



# California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

## AGENDA

April 16, 17, 18, and 19, 2024  
Holiday Inn Sacramento Downtown - Arena  
300 J Street, Sacramento, California, 95814

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916-701-8211 by **April 9, 2024**, to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

### COMMITTEE MEETINGS

#### Tuesday, April 16, 2024

2:00pm [Performance Outcomes Committee](#)

#### Wednesday, April 17, 2024

9:00am [Executive Committee](#)

10:30am [Patients' Rights Committee](#)

11:00am Children/Youth Workgroup (working lunch)

12:00pm LUNCH (on your own)

1:30pm [Workforce and Employment Committee](#)

1:30pm [Legislation and Public Policy Committee](#)

#### Thursday, April 18, 2024

8:30am [Housing and Homelessness Committee](#)

8:30am [Systems and Medicaid Committee](#)

12:10pm Reducing Disparities Work Group (working lunch)

12:10pm Substance Use Disorder Workgroup (working lunch)

**Thursday, April 18, 2024**

**COUNCIL GENERAL SESSION**

**Room:** California

Conference Call (listen only) 1-669-900-6833

Meeting ID: 832 8251 1145

Participant Code: 557329

- 1:30 pm Welcome and Introductions**  
*Deborah Starkey, Chairperson*
- 1:40 pm Approval of October and January Meeting Minutes** **Tab Q**  
*Tony Vartan, Chairperson-Elect*
- 1:45 pm Committee Report-Outs**
- **Performance Outcomes:** Susan Wilson, Chairperson
  - **Patients' Rights:** Daphne Shaw, Chairperson
  - **Executive:** Deborah Starkey, Chairperson
  - **Legislation and Public Policy:** Barbara Mitchell, Chairperson
  - **Workforce and Employment:** Walter Shwe, Chairperson
  - **Housing and Homelessness:** Monica Caffey, Chairperson
  - **Systems and Medicaid:** Uma Zykofsky, Chairperson
  - **Children/Youth Workgroup:** Vandana Pant
  - **Reducing Disparities Workgroup:** Uma Zykofsky
  - **Substance Use Disorder Workgroup:** Javier Moreno
- 2:40 pm Public Comment**
- 2:45 pm BREAK**
- 3:00 pm Department of Health Care Services Update**  
*Paula Wilhelm, Assistant Deputy Director, Medi-Cal Behavioral Health, Interim Deputy Director of Behavioral Health, CA Department of Health Care Services*
- 3:45 pm CA's Behavioral Health System Redesign: County Implementation Update** **Tab R**  
*Michelle Cabrera, Executive Director, County Behavioral Health Directors Association of California (Invited)*
- 4:55 pm Public Comment**
- 5:00 pm Recess**

**Public Comment:** Limited to a **3-minute maximum** to ensure all are heard.

Mentorship Forum for Council members, including Committee Chairpersons and Chair-Elects, will occur following Thursday's General Session in the same room. We respectfully ask those not participating to exit the meeting space to allow for Council business to occur.

**Friday, April 19, 2024**

**COUNCIL GENERAL SESSION**

**Room: California**

Conference Call (listen only) 1-669-900-6833

Meeting ID: 832 8251 1145

Participant Code: 557329

- |                 |  |              |
|-----------------|--|--------------|
| <b>8:30 am</b>  | <b>Welcome Back &amp; Information Sharing</b><br><i>Deborah Starkey, Chairperson</i>   |              |
| <b>8:40 am</b>  | <b>Local County Behavioral Health Services Overview</b><br><i>Nicole Ebrahimi-Nuyken, LMFT, Behavioral Health Director,<br/>El Dorado County Health and Human Services Agency</i>                            | <b>Tab S</b> |
| <b>9:25 am</b>  | <b>Public Comment</b>  |              |
| <b>9:30 am</b>  | <b>Behavioral Health System Transformation Overview</b>  | <b>Tab T</b> |
| <b>10:05 am</b> | <b>Public Comment</b>  |              |
| <b>10:15</b>    | <b>Opportunities for BIPOC and LGBTQ+ Communities in the Behavioral Health Services Act (BHSA)</b><br><i>Stacie Hiramoto, MSW, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)</i> | <b>Tab U</b> |
| <b>10:50 am</b> | <b>BREAK</b>   |              |
| <b>11:10 am</b> | <b>Behavioral Health Services Act (BHSA): Council Member Discussion</b><br><i>All Council Members</i>  | <b>Tab V</b> |
| <b>11:40 pm</b> | <b>Public Comment</b>  |              |
| <b>11:55 am</b> | <b>Closing Remarks</b><br><i>Deborah Starkey, Chairperson</i>  |              |
| <b>12:00 pm</b> | <b>Adjourn</b>   |              |

**2024 Council Meetings Schedule**

June 18-21, 2024: [Lake Arrowhead Resort](#)

October 15-18, 2024: [Embassy Suites by Hilton Milpitas Silicon Valley](#)

**TAB Q**

**California Behavioral Health Planning Council  
General Session**

**Thursday, April 18, 2024**

**Agenda Item:** Approval of October 2023 and January 2024 Meeting Minutes

**Enclosures:** Draft October 2023 Meeting Minutes

**Background/Description:**

Attached are the draft October 2023 meeting minutes for member review and approval. The January meeting minutes we not complete at the time of this packet and will be provided a minimum of five days in advance of the April 2024 meeting.

**California Behavioral Health Planning Council (CBHPC)**  
**General Session Meeting Minutes**  
October 19-20, 2023  
Draft

**CBHPC Members Present Day 1:**

Karen Baylor	Vandana Pant
John Black	Marina Rangel*
Stephanie Blake	Daphne Shaw
Monica Caffey	Walter Shwe
Erin Franco	Maria Sierra
Alfonso Jiminez (for Jessica Grove)	Deborah Starkey
Veronica Kelley	Bill Stewart
Steve Leoni*	Arden Tucker
Barbara Mitchell	Susan Wilson
Catherine Moore	Uma Zykofsky
Javier Moreno	
Donald Morrison	
Dale Mueller	
Jessica Miller	
Noel O'Neill	

\*=Remote Appearance

**CBHPC Members Absent**

Stephanie Blake	Joanna Rodriguez
Vera Calloway	Darlene Prettyman
Kimberly Chen	Tony Vartan
Erika Cristo	Deborah Pitts
Elizabeth Oseguera	

**Staff Present:** Jenny Bayardo, Naomi Ramirez, Justin Boese, Ashneek Nanua, Peter Saechao

**Welcoming and Introductions**

Chair Deborah Starkey called the meeting to order, welcoming Council Members and leading self-introductions. A quorum was achieved with 25 of 34 Council Members present.

## **Approval of June Meeting Minutes (Action)**

Chairperson Deborah Starkey asked Council Members if there were any corrections needed to the minutes. Steve Leoni requested the acronym for the California Association Mental Health Peer Run Organizations (CAMHPRO) be corrected. Catherine Moore requested the association she quoted in her statement be corrected to the American Psychiatric Association. Alonso Jiminez, Donald Morrison, Jessica Ocean, and John Black abstained. The Minutes were approved with the requested edits.

## **Implicit Bias Training**

Dr. Carole McKindley-Alvarez provided an Unconscious Bias training to attendees. The training provided an overview of what unconscious bias is, the impact of unconscious biases on service delivery, and strategies to address unconscious biases.

Dr. Carole has a doctoral degree in psychology and has been teaching about cultural issues, relevancy, humility, bias, diversity, equity, inclusion, and justice for over 20 years.

## **Public Comment**

Steve McNally shared with Dr. McKindley-Alvarez “I saw you at the CALBHB/C a couple years ago and that video is on their website, and we always encourage our local boards to take the training. I really like this presentation because biases are neither good nor bad, but being aware is important.”

## **Council Priorities Discussion**

Jenny Bayardo, Executive Officer, led a discussion with all members about the Council’s priorities. She informed new members of the process the Council went through in 2018 when deciding the current priorities and guided them through the crosswalk that was created at that time. During that process the committees were restructured around areas of priority. The Council has 6 committees and now three workgroups: the Reducing Disparities workgroup, the Children and Youth workgroup, and the Substance Use Disorder workgroup. Jenny shared that she visited all committees with Deborah and Tony to hear about the work they are doing and how it aligns with our mission, vision, guiding principles, and the Council’s Welfare and Institution codes. She opened the conversation to discuss the Council’s priorities.

Members shared the following comments:

- Barbara Mitchell directed members to the section at the bottom of the chart that stated, “Identify best practices and make recommendations for mental health treatment for older adults”. She said the Council did not have work groups for older adults anymore and now has one for children and youth. The Council needs to decide if that issue is going somewhere. Barbara works on the Reducing Disparities group, and this is the first that she has noticed that it's supposed to be focused on older adults. She stated that the Council has been broader in the way it has been looking at the work.

- Veronica Kelley – Since the Legislation committee changed a little this past year and focuses on public policy, the name needs to be updated and the Adult Residential Facilities work represented on the 2018 priorities crosswalk does not necessarily stay with our committee.
- Steve Leoni- Thanked CBHPC staff for clarifying that the document is from 2018. He went on to say, “One thing stands out for me, and we need to highlight is report on logistical, fiscal and or programmatic efforts to transition people out of Institutions for Mental Disease (IMDs). All this reform stuff from the Governor (wanting to build new IMDs, Care Court, and SB 43) do a real good job of trying to siphon more people. I think it's highly topical right now because I think this thing is going to pass in March and we'll be dealing with the effects of it for some time now. I would like to elevate that to a high place in our priorities. We were working on release from the IMDs, but that got sidetracked because some people were much more interested in residential facilities. We sort of morphed into that discussion and the IMD issue was forgotten.”
- Daphne Shaw, for the benefit of new Council members, pointed out that the Patients’ Rights Committee is mandated in the Welfare and Institutions code. The Council does not have a choice in terms of not having that committee.

Jenny Bayardo asked if having an updated document like the 2018 crosswalk would be helpful. She also asked if the larger categories of Legislation and Public Policy and System and Medicaid are still relevant and important issues. Members agreed that the priorities documents need to be updated. Members recommended the focus of the Systems and Medicaid be updated to reflect recent initiatives such as the Behavioral Health Connect and the Behavioral Health Services Act. Other priorities that were identified to be added in the Council’s priorities are criminal justice and substance use disorder.

## **Break**

### **CARE Act Implementation Update (Cohort 1)**

Veronica Kelly, Orange County Behavioral Health Director, provided an updated on her county’s implementation of the Community Assistance Recovery and Empowerment (CARE) Court. She reported that CARE Act went into effect October 1, 2023, and there are 7 counties moving forward with implementation in the first cohort. She explained the petition process in detail. She shared that in the first 2 weeks of implementation, 9 petitions have been filed in her county. Of those petitions, 4 have met criteria and will move forward. There's roughly around the same number of petitions in the other counties (Tuolumne, Glen, Riverside, San Diego, San Francisco, and Stanislaus). All

counties are handling implementation differently. In Orange County the focus is on educating people on what the CARE Act is and the process.

## **Committee Report-Outs**

### Performance and Outcome Committee

- Data Notebook 2022 titled “Impact of COVID-19 Public Health Emergency on Behavioral Health Needs” is finished.
  - 50 Behavioral Health Boards returned this data notebook.
- The 2023 Data Notebook about stakeholder engagement was distributed in July and few counties have already sent them back.
- Justin Boese is working on the 2023 notebook, Linda Dickerson is working on the 2022 notebook, and the committee is working on the 2024 notebook.
- The 2024 notebook does not have a topic yet, but the goal is to send it out in the first part of 2024.
- The committee is interested in contracting with a consultant to analyze the data collected in Part 1 of the notebooks from 2017-2023.

### Patients’ Rights Committee

- Samuel Jain from Disability Rights California provided an update on Senate Bill 43, which expands the definition of gravely disabled.
- Veronica Kelley and Mike Phillips provided Care Court updates.
- There was a lengthy discussion about Senate Bill 326 and Assembly Bill 531.

### Executive Committee

- The 2023 Expenditure Report and 2024 allotments were discussed.
- The committee discussed the Council’s Attendance Policy and will vote on making changes in January.

### Workforce and Employment Committee

- The Department of Health Care Services (DHCS) reported that they had released a draft Behavioral Health Information Notice, which updates their requirements for the Peer Certification Program.
- DHCS sent a survey out to the counties to assess the program implementation of the peer certification.
  - Includes network development, geographic distribution and the beneficiary and peer support specialist perspectives.
  - The feedback from the surveys will be used to inform guidance and technical assistance.
  - DHCS explained the differences between Peer Support Specialists, Community Health Workers, and Wellness Coaches.
- CalMHSA provided an update on the peer support specialist scholarship distributions.

- CalMHSA is working with Rand Corporation to complete a program evaluation report by the end of this year, and they have released the Spanish certification exam which launched.
  - Next step is to have a Continued Education Training Provider application open in December of this year.
- A presentation was given by the California Clubhouse in San Mateo and the committee will continue to invite Clubhouses throughout the year.

#### Housing and Homelessness Committee

- The California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) and the Licensed Adult Residential Care Association (LARCA) discussed the Adult Residential Facilities crisis.
  - The committee is going to continue to research and advocate in this area.
- The committee will receive an update on the Community Care Expansion (CCE) program at the January 2024 meeting.

#### System and Medicaid Committee

- A portion of the meeting was spent revising the committee's workplan.
- The committee wants to continue to focus on CalAIM, the Behavioral Health Services Act, and BH Connect.
- The Department of Health Care Services provided a presentation on documentation redesign.
- Alcove and Scout by Sutter provided a presentation at the recommendation of the Children and Youth workgroup.

#### Children and Youth Workgroup

- The workgroup is focused on engaging more youth to participate. There were 8 youth in attendance at this meeting.
- The goal is for the workgroup to eventually be led by youth.
- The youth requested that presentations about youth initiatives be provided at the January meeting.

#### Reducing Disparities Workgroup

Approximately 20 people attended the workgroup's screening of Oprah Winfrey's *Color of Care* documentation.

#### Substance Use Disorder Workgroup

- Highlights from the Department of Health Care Services' Substance Use Disorder Conference were shared with the workgroup.
- The workgroup discussed access to treatment, particularly Medication Assisted Treatment and the importance of immediate care is for those seeking AOD intervention.

#### **Public Comment**

Angela James commented:

I am a parent, a consumer, and a peer provider here in Alameda County. I'm a family peer provider. The CalMHSA Peer Certification process is not well-rounded. It is directed towards the adult peer sector of SUD. It does not include family peers, veteran peers, or youth peers. Unless you're educated in the adult peer SUD section, you're going to struggle being certified. I've been a family peer for more than 10 years. Taking an 80-hour course to then take a certification test that's not in my field is ridiculous. The training manual that you're supposed to take does not address the test either. I was an early test taker and fortunately I'm intelligent and can read between the lines, but those that don't struggle immensely with the test. I have tutored numerous people on how to take the test and now I'm now taking a 40-hour class to take my specialization in family peer because I don't have the experience to be a family peer because my work, it does not give me the grandfathering in process to be a Family Peer. Instead of working in the field to assist my clients, I'm wasting 40 hours taking a class to get my specialization.

Steve McNally commented:

The peer certification presentation we saw was a little misleading in a couple of ways. One is this first time we'd been able to see the 5,000 scholarships and where they went and that 5,000 became 4,000 because they shifted the dollars to a more expensive unit. I've been tracking the peer numbers in Los Angeles, Riverside, Orange County and San Bernardino because that's 45% of California. Los Angeles and Riverside are around 380 each. My opinion on the peers is it's good to have Medi-Cal or reimbursement, but there's also a role for just people who get mission and purpose from helping another person who can just build trust. Pacific Clinics which is our Recovery Education Institute is teaching people how to take test because it can be very nerve wracking.

## **Recess**

### **CBHPC Members Present Day 2:**

Karen Baylor

John Black

Stephanie Blake

Monica Caffey

Erin Franco

Alfonso Jiminez (for Jessica Grove)

Steve Leoni\*

Barbara Mitchell

Catherine Moore

Javier Moreno

Donald Morrison

Dale Mueller

Jessica Miller

Noel O'Neill

Marina Rangel\*

Daphne Shaw

Walter Shwe

Maria Sierra

Deborah Starkey

Bill Stewart

Arden Tucker

Susan Wilson

Uma Zykofsky

\*=Remote Appearance

## **CBHPC Members Absent**

Vera Calloway  
Kimberly Chen  
Erika Cristo  
Elizabeth Oseguera  
Vandana Pant  
Veronica Kelley

Marina Rangel  
Joanna Rodriguez  
Darlene Prettyman  
Tony Vartan  
Deborah Pitts

\*=Remote Appearance

**Staff Present:** Jenny Bayardo, Naomi Ramirez, Justin Boese, Ashneek Nanua, Peter Saechao

## **Welcome and Introductions**

Chairperson Deborah Starkey called the meeting to order, welcoming Council Members and leading self-introductions. A quorum was achieved with 24 of 34 Council Members present at the start of day two.

## **Health and Human Services Agency Update**

Stephanie Welch, Deputy Secretary of Behavioral Health for the California Health and Human Services (CalHHS) Agency informed attendees that as a governmental appointee, she is not allowed to take questions or talk about Proposition 1. She acknowledged that she was initially invited to discuss the initiative, but since it is now a proposition and she is unable to, she will provide updates on the status of the CARE Act Implementation, AB 988 Planning Process, and Medi-Cal Mobile Crisis services. Highlights from Stephanie's update include:

- Key organizations involved in CARE include CalHHS, the Department of Health Care Services (DHCS), and the Judicial Council.
  - Cohort 1 implementation start October 2023 and includes Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco counties.
  - Los Angeles is accelerating implementation to December 2023.
  - All remaining counties will implement in December 2024.
- DHCS finalized the CARE Act Data Dictionary to support reporting and anticipate released it in early October.
- DHCS is conducting stakeholder engagement and partnering with Health Management Associates (HMA) and Painted Brain to develop technical assistance resources.
- DHCS is finalizing the contract with an Independent Evaluation vendor.

- CARE Workgroups have been established and organized in sub-groups (Services and Supports; Training, Technical Assistance, and Communication; and Data Collection, Reporting, and Evaluation).
  - Meetings occur quarterly.
  - Members of the Council volunteered.
- National policy shifts have helped to expand opportunities to address gaps in the behavioral healthcare and crisis services systems including:
  - Designating 988 as the national suicide prevention and crisis hotline
  - Enhanced Federal Medical Assistance Percentage (FMAP) for qualifying mobile crisis response services.
  - Federal investment into Certified Community Behavioral Health Centers that require crisis response.
- In May of 2023, CalHHS released the Behavioral Health Crisis Care Continuum Plan, which lays out three broad components of California’s crisis system:
  - Preventing Crisis, Reporting Crisis, and Stabilizing Crisis
- DHCS received approval from CMS to add community-based mobile crisis intervention services as a Medi-Cal benefit, effective January 1, 2023.
  - Benefit is designed to ensure all Medi-Cal members have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.
  - BHIN 23-025 provides guidance to counties regarding the implementation of the benefit.
  - Medi-Cal behavioral health delivery systems in most counties must have the benefit fully implemented by December 31, 2023.
  - Alpine, Amador, Colusa, Del Norte, Glenn, Inyo, Mariposa, Modoc, Mono, Plumas, Sierra, and Trinity counties must have the benefit fully implemented by June 30, 2024.

## **Department of Health Care Services Update**

Tyler Sadwith, Deputy Director, Behavioral Health updated attendees on the BH-CONNECT Initiative, the 1115 Waiver and CalAIM. Highlights from Tyler’s update include:

- The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) builds upon initiatives such as California Advancing and Innovating Medi-Cal (CalAIM); Children and Youth Behavioral Health Initiative (CYBHI); Behavioral Health Continuum Infrastructure Program (BHCIP); Behavioral Health Bridge Housing (BHBH); mobile crisis services; and the 988 Suicide and Crisis Lifeline.
- BH-CONNECT initiatives include Clarification of Evidence-Based Therapies for Children and Families; Assertive Community Treatment (ACT); Forensic ACT; Coordinated Specialty Care for First-Episode Psychosis; and Mandatory Peer

Support Services and Justice-Involved Specialization; Enhanced Quality of Care in Psychiatric Hospitals and Residential Settings; Predischarge Care Coordination Services; Strategies to Decrease Lengths of Stay in Emergency Departments; Supported Employment; Community Health Worker Services; Transitional Rent; and Clubhouse Services.

- Some of the goals of BH-CONNECT are to connect individuals with significant behavioral health needs to employment, housing, and social services and support; Reduce the risk of individuals entering or re-entering the criminal justice system; Reduce use of institutional care; and Incentivize outcome and performance improvements.

## **Public Comment**

Bill Stewart commented:

“I’m excited that you mentioned that in the last three years there has been so much change because I try to speak about that to my colleagues.” He went on to say, “for years they were distrusting as little change going on. Now there’s concern because there’s too much change and so many exciting things going on. I’m excited about it. I just wanted to thank you, both for your presentation.”

Richard Krzyzanowski commented:

I am so delighted to hear this talk about breaking down silos and behavioral health integration. It’s so important. We know our systems get stuck in these silos and when we get services or a diagnosis from a system, we tend to get stuck in that silo as well. I’m really encouraged to hear about this work to try and cross those boundaries, especially what you said a couple of times. Stephanie, you mentioned working with the various physical disability communities. I encourage you to look at working with the various neurodivergent communities out there, those of us who may get a diagnosis of ADHD or on the autism spectrum intersect especially with mental health. There’s so much crossover and it’s just a matter of who got to us first. It shouldn’t be a matter of either or it should be a matter of being able to get complementary services from systems that are working collaboratively so we can address all the complex issues.

Steve McNally commented:

I have a lot of confidence in both of you and I sense your connectedness to the topic and to the families that go through these journeys. People make a difference, and I don’t think we have quality of care, consistency across the state. It’s very important to me that we don’t underestimate the importance of the trauma that’s been caused by the lack of safety in the state for people to voice their own opinions at all these different meetings. Very rarely can you see public or even attendees safely voicing opinions. I think you can’t legislate breaking silos. The silos exist for a reason.

## **Peer Empowerment Partnership (PEP) Grant Update**

Andrea Wagner, California Association of Mental Health Peer-Run Organizations (CAMHPRO) Executive Director, provided a Peer Empowerment Partnership (PEP) grant update. Highlights from Andrea's presentation include:

- CAMHPRO was a co-sponsor of Senate Bill 803 and at the signing of the bill.
- Andrea highlighted CalMHSA's accomplishments including but not limited to:
  - Creation of the exam
  - Scholarships for county-selected persons
  - Area of Specialization for Parent/Caregiver
  - Contracted Training Providers
  - Stakeholder Advisory Council
  - 2,031 Certified Medi-Cal Peer Support Specialists in California through CalMHSA, reported as of Oct. 15, 2023.
  - 53 counties opted in to participate in Medi-Cal Peer Support Specialist Certification through CalMHSA.
- Some challenges Andrea identified include:
  - Procedural Barrier causing many not to apply.
  - Racial and ethnic disparities in the Medi-Cal Peer Support Specialists certified workforce.
  - Exclusion of Community Peer-Run Organizations.
- Some of the suggested recommendations provided include:
  - An Independent Peer Advisory Council.
  - Peer Certification Implementation Workgroups for racial and ethnic groups.
  - Technical Support for Community Based Organizations and counties.

## **Break**

## **Bridge to Treatment**

Andrew Herring is the Chief of Addiction Medicine at Alameda Health System and attends in the emergency department, in a low-barrier addiction medicine "Bridge Clinic" and on the Addiction Medicine consult service at Highland General Hospital in Oakland. Dr. Herring is a founder of the Mariposa Wellness Center in Watsonville, CA, the Street Level Health Project in Oakland, CA, and CA Bridge— the largest effort in the US aiming to integrate emergency department crisis care into a comprehensive continuum of care for substance use disorders. His current research with the National Institute of Drug Abuse and the Patient Centered Outcomes Research Institute focuses on opioid and methamphetamine use disorders, co-occurring mental health disorders, and optimization of transitions of care for high-risk individuals. Andrew shared with the Council the "Bridge" model which is a highly effective large scale approach to bringing resources together to help persons with mental health and co-occurring substance use disorder.

CA BRIDGE standardized research-based treatment for opioid use disorder in 278 Emergency Departments statewide. This was the nation's largest expansion of Emergency Department treatment for opioid disorder in five short years. Bridge programs include addiction treatment, public health screening, and reproductive health. Behavioral health navigation is a key component of the programs where persons with serious mental illness and SUD are connected with community resources. The Behavioral Health Navigators are on site in the hospital emergency room. Currently, there is no funding for this model. Emergency room traditionally prioritized persons with heart attacks and trauma due to funding and leadership within the healthcare system.

Dr. Andrew Herring, MD, shared that from 2019 through the date of the presentation 86,434 people have been prescribed Medication Assisted Treatment. Andrew stressed that no other intervention is as powerful as buprenorphine. Naloxone will not move the needle on opioid deaths. Per Dr. Andrew Herring, 40 years of science tells us that this treatment works. The basics of this model are low-barrier treatment, connection to Care and Community, and Culture of Harm reduction. Some things that can be done to promote effective treatment for opioid addiction are funding universal health care, decriminalizing drug use and defunding the war on drugs. Dr. Andrew Herring noted that the vast majority of harm are in communities of poverty. He then shared about how in Alameda County they have a Community Based Organization that provides the staff that act as behavioral health navigators in the hospital, offer warm lines, text line and create an overall sense of community and belonging.

Council Member Daphne Shaw asked Dr. Herring what he anticipates happening in the Emergency rooms now that Senate Bill 43 has passed, allowing for persons to be 5150'd for substance use. Andrew responded that taking care of someone on a 5150 is an expensive endeavor, you need 24-7 staff and in the emergency department there is not the funding or staff to provide for someone in crisis. The reality in emergency rooms is chemical restraint, increase will be challenging. There is a need for more staff and more room to do a better job.

Council Member Catherine Moore asked about the medical records Dr. Herring has access to. He responded that Drug Medical records are not integrated. The second question asked by Catherine Moore was about Drug Medical and if it provides additional funding for the BRIDGE program. The work being done currently is impossible to do in Drug Medical.

### **Closing Remarks**

Council Members and presenters were thanked for their participation in the meeting.

### **Adjourn**

Chairperson Deborah Starkey adjourned the meeting at 11:54 a.m.

## California Behavioral Health Planning Council General Session

Thursday, April 18, 2024

**Agenda Item:** CA's Behavioral Health System Redesign: County Implementation Update

**Enclosures:** None

### **Background/Description:**

The State of California has invested more than \$10 billion in resources to strengthen the continuum of community-based care options for Californians living with the most significant mental health and substance use needs.

Some of California's behavioral health initiatives include [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#), the [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Demonstration proposal](#), the [Children and Youth Behavioral Health Initiative \(CYBHI\)](#), [Medi-Cal Mobile Crisis](#) and [988 expansion](#), and the [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#).

The Council has invited Michelle Cabrera, Executive Director of the County Behavioral Health Directors Association of California along with a few county directors to talk about the initiatives currently being implemented.

This agenda item will inform the Council of initiatives implemented statewide by County Behavioral Health agencies to keep members apprised of successes and challenges statewide.

**California Behavioral Health Planning Council  
General Session**

**Friday, April 19, 2024**

**Agenda Item:** Local County Behavioral Health Services Overview

**Enclosures:** None

**Background/Description:**

Nicole Ebrahimi-Nuyken, LMFT, Behavioral Health Director, El Dorado County Health and Human Services Agency will provide a brief overview of El Dorado Counties behavioral health services followed by a presentation on their Mental Health Block Grant programs.

To facilitate the Council's knowledge about Mental Health Block Grant (MHBG) funding and counties' use of the funds within their systems of care, Glenn County will discuss (3) three main areas:

- 1) How does your county utilize the MHBG funds?
- 2) Describe any specific innovative program(s) the county has implemented and the impact on individuals with Serious Mental Illness and Serious Emotional Disturbance such as programs using First Episode Psychosis (FEP) or Dual Diagnosis (DDX) set-aside funding.
- 3) Tell us about any evidence-based or community-defined practice(s) implemented in your county that have been effective in meeting the needs of your county's population. Can you share any outcomes?

# California Behavioral Health Planning Council General Session

Friday, April 19, 2024

**Agenda Item:** Behavioral Health System Transformation Overview

**Enclosures:** DHCS News Release 3-21-2024

Senate Bill 326 ([SB 326](#))

Assembly Bill 531 ([AB 531](#))

## **Background/Description:**

In March of 2024, Californians voted to pass Proposition 1 to modernize the behavioral health delivery system. The ballot initiative included an allowance of up to \$6.4 billion in bonds to build new supportive housing and community-based treatment settings. The two bills that created the language for the proposition are Senate Bill 326 and Assembly Bill 531.

An overview of the components of Senate Bill 326 and Assembly Bill 531 will be provided with an emphasis on sections of the bills that relate specifically to the roles and responsibilities of the Council.

### *Except from DHCS Stakeholder Communication:*

DHCS is taking a step forward to [modernize the state's behavioral health delivery system](#). Behavioral Health Transformation (BHT) will help improve accountability, increase transparency, and expand the capacity of behavioral health care facilities for Californians. BHT is supported by the passage of Proposition 1, which:

- Evolves the Mental Health Services Act (MHSA) into the Behavioral Health Services Act (BHSA).
- Allocates funding to provide services to those with the most serious mental health conditions and/or substance use disorder.
- Updates MHSA funding allocations by increasing support for housing interventions and workforce investments, continuing flexibility to use resources for local needs, and strengthening county oversight and fiscal accountability.
- Allocates \$6.4 billion in bonds to build 11,150 new behavioral health treatment beds and supportive housing, as well as outpatient capacity to help serve tens of thousands of people annually – from intensive services for people experiencing homelessness who also have severe mental illness, to counseling for children

with depression, and everyone in between, including more than \$4 billion for additional [Behavioral Health Continuum Infrastructure Program](#) investments.

Please see the [BHT webpage](#) for more information.

The logo features the DHCS logo icon (a stylized 'D' with a blue and orange gradient) followed by the text 'HCS NEWS RELEASE' in a bold, white, sans-serif font, all set against a dark blue background.

## PASSAGE OF PROPOSITION 1 PAVES WAY FOR FURTHER BEHAVIORAL HEALTH TRANSFORMATION IN CALIFORNIA

**SACRAMENTO** — California is taking another step forward in Governor Gavin Newsom's effort to modernize and transform the state's behavioral health care system. The Behavioral Health Transformation (BHT) will help improve accountability, increase transparency, and expand the capacity of behavioral health care facilities across California.

"This is a historic moment for Californians and our behavioral health care system," said **Department of Health Care Services (DHCS) Director Michelle Baass**. "The state is taking steps to ensure everyone has equitable access to the care they need, regardless of their background or location. This work brings greater transparency to behavioral health care, allowing Californians to see how their state and local governments are working to ensure people can thrive in their communities."

"Housing is the most basic foundation every human being needs to achieve and maintain stability in life," said **California Department of Housing and Community Development Director Gustavo Velasquez**. "This is especially true for people with mental health challenges who need regular, consistent access to health care providers or counselors. The passage of Proposition 1 will allow California to expand on the successes achieved by programs like Homekey that give our most vulnerable residents that foundation, directly connected to the critical supportive services that can help us make homelessness rare, short-lived, and non-recurring."

**WHY THIS MATTERS:** The passage of Proposition 1 evolves the Mental Health Services Act (MHSA) into the Behavioral Health Service Act (BHSA) and allocates funding to provide services to those with, or at risk of, the most serious mental health conditions and substance use disorders, including people experiencing homelessness, at risk of incarceration, re-entering the community from a justice-involved setting, at risk of conservatorship, in foster

care, and/or at risk of institutionalization.

The BHSA will update MHSA funding allocations by increasing available funding for housing interventions and workforce investments, continuing local flexibility to use resources to address local needs, and strengthening county oversight and fiscal accountability.

The passage of this initiative also includes up to \$6.4 billion in bonds to build 11,150 new behavioral health treatment beds and supportive housing, as well as outpatient capacity to help serve tens of thousands of people annually – from intensive services for people experiencing homelessness who also have severe mental illness, to counseling for children with depression, and everyone in between.

**WHAT COMES NEXT:** DHCS will begin developing policy and guidance to support counties in fulfilling the statutory requirements in the initiative. Guidance will be released in phases to allow counties adequate time to leverage the policy for local administration. DHCS aims to bring behavioral health funding streams into alignment and break down silos to improve the delivery of services to Californians who need this life-saving behavioral health care. There will be opportunities for stakeholder engagement throughout the policy development process to guide the most effective use of this vital funding.

Visit the [BHT webpage \(/BHT/Pages/home.aspx\)](#) for additional information on when listening sessions will be held. Additional feedback may also be shared by emailing [BHTinfo@dhcs.ca.gov \(mailto:BHTinfo@dhcs.ca.gov\)](mailto:BHTinfo@dhcs.ca.gov).

The Behavioral Health Continuum Infrastructure Program (BHCIP) will be the program to distribute the roughly \$4 billion in bond funds for which DHCS is responsible. This current initiative is a successful model for distributing hundreds of millions of dollars in the behavioral health infrastructure space.

DHCS will work to release the first Request for Application for the Behavioral Health Infrastructure Bond Act in fall 2024.

For more information about BCHIP, please see the [BHCIP website \(https://www.infrastructure.buildingcalhhs.com/\)](https://www.infrastructure.buildingcalhhs.com/).

**HOW WE GOT HERE:** Despite the tremendous investments of the MHSA, significant challenges remain, and new needs have surfaced that either did not exist or were under realized. Behavioral health challenges are among the most common health conditions faced by Californians, and rates of mental illness and substance use disorders continue to grow while access to care cannot keep pace. Meeting the growing demand for behavioral health care and housing has strained our infrastructure, and the weight of this crisis is not carried equally. Communities of color, people involved with the justice system, and those who are

LGBTQ+ carry the heaviest burden. Older adults and children and youth are also facing significant behavioral health challenges.

The passage of Proposition 1 will address remaining gaps in the continuum of care for the most vulnerable Californians, including new funding for housing, community-based residential care settings, and the behavioral health workforce, refining the MHSA to better leverage our dollars and meet the needs of those with the most severe mental health and/or debilitating substance use conditions, and strengthening county accountability and statewide access to behavioral health services.

**BIGGER PICTURE:** Proposition 1 builds upon Governor Newsom's unprecedented [Mental Health Movement](https://www.gov.ca.gov/wp-content/uploads/2023/10/Mental-Health-Glossy-Plan_10.11.23-530-PM.pdf) ([https://www.gov.ca.gov/wp-content/uploads/2023/10/Mental-Health-Glossy-Plan\\_10.11.23-530-PM.pdf](https://www.gov.ca.gov/wp-content/uploads/2023/10/Mental-Health-Glossy-Plan_10.11.23-530-PM.pdf)) that is increasing access to mental health care for all, whether insured through Medi-Cal or private insurance; providing treatment and housing to those in crisis and with serious mental illnesses; supporting and serving kids and young adults; and building our health care workforce. California has invested more than \$10 billion in resources to strengthen the continuum of community-based care options for Californians living with the most significant mental health and substance use needs. These programs and proposals complement [California's other major behavioral health initiatives](https://chhs-cdn-west.chhs.ca.gov/wp-content/uploads/2023/03/CalHHS-Behavioral-Health-Roadmap--ADA-03.02.23.pdf) (<https://chhs-cdn-west.chhs.ca.gov/wp-content/uploads/2023/03/CalHHS-Behavioral-Health-Roadmap--ADA-03.02.23.pdf>), including, but not limited to, the [California Advancing and Innovating Medi-Cal \(CalAIM\) initiative](#) (</CalAIM/Pages/CalAIM.aspx>), [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Demonstration proposal](#) (</CalAIM/Pages/BH-CONNECT.aspx>), [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) (<https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/>), [Medi-Cal Mobile Crisis](#) (</Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx>) and [988 expansion](#) (<https://www.chhs.ca.gov/988-cccp/>), and [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#) (<https://www.infrastructure.buildingcalhhs.com/>).

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**NUMBER:** 24-09 | **DATE:** March 21, 2024  
**CONTACT:** Office of Communications, (916) 440-7660

[www.dhcs.ca.gov](http://www.dhcs.ca.gov)

## California Behavioral Health Planning Council General Session

Friday, April 19, 2024

**Agenda Item:** Opportunities for BIPOC and LGBTQ+ Communities  
in the Behavioral Health Services Act (BHSA)

**Enclosures:** None

### **Background/Description:**

Stacie Hiramoto will present to the Council opportunities identified in the Behavioral Health Services Act (BHSA) for black, Indigenous, and people of color (BIOPIC) and LGBTQ+.

### **Presenter Biography:**



Stacie Hiramoto, MSW, has been a mental health advocate and proud social worker for many years. She is one of the founders and presently Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), a statewide mental health policy and advocacy organization representing BIPOC communities. REMHDCO has been an integral part of the highly acclaimed California Reducing Disparities Project for over a decade. Stacie served as legislative staff to former Assembly Speaker Willie Brown as well as Director of Legislative Affairs and Government Relations for the California Chapter of the National Association of Social Workers. She was the first full time legislative advocate for Disability Right California (when it was known as Protection and Advocacy, Inc.) She is also honored to have worked for the late Rusty Selix for thirteen years.

**California Behavioral Health Planning Council  
General Session**

**Friday, April 19, 2024**

**Agenda Item:** Behavioral Health Services Act (BHSA): Council Member Discussion

**Enclosures:** None

**Background/Description:**

The officer team will facilitate the discussion. This is an opportunity for the Council Members to process information shared during the General Session related to the Behavioral Health Services Act (BHSA) recently passed as part of Proposition 1. The Council may identify activities or actions the Council should take to assist in the successful implementation of the act.