

California Behavioral Health Planning Council

Legislation Committee Agenda

Wednesday, October 16, 2019
Courtyard by Marriott Sacramento Midtown
4422 Y Street, Sacramento, CA 95817
Camellia Room
1:30 pm to 5:00 pm

1:30 pm	Welcome and Introductions <i>Monica Caffey, Chairperson</i>	
1:35 pm	Approve June 2019 Meeting Minutes <i>Gerald White, Chair-Elect</i>	Tab 1
1:40 pm	Year-End Legislative Update <i>Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 2
2:10 pm	Adult Residential Facility Project Discussion <i>Eva Smith, CBHPC Staff</i>	Tab 3
2:20 pm	Nomination of 2020 Committee Chair-Elect <i>Monica Caffey, Chairperson</i>	Tab 4
2:35 pm	Public Comment on Matters Not on the Agenda	
2:45 pm	Break	
3:00 pm	Review of CBHPC Policy Platform <i>Naomi Ramirez, CBHPC Legislative Coordinator and All Members</i>	Tab 5
4:00 pm	Advocacy Opportunities <i>Jane Adcock, CBHPC Executive Officer and All Members</i>	Tab 6
4:50 pm	Public Comment on Matters Not on the Agenda	
4:55 pm	Wrap Up/Next Steps	
5:00 pm	Adjourn	

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

Legislation Committee Members

Monica Caffey, Chairperson	Gerald White, Chair-Elect		
Catherine Moore	Barbara Mitchell	Daphne Shaw	Marina Rangel
Deborah Starkey	Darlene Prettyman	Susan Wilson	Monica Nepomuceno
Noel O'Neill	Raja Mitry	Tony Vartan	Veronica Kelley

If reasonable accommodations are required, please contact the Council at (916) 323-4501 not less than 5 working days prior to the meeting date.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 16, 2019**

Agenda Item: Approve June 2019 Meeting Minutes

Enclosures: June 2019 Meeting Minutes

Background/Description:

The Committee members are to discuss any necessary edits and vote on the acceptance of the draft minutes presented for the June 2019 meetings.

Motion: Accept and approve the June 2019 Legislation Committee Minutes.

Members Present:

Monica Caffey, Chairperson	Gerald White, Chair-Elect	
Catherine Moore	Barbara Mitchell	Deborah Starkey
Daphne Shaw	Monica Nepomuceno	Noel O'Neill
Raja Mity	Susan Wilson	Tony Vartan
Veronica Kelley	Marina Rangel	

Meeting Commenced at 1:30 p.m.

Item #1 Approve April 2019 Meeting Minutes

The committee members reviewed the April 2019 meeting minutes. A motion to approve the minutes was made by Susan Wilson and seconded by Monica Caffey. The motion passed.

Action/Resolution

Naomi Ramirez will facilitate the posting of the minutes to the committee webpage.

Responsible for Action/Due Date

Naomi Ramirez-October 2019

Item #2 CBHPC Legislation Process Overview

Jane Adcock provided an overview of the committee's process for taking positions on legislation pertaining to behavioral health. She encouraged members to focus on the "big picture" when determining whether or not legislation would positively impact the system and the individuals we serve. Members were also reminded that while it is important to voice concern about legislation that is fundamentally flawed, it is also important to consider bills that are good, even if they feel it doesn't go far enough. If members have concerns about a bill and do not want to formally oppose, they can take a watch position and ask staff to work with the author's office for changes or additions.

Members noted that much of the legislation the Council opposes is due to MHSA funds, particularly PEI funds being attached as the funding source. Attaching legislation to PEI funds takes the authority to plan according to local needs from the counties. It was recommended that the committee look at CBHDA's positions when considering legislation specific to MHSA since they are also very mindful of funding and focused on strategically addressing these bills. Additionally, it was recommended that the

- SB 40 (Wiener) Conservatorship: Serious Mental Illness and Substance Use Disorders- Oppose
 - Motion was made by Daphne Shaw. Seconded by Noel O'Neill. Catherine Moore opposed the motion. The motion passed.
 - Concerns
 - Conservatorships require the counties to provide a level of care that is not available since there is not funding to accompany the mandate, which further impacts the system and often leads to a higher level of care including locked settings.
 - Has the potential to move homelessness in other counties.
 - Some individuals with serious mental illness prefer to be homeless although it is not perceived as ideal, which can result in them resisting treatment.

- SB 389 (Hertzberg) Mental Health Services Act- Support
 - Motion made by Raja Mitry. Seconded by Susan Wilson. The motion passed.

- SB 228 (Jackson) Master Plan on Aging- Watch
 - The committee would like to see how the Governor's executive order requiring a Master Plan on Aging coincides with this legislation.

- AB 1352 (Waldron) Community Mental Health Services: Mental Health Boards-Watch
 - Concerns
 - Many of the requirements included in the legislation are already happening, so members are unsure of the need for the legislation.
 - Every county is different and it is helpful to have open regulations to allow the local mental health board to develop relationships appropriate to the culture of their county.
 - Concerned about making boards independent with separate budget since the County would not be able to support them as they do currently (registration, travel compensation, etc.).
 - May have many unintended consequences that negatively impact the delivery of care.
 - Concerned about the mention of the Grand Jury.
 - Some of the requirements change the Behavioral Health Director's process and role.

- AB 734 (Maienschein)- Watch
 - The members do not feel the current language makes any substantial changes.

Members noted the number of bills targeted at schools and would like to see how the various initiatives will be coordinated and identify how much money has been allocated to schools in the recent years.

Members requested that future packets include lists of the legislation the County Behavioral Health Directors Association (CBHDA), California Pan-Ethnic Health Network (CPEHN), and CALBHB/C have taken positions on.

Action/Resolution

Naomi Ramirez will send the appropriate letters identified during the discussion and update the list of decided legislation. Additionally, she will work with the author's for the bills the committee requested that action.

Responsible for Action-Due Date

Naomi Ramirez-August 2019

Item #5 Public Comment on Items Not on the Agenda

Janet Frank provided an update on SB 480, which currently places a full time Older Adult Specialist at the Department of Aging. Naomi Ramirez assured Janet that the Council is continuing to advocate for the position to be moved back to the Department of Health Care Services.

Theresa Comstock reviewed the list of legislation the California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) has taken positions on and encouraged the committee to take a position on AB 1352.

Item #6 Discussion of General Session Tab L

Naomi Ramirez provided an overview of Tab L of the General Session tab, which includes a new proposed mission and vision statement and Guiding Principles. Members were given an opportunity to discuss the proposed changes and ask any questions.

Item #7 Public Comment on Items Not on the Agenda

There was no public comment.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 16, 2019**

Agenda Item: Year-End Legislative Update

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 documents 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 Committee's activities throughout the year have assisted the Council in upholding its statutory responsibility to advocate for individuals with SMI and SED, through the positions taken on numerous bills this session. The Council's legislative activities for the year are documented in the Year-End Legislative Report. During this agenda item committee members will have an opportunity to review the report and discuss the outcomes of the legislation.

In order to ensure the inclusion of the most up-to-date information on legislative outcomes for the 2019 session, this report will be distributed to all Council Members at the meeting.

California Behavioral Health Planning Council

Legislation Committee

Wednesday, October 16, 2019

Agenda Item: Adult Residential Facilities (ARFs) Project Update

Enclosures: ARF Project Work Plan

How This Agenda Item Relates to Council Mission

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

The ARF project advocates for more accessible and effective housing options for persons with serious mental illness that provide the appropriate level of care. Proper housing placement in the community is essential for optimal recovery following stays in acute and in-patient treatment programs, hospitals, short-term residential or transitional residential treatment programs and/or correctional institutions. This particular focus for advocacy is to assure that the behavioral health system is accountable, which includes, an appropriate housing continuum that matches the needs of persons with serious mental illness.

Background/Information:

As a result of the findings in the Council's Adult Residential Facilities paper, the ARF Project Workgroup was formed. The workgroup consists of members of the Housing and Homelessness Committee and the Legislation Committee, as well as stakeholders that provide subject matter expertise. At the beginning of 2019 it was decided that the Housing and Homelessness Committee will be leading the workgroup until proposed legislation is on the horizon.

Eva Smith, primary staffer for the Housing and Homelessness committee, and members of the workgroup will provide an update on the September 30, 2019 meeting.

The Council's ARF paper can be found on the CBHPC website:

<https://www.dhcs.ca.gov/services/MH/Documents/Legislation-Committee/2018-ARF-Final.pdf>

**California Behavioral Health Planning Council
Adult Residential Facility (ARF) Project Workgroup
Work Plan 2019**

Goal #1

Objective

Identify the regulatory barriers inhibiting Adult Residential Facilities from serving individuals with serious mental illness (SMI).

Activities

- Identify problematic regulations.
 - Research the basis of the identified regulations.
 - Develop recommendations for the California Department of Social Services (CDSS).
 - Present the recommendations to the CDSS and engage in negotiations.
-

Goal #2

Objective

Address the financial barriers that inhibit persons with serious mental illness from being served by quality Adult Residential Facilities.

Activities

- Explore financial models used by other populations, including the Developmentally Disabled Community.
- Utilize the information gathered to design a financial model.
- Identify potential fund source.
- Advocate for data and outcomes for individuals with SMI being served by ARFs.
- Propose legislation to support the financial model designed and source of funding identified.

**California Behavioral Health Planning Council
Adult Residential Facility (ARF) Project Workgroup
Work Plan 2019**

Goal #3

Objective

Address land use requirements and community resistance, which create additional barriers for Adult Residential Facilities.

Activities

- Identify the origin of the land use and zoning permit requirements.
- Identify materials and compile a tool kit to address community resistance.
- Disperse tool kits to the Mental Health Boards and Commissions.
- Make recommendations to Board of Supervisors.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 16, 2019**

Agenda Item: Nomination of 2020 Committee Chair-Elect

Enclosures: None

How This Agenda Item Relates to Council Mission

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

The Chairperson and Chair-Elect lead their committee with a focus on supporting the Council's mission through their work.

Background/Description:

Each standing committee shall have a Chairperson and Chair-Elect. Gerald White will become the Chairperson for the Legislation Committee at the January 2020 meeting. The committee members shall nominate a Chair-Elect to be submitted to the Officer Team for appointment. The Appointment will be effective from the January 2020 meeting and run through January 2021.

The role of the Chair-Elect is outlined below:

- Facilitate the Legislation Committee meetings as needed, in the absence of the Chairperson
- Assist the Chairperson and staff with setting the committee meeting agenda and committee planning
- Participate in the Executive Committee Meetings
 - Wednesday of every quarterly meeting from 8:30 am – 10:15 am
- Participate in the Mentorship Forums
 - Thursday of every quarterly meeting from 5:15 pm – 5:45 pm

Motion: Nomination of a committee member as the Chair-Elect.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 16, 2019**

Agenda Item: Review of CBHPC Policy Platform

Enclosures: CBHPC Policy Platform Draft

How This Agenda Item Relates to Council Mission

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

The CBHPC is mandated to advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council utilizes a Legislative Platform that clearly directs the policy consideration of legislation during the legislative session. Additionally, the Council's Platform educates the public, the behavioral health constituency, and legislators on the Council's perspective on various issues.

Background/Description:

The Legislation Committee addresses public issues affecting the effectiveness of behavioral health programs and quality of life for persons living with mental illness. This includes increasing public mental health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care, responding to proposed legislation, rulemaking and budget bills based on the CBHPC Policy Platform.

At the April 2019 meeting members decided that the Policy Platform should be in a format that clearly defines the Council's values in key areas to assist with advocacy and give the public an idea of who the Council is and what we stand for. Additionally, they agreed the platform will be utilized by staff to identify bills to bring to the committee for discussion and potential positions. During this agenda item members will review the initial draft of the revised Policy Platform and have an opportunity to engage in an in-depth discussion to provide feedback, which will assist staff in finalizing the document. Once the document is approved, Jane Adcock will facilitate a discussion with the group to determine how long the platform will be adopted.



Policy Platform Draft

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

MISSION

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

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Consumer and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

INTRODUCTION

The purpose of the Policy Platform is to outline CBHPC’s perspectives on priority issues and legislation to effectively advocate for access to timely and appropriate care to improve the quality of life for persons with serious mental illness/emotional disturbance, including those dually diagnosed with substance use disorders. The Platform is intended to be used by staff to identify legislation of interest to the Council and inform stakeholders of the Council’s perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the Council takes.

The perspective of the Council on overarching behavioral health issues, as well as priority policy areas are outlined in the sections below.

OVERARCHING BEHAVIORAL HEALTH PRINCIPLES

1. Reduce and eliminate stigma and discrimination.
2. Augment behavioral health funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
3. Promote the principles of the Mental Health Master Plan.
4. Promote appropriate services to be delivered in the least restrictive setting possible.
5. Support the mission, training and resources for local behavioral health boards and commissions.
6. Encourage the quality of the stakeholder process, improves the participation of consumers and family members, and fully represents the racial/cultural and age demography of the targeted population.
7. Uphold the principles and practices of the Mental Health Services Act.

PRIORITY POLICY AREAS

PATIENT RIGHTS

The Council is mandated to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients. Additionally, to advise the directors of CA Department of State Hospitals and CA Department of Health Care Services on policies and practices that affect patients’ rights at the county and state-level public mental health system provider sites.

The Patient’s Rights committee is currently focused on the rights of psychiatric patients in county jails.

SUPPORT

1. Consistent application of WIC Sections regarding the duties of Patients’ Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Attaining information from Patients’ Rights Advocates on activities, procedures and priorities.
3. Informing local Mental Health Boards on the duties of Patients’ Rights Advocates.
4. Addressing the ratio of Patients’ Rights Advocates to the general population.
5. Effective training for Patient’s Rights Advocates.
6. Whistleblower protections for all Patient’s Rights Advocates.

HOUSING AND HOMELESSNESS

The Council actively engages with stakeholder organizations to influence policy and ensure access to programs by homeless individuals who are served by the public behavioral health system. The Council also advocates on legislation and regulatory matters related to the housing crisis in California and funding and programs to serve persons who have mental illness and are homeless.

The Housing and Homelessness Committee intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and addressing the state’s homeless population. The committee intends to highlight and recognize outstanding service delivery programs, so that effective programs can be duplicated and shared throughout the state of California. Existing efforts for this committee’s consideration include: Housing First Policy, No Place Like Home (NPLH), Homeless Coordinating and Financing Council (HCFC) and Mental Health Service Act (MHSA) Housing Program. Additionally, the committee is leading the Council’s efforts in addressing the current crisis with Adult Residential Facilities.

SUPPORT

1. Lowering costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
2. Development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
3. Expanding affordable housing and affordable supportive housing.

OPPOSE

1. Initiative/policies related to “Not In My Back Yard” (NIMBY) and restrictions on housing and siting facilities for providing behavioral health services.

WORKFORCE AND EMPLOYMENT

The Welfare and Institution Code provides the Council with specific responsibilities in to advise the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development (WET) Plan, as well as review and approval authority of the final plan.

The Workforce and Employment Committee works closely with OSHPD staff to provide input, feedback and guidance and acts as the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law. Additionally, the committee leads efforts to secure funding for the WET plan. Aside from the activities related to the WET Plan, the committee is focused on addressing the employment of individuals with psychiatric disabilities.

SUPPORT

1. Expand employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
2. Address the human resources problem in the public behavioral health system with specific emphasis on increasing cultural diversity in efforts to reduce disparities and promote the employment of consumers and family members.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

The Council is statutorily required to advocate for timely access and continuity of care for persons with SMI and SED, addressing all levels of care from acute care to recovery of vocation and functionality across the lifespan. The Council's membership includes the voice of consumers and family members in its statewide policy development. In addition to the federal planning duties, state law mandates additional responsibilities and duties that include:

- Advising the Legislature, 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.
- Make recommendations to the Department on awarding grants to county programs to reward and stimulate innovation
- Advise the Director on the development of the State mental health plan and its priorities.
- Conduct public hearings on the State mental health plan, Community Mental Health Services Block Grant, and on other topics as needed.

The Systems and Medicaid Committee is currently focused on the upcoming expiration of the 1115 and 1915(b) Waivers which provide the bulk of California's Medicaid Infrastructure. The Committee's activities include exploring options for the future system, engaging with various behavioral health stakeholders, and soliciting input to develop recommendations for the

Department of Health Care Services. Additionally, the Committee is interested in promoting collaboration with areas of intersection with behavioral health and other systems including:

- Physical Health Care
- Child Welfare
- Juvenile Justice
- Criminal Justice
- Education
- Developmental Disabilities
- Vocational Rehabilitation
- Employment

SUPPORT

1. Promote the integration of mental health, substance use disorders and physical health care services.
2. Safeguard behavioral health care parity and ensuring quality behavioral health services in health care reform.
3. Provide comprehensive health care and improved quality of life for people living with mental illness, and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
4. Reduce disparities and improving access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.
5. Reduce the use of seclusion and restraint to the least extent possible.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

The Planning Council is mandated in state law to review and report on the public mental health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to make recommendations regarding mental health policy development and priorities. This duty includes the following:

- Reviewing, assessing, and making recommendations regarding all components of the mental health and substance use disorder systems.
- Reviewing and approving performance indicators.
- Reviewing and reporting annually on the performance of mental health and substance use disorder programs based on data from performance indicators.
- Periodically reviewing the State's data systems and paperwork requirements to ensure they are reasonable.

The Performance Outcomes Committee surveys all counties annually through the Data Notebook. The theme of each notebook is determined by members and the information collected is intended to assist in closing the gaps on data and support the work of the Council.

SUPPORT

1. Require increased use and coordination of data and evaluation processes at all levels of behavioral health services.
2. Adequate funding of evaluation of mental/behavioral health services.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 16, 2019

Agenda Item: Advocacy Opportunities

Enclosures: [MHSOAC Prevention and Early Intervention Project Framework](#)
[DHCS Behavioral Health Stakeholder Advisory Committee Charter](#)
[DHCS Behavioral Health Stakeholder Advisory Committee Members](#)

How This Agenda Item Relates to Council Mission

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

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends the Council must be aware of behavioral health advocacy and policy efforts and actively participate.

Background/Description:

There are a variety of advocacy and policy development activities taking place around the state. While Council staff stays apprised and engaged in many of these efforts there is great value in members participating in a more active role as well. The purpose of this agenda item is to review some of the activities going on in the state and identify any members of the committee that are interested in being the point person on behalf of the Council.

The following are some of the activities currently taking place:

Mental Health Services Oversight and Accountability Commission (MHSOAC)

In addition to the MHSOAC meeting the fourth Thursday of every month, the following are activities of the commission:

- [Prevention and Early Intervention Project](#) – The purpose of this project is to establish priorities for investment and to develop a monitoring strategy for Prevention and Early Intervention, as directed by Senate Bill 1004 (Wiener, 2018). The project also will explore challenges and opportunities for strengthening mental health prevention and early intervention strategies across California. The subcommittee met October 11, 2019.
- [Mental Health Student Services Act](#)- the Mental Health Student Services Act (MHSSA) provides \$50 million one-time funding, and \$10 million ongoing funding to establish

mental health partnerships between County Behavioral Health Departments, school districts, charter schools, and County Offices of Education. The first MHSSA Listening Session was held September 27, 2019 and provided an opportunity to participate in the formation of priorities for school-based mental health funding.

- [Cultural and Linguistic Competency Committee](#)- The committee is chaired by Commissioner Gladys Mitchell. The last meeting was held September 19, 2019 and the next meeting is scheduled for November 14, 2019.
- [Client and Family Leadership Committee](#)- The committee is chaired by Commissioner Reneeta Anthony. The last meeting was held September 25, 2019 and the next meeting is anticipated to be held in November 2019.
- [Suicide Prevention Project and Suicide Prevention Subcommittee](#)- The Suicide Prevention Subcommittee is chaired by Commissioner Tina Wooton, and includes Commissioners Khatera Tamplen and Mara Madrigal-Weiss. The committee has released the third draft of the Suicide Prevention Plan for review and has held a series of meetings across the state to consider revisions to the draft plan.

MHSA Partners Forum

The first Wednesday of every month government and community stakeholders convene to discuss a variety of MHSA related topics, including legislation and other advocacy activities. The meetings are held in Sacramento, however there is call-in capability.

Behavioral Health Action Coalition (BHA)

The California Hospital Association (CHA) and the National Alliance on Mental Illness, California (NAMI CA), have organized a coalition of statewide leaders to address the many complex health challenges and issues faced by the behavioral health community. The coalition meetings include representatives from corrections agencies, first responders, faith-based groups, emergency services, law enforcement agencies, patients' rights organizations, courts, schools, community services providers, health care providers, medical professionals, counties, and behavioral health advocacy organizations. Meetings and events are scheduled on an as needed basis and are limited to two individuals per organization.

Additionally, a group of BHA members have formed a workgroup to develop a California Model document, which is currently in progress.

Behavioral Health Stakeholder Advisory Commission (BH-SAC)

The DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) is a broad-based body to disseminate information and receive coordinated input regarding DHCS behavioral health activities. It was created to advise the DHCS Director on the behavioral health components of the Medi-Cal program as well as behavioral health policy issues more broadly. The membership of the group includes leaders and representatives from a variety of behavioral health organizations, including counties, providers, and policy organizations, however currently lacks the consumer voice.

Council on Criminal Justice and Behavioral Health (CCJBH)

In addition to the regular CCJBH meetings and workshops, the following are activities of the Council:

Lived Experience Project-The Council of Criminal Justice and Behavioral Health (CCJBH) is conducting community engagement activities in locations through-out the state to elicit information from individuals with Lived Experience in the intersection of the criminal justice and behavioral health systems. The goal is to gather input related to personal experiences, current needs, and best practices of programs and policies that work in this intersection.

Supporting AB 1810 Implementation/Pre-Trial Mental Health Diversion- The legislation specifically directed CCJBH to provide consultation to the Department of State Hospitals (DSH) to implement the DSH Diversion Program, which focuses on felony pre-trial diversion for individuals at risk of being deemed incompetent to stand trial who are experiencing severe mental illness and who may be homeless or at risk of homelessness. During the analysis led by experts from the SAMHSA GAINS Center, it was determined that within existing resources the following areas would be priority:

1. DHCS via CIBHS – Develop a Criminal Justice Informed Workforce
2. DSH – Improve DSH Pre-Trial Felony Mental Health Diversion Program Implementation
3. CCJBH – Ensure Broader Mental Health Diversion Implementation and Statewide Policy Success.

Homeless Coordinating and Financing Council (HCFC)

The Homeless Coordinating and Financing Council was created in 2017 to oversee the implementation of “Housing First” policies, guidelines, and regulations to reduce the prevalence and duration of homelessness in California. The Council's mission is to develop policies, identify resources, benefits, and services to prevent and work toward ending homelessness in California. The Council consists of up to nineteen members, representing ten state agency heads or their designees, seven members appointed by the Governor representing statewide organizations and homeless advocacy groups, one stakeholder appointed by the Senate Committee on Rules, and one stakeholder appointed by Speaker of the Assembly. The meetings are held quarterly.

Master Plan on Aging Stakeholder Advisory Committee

Governor Gavin Newsom issued an executive order calling for the creation of a Master Plan for Aging to be developed by October 1, 2020. The Stakeholder Advisory Committee will advise the Cabinet Workgroup on Aging in the development of the Master Plan. This diverse group of stakeholders with varying expertise and experiences will help to develop components of the Master Plan, including best practices and data metrics, to guide the work of state government, local communities, private organizations and philanthropy to build environments that promote healthy aging. The Advisory Committee has formed a Long Term Care Subcommittees and a Research Subcommittee.