

Meeting of the California Association of Local Behavioral Health Boards and Commissions, January 23rd, 2026 in San Diego to hear updates from the California Behavioral Health Planning Council, Commission on Behavioral Health, California Department of Public Health, and several Multi-county Pioneering Behavioral Health Programs.

- **Participants:** Representatives from various California county Behavioral Health Advisory Boards and Commissions (Santa Barbara, San Mateo, Shasta, Marin, Solano, Orange, San Francisco, San Luis Obispo, Sonoma, Butte, Kern, and others).
- **Leadership:** Teresa Comstock, Executive Director of the California Association of Local Behavioral Health Boards and Commissions (CalBHBC).

California Behavioral Health Planning Council (CBHPC) Updates

- **2025 Data Notebook:** Focused on wellness and recovery centers; 51 boards participated. Results highlight the value of these centers and will be shared in an upcoming webinar.
- **2026 Data Notebook:** Planning is underway with a focus on behavioral health services for foster youth.
- **Patient Rights:** Plans to increase awareness and staff ratios for patient rights advocates. A training conference is scheduled for mid-April in Sacramento.
- **Workforce Development:**
 - **Elevate Program:** \$75 million investment over five years for apprenticeships and internships.
 - **BH Connect:** An 1115 waiver project with \$1.9 billion for loan repayments, scholarships, and recruitment.
 - **Shortage Stats:** San Diego County alone reports a shortage of 18,500 behavioral health staff.
- **Legislative Positions:**
 - **Support:** AB 1267 (consolidated licensing), AB 1540 (LGBTQ+ crisis hotline routing), AB 1579 (children's crisis continuum), and SB 548 (reducing addiction deaths).
 - **Oppose:** SB 367 (expansion of LPS conservatorship recommendations).
- **Housing:** Recommending alignment of BHSA regulations with federal HUD standards to allow up to two years of transitional housing support.

Commission for Behavioral Health Updates

- **Funding Opportunities:**
 - **Innovation Partnership Fund:** \$20 million annual allocation for state-level innovative programs; RFP expected late February/early March.
 - **Peer Respite and Student Services:** RFPs pending for peer respite and performance management for school-based services.
- **Strategic Planning:** The Commission is updating its strategic plan as it transitions from MHSA to BHSA and is seeking stakeholder input.
- **Data Strategy:** Developing dashboards to provide counties with data for BHSA planning and annual updates.

CDPH: Population-Based Prevention Plans

- **Funding Mandate:** 10% of Prop 1/BHSA funds go to the state; of that, 4% is for CDPH prevention. 51% of those funds must serve youth aged 25 and younger.
- **Prevention vs. Early Intervention:** CDPH focuses on "universal" and "selective" prevention (population-level). Early intervention and diagnostic services remain under DHCS.
- **Local Assistance Buckets:**
 - **CDEPs:** Scaling community-defined evidence-based practices.
 - **Trusted Messengers:** Tailored communication for marginalized communities.
 - **988 Outreach:** Filling gaps in public knowledge regarding crisis lines.
 - **Local Health Jurisdictions (LHJs):** 61 LHJs will act as prevention coordinators, developing local suicide prevention plans.

Psychiatric Advanced Directives (PADs) Innovation Project

- **Definition:** A legal document allowing individuals to state mental health and substance use treatment preferences before a crisis occurs.
- **Digital Registry:** Eight pilot counties (including Alameda, Orange, and Fresno) are testing a digital platform for PADs.
 - **Accessibility:** Available to first responders and hospitals via consent-based access.
 - **Benefits:** Aims to reduce involuntary hospitalizations (5150 holds) and law enforcement use of force by providing de-escalation instructions.
- **County Participation:** Counties can join the project using MHSA Innovation or other braided funding. Costs vary by county size (Frontier: ~\$25k; Large: \$1M+).

CalBHBC Updates and Member Discussion

- **Top Advocacy Issues:**
 - **BHSA Implementation:** Focus on prevention funding and performance outcome data.
 - **Unserved/Underserved Populations:** Maintaining focus on equity.
 - **Crisis Care & Workforce:** Addressing the continuum of care and staff shortages.
- **County Successes and Challenges:**
 - **Imperial County:** Discussion on a \$22 million grant for substance abuse treatment and local "NIMBY" opposition.
 - **Santa Barbara:** Advocating for the continuation of co-response teams (clinician + law enforcement).
 - **Mendocino:** Successful implementation of a local sales tax (Measure B) to fund a crisis residential treatment center.
 - **California Warmline:** Funding was cut from \$10 million to \$4 million, resulting in reduced hours and staffing.

Transcriptions

A - Jan 23, 2026 13:35:31

Recording in progress. You all know you're on our big screen.

A - Jan 23, 2026 13:35:37

Um

A - Jan 23, 2026 13:35:41

Gary Bridges, Glassen County. I'm the chair of the board and I'm on the Behavioral Health Advisory Board. Good to see you. Thank you for joining us. Um, Pam?

Unknown - Jan 23, 2026 13:36:00

Yes, hi. I'm Pamplantambo. I'm from Santa Barbara or Dolita and I'm on the Behavioral Wellness Uh Commission.

Unknown - Jan 23, 2026 13:36:11

Welcome. And Dan?

Unknown - Jan 23, 2026 13:36:17

Hi, I'm Dan Cohen. I'm from the San Mateo County Uh Commission, uh representing the Commission for the state.

Unknown - Jan 23, 2026 13:36:21

Thank you. Letty?

Unknown - Jan 23, 2026 13:36:24

Yes, hello everyone. Uh Leticia Vidal. Um I am a commissioner on the Behavioral Commission in San Mateo County along with Dan. Great, thank you. Um let's go next to Nicole.

Unknown - Jan 23, 2026 13:36:40

Hi there, I'm Nicole Bayless. I am the Shasta County Mental Health, Alcohol and Drug Advisory Board Secretary. Good to see you. Um, Kim.

Unknown - Jan 23, 2026 13:36:54

Oh, you're on mute.

Unknown - Jan 23, 2026 13:37:01

off mute now. Can you hear me? Yes. Okay. I'm Kim Stafford. Um I am the uh

Unknown - Jan 23, 2026 13:37:21

uh chair of the behavioral health board county of marin and I'm also a person with lived experience and I um just furthering my knowledge of all that happens on the state level. Thank you. Thank you. Um Christina Hi everyone Christina McCabe I am on the Shasta County Mental Health Drug and Alcohol Advisory Board. Thank you. Alfred

Unknown - Jan 23, 2026 13:37:40

You're on mute.

Unknown - Jan 23, 2026 13:37:43

Uh hello team. I'm Al Sims, Director of Veteran Service for Solano County and I sit on the behavioral health advisory board as the veteran rep. Great, thank you. Um Melissa, no, did we get you already? Go ahead.

Unknown - Jan 23, 2026 13:38:00

We got you. Okay. Um Erin?

Unknown - Jan 23, 2026 13:38:03

Hi I'm Erin Dooley. I am the chair of the Shest County Mental Health Alcohol and Drug Advisory Board. Welcome. And Jonathan.

Unknown - Jan 23, 2026 13:38:20

Jonathan Raven, I am on the Cal VHBC Advisory Board and past Chair of the Yellow County Local Behavioral Health Board. Hi everyone, I'm Alan Albright with the Orange County Behavioral Health Advisory Board. Thank you. And Peter?

Unknown - Jan 23, 2026 13:38:40

Hi, I'm Peter Murphy. Uh I UT him Pronam. I'm with the uh Behavioral Health Commission in San Francisco. Great.

Unknown - Jan 23, 2026 13:39:00

Barbara.

Unknown - Jan 23, 2026 13:39:02

Hello everybody. I'm Barbara Levinson, Chair of the Behavioral Health Board in San Luis Obispo County. Thank you. Thank you. Tracy? Hi, Tracy Campbell on the Behavioral Health Board of the of San Luis Obispo County. Thank you. Gregory?

Unknown - Jan 23, 2026 13:39:20

Greetings, Gregory Farron. I'm on the board of Sonoma County's Behavioral Health Board. I'm chair of the Annual Plan Integrated Planning Subcommittee and a representative to this body. Hi, I'm Joanna Warren. I'm the Vice Chair of the Behavioral Health Advisory Board for Butte County. Good. Thank you.

Unknown - Jan 23, 2026 13:39:40

Can I ask the folks that are still um that I have have not introduced themselves, can you take yourselves off mute so you'll come to the front of my screen?

Unknown - Jan 23, 2026 13:39:55

Tisha.

Unknown - Jan 23, 2026 13:40:01

Hi, good afternoon everyone. Um I'm Keisha Mason. I am co chair for the San Francisco Behavioral Health Commission. Great. Thank you. Good to see you. Um Christopher. Hi, Christopher Bennell, Bernesse and his. I am on the Bavar Health Board for Samsung County.

Unknown - Jan 23, 2026 13:40:19

Welcome. Jamie?

Unknown - Jan 23, 2026 13:40:26

How about Jeffrey?

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Good afternoon. I'm Jeffrey R.L.T., the secretary for the Santa Cruz County Behavioral Health Advisory Board.

Unknown - Jan 23, 2026 13:40:39

Thank you. And Sarah? Hi, I'm Sarah Weber. I use she and her pronouns and I'm the chair of the Sacramento County Behavioral Health Commission.

Unknown - Jan 23, 2026 13:40:50

Okay, I think we got everybody. Um anybody that we're missing, just take yourself off mute.

Unknown - Jan 23, 2026 13:41:00

Michael Bryant, uh Chair of uh Kern County Bay Rail Health Board. Welcome. Thanks for being here. I also have not gotten the chance to introduce myself. Hello everyone, my name is Manuel and I form part of the Cal VHBC staff and it's very nice to see all of you here today. Thank you, Manuel. And we have a few in the room, so I'm gonna start on this side.

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Harold Walk, uh Vice Chair in Ferrill County Bureau of Behavioral Health Advisory Board. Here with many men of you.

Unknown - Jan 23, 2026 13:41:31

I'm Steve McGallie. I'm on the Orange County Bureau of Health Advisory Board as a family appointee. It's good to see our Chair Allen here.

Unknown - Jan 23, 2026 13:41:39

Okay.

Unknown - Jan 23, 2026 13:41:42

Good afternoon everyone. Dr. Monica Caffee, consumer leading advocacy Sanford County. Welcome. Good afternoon, I'm Amanda Berry. I'm the chair of the San Diego County Behavioral Health Advisory Board.

Unknown - Jan 23, 2026 13:41:59

Good to see you.

Unknown - Jan 23, 2026 13:42:03

Hello everyone, my name's Ashley Genoa. I'm a staff person for the California Behavioral Health Study Council. Great. Thank you all. Um let me see if I can figure out my screen so I can see what I'm hearing now.

Unknown - Jan 23, 2026 13:42:34

Sorry, give me a moment. I've had some technical issues.

Unknown - Jan 23, 2026 13:42:39

There we go. Can I introduce myself? Yes, go for it. Hi, my name is Teresa Riviera. I sit on the Behavioral Health Commission for Sacramento County.

Unknown - Jan 23, 2026 13:42:58

Hi, I haven't introduced myself either. I'm Mary Jewel from Kings County Behavioral Health and and I'm secretary to the board. Great.

Unknown - Jan 23, 2026 13:43:21

Just a moment, sorry to pause, but I'm having some difficulty with my screen.

Unknown - Jan 23, 2026 13:43:28

Jomie Furks, Butte County Behavioral Health Staff and Behave Advisory Board Secretary.

Unknown - Jan 23, 2026 13:43:43

Oh okay.

Unknown - Jan 23, 2026 13:44:00

Okay, I think we can go ahead and get started. Sorry for the pause. Um welcome again. I'm Teresa Comstock. I'm the executive director for the California Association of Local Behavioral Health Boards and Commissions. And um

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We have a number of speakers today and then we will be followed with

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Issue-based discussion. Our first speaker will be from the California Behavioral Health Planning Council, which is a council that advises California's Department of Health Care Services and the legislature, and they advise the boards and commissions or help help make sure that we are educated. We also will hear from the Commission for Behavioral Health, and then we will hear from the California Department of Public Health regarding the Behavioral Health Services Act population-based prevention plans.

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Following that, we'll have Psychiatric Advanced Directives Innovation Project Information for um and then we'll go into a few items as updates from our own association, CalBHBC, followed by

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hearing from all of you in an issue based discussion. Um go to our next slide.

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We have um

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Our governing board on the screen.

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And each of the governing board members for CalBHBC are serving on one of the local boards and commissions. In a couple months we will be asking for uh applications if you're interested. We have um a maximum of three members on our governing board per region, and there are five regions in California.

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All right, so we are going to go ahead and get started with our first speaker, Ashneek Naniwa. She is health program specialist too at the California Behavioral Health Planning Council.

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Good afternoon, everyone. I'm here today to give a report out on the work and some of the action items from our quarterly meetings that occurred Tuesday through Friday of this week. So I'll go through the various committees. So first was the Performance Outcomes Committee. The Performance Outcomes Committee has an overview report for the 2025 data notebook on wellness and recovery centers, and that is in its final stages of approval. It will be distributed to counties and state.

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Very soon. The report includes responses from 51 behavioral health boards and commissions and highlights the incredible value and importance of wellness and recovery centers in California. The committee aims to hold an online webinar presenting the results of the 2025 data notebook overview report early this year after the release of the full report. So stay tuned for that.

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rehabilitation. So I I messed that up, I'm so sorry. But um I they partnered with CASRA who did a deep dive on wellness centers with over thirty wellness centers across the state and they developed a report and the council made recommendations that fed into that report.

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The committee also partnered with CASRA, which is the California Association of Social Rehabilitation.

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Uh the committee is also focusing on behavioral health services for foster youth as a topic for the 2026 data notebook. The 2026 data notebook is in its um early stages of development, and the committee had a panel presentation at their January meeting to help inform the committee on this topic.

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Additionally, the committee received updates from Anna Nafy on the activity of the behavioral health transformation quality and equity.

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Advisory committee. The Performance Outcomes Committee has several members and partners who are also on this body, and they will continue to track the development of behavioral health measures. The next meeting is on January 26th for the QAEAC, and information for that will be on the stakeholder engagement page of the DHCS website.

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Moving on to the executive committee. The executive committee reviewed the council's priorities for 2026 and shared that priority list during the council general session yesterday afternoon. The executive committee also discussed the status of work groups and how to make work meaningful in consideration of not having the staff or resources for the work groups. And so the way that the work groups will function is to have an advisory time limited group with groups with specific projects and outcomes.

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membership and dissolve once the goals are met um and it's a means to engage with stakeholders. But this is still all kind of being worked out. But it was a discussion point during the executive committee.

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For the patient rights committee, um, they're wanting to get connected to the mental health boards on what their awareness is on patient rights advocates in the community. Um, there was a survey done a few years back and so

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That's something they would like to connect with the boards on. Um, they also discuss their work plan and integrating the focus on the whole council, so like increasing staff ratios for patient rights advocates wanting to respond nimbly when there's new legislation and issues so that voices are heard, and prioritizing substance use disorder treatment rights. Um the patient rights committee also presented a general session this morning on SEV patient rights and inpatient facilities.

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The committee also received updates from Daniel Wagner on recent activities of the California Office of Patient Rights, C O P R.

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The California Office of Patient Rights will be holding their annual Patient Rights Advocate Training Conference in Sacramento, and this will occur in mid-April, which is the same week as the Planning Council's quarterly meetings. So stop on by.

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Moving on to the Workforce and Employment Committee, the committee received a presentation from the Elevate program. Elevate is a \$75 million investment over a course of five years. There's five total projects. Two of the projects started in July of 2025, which is a behavioral health apprenticeship program.

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believe it's the loan.

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Oh the peer there was a peer support um program. So that will be those who have launched the remaining three, which is um there's a uh there's a loan program and then there is an apprentice uh

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Nursing practitioner program and then social work therapy and counseling internship program. Um these funds aim to address this shortage of behavioral health workforce and develop a strengthened um the look for the workforce because we learned at our meeting that there's actually a need for 18

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Five, sorry, it's no laugh matter, but um eighteen thousand five hundred behavioral health staff shortage in just San Diego County alone. Um and so that was really alarming to our members. Um and so this program plans to address three thousand of that eighteen thousand five hundred gap in the workforce shortage um through these five programs. Um so our committee is hoping to continue it uh talks with them, see how their implementation is going, and um get a report out once these other programs have been implemented. Um

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Next is the uh also in the workforce and employment committee, there was a presentation on the IPS, which is individual placement and support program under the BH Connect Workforce Initiative, um, which is 2025 through 2029. That's also a five-year BH Connect is an 1115 demonstration waiver.

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And there's one point nine billion dollars in the first round of funding for five programs, which is the Medi-Cal Behavioral Health Student Loan Repayment Program, Medical Behavioral Health Scholarship Program, uh, Medical Behavioral Health Recruitment and Retention Program. There's a community-based provider training program and residency training program. And so, um

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DHCS, the Department of Healthcare Services, attended our meeting and they provided us with how this IPS afforded employment is functioning and intending to function in SUD programs.

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Uh moving on to the legislation and public policy committee, the committee voted to support four bills. The first is AB twelve sixty-seven, which seeks to require DHCS to offer a consolidated license and certification for adult alcohol or other drug recovery or treatment facility providers to operate.

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more than one facility within the same geographic location. They also wanted to support AB 1540, which intends to restore the Press 3 LGBTQ plus youth crisis hotline routing option available through the 988 Suicide and Crisis Line line. And this will require the

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services to ensure technology allows for automatic crowding.

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We also are supporting AB 1579, which seeks to authorize participating entities under the Children's Crisis Continuum Pilot Program who do not have a crisis residential program as part of its continuum of care, but has included a comparable type of treatment component designed to service children and youth experiencing the highest level of acute behavioral health needs in a residential program, and to utilize all awarded grant funds to fund any component of the continuum of care.

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We're also supporting SB five four eight, which intends to require a California Health and Human Services Agency to direct the Behavioral Health Task Force or Successor Group to create a set of recommendations to support implementation plan for reducing alcohol and drug-related addiction deaths by 50%.

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From the date the task force provides the recommendations to the agency. The committee is voting to oppose SB 367, which intends to authorize recommendations for an LPS conservatorship if a determination is made that the gravely disabled person has demonstrated an inability to accept voluntary treatment due to apparent incapacity and would expand the list of individuals or entities that may recommend a conservatorship for a gravely disabled person without that person being an inpatient in a facility. It would also authorize the court.

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To refer the individual to assisted outpatient treatment or care court. The committee is also going to watch AB3, AB425, and AB1105 in the meantime. I did want to take time to go through those legislative bills that we the council and the committee specifically are planning to support and oppose. But I will be moving on now to the Housing and Homelessness Committee. The committee reviewed and approved their.

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Services Act and the Federal Housing and Urban Development Regulations regarding the duration of transitional housing support. Under BHSA, counties can use BHSA housing intervention funds to provide up to 12 months of housing support and an interim setting or transitional housing. However, transitional housing programs funded under HUD's Continuum of Care allows up to two years of support.

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The second issue discussed relates to rent requirements in time-limited interim settings. Under BHSA, these settings must not require tenants to pay rent, which includes transitional housing. This creates a conflict for the continuum of care project projects that must charge rent based on tenant income.

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The committee took a vote to escalate these two issues to the officer team for advocacy and potential letter to DHCS. Specifically, the committee is recommending a revision, revising the DHSA regulations to match the federal definition of transitional housing, which allows up to two years of support, and allowing programs to charge up to 30% of a tenant's income for rent.

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Advocate for programs that promote recovery and stability. Yes, so they took a tour, which is a turn to recovery, which is the local recovery housing program in San Diego. It's an outpatient program that serves individuals with alcohol use disorders and provides intensive age management, treatment, and recovery services, housing support, and recovery residences. And some notable outcomes from the program include the fact that there's 44% of participants they exit to permanent housing.

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Um so seemingly effective program.

Unknown - Jan 23, 2026 13:58:55

Moving on to the Systems and Medicaid Committee update. The focus on the meeting was on BH Connect. And so the goals of BH Connect are to expand the suite of community-based services and evidence-based practices, transition people into community-based services as appropriate, support children and youth, and increase the behavioral health workforce. It's an 1115 waiver, as mentioned earlier, and counties can opt into some of the requirements while others are required. It includes things like federal financial participation for short-term stays at IMDs.

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uh community inreach services, adult EVPs. So there's um assertive community treatment, presented, forensic assertive community treatment, coordinated specialty care for first episode psychosis, and there's some others as well. There's clubhouses, family therapy, children and youth initiatives, the workforce initiative that I had mentioned earlier. And so

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We all the committee also had San Diego County talk about the cost reimbursement to a bundled rate, which is a huge shift. And they we also um the committee had also asked San Diego County to come back in a few years to discuss how it went and discuss lessons learned and best practices. We also had Orange County talk about some of the challenges um in regards to workforce uh

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And working closely with providers haven't really had complete guidance from what the provider's perspective is. So the counties and the providers are waiting on more guidance from the state. There's other factors like payment reform, getting IMPs from long-term to short-term stays, you know, data gathering and analysis and funding concerns. So all of those topics were discussed during this meeting. DHCS also was present and they talked about some success.

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items um from the eleven fifteen waiver of it being a pilot project, that being moved it to um other authorities uh in uh

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potentially, you know, having those as more than just a five-year demonstration project. Uh I will share that Sacramento, San Diego, and um one other county, I think it was Santa Clara, Santa Clara um county implemented the IMD and there's various other counties that are in process of getting um

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of getting to uh to implement the short term stays in the IMTs. That concludes my update. Um thank you for listening. If you have any questions, please let me know. I would also be happy to connect with you to send over any um

Unknown - Jan 23, 2026 14:01:35

reports in it following the meeting so I can forward that to everybody. Yep. Great. Yeah. Okay, that sounds good. Anybody have any questions?

Unknown - Jan 23, 2026 14:01:46

I don't anybody?

Unknown - Jan 23, 2026 14:02:17

have committees. Carol, uh make make sure you have a mic. That that one's fine. All right, that's fine. So that's a lot of funding for education uh for people health physicians. And uh you know we have all over state the nation kids getting uh student loans uh to go to college which I think is a real shame considering that uh college used to be quite affordable in this state and our money's been diverted elsewhere. So y we you know we've got all these funds up what are the

Unknown - Jan 23, 2026 14:02:34

barriers the uh the what's holding kids back from uh getting educations other than the cost of education? Is it the the pay scale? Is it uh uh the cost of education? Is this program gonna succeed in the end? That's really my question.

Unknown - Jan 23, 2026 14:02:54

The presenters have shared with me that they are working with the schools. They are working with um they're planning to have community like stakeholder engagements and like work with the uh like work with various entities to ensure the success of this program. They want student uh perspectives as well and we do plan to keep in touch

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them for that. Um as a state entity, I can't really speak to like what's prevent what like what is the um what are the barriers to entry. I will say financially it is one of the strongest barriers as like an M speaking as an MSW student myself. There are uh from what I hear from my peers there are like a lot of financial barriers.

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Other than that, uh, you know, folks have uh other responsibilities and whatnot, but financially it is a barrier, especially for programs that have practicums, uh, because the practicum requirements uh often make it very difficult for students to work full time and pursue a degree while they're taking courses and having to do practicum. Um and so sorry, uh so their internships to get clinical hours. Yeah, and so for the clinical hours, um it's uh they're often unpaid. And so by paying for these uh internships and these practicum clinical hours, it reduces that barrier of getting folks um.

Unknown - Jan 23, 2026 14:04:33

being able to take care of themselves while they're uh attending school and taking care of their families. So i is the legislator they looking at doing something to alleviate those barriers? Because I I I will tell you, I quickly take your time here, I've got a friend who's Yeah, we're gonna I'm gonna stop you because we we have another speaker lined up. But um I can I can forward more information to you in terms of some of the workforce planning. Okay we're now

Unknown - Jan 23, 2026 14:04:53

Education training plan for 2026 to 2030. I highly encourage you to attend the workforce and employment committee meeting in April as well as the full council general session meeting in June because HCI is statutorily required to work with the California Behavioral Health Planning Council to approve that plan and that gives significant um amount of funding that's DHSA dollars that goes to workforce as well as the state investing in this BH Connect workforce initiative. That's my last quick question. The unpaid internships is out of federal or is that a state requirement?

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Okay and local licensing. Yeah.

Unknown - Jan 23, 2026 14:05:36

I think what I'm getting to prefer. So it's not a requirement. It's just a yeah.

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Oh yeah. So um I'm not going to part of this topic. Yeah. So I know the next speaker is lined up. I just wanted to thank all of you for your time. Um and thank you to those who have familiar faces I see at our meetings as well and uh your input. So um I'll leave that there and I'll hand it over to Theresa.

Unknown - Jan 23, 2026 14:06:13

Thanks. Okay.

Unknown - Jan 23, 2026 14:06:16

Thanks so much.

Unknown - Jan 23, 2026 14:06:19

All right. Now I'm pleased to introduce to you the director of the Commission for Behavioral Health, Brenda Brenda Graylist.

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Hello. Hi everybody. Happy Friday. Happy Friday. Great to see you all virtually. Um so appreciate the opportunity to come to you and give an update. I'm Brenda Graylish. I'm the executive director for the Commission for Behavioral Health. Um, Teresa, I know we didn't really get a chance to talk before.

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Are you just interested in kind of giving updates on what's happening here in the commission?

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Um right. I think in particular, um, you know, upcoming funding like grants and things like that are interesting, or if you have some um results from some of your other um grants programs that you've done. I know you have like I don't know how many initiative 25 or something going on at once. Yeah, we're busy busy, um, for sure. Okay, that's helpful. So um, well, I can tell you uh we have our our peer respite that's about ready to be released for RFP and um uh another one for um our behavioral health student services at um performance management, uh looking for a contractor to help um some of the uh local education agencies uh build out local basically data management systems that could be used for doing continuous quality improvement. So we've got those two that are right on the horizon. Uh what's really uh big uh on the horizon and and within the next month is our innovation partnership fund. That's uh new uh grant program that we're going to be administering. Um we have uh as a result of the transition from MHSA to BHSA, the commission um innovation, which used to be at the county level, is now at the state level, and um it's lies here with us at the commission. Um we get an allocation of up to 20 million dollars per year for the next five years to try uh innovative uh programs and practices um that can be um was well one of the goals is to try to scale them and really the focus is to try to um uh help the counties um serve the BHSA priority populations. And so um so that project can either be we're looking for projects that can either help directly help counties or look for projects that could uh alleviate pressure off the counties, so preventing folks from even ever needing that level of care. So um and it's quite quite a flexible um uh grant program for Trice innovative uh programs and practices. So um uh that will be released probably late February, uh um early March. Our commission just yesterday voted uh for uh all 20 million dollars to go out to this grant program. Um so we'll be releasing that RFP soon. Um so I think that's those are the big grants that we have right on the horizon. Um we did a couple of intent to awards yesterday as well. Um

Unknown - Jan 23, 2026 14:10:52

One of them being I believe our um our our zero to five technical assistants. Um we have a maternal behavioral health uh contractors that we started last July. Um and so we're just bringing on a technical assistance provider to help them. Um so that intent to award went out yesterday, and then we also did an attempt to award for uh that same kind of performance management system that I was just discussing for the schools to have that for county behavioral health and their providers for full service partners.

Unknown - Jan 23, 2026 14:11:24

So we did that attent toward yesterday as well. Um so looking forward to get those getting those projects off the ground. Um we've uh also got some projects in the works uh for our um Behavioral Health Services Act that were um Behavioral Health Student Services Act, uh, really looking to start integrating substance use disorder services uh in the school programs within our uh behavioral health student services act uh grants that we have, uh we grant the counties and then they partner with the local education agencies and school districts. And so um with the spirit of uh SUD being a standalone, um substance use stores being a standalone as part of the BHSA, uh we're looking to expand that work within our portfolio as well. So um so those are the big updates in that space. Um I will say we're we are working on an interagency agreement with the planning council and Cal VHCVCs for kind of trying to broaden and make sure that

we're all staying coordinated. So excited about that. That is um being worked on right now in our emails. Um so excited to get that in place because uh we've been uh talking about that for a while. Um, and then um uh our commission just met today, uh yesterday and today. Um, and uh beyond some of the things that I've already talked about so far, uh we are also embarking on an update of our strategic plans. So if anybody's interested in that um and coming to our meetings, we've just established a new time-limited uh strategic plan update committee, and this is gonna help us as we move from again MHSA to BHSA and really uh working to identify the priorities for this commission to work on. So if anybody's interested in helping us set those priorities, um uh you you're welcome. I invite you to keep an eye out on our website, or you can um go on our main page for our website at the bottom of the page. There's a place you can put your email address to get updates on our upcoming meetings, and um, and we always welcome folks to come join in our conversations um to help shape our work. So um, and then uh upcoming we have our um the way we're structured is we have our full committee that meets bi-monthly, and then we have uh several subcommittees that also meet bi-monthly on the off months of the full commission meetings. Um a few of our key committees are our program advisory committee, our um

Unknown - Jan 23, 2026 14:12:52

uh budget and fiscal advisory committee and our legislation and external affairs committee um and we also have a client and family member and uh cultural competence our two committees joined together and they're meeting now as one entity um and so these folks are really working on a variety weighing weighing in on a variety of our different projects and helping to shape our different projects that we're working on so if anybody has an interest in joining our committee meetings um we'll be holding our next round of committee meetings in um uh late February um we are still trying to figure out our agendas for all of those meetings um

Unknown - Jan 23, 2026 14:13:40

One of the things that's top of mind for us is our data strategy. So we at the commission get quite a bit of data from a variety of sources, and we have dashboards that we've been working on in the last several months. And so now that they're kind of baked, we think they're getting ready for prime time. So we want to start socializing those and getting folks aware of them, weighing in on them so that we can get those posted and people can have data available to them to be able to use in their work. So I know there's been a lot done with like children in full service partnerships and data matching with the Department of Education, but we've also been trying to think about what data we can make available to help counties and community members with their Behavioral Health Services Act planning efforts. And I know that's quite a ways down the way, and like that that's kind of that forces out of the bar.

Unknown - Jan 23, 2026 14:14:20

There's a lot of planning that's already been going on, but um, because the plans, the draft plans are due, the integrated plans are due in March. Um, but uh having been somebody that's worked in these systems for decades, um it's that you know there's no time, there's no late time to start on new initiatives or new efforts because if even if we're missing timing now, it it'll be helpful in the out years and help us to um continue with our thinking and our refinement of our of our data that we put out.

Unknown - Jan 23, 2026 14:15:00

And help shape that toolkit. We're seeing that toolkit as again not a one and done type of thing. And we know that you know it's a little bit later in coming to help folks that are engaged in the planning process. But again, anytime is a good time to do something and start somewhere. So we're trying to get that out as fast as possible, I think within the next couple of weeks, so that people can start using that and then we can start getting some feedback. And again, even if it misses this three year planning cycle, we want to be able to have it available for the annual updates and on ready for the next three year cycle. So we've been working pretty

Unknown - Jan 23, 2026 14:15:40

hard at that and then we'll be uh trying to we're we're looking into trying to get it translated as a uh piece of feedback that we got from um as we've been working with stakeholders on it and so we're trying to see if we can find funds to help us translate it into different languages to make that available to a broader range of our audience and our folks community members who need that information.

Unknown - Jan 23, 2026 14:16:06

Yeah. We have a question. I I I see a

Unknown - Jan 23, 2026 14:16:19

Question Ruba as the microphone makes its way. I was wondering if you had um decided on any legislation if you were going to be sponsoring or supporting legislation if you knew about it. Yeah, yep. Um so and thank you for the question. Um yeah, uh well we're still looking at the legislation we would sponsor. That work happens in our uh legislative and external affairs committee, which again will be meeting in February. Um as far as our own legislation that we're looking to that we're working

Unknown - Jan 23, 2026 14:16:59

On right now is we're working on legislation uh related to suicide prevention training, and that also kind of relates to some of the work that uh the commission has done under the Behavioral Health Student Services Act. So we were made aware that there's some training that had one-time funding, and then so we're looking to pick up where others left off and expand on that.

Unknown - Jan 23, 2026 14:17:20

I've been in the room. We have um go ahead. Christy Papia, uh Nap County. The data the database you're talking about, is that supposed to have county level data?

Unknown - Jan 23, 2026 14:17:23

We're also looking to potentially get data from that as well because we're hearing that um there's suicide prevention screenings happening in schools, but uh there's no central repository for those data, so we're looking at that as well. So

Unknown - Jan 23, 2026 14:17:39

Uh which database are you talking about? Are data visualization or the database I was just talking about for those the database you were just talking about. Oh, uh that's the T V there's no no specifics about that. And I think it's actually from schools. So it would be coming from schools. Well, I will just say the California healthy s healthy

Unknown - Jan 23, 2026 14:17:59

school uh database is really impossible to negotiate. Supposedly you can do it by county, but you have to do it question by question and only your county and not the total anyway. So so my point is please make it easy to navigate to thank you.

Unknown - Jan 23, 2026 14:18:19

Okay. Does anybody else have questions? Anybody online?

Unknown - Jan 23, 2026 14:18:40

Oh, another one in the room. Hi Brenda, Steve McNally. Oh hey Steve.

Unknown - Jan 23, 2026 14:18:46

Um so we didn't see you.

Unknown - Jan 23, 2026 14:18:51

So I was here at the planning council for the most some of the meetings. So when you had the panel today with all those great ladies, um

Unknown - Jan 23, 2026 14:18:59

One of the things uh that uh CBHGA did was they sent a letter to DHCS, I don't know if they came up in your panel, about asking I mean Department of Public Health, I'm sorry, asking them not to spend so much money on statewide initiatives and return some of that money to the local nonprofits, especially the C Deps and people like who were getting funded, um, that

Unknown - Jan 23, 2026 14:19:20

Longer funded. So I don't know if that came up and I don't know that anybody will listen to that request, but one thing that came up for me was all everyone writes letters that no one else sees.

Unknown - Jan 23, 2026 14:19:34

And many of us aren't at the tables and the same people, there's a small group of people that are very deep in everything.

Unknown - Jan 23, 2026 14:19:39

And there's all most most people know nothing about anything. So anything you could do to help us with that would be uh helpful.

Unknown - Jan 23, 2026 14:19:58

Yeah, and thanks that was that prevention panel that Steve's talking about that we had this morning because prevention, yeah, as if that landscape has been changing from the MHSA to BHSA has been really confusing for a lot of folks and or there's people with concerns. And so um one of the things the commission tries to do is provide a venue

or a forum to have conversations where we can bring folks together and and and the public together to have these conversations. And yes, um uh CDHD was there. Um and I I I don't recall um

Unknown - Jan 23, 2026 14:20:38

Michelle talking about that particular letter. Um I've I maybe I was in charge of doing time and a few other things during that time, so I could have missed it, but I don't actually I don't think she mentioned that. Um so um but to your point about yes, people write letters and you know, we get them, uh others get them as well. And so um uh it sounds like that went to C D P H and so they would have to process that and determine. Right. So what happens is we can never figure out who's on the same

Unknown - Jan 23, 2026 14:20:59

you know, agree. So it's a good way of keeping us siloed. And it was C B H A, it was Leandra Clark's area. Oh it was C B H A? Yeah. Oh okay.

Unknown - Jan 23, 2026 14:21:14

Yeah. I think one thing is like uh one thing I try to do is try to network and stay connected um to folks and so I try to keep my finger on the pulse as much as possible by just being involved in those conversations just to

Unknown - Jan 23, 2026 14:21:18

see what's going on and sometimes as a result of that I will be C C'd on something so that I we're in the bell. Um I I had not heard of that.

Unknown - Jan 23, 2026 14:21:40

think that's all of the questions um that we have. Thank you so much. Really appreciate it. Um thanks for taking the time to talk to us and and for for um keeping all those plates spinning. We appreciate the invite. So again keeping that networking going. So um and anything that you guys are doing that you want to make us open to that as well. So if there's anything you think was helpful to come this way. Great. Okay. Well I'm everyone's time thank you.

Unknown - Jan 23, 2026 14:21:58

Thanks so much. Enjoy the rest of your meeting, you guys. Bye-bye.

Unknown - Jan 23, 2026 14:22:03

All right. So the next speaker um is at 225. Let me see if she's on.

Unknown - Jan 23, 2026 14:22:18

He's not on yet. Um so I'm gonna just um share my screen for a moment.

Unknown - Jan 23, 2026 14:22:27

I don't see her. Yeah, I don't think she's on yet.

Unknown - Jan 23, 2026 14:22:31

Calandra and trudy. Let me check for Trudy.

Unknown - Jan 23, 2026 14:22:38

Let's go to um I'm gonna share my screen for a moment.

Unknown - Jan 23, 2026 14:22:41

Let's

Unknown - Jan 23, 2026 14:22:49

A few different announcements that I'll make and um I'll I'll follow up later with more, but um since we have a couple minutes, let me make a few right now.

Unknown - Jan 23, 2026 14:22:58

See if I can get my screen to um swap right.

Unknown - Jan 23, 2026 14:23:22

One more check to make sure Calandra is not here yet.

Unknown - Jan 23, 2026 14:23:41

You should see on the screen our presentation for the day. I'm just gonna tab through a little bit and go to the peer support certification progress slide. Every time that we meet, I pull this up, this information.

Unknown - Jan 23, 2026 14:23:57

own county to see how many peers have been certified.

Unknown - Jan 23, 2026 14:24:20

certified, not employed, but certified. Oh yes.

Unknown - Jan 23, 2026 14:24:25

Okay. So um I'm on the the website now. This is uh it's um

Unknown - Jan 23, 2026 14:24:38

Facilitated by Cal M Hal Mesa is how we say it. And the first page here where the link takes us has information, but it's actually the second page. So you have to scroll down to the bottom. The second page has information on the whole state and specific counties. So you can go to select your own county by name.

Unknown - Jan 23, 2026 14:24:58

And you can tell um over on the right it will tell you how many are certified

Unknown - Jan 23, 2026 14:25:07

Let's select, let's try I will meet a county this time.

Unknown - Jan 23, 2026 14:25:17

How many are current and have renewed their certification? How many have been trained in supervision or 77? And then they have trained in parent caregiver specialization. They only have five and trained in care services for individuals who are unhoused that are five. And then there's one who's been trained specific.

Unknown - Jan 23, 2026 14:25:42

gives you just an idea of what where your counties are at. I'll go to one more county. Um our past president Benny Denavides um

Unknown - Jan 23, 2026 14:25:44

And then two in justice involved.

Unknown - Jan 23, 2026 14:25:59

been s concerned because uh Imperial County had uh a slow start, but they do have some now.

Unknown - Jan 23, 2026 14:26:18

They certainly did. Um they have forty four that are certified now and they are current and um then they have nine that are trained in supervision of peer workers and I think that's just a one hour training that you can do. That's I think it may be an online training. Oh Hawaii for the Calmesas website? Yes, it's on the Calmesas website.

Unknown - Jan 23, 2026 14:26:37

So if you're gonna talk, I need you to uh use one of the little mics.

Unknown - Jan 23, 2026 14:26:43

All right, so

Unknown - Jan 23, 2026 14:26:46

Couldn't see where you went after you found Lisa. So when I w went to the website I um I scrolled down to let me let me go back to where I was.

Unknown - Jan 23, 2026 14:26:59

So from from the link that's provided in our materials and um you will come up with this page first.

Unknown - Jan 23, 2026 14:27:17

This is the program data dashboard. Then you have to scroll down to the bottom of the page in order to get to the county information. So you have to click to get to the next page to page two.

Unknown - Jan 23, 2026 14:27:34

All right. So any questions on that?

Unknown - Jan 23, 2026 14:27:38

Uh yes ma'am. Uh my name's Al Sims, Director of Veteran Services for Solano County. And I noticed that we have a hundred and eight active peer support specialists. Is there any way to uh narrow that down to uh veterans also who are uh peer support specialists?

Unknown - Jan 23, 2026 14:27:57

I think that may be a specialization as well, but I don't see it. Maybe it depends on the county if it um you're in Solano County?

Unknown - Jan 23, 2026 14:28:18

What county are you in? Solano. Uh yes, ma'am. I'm in Solano County. Uh we have a major uh Air Force base here and uh uh two VA clinics. So we have uh a lot of veterans in our community and a lot dealing with like mental health uh issues. All right, let me pull it up and see if it gives us any information. I don't yeah, I I thought that there was a specialization, but I could be wrong for a veteran. Here is not my knowledge. There is not.

Unknown - Jan 23, 2026 14:28:37

Okay. Sounds like there is not a specialization that's been developed by the state yet.

Unknown - Jan 23, 2026 14:28:44

Well that would really help. Um we're we have a we we're part of the mental health specialty course, but we have a special court called Veterans Treatment Court.

Unknown - Jan 23, 2026 14:28:56

And having um a a list of accredited peer support specialists to support that would be yeah, invaluable. It's crazy. Okay. Well thanks. Thanks for bringing that up. We'll keep that in mind too. Um let me pull up uh or let me introduce our next speaker.

Unknown - Jan 23, 2026 14:29:17

I'm gonna make her a co-host. You're welcome to um share your screen, Halandra.

Unknown - Jan 23, 2026 14:29:37

And uh I think we may also Calandra Park and Trudy Ray Mundo are from the California Department of Public Health Office of Policy and Planning. And they will review with us the Behavioral Health Services Act population-based prevention plans.

Unknown - Jan 23, 2026 14:29:56

I know that with the shift due to the Behavioral Health Services Act, there's a lot of concern uh regarding what will happen with what was um in the Mental Health Services Act locally allocated for prevention. Um so I know that the California Department of Public Health has put a lot of work into um creating

Unknown - Jan 23, 2026 14:30:16

uh plan and uh I think there is a draft plan out there that we've linked to the website so I invite you to to look at that but um and then in the room in your folders I printed out just the first six pages of the plan. It was a a really long document. Um so you have the executive summary and an idea of how um the funding works and then a kind of a table of contents of information

Unknown - Jan 23, 2026 14:30:36

So um wanted to make sure you knew all that. Thank you so much, Calandra, for joining us today. You're welcome to share your screen and um come off mute.

Unknown - Jan 23, 2026 14:30:56

Thanks Teresa. Uh good afternoon everybody. My name is Calandra Park. Um fortunately it's just me. Um so you'll be hearing one voice for the next, you know, forty minutes or so. Trudy couldn't make it today. She was uh traveling up to Sacramento for a different meeting. All the meetings were the last three days. Um

Unknown - Jan 23, 2026 14:31:35

I'm um uh section manager here for the community health investment and policy sections. Um and we uh jointly are um uh part of the we meaning our team. I come from those two sections and we are the the BHSA planning team. So as Teresa Teresa mentioned, we did release um the phase two guide uh

Unknown - Jan 23, 2026 14:31:56

um I believe back in November. It's still up on the website and um and so you can kind of uh you know do do a deeper dive into the the guide um on your own time but this presentation today will basically be a summary of the key points from that guide.

Unknown - Jan 23, 2026 14:32:14

So I'm going to share my screen. I've got a lot of information to share uh through these slides. Let me see here.

Unknown - Jan 23, 2026 14:32:16

So I won't be able to see everybody once I start sharing. So if anybody has any questions or any comments in the chat, please feel free to um just go ahead and interrupt. See.

Unknown - Jan 23, 2026 14:32:23

Oops um

Unknown - Jan 23, 2026 14:32:35

Okay.

Unknown - Jan 23, 2026 14:32:36

Here we go. So um

Unknown - Jan 23, 2026 14:32:56

That's phase one. So here's just a quick overview of the agenda. We'll give uh I'll give a quick overview of the guide itself and we'll talk a little bit about funding and investments and then um talk about next steps and happy to take questions. It says at the end, but happy to take them as they come up because we're gonna go through a lot of information and I know um it's easy to kind of forget or lose track of the questions. Okay. So let's start off with a quick overview of the uh population-based prevention program coming out of the state with um

Unknown - Jan 23, 2026 14:33:15

uh starting July one. So just as a quick overview or quick background, the BHSA funding, um the state ten percent of the overall investment, so all of Prop One funding, Fabral Health Funding, uh 10% of that has been dedicated to the state. And of the ten percent, four percent came to the council

Unknown - Jan 23, 2026 14:33:35

California Department of Public Health. And so we are going to be coordinating and um managing the uh statewide prevention services to reduce the risk of people developing mental health conditions or substance use disorders. And of the four percent, at least fifty-one percent of the funding must be used for folks who are twenty-five years old or younger.

Unknown - Jan 23, 2026 14:33:56

So for the four percent that we've been allocated, these prevention programs must meet the following criteria. So they do have to incorporate evidence-based practices or promising community-defined evidence practices. Some of you may be familiar with the term C depths. Uh that's this that's the community-defined evidence practice.

Unknown - Jan 23, 2026 14:34:15

These programs must meet one or more of the following criteria. So they have to benefit the entire population of the state, county, or particular community. They have to serve um identified populations at high risk, aim to reduce stigma um associated with seeking help.

Unknown - Jan 23, 2026 14:34:35

uh serve populations that are disproportionately impacted by systemic racism and discrimination, prevent suicide, self-harm or overdose, and really they need to strengthen population based strategies. And just

Unknown - Jan 23, 2026 14:34:55

Just a point of clarification, um, prevention funding cannot be used for early intervention, diagnostic services, or treatment for individuals. That whole domain of the work is under Department of Healthcare Services, which is our sister agency, and a lot of is um is uh all of that is under their purview.

Unknown - Jan 23, 2026 14:35:15

Okay, so that's sort of the larger landscape here at the state and um you know where C D PH falls and sort of the mandate, the charter, the vision, if you will, for the work that we're doing at the state level. So we're gonna dive down um a little more closely into the actual elements and components of the prevention strategy that the state is

Unknown - Jan 23, 2026 14:35:35

um putting up. So in the phase two guide, just to give a little more background about the process, uh there was a phase one guide that was released back in June, the end of June, and that really just kind of went over all of the statute. Um statute is it's long and very long winded and so we tried to simplify and and make that language a little bit more accessible. We talked about the leadership structure and we talked about just more of the um organizational piece.

Unknown - Jan 23, 2026 14:35:54

About five months later we released this phase two guide. And during that five month period, uh we integrated a lot of the public comment that we received from phase one.

Unknown - Jan 23, 2026 14:36:15

And so I'll go clockwise, so starting on the left. And then phase two guide also includes a lot of the operational and administrative pieces that we would like to put in place to achieve the intended objectives, goals, and outcomes. As we mentioned, it was guided by a great deal of community and partner input. So in addition to the public comment, we also met with many, many, many different partners from different spaces and different groups that are working with different populations.

Unknown - Jan 23, 2026 14:36:34

um internally meaning I guess just say intradepartmental. So we met with um like the Calvet team, we met with the Department of Social Services, we met with the Department of Aging, we met with the Department of Um

Unknown - Jan 23, 2026 14:36:54

Did I leave one out? Uh healthcare services, I mean very closely we work with them. Uh we also met with many like children's based groups. We met with um groups that work you know with particular populations, and so we really tried to have a lot of listening sessions and really hear what's going on in the ground and what elevate and what priorities were elevated um and bubbled up to the top. So

Unknown - Jan 23, 2026 14:37:14

The phase two guide also includes implementation activities per strategy, so you'll you'll see we'll see we'll get into that a little bit more. And the guide really is intended to set the statewide policy direction, strategies, and opportunities that will reach at the local level.

Unknown - Jan 23, 2026 14:37:35

So as I mentioned, um we had a phase one guide, then plus the phase two guide. We are planning to release a final plan that will encompass um a lot of the content that was in both guides, but we're now going to consolidate and consider the final plan as our working document to refer to sort of our North Star for B

Unknown - Jan 23, 2026 14:37:55

HSA population-based prevention. So we'll be using that to guide our work over the next three years. So this the period for this final plan will cover July 1, 2026 through June 30th, 2029. So it's three fiscal years.

Unknown - Jan 23, 2026 14:38:14

are happening um at the behavioral health departments in an effort to facilitate you know more collaboration and coordination and making sure we're complementing and not duplicating or overriding or doing any of that stuff that complicates our work. Um and the final plan really isn't is intended to be a living document. So

Unknown - Jan 23, 2026 14:38:34

You know, we will integrate updates and um updates and revisions as needed based on data, emerging needs, issues, and we can continue to clarify uh given details uh regarding implementation as um as time goes on. 'Cause we know that things can come up.

Unknown - Jan 23, 2026 14:39:14

Okay. So these are the priority populations for strategic investment. Um there are some um priority populations that are listed in statute, but these are also um in addition to those, we are also elevating these particular target populations. So they're in alphabetical order, uh black, indigenous, and other people of color, children, youth and families, immigrant and refugee populations, the LGBTQIA plus population, older adults, people with intellectual and developmental disabilities.

Unknown - Jan 23, 2026 14:39:34

It's not in the phase two guide if you were to go back and refer to that document. It is something that we added, but that we have added since as a result of much of the public comment that we received as part of the phase two guide dissemination.

Unknown - Jan 23, 2026 14:40:18

So the population-based prevention guide is in alignment with um the 14 statewide behavioral health goals. So this here is sort of the um the statewide North Star. And these are the goals that all of us are working towards, meaning all of us meaning um CDPH, DHCS, HCI, which is uh formerly known as Oshpad, the healthcare access and information, I think is what they're called. Uh what that stands for. You know, they do a lot of the workforce development uh work and they also have um

Unknown - Jan 23, 2026 14:40:33

They are also receiving BHSA funding. So these are the goals that we are all working towards. We have goals for improvement on the left and goals for reduction on the right. There are 14. So we want to improve the care experience, access to care, prevention and treatment of co-occurring physical health conditions, quality of life, social connection, and engagement in school and work.

Unknown - Jan 23, 2026 14:40:53

On the right, the goals for reduction are really focused on reducing suicide, overdose, untreated conditions, institutionalization, homelessness, justice involvement, and removal of children from home. And throughout all of these goals here, we are embedding and incorporating health equity.

Unknown - Jan 23, 2026 14:41:13

as a key um as a priority.

Unknown - Jan 23, 2026 14:41:34

So this is um just to share a little bit about alignment across the behavioral health system, and there's been a lot of discussion, some of you may be aware, around what where sort of what the definition of prevention is in early intervention. And as we move from MHSA to BHSA, there are a lot of changes. Um, but this is the Institute of Medicine's um uh continuous care model, and this is an infographic that we are referring to over and over again as a visual to help

Unknown - Jan 23, 2026 14:41:53

um I guess align and to help sort of educate and inform um folks where it is that the state CDPH's state population based prevention work falls under. So you'll see on the left the promotion and the universal prevention and the selective prevention really is that work that we do at the population level. And then early intervention you see here the indicated prevention

Unknown - Jan 23, 2026 14:42:13

That darkest orange triangle of the pie and then the case identification and we move towards treatment and recovery. The early intervention, that space right there, um is all under DHCS and does not fall within the C DPH scope.

Unknown - Jan 23, 2026 14:42:34

So what C D PH is doing, I mean, you know, while we're getting funding for the first time of to work in this space directly from the state, I think what's important

Unknown - Jan 23, 2026 14:42:53

To note is that you know we are building on existing expertise here at CDPH. So working in the behavioral health space is not new for CDPH. We have an Office of Suicide Prevention. There's a lot of lot of text here, but these are all hyperlinked and I'm happy to share the slide deck later. But we have an Office of Suicide Prevention that's been doing

an incredible amount of work and data analysis, evaluation, campaign work, you know, local level support. We have an office of school.

Unknown - Jan 23, 2026 14:43:33

Health that partners with education entities throughout the state to help support the health uh infrastructure within schools. We have a substance and addiction prevention branch that oversees the overdose prevention initiative. We also have the violence prevention initiative, which aims to reduce firearm violence and create safer and healthy communities. That was just released in August of last year. We had a convening in October. Excuse me. And then we have within the Office of Health Equity, the California Reducing Disparities Project, which basically created a platform for folks at the community level to identify solutions that are working at the local level for historically unserved, underserved, and inappropriately served communities. And that CRDP work is what is laying the foundation and what will transition into what I called earlier the community-defined evidence based practices. So CDEP, CDEPs. And then of course, we have public health experience and expertise in areas of data and evaluation.

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And this is just a snapshot. There's more. We also have programs that support adverse child experiences, positive childhood experiences, and also supporting other zero to five efforts within our maternal child health division. So there's a lot of work that we are building on as we move forward. And to that end, the department is planning to create a new office, and it's going to be called the Center or Office of Social and Behavioral Health. You know, we really want to elevate behavioral health as a public health priority and provide that coordinated and centralized approach. This way, you know, having a centralized office will help ensure leadership, alignment, oversight. There's some you know efficiencies that can be created by bringing everybody together, and again, as I mentioned, really elevating public health or behavioral health as a public health priority.

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Okay, so we're gonna get now into the very specific components of the prevention program, and there are six specific components. So um I won't read the white boxes in the interest of time, um, but and we'll get into them in more detail. So we have statewide policy initiatives, focus statewide behavioral health prevention strategies, statewide awareness campaigns, prevention training and technical assistance, community engagement and coalition building, and then of course the data and evaluation pillars. So there's six components, um, and then uh we'll go into further detail with each of these components. So the statewide policy initiative um really is to dedicate resources to track emerging behavioral health issues. Some of you may be aware with you know the emerging issue um related to kratom and other substances that are you know that are emerging, and then other behavioral health threats. We want to make sure that we have resources dedicated to track these, to research, evaluate impact throughout the state, and come up with policy recommendations in order to move forward. For example, some of you may also be familiar with AB 1282, which is about the impact of social media on youth. That was from 2024, um, but that is something that we are still working on in terms of um tracking and having work groups um throughout the state, across the state, um, and SB two forty three, which is focused on chatbot safeguards and online safety, which is from 2025.

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Statewide prevention strategies. So it's a broad term to really encompass um an opportunity for um

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Regular strategies to be implemented at the at the um throughout the state. So again, as I mentioned before, on the left, we are trying to leverage existing plans and initiatives and the different recommendations that are contained in each of these plans. So we have the state uh strategic plan for suicide prevention, we have the violence prevention initiative and roadmap, again the overdose prevention initiative, we have a 988 um excuse me, blueprint, we have the master plan on aging, and we have um guidance um and excuse me, guidance from the substance use and mental health services administration from SAMHSA, which is at the federal level. So some examples. This is not this is by no means exhaustive or f or you know recommended, but these are just examples. So lethal means safety and harm reduction, cultural and social connections, social emotional learning, stigma and discrimination reduction, policy systems and environmental change, early childhood and parenting support, and again, this is where CDUBs also come into play.

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The next component of the um of the uh statewide prevention strategy are statewide awareness campaigns. So the approach here is it's a two-pronged approach. So on the left, we're going to we're planning to leverage existing assets. So we have four campaigns that are currently very active, thriving, doing really well, and reaching um the target audiences, and then on the right side, we'd also like to invest funding into developing new campaigns. So on the left, we have never a bother, um, take space to pause, live beyond, and facts fight fentanyl.

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And then on the right, we have new campaigns that we are planning to develop uh focused on suicide and self-harm, 988, and then substance use disorder prevention.

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Okay, the next component will be dedicated funding for training and technical assistance. And so again, these are just examples.

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So this really could be anything focused on supporting and building the capacity at the local level, regional level, and seeing what the different needs are. We're also looking at what statewide approaches we can take. So perhaps these are strategies that promote pieces, positive childhood experiences. There could be a behavioral health literacy curriculum to help increase the knowledge and skills related to mental and behavioral well-being. And again, just mentioning PACES and ACEs. So we are planning to work with some statewide entities that can deliver unique TA across the state. So we're looking at other providers that could focus on priority populations such as veterans and older adults. Okay, and then the next two pieces of our program components are community engagement and coalition building and data and evaluation. So on the left, community engagement really is exactly what it says there. It's engaging with folks like, you know, with like like you and with uh groups around the state and really setting up opportunities and platforms where we can engage with folks around the state and hear what's working, what's not working, to hear different needs, you know, being elevated. So to that end, we're we're developing an implementation work group, and as it says here on the slide, this work group will inform CDPH's BHSA statewide, you know, planning, again, understanding what's happening at the local level and really be focused on designing solutions and moving forward.

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We also plan to develop and implement an advisory committee and this uh for CDUs. So CDUPs, as I mentioned, are the community-defined evidence-based practice uh programs, and you know, we want to hear create a space in a community for folks to come together and talk about lessons learned, best practices, what's working, what's not working, and troubleshoot together and really create a community for those folks. Then, of course, we want to make sure that we are incorporating youth um youth and family voice, and so there's a youth and family engagement, a work that um we would like to engage in order to have that youth voice be a consistent and constant source of input and um and a source, yeah, source throughout all of the work that we're doing. Given the 51% mandate to focus on folks who are 25 and younger, we feel that it's really important obviously to elevate that voice. Um and then on the right here data and evaluation, monitoring and evaluation. Of course, our plan is to have a robust framework to really assess the statewide impact, right? We need to know what's working, what's not working, what's happening, um, you know, we're gonna align a lot of this work to the 14 behavioral health goals that um that I went over earlier in this presentation.

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So when we say aligned system of metrics, we're trying to align with DHCS as well as really trying to align it with those goals. Um we also plan to uh to do you collect data, utilize data, analyze data through the lens of health equity to really see the racial and ethnic and gender, age, demographic disparities, um and do our best to um inform those disparity um reduction efforts. So data disaggregation as much as we can to the point that it's um to the point where it's feasible, that also is a priority in the BHSA space as well.

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Okay, so those were all of the statewide strategies, and now I'm gonna dive into the uh local um the local reach for some of the strategies that we are proposing. So really our approach and the framework for our fund for mobilizing local reach with BHSA funding is you know, at the core, we really want to see systems change. So I'm gonna talk from the bottom up. At the core of the work is really systems change, right? BHSA in and of itself is intended to create that systems change, it's intended to incorporate substance use uh disorder into the work. Um

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So it's really an opportunity to increase multi-sector collaboration, alignment and integration of that funding with other funding sources and access and coordinating that care. And that takes time, but that really is at the core of a lot of this work that we're doing.

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And then you know, moving on a little further outside of that, the sort of the concentric circles here, we have cross-cutting efforts. So as we mentioned, at the systems change, we're trying to coordinate and maximize and leverage opportunity. Uh same cross-cutting efforts. We want to make sure that we're not working in silos and that we're creating synergy as much as possible, enhancing that coordination, working, having public health work with behavioral health, um, and working with schools, working with the veterans, you know, as much as we can. Let's break down some of these silos and really start to work um work together more and leverage our our various expertise. And then ultimately, obviously the goal is to invest in infrastructure, right? So we want to support strong coordination across the whole behavioral health, you know, spectrum and expand the prevention layer of that work. Um, and so CEP is just really trying to look at it through these three key elements.

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So just as a quick sort of um, you know, visual tool here, population-based prevention, we've got statewide, and we've got local assistance. So on the left, these are the six components that I just went over. And then the local assistance will be broken down into CDUPs, trusted messenger campaigns, regional policy, regional implementation. There's a tribal program, training and technical assistance, the LHJ program, and then 988 outreach program. So we'll get into these next.

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A lot of information. I see some chats coming up, but I don't know what they're, so we'll get to we'll go over them um a little later. Um here we have the funding to mobilize local reach of statewide strategies and policies. So this kind of breaks down this one, kind of encompasses a lot of information at once.

Unknown - Jan 23, 2026 14:55:30

I apologize, I have something in my throat. Um, I'm trying to do my best to plow through here. So on the left, uh, CBOs and tribes um would be eligible for these five different buckets. So we've got CDUPs, the Trusted Messenger Program, the 988 and behavioral health crisis funding stream, regional policy research and development, as well as regional implementation.

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On the right is also training and technical assistance, and so we have these six uh priorities here that we are elevating for more training and technical assistance support at the local level, focused on older adult behavioral health veterans, 988, other regional approaches, train the trainer models, BDEP technical assistance, and tribal engagement.

Unknown - Jan 23, 2026 14:56:15

Okay, so slightly deeper dive. So as I mentioned, the CDEP um have I been saying practice that is community-defined evidence-based practices program. I think I've skipped the practices and went straight to program, but in any case, so the eligibility for this funding is CBOs and tribes, and really the purpose of this is to scale and uplift the community-defined locally defined, culturally responsive practices across the state. So, you know, California is a vast, vast, large, diverse state with many, many, many different needs. What's happening in one community could be very different than what's happening in another community, and what's working in one community um, you know, extremely effectively. We want to uplift that. We want to support that. We want that work to be sustained and to be embedded into that local community as much as possible.

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And maybe there's an opportunity for another community to do similar work. So in any case, it's really about having that community defined. The goal is to reduce those historically, you know, the disparities in the historically underserved, unserved, and inappropriately served populations, as I mentioned earlier, and also just to improve access to behavioral health prevention and uh resiliency.

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So that's the CDUPs. Then the next um program here is the trusted messenger campaign program. So again, CBOs and tribes are eligible for this. And this is again just speaking to that local level tailoring and knowing that there are trusted messengers, folks that people trust and will listen to, um, and will be influenced by. Um really speak to them in a way that people that the public can connect to. So here the purpose is really to bridge communication gaps, foster that empathy and understanding and really r respecting health information and ultimately the big goal is to improve health outcomes um in communities with differences with these disparities.

Unknown - Jan 23, 2026 14:58:21

Did you want to take a break and have some water? You sound like you're um I'm doing again it's it just it keeps coming up. I'm happy to take a break and answer questions or I can just keep going.

Unknown - Jan 23, 2026 14:58:32

Um go ahead. Just keep going if you're okay. Yeah, I'm okay. Thank you all for your kindness. Um you know, and I can't see anybody, so I I'm just I'm just plowing through here. Um again, this is these the funding is open to CBOs and tribes.

A - Jan 23, 2026 14:59:29

And this really is intended to help fill the gaps around 988. So, you know, some of you again are probably familiar with some of the sort of the fragmented, I guess, state of 988 right now in the state. Folks don't really know when to call. Is it 988? Is it 911? When should we call one or the other? Um, what do we get out of 988? You know, so we want to do a little bit more work around 988. Um, and at the state level, there's an entire 988 implementation work group. Um, and there was a recent um assembly bill dedicated to so there's just a lot of attention and focus and prioritization of um supporting 988. So here the purpose would be to understand what the current, you know, knowledge attitudes, beliefs, perceptions are about accepting services. We need to understand what's happening, what's not happening, the

misperceptions, the misunderstanding, and what's working, right? So it's not all broken, but we want to know where the gap. Um, and so we want to know also how to tailor and be more culturally relevant to encourage 988 usage. We want to tailor the messaging, um, and we also want to just expand the dissemination of promotional uh supports for 988 as well.

A - Jan 23, 2026 15:00:46

Okay, another local level strategy is regional policy research and development, again, open to CBOs and tribes. And again, this really is an effort to give folks at the regional local level to uplift those local needs and priorities that are unique to that specific area possibly. California, as I mentioned, as we all know so well, it's a very diverse and vast state. There's there are things that happen in LA that don't happen anywhere else, and there are things that happen in Shasta County that don't happen, you know. So we really want to be responsive and give folks an opportunity to develop some policy recommendations that acknowledge and recognize those impacts in the local regional areas, focusing on stigma and discrimination reduction, as well as the promotion of mental well being and resilience. And we also want to make sure that all of that work is contributing to those 14 BHSA statewide goals, and then talk about the real world practical steps for implementation.

A - Jan 23, 2026 15:01:29

Another funding stream here for regional implementation of focus strategies. Also eligible for CBOs and tribes to apply for. And again, here it's very similar to the policy slide previously. This is really about elevating and identifying strategies that are working in the regional local level. Again, very different needs throughout the state. We want to provide an opportunity for folks to tailor efforts that are unique to the population. And we'd love to promote an opportunity for more peer learning and spread of best practices and lessons learned, and just really highlighting again work that's happening already or that needs to happen at the local level, regional level.

B - Jan 23, 2026 15:01:50

And similarly, there is a

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And then prevention training and technical assistance funding, again, recognizing that there are different TA needs across the state that need to be addressed at that local regional level. We are offering another funding stream here eligible for CBOs, educational institutions, tribes, and other nonprofit entities.

Unknown - Jan 23, 2026 15:02:34

And we would like to highlight the training and technical assistance to focus on some of these specialized and unique populations, such as older adults, veterans, LGBTQ, immigrant populations, tribes, 988 crisis services, as well as other regional approaches. I might even add the IDD population, the intellectual and developmental disabilities. As I mentioned, that's a new, a newer ad as a result of the feedback that we got from the phase two guide dissemination. So just opening up another arm here for funding for technical assistance at the local regional levels.

Unknown - Jan 23, 2026 15:03:28

Okay. And then there is, of course, there's another layer of the uh funding strategy to dedicated to the um to the tribal community as well as the local health jurisdictions. So on the left, uh right now there is six million dollars um allocated for the tribal for the tribal program. It's five percent right now of the overall BHSA allocation, and this is an opportunity for um the tribal community to um to to address you know the needs that are specific to their own communities. And to that end, we conducted two formal tribal consultations to help inform this process and to help shape what the what the logistical process would be as well as to shape what the priorities are and how to target and elevate and prioritize the different needs in the tribal communities. So that has been a very um active and rich layer of the work here at CDPH. And then on the right hand side we have the local health jurisdictions. So this is uh there are sixty-one across the state, um, and there's twelve million dollars uh dedicated for supporting the LHJs. And what we really would love to see and would like to see is that these LHJs would act as the local prevention coordinators and convene a local prevention um sort of council or coalition convening, you know, group, whatever you know, it might uh you know, however it wants to be termed. And this this this group would really be um tasked with leading the um development and update and or update of a local suicide plan.

Unknown - Jan 23, 2026 15:05:28

I believe there are about uh 15 to 20 suicide plans that are established throughout the state, but we would really want to see that um happen um across all of the LHGs. And so this convening or this coalition um really is an opportunity again to bring folks from a lot from very varied backgrounds. So the veteran community, the the IDD community, the youth voice, um, the schools, um, you know, the from county behavioral health, from managed care, from private sector, from anyone across the whole um spectrum that is involved with this work. We would love to see everyone come together and talk about what are the opportunities, what's working, what's not working, who's doing what, how can we piggyback on each other's work, um, you know, leverage the work that's being done. Um, and it doesn't have to be a brand new coalition, it could be something that is um an expansion of or a variation of a current coalition, but ultimately we do need to see or would like to see that there is some sort of local level coordination um uh body, coordinating body

um convening and doing you know work on a regular basis to continue to integrate and coordinate local behavioral health work. That third bullet there about the integration of local behavioral health data needs and assets into the LHJ-led community health assessment and community health improvement plans. Quite a quite a mouthful there, um, but you'll see in the guide that there's there are there is a section dedicated to what we're calling the CHA CHIP, CHA and the CHIP. So CHAC Chip um process. It's a little bit too much to um kind of get into right now, but some of you again may be familiar, but there is a uh community health assessment process that every LHJ is involved in, and soon um everyone will be on the same timeline with developing the with their CHA, and then six months later the CHIP is due. And as part of that, this incredible amount of alignment work that is happening at the state, the county behavioral health is also developing their own integrated plans that is also on the same timeline. So you see here how strategically everything kind of aligns. There's a lot of work happening.

Unknown - Jan 23, 2026 15:07:27

to kind of bring all of the partners, all the stakeholders to the table to do work together as opposed to separately. Oh and I and of course how could I forget the MCPs, the the the um Medi-Cal managed care plans are also a critical piece of this process as well because they used to do their own assessment, the PA, and now we're trying to bring everything together. So it's a long conversation but the we're just trying to align everything and we really want the LHJs to again to be that linchpin and that central coordinating body to help integrate coordinate and align all of this work. I've probably confused everybody a little bit more with what I just said but in any case it's it's outlined in um the guide and there are a lot of um hyperlinks included in there if we really wanted to do a deeper dive um just to be a quick time check here okay the tribal program um you know is for federally recognized tribes Indian health clinics and urban Indian organizations and again it really is um intended to provide access to those crucial resources um that have long been denied or you know underfunded under under um underserve so this gives um the tribal community an opportunity to elevate and propose tailored strategies to address this behavioral health inequities amongst the tribal communities and again as I mentioned before we had two formal tribal consultations government to government to um formalize this relationship and to formalize the discussion and the next steps to ensure that the tribal community is um is engaged and informed and empowered okay oh there's an okay so there's another slide here on that LHJ role um so again again acting as conveners the suicide prevention plans and again that vision for alignment I won't go into all of the I think I probably already talked around all of these points here but you'll see some of the examples on the left for uh possible participants in the local convening I think I mentioned all county behavioral health MCPs different CBOs areas on aging education veterans tribes um again suicide plans and that vision for alignment

Unknown - Jan 23, 2026 15:09:28

So last few slides here, what are the next steps? We've I've just talked for a very long time with a lot of coughing and I apologize around what that phase two program guide and the eventual final plan will look like and what it will what our what our early thoughts are on um on the BHSA population-based prevention strategy. So in terms of like next immediate, uh more immediate steps, we are planning to publish an FAQ as well as a PEI stands for prevention and early intervention fact sheet. So you may remember, you may remember, recall that um sort of that uh that pie of the it's the IOM's continuum of prevention. There's a lot of confusion right now about sort of what's considered prevention, what's considered early intervention. Um a lot of that has been a lot of that has been discussed and and raised as an ongoing point of confusion, understandably. It's very confusing. Um so we have been working with DHCS to kind of uh put together something that we're hoping will help continue to clarify um that distinction between prevention and early intervention. The FAQ that we're planning to publish is uh more about some of the questions that we received um when we rele when we released phase two. So there were a lot of questions that we felt like needed to be pulled out and highlighted in a separate FAQ document for just you know spotlight highlighting, and so we're planning to publish that fairly soon. In February, we'll be publishing the final plan. And as I mentioned earlier, that will incorporate both phase one and phase two, as well as all of the recommend uh recommended edits and revisions um from the public comment that we received over the past um or back in uh November, December.

Unknown - Jan 23, 2026 15:11:26

And then we are uh planning, hoping and working on releasing funding announcements in spring um and doing our best to have folks hitting the ground running as close to July 1st as possible. Um I did want to highlight, if you have any other questions or if you want to be added to the CDPHBHSA website, I would highly recommend sending an email to this address to get added to the list. We do send out um a lot of um updates um around different uh yeah, so like the final plan, we would send out an email to let you know that has been published as well as the FAQ, the fact sheet. Um we do plan to send out funding announcements via this email um as well as to all of our partners. And so it's it's a good resource to stay connected to.

Unknown - Jan 23, 2026 15:12:14

And with that, I conclude the presentation, and I'm going to stop sharing so that I can see everybody.

Unknown - Jan 23, 2026 15:12:22

Um thank you everybody. Appreciate the time and the opportunity. I think we have a little bit of time for any questions that folks might have. Great. Yeah, thank you. Really appreciate the information. Um it's exciting to see the plans coming together. Um I know we had one question, I think maybe it was in the chat about um if the local boards and commissions, we have 59 local behavioral health boards and commissions, and 50% of their members represent people with um

Unknown - Jan 23, 2026 15:13:26

lived experience or you know that have received services for mental health or substance use and then the other 50 percent maybe a makeup of you know mostly it's all members that are in the community working in sectors that are intersecting with behavioral health um but it's an avenue to ensure the stakeholder input happens and um an opportunity you know for public meetings so that people can express their interest. So as you were talking about um the local health jurisdictions and and the the coordinated um maybe communications having some types of coalitions um and you had a list of different entities I think um in order to make sure that we have the voice of family members and consumers I think it would be good to uh add the local boards and commissions to that there's a you know nothing about us without a statement so that might be an important um you know as the as that comes together it sounds like that's still something that you're just thinking about. It is and I apologize but I don't that's that list was not meant to be exhaustive and if you look in the guide there there's a um suggestion to include folks with lived experience um but certainly we can take that back as well and offer additional um yeah okay yeah thanks all right question in the room uh hi can't uh

Unknown - Jan 23, 2026 15:15:08

my name is Bill Stewart and I'm uh president for Cal VHBC and I'm located in San Diego. Thank you for your presentation and I only have about 300 questions. Of course just joking um you covered a wide range of really exciting and positive things. So my question is for the data aspect of the collection because you also stated the range of the sizes of the counties but also the diversity and um at times through on our state it hasn't always been um

Unknown - Jan 23, 2026 15:15:26

Consistent collection of data for analyze analyzing throughout the state. So just wanted to touch base on that. And also touch base on that 988 and in regards to the orb line.

Unknown - Jan 23, 2026 15:15:45

And that's it.

Unknown - Jan 23, 2026 15:15:48

Um so your question about the 988 is just for more information, or sorry, I may have missed the trying to take off the lip on the few times.

Unknown - Jan 23, 2026 15:15:59

So warmline is different. Yes. Oh, it is in 98? Yes. I thought it was connected to it. Okay, so just back to the data. Okay. Um the data analysis, I mean, so we are still in the process of developing the evaluation framework as well as you know, setting up the key um indicators and uh aligning it it's there are a lot of different parts, moving parts as you can imagine. So that framework is still under development, but we are hop, you know, hoping to have that release publicly um, you know, as soon as possible.

Unknown - Jan 23, 2026 15:16:34

Okay, thank you.

Unknown - Jan 23, 2026 15:16:36

Oh, next, yeah, another question. Thank you so much for the uh the presentation. Uh my name is Matthew Barry, I'm here in San Diego County. Um I have two questions. One that you talk a lot about uh re-granting to regional entities to value the local expertise and the on-the-ground um expertise that we have in our counties. I'm curious how the uh department is looking at this because this funding has been taken from counties um in the large bucket, right, to move it back to the state. And then it sounds like it's just going right back down to the counties in lower amounts. So I'm curious, like overarching if you have a an orientation to the benefit that it comes from the state having maybe oversight over the regrant of the counties. But to me it seems like we're just gonna be doing the same things we were doing before, but receiving the funding in a different flow through and at a lower dollar amount.

Unknown - Jan 23, 2026 15:17:25

And believe that one. And then the second part is for the local health jurisdictions. And you talked about the CHA and the CHIP. And I want to add the DHSA integrated plan because the integrated plan is required to integrate with the CHAPTER. So for your slides just to add in the integrated plan on our year plan because we're working really hard on those at all the level level and it wasn't mentioned as part of that integration.

Unknown - Jan 23, 2026 15:17:53

So I don't know if you can talk to the Yeah, no, thanks for your question.

Unknown - Jan 23, 2026 15:18:07

So indeed the behavioral health integrated plan is a huge, huge undertaking, and I know they're due fairly soon. So I know it's been a big lift, and you know, DHCS is tracking that, we're tracking that together with DHCS very closely.

Unknown - Jan 23, 2026 15:18:38

We're still sort of tracking that and trying to figure out sort of you know how best to make sure that we're um not disrupting services. I know that's gonna raise flags, but disrupting services in a way that you know, but this is a big transition. We're incorporating, you know, substance disorder and we're trying to um elevate some of the more primary prevention aspects. Um I think we also want to make sure that we're opening up an opportunity for some like new energy, new strategies and more regional level approaches and looking at ways to kind of leverage what's working and what's not working. It's also an opportunity for like rural, you know, the rural entities and the underserved communities to be able to propose work that's um.

Unknown - Jan 23, 2026 15:19:24

That's working for them or that you know that could be funded at a different level. I think also there's been you know mixed reaction around the county level coordination and oversight and the board of supervisors involvement. So this is just this I think this is something that you know has just been something it's been a difficult transition for many to navigate. So the secret at a less smaller amount of funding, I mean I can't speak to that because I don't know if you know I think it's different depending on sort of where you are um and sort of how that was divvied up or you know allocated. Um

Unknown - Jan 23, 2026 15:20:00

the best that I can offer right now is that we acknowledge that there's a lot of that happening in the transitions and there's a lot of misunderstanding, you know, to be frank and candid in terms of like folks prematurely um ending some of their contracts and such. So it's been it's been it's been a difficult transition, and even at the state level, we're still trying to navigate that with our partners.

Unknown - Jan 23, 2026 15:20:26

So it's very it's been challenging.

Unknown - Jan 23, 2026 15:20:31

Thank you for the response. I appreciate that the challenging nature, and I I think um that the local boards would we want to be partners in this transition, and I it is less money for counties across the board because of the 10% going to the state rather than previously it was five percent. So counties writ large like have less funding, um, what that means for making sure that we can scale up practices that work and share across counties for investment. Totally on board with that. So thanks for that recognition and uh want to be partners in that.

Unknown - Jan 23, 2026 15:21:06

Thank you. Up another question there was introduce yourself. Uh hi, my name is Steve McNowley. I'm from Orange County. Thanks for your presentation.

Unknown - Jan 23, 2026 15:21:24

On a big picture, um did your landscape analysis, like I see 12 million for suicide. What do you what do you think the 12 or 13 counties that currently have suicide plans are spending to date currently? Does your analysis include that? I'm not aware of the local level data. Um I but I just wanted to clarify the 12 million for the local health jurisdictions is in is intended to cover sort of more a lot of coordinating work in addition to or and the suicide planning is part of that work. Right. I'm just suggesting that if your landscape analysis, I was just trying to figure out what what was spent locally versus what you have at the state level, and how much you're gonna allocate to state funded initiatives, and are you gonna put them in 11 threshold languages or you know the trusted messengers sort of getting lost? A lot of these guys will be out of business, and and so it's just something to think about in uh sorry, I don't know if I'm following the question. I apologize. You're saying the question is did your landscape analysis compare your current allocation example at maybe at a state initiative and then those other buckets compared to what was happening and what's different? I don't know if you have that money's not gonna I don't think we'll go very far.

Unknown - Jan 23, 2026 15:22:54

And uh and I think the trusted messenger part of it, which is the most important to the person receiving services that they want people to look like them. Um those people were getting the budgets before. So that's the critical mass. And I think it would be helpful to check your awareness around the state of what people do or don't know about what's going on. Um but that's the big picture, it's just the landscape analysis of where you're spending your money and how it's gonna impact.

Unknown - Jan 23, 2026 15:23:23

Patients, people, individuals, not just impressions. Right. Yeah, no, I appreciate that question. I mean, certainly with there was a lot of work and a lot of input from the various folks here at the state. So the Office of Suicide Prevention, there were um different subject matter experts who brought data to the table, um, different findings. Um I I don't know at the granular level what was actually compared or analyzed, but I know that a lot of that information, you know, fed into the figures that were derived from different allocations. For the trusted messengers, uh, you know, that is something that we're you know we're very excited about, and I think a lot of folks are excited about just you know, elevating again folks in underserved communities, um, and you know, historically marginalized communities, the potential there. Um, so this is um something that we're really looking forward to. Yeah, but once you're doing us discussion.

Unknown - Jan 23, 2026 15:24:26

You mentioned the CDEF advisory committee. Will that be announced for people to apply to? And when? It it will be announced. I don't know when. Um I I don't know when, but I would imagine that you know, as soon as the CDUs are implemented and you know the contracts are in place, you know, we would mobilize that advisory committee fairly quickly. So all of that information will, you know, we'll disseminate that um under separate cover, um, and and as soon as we have that information ready to go. Yeah. Thank you. My second question is many of the C deaths who have been operating and funded under CDPH were no were not aligned with county um populations and unfortunately are uh are concerned about being eliminated. What

Unknown - Jan 23, 2026 15:25:23

um strategies has uh C D PH thought about in regards to aligning their priorities is with the counties on how to preserve um the C depths who have demonstrated or where the um community defined practices and those organizations that are actually and have been doing the work for over a decade. Yeah, that also has been something that we have been hearing and we are aware of the um the

Unknown - Jan 23, 2026 15:26:10

The I don't want to say disruption, but the anxiety and the concern around sort of the future of you know C deps. Um we had a com we had we did a presentation to a I think it was the CDUP team or the CDUP group um quite a while a few months ago and there was a conversation about sort of not wanting to have that um I mean uh you know, I don't think anyway, there was a conversation around preferring to be directly funded by the state and having that relationship um s be sort of preserved in an effort to kind of keep their work independent and to be able to operate in a way that is um that has been productive and fruitful for them.

Unknown - Jan 23, 2026 15:26:50

why we're you know uplifting their role and their involvement and engagement in that eventual local uh behavioral health prevention you know coalition or convening because we need to have um you know we need to have discourse that is all aligned a little bit better and you know transparent and you know and just working more collaboratively. Um not that it hasn't been before but I think just ensuring that there's a space for that dialogue and just really continuing to kind of again synergize and collaborate as much as possible. Limited dollars you know for BHSA

Unknown - Jan 23, 2026 15:27:10

You know, it's a big pot of money, but it's not a big pot of money. Yeah. Are you able to provide your email address we have the on the slide for the info but not your particular email address? Uh sure, g yeah. I can I can add that. It's in the chat.

Unknown - Jan 23, 2026 15:27:50

Okay, I think we don't have any more questions. So um thank you so much, Claundra. Really appreciate the information. I know there were a lot of tough questions, but it's a tough topic. Um so uh thanks so much and I will share with the group the um general BHSA info at um email that you shared um so that they can get on your um regular information update list.

Unknown - Jan 23, 2026 15:28:10

Great. Um I'll drop that in the chat as well. No, I really appreciate the opportunity um and to share. And as you can uh I'm sure you're picking up, you know, we are

Unknown - Jan 23, 2026 15:28:49

you know these boards and commissions I mean this is who we turn to and who we want to hear from and so I would encourage everybody here in this group to submit the public comment to submit you know we we read every single word of every single one and just to give a little bit of perspective for this last phase two um guide we received over I think 300 public comment and our team reviewed every single one we analyzed it um and we really elevated what you know was what was vocalized and what and what bubbled up to the top and we

Unknown - Jan 23, 2026 15:29:09

value this connection with the community um and with folks like yourself. So encourage like this ongoing engagement, encourage emails and just feedback and

Unknown - Jan 23, 2026 15:29:29

anything that you know just helps elevate the concerns that are at the local level. You know, we're here, um, at the state level doing what we can with the resources that we have, but we also don't know what we don't know, right? And that's just the name of the game. So, um

Unknown - Jan 23, 2026 15:29:49

In any case, yeah, thank you again for just the opportunity to let me talk um and share a little bit. Uh if you have any other questions or points of clarification, please do feel free to reach out. It's a lot of information. It's a lot. So thank you. Thank you so much.

Unknown - Jan 23, 2026 15:30:12

Okay, let's see, what time is it? Do we have time for a break? 3 30. Our next speaker is in 15 minutes. So um I'm gonna just um uh mute the folks on Zoom and we'll see you at 345. And then in the room we have some announcements. Yeah, I was gonna ask you on the show. Okay, so let me mute the um Zoom.

A - Jan 23, 2026 15:46:14

Concepts Forward and they are facilitating the Psychiatric Advanced Directives Innovation Project, which is a statewide project with several counties who have joined and have been working on this for uh a few years now. And I'm so excited that she's uh able to present to you about this project. For those in the room, um, inside of your folder.

A - Jan 23, 2026 15:46:35

I'll let you get started. Thank you. I'm gonna go ahead and share my screen.

A - Jan 23, 2026 15:46:44

And then of course with Zoom, I'm gonna move you all the way back over. I like to see who I'm talking to. There we go.

A - Jan 23, 2026 15:46:54

Eight.

A - Jan 23, 2026 15:47:13

Well good afternoon. I know you have a lot of presentations today. I hope you find this one to be very exciting. My name again is Kieran Sejoda. I have been I retired from county employments five years ago after being there for over 25 years, both in protective services, law enforcement CIT training, and I ended up retiring as a senior behavioral health manager. Also have worked for a decade under the old MHSA. I was a statewide coordinator, so very familiar with obviously with MHSA, the BHSA transformation and Prop 1.

A - Jan 23, 2026 15:47:53

So when I retired, the state called me and said, Hey Karen, now that you're not working in a county, would you work on a project for the state working with all the counties? And at that time, that was back in 2021, we were able to gather seven counties on for phase one, and we now have eight counties in phase two. And so we're going to go through the history of psychiatric advanced directives. Um, for some of you, you may have heard some of this. Um, as I have presented before, I do have new slides. Um there's always something exciting happening in the world of psychiatric advanced directives. Um, and so here we go.

A - Jan 23, 2026 15:48:14

Uh for those of you I want to give you a little history about psychiatric advanced directives. Um in 1967 the first medical advanced directive was developed. In nineteen ninety, Patient Rights Act was finally um put forward.

A - Jan 23, 2026 15:48:33

Um and in 2023 we finally had an assembly bill 1029 that formally integrated any sort of mental health directive in an advanced health care directive and provided for a standalone path.

A - Jan 23, 2026 15:48:54

And then as we know also in 2023, PADs or psychiatric psychiatric advanced directives, because you'll hear me say PADs now, was implemented in statute under care court.

A - Jan 23, 2026 15:49:13

And so when we look at advanced care planning, there are several aspects of advanced care planning. Most of us are familiar with the middle one, the the medical um health care directive. You know, I have one, um, my husband has one. You know, we look at those end-of-life and life-saving type of directives. If you look in probate under a medical advanced health care directive, it is very specific.

A - Jan 23, 2026 15:49:53

Medical care with one little paragraph to talk about your mental health if that is if that is something that you wanted to address. So psychiatric advanced directives are in probate as a directive, and they specify preferences specifically for mental health and substance use care during a behavioral health crisis. And the wonderful thing about this aspect is that this is a document that can transition with an individual throughout their life. So think of a 19-year-old who's having their first psychosis and think about the how many different times they will change medication in the course of their life.

A - Jan 23, 2026 15:50:13

Also getting married, having children.

A - Jan 23, 2026 15:50:33

Still could have crisis throughout their lifespan. And so here is a document that literally changes and evolves with you as your life evolves. You then have your medical advance directive, which is not typically used through the lifespan. It's very specific. You have lost capacity, and it can only be used by a proxy doctor during lost capacity, mainly for the medical conditions. And then, of course, we have our pink form or the pulsed, the physicians ordered for life-sustaining treatment.

A - Jan 23, 2026 15:50:52

DNRs um and um your palliative care. So what we don't many of us don't even realize in California we have three different types of directives that really can guide our care when we might not be able to to voice that in that moment.

A - Jan 23, 2026 15:51:13

So when we dig a little deeper into psychiatric advanced directives, it is a patient rights document.

A - Jan 23, 2026 15:51:32

Of self-determination intended to be completed before an emergency or before a crisis, while an individual can still think clearly about their treatment and recovery journey. And the pad will communicate their preferences under really key components. And we look at we look at why. Why is that important? It's autonomy. Oftentimes, research, well, research has already shown if you look at SAMS's research on pads specifically, and also Duke University, a lot of research on pads, the responsibility when someone fills out a pad.

A - Jan 23, 2026 15:51:52

for their care and treatment. They are more likely to be medication compliant and seek care and assistance prior to the crisis hitting that pivotal arch. And it really helps with them in problem solving as well.

A - Jan 23, 2026 15:52:12

We look at some of the key elements of a pad and it's how do I want to be supported in a crisis? And who would be my preferred contact if I don't want to have a proxy? I don't want someone to make decisions for me, but I want someone to be there to advocate for me. Who would that be? Here's my preference for medication. Here's what I have allergic reactions to. Um

A - Jan 23, 2026 15:52:32

have a uh a diagnoses and so being able to put all of those all of that information in your pad.

A - Jan 23, 2026 15:52:52

So what makes a pad legal? Well, in California, under probate uh 4679 and 4701, we have two types of pads in California. You can do one, you can do the other, or you can do both. We have an instructive pad, and this project that I work on and work with the counties is the instructive pad. We are not looking at a power of attorney. We are not looking for someone to take over during loss capacity. We are trying to address a crisis prior to loss capacity.

A - Jan 23, 2026 15:53:12

we do in the moment of someone's crisis to help de-escalate that situation, return them to baseline, perhaps call contact the preferred contact.

A - Jan 23, 2026 15:53:33

reduce the hospitalization and the incarcerations. And so really looking at that instructive pad, what can I do for you in that moment? Or you could also have a proxy pad, which includes that durable power of attorney and your specific, if I lose capacity, this person is in charge and um and you don't have to have at no time do you have to pick a proxy. But it also is very specific to lost capacity.

A - Jan 23, 2026 15:54:12

Impacts on crisis care, and if you think about all that's happening in our in our state right now, um back in uh 21-22, which is about the most current data we have on 5150s, we have about 102,000, these are three-day psychiatric 5150 holds, not the application, but the actual three-day hold. 82,000 of those reported were over the age of 18. When we look at what we want to accomplish with PADS, if an average stay for three days is about 10,000, almost \$11,000 a stay.

A - Jan 23, 2026 15:54:52

percent utilize the pad and not end up in hospitalization, 820 people in the entire state of California, we would save the state almost \$9 million in hospital care. And we look at the services being cut right now due to the transition of funding, just think of where else we can utilize this funding, especially for those services for individuals in their communities.

A - Jan 23, 2026 15:55:12

So we also look at paths within a crisis workflow. Why do we want to do that? What's important about that? It's enhanced care crisis response and care coordination. It's assisting an individual to receive to reach their baseline more quickly, contacting a preferred contact, building trust with the individual, utilizing their voice and choice and saying, hey, I see that you have a pad. Can we look that up together?

A - Jan 23, 2026 15:55:51

for peer support specialists say, you know, this is like a cr this is like a safety, a walking safety plan, which is which is exactly true. Utilize it reduces unnecessary hospitalizations and incarcerations. It may increase voluntary hospitalizations. Someone that says, you know what, I I know where I'm at right now and I know what I need. And can also assist an individual and staff safety.

A - Jan 23, 2026 15:56:12

So what's in the digital path? What's in the digital registry?

A - Jan 23, 2026 15:56:31

So the activity started in 2021 when we had seven counties come on board to build um the platform to look at paths and how do we utilize them? Why are they not being utilized in California? The MHSOAC at that time provided a little seed funding um to gather counties on board and seven counties came on board um to build the digital registry. Something that does not exist not only in California, but a digital a and a interactive digital registry does not actually um exist in any of our 50 states.

A - Jan 23, 2026 15:56:51

So what we've created, which seven counties have created, is truly innovative. And the other thing I like to say is that we utilized the MHSA funding and we utilized it and actually have a product. We created it together. It wasn't a bunch of one-offs, which sometimes technology can be. And if you look at AB 133, which is the um

A - Jan 23, 2026 15:57:31

Part of the uh EHR Information Exchange. They were supposed to create for \$10 million a Pulst Registry, and in four years, they haven't done that. So I'm pretty darn proud of our counties and our contractors and being able to actually accomplish this. So we we actually looked at pads from around the nation and our peer support specialists and our peers and our work groups. We had over 120 different work groups in looking at what's the most important information that you want in it.

A - Jan 23, 2026 15:57:51

And so we built um truly what's a an amazing product. And and then phase two, which is what we've just entered now, is the rollout. So we built this digital registry and now we're testing it. Now we're rolling it out. Now we're actually going to train crisis teams, law enforcement hospitals to ask.

A - Jan 23, 2026 15:58:10

Do you have a pad? And then and then how to utilize that?

A - Jan 23, 2026 15:58:31

So when we look at some of the just user-friendly aspects of our pad, here's an example. Richard is our our prime example. We want to and our facilitators work with our individuals that are filling out the pad, and most individuals are putting a picture on because they want everyone to see this is who I am when I'm not in a crisis. I don't always look disheveled or angry or um I'm, you know, this I normally wear glasses or they have a picture of themselves and they want everyone to say, look at please humanize me in a crisis.

A - Jan 23, 2026 15:59:10

We have de-escalation. We have what Richard specifically says. I can be stressed by the presence of law enforcement. My primary language is Spanish. I like to talk about my daughters. I like to talk about baseball. So really giving some really great information for when law enforcement or crisis teams first come on the scene.

A - Jan 23, 2026 15:59:31

Another fabulous aspect of it is it's so user-friendly. And they get to choose by consent who has access to their information. So law enforcement might be able to go out and say, hey, do you have a pad? And the person says yes, the law enforcement says, Oh, I don't find it. Well, because the person didn't give them authority to access it. All of it is based on consent, which I love. And so the medical professionals, you can have them have all your information, first responders, and first responders are your AMR, your FIRE, your crisis teams, and then law enforcement is completely separate.

A - Jan 23, 2026 15:59:50

crisis teams really receive just um just a a short a more of a brief top really highlighted information, hospitals re will receive more in-depth information.

A - Jan 23, 2026 16:00:11

And does the pad have HIPAA information? It's one of the biggest questions. Actually it doesn't. It is voluntary. All the information input into the pad is from the individual. It is voluntary. Also, it is not a medical document.

A - Jan 23, 2026 16:00:50

These are my preferences, but it is not a bi-directional. Your clinician, your doctor cannot put information into your pad. It is no no different than the advanced health care directive you may have at home. That is your personal directive. It is a legal document. So it is protected on a HIPAA compliant platform, but it is not it is not considered under the statute of HIPAA to be a HIPAA document.

A - Jan 23, 2026 16:01:11

Some of our stakeholder quotes as we built the project is, as peers, we've done really done a great job putting this together. I think we've had our voice in almost every step. We find that the PADS Technology Platform Development Phase One has increased individuals' knowledge, understanding, and acceptance of PADS.

A - Jan 23, 2026 16:01:30

And we believe that phase one resulted in an increase in acceptance by and use of pads by individuals that bodes well for the platform, being able to enhance the support and care provided to individuals in the participating counties, as well as the potential for replicability and scalability throughout California.

A - Jan 23, 2026 16:01:50

One of our prime aspects of the replicability is we had seven counties that started the project. We now have eight counties of Alameda joining us.

A - Jan 23, 2026 16:02:10

document that is so easy to use you can actually sit in your living room and do it yourself if you didn't want someone to help you. And then also the access for the for our crisis teams will be s very easy and I'll and I'll show you that in just a second as well.

A - Jan 23, 2026 16:02:30

So here's my my m one of my pet peeves right now in the state of California, I'm not gonna lie, is why are we not talking more about pads? I hear about it at the state level, everyone says, Oh, we're talking about pads. Well, pads should be part of anything with justice involvement.

A - Jan 23, 2026 16:02:50

um intervention and first um uh psychosis episodes as well as fsp.

A - Jan 23, 2026 16:02:56

Excuse me, FSP. Whoops. I caught it, I moved it. Um

A - Jan 23, 2026 16:03:11

FSP is probably one of our most prevalent areas where we should be talking about FSPs. I mean it's about pads. And in CareCourt as well. CareCourt is already a great platform for pads and yet no one's filling them out. Why? Why are we not doing more for our individuals? Um so you can see it fits in, it fits in perfectly across the board.

A - Jan 23, 2026 16:03:29

When we look at training, one of the other aspects I wanted to mention on the platform is it is translatable in anybody's language. So it it we've already identified in our eight counties we have 10 threshold languages, but we also are, we also will have it accessible when the state, we ideally want the state to take the fun, right?

A - Jan 23, 2026 16:03:49

we would have it as easily accessible in all languages. And also another thing is it's not an app. It is not an app. It is not owned by Apple. It is not owned by Google. It is a separate website. So it there is no background data that goes anywhere. It stays within the project.

A - Jan 23, 2026 16:04:09

And the only background data we're using for this project currently is where are people filling out pads, where do we have gaps that we need to assist our counties, our our eight pilot counties in helping them to fulfill that. But to be honest, and just our piloting it, one county in two months had already filled out um 50 pads.

A - Jan 23, 2026 16:04:49

Beta testing alone, we had over 150 paths in two months build out. So we have no doubt this is something that our counties are definitely excited about. So when we look at phase two, it really is that learning community. It really is. We utilize BBI, the Burton Blatt Institute out of Syracuse University, who is in the forefront of disability rights in California, excuse me, in the in the nation. And they are doing our evaluation, so our quantitative and qualitative evaluation. In February, I roll out, my team will roll out training to all crisis teams on the project. I already have over 200 staff signed up.

A - Jan 23, 2026 16:05:29

For the crisis team trainings in our eight counties. We also, my team, I have a law enforcement CIT trainer who is also working with all the law enforcement, and we will roll out their training based on as they're ready. As you know, law enforcement and hospitals are a little harder to engage, but they're very excited. Um, because as we know, this really helps. This may help law enforcement specifically enhance their jobs, reduce a call for service time, may decrease an officer involved shooting because they have information at their ready and also unnecessary incarcerations.

A - Jan 23, 2026 16:05:50

wanna show you our um our our pad our products oops advanced director my plan library can you hear it go actively create a plan for behavioral health crisis yes we hear it

A - Jan 23, 2026 16:06:06

And with that.

B - Jan 23, 2026 16:06:09

Getting started is easy. A pad can be created with a free account through the secure web based platform, providing guidance along the way.

B - Jan 23, 2026 16:06:29

The dashboard serves as a centralized hub for creating and managing cats. The first part, Crisis Directive, focuses on the crucial details that should be shared with professionals and others providing support during the crisis, like health history, communication preferences, and who to contact during a crisis.

B - Jan 23, 2026 16:06:49

It also includes anyone who should not be notified. Completing each section encourages individuals and guides them to the next section.

B - Jan 23, 2026 16:07:09

Treatment Directives allows individuals to share supplemental information for professionals to consider when providing care, like instructions for medication, accommodations needed if receiving inpatient care, as well as any

gender-affirming and reproductive health considerations that professionals may need to factor into treatment.

B - Jan 23, 2026 16:07:31

Psychiatric individuals to share supplemental information for professionals to consider when providing care, like instructions for medication,

B - Jan 23, 2026 16:07:49

accommodations needed if receiving inpatient care, as well as any gender affirming and reproductive health considerations that professionals need to factor into treatment.

B - Jan 23, 2026 16:08:02

The PAS platform will be available in multiple languages to ensure broader access for MARA communities.

B - Jan 23, 2026 16:08:11

Once completed, it can be previewed as others will see it.

B - Jan 23, 2026 16:08:17

Individuals can see what their pad will look like when accessed by professionals and preferred contacts.

B - Jan 23, 2026 16:08:28

They'll always have the ability to choose which professionals can access their pad. The platform makes it easy to collect signatures needed to make it a legal document. It's as simple as reviewing the pad, confirming who has access, adding a signature in app.

B - Jan 23, 2026 16:08:56

As a professional, you will have the information you need to help inform decision making, reduce liability, and enable a positive outcome for individuals like Richard.

B - Jan 23, 2026 16:09:08

Research has shown that utilization of PADs can contribute to lower rates of recidivism in hospitals and jails. The PAD platform ensures key information about an individual's needs during a crisis is quickly accessible. Professionals can search for and find active pads.

B - Jan 23, 2026 16:09:28

The most important information is displayed at the top, and more details can be reviewed quickly below. You'll be able to see key information such as diagnoses, how does he escalate,

A - Jan 23, 2026 16:09:48

to communicate.

B - Jan 23, 2026 16:10:08

PADS can be shared with an individual's preferred contact who can provide support and advocacy on their behalf. The PADS platform helps individuals plan for a behavioral health crises by voicing their treatment preferences, as well as empower advocates and professionals with information they need to offer more effective care and support.

B - Jan 23, 2026 16:10:32

Psychiatric Advance Directive. Empowering and encouraging individuals to make decisions about their well-being. Learn more at padsca.org.

A - Jan 23, 2026 16:10:37

I can tell you, I'm just clicking all over the place today. Um, well my my last slide said thank you.

A - Jan 23, 2026 16:10:44

Um

A - Jan 23, 2026 16:10:48

One of the things I did want to most importantly bring up with with all of you is that I'm uh we are happy to have more counties on board this project. I don't know if any of you have read The Tipping Point by um Malcolm Gladwell.

A - Jan 23, 2026 16:11:27

Directives will make a difference. A conversation I'm having on a regular basis right now is with our Department of State Hospitals and the importance of having paths and even peer navigators within the state hospital facilities. And why are folks not leaving the state hospitals and having paths with them? Our ISTs are incompetent to stand trials, our 90-day in-reach. Psychiatric advanced directives, we truly believe is a tipping point as we look at care of individuals with a behavioral health condition in California, but nationally. And I even on this project published a chapter in a book in France.

A - Jan 23, 2026 16:12:07

Impactful this project is. So we do know that with some counties there is MHSA innovation funding. This is a no-brainer project. It is a simple, it is a very simple process if you would like to be a part of it. If you use any other braided funding outside of innovations, you do not need the commission's approval. But right now the approval is on consent. And so we just want to share this really this amazing project. Because again, we think that we are on the cusp of some major change.

A - Jan 23, 2026 16:12:27

And with that, do you have any questions?

A - Jan 23, 2026 16:12:54

This is Al Sams, Director of Veteran Services for Solano County. And I probably have a question that a lot of people have. How do we participate? We're actually the neighboring county to both Alameda and Contra Costa. We're the four rural neighbors, but we would love to participate in it.

A - Jan 23, 2026 16:13:07

Um, so ironically, do you know Deb uh Deb Deb Demello some Deb Oh

A - Jan 23, 2026 16:13:47

We have peer support specialists, it is training, there is evaluation. So it's a very encompassing project. But if anybody wants to join, it literally, we are going through the county behavioral health department. That is how we want to sign up any county. So if your county behavioral health department, it is a simple appendix. It's three to five pages of why this is great for your county. You've done a presentation in your county, which I can come do. And then you do your 30-day if you're using MHSA.

A - Jan 23, 2026 16:14:07

can join without all of that. The budget is run through our fiscal intermediary through Syracuse University. And so that's just, I mean it's it is all the all the steps for replicability are really finely outlined now.

A - Jan 23, 2026 16:14:28

Uh can you please put your email in the chat? I was just gonna say that. Thank you so much. That is great.

A - Jan 23, 2026 16:14:36

Oh you know oh I lost my oh there it is.

A - Jan 23, 2026 16:14:45

And we have some other hands.

A - Jan 23, 2026 16:14:47

Okay, my name's Lori Monroe.

B - Jan 23, 2026 16:14:51

Oh Go ahead.

A - Jan 23, 2026 16:15:07

Um, I'm from Butte County and I'm a retired nurse practitioner and so I'm really familiar with advanced medical advanced directives and polls and um they were developed before there was any kind of internet and so a lot of it is still pencil and paper which works well f with a lot of people who need to fill them out.

A - Jan 23, 2026 16:15:27

My question is couldn't this just be implemented without all your fancy training if you had the just did the pencil and paper version? That could still be scanned into clinic charts and um hospital charts to be available in the emergency room. It wouldn't go out to law enforcement. I don't have a vision for how they have access to that kind of thing, but but it would be something.

Unknown - Jan 23, 2026 16:16:07

So I really appreciate that comment more than you know because that is actually one of the biggest reasons why we created the digital version is because patient rights have been around for 30 years, pads have been around for 30 years, and they're underutilized for the mere fact that to get the information in a pad right now, it's about 30 pages. And it doesn't transfer with the person unless they've given it to their medical provider, which then becomes a hyper protected document and nobody else has access to it unless they've gone to the hospital or to their medical provider. So what we really are trying to investigate, and it is why the state asked us to do this is how do we make it easier? So by the mere fact that we are so so you can on by filling it out digitally, it is then accessible regardless of what county you move to. So think about a population that also may move county to county. And if a person wanted the paper document, they can be downloaded as a PDF and they still can have a paper document. But it instead of having to um fill everything out pen and paper, we have a lot of click boxes where you literally can just click your answers and go through it so much quicker than having to to um you might forget, honestly, when we when we created the platform, our peers said this is what we want, because sometimes we forget this information. Um and the other aspect was how do you help avoid someone from having to go to the hospital? And part of that is you want to address that crisis in the moment. You want to address it with a crisis team, or obviously some counties law enforcement is a priority call. And so how do we have them help to de-escalate that crisis so the individual doesn't have to go to the hospital?

Unknown - Jan 23, 2026 16:17:59

Thank you for that. Joe.

Unknown - Jan 23, 2026 16:18:04

Hi, thank you so much. Um I clicked my video, but it didn't come on. But anyway, um I am the chairman of the beha behab board for Mendocino County.

Unknown - Jan 23, 2026 16:18:06

And um I am thrilled to hear about PADS because we just started working on our trust and guess what? The attorney said, Do you have an advanced care directive?

Unknown - Jan 23, 2026 16:20:06

for the psychiatric aspect of things and we like kind of gearing the headlights so I I think this is something that is overly needed but the other question is you mentioned that for a county to join in there is a dollar amount do you have a ballpark or specific dollar amount that you wouldn't mind sharing because I would like to take this from the county. Yes so I will tell you what is average of our of what our counties have provided um so our frontier counties often have very little funding and so they've provided anywhere from and and our project by the way has frontier small medium and large so the really amazing aspect of it is we have all aspects of the counties involved so they have ranged between uh 25,000 and 79000 for our frontier counties. Our small counties are usually um uh and that's for the projects so what they do for internal staff as well that is on top of it so our small counties usually are 200 and between 150 and 200,000 for our small counties our medium counties range about a half a million to a million and then any large county is over a million some of our large counties had extra MHSA dollars and so Fresno for example gave 3.3 million and um Orange County gave 6.9 million and so some counties that have additional MHSA dollars like the aspect the other aspect I want you to know is that it doesn't matter the size of your county you get the full encompassing care and coordination and expertise from all the counties. So if a small county gives us 5000 we still give them the full project um and that's partly why the large counties have given more so that smaller counties can give less because obviously there is just less funding there. So that's about how it ranges right now. So the funding for this project goes to the project and the people working on it at this time. Correct. Okay. And I would think at some point there would just be um support going forward and it would not because that those prices are pretty hefty. So um well there's six contractors and this is my full-time job believe it or not my team no I'm just I'm just asking the question no and so so we have to understand too is that the idea is I also work on legislation and so we will be turning this over to the state of California. We will be working on legislation to make okay for example right now our Secretary of state said we have a metal file cabinet for our registry we're not going to update it. A metal file cabinet who uses it nobody and so we obviously want to encourage in a very strong word of um making our state Kentucky and North Dakota have a digital have digital PDF registries. We don't even have that so we do want to change legislation and have this be utilized throughout the state of California that though is going to be about three years down the road thank you. Okay so we were waiting in the room but let's go to the room first and then we'll go to Ian

Unknown - Jan 23, 2026 16:22:06

Uh quick question. Um there is there now or are there plans to um build an interface with uh electronic health records like with Epic or something like that, so somebody can go in and just push it out to their health record. Do you know what that is? I love it. Yes, yes, yes. We would love to do, and that's actually part of what legislation would have to do, because that would fall in line with AD 133 and the interoperability or the data exchange. So there's two areas that we

would like to create the connection. One is to law enforcement clutts, which means dispatch would have access to it and it's protected. Um and so dispatch could get it if obviously if the person has given consent, and then through your EHR, yes, you could just push it. And that's the nice thing. Chorus, who's our innovator, um, would be able to create those connections. And I always liken it to uh an adjoining room, right? Uh chorus opens their platform and the EHR opens their platform. And otherwise, if a person doesn't give um if it's person doesn't give consent and the other platform opens, then you know at least the person didn't give consent. So yes, we would like, but we want but we have to legislate that in order to make it um in order for that to move forward. But a hundred percent yes. And a person can right now download their PDF and upload it into their chart. Um so that is, and so we are training our facilitators that if a person wants to update it to their um behavioral health chart, um, that they can um help assist them download that PDF and then upload it.

Unknown - Jan 23, 2026 16:24:06

Okay, another in the room. Hi, um, Ally Mink from San Bernardino County. Uh, I have a question do you have any data or research about the likelihood that once somebody puts together one of these uh pads that they will be used or followed? And the reason I ask is we actually had the old paper version, not a full pad, but you know, little yellow thing that you put and it said name of the practitioner, uh, medications, not to the extent of this, but what we found um unfortunately was that when we physically handed it to somebody, so that's one of the limitations, of course, uh, that it didn't get to the doctor, or that when we physically went to the location and asked to give the doctor the same information that we had, that um many times they said if this was working, then your loved one wouldn't be here, and so they chose yes. So they chose real story. Um, so they chose to they saw the information or they chose to ignore the information saying that they were going to assess what the person needed. So I that's my first question, and then I have a follow-up on that. Okay. So um part of it is training. Training, training, training. That is what this portion of the project is. It is about training, and you cannot do a one and done. So we will be doing regular ongoing trainings with our crisis teams. But hospitals are out of compliance under 42 CFR if they are not asking. Also, they ask about an advanced health care directive, but per California statute, a psychiatric advanced directive is also a legal directive. Per federal code, all hospitals should be asking for a psychiatric advanced directive as well. Now, if you ask, I sat in a room with 55 doctors and asked how many of them knew about pads, four of them raised their hands. It's education. And the thing is, is this is where I say we're kind of at that tipping point because now technology is what is moving the world, and this technology it's an easy um, it'll be easy for them to access someone's pad, get that information, um, again based on consent. And so we really don't want to penalize them, we want to show them that here is a tool that it will make your job so much easier. And by utilizing the individual's choices, and and a directive is, I mean.

Unknown - Jan 23, 2026 16:26:04

Lost capacity in the state of California, a directive must be followed. That's the law. And so if by the time if if a person who has a mental health condition loses capacity, their directive must be followed. It's not a may be followed, it's a must be followed. And that is an educational aspect. Yeah, so my second, my second, thank you for that. That's really important for information. The question I was going to ask about uh resistance from hospitals would be is there liability slash accountability if once they open one of these they choose not to follow a directive for some reason. You know what? Right now, under probate, it's it follows the same uh currently under probate it already protects the hospitals, it's no different. If there's the same protection is still there that they have to do within the best interest of the individual, they need to utilize their directive. But if in their medical standard uh of practices, they have to make a different decision, they are not held liable. That is already in statute. When we go to legislation, though, we will want to make sure that we enforce that use and clarify that language so that we do protect the individual and protect obviously our we want doctors to utilize it. We want law enforcement in the moment to utilize it if the person chooses that, but we also need to make sure that we protect rights, which is why we're piloting this, which is why we're I can't tell you all our law enforcement. Uh if anyone is here from Shasta County, our your sheriff is amazing. Sat on a call with us for an hour and said, Oh my gosh, I can't wait to do this. I can't wait for my teams to do this. And so I think folks are ready for these conversations. Um, I think our hospitals are are overwhelmed, um, and I think our beds are being taken up when we could potentially reduce that using someone's pad. And so I think a lot of this is going to have to be legislation and advocacy and training.

Unknown - Jan 23, 2026 16:28:04

Thank you. Thank you very much. I I love the idea. I'm sitting here just grinning. I think it's um I do a lot of work with peers, and I think that peer support specialists who have information about this can advocate for their clients to do this, and exactly that. There'll be a much bigger buy-in because they know, okay, I'm gonna be in control or have some leverage, even if I'm not in a space where I I can advocate for myself. So I I love this. Thank you. And we did find that in our beta testing already. Um, is that peer-to-peer that that is the the most recent study out of France was that peer-to-peer in a state hospital, and we really mirrored that hands down. When I first started this project, only one county had peer support specialists on the project. All eight counties now have peer support specialists. Um and clinicians can fill it out too. This is not at all, but it really helps to have a relationship, whatever it is with that individual. Um, and that lived experience really does help. Okay, let's go to Ian.

Unknown - Jan 23, 2026 16:29:08

Hi, can you hear me okay? I guess.

Unknown - Jan 23, 2026 16:29:11

Okay, I want to say thank you very much to everyone. I'm a newly appointed member of the Berkeley Behavioral Health Commission, and I wanted to get some sort of a sense of the landscape. I have a background in municipal government. I did contract administration for the operational services division of Massachusetts back in in ninety-four, helped build their online state purchasing website, and I'm now kind of filling in a whole lot of blanks. So forgive me for what's gonna be like some real ignorance on some stuff, but my question is you mentioned Alameda County is basically the newest of these, and I'm sitting here thinking about what an enormous gap the software rollout is going to address. And I used to do new product introduction and software rollout trainings from my previous company, and I'm sitting here like, okay, you'd have to train a bunch of

Unknown - Jan 23, 2026 16:30:03

First responders fire and the Berkeley Fire Department is when and who in Alameda County or how will I talk to anybody to sort of facilitate the link between the CAP team response team, which I'm connected to the the Berkeley Mental Health Community Commission, et cetera in general, all of these people that need to be signed up for this.

Unknown - Jan 23, 2026 16:30:27

I'm just sort of asking for that, and I I'm sure I'll be able to follow up with just your email address, but I also really wanted to say thank you and just at least sort of practice raising my hand for that reading these meetings again. Well, if you reach out to me, I can send you the contact for Alameda County. Um most of our counties are rolling it out as a pilot, you know, with a small group, and then we're going to expand and expand and expand. We have another three years on this project. So we don't end this project till June of twenty twenty nine, which is why if counties want to get on board, it is a great opportunity. It is a learning, as I said, this is the tipping point. We are learning information and we are changing and evolving as we go. Um and yes, AMR, fire often are the first ones out on a call, and so we absolutely want to train them. Um it's again, it's it's it would be great to have you know, the the interesting aspect of it is as we get folks involved and they be they just they understand it. They it makes so much sense. It seems really good. Yeah, thank you very much. You're welcome. Well, I'm if any of you want to reach out to me and you have my email. I I obviously I oh okay. I live and breathe this every day. My team and I do. Um and here I am five years into it, and I'm just as excited now as I was when I started.

Unknown - Jan 23, 2026 16:32:03

Karen, um, I'm Maria Valencia with Santa Barbara County Behavioral Wellness. I'm wondering, I you might have mentioned this, but where is all the money coming from? And do you is there enough money for all 58 counties if they were to uh join? So um so ideally we want the state to take this on. This should not fall on the burden of any of one county because this isn't just a behavioral health project, right? This impacts law enforcement, this impacts um behavioral health hospitals. This is a state, this is a statewide project, right? This the way we care for the individuals and our state doesn't fall just on behavioral health. The funding for this project came from MSHA innovations. That's where the funding, all of it from phase one to phase two has all been MSHA innovations. Um with Prop One, counties that were going to join, obviously, a lot of them stopped because um just the fear of not knowing what was going to happen with Prop One. And as we know, large counties are having to cut \$70 million worth of programming. It is very challenging. It's beyond challenging. I that I can't minimize that amount. And I came from a large county and I ran MSHA. I know how challenging this is. Um but as we look at legislating to the state, we want to turn this over to the state, and we basically are we have some demands also. This should not fall on behavioral health. And if we can show in the next two years, three years that look, we have reduced our calls for service, we've reduced law enforcement time, we have reduced hospital time, um, we have reduced ER stays, you know, three days in an ER, that is cost savings. And so part of that cost savings, the state doesn't just we can't just allow them to absorb it and use it someplace else, right? We want them to use that into uh understanding and utilizing this product and saying, hey, this makes sense.

Unknown - Jan 23, 2026 16:34:03

Um we will want to turn it back to the state. No different than Calhope. It was a website that the state um commissioned with Chorus Incorporated and now Calmeson runs it and the state funds it. And peers can bill Medi-Cal. If the individual has Medi-Cal, you put a pad in their case plan, their master treatment plan, a peer can bill Medi-Cal. So again, we also are looking at sustainability, and part of that is sustainable.

Unknown - Jan 23, 2026 16:34:35

So yeah. Hi Karen, this is Steve McNally. I love your presentation. Hi, Steve. Um, it's a very complicated topic. But you just said bill Medi-Cal. You mean certified peers can build Medi-Cal? Yes. So we have like 9,000 of them now. Um it would be helpful if we had um a sense of context. I remember when we first started this that I could go to the Secretary of State with an advance directive. And it was online, and I could add something to it. Um crisis, I'm wondering the crisis part and the non-crisis. The non-crisis part seems sort of similar to having a wrap plan that you can share with somebody else. I don't know what the differences are, and you don't we may not have time to go through it, but and the other is just how many people like we have 4,000 sworn officers in my county. Just one county. We have 150 mobile response people. So I don't know what the seven counties are. Um but my my concern is always that you know, in a crisis situation it can get overridden. And uh but you know, it's gonna be very interesting. Um we have a ton of money in it. Yeah. Well, and if it wasn't for Orange County, this digital this um

Unknown - Jan 23, 2026 16:36:02

accessible digital technology wouldn't have happened. I mean and and so I am very proud that because you all put funding into this from Orange County, we did provide a beautiful um both user and professional version. So um I am very proud of that aspect. I'm very proud of our counties for for all coming together because you know how one county is one county and when you have seven different uh voices um we still were able to move this forward very collaboratively. So Steve in your county alone your crisis team is giving me a hundred right now they have a hundred and twenty-four staff and they already have committed a hundred of them to my training in um uh in February so I already know that and then your sheriff's office has a behavioral health bureau that will be training all of their officers and so we do start you know we do start small we have the sheriffs of of um of um Shasta County right we so that we're gonna be able to do all of them we have the sheriffs of Mariposa County but we also have um any of the other we have police departments in in our in our tri-cities area Laverne Claremont and Pomona so you have to start somewhere and right now it's crisis teams and whichever law enforcement that we you know we get on and we know law enforcement's gonna take a little longer to roll out. Same with hospitals um but it doesn't stop you from having those conversations. I do believe by the by three years from now we will have potentially tens of thousands of pads even um already created depending on the populations.

Unknown - Jan 23, 2026 16:37:43

But yeah I mean I look forward to giving you data in a year.

Unknown - Jan 23, 2026 16:37:48

Okay.

Unknown - Jan 23, 2026 16:38:01

We took we've already taken a lot more time than I had anticipated. Um do you have time for one more question or do you need to go? No, I like I said, this is this is what I do. All right, let's go ahead with one more question.

Unknown - Jan 23, 2026 16:38:19

All right, here we'll count you a remote uh committee. Are the other directives required to complement this pad or can you have the pad without all the other health directives? Oh, you can have a pad without the other health directives, which is why we are utilizing this project as the informational pad. Um, because what we also encountered with many individuals, especially our TA population population, if you think of that, and this is for we are only doing 18 and older for for a pad. But if you look at your 18s, your 24, 25 year olds, um, they don't even uh my son's 27. He doesn't even he doesn't even think about what do you mean I'm gonna lose capacity someday? What do you what do you mean I need to have an advanced health care directive? I'm 27. Whereas a psychiatric advanced directive um is something that will he can use now and it transitions through his life and he doesn't have to say, Okay, mom, I'm giving you permission to to have control over anything. It still gives him that autonomy. Um so you can the the interesting thing about all our directives in California, they're all standalone. So you can have one, you can have all three. Um and so it just it it really is a preference at that point. But many of our younger population doesn't want to do the um advanced healthcare directive because they don't understand the aspect of um that that loss capacity of the medical part of it. So

Unknown - Jan 23, 2026 16:40:02

Well, thank you so much. I really appreciate the information and look forward to engaging on this both. Um, you know, glad to always share information and connect you and also our uh leadership for Cal VHBC supports legislation. So as that unfolds, um hopefully that's something that we can also support you with. Thank you. I appreciate that. If anyone has any further questions, again, my email is in the chat. Please feel free to reach out and um and maybe sometime we down the road, I'll do data and we can spend a little bit more time on data as this rolls out in our counties. Great. All right, thanks so much. Thank you, everyone.

Unknown - Jan 23, 2026 16:40:47

All right, so um we're going to just provide a couple more announcements from Cal V HBC updates we want you to know about, and then we'll open this up for discussion so we can hear from you in terms of challenges, um, barriers, and successes in your own counties that you'd like to share. Um so the um I've already talked about your support. Uh wanted to remind you in our last quarterly meeting, we brought up this slide, but I thought, well, it's good to keep sharing it. Information about the Behavioral Health Services Act, uh, tools that you can share with your other board members and staff and and even stakeholders in the community advocates. Um there's a lot of information out there that can be helpful to you to understand the components, understand what the requirements are for community planning and how your own board or commission should be helping see that. Um and then we have um uh just a a lot of resources that might be helpful on our website.

Unknown - Jan 23, 2026 16:42:01

The Brown Act. We talked about this um at our last quarterly meeting and then had an online um teleconference about the Brown Act with training and we will do training on this again tomorrow as well. There have been so many questions about this. Um and uh

Unknown - Jan 23, 2026 16:42:36

I continue to to to answer them and anticipate more. So wanted to just make sure you're aware of the changes with the Brown Act, that there are no attendance flexibilities now if your board of supervisors approve them and if your board approves them so that your members can attend by teleconference without posting their physical address. Then there's also some changes.

Unknown - Jan 23, 2026 16:42:56

easier to read than the I think 51 page um legislation. So um both you know we have both on our website and links to both so you can always go if you have questions to either document and then um

Unknown - Jan 23, 2026 16:43:17

There's other teleconferencing uh allowances that are are reviewed within our Brown Act Guide and in the legislation. Uh let me see if there's some questions in the chat. Okay.

Unknown - Jan 23, 2026 16:43:36

And then we'll go to the next slide.

Unknown - Jan 23, 2026 16:43:40

Okay. Um wanted to share with you the top issues for advocacy and support that our governing board had um uh supported this year. And that is on our website. I'm gonna pull it up.

Unknown - Jan 23, 2026 16:43:56

We can take a look.

Unknown - Jan 23, 2026 16:44:16

Um every year we do this document. We update, usually we leave most of it alone because our mission as a a nonprofit that supports the boards and commissions um stays the same. But um the top issues that we support um and advocate for and provide information to you on that changes. So it's item C on this document.

Unknown - Jan 23, 2026 16:44:38

So the the three top issues are one, the Behavioral Health Services Act.

Unknown - Jan 23, 2026 16:44:44

Gonna zoom in a little bit more.

Unknown - Jan 23, 2026 16:44:56

And within that, two areas that rise to the top of priority are one, prevention program offerings and funding, including but not limited to warmline care-based services and peer respites.

Unknown - Jan 23, 2026 16:45:16

And then the second is performance outcome data related to the Behavioral Health Services Act, the integrated plans, and just being engaged as the state determines what those measurements will be and making sure that that information will be shared with the public.

Unknown - Jan 23, 2026 16:45:35

ongoing mechanisms are are integrated throughout behavioral health operations to increase access and performance.

Unknown - Jan 23, 2026 16:45:36

Then unserved and underserved populations

Unknown - Jan 23, 2026 16:45:42

are the second top issue. We continued this from prior years just to make sure that.

Unknown - Jan 23, 2026 16:45:56

And then in terms of resources, the three areas that we highlight are crisis care continuum, the workforce education and training to address the workforce shortage.

Unknown - Jan 23, 2026 16:46:16

And then substance use disorder, addressing the gaps in the continuum, increasing knowledge of effective treatments and services, increasing knowledge of substance use disorder as brain disorders to reduce stigma and increase willingness to access access services and then substance use disorder prevention for all ages.

Unknown - Jan 23, 2026 16:46:35

reducing um some of the uh reducing vaping um by transitional age youth. There had been a lot of um uh hospitalizations related to that in her county.

Unknown - Jan 23, 2026 16:46:51

Okay, so I'm gonna

Unknown - Jan 23, 2026 16:46:55

Stop sharing.

Unknown - Jan 23, 2026 16:47:15

think that was all of my um announcements and open it up to all of you to share anybody that wants to um just raise your hand online or um or in the room and um we'll get started with Christine Atara from Ataha from Napa County

Unknown - Jan 23, 2026 16:47:36

Christine is the Secretary Treasurer for LBHBCU. Hi. I've been thinking a lot about work groups, and I think it would be really helpful for each of us to know the different kinds of work group issues that other counties are researching and making recommendations about.

Unknown - Jan 23, 2026 16:47:55

um research. So if we could share that in some way, Teresa, I think that'd be awesome. Okay. Sounds good.

Unknown - Jan 23, 2026 16:47:58

I find that there in our county there are not enough ideas.

Unknown - Jan 23, 2026 16:48:22

On Wednesday we had our commission meeting on the third Wednesday of every month and uh we invited our um behavioral wellness um partners and uh they presented on the um

Unknown - Jan 23, 2026 16:48:35

the uh proposed integration plan and we regul regularly advice them periodically um at least every three months to come and speak to us about how the sh H H S A

Unknown - Jan 23, 2026 16:49:15

Um and um we believe that the more we hear about how it's gonna be rolled out in our county, the more we we will understand it. And um uh they uh the the county has done a very good job of incorporating um our public members, the community, um, by providing these uh community workshops, um which is great. Um they've gotten a lot of feedback from all sectors of the community.

Unknown - Jan 23, 2026 16:49:35

Um, but we still were not getting um the commissioners felt they weren't getting some of their answers met, like um which programs were going to be nonfunded, which programs were going to be cut and which ones were going to be um kept. Um and where was

Unknown - Jan 23, 2026 16:49:54

uh uh the funding coming from. Um and so um so uh you know the the nice

Unknown - Jan 23, 2026 16:50:15

part about our our county director is that she hears us and she implemented this and so at this last meeting um uh she had her team there and sh they were able to provide this nice handout and um explain in more detail um how the integrative plan is going to be rolled out. So I just wanted to share that.

Unknown - Jan 23, 2026 16:50:34

It's very complicated. The other thing that we're um doing in Santa Barbara County in of the commission is that um we are very much um in support of the continuation of the co-response teams. And even though um

Unknown - Jan 23, 2026 16:50:54

um behavioral wellness. Uh the county is no longer going to fund the clinicians um that go out with the um law enforcement officers um as of July of this year.

Unknown - Jan 23, 2026 16:51:14

Um we are wrote a letter to our board of supervisors um um recommending that co response teams continue. It's an evidence based program, as you all know, and we really are not in the position to determine which

Unknown - Jan 23, 2026 16:51:54

Um because that's not our position to determine where the funding's coming from, um, but that this must continue. Um as a NAMI family-to-family teacher, um, I have heard uh family members time and again call our um 911 dispatch who has a deputy there who triages and determines whether law enforcement should come out or the crisis benefit mobile team should come out. And um it's successful in South Carbon. Maybe we're in a

Unknown - Jan 23, 2026 16:52:14

And we want law enforcement there. And to okay, so um I wanted to get your feedback. Um, you know, because it's something that the director of BeWell just doesn't understand that law enforcement is not necessary. And what we're trying to explain to her is

Unknown - Jan 23, 2026 16:52:34

Yes, law enforcement is necessary if they're CIT trained. If they have that crisis intervention training, they are essential with the coun with when they're joined with a clinician.

Unknown - Jan 23, 2026 16:52:54

So um anyway, we went ahead and um we're going to recommend that corresponse continue. So anyway, just wanted to share that. Thank you.

Unknown - Jan 23, 2026 16:53:08

There we go.

Unknown - Jan 23, 2026 16:53:10

That's kind of um

Unknown - Jan 23, 2026 16:53:13

Okay. Yeah, go ahead in the room, um, and introduce yourself. He's not a member of a border commission, but he's certainly I'm uh John Black and I'm a member of the California Behavioral Health Planning Council and I serve on the uh workforce and employment committee and also the housing committee. Uh but I also have some fat on the table.

Unknown - Jan 23, 2026 16:53:33

Because I also run a a non profit called Peer Recovery R Project. And Faye Ann Wooten, the world famous daughter of the most infamous advocate in the state of California, Santa Barbara, or anywhere in the world, now deceased quite a few years. But Faye Ann, I know is carrying the torch in Santa Barbara County.

Unknown - Jan 23, 2026 16:53:53

And she bought a home down there because she's so dedicated to staying in that county because she loves Santa Barbara but it's very expensive but she's so dedicated that she saved every penny she had, bought her own home, but but what's gonna happen?

Unknown - Jan 23, 2026 16:54:13

if the nonprofits like Peer Recovery R project is shuttered, which I shuttered my doors on January twenty twenty five and I eradicated all my websites, uh both my promotional website for JB Presents and also my peer recovery website. I wiped all my Yahoo emails away

Unknown - Jan 23, 2026 16:54:53

And I took on a new identification with the new email and phone number, because I really didn't want to be bothered by counties that promise. And the day I was moving, they said, Why are you moving? I go, because you starved me to

death. And if I keep spending that you don't want, I'm gonna go bankrupt. So fast forward, they finally paid me for last year's contract six months delay.

Unknown - Jan 23, 2026 16:55:13

Because of variables which are out of my control. And I got that because I know the new CEO and the director of behavioral recovery services, Ruben Imperial. And then I try to get paid on my new contract for the six months where I did all the work in the field. And they don't understand that. And now

Unknown - Jan 23, 2026 16:55:33

They want impossible data for me to get paid for that. So I worked six months uh behind the scenes, anticipating the contract would be signed, it got signed and they disallowed all my six months of work. Now when I get home to Stanislaus County, I gotta play catch up and this is what they want me to do. They want me to spend my money so they can reimburse

Unknown - Jan 23, 2026 16:55:53

good. It doesn't equate as a good opportunity for a small nonprofit. And the benefits do not outweigh the pay.

Unknown - Jan 23, 2026 16:56:05

Thank you, John. And let's go to Liz online.

Unknown - Jan 23, 2026 16:56:14

Thank you so much. I have a question generally for the board or those that sit on behavioral health boards, how much of an understanding do you have of the high fidelity RAT program that's going into implementation?

Unknown - Jan 23, 2026 16:56:52

Because you will be required to do FSP in a high fidelity rap model. And so high fidelity rap is being implemented July of this year along with FSP. And just wondering what we could do to, you know, best help to educate y'all on those efforts that the state is moving forward so that you can have, you know, proper oversight, if you will, when communicating with your counties and when reviewing the BAKSA plans app type to FSP.

Unknown - Jan 23, 2026 16:57:13

Okay. Um I'm not gonna open it up to the room and but if people wanna uh uh comment, you're you're welcome to. Um but I can follow up with you um to work on something to educate the boards and commissions if you would would like, Miss. Yeah, that would be great. I would really appreciate that. Thank you, Therese. Okay. Sounds good. All right, um Benny, uh introduce yourself.

Unknown - Jan 23, 2026 16:57:37

My my name is Benny Benavitas, I'm from Inperito County. I'm on the advisory board. I'm here with two fellow uh advisory board members here on our board just to give you a little bit of ac background, we've got three relatively new members who were appointed in.

Unknown - Jan 23, 2026 16:58:12

last year, uh late last year. Uh so we took over and about six months ago our county was eligible for a grant of twenty two million dollars. Now if you know Imperial County, twenty two million dollars is a lot of money. So the uh the focus of the grant was to uh put substance abuse treatment into into effect. Um so i our county's a wide area it's uh

Unknown - Jan 23, 2026 16:58:32

You know, I I think there's like uh two or fift yeah. And uh a as a result of that, we have our substance abuse treatment relatively on the south end where there's a larger population, but we have the north end of the county and I mean I'm talking about fifty miles to the to the border that uh

Unknown - Jan 23, 2026 16:58:52

their uh availability to treatment is very limited. Although you look at the stats and you see that there's a high amount of substance abuse disorders there. So the the proposal was to bring this twenty two million dollars, we're in a made a building. Um what ended up happening is we had uh um a group of NIMBIA's that came by and actually I should say it was uh

Unknown - Jan 23, 2026 16:59:12

a group because it was a small minority of people that came through and and they influenced the uh the level of supervisors, not the supervisors, but the ones that have to approve this. In fact they have to do it by uh four sixths of

the vote, four votes out of the six.

Unknown - Jan 23, 2026 16:59:32

Well, this thing has gone round and round and uh two of the supervisors have been against it. We as a board, um, we we've actually taken an active role in this, recognizing what what it actually entails in in terms of bringing substance abuse treatment to the North County. Um we had committee meetings, um yeah. And and a lot of us attended those meet meetings trying to promote the program uh with the

Unknown - Jan 23, 2026 16:59:54

Long story short, recently it went before the board and it looks like those two same uh board members are are against it. And it it doesn't look like

Unknown - Jan 23, 2026 17:00:12

you know, it in all in all reality it didn't look like it was gonna pass. So we had a meeting this last uh Wednesday and the group, the RI's report meeting up been unanimous about the need of that program and having to to to present it to the North County and expand that, along with the financial benefits of

Unknown - Jan 23, 2026 17:00:32

But you know, the focus is of course bringing the the service delivery to that area. Um us as a board, we actually um ha have been in support of it. We uh

Unknown - Jan 23, 2026 17:00:52

When we heard that the this meeting is gonna come up on Tuesday, we actually got together and we uh we decided as a a as a collective unit to write a letter to the board and to release that letter to the press. So that's what we're at.

Unknown - Jan 23, 2026 17:01:12

excellent job of uh of writing that letter a lot of us you know you know you can you can use the uh the microphone arrow to

Unknown - Jan 23, 2026 17:01:32

But I I just wanted to present that to you as one of the things that as an advisory board, you know, we got to stay actively involved. We're in touch with what the the community needs. And to promote those kind of causes, I think goes to the core of what we what we're supposed to do. So I bring that out. Um hopefully in the next meeting I can tell you that we were successful. If we weren't, we we tried to have hard. Yeah.

Unknown - Jan 23, 2026 17:01:57

I I I will say you were very successful with your recommendations on 5150s. I think they listened to you. Do you want to speak to that just uh because that that kind of experience is not common in for boards and commissions, unfortunately. Well, yeah, thank you, Teresa. And I think that the timing m might have been on our side because you know we had these crisis uh teams that were going on board. Well, about uh about three years ago, that was the irony. We had law enforcement getting stuck with all these calls that were just basically um law enforc, I mean uh behavioral health type problems. And uh our 5150 numbers were out the out the roof. Um we as a board I actually collectively said we need to do something, we need to, you know, enact a crisis intervention team or or some kind of team like that. It was resistant, it was reset quite hard. Um finally utilized the local police department, the chiefs of police that got together. I mean, I I did some consultation with them as a previous chief myself, um, a probation and uh the association in Peru County s uh the chiefs said that they were gonna do a no confidence vote for the director if they didn't look at it. Now I didn't support confidence programs.

Unknown - Jan 23, 2026 17:03:25

But but uh it it was very effective just so turns out that you were still obstacles towards doing that, but uh we eventually got it. It took another director to actually get get it activated. And as a result of uh of our

Unknown - Jan 23, 2026 17:03:31

interest in that we we have uh reports given to us every month on what the stats are with 5150s. We we dive into not only that how many are are going to the crisis team, how many are activated through uh through other means. Um and it and it's presented to us. We also as a board examine

Unknown - Jan 23, 2026 17:04:11

I shouldn't use the word recidivism, the return rate of those individuals. One of the things we tackled this month that was uncovered in our board was hospitalizations for 5150s. And although they were high, you know, our concern was how many of those are repeat hospitalizations. And it turned out in actuality, there's a lot of them. About half of them

are repeat. So it goes to what are they doing and are they effectively dealing with the population and providing the service?

Unknown - Jan 23, 2026 17:04:31

Looks like a looks like a lot of it has to do with their aftercare and what happens there. Um these are all things I think we as a board need to to do so. I I'd like to say that's probably one of our biggest accomplishments when we got the uh crisis intervention teams into effect. Hopefully we'll get a substance abuse treatment, we'll see for the North County.

Unknown - Jan 23, 2026 17:04:54

Introduce yourselves when you um start. Hi, I'm Steve McNowli am from Orange County. Um yeah, mobile crisis is a little bit confusing because the counties who got mobile crisis um uh grants can't use law enforcement.

Unknown - Jan 23, 2026 17:05:11

And so in our county we have we got ten million, I don't know about everybody else, but some of your counties may or may not have gotten that. Also uh

Unknown - Jan 23, 2026 17:05:31

We are I know this happens statewide, but the inability to tran transport somebody who does not want to be transported, you know, I don't want to go. So nobody will put 'em on a gurney and they don't go. And that's after fifty one fifty's already been uh put on the person. So I think statewide that's important.

Unknown - Jan 23, 2026 17:05:50

Uh another global issue I think for all of us is the new plans are gonna look really different. I think uh Marin has one of the first guys to have a plant up on the to look at. And it's really confusing part of it's 'cause it's different, but part of it's just because it's a lot of different you know, it's just it's just hard to follow and track from where you were.

Unknown - Jan 23, 2026 17:06:11

You don't have that microphone. But that might be something uh Teresa might consider or your board might consider is having us feed you the links like you have to the meetings to make it easy for you to be a repository for that information. Sure. And um Yes.

Unknown - Jan 23, 2026 17:06:13

So

Unknown - Jan 23, 2026 17:06:30

And I and I guess the other we found out two things at a recent meeting and Alan, if you want to can speak more about it. But um we had our first community meeting and one is we found out we knew there was a lot of unspent money, but we didn't know they could just dump it anywhere.

Unknown - Jan 23, 2026 17:06:50

So it wasn't like anybody said to us like, you know, we could dump it into housing or we could dump it into um s uh service supports. Um and then the other was uh in the back talks about what your penetration rates are for the mental health plan.

Unknown - Jan 23, 2026 17:07:10

and what what they are for your uh DMC O D S substance use plan. And we're we're under per penetration, but it doesn't say

Unknown - Jan 23, 2026 17:07:31

what the impact of that is. And we know from looking at prior plans, if we were at the state or the large county percent number, we'd be serving nine to thirteen thousand more people.

Unknown - Jan 23, 2026 17:07:50

That was brought up by a community member and I reinforced it. So if we looked at things like that, and the last is I don't know how much involved, I haven't been that involved with the BHSA stuff, but um when that packet came down from the state, there was a whole data package in it. So I don't know if you've ever seen the data package. I don't remember seeing the work groups that I attended, but it's but it has county level data as comparison. So um and then supervisors, the last thing would be one thing our group has that nobody else has is elected.

Unknown - Jan 23, 2026 17:08:10

And they're not on any of the distribution from the healthcare department of healthcare services. So when everybody says, Oh yeah, the system's just going, they don't really have an understanding of how much it's going.

Unknown - Jan 23, 2026 17:08:30

And two, they're gonna be they need to get more engaged. Because it's big dollar amounts and they get I had a well I had a call from you, I don't know, ten or fifteen minutes ago, and I've been on a feedback.

Unknown - Jan 23, 2026 17:08:45

And then warm lines. Sweet finding budget somewhere in the state for warm lines. Because I don't know where anybody can fund a warm line.

Unknown - Jan 23, 2026 17:08:54

my PHBC advocated because the governor last year the governor's budget proposed reducing uh the warmline budget to zero.

Unknown - Jan 23, 2026 17:09:10

And that's at a time where a lot of local communities were starting to use the California worm line. So we were part of a lot of statewide organizations that advocated, and some of that funding was restored, but it's now at uh for this fiscal year it's at four million dollars, whereas it had been at ten million.

Unknown - Jan 23, 2026 17:09:30

So they've laid off two hundred care providers that helped with the worm life. And they no longer do twenty four seven and they don't have the language capacity either.

Unknown - Jan 23, 2026 17:09:46

You had a presenter.

Unknown - Jan 23, 2026 17:09:50

Yes, we had a presenter and he may be on the call right now, he's on the second society. Uh thank you Teresa. This is Peter Murphy from this uh California Purum Warm Line and also the Behavioral Health Commission in San Francisco. So y you summarized it pretty well. We're uh

Unknown - Jan 23, 2026 17:10:11

working hard to um to uh try to secure more funding, try to well try to at the very least to be able to continue with the funding we we've had this for this past fiscal year um and we appreciate the support. We we started a a working group um that uh

Unknown - Jan 23, 2026 17:10:29

Everybody here also is getting the uh the notices about that we're gonna meet um I think probably monthly uh and I we can uh keep you updated on um on the progress for making so um we're trying to we're trying to also meet with 988 and and really you know we see ourselves as part of that continuum of care. Um and we'd like to make that more official. I mean people have said that for a while but but um I don't think it's really been acknowledged. Um I think 98 also is having some funding uh issues not at the same level as us, but uh we're working on that as well. So thanks for that. Thanks for giving us a few minutes here. So thank you. Thanks, Katie.

Unknown - Jan 23, 2026 17:11:11

Okay, does anybody else have anything they want to report uh from their counties?

Unknown - Jan 23, 2026 17:11:20

We may be able to end soon. Oh, Benny.

Unknown - Jan 23, 2026 17:11:24

Can you hear me on this? Um

Unknown - Jan 23, 2026 17:11:28

just make mention that Steve Steve mentioned that also PJ. Oh yeah, but the room can't hear you, but that moonlight is

Unknown - Jan 23, 2026 17:11:38

Steve mentioned it and uh Peter mentioned it about uh your response and having response the co-crisis team and so forth. So I don't see any of the uh they have the profession so they can have the ambulance service from why 15 market transfer is on the school level.

Unknown - Jan 23, 2026 17:12:01

I think we've been kind of trying to push in our county because you know leaving law enforcement to do their law enforcement task and and having it in a uh clinical setting, I think is is most advantageous for the client along with the public because you know you you're protecting that time. But I I throw that up as a we do that, but if the person doesn't want to go.

Unknown - Jan 23, 2026 17:12:24

Does anybody have a mic?

Unknown - Jan 23, 2026 17:12:36

But in I don't want to go, I'm not getting in the ambulance. Nobody will force anybody into an ambulance. I believe that'll be we should find out that that might be helpful because we need a statewide solution of some sort. My daughter worked for the crisis team here in San Diego. And she's she's a lot of talking about that right. Thank you very much.

Unknown - Jan 23, 2026 17:13:08

All right, anything else? Oh yes, I see somebody on live. Joe Bradley?

Unknown - Jan 23, 2026 17:13:14

I wanted to um speak to the question that just came up about ambulances. In Mendocino County, um we started a measure, we call it measure B. It was a was on the um on the ballot, and we started um taking in percentages of pennies, and we have built a training center. We have built a crisis residential treatment center that's eight beds, and our superpuff should be complete in the next couple months. Our way of dealing with the ambulance and transport problem was to do that. In Mendocino County, we were sending ambulances the closest places. We're very rural, and people look at it and go, Oh, it's only 30 miles from the coast to Ukaya, but it's not in a straight line. So it takes an hour to two hours depending. So the um the ambulances were taking two empties and an ambulance.

Unknown - Jan 23, 2026 17:14:28

From Mendocino County, let's say Ukaya or even the coast, you had another hour, and it they were taking our people to um Red Reading or Red Bluff. So we would lose an ambulance and two EMTs for eight hours. So if there was a crisis needing that, then it number one, it cost us a whole ton of money, but it also took these people out of play. So what you're saying about taking up you know policemen out of play, it's the same thing with the ambulance. It's it's six and one half dozen the other, as far as I see it. So um we have we are hoping to open the superpuff and uh the NAMI offices will be there also. So I'm hoping that will alleviate part of that problem for us, but we did find a way to get the money, and we just it's just part of the sales tax, and it eventually trickles out, but it's it's worked, and we've been really diligent. Every penny can be accounted for, and uh I would suggest if any of your counties to um to find that out if you can do that kind of thing in your county also.

Unknown - Jan 23, 2026 17:16:02

It it's really helped alleviate the problems. And the CRT is used for people coming out of the hospital, they can go to the CRT and it's a locked facility.

Unknown - Jan 23, 2026 17:16:15

are staying there because they want to, as opposed to a fifty-one fifty or fifty-two fifty.

Unknown - Jan 23, 2026 17:16:33

And um so we're finding ways around that. My biggest concern, and somebody mentioned the word nimby, um is how do you get people to understand what this is? Um and

Unknown - Jan 23, 2026 17:16:53

I um

Unknown - Jan 23, 2026 17:17:13

When I was on when I first was chair of this board, um we did what I fondly call um behavioral health one oh one and we invited every sheriff's department, every city council, every police department, um, the board of supervisors, anybody that was in any of this, and of course the public too, to come to this and we did a presentation on how does behavioral health work to help educate the people that don't understand what's going on. And it did diffuse some

problems, but we still have people out there that are um just say they don't understand. But I don't know if any if any of you have the uh

Unknown - Jan 23, 2026 17:17:34

combination to make that go away, that would be wonderful. Anyway, thank you. Yeah, thank you. Um we have in our in the room uh Christine Pataha Pareya. I'm sorry, I just can't say it today. Um she has had some experience with um

Unknown - Jan 23, 2026 17:17:52

You have a microphone over there?

Unknown - Jan 23, 2026 17:17:57

Um, let's give the microphone back.

Unknown - Jan 23, 2026 17:18:01

Um

Unknown - Jan 23, 2026 17:18:13

There was um some pushback from a neighborhood group in Napa County. Oh yeah, this this was this was just a personal experience. I lived near a what was an empty lot that the city owned and they wanted to build affordable housing. And I had an HOA that was not very

Unknown - Jan 23, 2026 17:18:33

about it. But anyway, yeah. So so we had a bunch of neighborhood meet meetings. I happened to be president of of the HOA at that time and I made it issue focused, not mimic focused.

Unknown - Jan 23, 2026 17:18:54

And and I told them I would take every issue that was brought up to the community meetings about that, which I did. And what was very interesting is the the people who the architects who everything every every issue got addressed that was brought up. So by being issue focused as opposed to NIMBY focused, I we were able to kind of

Unknown - Jan 23, 2026 17:19:13

rid of get rid of the problem and it's been running now for I don't know how it's a beautiful beautiful apartment complex um there's been no problems whatsoever in the neighborhood and so anyway but it was a real success but it was because because I didn't let it be a newbie issue I I made it an issue

Unknown - Jan 23, 2026 17:19:33

What are the issues of focus? Well, they were they were gonna plan to have the garbage cans right next to at the back of the property right next to our neighbor's fences. No, well they changed that. No, so it was they they changed all the things that people had specific concerns about.

Unknown - Jan 23, 2026 17:20:13

Introduce yourself. Stacy Delley, Shelley County. Um, so was this is affordable housing. Was it also um supportive housing? So there were um okay services. Yeah yes, it it was supportive housing. There were services on site. In fact, I met the woman at some other meeting who was there. Um and yeah, and they had like it it it's it's an amazing place. They have gardens, they have place for kids to do homework, they've got all those kinds of, you know, things that make

Unknown - Jan 23, 2026 17:20:32

neighborhood function well. So yeah, something about affordable housing. I got a little experience with it in uh that uh introduce yourself. I'm sorry. Harold Walk, Imperial County Bear Health.

Unknown - Jan 23, 2026 17:20:46

Um

Unknown - Jan 23, 2026 17:20:52

My dad shop property right outside of our town probably in the city grew around it. We decided we've got to sell. But anyway, we didn't want to get the neighbors upset about uh what we sold the property to and we did sell it to a company that did the um the uh low income housing. But before we decided that, we went up to neighboring Coachella Valley and we took a tour

Unknown - Jan 23, 2026 17:21:12

Beautiful, beautiful but let me add that uh the parents there made sure their kids didn't get out of line because if they did, oh and they were all out.

Unknown - Jan 23, 2026 17:21:42

Okay. Anybody else comments?

Unknown - Jan 23, 2026 17:21:49

Okay. For those in the room, uh

Unknown - Jan 23, 2026 17:21:52

I'm gonna go ahead and close down the conference, the teleconference part, but I want to talk to you about dinner again. And um for those that are gonna join us tomorrow, thank you. Well we'll see you in the morning at 9 a.m. for those online. For those in the room, it's 8:30 if you want to come and get some pastries ahead of time. And uh thank you so much to everybody who serves on or