

**Commission Meeting
April 24, 2025
Presentations and Handouts**

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|-------------------------------|----------------|---|
| <u>Agenda Item 5:</u> | •Presentation: | Advocacy Spotlight – CalVoices |
| <u>Agenda Item 7:</u> | •Presentation: | CBH Advisory Committee Composition |
| <u>Agenda Item 8:</u> | •Presentation: | Legislative Priorities |
| <u>Agenda Item 11:</u> | •Presentation: | Peer Respite Project |
| <u>Agenda Item 12:</u> | •Presentation: | Innovation Partnership Fund Community & Stakeholder Concepts |
| | •Handout: | Innovation Partnership Fund: Community & Interest Holder Concepts |
| | •Handout: | Next Steps in the Innovation Partnership Fund Planning |



Commission for Behavioral Health Presentation
April 24, 2025

About Cal Voices

- Cal Voices is a Consumer-Operated Organization (sometimes called “Peer-Run”) in continuous operation since 1946.
- Over 98% of our staff identify as clients, family members, or both, including our entire Executive Leadership team and all of our program managers.
- Cal Voices operates peer support programs in Amador, Placer, and Sacramento Counties. More than 95% of our employees work in designated Peer roles.
- Cal Voices operates WISEU a Medi-Cal Certified Peer Support certification program and the California Association of Peer Professionals (CAPP).
- Additionally, we provide training, education, technical assistance, and advocacy for peers, clients, providers, counties, and other agencies across California through legislative work and our ACCESS California program.

Mission, Vision, and Values

- Cal Voices' mission is to represent the self-identified needs and priorities of clients/consumers in the Public Behavioral Health System through culturally-relevant and recovery-focused advocacy, outreach, education, and peer support.
- For nearly three decades, Cal Voices has employed advocates embedded in county mental health systems to promote change from within and has advanced individual empowerment and self-advocacy for mental health consumers through the direct provision of peer support services rooted in the recovery model of care.

About ACCESS California

- Established in 2017, ACCESS California is a program of Cal Voices funded by the Mental Health Services Act (MHSA) through a contract administered by the Commission for Behavioral Health (CBH).
- Our mission is to strengthen and expand Client/Consumer participation in state and local behavioral health advocacy by building knowledge and skills that expand individual and community empowerment. We elevate the voices, identify the needs, and increase genuine participation of Clients/Consumers in the PBHS.
 - “Peers” include persons with personal lived experience of mental illness or substance use disorder or family members.
 - “Consumers/Clients” are persons with lived experience of mental illness or SUD who have, or are, or may receive services for those disabilities in the Public Behavioral Health System.

General Strategies

- Facilitating the communication of bottom-up concerns and demands to top-down decision-makers, by:
 - **Learning**: Educating ourselves from primary sources;
 - **Teaching**: Interactive education about law and policy;
 - **Implementing**: Identifying the forums for advocacy (local) and assisting in accessing forums (State-level);
 - **Teaching**: Communicating outcomes of advocacy efforts;
 - **Learning**: Areas of concern from the Population given changing policies;
 - **Implementing**: Local level advocates are ready for the Community Planning Process and new Integrated 3-Year Plans.



General Strategies: Organizational

- Partner with Consumer-Operated direct service providers or dedicated advocacy organizations run by, and for, persons with lived experience and representing the major intersections of new behavioral health policies, and diverse communities.



General Strategies: Organizational, Cont.



General Strategies: Individual

Creating forums that:

- Respect lived expertise
- Promote advocacy as a means to recovery
- Celebrate the grassroots leadership of Consumers
- Are accessible



PRESENTERS AND PANELISTS



ROBERT FORTE | Lived Expertise Panel

Robert Forte is the CEO of Peer Professionals of California and US Consulting, specializing in sustainability services for incarcerated individuals at risk of losing assets due to their inability to post bail. He has extensive experience in criminal justice reentry, having worked with Metro Community Ministries and various governmental and nonprofit organizations. As an ex-offender, he overcame 15 years of incarceration, drug addiction, and childhood trauma, leveraging his lived experience to mentor others. He collaborates with California State Parole, County Probation, San Diego Sheriff's Department, and the District Attorney's Office, influencing policies to support reentry efforts.



SHAMEKA FOSTER | Lived Expertise Panel

Shameka identifies as an individual who faced immense adversity during her time on the streets, from couch to couch, and with Inside Safe Hotels, enduring harsh treatment and traumatizing events. Throughout her experience, she grappled with dangerous conditions, harassment, rotten food, and a lack of support, which only strengthened her determination to overcome these challenges. Her journey reflects the strength of the human spirit in the face of overwhelming hardship, and she continues to advocate for better conditions and support systems for those experiencing homelessness.



RICHARD GALLO | Lived Expertise Panel

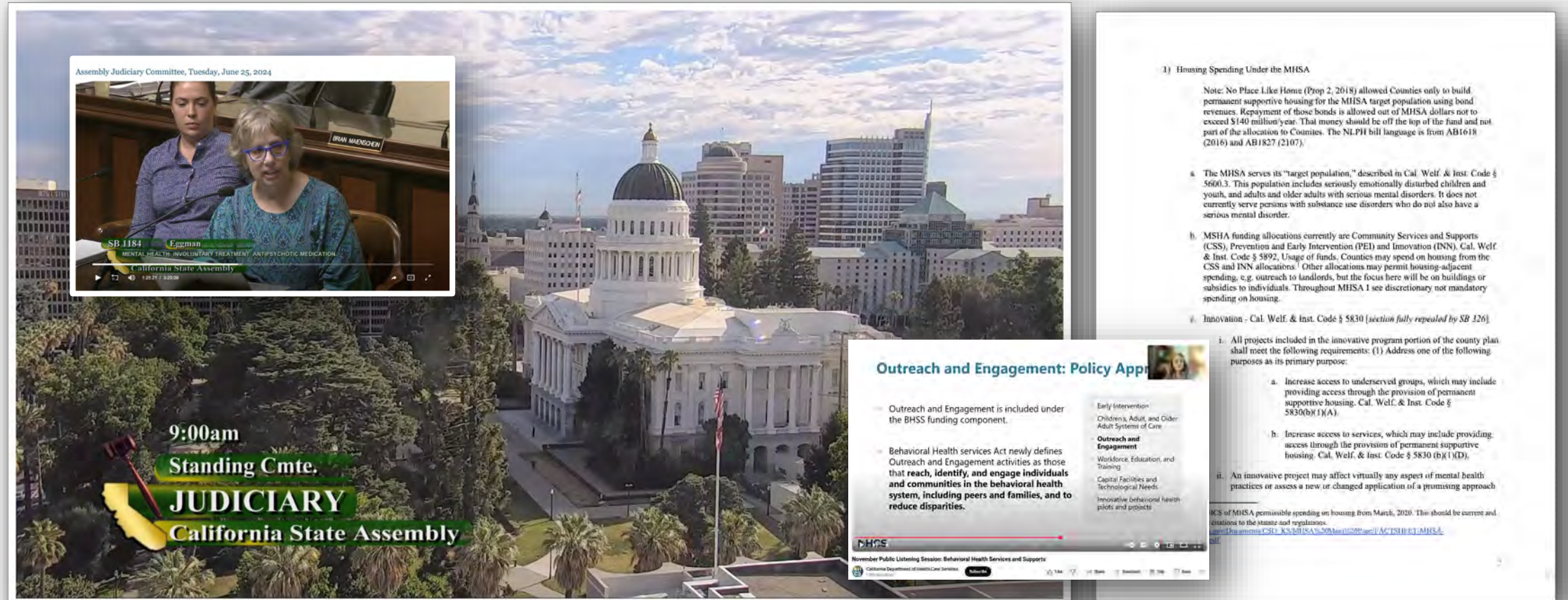
Richard has lived experience with Anxiety Disorder, Hoarding Disorder, and as a person who is Hard of Hearing. He is a certified Medi-Cal Peer Support Specialist and currently works as a Night Counselor in a step-down program of SMI clients coming from a local Psychiatric Health Facility (PHF) and County Jail to stabilize their medications. He was a Mental Health Worker for over seven years at local PHF. His personal medicine is volunteering for four local and statewide nonprofit organizations. He specializes in public benefits, disability benefits, and Assistive Technology (AT).



THEO HENDERSON | Lived Expertise Panel

Theo Henderson is an activist, speaker, poet, educator, and podcaster living in Los Angeles. This year he was an Activist-in-Residence at UCLA and the keynote speaker at the Housing X conference. He has been published in the LA Times and KnockLA, and is currently writing for the San Fernando Sun. Theo has been interviewed for The Washington Post, New York Times, and LA Times, among others.

LEARN – Legislative & Admin. Advocacy



LEARN – Bottom Up from the Community

- Determining how best to serve the community by conducting:
 - Networking Events
 - Evaluations
 - Surveys
 - Q&A

23. Learning Objectives After attending this workshop, participants will be able to: Describe the various decision-making entities in their local Public Behavioral Health System. Identify opportunities to publicly advocate for behavioral health policies in their county. Articulate basic requirements for the local Community Program Planning (CPP) Process. Tailor their advocacy messages and approaches to different audiences. Craft and deliver effective public statements for meetings and hearings. On a scale of 1 - 5, with 5 being "Strongly Agree" and 1 being "Strongly Disagree," please rate your level of agreement with each statement below. After attending the Community Empowerment Workshop ...

	(5) Strongly Agree	(4) Agree	(3) Neutral or No Opinion	(2) Disagree	(1) Strongly Disagree	Responses
I can describe the various decision-making entities in my local Public Behavioral Health System Count: 11 Row %: 61.1%	6 33.3%	1 5.6%	0 0.0%	0 0.0%	0 0.0%	18
I can identify opportunities to publicly advocate for behavioral health policies in my county Count: 10 Row %: 55.6%	8 44.4%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	18
I can articulate basic requirements for the local Community Program Planning (CPP) Process Count: 8 Row %: 44.4%	8 44.4%	1 5.6%	1 5.6%	0 0.0%	0 0.0%	18
I can tailor my advocacy messages and approaches to different audiences Count: 11 Row %: 61.1%	7 38.9%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	18
I can craft and deliver effective public statements for meetings and hearings Count: 10 Row %: 55.6%	5 27.8%	3 16.7%	0 0.0%	0 0.0%	0 0.0%	18
Totals Total Responses:						18

ACCESS 2024 Peer Workforce Survey

ACCESS California is a program of Cal Voices funded by the Mental Health Services Act (MHSA) through a contract administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC).

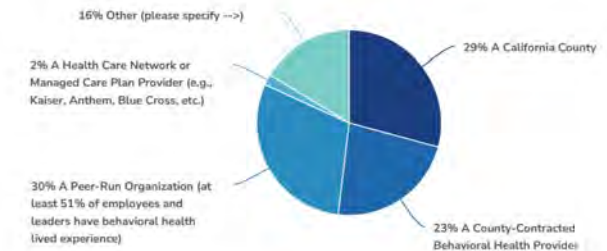
About This Survey

This survey measures current factors and conditions affecting California's Peer Workforce. Such factors and conditions include:

- The number of Peer positions throughout the state
- The systems and settings in which these positions work
- Funding sources for these positions
- Employment qualifications
- Wages and pay scales
- Employment benefits
- Working conditions
- Professional development
- Career advancement
- Diversity and representation
- Impacts of Prop 1/the Behavioral Health Services Act (BHSA)

Who Should Complete This Survey?

17. Which option below BEST describes the type of organization your work/volunteer for?



TEACH – LLE Training Retreat



720 HOWE AVENUE, SUITE 101
SACRAMENTO, CA 95825
PHONE (916) 573-0522 | FAX (916) 655-5448
WEB www.calvoices.org | EMAIL ACCESS@calvoices.org

ACCESS Y1 Training Retreat Agenda July 23, 2024 – July 25, 2024 720 Howe Ave, Sacramento, CA 95825

Tuesday, July 23

- 8:30 - 9:00: Onsite Breakfast and Coffee*
- 9:00 - 10:00: Welcome and Introductions
- 10:00 - 12:00: Training Session #1: MHSA to BHSA 101
- 12:00 - 1:00: Onsite Lunch*
- 1:00 - 2:00: Training Session #1, continued
- 2:00 - 4:00: Strategy Session #1: BHSA Impacts and Issues (Breakout Groups and Large Group Discussion)

Wednesday, July 24

- 8:30 - 9:00: Onsite Breakfast and Coffee*
- 9:00 - 9:30: Welcome and Check-In
- 9:30 - 12:00: Training Session #2: PBHS Structure and Functions
- 12:00 - 1:00: Onsite Lunch*
- 1:00 - 2:00: Training Session #2, continued
- 2:00 - 4:00: Strategy Session #2: Community Organizing and Activation (Breakout Groups and Large Group Discussion)

Thursday, July 25

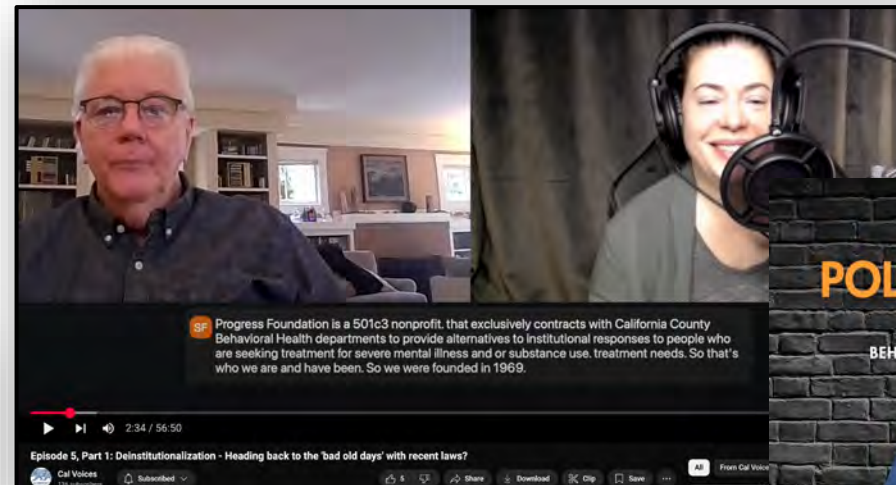
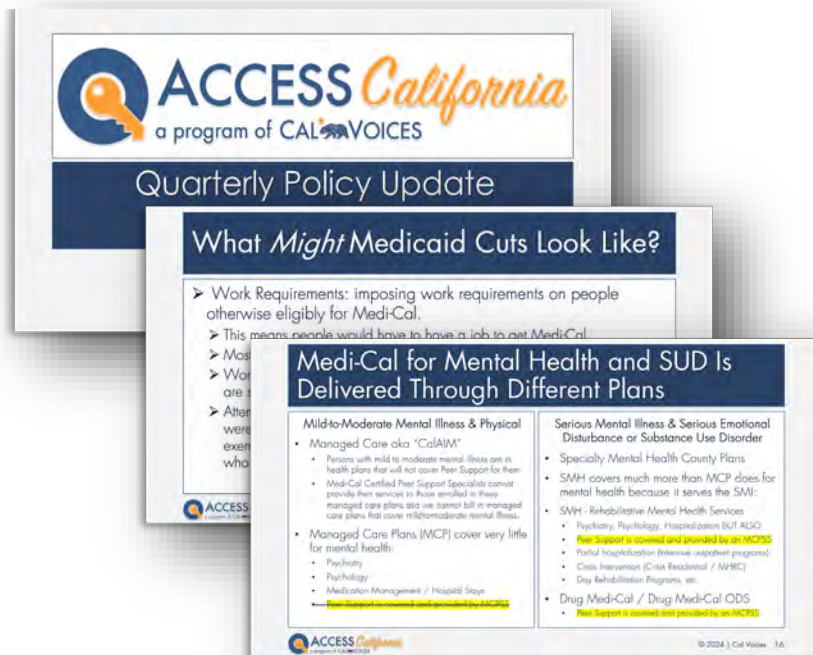
- 8:30 - 9:00: Onsite Breakfast and Coffee*
- 9:00 - 9:30: Welcome and Check-In
- 9:30 - 11:30: Training Session #3: LLE Roles and Responsibilities
- 11:30 - 12:00: Wrap-Up and Evaluation
- 12:00 - 1:00: Onsite Lunch*

* = optional activity

www.calvoices.org/ACCESS

TEACH – Webinars and Podcasts

- Quarterly Policy Update Webinars, Training Webinars, and Podcasts
 - Trainings focus on current events and identify the opportunities for advocacy, e.g., what is set in law and policy versus where opportunities exist for advocacy.



TEACH – Annual Statewide Conference

CONFERENCE AGENDA

- 8:15 am – 9:00 am** Complimentary Breakfast
- 9:00 am – 9:30 am** Welcome and Opening Remarks
- 9:30 am – 10:00 am** **Policy Update**
Clare Cortright, Cal Voices' Advocacy Director, will give an overview of the major components of California's Behavioral Health Transformation (BHT), including the expanding civil and criminal court systems, expanding Medi-Cal benefits via California Advancing and Innovating Medi-Cal (CalAIM) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), infrastructure projects, and how these initiatives create demands on and shape the use of Behavioral Health Services Act (BHSA) funds.
- 10:00 am – 12:00 pm** **Providers Panel**
Building on the policy update, this panel will discuss the most pivotal choices for counties, providers, and communities in the BHSA's Community Planning Process and the restructuring of public behavioral health systems and services in the years to come. Panelists represent large and small counties, community-based organizations, and peer-run agencies.
- 12:00 pm – 1:00 pm** Complimentary Lunch
- Breakout Session**
1:00 pm – 3:00 pm **HEAR US: Promoting Access to and Equity in Behavioral Health Recovery**
Participants will receive a preview of the Cal Voices 2025 Recovery Best Practices Toolkit for Peer Support and Community Health Workers (CHWs). Aligned with the Health Equity in Access to Behavioral Health Recovery Services (HEAR US) Roadmap, participants will learn about the Roadmap, the history of Peer and CHW workforces, their role in serving marginalized communities, and will engage in a learning activity to apply concepts when identifying effective Actionable Strategies for improving access to and equity in recovery. Medi-Cal Peer Support Specialists who attend this session will receive 2.0 Continuing Education Training hours.

FORGING THE FUTURE | ACCESS CALIFORNIA ANNUAL CONFERENCE, FEBRUARY 28, 2025

3

CONFERENCE AGENDA

- 1:00 pm – 1:15 pm** **AB 96: Expanding Employment Opportunities for Peer Professionals**
Meron Agonator, Cal Voices' Policy Director, will provide a brief overview of AB 96, a bill sponsored by Cal Voices that is currently pending in the California legislature. AB 96 would remove existing administrative barriers for Certified Medi-Cal Peer Support Specialists who provide Community Health Worker services to individuals with mental health and/or substance use conditions, improving employment stability and broadening opportunities for individuals who have personal lived experience of recovery from a behavioral health challenge.
- 1:15 pm – 3:00 pm** **Lived Expertise Panel**
This panel includes individuals with personal lived experience receiving and/or providing services in California's Public Behavioral Health System (PBHS). Panelists possess intersectional lived experience with mental illness, substance use disorder, homelessness, and/or criminal legal system involvement, and also serve as advocates, activists, and providers with deep knowledge of systems and the populations from which they hail. Panelists reflect the diverse communities served in the PBHS, understanding the challenges and barriers they face and the collective impacts of BHT on the individuals and groups they serve.
- 3:00 pm – 4:45 pm** **Stakeholder Listening Session**
The California Behavioral Health Planning Council (CBHPC) is a 40-member advisory body to the Department of Health Care Services and the legislature on the public behavioral health system. This session will provide a brief overview of the Council's roles, responsibilities, and current advocacy efforts. CBHPC will solicit feedback that will be used to inform recommendations the Council provides to the state on the Behavioral Health Transformation Implementation.
- 4:45 pm – 5:00 pm** **Closing Remarks and Call to Action**

FORGING THE FUTURE | ACCESS CALIFORNIA ANNUAL CONFERENCE, FEBRUARY 28, 2025

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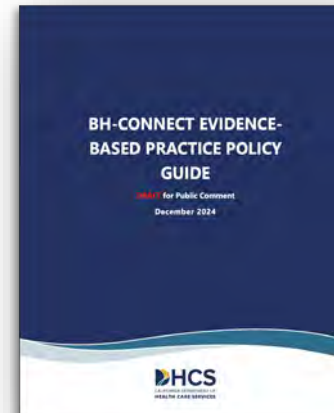


TEACH – Annual Statewide Conference, cont.



IMPLEMENT – Public Comment

- ACCESS has provided technical assistance to Consumers and Consumer-Operated services by drafting, detailed proposed regulations to BHSA, State Plan Amendments and Behavioral Health Information Notices, seeking the substantive rules, and necessary clarifications, that will allow Consumers and Consumer-Operated services to meaningfully engage in the Community Planning Process.



IMPLEMENT – Prepare for the CPP

- COMMUNITY PLANNING PROCESS:
 - Regulations to prioritize remaining funding to brick-and-mortar, Consumer-Operated Services, including Wellness and Recovery Centers and drop-in centers;
 - Preserving and expanding Peer Support and Peer roles;
 - Clarifying the law;
 - Ensuring continuity in housing for those housed through MHSA at the BHSA change-over.



IMPLEMENT – Outcomes

- “The smaller group of attendees allowed me to feel more comfortable and more likely to share and open ideas. It felt less intimidating of an environment to be in, and easier to connect with other attendees. Thank you for this informative training! Brought awareness that were crucial to organization and stakeholder/county decision making we needed to know to advocate for our community!”
 - *Superior Region (Rural) Regional Networking Event Attendee*
- “The diverse perspectives of the panelists was fascinating and informative. The facilitator was amazing. Thank you for the inclusivity and hope! My cup was full.”
- “I am so glad I came, because I have personally/professionally felt very deflated and more reserved in my advocacy and this helped ignite the flame in my heart and soul. I appreciate all of the transparency.”
- “This was my first experience at this conference and it really impressed me. As part of a county organization, I wanted to learn more about what is coming and how it would impact us. I learned so much and I am excited to take things back to my organization.”
 - *Annual Statewide Conference Attendees*

Recommendations

1. Ongoing support for stakeholder advocacy and expansions of stakeholder advocacy
2. Technical assistance for consumer-operated services, including transitioning into Medi-Cal-billable services
3. Integration of peers into all parts of the continuum of care

Contact Us



www.calvoices.org



ACCESS@calvoices.org

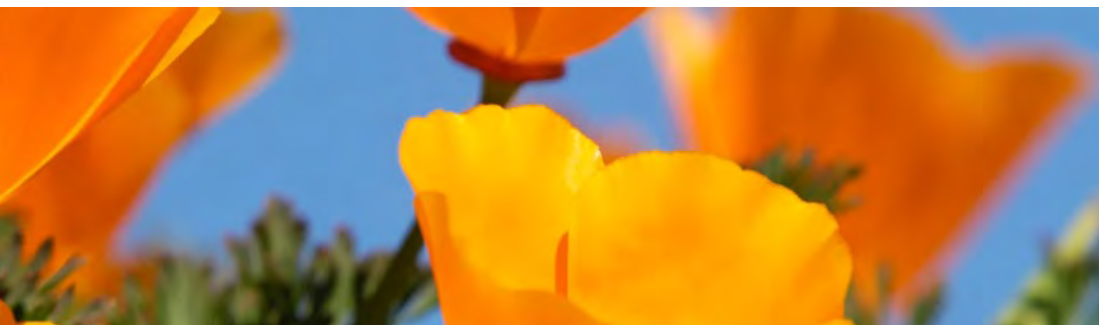


(916) 366-4600



CBH Advisory Committee Composition

Committee Membership & Composition



1

Budget and Fiscal Advisory Committee

2

Legislative and External Affairs Advisory Committee

3

Program Advisory Committee

Budget and Fiscal Advisory Committee

COMPOSITION

- **Chair:** Commissioner Al Rowlett
- **Vice Chair:** Commissioner Chris Conteras
- **Membership:**
 - Commissioner Keyondria Bunch
 - Commissioner Steve Carnevale
 - Commissioner Dave Gordon
 - Commissioner Harabedian (Designee Rosielyn Pulmano)



Legislation and External Affairs Advisory Committee

COMPOSITION

- **Chair:** Commissioner Mark Bontrager
- **Vice Chair:** Commissioner Robert Callan Jr.
- **Membership:**
 - Commissioner Marvin Southard
 - Commissioner Gladys Mitchell
 - Commissioner Karen Larsen



Program Advisory Committee

COMPOSITION

- **Chair:** Commissioner Gary Tsai
- **Vice Chair:** Commissioner Madrigal-Weiss
- **Membership:**
 - Commissioner Pamela Baer
 - Commissioner Michael Bernick
 - Commissioner Rayshell Chambers
 - Commissioner Dave Cortese (Designee Marjorie Swartz)
 - Commissioner Makenzie Cross



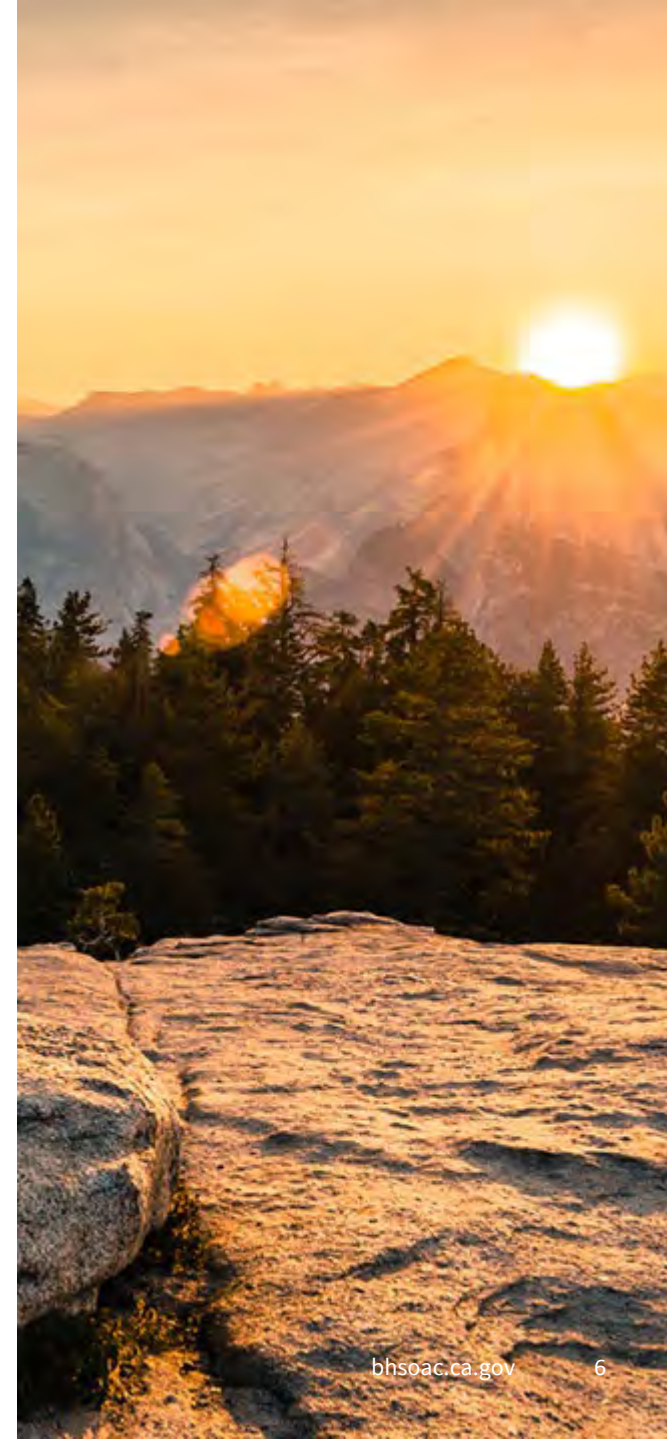
Questions?

CONTACT

Sandra M. Gallardo (*she, her(s), ella*)
Chief Counsel

(916) 261-1808

Sandra.Gallardo@bhsoac.ca.gov





Legislative Priorities

Kendra Zoller, *Deputy Director of
Legislative and External Affairs*

April 24, 2025

Senate Bill 320 (Limón)

SUMMARY

Requires the Department of Justice to develop and launch a system to allow a California resident to voluntarily add their own name to the California Do Not Sell List with the goal of preventing a person on that list from being sold or transferred a firearm.

CONNECTION

Concept is elevated in the Commission's report *"Stopping the Hurt: Preventing the Harms of Firearm Violence Through Public Behavioral Health"*

SPONSORED BY

- Department of Justice
- CA State Sheriffs Association
- CA State Association of Psychiatrists
- Supported by the Commission last year and in concept at the March 2025 meeting.

Assembly Bill 96 (Jackson)

SUMMARY

This bill streamlines certification by recognizing Peer Support Specialists as meeting the requirements to serve as Community Health workers, thereby expanding their role in preventative care.

CONNECTION

The Commission has supported the integration of peers into more settings to help address the workforce shortage in the behavioral health system.

SPONSORED BY

- CalVoices

Assembly Bill 348 (Krell)

SUMMARY

This bill would establish presumptive eligibility for Full Service Partnership (FSP) programs for those with serious mental health challenges who are experiencing homelessness, being released from incarceration or being discharged from involuntary hospitalization.

CONNECTION

The Commission's recent legislative report on FSPs recommends clear and specific eligibility requirements for FSP clients.

SPONSORED BY

- California Behavioral Health Association
- California Big City Mayors Coalition
- Steinberg Institute

Assembly Bill 1037 (Elhawary)

SUMMARY

This bill, otherwise known as the SUD Care Modernization Act, would allow opioid antagonist distributions to cover any type of overdose; remove training requirements to possess these antagonists; ensures anyone administering an opioid antagonist will be protected from legal consequences when acting with reasonable care in good faith, regardless of training; mandates that by 2027, the Department of Health Care Services must offer combined applications for drug recovery facilities and incidental medical services and additionally remove the abstinence requirement for admission; and requires drug program fees to continue to fund primary prevention programs following evidence-based practices.

CONNECTION

The Commission's current Mental Health Wellness Act grant on SUD supports improving access to evidence-based SUD services and low barrier treatment.

SPONSORED BY

- Los Angeles County Board of Supervisors

Senate Bill 531 (Rubio)

SUMMARY

This bill would ensure that students receive age-appropriate mental health education in elementary, middle, and high schools by amending existing law to include age-appropriate mental health education within the existing requirement that health instruction be taught in grades 1-6, and by requiring that mental health education be taught in grades 7-12.

CONNECTION

Builds on the Commission's previously sponsored bill SB 224 (Rubio, Chapter 675, Statutes of 2021) and the concept is also elevated in the Commission's report *"Every Young Heart and Mind: Schools as Centers of Wellness."*

SPONSORED BY

- California Academy of Child and Adolescent Psychiatry
- California Alliance of Child and Family Services
- National Center for Youth Law
- National Alliance on Mental Illness
- The Children's Partnership

Senate Bill 862 (Senate Committee on Health)

SUMMARY

This is the Senate Health Committee's Omnibus bill that includes purely technical and noncontroversial amendments including cleaning-up the Commission's name in the statutes that Proposition 1 missed.

Motions

Bill	Motion
SB 320 (Limón)	That the Commission supports SB 320 (Limón) and directs staff to communicate its position to the Legislature and the Governor.
AB 96 (Jackson)	That the Commission supports AB 96 (Jackson) and directs staff to communicate its position to the Legislature and the Governor.
AB 348 (Krell)	That the Commission supports AB 348 (Krell) and directs staff to communicate its position to the Legislature and the Governor.
AB 1037 (Elhawary)	That the Commission supports AB 1037 (Elhawary) and directs staff to communicate its position to the Legislature and the Governor.
SB 531 (Rubio)	That the Commission supports SB 531 (Rubio) and directs staff to communicate its position to the Legislature and the Governor.
SB 862 (Senate Committee on Health)	That the Commission supports SB 862 (Senate Committee on Health) and directs staff to communicate its position to the Legislature and the Governor.

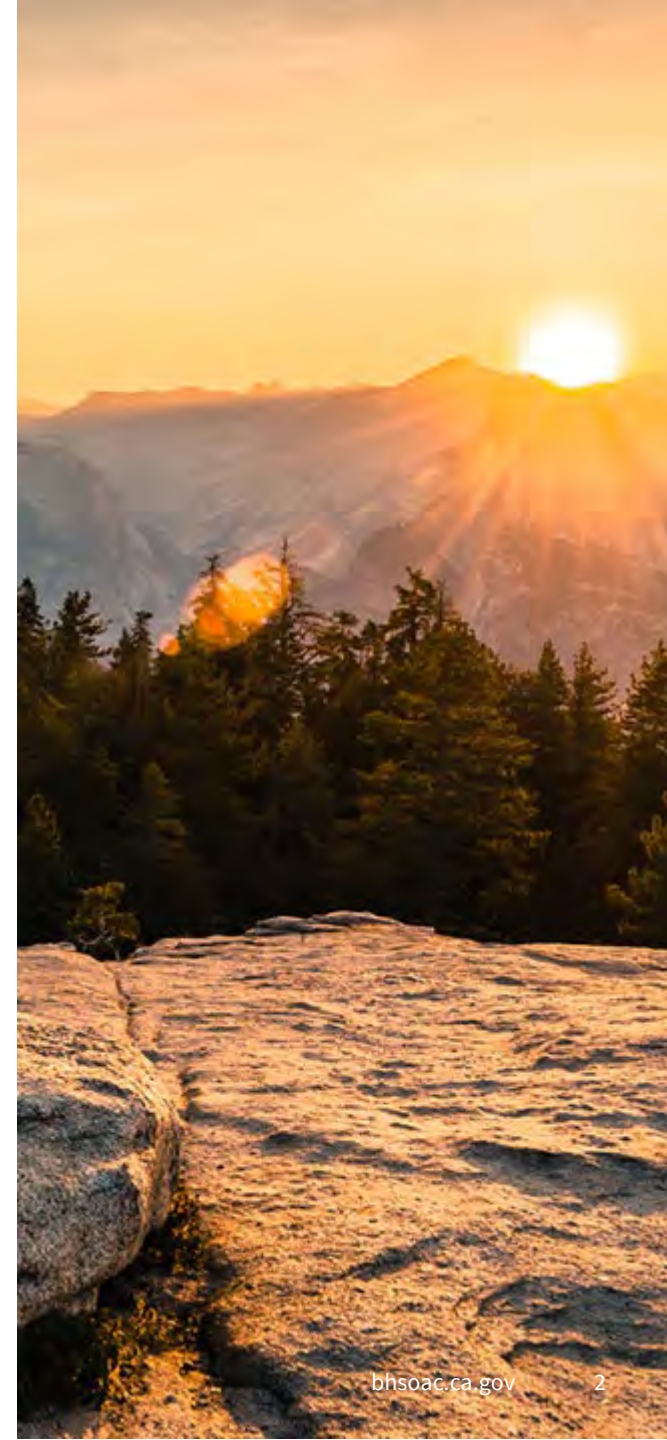


Peer Respite Project

April 24, 2025

Overview

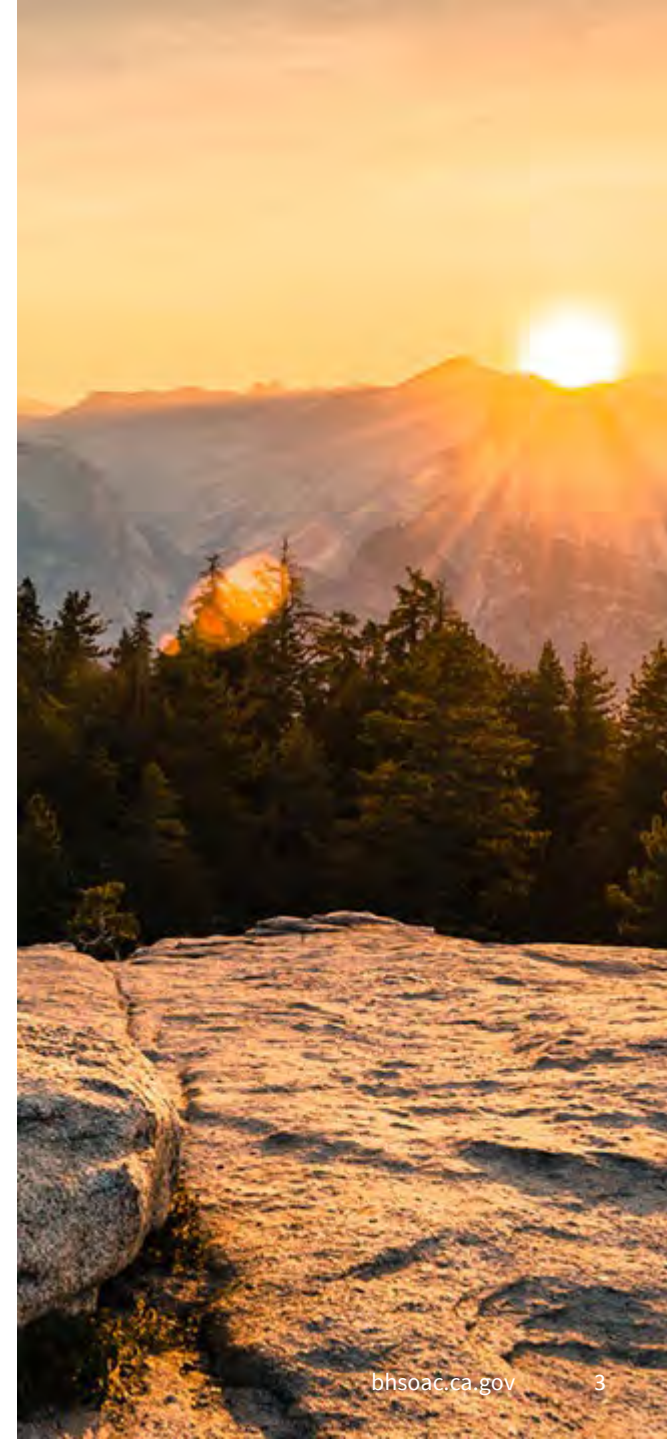
- What is peer respite?
- Peer Respite project activities and timelines
- Considerations for investing MHSA funds in peer respites



Background

The Commission directed staff to focus on five priorities for Mental Health Wellness Act funding in 5 areas:

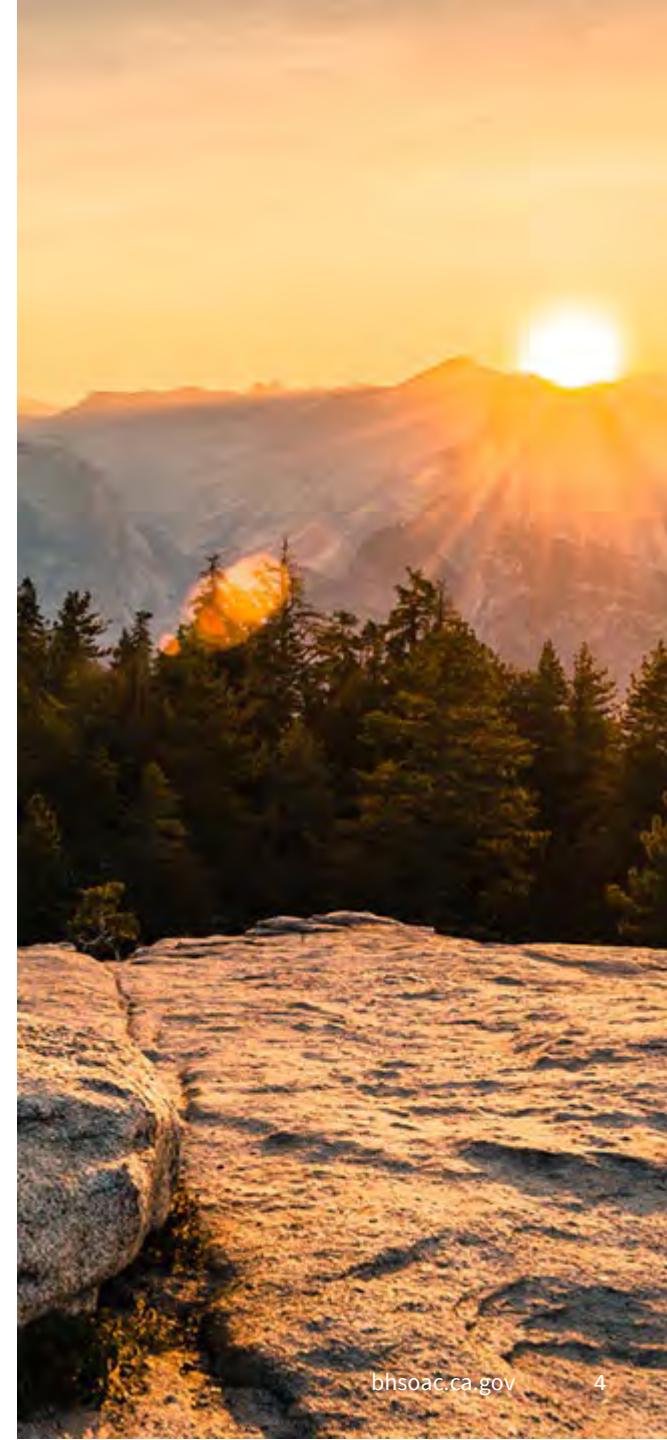
- EmPATH
- Substance use disorder
- Older adults
- 0-5
- **Peer respite**



What is a Peer Respite?

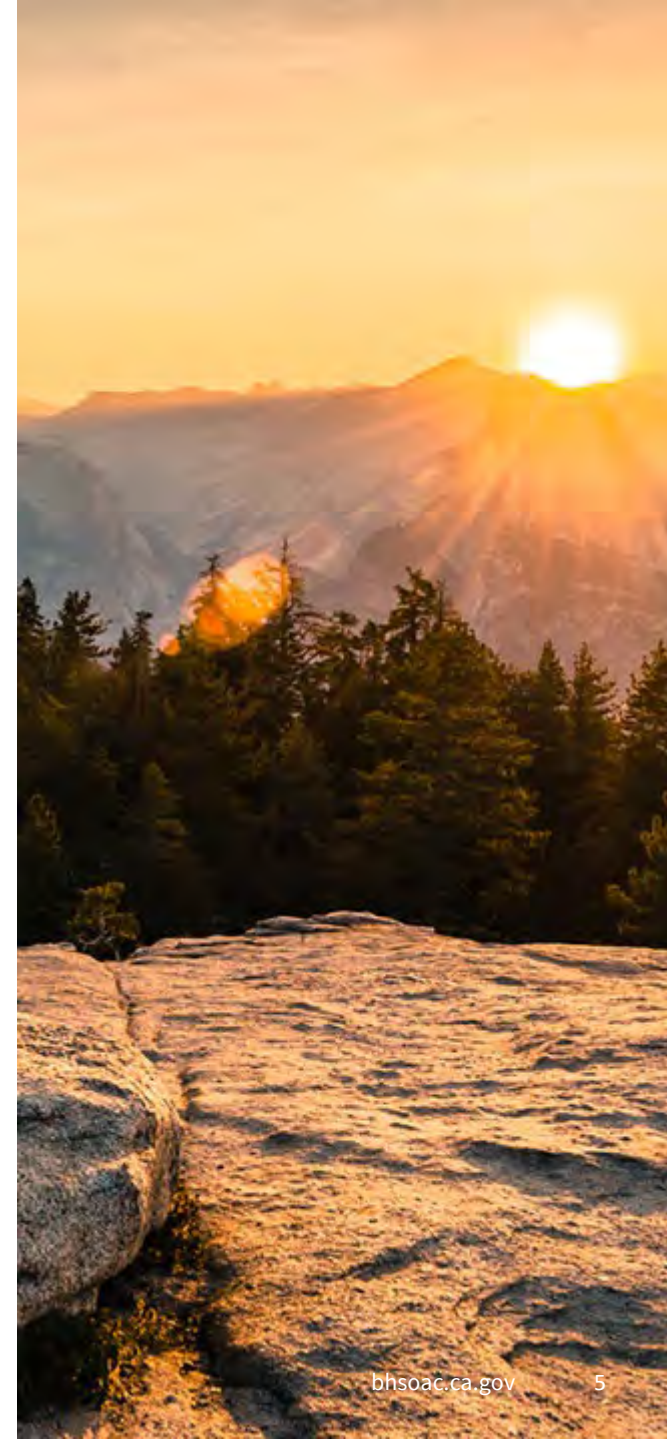
Peer respite is a voluntary, short-term, program, usually overnight, that provides community-based, non-clinical support to individuals experiencing, or at risk of experiencing, a behavioral health crisis.

Peer respites are staffed and operated by people with lived experience of behavioral health issues.



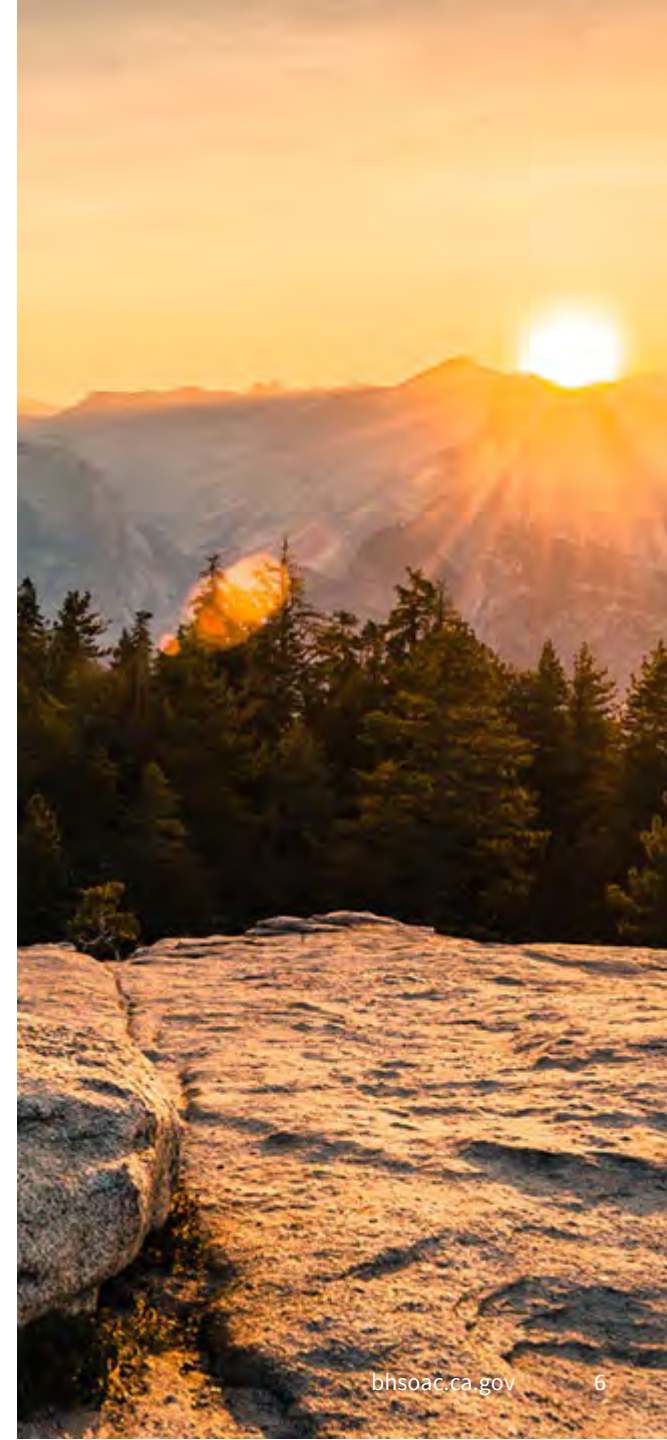
Peer Respite

- Peer respites are rooted in the foundation and principles of peer services
- Studies suggests that peer respites strengthen self-reliance and social connectedness, and may lower costs
- Estimate there are 10 to 12 peer respites operating in California
- Peer respites have been funded primarily through a variety of public and private sources



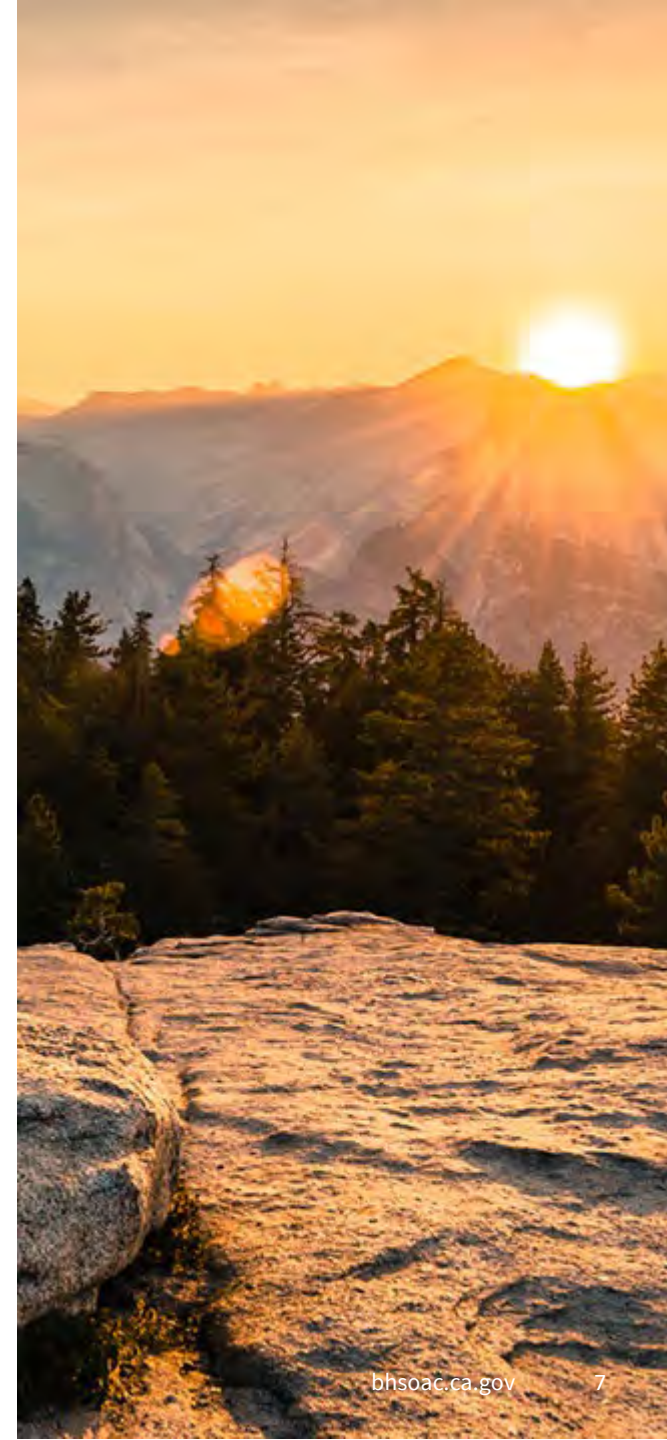
Peer Respite Project

- Project led by Commissioner Rayshell Chambers
- Opportunity to expand the conversation around peer services across the behavioral health continuum
- Site visit to SHARE! Recovery Retreat in March 2025
- Future site visits to Sally's Place (Alameda), Insight Peer Respite (Grass Valley), and Second Story (Santa Cruz)
- Conduct literature reviews, interviews and focus groups



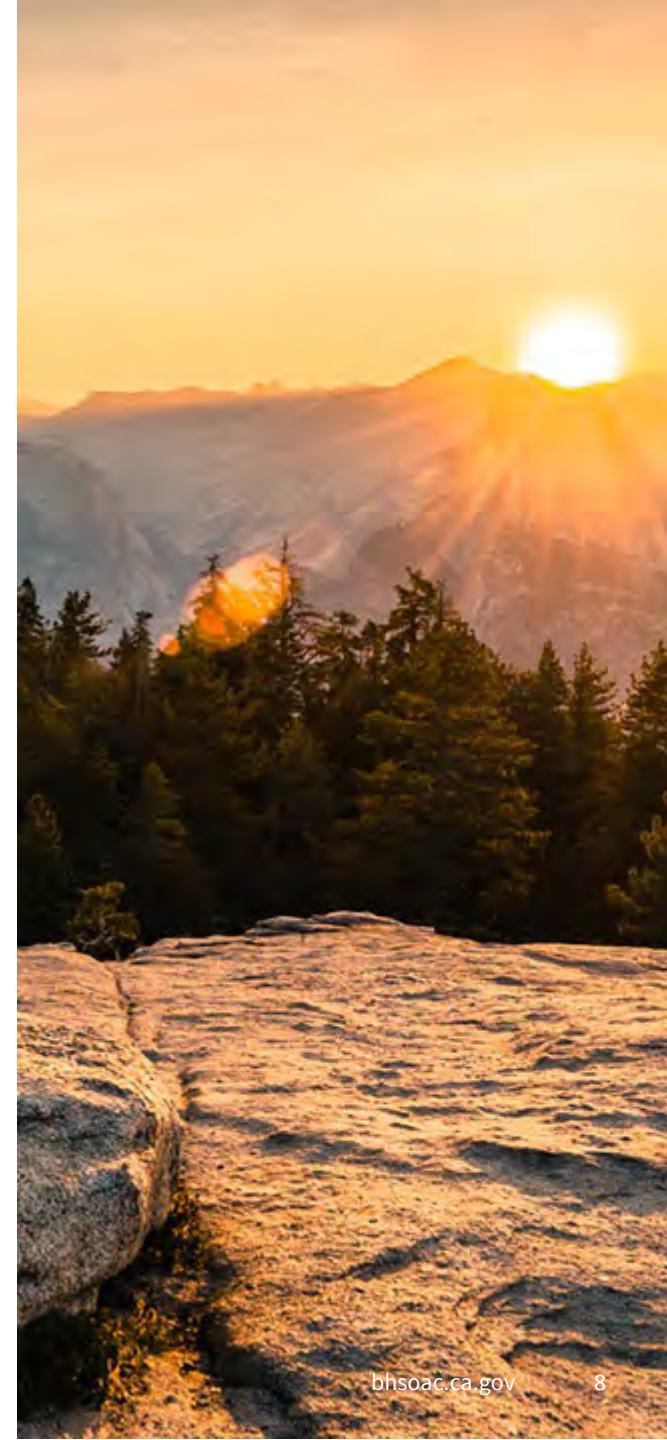
Key Areas for Exploration

- Current policy and funding landscape
- Role of peer respites within the crisis continuum
- Processes and requirements for establishing a peer respite
- Level of diversity among peer respite operators
- Best practices for peer respites
- Connections between peer respites, behavioral health and housing services
- Cost, funding, and sustainability of peer respites
- Technical assistance to support the success of peer respites



Opportunity

- MHWA funds for peer respite are \$20 million for three years
- We seek Commission and public guidance on the project and establishing priorities



Project activities and timelines

<u>Project activity</u>	<u>Timeline</u>
Conduct literature reviews, site visits, interviews, and focus groups.	March-September
Introduce the Project to the Commission and the public.	April Commission Meeting
Hold a public hearing before the Commission and present detailed project plan.	July Commission Meeting
Summarize and produce project findings.	October-November
Draft MHWA Request for Application (RFA) for Peer Respite.	November-December
Present the findings from the project and a proposal for the Peer Respite RFA.	January Commission Meeting

THANK YOU



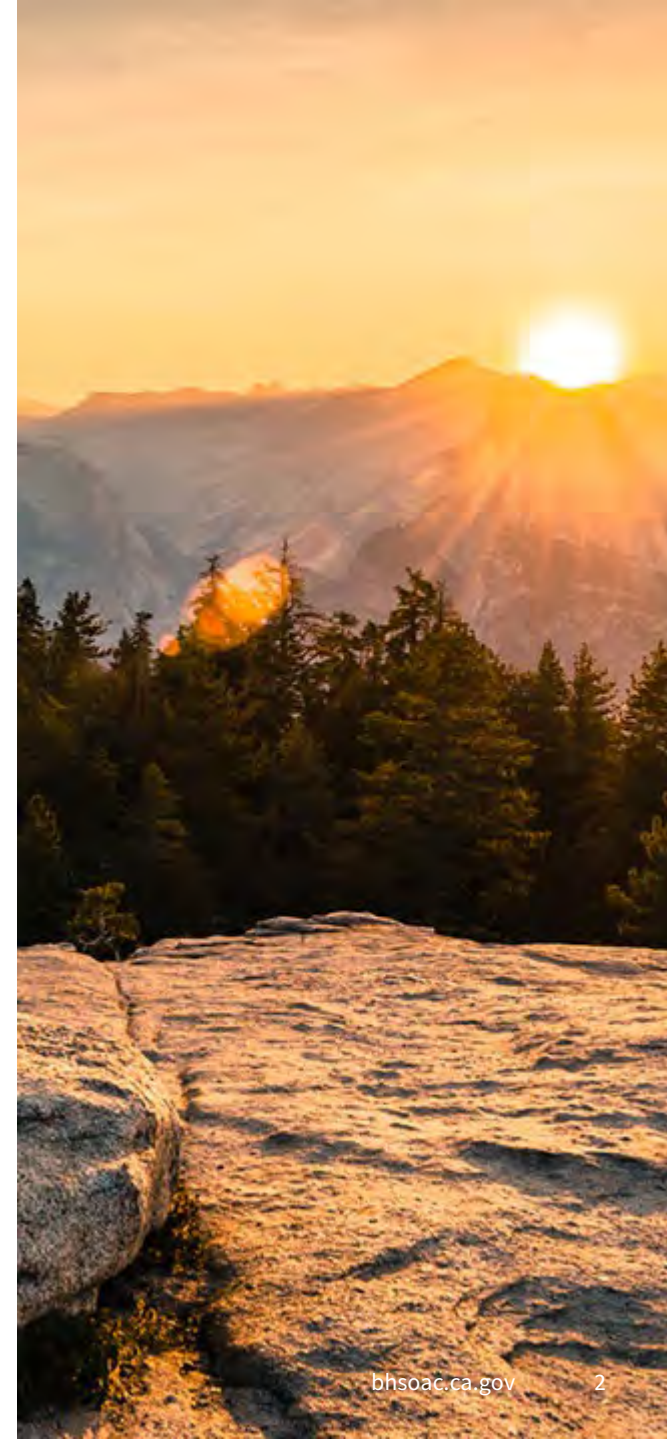
Innovation Partnership Fund Community & Stakeholder Concepts

Will Lightbourne, *Interim Executive Director*
April 24, 2025

Community Defined Evidence Practices

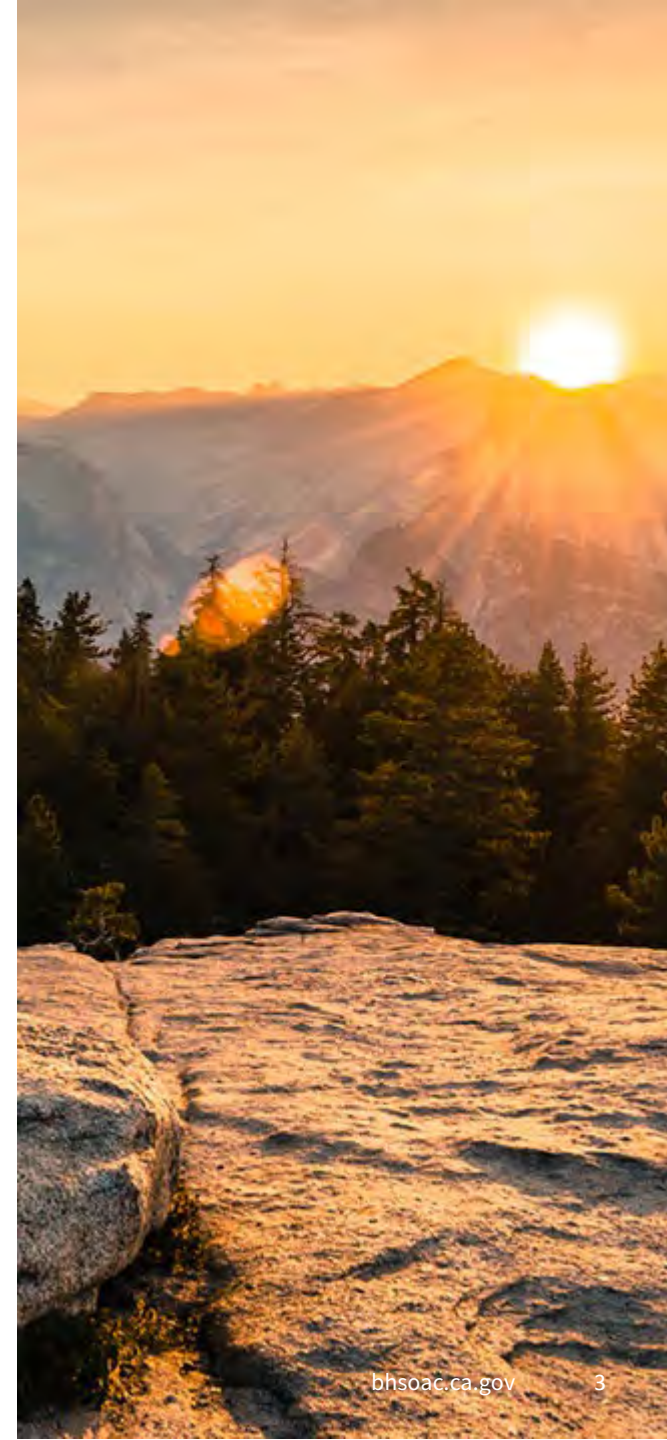
THE MOST FREQUENTLY SUGGESTED PRIORITY.

- Overall concept: Support development of runways for CDEPs to become established practice
- Focus CDEPs on the need of particular communities
- Technical assistance to help counties integrate CDEPs into service array



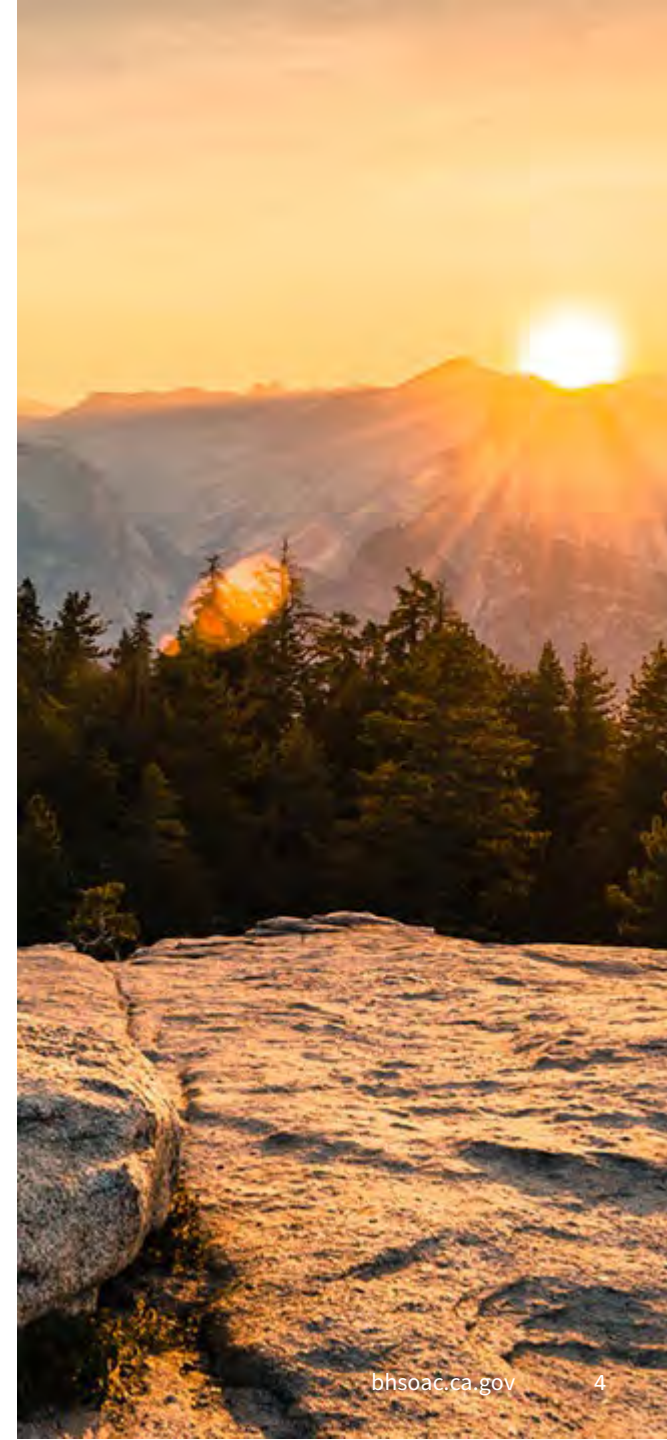
Workforce

- Pilot community-based health education training program integrating mental health and SUD in institutes of higher education
- Support inclusion of SUD in all things BHSA, including workforce development
- Further the development of peer support as part of the integrated behavioral health delivery system
- Artificial intelligence tools to relieve burdensome record-keeping and non-care tasks
- Specific trainings: working with older adults living with HIV, trans-inclusive care



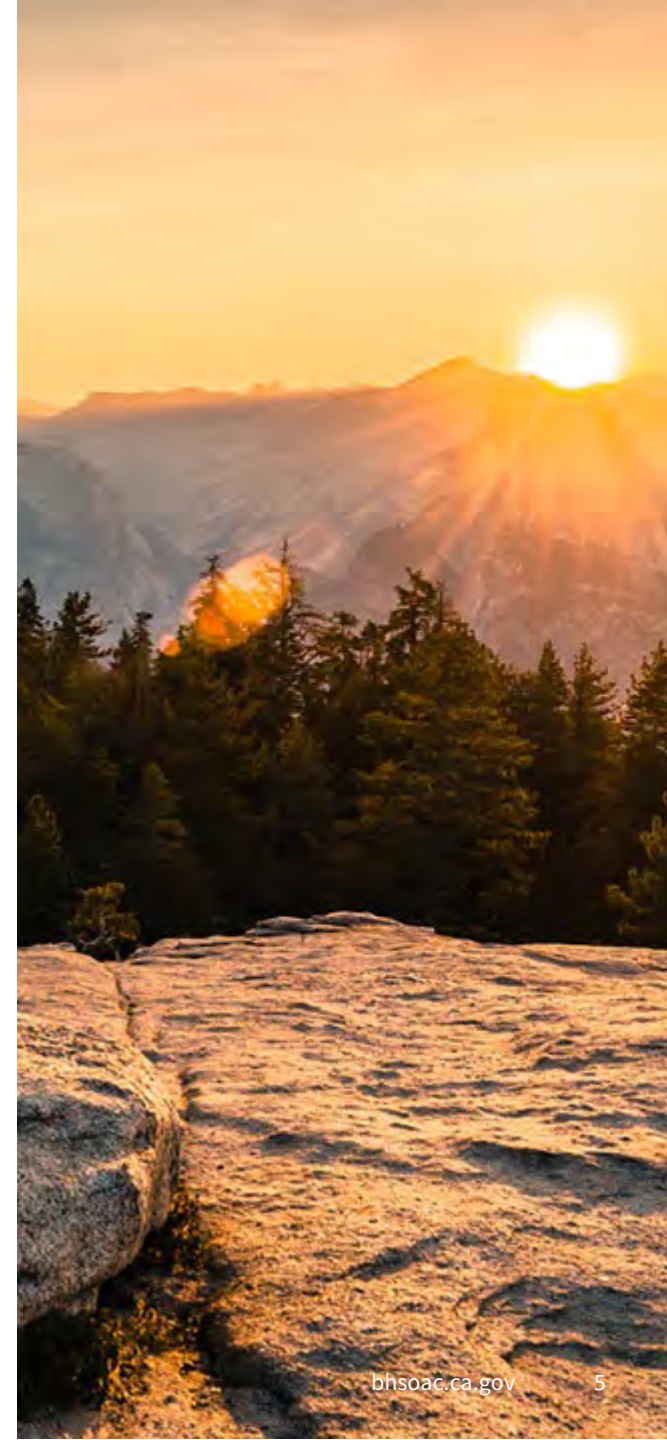
Community Engagement

- Increase community participation in building out SUD capacity in BHSA
- Create Behavioral Health Consumer Councils for BHSA system design
- AAPI grassroots media outreach to reduce stigma and promote awareness of behavioral health conditions



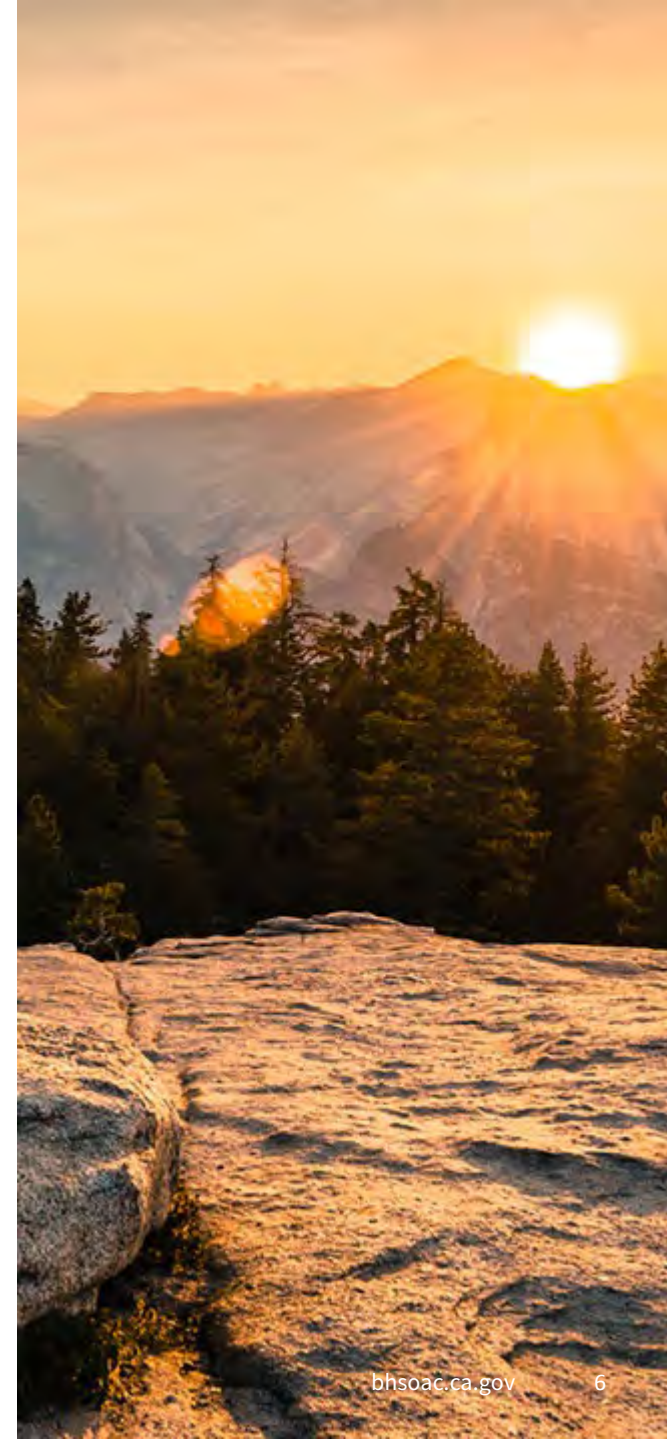
Substance Use Disorder

- CBH take leadership in fully integrating SUD into Full Service Partnerships, Behavioral Health Supports and Services, Housing, and Prevention
- Create a model for low-barrier Medically Assisted Treatment Bridge Clinics, especially for people exiting emergency departments, jails, and prisons
- Acute SUD treatment transitional services



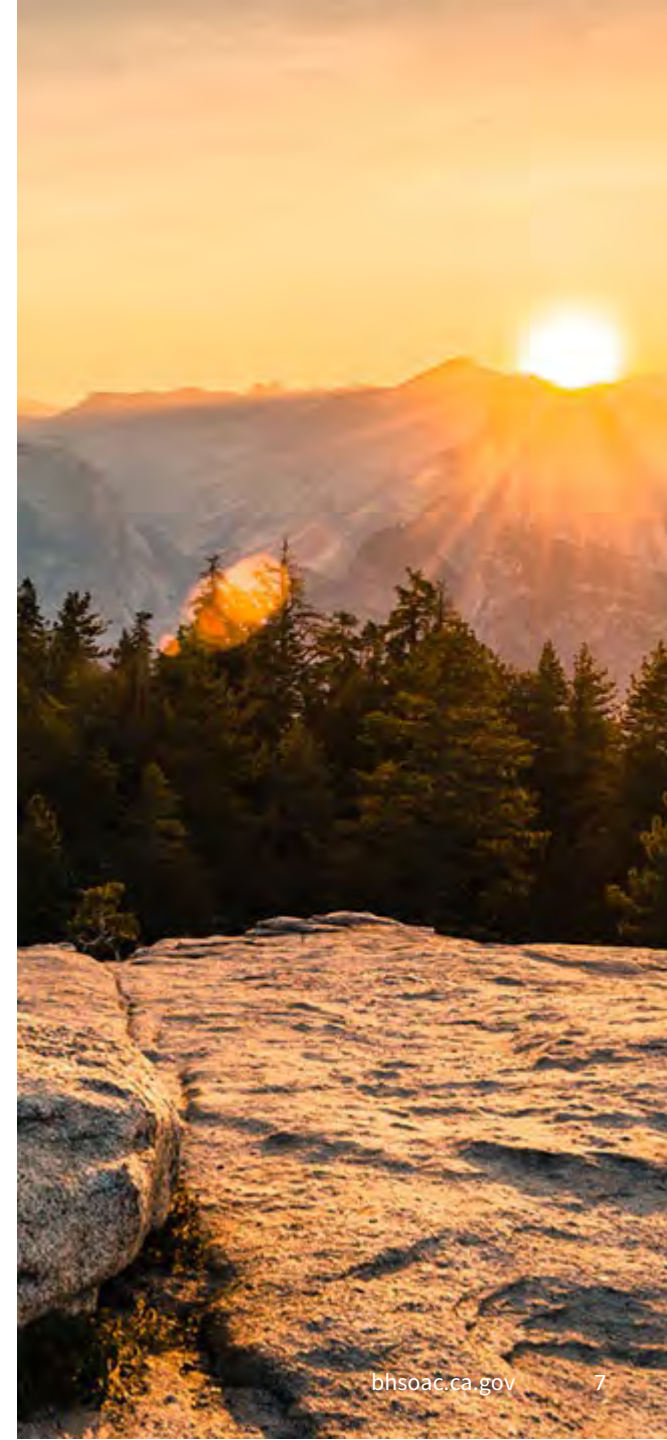
Youth

- Cross-county hub model to simplify access and coordination of behavioral health services for youth in foster care
- Triple P Online programs to make parenting support services widely available
- School Based Health Centers, using community partnerships to give access and reach youth who are hesitant about behavioral health services



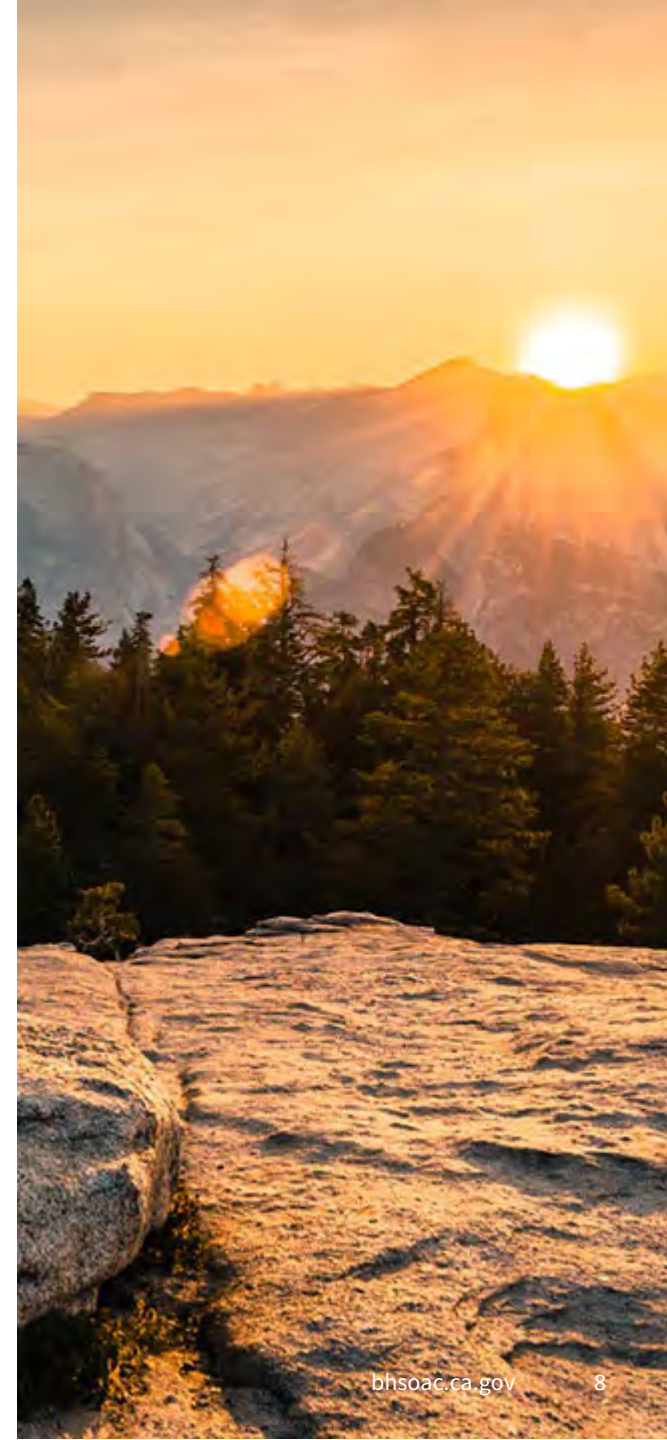
Technology

- Artificial intelligence tools to relieve administrative chores and speed adoption of new practice
- Automated tool to enhance care and treatment of severe mental illness through real-time, passive symptom monitoring



System Improvement & Strengthening

- Strategic plan to reduce disparities; use CBH data warehousing to track improvements
- Outcome-based payments strategy for contractors that support people transitioning out of jails and prisons
- Training and payment incentives for teams engaged to clear homeless encampments
- Identify and implement culture-based interventions
- Training for street medicine prescribers
- Strategic plan to maximize sustainable funding for counties
- Behavioral health outcomes fund – county stretch initiatives to earn bonus payments
- Scale Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM) statewide
- Technical assistance to help counties prepare for and implement Proposition 1



Innovation Partnership Fund: Community & Interest Holder Concepts

The Commission invited stakeholders to offer suggestions to be considered in the planning for the implementation of the Innovation Partnership Fund (IPF). The invitation emphasized that suggestions should be focused on system change in the delivery of behavioral health services to the priority populations in Proposition 1 and the BHSA. As of April 20, 2025, more than 40 organizations responded, including the California Health and Human Services Agency (Cal HHS), the Department of Health Care Access and Information (HCAI), community and advocacy groups, agency associations, counties, and profit and non-profit organizations. This document very briefly summarizes the concepts identified. Fuller descriptions will be available for the Commission's discussion in May.

CDEPs

- Community Defined Evidence Practices (CDEPs) was the most frequently suggested and by multiple responders. The basic concept is to support development of runways for CDEPs to become established practice – one among many examples used is for healing centers to have the same recognition now enjoyed by clubhouses, and to be a reimbursable benefit.
- Several organizations focused on the **needs of particular communities**, especially Southeast Asian communities.
- Ventura County recommended that CBH take the lead in **establishing standards for recognition of CDEPs**.
- Third Sector suggested the additional need for **technical assistance to help support county behavioral health to integrate CDEPs** into the service array.

Workforce

Support of behavioral health workforce development was the second most frequently suggested innovations.

- HCAI recommends a **Community Based Behavioral Health Education Training Program to be piloted at selected IHEs** with curriculum designed to fuse mental health and SUD treatments skills, to leverage BH-CONNECT scholarship funds, and then scale to statewide capacity at California community colleges and state universities.

- Cal HHS recommends using innovation resources to support the **inclusion of SUD in all things BHSA**, including workforce development.
- Several responders focused on further **development of Peer Support in the integrated behavioral health delivery system**, with specific concepts suggested by Ventura County, UC Davis, San Bernardino County, and Third Sector among others.
- Cal HHS also recommends development of **artificial intelligence tools to relieve the existing workforce of burdensome record-keeping and non-care tasks**, and to help rapid implementation of new skills.
- There were recommendations for **specific workforce development and training**.
 - There was a specific recommendation from San Francisco County to support development of the Asian/Pacific Islander Workforce
 - The Aging and HIV Institute recommends a statewide training and technical assistance initiative to equip the behavioral health workforce with the skills and tools to serve older adults living with HIV.
 - Fresno County recommends development of training for trans-inclusive care.

Community Engagement

- Cal HHS recommends initiatives to **increase community participation in building out SUD capacity in BHSA**, with specific focus on CDEPs, EBPs, and training.
- Third Sector recommends the **creation of Behavioral Health Consumer Councils for BHSA system design**.
- Chime TV recommends **AAPI grassroots media outreach to reduce stigma and promote awareness** of behavioral health challenges.

Substance Use Disorder

- Cal HHS recommends **CBH take leadership through the IPF in fully integrating SUD into Full Service Partnerships, Behavioral Health Supports and Services, housing, and prevention**. Other responders encourage leadership in systematic integration with mental health include CBHDA and several counties.
- UC Davis suggests innovating by creating a **model for low-barrier Medically Assisted Treatment Bridge Clinics to provide 7-day access to people exiting emergency departments, jails and prisons, or seeking help on their own**. This would provide continuity from the emergency department-based Bridge programs.
- Kern County identified a need for **acute substance abuse treatment transitional services**.

Youth

- The California Alliance of Child and Family Services Agencies recommends an **innovative, cross-county hub model for the 40,000 youth in foster care, to simplify access to behavioral care** regardless of where the youth lives, or which public system is funding their care.
- Triple P America suggests the value of developing a statewide initiative offering **Triple P Online (TPOL) programs to make parenting support services widely available**.
- California School-Based Health Alliance recommends **investment in School Based Health Centers** as a resource with benefits that are both clinical and financial – using community partnerships to give access across multiple funding and billing sources and being able to reach youth who are hesitant about behavioral health services.

Technology

- Cal HHS recommends that IPF be used to develop and deploy **artificial intelligence tools both to relieve the delivery system of administrative chores, and to speed adoption of new practice**.
- Mind Numbers recommends exploration of an **automated tool to help enhance severe mental illness care and treatment through real-time, passive symptom monitoring** for early interventions.

System Improvement and Strengthening

- Cal HHS highlights the importance of addressing racial disparities in behavioral health care and suggests CBH take the lead in developing a **strategic plan to reduce disparities and use its data warehousing capabilities to track measurable improvements** over the following 5 and 10 years.
- As part of addressing disparities, REMHDCO, Hmong Cultural Center, and Whole Systems Learning calls for **identification and implementation of culture-based interventions**.
- Healthy Brains Global Initiative (HBGI) suggests **training and payment incentives for teams engaged to clear homeless encampments**.
- HBGI recommends developing a **strategy for outcome-based payments for contractors engaged with people leaving jails and prisons** to begin working with

inmates 90 days pre-release and then transition them “from the gate” to short and long-term housing, and employment.

- USC Street Medicine recommends **training for street medicine prescribers**.
- CBHDA encourages statewide technical assistance support in partnership with CBHDA and CalMHSA to **help counties prepare for and implement Proposition 1**.
- Social Finance recommends creation of a **Behavioral Health Outcomes Fund** – allow counties to propose specific stretch initiatives which if successful earn bonus payments.
- Solano County suggests **expanding the Interdisciplinary Collaboration and Cultural Transformation Model (ICCTM)** innovation project (a collaboration between the county and UC Davis to reduce disparities) to a statewide scale.
- Fresno County highlights the need for **strategic planning to help counties devise approaches to maximize sustainable sources of funding**.

Next Steps in the Innovation Partnership Fund Planning

To Date:

- Staff presented “Background Paper” and University of the Pacific “White Paper” to the Commission in its February 2025 meeting packet.
- Commissioner Carnevale presented his concept for a Center for Sustainable Financing at the February 2025 meeting.
- Public at the February 2025 meeting called for a transparent planning and decision-making process.
- Twenty-three community-based organizations and agency associations signed a letter to the Commission seeking transparency in the process.
- In March a “call for concepts” was widely distributed to interest holders and other departments, requesting suggestions for concepts capable of producing systems change by mid-April.

Next Steps

- Staff will connect with the Governor’s Office on Philanthropic Partnerships and the Los Angeles Partnership to see what lessons can be gathered from those existing public-private partnerships.
- At the April 24, 2025 Commission meeting, staff will present a brief summary of ideas surfaced through the call for concepts, and suggest the following as a strategy for the Commission to begin discernment and lead to decision-making:
 - At the May 2025 meeting, use the experiences of the Governor’s Office and Los Angeles partnerships to level-set on opportunities and challenges in public-private partnerships, receive expanded descriptions of community suggested concepts, and receive any additional innovation proposals from individual commissioners or others.
 - At the May 2025 meeting, have a facilitated Commission discussion to:
 - Determine whether the Innovation Partnership Fund focus should be on BHSA priority populations, the wider behavioral health ecosystem, or different initiatives with different targets.
 - Assess which of the concepts that have been surfaced represent systemic change opportunities versus interesting but localized projects.

- Consider how many initiatives could be undertaken consistent with the need to be impactful.
 - Prioritize the concepts considered to have system change potential.
 - Task the Program Committee to come back to the July 2025 (or August 2025) meeting with a summary of the pros and cons of each concept, including, for joint investment concepts, a determination of whether funding from other partners is firmly committed and at an acceptable level.
 - As part of the pros and cons analysis, the Program Committee should hold required consultations with California Health and Human Services Agency, Department of Health Care Services, California Department of Public Health, and the Department of Health Care Access and Information.
- At the July 2025 or August 2025 meeting, the Commission should select which concepts to advance to implementation. The Executive Director will determine which staff will be assigned to implementation teams.