

California Behavioral Health Planning Council Legislation and Public Policy Committee Agenda

Wednesday, October 18, 2023

1:30 p.m. to 5:00 p.m.

Embassy Suites by Hilton San Francisco Airport Waterfront
150 Anza Boulevard Burlingame, CA 94010
Ambassador A

[Zoom](#)

Meeting ID: 810 4250 0138 Passcode: LPPC

Join by phone: 1 (669) 900-6833 Passcode: 785943

1:30 pm	Welcome and Introductions <i>Veronica Kelley, Chairperson</i>	
1:35 pm	June 2023 and August 2023 Meeting Minutes <i>Barbara Mitchell, Chair-Elect</i>	Tab 1
1:40 pm	CBHPC Year-End Legislative Report <i>Naomi Ramirez, CBHPC Staff</i>	Tab 2
1:50 pm	Workgroup Updates <i>Veronica Kelley, Chairperson and Workgroup Liaisons</i>	Tab 3
2:00 pm	Behavioral Health Services Act Public Forums Update <i>Jenny Bayardo, CBHPC Executive Officer</i> <i>Susan Wilson, LPPC Member</i>	Tab 4
2:10 pm	Partner's Voice: Behavioral Health Services Act <i>Christine Stoner-Mertz, Chief Executive Officer, CACFS</i>	Tab 5
2:40 pm	Partner's Voice: Behavioral Health Services Act <i>Le Ondra Clark Harvey, Ph.D., Chief Executive Officer, CBHA</i>	Tab 6
3:10 pm	Public Comment	
3:15 pm	Break	
3:30 pm	The Behavioral Health Infrastructure Bond Act of 2023 <i>Assembly Member Irwin (Invited)</i>	Tab 7
4:00 pm	Public Comment	
4:05 pm	Council Member Discussion of SB 326 and AB 531 Next Steps (Action Item) <i>Veronica Kelley, Chairperson and All LPPC Members</i>	Tab 8
4:55 pm	Public Comment	
5:00 pm	Adjourn	

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

California Behavioral Health Planning Council Legislation and Public Policy Committee Agenda

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

Committee Members

Veronica Kelley, Chairperson

Barbara Mitchell, Chair-Elect

Karen Baylor, Stephanie Blake, Monica Caffey, Erin Franco, Steve Leoni, Catherine Moore, Javier Moreno, Noel O'Neill, Liz Oseguera, Vandana Pant, Darlene Prettyman, Marina Rangel, Joanna Rodriguez, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Uma Zykofsky

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

**California Behavioral Health Planning Council
Legislation Public Policy Committee**
Wednesday, October 18, 2023

Agenda Item: June 2023 and August 2023 Meeting Minutes

Enclosures: Draft June 2023 and August 2023 Meeting Minutes

Background/Description:

The Committee Members will review the June 2023 and August 2023 meeting minutes. The draft minutes will be adopted with any edits that are requested and agreed upon.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary (DRAFT)**

Wednesday, June 14, 2023
1:30 pm to 5:00 pm
Double Tree Santa Ana-Orange County Airport
201 East MacArthur Blvd., Santa Ana, CA 92707
Ballroom F

Members Present:

Veronica Kelley, Chairperson	Barbara Mitchell, Chair-Elect	
Catherine Moore	Deborah Starkey	Uma Zykofsky
Daphne Shaw	Marina Rangel	Karen Baylor
Susan Wilson	Steve Leoni	Tony Vartan
Monica Caffey	Noel O'Neill	Liz Oseguera
Erin Franco	Stephanie Blake	Darlene Prettyman
Javier Moreno		

Meeting Commenced at 1:30 p.m.

Item #1 April 2023 and May 2023 Meeting Minutes

The committee members had an opportunity to review the April 2023 and May 2023 meeting minutes. There was a consensus to accept both meeting minutes.

Item #2 State Budget Update

Adriana Ramos-Yamamoto and Monica Davalos, Senior Policy Analysts with the California Budget & Policy Center provided an overview of the state budget process and an update on the 2023/24 proposed budget. Adriana's primary focus is on health policy issues and Monica's focus is on homelessness. The California Budget & Policy Center is a non-profit organization that conducts research and analysis around the state's budget. The revised budget includes the following Behavioral Health Investments:

- \$6.1 billion over five years for the BH-CONNECT Demonstration; adds \$2.4 billion across five years for the behavioral health workforce.
- \$250.3 million Opioid Settlements Fund for opioid and fentanyl response.

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Meeting Summary (DRAFT)**

- \$500 million from the Mental Health Services Fund to support the Behavioral Health Bridge Housing Program.
- \$40 million to support the governor’s proposal to modernize the state’s behavioral health system.

The revised budget sustains the following funding to address homelessness:

- \$1 billion one-time General Fund for the Homeless Housing, Assistance and Prevention (HHAP) Grant Program in 2023-24, with a focus on establishing stronger accountability measures.
- \$400 million General Fund for Encampment Resolution grants for local jurisdictions.
- Augmented funding for CARE Court implementation.

The legislature has until June 15th to balance the budget. The Governor and legislative leaders will keep negotiating on the budget, with the goal of wrapping things up by July 1. After July 1, the Legislature can still pass amendments that change the spending levels in the adopted budget bill as well as pass additional budget-related bills.

Item #3 Review of Legislation

The committee members reviewed the Council’s Legislative Position List and discussed updates. Tony Vartan made a motion to oppose AB 1360. The motion was seconded by Uma Zykofsky. Liz Oseguera and Marina Rangel abstained. The motion passed. There were no other changes made to the Council’s current positions.

Item #4 Evolution of the Mental Health Services Act

Dave Pilon, Ph.D., C.P.R.P., former President and CEO, Mental Health America of Los Angeles, provided an overview of the evolution of the MHSA. He highlighted “The Village” mode, which was highly successful and utilized to model the Full Service Partnership component of the MHSA, which is relevant to the Governor’s current proposal to modernize the MHSA. Assembly Bill 3777 (Bronson-1989) created three pilot projects (one urban, one rural, one county-wide) to demonstrate a case rate approach to mental health financing. Under the project \$15,000 was provided per person per year in advance and there was not Medi-Cal/Medicaid billing utilized. The Mental Health Association of Greater Los Angeles was awarded the grant for the urban project and randomly assigned 120 consumers to a control group. An independent evaluator conducted an ongoing evaluation from July 1, 1990, through June 30, 1993. The structure of the project included a “hybrid” model primarily combining elements of intensive case management (ACT) and psychosocial rehabilitation (Fountain House

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Meeting Summary (DRAFT)**

Clubhouse) and a full risk capitated model, which was initially responsible for both inpatient and medication costs in addition to usual and customary outpatient services. The project employed licensed staff (including psychiatrists), as well as unlicensed staff, including job developers and community integration specialists. The services were designed to address all aspects of the member's life, not just the symptoms of their mental illness. Some of the findings of the evaluation include:

- Village community Members had significantly fewer hospital days than the comparison group and had significantly lower costs for inpatient care.
- 72.6% of members tried paid employment over a three-year period, compared to 14.6% of the comparison group.
- The percentage of Village members living in group and institutional settings declined from 15.8% at baseline to 10.8% after three years. Among the comparison members, the percentage remained constant from 23.7% at baseline to 23.2% after 3 years.
- Village members reported more solitary leisure activities and more activities with others during the week before the interview than did comparison members. Village members reported significantly more support at each of the three annual interviews.
- Families of Village members reported significantly less burden and less stress from burden than did family members of the comparison group. Families of Village members were more positive about the member's hopes for the future than families of the comparison group.
- Members at the Village were significantly more satisfied with mental health services than members in the comparison group.

Based on the success seen with this project, Dave provided the following three recommendations for the modernization of the state's behavioral health system:

1. Explore a true pay-for-value system that holds providers accountable for their outcomes. Reduces the documentation and billing burdens that our staff experience under Medicaid.
2. Provide separate funding streams (de-coupled from FSPs) for psychosocial rehabilitation services like supported employment, supported education, and community integration services.
3. Increase hiring of and reliance on non-licensed B.A. level staff to provide psychosocial rehabilitation services.

Item #5

Public Comment

Steve McNally thanked Dave Pilon for his presentation to the Council and the Mental Health Oversight and Accountability Commission.

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Item #6

Community Partner's Voice: MHSA Modernization

Karen Vicari, Interim Public Policy Director, Mental Health America California (MHAC) provided their perspective on the behavioral health modernization proposal. MHAC is very concerned that individuals will lose services because of MHSA funding being diverted to housing. She highlighted that the majority of unhoused people are not unhoused because of a mental health condition but as a result of inadequate affordable housing. They are also concerned about the long-term impacts of directing 30% of MHSA funding to housing when the state's needs may change. Karen provided an overview of the current MHSA funding buckets and the proposed funding formula. She stated the change in funding would be \$584,869,602.60, which is very concerning. She highlighted there is a lack of inclusion of upstream services and the LGBTQ+ youth and youth of color will be most impacted. Additional concerns are that the Streamlined Community Planning Processes will weaken the community and peer voice and the need to ensure flexibility in the spending buckets over time.

Stacie Hiramoto, Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) provided their perspective on the behavioral health modernization proposal. Their main concern is the loss of Prevention and Early Intervention (PEI) and Innovation (INN) because PEI and INN allow the funding of culturally anchored interventions that reflect the values, practices, histories, and lived experiences of the communities they serve. Community Defined Evidence Practices (CDEPs) are at risk of being lost. CDEPs are used in place of or in conjunction with Evidence Based Practices (EBPs) and are utilized and highly valued by BIPOC, Client/Consumer, LGBTQ+, Children, Transition Age Youth (TAY), and Older Adult communities. Stacie shared that the California Reducing Disparities Project (CRDP) has released their evaluation report. Stacie urged all to fight to preserve the MHSA by writing letters to the Governors office and Legislature and meeting with the Assembly Health Committee.

Item #7

CBHPC Advocacy: MHSA Modernization

The committee members were given the opportunity to discuss SB 326 and plan the public forums they initially discussed wanting to host at the May 18th meeting. Members expressed that the public forums are an opportunity for the Council to ensure the community is informed, as well as to hear feedback and input on SB 326. They determined the information gathered could be used to guide the Council's advocacy. The Committee decided that they would like staff to plan at least one public forum

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before the October meeting and inform the administration of the feedback gathered. Additionally, the members would like a letter approved by Council leadership to be sent including the following input:

- There has not been a robust stakeholder process that honors the purpose of the MHSA, which will be conducted before the initiative is placed on the ballot.
- The Council is concerned about the loss of services and PEI due to MHSA funds being diverted for housing.
- There is also a concern about the emphasis on homeless veterans as the percentage of homeless veterans in California is very low and the funding for services for that target population is already over-proportioned for the general population.
- The Council supports the inclusion of substance use disorders, however, there is a concern about the population expansion without any additional funding.
- The funding formulas are too rigid, which will result in competition between counties because every county has different local priorities.
- The restructure will be a disservice to the MHSA and put more individuals at risk of becoming homeless.

Item #8

Public Comment

No public comment.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary (DRAFT)**

Friday, August 4, 2023
10:00 am to 11:30 am
1700 K Street, Sacramento, CA 95814

Dial-in: (669) 900-6833
Meeting ID: 867 8962 1249
Passcode: 012159

Members Present:

Veronica Kelley, Chairperson	Barbara Mitchell, Chair-Elect	
Deborah Starkey	Uma Zykofsky	Daphne Shaw
Karen Baylor	Susan Wilson	Steve Leoni
Monica Caffey	Noel O'Neill	Liz Oseguera
Erin Franco	Darlene Prettyman	Javier Moreno
Catherine Moore		

Meeting Commenced at 10:00 a.m.

Item #1 Discussion of SB 326 The Behavioral Services Act

Veronica Kelley, Chairperson of the Legislation and Public Policy committee, provided a brief overview of the amendments to Senate Bill (SB) 326 since the June 2023 meeting. Members of the committee were given an opportunity to discuss the amended legislation.

Uma Zykofsky expressed multiple concerns around the lack of stakeholder input, resulting in the voice of consumers and family members being reduced. She stated that stakeholders agree that there was not a sufficient stakeholder process on the front end of developing SB 326 and the language within the bill limits stakeholder input at various stages of the process. Additionally, she expressed concern around the expansion of the Mental Health Services Act Oversight and Accountability Commission and the creation of additional committees, resulting in further reduction of the consumer voice. Uma also expressed concern about the legislation including different levels of Full Service Partnerships (FSP). She feels very uncomfortable with these changes as the counties would have to manage different levels of FSPs and feels the change changes the definition of what a FSP is. Additionally, she feels having the different levels labels individuals. Lastly, Uma stated that she shared the concerns of others regarding the

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Prevention and Early Intervention bucket. She feels the design reduces the community voice and will impact racial disparities.

Barbara Mitchell expressed extreme concerns about limiting 30% of the funding to housing. Further, she feels it is extremely inappropriate for half of that funding to be reserved for individuals who are considered chronically homeless. It is extremely difficult to qualify people and prove they are chronically homeless so they can receive services. She also stated that she shares the concerns about the reduction of the consumer voice, which will result in diluting the role of consumers and family members. She also expressed concern about the loss of consumer-operated/directed services because the bucket these services would be paid through is extremely small.

Noel O'Neill expressed concern about the reduction of Community Services and Supports (CSS) funding and the impact it will have on Wellness Centers and the Peer Specialists that support the centers. Noel stated that the Wellness Centers were a critical resource in both counties where he worked and they are only supported by MHSA, not Medi-Cal.

Daphne Shaw supported Noel's comments and expressed concern about losing the Wellness Center in her county.

Item #2	Public Comment
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Stacie Hiramoto thanked Uma for bringing up the PEI issue. She stated that REMHDCCO completely agrees that the changes will not be supportive of BIPOC and LGBTQ communities, as well as other underserved communities.

Steve McNally expressed concern that sufficient details on the proposal have not been provided, so it is premature to place it on the ballot in March. He also offered to help find space if the Council is interested in hosting a listening session in Orange County.

Elan Schultz, Los Angeles County Mental Health, stated they are greatly concerned about several aspects of SB 326. Based on their analysis, they will have great challenges finding alternative funding to backfill the loss of 30% of the funding that will be directed to housing. Medi-Cal outpatient clinical services system will be greatly impacted, as it will no longer be able to be funded through MHSA due to the CSS constraints and it will be challenging to find an ongoing alternative funding stream. The county is also concerned about MHSA including individuals with SUD, with decreased funding, rather than additional funding. Lastly, the loss of local control to identify needs and match them with local resources is also very concerning.

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Theresa Comstock, CALBHB/C and the California Coalition for Mental Health (CCMH), highlighted that the amendments requested by CALBHB/C and the statement released by CCMH are both included in the meeting packet. She also stated that the state has not standardized data and does not have the information necessary to know what programs should be scaled or reduced. Additionally, the community-based organizations and counties have not been successful with braiding funding with federal resources and do not have the information needed to determine they will successfully be able to do so, as the legislation is depending on.

Item #3 Behavioral Health Services Act Public Forums Update

Jenny Bayardo, Executive Officer, and Susan Wilson, Council Member informed members that the Council will be hosting seven public forums scheduled to take place within the first two weeks of August and provided a brief update on the 2 forums that took place. The August 1st virtual forum had over two hundred individuals in attendance including individuals who identified as peers/consumers, providers, advocates, mental health service providers, and individuals from community-based organizations statewide. The August 3rd forum hosted in Stockton had thirty-two members of the public in attendance. The attendees included individuals who identified as peers/consumers, family members, providers, community leaders, County Mental Health and Substance Use Disorder employees, the MHSA Coordinator, the San Joaquin County Mental Health Board Chairperson, the County Behavioral Health Director, a County Supervisor, and concerned citizens. In the coming weeks, there will be forums in Oakland, Santa Clara, Sacramento, Bakersfield, and Los Angeles/Culver City. Council members are encouraged to attend the forums in their area and share the flyers for the events.

Item #4 Discussion of Council Recommendations

Naomi Ramirez, Council staff, reported that the Council's request for amendments and the coalition letter the Council signed on to are included in the meeting packet. Jenny Bayardo, Executive Officer, informed the committee that the amendments requested were based on the feedback the committee provided at the June meeting, which was before the bill was amended. Steve Leoni expressed a desire for the committee to meet again after the public forums to develop recommendations, but it was determined that would not be possible because letters were due the same week of the last public forum.

Noel O'Neill recommended that the Council's primary recommendation be for state agencies and the legislature to carefully review the input from the public that will be gathered at the Council's Public Forums.

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Daphne Shaw agreed with Noel's recommendation. Additionally, she recommended that the Council express the grave concern expressed by many about the loss of programs due to the reduction in CSS funding.

Javier Moreno stated that he is in support of the inclusion of SUD and is prepared to support the bill in concept with a significant number of amendments.

Liz Oseguera recommended that the Council ask the initiative to be moved from the March ballot to the November ballot. She urged members to think of creative recommendations to propose to the administration to address the loss of Community Services and Supports funding. The Recommendations should include the identification of other funding sources for housing that do not involve MHSA/BHSA. She recommended that the 30% for housing be eliminated and the funding go to CSS, Prevention and Early Intervention, and Innovations.

Vandana Pant stated that she believes the inclusion of SUD is appropriate. She recommended that the Council raise a concern about the MHSA funding being redirected and recommended that other funding sources be utilized.

Uma Zykofsky supports Vandana's statement and states her great concern is about the loss of CSS funding and the stakeholder process being diluted. She believes several amendments are critical before the committee can take a support position. She also stated that analysis of the input we receive from the public forums is important before developing a position.

Steve Leoni shared his hope that members of the Council reach out to staff in the interim to further discuss details as they emerge. He also highlighted that the Council is written into law to advise the legislature and Governor, which should give the ability to provide input beyond the deadline for letter submission.

Members came to a consensus that the committee should not take a position before reviewing the anticipated bill amendments. Staff was directed to send a letter including the Council's concerns outlined during the meeting and the feedback provided at the upcoming public forums.

Javier Moreno reminded members that there is a bond that accompanies the proposal that is supposed to address some of the housing issues, and it may offset some of the additional costs. Barbara Mitchell stated the bond can not be used for operational support of the housing developed and the population that can be housed through the bond is limited. She recommended that the Council submit comments on the bond in the future.

Daphne Shaw requested that once the Council's letter of concern for SB 326 is written and submitted, it also be sent to all LPPC members.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary (DRAFT)**

Item #5	Public Comment
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No public comment.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: Year-End Legislative Report

Enclosures: none

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The Council's legislative activities included in the Year End Legislative Report document the Council's effort to advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

The Legislation and Public Policy Committee's activities throughout the year have assisted the Council in upholding its statutory responsibility to advocate for individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED), through the positions taken on numerous bills this session. During this agenda item, committee members will have an opportunity to provide feedback on the report and identify the committee work they would like highlighted in the Council's Annual Report.

In order to ensure the inclusion of the most up-to-date information on legislative outcomes for the 2023 session, this report will be distributed to all Council Members closer to the meeting.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: CBHPC Workgroups Update

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for the Legislation and Public Policy Committee to coordinate the activities of the CBHPC workgroups with the advocacy of the LPPC.

Background/Description:

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with SMC activities and Work Plan items.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
 - Representative: Uma Zykofsky
- **Children and Youth Workgroup**
 - Representative: Erin Franco and Noel O'Neill
- **Substance Use Disorder Workgroup**
 - Representative: Javier Moreno

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: Behavioral Health Services Act Public Forums Update

Enclosures: [Proposed Behavioral Health Services Act Public Forums Summary](#)
[Virtual BHSA Public Forum Summary](#)
[Stockton BHSA Public Forum Summary](#)
[Bay Area BHSA Public Forum Summary](#)
[Sacramento BHSA Public Forum Summary](#)
[Bakersfield BHSA Public Forum Summary](#)
[Los Angeles BHSA Public Forum Summary](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

At the May 18, 2023, Legislation and Public Policy committee meeting members expressed an interest in hosting Public Forums on Senate Bill (SB) 326. Members identified the forums as an opportunity for the Council to ensure the community is informed, as well as to hear feedback on SB 326. At the June quarterly meeting members decided they would like staff to plan at least one public forum before the October meeting and use the input to inform the Council's recommendations to the administration. Between August 1st and August 14th, the Council conducted seven public forums around the state. Summaries for each event and the Council's letter of concern were developed and shared with legislators.

During this agenda item Jenny Bayardo, CBHPC Executive Officer, and Susan Wilson, Council Member will provide an overview of the information they gathered at the forums they facilitated.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: Partner's Voice: Behavioral Health Services Act

Enclosures: CA Alliance SB 326 Letter-Concerns

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee of the impacts of SB 326 on children and families and assist in identifying areas the Council can work with CACFS in their advocacy efforts.

Background/Description:



Christine Stoner-Mertz, CEO, leads the California Alliance of Child and Family Services and its Catalyst Center and with the Board of Directors, drives the mission and vision for the organization. A licensed clinical social worker, Chris came to the Alliance in 2019 after being president and CEO of Lincoln Child Center in Oakland, a California Alliance member agency delivering behavioral health and family strengthening services in the San Francisco Bay area. Since 2005, she led the organization through a transformational period, moving from a residentially-based services focus to designing

an array of culturally responsive community and school-based services for children and youth ages 0-21. Her deep commitment to equity is reflected in the transformation of services at Lincoln.

Chris received her MSW from the University of Michigan and began her career in California in 1985, as co-founder of Seneca Center, now the Seneca Family of Agencies, where she was instrumental in the development of programs and oversight of operations for 15 years.

In 1999, she founded inFocus Consulting and Development, LLC providing consultation to over 50 private behavioral healthcare providers as well as the California State Department of Mental Health, various county departments of mental health and social services, and to school districts. As a sought after expert on MediCal EPSDT program design and implementation, Chris developed the Medi-Cal Specialty Mental Health Services Manual.

She has served on the boards of directors of the California Alliance, the California Council of Behavioral Health Agencies, the National Council of Behavioral Health Organizations, and has been the recipient of numerous service and leadership awards during her career, including the Jefferson Award for Public Service.

For a copy of the enclosure, please contact Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: Partner's Voice: Behavioral Health Services Act

Enclosures: CBHA Member Survey
CBHA SB 326 Letter

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee of the impacts of SB 326 on Community Behavioral Health Agencies and assist in identifying areas the Council can work with CBHA in their advocacy efforts.

Background/Description:



Dr. Clark Harvey is a psychologist and the Chief Executive Officer of the California Council of Community Behavioral Health Agencies (CBHA). CBHA is a statewide advocacy organization representing mental health and substance use disorder non-profit agencies that collectively serve approximately one million Californians. She is also the Executive Director of the California Access Coalition- a group of advocacy organizations and pharmaceutical industry companies that advocates for patient access to behavioral health treatment. Dr. Clark Harvey has previously served as Chief

Consultant to the California State Assembly Committee on Business and Professions, Principal Consultant to the Senate Committee on Business, Professions and Economic Development, and a health policy consultant to the office of former Senator Curren D. Price, Jr.

Prior to her work within the California Legislature, she completed her Ph.D. in Counseling Psychology at the University of Wisconsin, Madison. She completed her pre-doctoral fellowship at the University of Southern California Children's Hospital Los Angeles and a post-doctoral fellowship at the University of California, Los Angeles Mattel Children's Hospital.

Dr. Clark Harvey has maintained an impressive record of leadership including serving on national and local boards including the National Council of Mental Wellbeing, American Psychological Association, Association of Black Psychologists, Sacramento County Public Health Advisory Board and the Sacramento County Children's Coalition. Dr. Clark Harvey has received numerous local and national awards. In 2020, she was appointed by California Governor Gavin Newsom to his Master Plan on Aging Advisory Committee and Behavioral Health Task Force. In 2021, she was appointed by California Lieutenant Governor, Eleni Kounalakis, to the California Institute for Regenerative Medicine Board and by the federal Assistant Secretary for Mental Health and Substance Use to the Substance Abuse and Mental Health Services Administration's Advisory Committee for Women's Services.

For a copy of the enclosures, please contact Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

Agenda Item: The Behavioral Health Infrastructure Bond Act of 2023

Enclosures: [AB 531 \(Irwin\)](#)
[Assembly Committee on Housing and Community Development Analysis](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The Behavioral Health Services Act and the accompanying bond measure outlined in AB 531 propose a redesign of California's behavioral health system.

Background/Description:

During this agenda item members will have an opportunity to gain a better understanding of AB 531- The Behavioral Health Infrastructure Bond Act of 2023.

AB 531 proposed:

- \$6.38 billion bond to build 10,000 new treatment beds and supportive housing units to help serve more than 100,000 people annually.
- \$2.893 billion for grants for behavioral health treatment and residential settings building on the success of the Behavioral Health Continuum Infrastructure Program (BHCIP).
- \$1.5 billion to be awarded to counties, cities, and tribal entities for grants for behavioral health treatment and residential settings eligible under BHCIP.
- \$1.065 billion worth of housing investments for veterans who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs, or a substance use disorder.
- \$922 million worth of investments for Californians (not specifically for veterans) who are at risk of homelessness, experiencing homelessness, or experiencing chronic homelessness who have behavioral health needs, or a substance use disorder.

**California Behavioral Health Planning Council
Legislation Public Policy Committee**

Wednesday, October 18, 2023

**Agenda Item: Council Member Discussion of SB 326 and AB 531/Next Steps
(Action)**

Enclosure: [SB 326-The Behavioral Health Services Act](#)
[SB 326 Senate Rules Committee Analysis](#)
[CBHPC Letter of Concern-SB 326](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The Behavioral Health Services Act and the accompanying bond measure outlined in AB 531 propose a redesign of California's behavioral health system.

Background/Description:

On March 19, 2023, Governor Newsom announced that he was calling on lawmakers to place a measure on the 2024 ballot to modernize the state's behavioral health system. This initiative includes SB 326 and AB 531 and is now being referred to as Proposition 1. Some proposed changes included in the initiative are:

- The expansion of the use of MHSA to include Substance Use Disorder (SUD) treatment.
- Updates to the categorial funding buckets, requiring 30 percent of MHSA funds be used on housing services.
- Updates to the county process and spending.

The Council has taken an active role in informing the public about the initiative, as well as informing the administration and legislature on the input of the public through public forums, summaries of the forums, requested amendments, and the Council's letter of Concern.

During this agenda item, committee members will have an opportunity to discuss and direct the next steps of the Council's advocacy.

More information can be found on the Health and Human Services Agency has [webpage](#), which is dedicated to the initiative.

Due to the length of SB 326, please contact Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov, if you would like a copy.