed for time.
- Tony Vartan: Provide written guidance on our standards for language.

### **Appointment Categories Discussion**

Deborah Starkey, Chairperson of the Council, stated that the Council would like to consider changing the name of the "Direct Consumer" appointment category and asked Jenny Bayardo to provide more background information to the committee. Jenny Bayardo shared that a vote is not required for this change as it is something that falls under the general operations however, input from the Executive Committee is desired. Jenny Bayardo stated that some of the newer Council Members and members of the public have shared that the term "Direct Consumer" does not fully represent who they are as individuals, does not honor their experience, and is dated. Council leadership decided to address this by first coming to the Executive Committee for input. Jenny directed members to their packets with the references in public law and state statutes about the Council Membership confirming the term "Direct Consumer" is not specifically mandated. Naomi Ramirez then shared terms other state planning councils use to describe their members some examples were peers, individuals with lived experience, adults with Serious Mental Illness, and adults recovering from substance use disorder.

The committee engaged in a discussion about the appointment categories. Some key points of discussion and decision include:

- Our Council specifies that consumer members should have experience with the Public Mental Health System, but others do not and that is not spelled out in the codes referenced.
- The Council should consider broadening who is on the Council as most kids are
  not in the public mental health system because they have insurance and people
  served under Covered CA are not served by the public system.
- Individuals in recovery from substance use disorder (SUD) may not have been served by the public system as SUD was not a reimbursable Medi-Cal benefit until recently.
- The Council should also look at the "Consumer Related Advocate" category as Consumer is an old word.
- One Consumer member stated they "liked" the term consumer as it is easy to say and describes their role well.
- One Consumer member stated they like the term "Person with Lived Experience" and many other people in this role prefer this term.
- Other states use "advocate" for their appointment category which is the same as our "Consumer-Related Advocate".
- Many members agreed the "Consumer-Related Advocate" also needs to be changed.

### **Council Priorities Updated Documents Review**

Chair-Elect Tony Vartan stated the purpose of this agenda item is to review and discuss the updated council priorities document which highlights the Council's roles, responsibilities, and mandates. Chair-Elect Vartan reminded the committee that in 2018 the Council created the initial priorities document when evaluating their work of the Council and determining the priorities, which resulted in our current committees. In October of 2023, the Council reviewed the priorities document and provided feedback.

Executive Officer Jenny Bayardo then walked the committee through the proposed documents. A simple update of the existing priorities document was not possible due to the many changes in committee work since 2018. The document is now two pages long and also includes the Council's mandates from the Public Law and Welfare and Institutions code. There is a high-level priorities document and a second more detailed document that crosswalks the work of each committee with the Council's mandate.

Tony Vartan stated the document is great, and suggested we keep this front and center at each committee meeting. Staff should lift from the detailed crosswalk the section for their committee that shows the codes linking to their work. Susan Wilson agreed. Walter Shwe suggested putting the section requested on the agenda so the members of the public can see it also.

Barbara Mitchell asked for some clarification on the original priorities document. Jenny Bayardo stated that the old document would be retired, as it has served its purpose and

the two proposed priorities document will replace it. The documents will be updated on an ongoing basis as committees update their charters.

Susan Wilson asked that we find a way to include stakeholder engagement and public forums somehow. A suggestion was made to take the last two hours of our Council Meetings and do a public forum so we can get back to educating the public and getting stakeholder feedback. Arden Tucker noted that several people from the public were not our regular attendees and Naomi Ramirez noted the event reached 40-plus people on Facebook.

Tony Vartan suggested we distribute this priorities document to all Council Members and include it in new member orientation. In addition, he suggested we have Council Members identify their committee interests and make sure committees are evenly distributed. This can help us reconfigure our meeting dates and allow for the full Friday for the Public Forum. This is a good opportunity to reorganize and make good use of time. Susan stated more time for public forums would be good. Barbara Mitchell expressed concern about Fridays for public forums as it is not a good travel day.

Walter Shwe suggested the final priorities document should be included in the General Session packet for every meeting. The committee agreed.

#### **Public Comment**

Theresa Comstock of the CA Association of Local Mental Health Boards stated that Friday's public forums would work well for her members.

Stacie Daglish shared that the Reducing Disparities Workgroup started because of the term racism and that the main issue is a black issue. She also stated that the Senate Bill 43 Public Forum was excellent, and she shared it with her mental health board.

Steve Leoni, Council Member, commented on the term consumer as he sees that as someone who uses a product. He likes the addition of the word advocate to the consumer. He also suggested the term "lived experience consumer advocate" to replace consumer-related advocate. Steve praised the work on the priorities document and asked for a larger font size. He then expressed concern with giving up Council time on Friday and suggested doing the forum on Tuesday.

### **CBHPC Mentorship Program**

Executive Officer Jenny Bayardo and Chief of Operations Naomi Ramirez introduced the draft Mentor Guide. The Council recently filled the many vacancies that existed for several years resulting in numerous new mentorship relationships. In some cases, Council Members have been asked to mentor for the first time. To provide guidance and standardization of the process, a draft guide was developed. Committee members were encouraged to send comments or additions to Jenny Bayardo or Naomi Ramirez.

### **Report from CA Coalition for Mental Health**

Daphne Shaw reported that the coalition met in March. The coalition reviewed its written response to Proposition 1. Members shared their legislative agendas. The next meeting is in June, potentially in San Diego. Theresa added the coalition changed its name to California Coalition on Behavioral Health.

### Report from CA Association of Local Mental Health Boards (CALBHB/C)

Executive Director, Theresa Comstock, reported that the CALBHB/C continues to meet after the Council each quarter. They also meet in the superior region in August. Due to Proposition 1, there are changes in the composition of the commissions, they all change to behavioral health boards, and they will include substance use disorder. They must have someone with lived experience of SUD, someone under 25 years if age, and a member of the education board. She shared the agenda for the meeting happening on Friday of the same week.

### **Updated Transparency Statement Approval**

The Chief of Operations, Naomi Ramirez, presented the updated transparency statement to the committee. The updated statement includes the edit requested at the January meeting as well as recently reported employment changes for council members. The updated Transparency Statement was accepted without any requested changes.

### Wrap-Up and Plan for Next Meeting

The next meeting is on June 19, 2024, in Lake Arrowhead, California.

### Adjourn

The meeting was adjourned at 10:16 a.m.

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

Agenda Item: Expenditures Report & Budget Updates

**Enclosures:** Fiscal Year 2023-24 Expenditure Report

Fiscal Year 2023-24 Mid-Year Allotments\*

### **Background/Description:**

The Fiscal Year 2023-24 expenditure report to date is enclosed for your review. The Chief of Operations, Naomi Ramirez, will provide an overview of this report.

The Department of Health Care Services (DHCS) provides annual allotments that the CBHPC uses to establish the budget and plan annual spending. The FY 2023-24 Mid-Year Allotments were released in April 2024. Naomi Ramirez will review the Council's updated allotments with the committee.

\*If you would like a copy of the Fiscal Year 2023-24 Mid-Year Allotments, please email Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.

					CBH	IPC MHSA	Expenditu	res FY 202	23-24								
PERSONAL SERVICES	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Salaries	\$375,311	\$454,881	\$28,263	\$27,755	\$27,573	\$27,523	\$44,226	\$44,226	\$44,226	\$44,226	\$44,226	\$44,226	\$44,226	\$0	\$0	\$420,696	\$34,185
Temporary Help	\$0	\$28,648	\$1,571	\$1,787	\$1,913	\$1,947	\$2,097	\$2,385	\$2,617	\$1,980	\$2,376	\$2,025	\$2,025	\$0	\$0	\$22,723	\$5,925
Overtime	\$0	\$19,848	\$286	\$286	\$286	\$286	\$2,338	\$2,338	\$2,338	\$2,338	\$2,338	\$0	\$0	\$0	\$0	\$12,834	\$7,014
Staff Benefits	\$190,787	\$264,433	\$13,761	\$14,006	\$13,935	\$13,807	\$13,807	\$13,807	\$13,807	\$13,807	\$13,807	\$19,733	\$19,733	\$0	\$0	\$164,010	\$100,423
Total Personal Services	\$566,098	\$767,810	\$43,881	\$43,834	\$43,707	\$43,563	\$62,468	\$62,756	\$62,988	\$62,351	\$62,747	\$0	\$0	\$0	\$0	\$620,263	\$147,547

OPERATING EXPENSES &EQUIPMENT(O&E)	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
General Expense <sup>1</sup>	\$122,450	\$76,148	\$8,948	\$1,420	\$4,000	\$0	\$18,011	\$0	\$15,558	\$10,980	\$8,690	\$23,067	\$0	\$0	\$0	\$90,675	\$31,775
Printing <sup>2</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$375	\$0	\$0	\$0	\$375	-\$375
Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel In-State	\$40,000	\$62,000	\$0	\$4,389	\$1,917		\$9,533	\$3,685	\$7,986	\$5,418	\$8,993	\$3,930	\$0	\$0	\$0	\$45,850	-\$5,850
Training	\$20,000	\$5,948	\$0	\$1,000	\$0	\$1,000	\$798	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,798	\$17,202
Facility Operations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultnt & Prof, External <sup>3</sup>	\$162,150	\$160,300	\$0	\$7,380	\$0	\$0	\$3,225	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,605	\$151,545
other items	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Unallotted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total OE & E	\$344,600	\$304,396	\$8,948	\$14,189	\$5,917	\$1,000	\$31,567	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$150,302	\$194,298

DEPARTMENTAL SERVICES	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
All Departmental Services	\$347,004	\$125,587	\$373	\$0	\$0	\$0	\$53	\$15,603	\$11,176	\$12,996	\$8,077	\$0	\$0	\$0	\$0	\$48,276	\$77,311

TOTAL DIRECT BUDGET	Allotment	Projected Budget
Total Direct Budget	\$1,257,702	\$1,132,115

MHSA funded employees (1 SSM II, 1 RA II, 1 SSA/AGPA, 1 AGPA and 1 HPS II, 1 Seasonal Clerk)

- 1 This line item covers supplies, equipment, 40% of meeting venue and A/Vcosts, etc. 2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables
- 3 This line item includes \$7,380 for All American Reporting-Public Forum transcription servcies and has the encumbrances for FY 23-24 pending contracts.

Allotments based on BFS

					СВІ	HPC SAM	HSA Expe	nditures F	Y 2023-2	4							
PERSONAL SERVICES	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	May	June	Close-ou	Total	Balance Remaining
Salaries	\$276,816	\$222,242	\$16,653	\$16,653	\$16,653	\$16,703	\$16,703	\$16,703	\$16,703	\$16,703	\$16,703	\$17,818	\$17,818	\$0	\$0	\$185,813	\$36,429
Temporary Help	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Overtime	\$0	\$23,412	\$1,951	\$1,951	\$1,951	\$1,951	\$1,951	\$1,951	\$1,951	\$1,951	\$1,951	\$0	\$0	\$0	\$0	\$17,559	\$5,853
Staff Benefits	\$140,720	\$164,802	\$8,462	\$8,462	\$8,462	\$8,435	\$8,435	\$8,435	\$8,435	\$8,435	\$8,435	\$9,896	\$9,896	\$0	\$0	\$95,788	\$69,014
Total Personal Services	\$417,536	\$410,456	\$27,066	\$27,066	\$27,066	\$27,089	\$27,089	\$27,089	\$27,089	\$27,089	\$27,089	\$0	\$0	\$0	\$0	\$299,160	\$111,296

OPERATING EXPENSES &EQUIPMENT(0&E)	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	Мау	June	Close-out		Balance Remaining
General Expense <sup>1</sup>	\$156,723	\$151,207	\$13,423	\$985	\$6,000	\$13,423	\$27,016	\$0	\$16,737	\$29,630	\$9,000	\$36,799	\$0	\$0	\$0	\$153,012	\$3,711
Printing <sup>2</sup>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Communications	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Postage	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Travel In-State	\$60,000	\$70,000	\$2,750	\$6,076	\$481	\$0	\$13,296	\$5,057	\$16,801	\$0	\$0	\$5,535	\$994	\$0	\$0	\$50,989	\$9,011
Training	\$30,000	\$10,000	\$0	\$3,450	\$0	\$0	\$399	\$0	\$0	\$1,150	\$0	\$0	\$2,504	\$0	\$0	\$3,849	\$26,151
Facility Operations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Consultnt & Prof, External <sup>3</sup>	\$9,999	\$9,583	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$9,999
Legal	\$0	\$0	\$0	\$0	\$0	\$333	\$53	\$12,726	\$885	\$1,079	\$4,057	\$0	\$0	\$0	\$0	\$19,132	-\$19,132
Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Unallotted	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total OE & E	\$256,722	\$240,790	\$16,173	\$10,511	\$6,481	\$13,756	\$40,763	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$226,982	\$29,740

All Departmental Services   \$268,116   \$112,906   \$0   \$0   \$0   \$333   \$0   \$5,048   \$4,090   \$4,524   \$4,402   \$0   \$0   \$0   \$18,397	DEPARTMENTAL SERVICES	Allotment	Projected Budget	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
	All Departmental Services	\$268,116	\$112,906	\$0	\$0	\$0	\$333	\$0	\$5,048	\$4,090	\$4,524	\$4,402	\$0	\$0	\$0	\$0	\$18,397	\$94,509

TOTAL DIRECT BUDGET	Allotment	Projected Budget
Total Direct Budget	\$942,374.00	\$829,468

MHBG funded employees (1 EO, 1 SMHS, 1 HPS I)

- 1 This line item covers supplies, equipment, 60% of October 2023 meeting venue and A/V costs, 100% of January 2024 meeting venue and A/V costs, 60 %Public Forums, and 60% Exhibits. 2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables
- 3 This line item has the following encumbrances for FY23-24 cost for OSP services for new marketing materials

Allotments based on BFS

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** CBHPC Updated Documents (Action)

**Enclosures:** CBHPC Roles, Responsibilities, and Priorities Visual

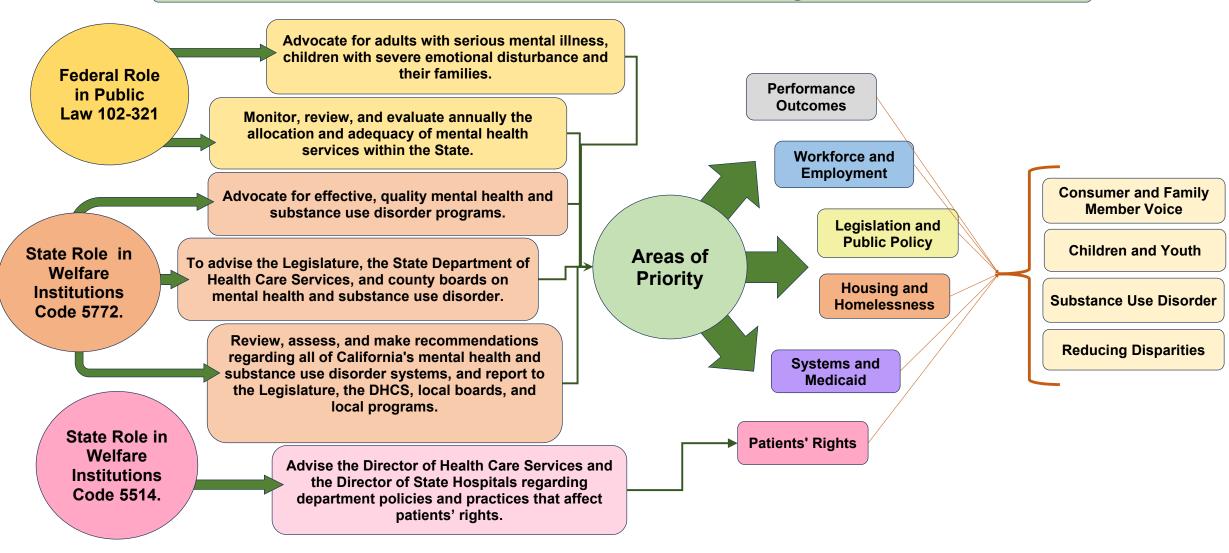
**CBHPC Detailed Crosswalk** 

### **Background/Description:**

At the April 2024 meeting, committee members discussed the updated council priorities documents which highlight current mandates, responsibilities, and areas of priority. A proposed detailed crosswalk of the Council's priorities, committees, and mandates was also reviewed and discussed. Council staff used the feedback provided in April to update the "CBHPC Roles, Responsibilities, and Priorities Visual" and the "CBHPC Detailed Crosswalk" included in this tab.

Committee members will have an opportunity to make any final comments as the enclosures created will be added to Council documents such as the orientation manual, Council overview presentations for external partners, and the website.

### California Behavioral Health Planning Council



#### **Committee Purpose Mandates** Goals **Committees** 1. Collect County-Specific Data to Evaluate the Public Behavioral Health System. To review program performance, to review and approve performance outcomes measures, and to Welfare and Institutions 2. Review Performance Outcomes for the Public Behavioral Health System. **Performance** report findings and recommendations on Code Section 5772 (c) **Outcomes** performance of programs annually to the 1. Increase the Number of Patients' Rights Advocates (PRAs) in CA and Standardize Training Legislature, Department of Health Care Services Requirements for PRAs. and the local boards. 2. Encourage Discussion and the Count MH Board/Commission Level About the Ratios and To monitor, review, evaluate, and Training of Patients' Rights Advocates. recommend improvements in the protection Welfare and Institutions Patients' Code Section 5514. and upholding of patients' rights to receive 1. Provide leadership and collaborate with other stakeholders to support the growth, Rights effective, timely, and humane treatment in a public retention, and quality of California's behavioral health workforce, reduce the workforce mental health system in California. shortage and build sustained mechanism for ongoing workforce education and training to insure a trauma-informed, recovery-oriented workforce. To address the workforce shortage in the public 2. Ensure through advocacy that any California mental health consumer who wants to work behavioral health system, mental health workforce or be self-employed has minimal barriers and timely access to trauma-informed, recoverytraining needs, employment of individuals with Workforce and oriented employment support services and pre-employment services across the lifespan to psychiatric disabilities, and the future of funding **Welfare and Institutions** PRIORTY **Employment** secure and retain a job or career of choice. for workforce efforts to meet the diverse needs of Code Section 5820 (c)(d)(e) & 5821 (a)(b) individuals served in the public behavioral health 3. Integrate equity into all aspects of the Workforce and Employment Committee's work to system and ensure that individuals with behavioral increase employment opportunities for providers with diverse backgrounds that align with health conditions have the opportunity to work the populations served as well as strengthen the current behavioral health workforce and lead productive lives. serving populations with a history of marginalization and discrimination in the public behavioral health system including but not limited to BIPOC individuals, LGBTQIAS, older To address public issues impacting the adults, monolingual, refugee, child welfare, and justice-involved populations. REAS Legislation and effectiveness of the state's behavioral health **Public Policy** Welfare and Institutions programs and quality of life for persons who are 1. Educate and obtain input from stakeholders. Code Section 5772. dually diagnosed with serious mental 2. Advocate for the voice of consumers and family members. illness/emotional disturbance and substance use disorders. **Evaluate the Effectiveness of the Housing First Policy.** To actively engage with stakeholder organizations 2. Advocate for Equitable Access to Housing for Persons with Serious Mental Housing and to influence policy and ensure access to programs Illness Across the Lifespan. Homelessness by homeless individuals who are served by the Welfare and Institutions 3. Contribute to the Development of Regulations for Housing Initiatives for Code Section 5772. public behavioral health system. Persons with Serious Mental Illness. To leverage the Council's role in the state to engage 1. Leverage the Council's role in the State of California to influence policy changes the in activities that include exploring options for the committee identifies as necessary to improve the state's behavioral health system. future system, engaging with various behavioral health stakeholders, and aligning with some of the Welfare and Institutions Systems and 2. Collaborate with other entities on behavioral health system reform, including issues Medicaid stakeholders to influence policy development for Code Section 5772. with the current system, recommendations for policy change and current efforts to California's future Medicaid System. influence the change. **Overarching Principle** Workgroups Leadership Children and Substance Use Reducing **Executive Committee Elevate Consumer and Family Member Voice** Disorder **Disparities** Youth

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** Committee Meeting Facilitation (Action)

**Enclosures:** Motions Cheat Sheet

House Keeping Slides

### **Background/Description:**

The Executive Committee establishes standing committees. Committee chairpersons facilitate meetings with the support of Council staff and make decisions by consensus. During the April mentorship forum committee members made recommendations for the facilitation of meetings that included the development of documents to be used at quarterly meetings. The Executive Committee will review and discuss components of committee meeting facilitation and the enclosed documents created to assist in the facilitation of committee meetings. Executive Committee may make urgent edits required.

### 9.2 Committee Policies and Procedures

Each standing committee shall have a Chairperson and a Chairperson-Elect, who shall serve as Vice Chair. During the October committee meeting, the committee members shall nominate a new Chairperson Elect. The nominees will be submitted to the Council Officer Team for appointment. The appointments will be effective starting at the January meeting. The term of office shall be one year with the option of a second year as determined by a majority of the committee members. A Council Member may not serve as an officer on more than two committees or workgroups at a time to ensure all Council Members have an opportunity to lead.

### 9.5 Committee Policies and Procedures

Committees employ consensus as the method of decision-making. A quorum must be present for the committee to transact business. A simple majority of committee members shall constitute a quorum.

### **CBHPC Motion Process at a Glance** 17

- 1. When called on, the member clearly states the motion.
- 2. Any member may call out "second" to support the motion. **If the motion isn't seconded, it dies.**
- 3. The Chairperson reads the motion out loud and asks the member who made the motion if they wish to speak to the motion to open the discussion.
- 4. The Chairperson then opens discussion for all members.
- 5. The Chairperson asks for Public Comment on the motion.
- 6. The motion is read out loud by the Chairperson or staff person.
- 7. A roll call vote is then taken by Council staff.
  - Voting options are: "yes", "no" or "abstain".
     Abstentions go with the majority.
- 8. The Chairperson announces the results of the vote.
  - If the majority vote "yes", the motion is approved/passes.

### If a member wishes to change the Motion being Discussed:

- The member states, "I wish to amend the motion" then clearly states the amendment.
- The person who made the motion can accept the amendment. If accepted, proceed with steps 2-7. If not accepted, a vote is taken on the original motion.

### If a member wishes to end the debate during Motion Process:

- The member states "I move the previous question".
- If this motion is seconded, a vote is taken on whether to end discussion
- Members in favor of ending the discussion vote "yes".
- If two thirds of the members vote "yes", the chairperson proceeds with step 5 of the motion process.

### Items publicly representative of Council's Opinion/Position Require a Motion including:

Reports

- Workplans
- Expenditures

Charters

- Policy Platform
   Letters

Minutes are accepted and do not require a motion.

# Housekeeping

## **Committee Member Participation**

- Committee members are expected to actively participate in discussions and contribute to the conversation.
- The Chairperson or meeting facilitator will call on Council members in the order their tents or hands were raised.
- Virtual committee members use the raise hand function on Zoom and remain on mute until called upon.
- In-person committee members, place your name tent upright on the table and wait to be called upon.

# Housekeeping

## **Meeting Etiquette**

- Meeting will start and end promptly at the scheduled time.
- Committee members sit at the table.
- There are chairs around the perimeter of the room for the public.
- All members and public attendees must wait to be called on to speak.
- Zoom participants must stay on mute unless they have been called upon.
  - If you are calling in and wish to raise your hand press \*9.
  - Dial \*6 to mute and unmute yourself.

## **General**

- Breaks- There will be two 10-Minute breaks
- Restroom location
- Snack location

# Housekeeping

## **Committee Member Discussion Guidance**

To ensure all members have an opportunity to speak:

- Questions or comments must be directly related to the subject being discussed.
- Committee members are limited to 1 question or comment during each agenda item.
- Questions or comments are limited to 2 minutes maximum but may be adjusted at the discretion of the facilitator.
- The Chairperson or meeting facilitator may call on members that haven't had an opportunity to speak before others that have.
- Committee members can send additional questions or comments to the presenter.

# Public Participation

- There are designated times on the agenda for general public comment.
- The Chairperson or meeting facilitator will open the floor for public comment before the committee takes a vote on any action item.
- In-person attendees can raise their hand to provide public comment and committee staff will bring them a microphone.
- Virtual participants must use the raise hand function on Zoom and should remain on mute until called upon.
- The Chairperson or meeting facilitator will call on participants in the order their hands/name tents were raised.
- Participants are limited to 1 question or comment during each comment period to ensure all have an opportunity to speak.
- Public comment is limited to 2 minutes maximum but may be adjusted at the discretion of the facilitator.

# Announcements

### **Workgroups**

- Children & Youth
  - [Enter date, time, location]
- Substance Use Disorder
  - [Enter date, time, location]
- Reducing Disparities
  - [Enter date, time, location]

### <u>Lunches</u>

- Lunches for workgroup members will be located [enter location].
- Once all members that placed an order have received their lunches, any additional lunches will be available.

## **Networking Social**

[Enter date, time, location]

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** Reducing Disparities Workgroup – Questions for Presenters (Action

Item)

**Enclosures:** Reducing Disparities Workgroup Questions for CBHPC Presenters

### **Background/Description:**

In April the Executive Committee reviewed and discussed the questions recently developed by the Reducing Disparities Workgroup to be used by all committee and General Session presenters to ensure they speak to how they are addressing health disparities in the public behavioral health system. It was determined that further discussion is needed.

The Executive Committee will have the opportunity to comment and/or ask clarifying questions about the usage of these questions for future presentations.

### Reducing Disparities Workgroup Questions for CBHPC Presenters

The RDW has developed the questions below for presenters who attend CBHPC meetings to address in their presentations.

- 1) How does your organization guard against unconscious bias in administering your program? Please provide your mission statement in your presentation.
- 2) What is the demographic data of the individuals you serve? Please compare that to similar data in your community. What is the demographic data of your staff?
- 3) How is your program designed to reduce structural or systematic racial and cultural disparities?
  - \*Give presenter examples of systemic inequity and inequalities.
  - \*Include language about interpreters and language translation.

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

Agenda Item: Appointment Category Follow-up Discussion (Action)

**Enclosures:** Council Composition Requirements

### **Background/Description:**

In April the Executive Committee discussed the Council's appointment categories. The composition of the Council is outlined in Public Law 103-321 and Welfare and Institutions Code section 5771. The Substance Abuse and Mental Health Services Administration (SAMHSA) also has requirements for the Council's composition. However, the terms used to describe these categories are not prescribed.

The current appointment categories are:

- Family Member Parent of Severe Emotional Disturbance (SED) Child
- Family Member
- Direct Consumer
- Consumer Related Advocate
- Professional Provider
- Representative from the California Coalition on Mental Health
- State Representative

The Executive Committee agreed that the "Direct Consumer" title does not accurately describe persons who are appointed with past lived experience. In addition, if we change the "Direct Consumer" category we should also consider changing the "Consumer Related Advocate" category.

#### The Committee will discuss:

- Proposed name changes to the appointment categories.
- Process to include the full council membership.
- Including/prioritizing consumer input.



### **Council Composition Requirements**

### **State Requirements**

## WELFARE AND INSTITUTIONS CODE – WIC DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES 5771.

- (a) Pursuant to Public Law 102-321, there is the California Behavioral Health Planning Council. The purpose of the planning council shall be to fulfill those mental health planning requirements mandated by federal law.
- (b) (1) The planning council shall have 40 members, to be comprised of members appointed from both the local and state levels in order to ensure a balance of state and local concerns relative to planning.
  - (2) As required by federal law, eight members of the planning council shall represent various state departments.
  - (3) Members of the planning council shall be appointed in a manner that will ensure that at least one-half are adults with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, family members of persons with serious mental illness, including adults who are dually diagnosed with serious mental illness and substance use disorders, family members of children with emotional disturbance, and representatives of organizations advocating on behalf of persons with mental illness, including persons who are dually diagnosed with mental illness and substance use disorders. Persons with serious mental illness, including persons who are dually diagnosed with serious mental illness and substance use disorders, and family members shall be represented in equal numbers.
  - (4) The Director of Health Care Services shall make appointments from among nominees from various constituency organizations for mental health or mental health and substance use disorders, which shall include representatives of consumer-related advocacy organizations, representatives of professional and provider organizations for mental health or mental health and substance use disorders, and representatives who are direct service providers from both the public and private sectors. The director shall also appoint one representative of the California Coalition on Mental Health.



### **Federal Requirements**

## 42 USC 300x-3 PUBLIC LAW 102-321-JUL. 10, 1992 - SEC. 1914. STATE MENTAL HEALTH PLANNING COUNCIL

- (c) Membership In general a condition under subsection (a) of this section for a Council is that the Council be composed of residents of the State, including representatives of:
  - 1. The principal State agencies with respect to:
    - Mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
    - the development of the plan submitted pursuant to title XIX of the Social Security Act [42 U.S.C. 1396 et seq.];
  - 2. Public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services.
  - 3. Adults with serious mental illnesses who are receiving (or have received) mental health services
  - 4. the families of such adults or families of children with emotional disturbance.

### **SAMHSA Requirements**

### SAMHSA STATE PROGRAM IMPROVEMENT TECHICIAL ASSISTANCE PROJECT-STATE BEHAVIORAL HEALTH PLANNING COUNCILS- INTRODUCTORY MANUAL- APRIL 2023

People who are neither state employees nor providers of mental health services must, by statute, make up at least 50 percent of the council. The statute specifies that the membership must include people who meet the following criteria:

- Adults with SMI who are receiving (or who have received) services
- Families of such adults or children with SED.

Further, the statute specifies that the planning council must include adequate representation of parents of children with SED in relation to other members of the council. SAMHSA recommends that councils include more than one parent representative.

## California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** Council Membership Update (Action)

**Enclosures:** Council Appointment List (as of May 13, 2024)

### **Background/Description:**

To ensure fulfillment of the provisions in Welfare and Institution Code Section 5771, Council staff updates the Executive Committee on appointments at each quarterly meeting. The Executive Committee reviews membership needs and identifies any actions needed.

There are currently two vacancies in the Council's membership. The vacancies are for one (1) Parent of a Child with SED and one (1) Direct Consumer. The Chief of Operations continues to seek assistance from partner organizations to recruit to fill these vacancies.

### **Activities After the April 2024 Meeting**

- CBHPC Staff Ashneek Nanua and Simon Vue hosted an exhibit table at the Mental Health Association of San Francisco Redefining Crazy 2024 Conference to network with potential consumer applicants.
- CBHPC staff hosted an exhibit table at Mental Health Matters Day to educate the public about the Council and recruit potential applicants.
- Youth focused "Deep Dive" presentation at the California Mental Health Advocates for Children and Youth Conference to spread awareness of the Council's work and networking to recruit potential parent applicants.

### **Proposed Activities for FY 2024-25**

- Exhibit tables to recruit parent and consumer applicants at the following events:
  - California Alliance Child and Family Services Fall 2024 Conference
  - Forensic Mental Health Association of California Conference
  - Redefining Crazy Conference
  - California Mental Health Advocates for Children and Youth Conference

The total estimated cost for the conference exhibits is \$10,500.

• Relationship building and regular engagement with local Peer Client Councils and Behavioral Health Youth Advisory Boards.

### **June 2024 Summary of Council Member Activity:**

### **Separations**

Kimberly Chen, Health & Human Services Agency Vandana Pant, Family Member

### **New Members**

David Cortright, Direct Consumer

Ali Vangrow, Health & Human Services Agency

Motion: To approve the proposed activities for FY 2024-25.

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** Transparency Statement (Action Item)

**Enclosures:** 2024-25 Transparency Statement

### **Background/Description:**

Each fiscal year the Executive Committee approves and posts the Council's annual transparency statement, as required by our transparency policy. On May 15, 2024, Council Members were provided the current Transparency Statement and asked to submit and new activities by May 21, 2024. The Transparency Statement serves as public acknowledgment of any paid employment with an entity that may come under review by the Council during its business in the coming fiscal year. The Statement is posted on the Council's Executive Committee page to serve as a transparent notice that members may be fiscally connected to an entity that the Council might review, evaluate, or otherwise scrutinize. Only paid employment is declared on the Statement.

### 10.5 Transparency Policy

To facilitate open communication and understanding on all projects conducted by the California Behavioral Health Planning Council (CBHPC) among its members who may or may not be involved in paid employment related to CBHPC business, Planning Council members will notify the Executive Officer, who will place a transparency statement notification on the Executive Committee agenda to be included in the Executive Committee minutes when the following occurs:

- A member is doing paid work for the California Department of Health Care Services (DHCS) or other state agencies whose work may be reviewed by the CBHPC.
- A member is doing paid work for the federal government that may be related to federal Substance Abuse and Mental Health Services Administration (SAMHSA) Act Block Grant activities.
- A member is doing paid work for a contractor of the DHCS.
- A member is doing paid work for a county when that work is likely to be reviewed by the CBHPC.

Motion: To approve the updated Transparency Statement.

# California Behavioral Health Planning Council 2024-25 Transparency Statement

Date Reported	Council Member Name	Activity	Date of Executive Committee Approval
6/14/23	John Black	Contractor, MHSA- funded project, Merced County	6/14/23
6/14/23	Walter Shwe	Employee, Behavioral Health Concepts, EQRO Contractor of DHCS	6/14/23
6/14/23	Veronica Kelley	Director, Orange County Mental Health & Recovery Services	6/14/23
6/14/23	Steve Leoni	Contractor, Progress Foundation San Francisco	6/14/23
6/14/23	Deborah Starkey	Employee, Turning Point Community Programs contracts with Butte, Nevada, Placer, Sacramento, San Joaquin, Stanislaus, Solano, Sonoma and Yolo counties.	6/14/23
6/14/23	Tony Vartan	Director, Stanislaus County Behavioral Health and Recovery Services	4/17/24
6/14/23	Arden Tucker	Employee, Behavioral Health Concepts, EQRO Contractor of DHCS	6/14/23
6/14/23	Barbara Mitchell	Consultant, California Association of Social Rehabilitation Agencies (CASRA), San Benito County, non-profit agencies contracted with various counties	4/17/24

# California Behavioral Health Planning Council 2024-25 Transparency Statement

Date Reported	Council Member Name	Activity	Date of Executive Committee Approval
6/14/23	Javier Moreno	Employee, Aegis Treatment Centers LLC contracted with 44 (3/4) of the counties statewide	6/14/23
12/20/23	Don Morrison	Employee, Youth For Change, program contracted to Sutter-Yuba Behavioral Health	1/17/24
12/20/23	Maria Sierra	Employee, Victor Community Support Services, a contractor for San Joaquin County	1/17/24
12/20/23	Susie Baker	Employee, Kern Behavioral Health and Recovery Services	1/17/24
12/20/23	Danielle Sena	Employee, SoCal Detox	1/17/24
3/8/24	Karen Baylor	Independent Reviewer, Alameda County Behavioral Health	4/17/24

### California Behavioral Health Planning Council Executive Committee

Wednesday, June 19, 2024

**Agenda Item:** Council Representation at External Meetings

**Enclosures:** External Meetings List

### **Background/Description:**

The California Behavioral Health Planning Council continues to expand its influence and reach across the state of California. One way we are doing this is by participating in other statewide groups. Members are approved to represent the Council per CBHPC Operating Policies and Procedures 10.2.

### 10.2 Roles and Accuracy of Planning Council Positions

Individual members may be called upon to represent the Planning Council before the Legislature, state departments, or other groups. In addition, individual members may wish to represent the Planning Council at particular forums. In any forum, members must indicate whether they are representing the Planning Council or are speaking as individuals. Individuals may represent the Planning Council only when authorized by the Chairperson or Executive Officer and are responsible for representing the Planning Council's positions accurately.

The list provided in this tab includes members representing the Council and a brief description of the groups they participate in.



## **Council Representation in External Groups**

Name of Group	Purpose/Description	Participants	Meeting Frequency	Council Representative	Date Appointed
Community Assistance, Recovery & Empowerment (CARE) Act Working Group	Provide coordination and ongoing engagement with, and support collaboration among, relevant state and local partners and other stakeholders throughout the phases of county implementation to support the successful implementation of the CARE Act.	DHCS, CalHHS, Legal Aid Association of California, California Department of Housing & Community Development, California Department of Veterans Affairs, Disability Rights	Quarterly (during the implementation, shall end by December 31, 2026)	Jenny Bayardo, Executive Officer	February 2023
CARE Ad-hoc Group: Training, Technical Assistance and Communications	Working group began in early 2023 as a mechanism to receive feedback from partners to support successful implementation and help key constituents understand policy and program progress who can then disseminate accurate information.	Representation from families, cities and counties, behavioral health providers, judges, legal counsel, peer organizations, disability rights and racial equity stakeholders, and housing and homelessness providers.	Quarterly (during the implementation, shall end by December 31, 2026)	Mike Phillips	October 2023

Name of Group	Purpose/Description	Participants	Meeting Frequency	Council Representative	Date Appointed
CARE Ad-hoc Group: Data Collection, Reporting & Evaluation Ad Hoc Group	Working group began in early 2023 as a mechanism to receive feedback from partnersto support successful implementation and help key constituents understand policy andprogram progress who can then disseminate accurate information.	Representation from families, cities and counties, behavioral health providers, judges,legal counsel, peer organizations, disability rights and racial equity stakeholders, andhousing and homelessness providers.	Quarterly (during the implementation, shall end by December 31, 2026)	Susan Wilson	October 2023
CARE Ad-hoc Group: Services and Supports	Working group began in early 2023 as a mechanism to receive feedback from partners to support successful implementation and help key constituents understand policy and program progress who can then disseminate accurate information.	Representation from families, cities and counties, behavioral health providers, judges, legal counsel, peer organizations, disability rights and racial equity stakeholders, and housing and homelessness providers.	Quarterly (during the implementation, shall end by December 31, 2026)	Uma Zykofsky	October 2023

Name of Group	Purpose/Description	Participants	Meeting Frequency	Council Representative	Date Appointed
Black Health Equity Advisory Group (BHEAG)	Strategic partner of CDPH by recommending departmental policy, practice, and program changes that will lead to increased opportunities for Black Californians to live their healthiest lives. Additionally, the BHEAG will serve as a bridge between CDPH and the community, including private citizens, service providers, and other community-based organizations who are working to advance Black health equity in California.	Persons who are of Black or African American descent, California residents, and currently employed by or affiliated with an organization.	TBD	Monica Caffey	February 2024
Assembly Bill (AB) 2242 Stakeholder Workgroup	Development of a model care coordination plan (MCCP) to comply with the requirements of Assembly Bill 2242, Welfare and Institutions Code, Division 5, Chapter 4, Section 5402.5.	DHCS and stakeholders	As Needed	Daphne Shaw	February 2023
988-Crisis Policy Advisory Group - Workgroup #1 Comprehensive Assessment of Behavioral Health Crisis Services	CalHHS shall convene a state 988 advisory group for purposes of advising the California Health and Human Services Agency on the set of recommendations to support the five-year implementation plan. AB 118 extended the implementation plan deadline to December 31, 2024.	Stakeholders	As Needed	Uma Zykofsky	October 2023

Name of Group	Purpose/Description	Participants	Meeting Frequency	Council Representative	Date Appointed
988-Crisis Policy Advisory Group - Workgroup #1	CalHHS shall convene a state 988 advisory group for purposes of advising the California Health and Human Services Agency on the set of recommendations to support the five-year implementation plan. AB 118 extended the implementation plan deadline to December 31, 2024.	Stakeholders	As Needed	Uma Zykofsky	October 2023
Behavioral Health Task Force	Addresses the urgent mental and substance use disorder needs across California. Advises on the Administration's efforts to advance statewide behavioral health services, prevention, and early intervention to stabilize conditions before they become severe.	Broad range of stakeholders, including people living with behavioral health conditions, family members, advocates, providers, health plans, counties, and state leaders	Quarterly	Jenny Bayardo, Executive Officer	September 2023
California Coalition for Mental Health (CCMH)	The California Coalition for Mental Health (CCMH) provides a single unified voice for mental health organizations with a statewide advocacy presence.	Family and consumer organizations, nonprofit service providers, professional associations, hospitals, and others having a statewide advocacy presence who seek to improve the delivery of mental health care in California.	Quarterly	Daphne Shaw	

Name of Group	Purpose/Description	Participants	Meeting Frequency	Council Representative	Date Appointed
Words to Deeds (W2D)	The Words to Deeds Leadership Group joins representatives from state and local government agencies, nonprofit and advocacy organizations to reduce the involvement of and improve outcomes for people with behavioral health issues in the criminal justice system, focusing on successful integration into their communities.	Representatives from state and local government agencies, nonprofit and advocacy organizations	Varies	Jenny Bayardo	May 2024
The County Behavioral Health Directors Association of California (CBHDA)	Advocate for behavioral health before the legislature and state agencies to better serve each of California's 58 counties and two cities, defend adequate state and federal funding for member counties so that they can provide crucial behavioral health services, while supporting workforce development investments to address a significant shortage of public behavioral health professionals in California, and lobby for important legislative change.	Behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City).	Unknown	Tony Vartan	March 2019