California Behavioral Health Planning Council

Executive Committee Agenda

Wednesday, April 16, 2025
8:30 a.m. to 10:15 a.m.

Lake Natoma Inn
702 Gold Lake Drive
Folsom, CA 95630
Natoma/Folsom Room

Zoom Meeting Link
Meeting ID: 208 614 7159
Passcode: EC2024

Join by phone: 1-669-900-6833
Passcode: 594326

8:30 am	**Welcome and Introductions** *Tony Vartan, Chairperson*	
8:35 am	**Accept January 2025 Meeting Minutes (Action)** *Susan Wilson, Chairperson-Elect* • *Committee Discussion* • Public Comment • Vote	**Tab 1**
8:40 am	**FY 2023-2024 Close Out Report &** **FY 2024-2025 Expenditure Report** *Naomi Ramirez, Chief of Operations*	**Tab 2**
8:45 am	**Allotments & Budget Updates** *Naomi Ramirez, Chief of Operations*	**Tab 3**
8:55 am	**Ad Hoc: Behavioral Health Services Act (BHSA) Implementation Advocacy Update** *Jenny Bayardo, Executive Officer; Barbara Mitchell, Council Member; Javier Moreno, Council Member; Susan Wilson, Council Member*	**Tab 4**
9:05 am	**Council Membership Update** *Naomi Ramirez, Chief of Operations*	**Tab 5**
9:10 am	**Council Reappointment Policy Revisions (Action)** *Tony Vartan, Chairperson & Naomi Ramirez Chief of Operations* • *Committee feedback and discussion* • Public Comment	**Tab 6**

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

9:30 am	**Break**
9:40 am	**Behavioral Health Services Oversight & Accountability Tab 7** **Commission Participation in Council Meetings** *Tony Vartan, Chairperson*
9:50 am	**Report from CA Coalition for Behavioral Health** *Daphne Shaw*
9:55 am	**Report from CA Association of Local Behavioral Health Boards and Commissions** *Theresa Comstock*
10:05 am	**General Public Comment** *Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.*
10:10 am	**Wrap-Up and Plan for Next Meeting** *Tony Vartan, 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: Tony Vartan, Chairperson Susan Wilson, Chair-Elect Deborah Starkey, Past Chair
Housing/Homelessness: Deborah Starkey, Chairperson Maria Sierra, Chair-Elect
Legislation: Barbara Mitchell, Chairperson Javier Moreno, Chair-Elect
Patients' Rights: Mike Phillips, Chairperson Richard Krzyzanowski Chair-Elect
Systems and Medicaid: Uma Zykofsky, Chairperson Karen Baylor, Chair-Elect
Workforce and Employment: Vacant , Chairperson Bill Stewart, Chair-Elect
Performance Outcomes: Noel O'Neill, Chairperson Don Morrison, Chair-Elect
Reducing Disparities Workgroup: Uma Zykofsky
Children & Youth Workgroup: Dave Cortright
Substance Use Disorder Workgroup: Javier Moreno
At-Large: Arden Tucker
Liaisons: CBHDA: Tony Vartan **DHCS:** Erika Cristo
CCBH: Daphne Shaw

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

TAB 1

California Behavioral Health Planning Council
Executive Committee

Wednesday, April 16, 2025

Agenda Item: Accept January 2025 Meeting Minutes (Action)

Enclosures: January 2025 Meeting Minutes

Background/Description:

January draft meeting minutes will be provided to Executive Committee members before the meeting. Committee members will review and adopt meeting minutes.

TAB 2

California Behavioral Health Planning Council
Executive Committee
Wednesday, April 16, 2025

Agenda Item: Fiscal Year 2023-2024 Close Out Report & Fiscal Year 2024-2025 Expenditure Report

Enclosures: Fiscal Year 2023-2024 Close Out Report

Fiscal Year 2024-2025 Expenditure Report

Background/Description:

The Chief of Operations, Naomi Ramirez, will provide an overview of the current Fiscal Year (FY) 2024-25 Expenditure Report. The FY 2023-24 Close-Out Report is also enclosed for reference.

In FY 2023-24 the Council stayed within budget for both Mental Health Services Act (MHSA) and Mental Health Block Grant (MHBG) funding. As anticipated, the Council's travel expenses increased due to a decrease in appointment vacancies and an increase in state rates for lodging and per diems. The Council decreased Mental Health Services Act spending on general expenses and training to cover the salary of our Office Clerk. The report shows a significant amount of unspent Mental Health Block Grant personnel services funds due to the policy position being vacant for the entire fiscal year.

Council Members will have an opportunity to ask questions about any item shown on the reports.

CBHPC SAMHSA Expenditures FY 2023-24

PERSONAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Salaries	$276,816	17,462.43	$17,868	$17,768	$17,768	$17,818	$17,508	$17,152	$17,152	$17,202	$17,202	$17,202	$17,462	$0	$209,567	$12,675
Staff Benefits	$140,720	8,915.50	$9,763	$9,916	$10,679	$10,663	$11,011	$10,624	$10,624	$10,628	$10,596	$10,596	$10,560	$0	$124,577	$40,226
Total Personal Services	**$417,536**	$26,378	$27,631	$27,684	$28,448	$28,482	$28,519	$27,777	$27,777	$27,830	$27,799	$27,799	$28,023	$0	$334,144	**$52,900**

OPERATING EXPENSES &EQUIPMENT(O&E)	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
General Expense[1]	$156,723	$13,423	$985	$6,000	$13,423	$27,016	$0	$16,737	$29,630	$9,000	$36,799	$695	$0	$0	$153,707	$3,016
Printing[2]	$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
Postage	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Travel In-State	$60,000	$2,750	$6,076	$1,396	$0	$13,296	$5,057	$16,801	$0	$0	$7,141	$1,822	$8,582	$0	$62,921	-$2,921
Training	$30,000	$0	$3,450	$1,360	$0	$399	$0	$0	$1,150	$0	$600	$1,809	$0	$0	$5,209	$24,791
Facility Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Consultnt & Prof, Extern	$9,999	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$9,999
Legal	$0	$0	$0	$0	$9,432	$0	$12,726	$885	$1,079	$4,057	$112	$0	$0	$0	$28,290	-$28,290
Equipment	$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
Total OE & E	**$256,722**	$16,173	$10,511	$8,756	$22,854	$40,711	$0	$0	$0	$0	$0	$0	$0	$0	$250,127	**$6,595**

DEPARTMENTAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
All Departmental Services	**$268,116**	$0	$0	$0		$0	$5,048	$4,090	$4,524	$4,402	$5,189	$0	$0	$0	$23,253	$89,653

TOTAL DIRECT BUDGET	Allotment
Total Direct Budget	**$942,374.00**

MHBG funded employees (1 EO, 1 SMHS*, 1 HPS I) *SMHS position vacant for the full fiscal year

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

CBHPC MHSA Expenditures FY 2023-24

PERSONAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Salaries	$375,311	$28,954	$28,954	$28,623	$29,782	$28,979	$29,289	$28,573	$29,004	$28,954	$34,638	34,638.00	$34,613	$0	$365,001	$10,310
Temporary Help	$0	$2,617	1,980.30	2,400.53	2,415.11	2,409.97	2,384.97	1,571.33	1,786.58	1,913.08	1,947.01	2,096.54	$2,385		$25,908	-$25,908
Staff Benefits	$190,787	$15,643	$15,634	$15,275	$15,679	$15,642	$15,384	$14,848	$15,061	$15,061	$18,451	$18,453	18,921.06	$0	$194,049	-$3,262
Total Personal Services	**$566,098**	$47,214	$46,568	$46,298	$47,876	$47,031	$47,058	$44,992	$45,851	$45,928	$55,036	$55,187	$55,919	$0	$584,958	**-$18,860**

OPERATING EXPENSES &EQUIPMENT(O&E)	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
General Expense[1]	$122,450	$8,948	$1,420	$4,000	$970	$18,011	$0	$12,139	$10,980	$8,690	$23,067	$0	$8,582	$0	$96,807	$25,643
Printing[2]	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$375	$0	$359	$0	$734	-$734
Communications	$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
Travel In-State	$40,000	$0	$4,568	$3,066	$595	$10,026	$5,549	$8,719	$5,418	$8,993	$5,645	$5,081	$9,037	$0	$66,697	-$26,697
Training	$20,000	$0	$1,000	$340	$1,000	$798	$0	$0	$4,578	$0	$0	-$550	$0	$0	$7,166	$12,834
Facility Operations	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Consultnt & Prof, Exterr	$162,150	$0	$7,380	$0	$0	$3,225	$0	$0	$0	$0	$0	$0	$0	$16,625	$27,230	$134,920
Other items	$0	$0	$0	$0	$0	$0	$99	$0	$58	$0	$0	$0	$16	$0	$173	-$173
Equipment	$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
Total OE & E	**$344,600**	$8,948	$14,368	$7,406	$2,565	$32,060	$0	$0	$0	$0	$0	$0	$0	$0	$198,807	**$145,793**

DEPARTMENTAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
All Departmental Service	**$347,004**	$6,877	$10,520	$12,432	$14,981	$11,411	$15,603	$11,203	$12,996	$8,077	$16,771	$14,754	$966	$0	$136,588	$210,416

TOTAL DIRECT BUDGET	Allotment
Total Direct Budget	**$1,257,702**

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 is only for contracts and includes $7,380 for All American Reporting-Public Forum transcription servcies and has the encumbrances for FY 23-24 pending contracts. These funds cannot be redirected to other expenses.

Allotments based on BFS

CBHPC SAMHSA Expenduture Report FY 2024-25

PERSONAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Salaries	$116,972	$17,202	$17,202	$17,462	$18,344	$18,344	$18,344	$24,774	$0	$0	$0	$0	$0	$0	$131,672	-$14,700
Staff Benefits	$57,803	$10,596	$10,596	$10,560	$9,875	$9,875	$9,875	$16,204	$0	$0	$0	$0	$0	$0	$77,582	-$19,779
Total Personal Services	$174,775	$27,799	$27,799	$28,023	$28,219	$28,219	$28,219	$40,978	$0	$0	$0	$0	$0	$0	$209,254	**-$34,479**

OPERATING EXPENSES &EQUIPMENT(O&E)	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
General Expense	$88,650	$0	$0	$7,437	$25,030	$0	$0	$23,100	$17,179	$0	$0	$0	$0	$0	$72,746	$15,904
Printing[2]	$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
Postage	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Travel In-State[3]	$85,000	$379	$1,325	$1,133	$3,715	$4,286	$0	$7,727	$0	$0	$0	$0	$0	$0	$18,564	$66,436
Training	$30,000	$1,360	$500	$0	$0	$0	$0	$625	$2,600	$0	$0	$0	$0	$0	$1,860	$28,140
Facility Operations	$72,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$72,000
Equipment	$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
Total OE & E	$275,650	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$93,170	**$182,480**

CONTRACTS	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Consultnt & Prof, External[4]	$25,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$25,000

TOTAL DIRECT BUDGET	Allotment	SPENT	BALANCE REMAINING
Total Direct Budget	**$300,650**	**$93,170**	**$207,480**

DISTRIBUTED OVERHEAD	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
All Departmental Services[5]	$138,310	$2,695	$3,782	$4,320	$4,337	$0	$0	$0	$0	$0	$0	$0	$0	$0	$15,134	$123,176

GRAND TOTAL	Allotment
Total Budget	**$613,735**

MHBG funded employees (1 EO and 2 HPS I*) *2nd HPS I position was filled in January 2025.

1 This line item covers supplies, equipment, 70% of meeting venue and A/V costs, and 100% Exhibits.

2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables.

3 Includes hotel, transportation and per diem projections for all travel including Quarterly Meetings.

4 The line item includes Legal Services estimated up to $25,000.

5 This line item includes Distributed Admin, Data Processing, Facility Operations, Legal, OAHA, and Program Overhead.

CBHPC MHSA Expenditure Report FY 2024-25

PERSONAL SERVICES	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Salaries	$331,906	$34,638	34,638	$34,613	$29,594	$34,784	$34,784	$34,784	$0	$0	$0	$0	$0	$0	$237,835	$94,071
Temporary Help	$0	$1,576	$1,632	$2,188	$2,451	$2,457	$2,457	$2,457	$0	$0	$0	$0	$0	$0	$15,217	-$15,217
Staff Benefits*	$163,878	$18,451	$18,453	18,921.06	$15,081	$16,787	$16,787	$16,787	$0	$0	$0	$0	$0	$0	$121,266	$42,612
Total Personal Services*	$495,784	$54,665	$54,723	$55,722	$47,126	$54,028	$54,028	$54,028	$0	$0	$0	$0	$0	$0	$374,319	**$121,465**

OPERATING EXPENSES &EQUIPMENT(O&E)	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
General Expense[1]	$58,350	$0	$0	$4,958	$8,546	$84	$0	$9,900	$7,362	$0	$0	$0	$0	$0	$30,851	$27,499
Printing[2]	$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
Postage	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Travel In-State[3]	$65,000	$0	$196	$1,153	$9,153	$5,270	$0	$9,153	$0	$0	$0	$0	$0	$0	$24,925	$40,075
Training	$15,000	$0	$300	$0	$0	$638	$0	$0	$0	$0	$0	$0	$0	$0	$938	$14,062
Facility Operations	$48,000	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$48,000
Other items	$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
Unallotted	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total OE & E	$186,350	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$56,714	**$129,636**

CONTRACTS	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
Consultnt & Prof, External[4]	$201,446	$0	$0	$0	$0	$0	$0	$0	$21,000	$0	$0	$0	$0	$0	$21,000	$180,446

TOTAL DIRECT BUDGET	Allotment	SPENT	BALANCE REMAINING
Total Direct Budget	**$387,796**	**$77,714**	**$310,082**

DISTRIBUTED OVERHEAD	Allotment	July	August	September	October	November	December	January	February	March	April	May	June	Close-out	Total	Balance Remaining
All Departmental Services	**$306,858**	$843	$1,800	$0	$3,228	$0	$0	$0	$0	$0	$0	$0	$0	$0	$5,871	$300,987

GRAND TOTAL	Allotment
Total Budget	**$1,190,438**

MHSA funded employees (1 SSM II, 1 RA II, 1 SSA/AGPA, 1 AGPA, 1 HPS II, and 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 Includes hotel, transportation and per diem for all travel including Quarterly Meetings.

TAB 3

California Behavioral Health Planning Council
Executive Committee
Wednesday, April 16, 2025

Agenda Item: Allotments & Budget Updates

Enclosures: Fiscal Year 2024-2025 Allotments

Spending Plan

Budget Letter 24-24

Budget Letter 23-27

Background/Description:

The Department of Health Care Services (DHCS) provides annual allotments that the Council uses to establish a budget and plan annual spending. Allotments are generally released each year in August; however, due to the State's current budget deficit, allotments were released January 22, 2025. During this agenda item Naomi Ramirez will provide an update on the Council's allotments and current budget.

The Fiscal Year 2024-25 allotments include a $239,519 reduction in the Council's Mental Health Service Act (MHSA) fund allocation, as outlined in the Department of Finance (DOF) Budget Letter (BL) 24-24. Additionally, the restrictions outlined in BL 23-27 are still in place. Naomi Ramirez will detail the effects of the budget freeze on the Council, including:

- Limited travel, subject to prior approval from the Department of Health Care Services.
- Suspension of conferences for training purposes.
- Restrictions on contracts, requiring prior approval from the Department of Health Care Services.
- Suspension of training sessions.
- Limitations on office supplies.

The Council's Fiscal Year 2024-25 allotments and spending plan are enclosed for reference.

Fiscal Year: 2024/25

Division: 4260LB00-CBHPC

Division Allotments by Appropriation and Category

Object_Category	001-0890	001-3085	**Total**
1-Salaries and Wages	116,972	331,906	**448,878**
2-Benefits	57,803	163,878	**221,681**
3-Operating Expense and Equipment	300,650	387,796	**688,446**
7-BL24-24 Reduction		-239,519	**-239,519**
Total	**475,425**	**644,061**	**1,119,486**

Contract Details

Document Name	001-0890	001-3085	**Total**
E-23-30359		49,000	**49,000**
P-10		2,446	**2,446**
P-11		30,000	**30,000**
P-8		90,000	**90,000**
P-9		30,000	**30,000**
Spending Plan	25,000		**25,000**
Total	**25,000**	**201,446**	**226,446**

Multi-Year Funding

F$Ref	F$Fund	Sum of Adj Dollar

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Spending Plan

Mental Health Block Grant (MHBG) Funding

Personnel Expenses	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
Salaries	$294,122	$116,972	$255,542	-$138,570
Benefits	$196,037	57,803	$158,602	-$100,799
Total	$490,159	174,775	$414,144	**-$239,369**

Operating Expenses	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
General Expense/Facilities Operations*	$156,500	$160,650	$154,896	$5,774
DHCS Legal Services	$25,000	$25,000	$25,000	$0
Travel	$85,000	$85,000	$57,167	$17,609
Training/Conferences	$30,000	$30,000	$7,911	$22,089
Total	$296,500	$300,650	$238,103	**$62,547**

*Includes meeting space, audio visual (AV) services, and exhibits.

Personnel and Operating Expenses Combined	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
Total	$786,659	$475,425	652,247	**-$176,822**

California Behavioral Health Planning Council

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Spending Plan

Mental Health Services Act (MHSA) Funding

Personnel Expenses	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
Salaries	$411,754	$331,906	$411,754	-$79,848
Temporary Staff Salaries	$28,000	$0	$28,000	-$28,000
Benefits	$205,202	$163,878	$205,202	-$41,323
Total	$644,956	$495,784	$644,956	**-$149,172**

Operating Expenses	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
General Expense/Facilities Operations*	$94,500	$106,350	$54,534	$51,816
Contracts	$152,446	$201,446	$106,446	$95,000
Travel	$65,000	$65,000	$60,977	$4,023
Training/Conferences	$15,000	$15,000	$938	$14,062
Total	$326,946	$387,796	$222,895	**$164,901**

*Includes meeting space, audio visual (AV) services, and public forums.

Personnel and Operating Expenses Combined	Initial Spending Plan	Allotment	Updated Spending Plan	Savings
Total	$971,902	$883,580	$867,851	**$15,730**

BL24-24 Required Saving	Achieved Savings	Difference
$239,519	**$15,730**	**-$223,789**

TAB 4

California Behavioral Health Planning Council
Executive Committee

Wednesday, April 16, 2025

Agenda Item: Ad Hoc: Behavioral Health Services Act (BHSA) Implementation Update

Enclosures: CBHPC Areas of Interest Crosswalk

Behavioral Health Transformation Policy Comments Crosswalk

Background/Description:

In June of 2024 the Officer Team established an Ad Hoc working group to guide the California Behavioral Health Planning Council's advocacy efforts around the implementation of Proposition 1, now referred to as the Behavioral Health Transformation. The Ad-Hoc group meets regularly to respond to Behavioral Health Transformation related items on behalf of the Council.

Ad Hoc members provided significant comments to the Department of Health Care Services on draft Modules 1 and 2 of the Behavioral Services Act County Policy Manual. The Department of Health Care Services (DHCS) recently released Module 1. The "Behavioral Health Transformation Policy Comments Crosswalk" identifies and tracks the comments submitted by the Council and notes actions taken or not taken by DHCS on each comment submitted. This document was created for ease of review by Ad Hoc members and is also shared with the Executive Committee as a way to update leadership.

The Executive Committee will review "Behavioral Health Transformation Policy Comments Crosswalk" and the use the "CBHPC Areas of Interest Crosswalk" for ongoing discussion about actions the Council takes related to each area of interest identified.

Additional Resources:

Behavioral Health Services Act County Policy Manual

Behavioral Health Services Act County Policy Manual Digital Platform

Prioritization of Sections for BHSA					
Topic	**Code Section(s)**	**Implementation Date (Effective Date)**	**Lead Committee**	**All Relevant Committees**	**Committee Action Update**
Definitions of who can be served under BHSA	SEC 2(b); SEC 12 4094 (f)(1)(B); SEC 12 4094 (h); 4096.5(b); SEC 38 5806(a),(2)(a),(D)(E)(5)(7)(8)(9)(10);SEC 46 5835(2)(A); SEC 50 5840(E)(i)(ii) and (c)(3); SEC 53 5840.6(c)(1) and (f)(2); SEC 55 5840.7(a) (1)(3)(6); SEC 76 5868(a)(2)(A)(D)(3)(4)(5)(8)(9)(10); SEC 78 5878.1(a); SEC 81 5878.3(a)(1)(A)(c); SEC 95 5892(d) and (L)(7)	**July 1, 2026** (All sections)	TBD	LPPC, HHC, SMC	
FSPs and restrictive nature of who is eligible/time limitations	Part 4.1: 5887(d)(1) ; 5887.1; SEC 95 5892(a)(2A)	**July 1, 2026** (Both sections)	SMC	LPPC, SMC	
Data Requirements	SEC 109 WIC 5963.02 (b), WIC 5963.04 (a)(2); SEC 18 WIC 5604.2 (a)(7); SEC 25 WIC 5610 (b)(1); SEC 27 WIC 5613, SEC 30 WIC 5664 (a)	**January 1, 2025** (SEC 27 County Data to Boards and DHCS, SEC 25 WIC 5610 (b)(1), SEC 109 WIC 5963.04 (a)(2) BHOATR), **July 1, 2025** (SEC 109 Integrated Plan Data), **July 1, 2026** (SEC 25 WIC 5610 (b)(1))	POC	POC	
Outcomes	SEC 64. WIC 5848 (c),(e); SEC 84 WIC 5886 (k)(1); SEC 113 WIC 14707.5 (b)(2), (c), (d), (e)(1); SEC 114 WIC 14707.5; SEC 25 WIC 5610 (b)(1)	**January 1, 2025** (SEC 64, SEC 84, SEC 113, SEC 114) **July 1, 2026** (SEC 25)	POC	POC	
Integrated Plan (3-year County Plans)	SEC 40 5813.5 (d)(g)(4); SEC 63 5847; SEC 95 5892(a)(1)(B)(C); Chapter 3 Article 2 5963, 5963.01, 5963.02, 5963.03, 5963.04, 5963.05	**January 1, 2025** (Chapter 3 Article 2 5963.03, 5963.05); **July 2026** (Chapter 3 Article 2 5963.04 County Behavioral Health Outcomes, Accountability, and Transparency Report) **July 1, 2026** (SEC 40 5813.5 (d)(g)(4)), SEC 95 5892(a)(1)(B)(C), Chapter 3 Article 2 5963, 5963.01, 5963.02)	SMC	SMC	
Engaging Stakeholders with Emphasis on Consumer Voice	SEC 38 WIC 5806 (1); SEC 64 WIC 5848 (a); SEC 95 WIC 5892 (c)(3), (e)(1)(C)	**January 1, 2025** (SEC 38 Stakeholder Engagement on IPs)	POC	POC	
Statewide Workforce	SEC 2(e); 1095.5(a)(1); SEC 12 4094 (f)(1)(C)(D); SEC 38 5806 (C) and (b)(c); SEC 42 5830 (c)(3); SEC 53 5840.6(c)(4)(6); SEC 55 5840.7(c); SEC 66 5848.5(b)(3)(4)(8-b-iv-vi); SEC 95 5892(f)(1)(D) and (L)(5)	**January 1, 2025** (SEC 10, SEC 66) **July 1, 2026** (All Other Sections)	WEC	WEC	
Housing Continuum	SEC 43 5830 (a)(1) SEC 95 5892 (a)(1)(A),(b)(1)	**July 1, 2026** (Both sections)	HHC	HHC, SMC	
Implementation of SUD services in all parts of the mental health service system	SEC 2(b); SEC 40 5813.5(j)(k); SEC 50 5840(a)(1),(3), and (e); SEC 53 5840.6(e)(4); SEC 55 5840.7(a)(1)(5); SEC 81 5878.3(d)(2); SEC 90 5891(a)(1); SEC 92 5891.5(a)	**July 1, 2026** (All sections)	SMC	LPPC, SMC	

Topic	Code Section(s)	Implementation Date (Effective Date)	Lead Committee	All Relevant Committees	Committee Action Update
Effective collaboration with partners in the behavioral health transformation for a statewide plan that serves all Californians	SEC 109 5963.06. (c)(11); SEC 58 WIC 5845 (f)(13), (g)(1)	**December 21, 2029** (SEC 109) **January 1, 2026** (SEC 58 Collaboration between BHSOAC with CBHDA, DHCS, CBHPC on reports and recommendations)	TBD	TBD	
Behavioral Health Board	SEC 15 WIC 5604; SEC 19 WIC 5604.2; SEC 109 WIC 5963.03 (b)	**January 1, 2025** (All sections)	POC	POC	
Voluntary vs. Involuntary Services*	SEC 12 4094(h); SEC 13;SEC 38 5806(E); SEC 61 5845.5(e)(2); SEC 74 5852.5(a), SEC 85 5886 (F)(viii); SEC 95 5892(d)	**January 1, 2025** (SEC 61, SEC 74, SEC 85) **July 1, 2026** (All Other Sections)	SMC	LPPC, PRC, SMC	
Crisis Continuum*	SEC 2(i); SEC 12 4094; SEC 13 4096.5; SEC 32 5675; SEC 36 5805; SEC 53 5840.6(7) and (e)(1) ; SEC 55 5840.7(a)(1)(2)(10); SEC 66 5848.5; SEC 74 5852.5(a); SEC 76 5868; Part 4.1 5887(e); SEC 95 5892(f)(1)(E)(vi)(IV)	**January 1, 2025** (SEC 66, SEC 74) **July 1, 2026** (All Other Sections)	SMC	SMC	

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 2.B.3 Eligible Populations	Section 2.B.3 Eligible Populations	Not Addressed	Align the definition of children and youth for all programs. While we support children and youth being defined as persons who are 25 years of age or under, we are concerned about the definition not being consistent for all programs. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit is for children under age 21. Furthermore, there is not a transition age for substance use disorder programs which will now be covered under the Behavioral Health Services Act (BHSA). This lack of alignment in definitions will result in youth between these age gaps falling in and out of eligibility. Add individuals who are screened and determined to be at risk of developing a substance use disorder (SUD) to the priority population for both children and youth, and adults and older adults since this population will be covered under the Behavioral Health Services Act. Additionally, the Council commends the Department for including individuals who are at risk of institutionalization in the criteria for adults and older adult. We recommend adding “at risk of institutionalization” to the eligibility criteria for children and youth also. The definition of institutionalization should be broadened to include any type of inpatient, skilled nursing, long term settings; emergency department; residential treatment programs receiving a patch; jails; state hospitals. It is important that people who are in this wide range of institutions are eligible.	Eligible populations are those that may receive services funded by the Behavioral Health Services Act (BHSA) and include children and youth, adults, and older adults who meet BHSA eligibility criteria. Eligibility criteria for BHSA services are aligned with Medi-Cal specialty mental health services (SMHS) access criteria,[9] and include individuals with substance use disorders as described below. However, it is important to note that BHSA eligible populations are not required to be enrolled in the Medi-Cal program.[10] Eligible children and youth means persons who are 25 years of age or under who meet either of the following:...**(See section for a full list)**	All reccomendations are outstanding. There were no edits to this section.	N/A

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 2.C.1 The Behavioral Health Crisis in California Background	Section 2.A Introduction to Behavioral Health Transformation	Addressed	The CBHPC recommends that language for the lack of affordable housing and increasing homelessness be placed at the end of the list in the sentence, “The crisis is exacerbated by many factors, including but not limited to the lack of affordable housing and increasing homelessness, the behavioral health workforce shortage, a youth mental health crisis, and a lack of culturally-competent care.”	California continues to face behavioral health challenges impacted by many factors, including but not limited to the lack of affordable housing and increasing homelessness, the behavioral health workforce shortage] a youth mental health crisis, an older adult mental health crisis, and a shortage of culturally-responsive and diverse care.	N/A	N/A
Section 2.C.2 Addressing the Crisis: A Population Health Approach to Behavioral Health	Section 2.C.2 Statewide Population Behavioral Health Goals	Partially Addressed	CBHPC recommends the adoption of a broad definition for "institutionalization" that aligns with the CalAIM Enhanced Care Management (ECM) Policy Guide's criteria. We respectfully request that DHCS revise the current definition to explicitly include residential treatment programs for mental health or substance use disorders (SUDs), jails, prisons, state hospitals, acute locked units, and IMDs and residential care that receive a county patch for funding. This broader definition ensures a more inclusive and effective approach to providing care management for individuals transitioning from various institutional settings.	Institutionalization- Minimize time in institutional settings by ensuring timely access to community-based services across the care continuum and in a clinically appropriate setting that is least restrictive. Reducing institutionalization entails maximizing community integration and making supportive housing options with intensive, flexible, voluntary supports and services available to all individuals who would benefit. Stays in institutional settings are sometimes clinically appropriate and therefore the goal is not to reduce institutionalization to zero.	There is not a revised definition to explicitly include residential treatment programs for mental health or substance use disorders (SUDs), jails, prisons, state hospitals, acute locked units, and IMDs and residential care that receive a county patch for funding.	The definition for Institutionalization in Section 2.B.3 Eligible Populations states "The DHCS ECM Guide defines institutionalization as “broad and means any type of inpatient, Skilled Nursing Facility, long-term, or emergency department setting." The guide is linked in the document.

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Behavioral Health Transformation Policy Comments Crosswalk

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Section 2.C.3 Statewide Population Behavioral Health Goals	Section 2.C.2 Statewide Population Behavioral Health Goals	Partially Addressed	The CBHPC encourages the addition of clear language on how health equity will be incorporated under each goal. We recommend there be defined action steps for health equity goals in conjunction with the action items for each behavioral health goal.	DHCS will endeavor to provide measures that can be stratified (e.g., by demographics such as age group and race/ethnicity, etc.) to enable visibility into disparities. In addition to identifying disparities, DHCS will ask counties and Medi-Cal Managed Care Plans (MCPs) to address disparities and DHCS will consider disparities when developing accountability measures.	The addition of clear language on how health equity will be incorporated under each goal. We recommend there be defined action steps for health equity goals in conjunction with the action items for each behavioral health goal.	There was not clear language under each goal on how health equity will be addressed nor were there action items for health equity under each goal. The module just states that health equity will be incorporated in each of the goals . DHCS included new language regarding the reduction of health disparities as outlined in the Final Module 1.

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Behavioral Health Transformation Policy Comments Crosswalk

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Section 3 Integrated Plan	Section 3.B.1 Stakeholder Involvement	Addressed	The CBHPC states that the planning and organization teams for the Integrated Plans must include an individual with lived experience (consumers and family members) on the team.	Stakeholder engagement requirements for the Integrated Plan (IP) are effective January 1, 2025. Counties must engage with local stakeholders to develop each element of their IP. The stakeholders that must be engaged include, but are not limited to: - Eligible adults and older adults (individuals with lived experience) - Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience)	N/A	N/A
Section 3.A.3 Function of Annual Updates and Intermittent Updates	Section 3.A.3 Function of Annual Updates and Intermittent Updates	Addressed	Stakeholders should be involved in the planning process more frequently than the annual and intermittent updates to ensure a sufficient stakeholder process. Some counties may opt out of engaging stakeholders in the annual plans since this policy says they “may”. DHCS should consider incentivizing stakeholder engagement.	Annual and intermittent updates are not subject to the stakeholder engagement requirements for the IP that are outlined in section 3.B.1 of this policy manual. However, DHCS encourages stakeholder engagement on the annual and intermittent updates...Counties maintaining their local stakeholder engagement in developing the annual or intermittent updates must continue to comply with the local behavioral health board public hearing requirements outlined in section 3.B.3 of this policy manual.	N/A	N/A

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 3.B.1 Stakeholder Engagement	Section 3.B.1 Stakeholder Engagement	Fully Addressed	**1)** The CBHPC recommends that DHCS publicly post a list of stakeholders involved in the planning process, with the primary stakeholders identified as individuals with lived experience of a mental health or substance use disorder, family members, and providers. **2)** We recommend that best practices be added to the policy manual to emphasize the involvement of these individuals.	**1)** The stakeholders that must be engaged include, but are not limited to: - Eligible adults and older adults (individuals with lived experience) - Families of eligible children and youth, eligible adults, and eligible older adults (families with lived experience) - Youths (individuals with lived experience) or youth mental health or substance use disorder organizations - Providers of mental health services and substance use disorder treatment services **2)** Examples of meaningful partnership with stakeholders may include, but are not limited to, the following types of stakeholder engagement...(**See section for a full list**)	N/A	N/A
Section 3.B.B.4.1 Planning Costs	Section 3.B.4.1 Planning Costs	Not Addressed	Funds spent on stakeholder engagement should be targeted at persons with lived experience and family members to ensure they can participate fully in the integrated plan process. Many small counties in California face geographical challenges. Therefore, the CBHPC recommends that the state include planning costs for lodging and food in planning cost for travel and transportation for stakeholders. The CBHPC is seeking clarification on whether travel costs need to be in compliance with California travel protocols or if there will be flexibility to meet needs such as food and lodging for stakeholders.	Planning costs may be used to help pay for infrastructure and technologies that will support robust stakeholder engagement. Examples may include but are not limited to: - Laptops and other technologies to help stakeholders participate in the planning process -Web-based meeting platforms -Virtual engagement tools -Accessibility services -Stipends, wages, and contracts to be paid to consumers and family members -Translation/interpretation services -Travel and transportation for stakeholders	Clarification was not provided on whether travel costs need to be in compliance with California travel protocols or if there will be flexibility to meet needs such as food and lodging for stakeholders.	Additions to this section include: Eldercare, Training and technical assistance (TTA) for stakeholders to be meaningfully involved including TTA on fiscal policies, and Other supports to help with stakeholder engagement.

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 3.C.1 Background	Section 3.C.1 Background Section 3.C.2 Behavioral Health Care Continuum	Partially Addressed	The CBHPC recommends the addition of language to reference peer services in the primary prevention examples in this section. The Planning Council recommends that DHCS explicitly list peers in the policy manual given their longstanding contribution to prevention.	Some services, like peer supports, medication services, and case management, may cut across several categories in the Behavioral Health Care Continuum; the funding for these services should be allocated according to the setting in which services are delivered (i.e., peer support services delivered within an outpatient setting should be categorized within “outpatient services”).	The CBHPC recommends the addition of language to reference peer services in the primary prevention examples in this section. The Planning Council recommends that DHCS explicitly list peers in the policy manual given their longstanding contribution to prevention.	Peer services were not listed in the primary prevent examples or in the background section of the module. However, the final version of the module added the language regarding peer services outlined in the Final Module 1 Language column.

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Behavioral Health Transformation Policy Comments Crosswalk

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Section 3.C.2 Behavioral Health Care Continuum	Section 3.C.2 Behavioral Health Care Continuum	Not Addressed	The CBHPC recommends the addition of the following items in *Table 3.C.1. Substance Use Disorder Care Continuum Service Categories, Definitions and Example Services*: · - Please list Case Management Services as an example of an SUD service in the Service Category for Outpatient Services, as Case Management was included in one of the levels of Full-Service Partnerships (FSPs) during the DHCS Listening Sessions. Please list Case Management Services as an example of an SUD service in the Service Category for Outpatient Services, as Case Management was included in one of the levels of Full-Service Partnerships (FSPs) during the DHCS Listening Sessions.Please add Community Defined Evidence (CDEPs) as a Service Category. Given the focus on equity in the BHT, it is pertinent to include CDEPs as a best practice in service delivery to ensure they are included in the planning and implementation efforts. Please add Peer Recovery and Peer-Oriented Crisis Services as examples of SUD services in the Service Category for Crisis Services. Given the focus on equity in the BHT, it is pertinent to include Peer Recovery Services as a best practice in service delivery to ensure they are included in the planning and implementation efforts.Please list Crisis Call Centers as examples of SUD services in the Service Category for Crisis Services, as individuals experiencing an SUD crisis or are experiencing a co-occurring mental health issue may need support from call centers as a point of contact. Please add respite services as an example of SUD services in the Service Category for Crisis Services.	N/A	The CBHPC recommends the addition of the following items in Table 3.C.1. Substance Use Disorder Care Continuum Service Categories, Definitions and Example Services: · Please list Case Management Services as an example of an SUD service in the Service Category for Outpatient Services; add Community Defined Evidence (CDEPs) as a Service Category and Peer Recovery and Peer-Oriented Crisis Services as examples of SUD services in the Service Category for Crisis Services; and list Crisis Call Centers as examples of SUD services in the Service Category for Crisis Services.	N/A

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 7.C.4.1.1 Experiencing Homelessness and At Risk of Homelessness	Section 7.C.4.1.1 Experiencing Homelessness and At Risk of Homelessness	Fully Addressed	CBHPC recommends that DHCS provide a clear definition of “enriched residential setting” in the policy manual. Although the manual references a public notice of intent dated June 14, 2024, which provides additional information about room and board in such settings, it remains unclear what constitutes an Enriched Residential Setting.	N/A	N/A	DHCS removed the term, "enriched residential setting" from the policy manual.
Section 7.C.4.1.3 People in Encampments	Section 7.C.4.1.3 People in Encampments	Fully Addressed	CBHPC suggests that DHCS provide a clear definition of “encampment”. The policy manual makes reference to a U.S. Interagency Council on Homelessness' report, which provides a general definition of encampment. We seek clarification on whether DHCS plans to adopt this definition, and if so, we propose its formal inclusion in the policy manual for clarity.	The BHSA definition for encampments is in alignment with the Department of Housing and Urban Development (HUD) definition.	N/A	N/A

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Behavioral Health Transformation Policy Comments Crosswalk

Commented Section in Draft Module 1	Section & Location in Final Module 1	Comment(s) Addressed	CBHPC Recommendation	Final Module 1 Language	Outstanding Reccomendations	Notes
Section 7.C.8 Flexible Housing Subsidy Pools	Section 7.C.8 Flexible Housing Subsidy Pools	Fully Addressed	CBHPC recommends clarifying if housing subsidies are tied to a specific location or individual. To encourage more permanent supportive housing development, CBHPC advises that subsidies be project-based rather than individual-based to ensure they are used as a permanent rent subsidy for developers and only individuals who qualify under BHSA are eligible. The manual does not currently specify if the subsidy remains in effect indefinitely, even if the tenant moves and is no longer homeless. Furthermore, CBHPC recommends that rent subsidies should not be used in residential care homes, as there is no rent within this system.	**C.9.1 Rental Subsidies**: The intent of Housing Interventions is to place and sustain individuals in permanent housing settings including permanent supportive housing developed through the Homekey+ program and other state and locally funded supportive housing programs. While counties may establish short and medium-term rental assistance programs, particularly in interim settings as described below, the goal is to provide rental subsidies in permanent settings to eligible individuals for as long as needed, or until the individual can be transitioned to an alternative permanent housing situation or rental subsidy source. Rental subsidies can be established either as scattered-site (multiple locations) or project-based assistance (one location), including master leasing. **C.9.1.2 Project-Based Housing Assistance**: Project-Based Housing (PBH) assistance is a form of rental assistance that is tied to a particular housing unit.	N/A	N/A
Section 7.C.9 Allowable Expenditures and	Section 7.C.9 Allowable Expenditures and Related Requirements	Partially Addressed	CBHPC believes residential care facilities and skilled nursing facilities should not be allowable under the housing funds, as these settings do not have rent structure and are considered treatment. Assisted living may be considered allowable only if there is a formal rent structure. Additionally, CBHPC recommends that Assisted Living and 'unlicensed room and board' be classified as transitional housing due to the absence of formal leases in these types of facilities.	See "Notes" column	CBHPC recommends that Assisted Living and 'unlicensed room and board' be classified as transitional housing due to the absence of formal leases in these types of facilities.	**C.9.3 Allowable Settings**: Skilled nursing facilities and residential care facilities are no longer listed.

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Behavioral Health Transformation Policy Comments Crosswalk

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Related Requirements	Appendix A.1. Experiencing Homelessness	N/A	The CBHPC supports the adoption of an inclusive definition of homelessness in alignment with the CalAIM Community Supports guidelines because the revised definition considers individuals in institutions as experiencing homelessness, regardless of the length of their stay, and allows those who become homeless during their stay to qualify, even if they were not homeless before entering the institution.	N/A	N/A	Comment only
Appendix A: B. At-risk of Homelessness	Appendix A.2. At-Risk of Homelessness	N/A	CBHPC supports the adoption of the updated definition of at-risk of homelessness. We view this definition as a significant improvement over the federal definition, as it includes individuals residing in motels who are self-paying, whereas the federal definition only considers those in motels funded by government or charitable organizations.	N/A	N/A	Comment only

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Behavioral Health Transformation Policy Comments Crosswalk

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Appendix A: C. Chronically Homeless	Appendix A.3. Chronically Homeless	Fully Addressed	CBHPC commends DHCS for expanding the definition of chronically homeless to include individuals exiting institutions, regardless of their length of stay or prior homelessness status. CBHPC is particularly mindful of the requirement that 50 percent of housing intervention funds be allocated to the chronically homeless population, and we believe this updated definition will help in achieving this requirement. Upon examining the definition of chronically homeless in Section 7 C.4.1.2 and Appendix A: C. Chronically Homeless, we have identified an inconsistency. Section 7 C.4.1.2 states that anyone who was chronically homeless before receiving Transitional Rent or staying in an Enriched Residential Setting, and is transitioning to Housing Interventions services, will be considered chronically homeless under Housing Interventions. However, Appendix A indicates that individuals do not need to have been chronically homeless before entry to be defined as such. CBHPC requests that DHCS address this discrepancy by aligning the definition in Section 7 C.4.1.2 with the definition outlined in Appendix A. We would be in favor of a definition that allows more institutionalized individuals to qualify under the chronically homeless definition.	1. A homeless individual with a disability as defined in section 401, subdivision (9) of the McKinney-Vento Assistance Act (42 U.S.C. section 11360, subdivision (9)), who: a) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and b) Has been homeless as defined in 7.C.4.1.1 Experiencing Homelessness and At Risk of Homelessness on any number of occasions in the last 3 years, as long as the combined occasions equal at least 12 months; or 2. An individual who is exiting an institution **and met all of the criteria in paragraph (1) immediately prior to entering the institution** regardless of the length of stay; or... 3. A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2), including a family whose composition has fluctuated while the head of household has been homeless.	N/A	N/A

TAB 5

California Behavioral Health Planning Council
Executive Committee
Wednesday, April 16, 2025

Agenda Item: Council Membership Update

Enclosures: Council Appointment List
California Behavioral Health Boards and Commissions' Regions

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 two (2) Persons with Lived Experience. After the January 2025 meeting, Naomi Ramirez, Chief of Operations (COO) received eight (8) applications from individuals interested in being appointed as Council Members. In response, the COO carried out the following activities:

- Reviewed applications to identify candidates who meet the Council's current representation needs as defined by the Executive Committee, including factors such as geography, demographics, and areas of expertise.
- Scheduled interviews with applicants who aligned with the Council's needs.
- Invited all applicants, including those interviewed, to attend the April Quarterly meeting.

At the January 2025 meeting, members discussed updating the term expiration dates and listing members by region on the Council Appointment List. Those changes are reflected on the enclosed list. Additionally, members requested information on the evolution of California Behavioral Health Directors Association (CBHDA) liaisons on the Council. The following information was found:

- A Proposed Composition of the Executive Committee document dated January 27, 2009, lists the liaison position, but there is not a member listed.
    - This is the oldest document found referencing the liaison position.
    - It is unclear if the position was being proposed or just vacant.

- Minutes from the January 14, 2009, Executive Committee meeting state Ann Arneill-Py advised that the Executive Committee Composition discussion was deferred until it was presented to Leadership.
- A Proposed Composition of the Executive Committee document dated February 1, 2010, lists Mark Refowitz as the liaison.
- It is unclear if the liaison position was being proposed for the first time in 2009 since it was not documented in any meeting minutes between January 2009 and February 2010 when Mark was listed.
- Liaisons are intended to report information about the organization they are representing to the Council and report the activities of the Council back to their organization to ensure information flows smoothly, address concerns, and coordinate activities to achieve common goals.

During this agenda item members will have an opportunity to discuss liaison relationships. Additionally, Executive Officer, Jenny Bayardo, will discuss the current CBHDA liaison relationship through 2025.

January 2025 Summary of Council Member Activity:

Separations

Walter Shwe

New Members

Lanita Mims-Beal- Parent/Family Member of Child with SED (official start date 6/1/25)

California Behavioral Health Boards and Commissions' (CALBHB/C)

Regions

SUPERIOR (16 Counties)

Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama and Trinity.

CENTRAL (20 Counties)

Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba (Joint Powers), Tulare, Tuolumne, and Yolo.

BAY AREA (13 jurisdictions)

Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, and City of Berkeley

SOUTHERN (10 jurisdictions)

Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura, and Tri-City (Pomona, Claremont, La Verne)

LOS ANGELES

County of Los Angeles

California Behavioral Health Boards and Commissions' (CALBHB/C)

TAB 6

California Behavioral Health Planning Council
Executive Committee

Wednesday, April 16, 2025

Agenda Item: Council Reappointment Policy Revisions (Action)

Enclosures: Proposed Edits to the CBHPC Operating Policies and Procedures

Proposed Council Reappointment Process

Background/Description:

At the January 2025 Executive Committee meeting, members reviewed the California Behavioral Health Planning Council's membership requirements outlined in Public Law 102-321 and Welfare and Institutions Code 5771, which state:

- The Director of Health Care Services shall make appointments, and
- The term of each member shall be three years, to be staggered so that approximately one-third of the appointments expire in each year.
- The number of members there should be for each appointment category.
- Members should be balanced according to demography, geography, gender, and ethnicity.
- Members should include representatives with interest in all target populations, including, but not limited to, children and youth, adults, and older adults.

During the meeting Chief of Operations, Naomi Ramirez, informed members that the Council's reappointment process is not defined by law or detailed in the Council's Operating Policies and Procedures manual. Currently the Chief of Operations contacts members by e-mail to inform them that their term is about to expire. Members may request to be reappointed by responding to the Chief of Operations e-mail. Requests are submitted to the Officer Team.

The criteria considered for reappointments include the member's attendance at Council meetings and active participation in committees. Requests for reappointments are submitted to the Department of Health Care Services along with a summary of members attendance and participation.

Council leadership has recognized the need to establish a more formal reappointment process. At the January 2025 meeting, the Chief of Operations of the Council reviewed the proposed reappointment policy with members who were given an opportunity to provide feedback

The following are key points shared by Council Members during the discussion:

- Two weeks is not enough time for members to respond to the notification email.
- A due date should be added to the proposed exit survey.
- Members volunteer their time, and thus their ongoing involvement, experience, and contributions should be recognized in the survey.

The proposed reappointment procedures and proposed edits to the CBHPC Operating Policies and Procedures are enclosed. The added language is designated with underline.

The goal of this agenda item is to approve the updates to the CBHPC Operating Policies and Procedures and adopt the proposed reappointment process.

2. Council Member Appointments

2.1 Appointment Process

The California Department of Health Care Services (DHCS) appoints members to the Council in accordance with Welfare and Institutions Code 5771(c) which states that members should be balanced according to demography, geography, gender, and ethnicity. The Council also recommends DHCS take into consideration expertise in subjects the Council has identified as priority areas at the time of appointment.

In accordance with Welfare and Institutions Code Section 5771.1, members of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) serve as ex-officio members of the Council by virtue of their position. Their role is to participate in the Council's activities related to statutory duties under Section 5772. This ex-officio membership does not alter the composition requirements outlined in Section 5771.

2.1.1 New Member Minimum Requirements

Council Members must have the following to fully participate in Council activities:

- Access to an electronic device with an internet connection and a phone to receive calls as well as leave/receive voicemail messages
- Mailing address where documents, including large packets, can be delivered if electronic delivery of materials is not the selected method of delivery
- Ability to independently analyze and think through items on meeting agenda(s) and if a discussion is needed outside of the meeting, to contact fellow committee members to discuss

Council staff can assist in securing a device if needed. The Council will provide new members with a mentor that is skilled, experienced, and helpful.

2.1.2 Recruitment

The Council notifies DHCS when a vacancy occurs and engages in recruitment efforts in accordance with the Council's recruitment plan adopted in June 2019.

2.2 Reappointment Process

Appointed members of the California Behavioral Health Planning Council, as outlined in Welfare and Institutions Code 5771, serve three-year terms. Council Members may request to be reappointed. Requests for reappointment are reviewed by the Department of Health Care Services.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Proposed Reappointment Process

The California Behavioral Health Planning Council utilizes the reappointment process outlined below to assist the Department of Health Care Services with requests for reappointment when Council Member terms expire:

1. The Council Member is sent a notification of term expiration date by e-mail 90 days prior to expiration and is given 30 days to respond.
2. If the member is interested in being reappointed, they will:
    a. Complete a new application if there is no application on file or if there are changes.
    b. Complete linked survey which will include the following questions:
        (1) Why are you interested in being reappointed?
        (2) What contributions during your 3-year term are you most proud of?
        (3) What do you hope to contribute if you are reappointed?
        (4) What have you learned or gained from your experience with the Council?
    c. The completed application and survey will be given to the Officer Team for review. The information is passed on to the DHCS who is the appointing authority.
    d. If the Council Member is reappointed by the Department of Health Care Services a reappointment letter will be sent to the member by email and mail.
    e. If the Council member is not reappointed by the Department of Health Care Services a notification will be sent with a link for the exit survey to complete within 30 days.
3. If the member is not interested in being reappointed, they will:
    a. Complete the exit survey which will include the following questions:
        (1) What were the most positive aspects of your time on the Council?
        (2) What were the biggest challenges you faced during your term?
        (3) How would you rate your overall experience as a Council Member? (Scale of 1-5, 1 being lowest and 5 highest)
        (4) Do you feel your contributions were valued by the Council?
        (5) What changes would you recommend to improve the Council?
        (6) Would you recommend participating on the Council to your colleagues?
    b. The completed survey will be given to the Officer Team and placed in the members Council file.

TAB 7

California Behavioral Health Planning Council
Executive Committee

Wednesday, April 16, 2025

Agenda Item: Behavioral Health Services Oversight & Accountability Commission Participation in Council Meetings

CBHPC and BHSOAC Responsibilities in BHSA

Enclosures: CBHPC and BHSOAC Responsibilities in BHSA

January 2012 Minutes- OAC Voting Rights Discussion

Background/Description:

In accordance with Welfare and Institutions Code Section 5771.1, members of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) serve as ex-officio members of the Council by virtue of their position. This ex-officio membership does not alter the composition requirements of the Council outlined in Public Law 102- 321 and Welfare and Institutions Code Section 5771.

The California Behavioral Health Planning Council and the Behavioral Health Services Act Oversight and Accountability Commission (BHSOAC) are tied by Welfare and Institutions code and have some shared responsibilities. Both entities have been working on increased collaboration and partnership. As such, we anticipate having representation at our Council meeting from the BHSOAC in the near future. For this reason, we will discuss the roles, responsibilities and duties of the California Behavioral Health Planning Council and the Behavioral Health Services Act Oversight and Accountability Commission as well as participation in Council meetings by BHSOAC Commissioners.

CBHPC and BHSOAC Responsibilities in BHSA		
Welfare and Institutions Code (WIC)	**Code Language**	**Organization Responsible**
WIC 5610. (a)	(a) (1) Each county behavioral health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the California Behavioral Health Planning Council and the Behavioral Health Services Oversight and Accountability Commission, which shall be uniform and simplified. (2) The department shall review existing data requirements to eliminate unnecessary requirements and consolidate requirements that are necessary. (3) These requirements shall provide comparability between counties in reports.	CBHPC & BHSOAC
WIC 5610. (b)	(b) (1) The department and the California Health and Human Services Agency shall develop, in consultation with the Performance Outcome Committee, the California Behavioral Health Planning Council, and the Behavioral Health Services Oversight and Accountability Commission, pursuant to Section 5611, uniform definitions and formats for a statewide, nonduplicative, client-based information system that includes all information necessary to meet federal mental health grant requirements, state and federal Medicaid reporting requirements, and other state requirements established by law. (2) The data system, including performance outcome measures reported pursuant to Section 5613, shall be developed by July 1, 1992.	CBHPC & BHSOAC
WIC 5664. (a)	In consultation with the County Behavioral Health Directors Association of California, the State Department of Health Care Services, the Behavioral Health Services Oversight and Accountability Commission, the California Behavioral Health Planning Council, and the California Health and Human Services Agency, county behavioral health systems shall provide reports and data to meet the information needs of the state, as necessary.	CBHPC & BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5814. (a) (3)	(A) The Director of Health Care Services shall establish an advisory committee for the purpose of providing advice regarding the development of criteria for the award of grants, and the identification of specific performance measures for evaluating the effectiveness of grants. The committee shall review evaluation reports and make findings on evidence-based best practices and recommendations for grant conditions. At not less than one meeting annually, the advisory committee shall provide to the director written comments on the performance of each of the county programs. Upon request by the department, each participating county that is the subject of a comment shall provide a written response to the comment. The department shall comment on each of these responses at a subsequent meeting. (B) The committee shall include, but not be limited to, representatives from state, county, and community veterans' services and disabled veterans outreach programs, supportive housing and other housing assistance programs, law enforcement, county mental health and private providers of local mental health services and mental health outreach services, the Department of Corrections and Rehabilitation, local substance abuse services providers, the Department of Rehabilitation, providers of local employment services, the State Department of Social Services, the Department of Housing and Community Development, a service provider to transition youth, the United Advocates for Children of California, the California Mental Health Advocates for Children and Youth, the Mental Health Association of California, the California Alliance for the Mentally Ill, the California Network of Mental Health Clients, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and other appropriate entities.	CBHPC & BHSOAC
WIC 5845. (g) (1)	The commission shall work in collaboration with the State Department of Health Care Services and the California Behavioral Health Planning Council, and in consultation with the County Behavioral Health Directors Association of California, to write a report that includes recommendations for improving and standardizing promising practices for Behavioral Health Services Act programs.	CBHPC & BHSOAC
WIC 5771.1.	(a) The members of the Behavioral Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Behavioral Health Planning Council. (b) These members serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772. (c) This membership does not affect the composition requirements for the council specified in Section 5771.	CBHPC & BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5892. (e) (1) (A)	Prior to making the allocations pursuant to subdivisions (a), (b), (c), and (d), funds shall be reserved for state directed purposes for the California Health and Human Services Agency, the State Department of Health Care Services, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, the Behavioral Health Services Oversight and Accountability Commission, the State Department of Public Health, and any other state agency.	CBHPC & BHSOAC
WIC 5897. (f)	Contracts awarded by the State Department of Health Care Services, the State Department of Public Health, the California Behavioral Health Planning Council, the Department of Health Care Access and Information, the Behavioral Health Services Oversight and Accountability Commission and the California Health and Human Services Agency to implement programs and services set forth in subdivision (a) of Section 5892 and programs pursuant to Part 3.1 (commencing with Section 5820) may be awarded in the same manner that contracts are awarded pursuant to Section 5814, and the provisions of subdivisions (g) and (h) of Section 5814 shall apply to those contracts.	CBHPC & BHSOAC
WIC 4581. (b)	Other state entities that interact with the State Department of Developmental Services shall be included in discussions with the Master Plan for Developmental Services Committee as applicable. These entities shall include, but not be limited to, the State Department of Health Care Services, the State Department of Social Services, the Department of Rehabilitation, the California Department of Aging, the State Department of Education, and the agencies listed in subdivision (f).	BHSOAC
WIC 4581. (f)	The secretary and the director shall work with other state agencies and departments, as necessary, to identify policies, efficiencies, and strategies necessary to implement the master plan, which may include any of the following: (7) The Behavioral Health Services Oversight and Accountability Commission.	BHSOAC
WIC 5830. (e)	County mental health programs shall expend funds for their innovation programs upon approval by the Mental Health Services Oversight and Accountability Commission.	BHSOAC
WIC 5835.2. (a)	There is hereby established an advisory committee to the commission. The Behavioral Health Services Oversight and Accountability Commission shall accept nominations and applications to the committee, and the chair of the Behavioral Health Services Oversight and Accountability Commission shall appoint members to the committee, unless otherwise specified. Membership on the committee shall be as follows: (1) The chair of the Behavioral Health Services Oversight and Accountability Commission, or their designee, who shall serve as the chair of the committee.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5835.2. (b)	The advisory committee shall be convened by the chair and shall, at a minimum, do all of the following: (1) Provide advice and guidance broadly on approaches to early psychosis and mood disorder detection and intervention programs from an evidence-based perspective. (2) Review and make recommendations on the commission's guidelines or regulations in the development, design, and selection of awards pursuant to this part, and the implementation or oversight of the early psychosis and mood disorder detection and intervention competitive selection process established pursuant to this part. (3) Assist and advise the commission in the overall evaluation of the early psychosis and mood disorder detection and intervention competitive selection process. (4) Provide advice and guidance as requested and directed by the chair. (5) Recommend a core set of standardized clinical and outcome measures that the funded programs would be required to collect, subject to future revision. A free data sharing portal shall be available to all participating programs. (6) Inform the funded programs about the potential to participate in clinical research studies.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5840.7. (a)	(a) The State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, shall establish priorities for the use of early intervention funds. These priorities shall include, but are not limited to, the following: (1) Childhood trauma early intervention to deal with the early origins of mental health and substance use disorder treatment needs, including strategies focused on eligible children and youth experiencing homelessness, justice-involved children and youth, child welfare-involved children and youth with a history of trauma, and other populations at risk of developing a mental health disorder or condition as specified in subdivision (d) of Section 14184.402 or substance use disorders. Childhood trauma early intervention services shall not be limited to individuals enrolled in the Medi-Cal program. (2) Early psychosis and mood disorder detection and intervention and mood disorder programming that occurs across the lifespan. (3) Outreach and engagement strategies that target early childhood 0 to 5 years of age, inclusive, out-of-school youth, and secondary school youth. Partnerships with community-based organizations and college mental health and substance use disorder programs may be utilized to implement the strategies. (4) Culturally competent and linguistically appropriate interventions. (5) Strategies targeting the mental health and substance use disorder needs of older adults. (6) Strategies targeting the mental health needs of eligible children and youth, as defined in Section 5892, who are 0 to 5 years of age, including, but not limited to, infant and early childhood mental health consultation. (7) Strategies to advance equity and reduce disparities. (8) Programs that include community-defined evidence practices and evidence-based practices and mental health and substance use disorder treatment services similar to those provided under other programs that are effective in preventing mental illness and substance use disorders from becoming severe and components similar to programs that have been successful in reducing the duration of untreated severe mental illness and substance use disorders to assist people in quickly regaining productive lives. (9) Other programs the State Department of Health Care Services identifies that are proven effective in preventing mental illness and substance use disorders from becoming severe and disabling, consistent with Section 5840. (10) Strategies to address the needs of individuals at high risk of crisis.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5845. (a)	The Behavioral Health Services Oversight and Accountability Commission is hereby established to promote transformational change in California's behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress. The commission shall use this information and analyses to inform the commission's grant making, identify key policy issues and emerging best practices, provide technical assistance and training, promote high-quality programs implemented, and advise the Governor and the Legislature, pursuant to the Behavioral Health Services Act and related components of California's behavioral health system. For this purpose, the commission shall collaborate with the California Health and Human Services Agency, its departments and other state entities.	BHSOAC
WIC 5845. (f) (4)	Establish technical advisory committees, such as a committee of consumers and family members, and a reducing disparities committee focusing on demographic, geographic, and other communities. The commission may provide pertinent information gained from those committees to relevant state agencies and departments, including, but not limited to, the California Health and Humans Services Agency and its departments.	BHSOAC
WIC 5845. (f) (7)	Make reasonable requests for data and information to the State Department of Health Care Services, the Department of Health Care Access and Information, the State Department of Public Health, or other state and local entities that receive Behavioral Health Services Act funds. These entities shall respond in a timely manner and provide information and data in their possession that the commission deems necessary for the purposes of carrying out its responsibilities.	BHSOAC
WIC 5845. (f) (8)	Participate in the joint state-county decision making process, as described in Section 4061, for training, technical assistance, and regulatory resources to meet the mission and goals of the state's mental health system.	BHSOAC
WIC 5845. (f) (9)	Identify best practices to overcome stigma and discrimination, in consultation with the State Department of Public Health.	BHSOAC
WIC 5845. (f) (10)	At any time, advise the Governor or the Legislature regarding actions the State may take to improve care and services for people with mental illness or substance use disorder.	BHSOAC
WIC 5845. (f) (11)	If the commission identifies a critical issue related to the performance of a county mental health program, it may refer the issue to the State Department of Health Care Services pursuant to Section 5655 or 5963.04.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5845. (f) (12)	Provide technical assistance to counties on implementation planning, training, and capacity building investments as defined by the State Department of Health Care Services and in consultation with the County Behavioral Health Directors Association of California. Technical assistance may also include innovative behavioral health models of care and innovative promising practices pursuant to subparagraph (A) of paragraph (4) of subdivision (a) of Section 5892. Technical assistance may also include compiling and publishing a list of innovative behavioral health models of care programs and promising practices for each of the programs set forth in subparagraphs (1), (2), and (3) of subdivision (a) of Section 5892.	BHSOAC
WIC 5845. (f) (13)	Work in collaboration with the State Department of Health Care Services to define the parameters of a report that includes recommendations for improving and standardizing promising practices across the state based on the technical assistance provided to counties as specified in paragraph (12). The commission shall prepare and publish the report on its internet website. In formulating this report, the commission shall prioritize the perspectives of the California behavioral health community through a robust public engagement process with a focus on priority populations and diverse communities.	BHSOAC
WIC 5845. (f) (14)	Establish a framework and voluntary standard for mental health in the workplace that serves to reduce mental health stigma, increase public, employee, and employer awareness of the recovery goals of the Mental Health Services Act, and provide guidance to California's employer community to put in place strategies and programs, as determined by the commission, to support the mental health and wellness of employees. The commission shall consult with the Labor and Workforce Development Agency or its designee to develop the standard.	BHSOAC
WIC 5845. (g) (2)	The commission shall complete the report and provide a written report on its internet website no later than January 1, 2030, and every three years thereafter.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5845.1. (c)	(1) The Behavioral Health Services Oversight and Accountability Commission shall award grants to private, public, and nonprofit partners to promote development of innovative mental health and substance use disorder programs and practices. (2) The innovative mental health and substance use disorder programs and practices shall be designed for the following purposes: (A) Improving Behavioral Health Services Act programs and practices funded pursuant to subdivision (a) of Section 5892 for the following groups: (i) Underserved populations. (ii) Low-income populations. (iii) Communities impacted by other behavioral health disparities. (iv) Other populations, as determined by the Behavioral Health Services Oversight and Accountability Commission. (B) Meeting statewide Behavioral Health Services Act goals and objectives. (3) The Behavioral Health Services Oversight and Accountability Commission, in determining the allowable uses of the funds, shall consult with the California Health and Human Services Agency and the State Department of Health Care Services. If the Behavioral Health Services Oversight and Accountability Commission utilizes funding for population-based prevention or workforce innovation grants, the commission shall consult with the State Department of Public Health for population-based prevention innovations and the Department of Health Care Access and Information for workforce innovations.	BHSOAC
WIC 5845.1. (d) (1)	The Behavioral Health Services Oversight and Accountability Commission shall submit a report to the Legislature by January 1, 2030, and every three years thereafter. The report shall cover the three-fiscal-year period immediately preceding the date of submission.	BHSOAC
WIC 5845.5. (c)	Through appropriations provided in the annual Budget Act for this purpose, it is the intent of the Legislature to authorize the California Health Facilities Financing Authority, hereafter referred to as the authority, and the Behavioral Health Services Oversight and Accountability Commission, hereafter referred to as the commission, to administer competitive selection processes or a sole-source contracting process as provided in this section for capital capacity and program expansion to increase capacity for mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5845.5. (g) (1)	(A) Funds appropriated by the Legislature to the commission for purposes of this section shall be allocated to support crisis prevention, early intervention, and crisis response strategies, as determined by the commission with input from peers, county behavioral health agencies, community-based organizations, and others. (B) In allocating these funds, the commission shall consult with the California Health and Human Services Agency and other state agencies as needed, to leverage existing funds and share best practices and shall take into consideration data on populations at risk for experiencing a mental health crisis, including the needs of early childhood, children and youth, transition age youth, adults, and older adults. (C) These funds shall be made available to selected entities, including, but not limited to, counties, counties acting jointly, city mental health departments, other local governmental agencies and community-based organizations, such as health care providers, hospitals, health systems, childcare providers, early childhood education providers, and other entities as determined by the commission through a competitive selection process or a sole-source process, as determined by the commission. (D) The commission may utilize a sole-source process when it determines, during a public hearing, that it is in the public interest to do so and would address barriers to participation for local governmental agencies, including small counties, other local agencies, and community-based organizations or is aligned with the goals of this section. (E) It is the intent of the Legislature for these funds to be allocated in an efficient manner to encourage prevention, early intervention, and receipt of needed services for individuals with mental health needs, or who are at risk of needing crisis services, and to assist in navigating the local service sector to improve efficiencies and the delivery of services. (F) The commission shall consider existing data sources for populations who are at higher risk for experiencing a mental health crisis when allocating these funds.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5845.5. (g) (3)	(3) The commission shall take into account at least the following criteria and factors when selecting recipients and determining the amount of grant awards as follows: (A) Description of need, including potential gaps in local service connections. (B) Description of funding request, including use of peers and peer support. (C) Description of how funding will be used to facilitate linkage and access to services, including objectives and anticipated outcomes. (D) Ability to obtain federal Medicaid reimbursement, if applicable. (E) Ability to administer an effective service program and the degree to which local agencies and service providers will support and collaborate with the effort. (F) Geographic areas or regions of the state to be eligible for grant awards, which shall include rural, suburban, and urban areas, and may include use of the five regional designations utilized by the County Behavioral Health Directors Association of California.	BHSOAC
WIC 5845.5. (g) (4)	The commission shall determine maximum grant awards and shall take into consideration the level of need, population to be served, and related criteria, as described in paragraph (2), and shall reflect reasonable costs.	BHSOAC
WIC 5845.5. (g) (5)	Funds awarded by the commission for purposes of this section may be used to supplement, but not supplant, existing financial and resource commitments of the entities that receive the grant.	BHSOAC
WIC 5845.5. (g) (6) (B)	The commission may, at its discretion, allow and approve grants that include matching funds, in whole or in part, to enhance the impact of limited public funding. Matching fund requirements shall not be designed in a manner that will prevent participation from local agencies, community-based organizations, or other entities that are eligible to participate in the funding opportunities created by this section.	BHSOAC
WIC 5845.5. (g) (7)	Notwithstanding any other law, the commission, without taking any further regulatory action, may implement, interpret, or make specific this section by means of informational letters, bulletins, or similar instructions.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5847.	(a) Each county mental health program shall prepare and submit a three-year program and expenditure plan, and annual updates, adopted by the county board of supervisors, to the Mental Health Services Oversight and Accountability Commission and the State Department of Health Care Services within 30 days after adoption. (d) Each year, the State Department of Health Care Services shall inform the County Behavioral Health Directors Association of California and the Mental Health Services Oversight and Accountability Commission of the methodology used for revenue allocation to the counties.	BHSOAC
WIC 5849.3. (a) (6)	(a) There is hereby established the No Place Like Home Program Advisory Committee. Membership on the committee shall be as follows: (6) The Chair of the Behavioral Health Services Oversight and Accountability Commission or their designee.	BHSOAC
WIC 5849.3. (b)	(b) The committee shall do all of the following: (1) Assist and advise the department in the implementation of the program. (2) Review and make recommendations on the department's guidelines. (3) Review the department's progress in distributing moneys pursuant to this part. (4) Provide advice and guidance more broadly on statewide homelessness issues.	BHSOAC
WIC 5852.5.	The State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, shall review those counties that have been awarded funds to implement a comprehensive system for the delivery of mental health services to children with a serious emotional disturbance and to their families or foster families to determine compliance with either of the following: (a) The total estimated cost avoidance in all of the following categories shall equal or exceed the applications for funding award moneys: (1) Group home costs paid by Aid to Families with Dependent Children-Foster Care (AFDC-FC) program. (2) Children and adolescent state hospital and acute inpatient programs. (3) Nonpublic school residential placement costs. (4) Juvenile justice reincarcerations. (5) Other short- and long-term savings in public funds resulting from the applications for funding award moneys.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5881.	(a) Evaluation shall be conducted by participating county evaluation staff and, subject to the availability of funds, by the State Department of Health Care Services and the Behavioral Health Services Oversight and Accountability Commission. (b) Evaluation at both levels shall do all of the following: (1) Ensure county level systems of care are serving the targeted population. (2) Ensure the timely performance data related to client outcome and cost avoidance is collected, analyzed, and reported. (3) Ensure system of care components are implemented as intended. (4) Provide information documenting needs for future planning. (c) This section shall become operative on January 1, 2025, if amendments to the Mental Health Services Act are approved by the voters at the March 5, 2024, statewide primary election.	BHSOAC
WIC 5886. (b)	The Behavioral Health Services Oversight and Accountability Commission shall award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health entities. Subject to an appropriation for this purpose, commencing with the 2021–22 fiscal year, the commission shall award a grant under this section to a county mental health or behavioral health department, or another lead agency, as identified by the partnership within each county that meets the requirements of this section.	BHSOAC
WIC 5886. (c)	The commission shall establish criteria for awarding funds under the grant program, including the allocation of grant funds pursuant to this section, and shall require that applicants comply with, at a minimum, all of the following requirements:	BHSOAC
WIC 5886. (e)	Funding may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the commission.	BHSOAC
WIC 5886. (f)	(1) The commission shall determine the amount of grants and shall take into consideration the level of need and the number of schoolage youth in participating educational entities when determining grant amounts. (2) In determining the distribution of funds appropriated in the 2021–22 fiscal year, the commission shall take into consideration previous funding the grantee received under this section.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5886. (g)	The commission may establish incentives to provide matching funds by awarding additional grant funds to partnerships that do so.	BHSOAC
WIC 5886. (h)	If the commission is unable to provide a grant to a partnership in a county because of a lack of applicants or because no applicants met the minimum requirements within the timeframes established by the commission, the commission may redistribute those funds to other eligible grantees.	BHSOAC
WIC 5886. (k)	(1) The commission shall develop metrics and a system to measure and publicly report on the performance outcomes of services provided using the grants. (2) (A) The commission shall provide a status report to the fiscal and policy committees of the Legislature on the progress of implementation of this section no later than March 1, 2022, and provide an updated report no later than March 1, 2024. The reports shall address, at a minimum, all of the following: (i) Successful strategies. (ii) Identified needs for additional services. (iii) Lessons learned. (iv) Numbers of, and demographic information for, the schoolage children and youth served. (v) Available data on outcomes, including, but not limited to, linkages to ongoing services and success in meeting the goals identified in paragraph (3) of subdivision (c).	BHSOAC
WIC 5886. (m)	The commission may enter into exclusive or nonexclusive contracts, or amend existing contracts, on a bid or negotiated basis to implement this section. Contracts entered into or amended pursuant to this subdivision are exempt from Chapter 6 (commencing with Section 14825) of Part 5.5 of Division 3 of Title 2 of the Government Code, Section 19130 of the Government Code, and Part 2 (commencing with Section 10100) of Division 2 of the Public Contract Code, and shall be exempt from the review or approval of any division of the Department of General Services.	BHSOAC
WIC 5887. (e)	Full-service partnership programs shall have an established standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care, as specified by the State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, counties, providers, and other stakeholders.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5892.1. (c) (1)	By July 1, 2018, each county with unspent funds subject to reversion that are deemed reverted and reallocated pursuant to subdivision (a) shall prepare a plan to expend these funds on or before July 1, 2020. The plan shall be submitted to the commission for review.	BHSOAC
WIC 5892.1. (e)	Notwithstanding subdivision (d), innovation funds included in the plan required pursuant to subdivision (c) that are not spent by July 1, 2020, or the end of the project plan approved by the Behavioral Health Service Oversight and Accountability Commission pursuant to subdivision (e) of Section 5830, whichever is later, shall revert to the state pursuant to subdivision (h) of Section 5892.	BHSOAC
WIC 5892.3. (c)	(1) The California Health and Human Services Agency and the State Department of Health Care Services shall jointly convene and lead the workgroup. (2) Members of the workgroup shall serve without compensation. Members shall include representatives from the following entities: (A) Behavioral Health Services Oversight and Accountability Commission. (B) Legislative Analyst's Office. (C) County Behavioral Health Director's Association of California. (D) California State Association of Counties, including both urban and rural county representatives. (3) The California Department of Finance may consult with the workgroup, as needed, to provide technical assistance.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5899. (a)	(1) The State Department of Health Care Services, in consultation with the Mental Health Services Oversight and Accountability Commission and the County Behavioral Health Directors Association of California, shall develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report. (2) The instructions shall include a requirement that the county certify the accuracy of this report. (3) With the exception of expenditures and receipts related to the capital facilities and technology needs component described in paragraph (6) of subdivision (d), each county shall adhere to uniform accounting standards and procedures that conform to the Generally Accepted Accounting Principles prescribed by the Controller pursuant to Section 30200 of the Government Code when accounting for receipts and expenditures of Mental Health Services Act (MHSA) funds in preparing the report. (4) Counties shall report receipts and expenditures related to capital facilities and technology needs using the cash basis of accounting, which recognizes expenditures at the time payment is made. (5) Each county shall electronically submit the report to the department and to the Mental Health Services Oversight and Accountability Commission. (6) The department and the commission shall annually post each county's report in a text-searchable format on its internet website in a timely manner.	BHSOAC
WIC 5899. (b)	The department, in consultation with the commission and the County Behavioral Health Directors Association of California, shall revise the instructions described in subdivision (a) by July 1, 2017, and as needed thereafter, to improve the timely and accurate submission of county revenue and expenditure data.	BHSOAC
WIC 5963.02. (a) (1)	Each county shall prepare and submit an integrated plan and annual updates to the Behavioral Health Services Oversight and Accountability Commission and the department.	BHSOAC
WIC 5963.02. (c) (3) (A)	A description of how the integrated plan and annual update aligns with statewide behavioral health goals and outcome measures, including goals and outcome measures to reduce identified disparities, as defined by the department in consultation with counties, stakeholders, and the Behavioral Health Services and Oversight Accountability Commission, pursuant to Section 5963.05.	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5963.04. (b)	The department shall establish metrics, in consultation with counties, stakeholders, and the Behavioral Health Services Oversight and Accountability Commission to measure and evaluate the quality and efficacy of the behavioral health services and programs listed in paragraph (1) of subdivision (c) of Section 5963.02. The metrics shall be used to identify demographic and geographic disparities in the quality and efficacy of behavioral health services and programs listed in paragraph (1) of subdivision (c) of Section 5963.02.	BHSOAC
WIC 5963.06. (c) (3)	The implementation of the Behavioral Health Services Act by each of the primary entities involved in the transition and implementation, including, but not limited to, the California Health and Human Services Agency, State Department of Health Care Services, Department of Health Care Access and Information, State Department of Public Health, Behavioral Health Services Oversight and Accountability Commission, counties, and county behavioral health directors.	BHSOAC
WIC 5963.06. (c) (11)	The coordination and collaboration occurring throughout the transition period between, but not limited to, the California Health and Human Services Agency, State Department of Health Care Services, Behavioral Health Services Oversight and Accountability Commission, counties, and county behavioral health directors, and an identification of areas of improvement if warranted.	BHSOAC
WIC 5963.06. (d) (1)	The California Health and Human Services Agency, State Department of Health Care Services, counties, and Behavioral Health Services Oversight and Accountability Commission staff shall cooperate with all requests of the California State Auditor to the extent such information is available and the State Department of Health Care Services, counties, and Behavioral Health Services Oversight and Accountability Commission shall provide data, information, and case files as requested by the California State Auditor to perform all of their duties, to the extent that information is available.	BHSOAC
WIC 14707.5. (b)	The State Department of Health Care Services, in collaboration with the California Health and Human Services Agency and in consultation with the Behavioral Health Services Oversight and Accountability Commission, shall create a plan for a performance outcome system for EPSDT mental health services provided to eligible Medi-Cal beneficiaries under the age of 21 pursuant to 42 U.S.C. Section 1396d(a)(4)(B).	BHSOAC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5892. (h) (2) (A)	If a county receives approval from the Mental Health Services Oversight and Accountability Commission of a plan for innovative programs, pursuant to subdivision (e) of Section 5830, the county's funds identified in that plan for innovative programs shall not revert to the state pursuant to paragraph (1) so long as they are encumbered under the terms of the approved project plan, including any subsequent amendments approved by the commission, or until three years after the date of approval, whichever is later.	BHSOAC
WIC 5892. (h) (4)	(A) Notwithstanding paragraphs (1) and (2), if a county with a population of less than 200,000 receives approval from the Mental Health Services Oversight and Accountability Commission of a plan for innovative programs, pursuant to subdivision (e) of Section 5830, the county's funds identified in that plan for innovative programs shall not revert to the state pursuant to paragraph (1) so long as they are encumbered under the terms of the approved project plan, including any subsequent amendments approved by the commission, or until five years after the date of approval, whichever is later. (B) Subparagraph (A) applies to all plans for innovative programs that have received commission approval and are in the process at the time of enactment of the act that added this subparagraph, and to all plans that receive commission approval thereafter.	BHSOAC
WIC 4033. (b) (1)	If the State Department of Health Care Services makes a decision not to comply with any Substance Abuse and Mental Health Services Administration federal planning requirement to which this section applies, the State Department of Health Care Services shall submit the decision, for consultation, to the County Behavioral Health Directors Association of California, the California Behavioral Health Planning Council, and affected mental health entities.	CBHPC
WIC 5400. (a)	The Director of Health Care Services shall administer this part and shall adopt rules, regulations, and standards as necessary. In developing rules, regulations, and standards, the Director of Health Care Services shall consult with the County Behavioral Health Directors Association of California, the California Behavioral Health Planning Council, and the office of the Attorney General. Adoption of these standards, rules, and regulations shall require approval by the County Behavioral Health Directors Association of California by majority vote of those present at an official session.	CBHPC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5514.	There shall be a five-person Patients' Rights Committee formed through the California Behavioral Health Planning Council. This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, shall advise the Director of Health Care Services and the Director of State Hospitals regarding department policies and practices that affect patients' rights. The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health Care Services and the Director of State Hospitals concerning the adequacy of each plan or performance contract in protecting patients' rights. The ad hoc members of the committee shall be persons with substantial experience in establishing and providing independent advocacy services to recipients of mental health services.	CBHPC
WIC 5524. (a)	Subject to subdivision (b), a county shall verify that county patients' rights advocates review the patients' rights advocacy training materials provided online as described in paragraph (5) of subdivision (a) of Section 5370.2 within 90 days of employment. The county shall keep a record of this verification and send a copy electronically to the Patients' Rights Committee of the California Behavioral Health Planning Council established pursuant to Section 5514.	CBHPC
WIC 5604.2. (a) (7)	Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.	CBHPC
WIC 5611. (a)	The Director of State Hospitals shall establish a Performance Outcome Committee, to be comprised of representatives from the Public Law 99-660 Planning Council and the County Behavioral Health Directors Association of California. Any costs associated with the performance of the duties of the committee shall be absorbed within the resources of the participants.	CBHPC
WIC 5614.5. (a)	The department, in consultation with the Quality Improvement Committee which shall include representatives of the California Behavioral Health Planning Council, local mental health departments, consumers and families of consumers, and other stakeholders, shall establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system.	CBHPC
WIC 5701.1.	Notwithstanding Section 5701, the State Department of Health Care Services, in consultation with the County Behavioral Health Directors Association of California and the California Behavioral Health Planning Council, may utilize funding from the Substance Abuse and Mental Health Services Administration Block Grant, awarded to the State Department of Health Care Services, above the funding level provided in federal fiscal year 1998, for the development of innovative programs for identified target populations, upon appropriation by the Legislature.	CBHPC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5732. (b)	The California Planning Council's scope shall be expanded to include the development of the Mental Health Master Plan. This Mental Health Master Plan shall be distinct but compatible with the plan mandated by Public Law 99-660, the development and implementation of which is the responsibility of the State Department of Mental Health.	CBHPC
WIC 5750.	The State Department of Health Care Services shall administer this part and shall adopt standards for the approval of mental health services, and rules and regulations necessary thereto. However, these standards, rules, and regulations shall be adopted only after consultation with the County Behavioral Health Directors Association of California and the California Behavioral Health Planning Council.	CBHPC
WIC 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.	CBHPC
WIC 5771.5. (a) (1)	The Chairperson of the California Behavioral Health Planning Council, with the concurrence of a majority of the members of the California Behavioral Health Planning Council, shall appoint an executive officer who shall have those powers delegated to him or her by the council in accordance with this chapter.	CBHPC
WIC 5771.3.	The California Behavioral Health Planning Council may utilize staff of the State Department of Health Care Services, to the extent they are available, and the staff of any other public or private agencies that have an interest in the mental health or substance use disorders, or both, of the public and that are able and willing to provide those services.	CBHPC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5772.	The California Behavioral Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following: (a) To advocate for effective, quality mental health and substance use disorder programs. (b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs. (c) To review program performance in delivering mental health and substance use disorder services by annually reviewing performance outcome data as follows: (1) To review and approve the performance outcome measures. (2) To review the performance of mental health and substance use disorder programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources. (3) To report findings and recommendations on the performance of programs annually to the Legislature, the State Department of Health Care Services, and the local boards, and to post those findings and recommendations annually on its Internet Web site. (4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties. (d) When appropriate, make a finding pursuant to Section 5655 that a county's performance in delivering mental health services is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature. (e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder health system. (f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law. (g) To make recommendations to the State Department of Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health and substance use disorder services. (h) To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed. (i) In conjunction with other statewide and local mental health and substance use disorder organizations, assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out	CBHPC

Welfare and Institutions Code (WIC)	Code Language	Organization Responsible
WIC 5820. (c)	The Office of Statewide Health Planning and Development, in coordination with the California Behavioral Health Planning Council, shall identify the total statewide needs for each professional and other occupational category utilizing county needs assessment information and develop a five-year education and training development plan.	CBHPC
WIC 5820. (e)	Each five-year plan shall be reviewed and approved by the California Behavioral Health Planning Council.	CBHPC
WIC 5821.	(a) The California Behavioral Health Planning Council shall advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for education and training plan development. (b) The Office of Statewide Health Planning and Development shall work with the California Behavioral Health Planning Council and the State Department of Health Care Services so that council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.	CBHPC
WIC 14045.17.	The department shall solicit stakeholder input that may include input from the Office of Statewide Health Planning and Development, peer support and family organizations, mental health services and substance use disorder treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council in implementing this article. Consultation shall include regular stakeholder meetings. The department may additionally conduct technical workgroups upon the request of stakeholders.	CBHPC
WIC 14682.1. (c)	The committee shall consist of diverse representatives of concerned and involved communities, including, but not limited to, beneficiaries, their families, providers, mental health professionals, substance use disorder treatment professionals, statewide representatives of health care service plans, representatives of the California Behavioral Health Planning Council, public and private organizations, county behavioral health directors, and others as determined by the department. The department has the authority to structure this steering committee process in a manner that is conducive for addressing issues effectively, and for providing a transparent, collaborative, meaningful process to ensure a more diverse and representative approach to problem-solving and dissemination of information.	CBHPC

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
Executive Committee Meeting Highlights
Bahia Resort San Diego
998 W. Mission Bay Drive
San Diego, Ca 92109
January 19, 2010

Executive Committee Members Present:

Gail Nickerson
Beverly Abbott
Mark Refowitz
Sophie Cabrera
Walter Shwe
Adrienne-Cedro Hament
George Fry, Jr.
Daphne Shaw
Edward Walker, LCSW
Celeste Hunter

Staff Present:

Ann Arneill-Py, PhD
Brian Keefer
Andi Murphy
Tracy Thompson
Lisa Williams

Others Present

Karen Hart, CMHPC
Stephanie Thal, MFT, CMHPC
Jennie Montoya, CMHPC
Stacie Hiramoto, REMHDCO
Lin Benjamin, CMHPC
Viviana Criado, CEMHAC
Mary Riemersma, MFT, California Association of Marriage and Family Therapists

Review and approve minutes from the October 2009 Executive Committee Meeting

A motion made by Daphne Shaw and seconded by Mark Refowitz: the October 2009 Executive Committee minutes were approved as written.

Abstention: George Fry

Motion Passed

Review CMHPC Expenditures for FY 2009-10

Operating Expenses

The CMHPC is within budgeted parameters for all line items under the SAMHSA and MHSA budget.

Travel Budgets

The CMHPC is within budgeted parameters for most of the line items except for Miscellaneous Staff Travel. Staff has attended training and the SAMHSA peer review

that were both fairly expensive trips. These expenditures should be offset by savings in other categories.

Report from the Department of Mental Health

Sophie Cabrera, DMH, provided an update.

MHSA

- The 2010/11 guidelines are now available on the DMH website.
- The Revenue and Expenditure Report was released in December 2009.
- Two counties have not submitted 2009/10 plans. One county is awaiting approval.

Short-Doyle

- Waves One and Two went live at the end of December 2009. This is all Alcohol and Drug program counties and four DMH counties. The DMH is converting all the data and cleaning up Phase One claims. For those counties in Phase Two, the DMH has committed to a 30-day payment period.

Questions/Comments

- Mark Refowitz: What are some of the billing issues, especially those around Medi-Care and Medi-Cal? Answer: One of the designs of Short-Doyle II is to bill to Medi-Care before billing to Medi-Cal. There will be ongoing discussion regarding this issue as it could be problematic for California as there is a Rehab Option as well. Adjustments will be made as needed.
- Refowitz: The policy direction from the DMH is to bill everything, with the exception of case management. Even some services that are not Medi-Cal billable. Short Doyle II was designed to be a coordination of benefits and HIPPA compliant. This could prove problematic if there is an AB 3632 child and there is no parental permission to bill.

Governor's Budget

Governor Schwarzenegger released the Proposed 2010-11 Budget on January 8, 2010. As expected the $19.9 Billion deficit was the catalyst for severe budget reductions. The Health and Human Services Agency is slated for a $4 billion reduction of its current budget. Additionally, the Governor is asking the voters to approve two initiatives in June 2010 to lift the protection and divert funding of Proposition 63 (MHSA) and Proposition 10 (First Five) initiatives to pay for General Fund programs. Additional trigger reductions will be necessary if federal flexibilities and monies owed are not received.

Arneill-Py proposed the following recommendations be sent in a letter:

- Oppose Prop 63 diversion and request that they use the General Fund monies to make the Medi-Cal managed care an EPSDT appropriations whole.

- That the state obligation is met to fund AB 3632 as a state mandated program.
- Fund IHSS and adult day health care. Not funding these programs result in increased Medi-Cal costs because of increased institutionalization
- No cuts to SSI/SSP
- Support efforts to capture additional federal funds. The state needs to look at additional state revenues to prevent the proposed draconian cuts to state safety net programs proposed by the additional trigger reductions.

Arneill-Py asked that members take a position on the above ideas.

Questions/Comments

- Edward Walker proposed that the CMHPC include the recommendation to tax alcohol and drugs, minimally at the median of other states. This would have no effect on alcohol sales and consumption.
- George Fry suggested that the recommendation to implement an oil extraction royalty fee also be included in the letter.
- Daphne Shaw advised that should the trigger reductions occur, MHSA money would be used to pay for state hospital costs which could mean that MHSA money will be used for sexually violent predators. This is a huge concern.
- Fry: There is a movement to place prisoners in residences with mental health clients. This is something the CMHPC needs to monitor.

A motion made by Mark Refowitz and seconded by Celeste Hunter: A letter will be sent regarding the budget reductions with the above suggestions included.

Abstentions: Sophie Cabrera

Motion Passed

Update on MHSA Partners Meetings

At the last meeting members discussed a position paper authored by Rusty Selix entitled, “Consensus Oriented Policy for the Major Stakeholders: A Cornerstone of the MHSA.” He brought it to the MHSA Partners for review and discussion. The MHSA Partners are comprised of all the governmental entities involved in implementing the MHSA and all of the major community stakeholder groups.

This position paper originally recommended that consensus decision-making be applied to every policy and guideline being proposed for the implementation of the MHSA and that key stakeholders must be involved in decision-making from the very inception of any policy. No governmental entity is to do any significant work on a policy or share that draft policy with another governmental entity until a consensus-based stakeholder input process is undertaken.

The proposal has since been re-drafted and no longer requires consensus based decision making. Instead a decision making process has been crafted. A workgroup

would be developed that would work through policy decisions. This workgroup would develop draft recommendations, develop revisions, and hold discussions to resolve differences. There is no requirement that a consensus be developed.

The CMHPC has provided recommendations as the original proposal did not acknowledge the role of the CMHPC or mental health boards and commissions in evaluating program performance pursuant to Section 5848(d) of the Welfare and Institutions Code.

Questions/Comments

- Shaw suggested that in the line that states, " The working groups would be developing proposals that go through the full committee to the full OAC and to DMH and or other decision makers," that the CMHPC be specifically named there.
- Stacie Hiramoto, REMHDCO, stated that Rusty Selix did not mean for the convening body to reach a consensus before moving on. What he meant was that the body would work toward consensus as much as possible and when no further agreement could be made then move forward.

Human Resources Update

Brian Keefer provided an update

- Staff has requested the DMH present at an upcoming April Human Resources Committee (HRC) meeting to explain the annual update, what is typically involved in producing the final report to the DMH, and how the DMH will use the annual update.
- In June a panel of counties will come to discuss WET implementation.
- At the October meeting, the HRC discussed how the WET component is implemented. State-wide funding has been allocated primarily as financial incentive programs and local funding has about $5 million remaining.
- Donald Landis Jr. will provide a presentation on the misconceptions employers may have regarding individuals who have a criminal record and the process by which individuals can obtain relief and re-enter the workforce.

Update on the CMHS Block Grant Implementation Report for FFY 2009

Andi Murphy advised that the CMHPC provided the DMH with a letter commenting on the Community Mental Health Services Block Grant Implementation Report for 2009. The DMH has responded and changed all of the recommendations with the exception of the two Child Performance Indicators. The CMHPC suggested that it would be interesting to use the perspective of the youth as opposed to the Parent/Caregiver. The DMH advised that it would consider this recommendation.

Review Legislative Platform for 2010

Tracy Thompson reviewed the Legislative Platform for 2010.

A motion made by George Fry and seconded by Edward Walker: The Executive Committee approves the 2010 Legislative Platform for adoption by the Planning Council.

Abstentions: Sophie Cabrera

Motion Passed

Legislative Proposal from Older Adult System of Care Subcommittee

The Older Adult System of Care (OASOC) Subcommittee proposes to have the Planning Council sponsor legislation in 2010 to amend the Bronzan McCorquodale Act to create a target population definition for older adults.

The proposed target population definition defines older adults as persons 60 years of age and older. It uses the definition of "serious mental disorders" from the adult target population definition and the functional impairment definition from the Older Adult System of Care Demonstration Project definition. The OASOC Subcommittee is seeking technical assistance from the California Mental Health Directors Association Older Adult System of Care Committee as to the merits of this definition. It was presented to them at a recent meeting. They have not had time to provide their feedback, but their initial reaction to the concept was very favorable.

Motion made by Ed Walker and seconded by Adrienne Cedro-Hament carried:
The CMHPC supports the Older Adult System of Care Subcommittee's request to sponsor legislation in 2010 to amend the Bronzan McCorquodale Act to create a target population definition for older adults.
Abstention: Sophie Cabrera

Voting Status of MHSOAC ex officio Members

At the last Planning Council meeting, the Executive Committee discussed the request from the legal counsel of the Mental Health Oversight and Accountability Commission (MHSOAC) that member of the commission who attend Planning Council meetings be considered voting members rather than non-voting members as they are now classified. The Executive Committee requested that a legal opinion be obtained from the Attorney General on this matter.

Arneill-Py discussed this issue and how to obtain a legal opinion from the Attorney General with Dr. Mayberg. He pointed out that the Attorney General charges for its opinions and that we did not have money in our budget to pay for such services. He volunteered to request an opinion from the Department's Office of Legal Services.

A legal analysis was provided to the CMHPC regarding this issue. The Department's Office of Legal Services opinion concludes that members of the MHSOAC serving in an *ex officio* capacity on the Planning Council are non-voting members. This legal analysis will be sent to the MHSOAC.

Summary of Responses: Vital Signs

The CMHPC has established a project to contact mental health constituency groups to obtain their perspective on the extent of unmet need for mental health services, major problems with the delivery of mental health services, and major public policy issues that their organizations are working on. In the final phase of this project the CMHPC has contacted two veterans groups. Arneill-Py provided members with a copy of the Vital Signs letter.

Executive Committee Composition and Committee Officers

Pursuant to the Operating Policies and Procedures, the Planning Council Leadership appoints committee chairs and vice-chairs in January. This, of course, affects the composition of the Executive Committee and which appointment category may be needed to serve as an at-large representative to provide needed balance in consumer, family member, and/or ethnic representation. Action on this matter can also be delayed depending on when Dr. Mayberg announces the reappointments of Planning Council members. Arneill-Py advised that Leadership will have a conference call to discuss this further.

Approve 2011 meeting dates

Arneill-Py asked that the Executive Committee approve the meeting schedule for 2011. These dates are based on our policy that Planning Council meetings be held on the third Wednesday, Thursday, and Friday in January, April, June, and October. We do not know at this point whether the furlough policy will be continued in fiscal year 2010-11. We will have some indication when the Governor's Budget is introduced in January, but we will not have definitive information until the budget is passed next summer. There are two alternatives for April 2011: the week of April 20, 21, 22 or the week of April 27, 28, 29

Proposed 2011 Meeting Schedule

Meeting	Date	Location
January	January 19, 20, 21	San Diego
April	April 20, 21, 22 **or** April 27,28,29	Anaheim
June	June 15, 16, 17	Burlingame
October	October 19, 20, 21	Sacramento

A motion made by Celeste Hunter and seconded by Walter Shwe: The Executive Committee approves the 2011 meeting dates with the April meeting falling on the fourth week: April 27, 28, 29.

Motion Passed

Stipends for the CA Network of Mental Health Clients, NAMI, and UACF

The CA Network of Mental Health Clients (CNMHC), NAMI, and United Advocates for Children and Families (UACF) have contracts with the Mental Health Oversight and Accountability Commission (MHSOAC) to facilitate their involvement in MHSOAC activities. This contract assures that each organization stays informed of all the issues that the MHSOAC as a whole and all its committees are working on and that its members are represented at each one of the meetings to make public comment, if needed.

The CNMHC has recently approached us to see if we would also contract with it for the same thing. The cost of the contract would be approximately $25,000. If the Executive Committee votes to proceed, the budget proposal would have the following deliverables:

- To ensure consistent client presence and voice
- To remain current on and keep CNMHC member apprised of the Planning Council's work
- To review and discuss Planning Council projects under development with CNMHC members and prepare timely written and oral comments on behalf of the CNMHC
- To announce Planning Council meetings and hearings to CNMHC members
- To send two CNMHC staff and/or Board members to each Planning Council meeting representing the CNMHC
- To recruit CNMHC delegates to attend and participate in Planning Council meetings
- To coordinate CNMHC delegates' travel and provide timely reimbursement

If we offer to contract with the CNMHC, we would have to make the same offer to NAMI and UACF. That would bring the total cost to $75,000. I have made a preliminary inquiry to the Department to see if those funds might be available, and the Department in investigating this request.

There is one major implication to this proposal. We will have to reduce the number of agenda items that we handle at our General Session and in our committees to allow for increased public comment, which will result from increased attendance by these stakeholders who are prepared to provide their input on our activities.

Arneill-Py asked that Executive Committee members decide whether to contract with the CNMHC, NAMI, and UACF to facilitate their involvement in Planning Council activities?

A motion made by George Fry and seconded by Edward Walker: The Executive Committee approves staff to proceed with a budget proposal to receive funds to contract with the CNMHC, NAMI, and UACF to facilitate their involvement in Planning Council activities

Motion Passed

California Association of Local Mental Health Boards & Commissions Report

Walter Shwe advised that he has nothing to report at this time.

Transparency Policy

Beverly Abbott provided staff with changes to the next Transparency Report. Arneill-Py will send out the report to the CMHPC with a request for any changes and/or updates.

Planning Council Vacancy Report

Status of appointments:

- 1 family member
- 1 direct consumer
- 3 state department vacancies

New Business

No new business at this time.

Respectfully Submitted,

Tracy Thompson