

CalBHBC Meeting on Behavioral Health Performance

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CalBHBC Updates & Resources

- Teresa reviewed board resources and handbooks available on CalBHBC website.
 - 15-minute training modules, Behavioral Health Services Act (BHSA) info, and sample county membership guides.
 - New 40-page concept paper published on board-and-care homes (24/7 care model and preservation of small facilities).
 - Current governing board consists of 10 members across diverse regions.

California Behavioral Health Planning Council (CBHPC) Updates

- Presented by Ashnik Danoa (Health Program Specialist II, CBHPC):
 - **Performance Outcomes Committee:** Integrated plans public forum report posted online; site visit to Victor Recovery Services regarding high-fidelity wraparound care; leadership meeting Nov 13, 2026, to edit Data Notebook.
 - **Executive Committee:** Budget review; four upcoming council vacancies at year-end; priority planning for 2027.
 - **Patient Rights Committee:** Reviewed DHCS county profiles (suggested listing advocate counts); tracked SB 16 (5150 authority monitoring) and AB 2405 (law enforcement transport rules for 5150 holds).
 - **Workforce & Employment (WET):** 2026–2030 WET plan year-one budget is \$46M (down from expected \$100M); upcoming hybrid meeting Nov 5, 2026; peer leaders developing 15 call-to-action recommendations.
 - **Legislation Committee:** Reviewed 31 active positions and 4 two-year bills; priority to monitor Medi-Cal access impacts from HR 1.
 - **Housing & Homelessness Committee:** Recommended recovery housing standards; feedback submitted on draft housing regulations affecting small behavioral health developers.
 - **BHSA Integrated Plans (IPs):** First drafts were due March 2026, finals submitted June 30, 2026; DHCS released consolidated Behavioral Health Public County Profile tool; Module 6 guidance forthcoming.
 - **Next CBHPC Meeting:** January 19–22, 2027, in San Diego (hybrid options and Facebook Live available).

Peer Provider Certification Tracking

- Review of CalMHSA dashboard data (updated Oct 23, 2026):
 - Dashboard shows certified totals, renewals, and supervision training (1-hour module taken by over 3,000 statewide).
 - Specific county stats reviewed:
 - Contra Costa: 201 certified, 159 current/renewed, 4 parent/caregiver specialized, 2 crisis care specialized.
 - Imperial County: Increased to 64 certified.
 - Noted issues: Statewide data currently shows 65% of peers actively seeking employment, with limited county-level breakdown; boards expressed need to support peer employment pipelines beyond initial certification.

Performance Accelerator Project & Outcomes-Based Contracting

- Presented by Karen Larson, Tracy Dickinson, and Leah (Steinberg Institute, in partnership with Healthy Brains Global Initiative & Social Finance):
 - **Project Status:** Concluding 1-year DHCS-funded technical assistance effort; engaged 46 counties (18 in intensive TA); toolkits and grab-and-go tools available online.

- **4-Step Metric Selection Framework:**
 1. Define clear goal/target.
 2. Build metric list (leveraging system maps, engagement maps, KPI lists).
 3. Prioritize high-impact indicators.
 4. Clearly define elements (measure, population, timeline, unit, comparison).
- **Data for Performance vs. Routine Reporting:** Performance data must be actionable, reviewed on a regular cadence, shared with frontline staff, and used in continuous improvement rather than isolated compliance.
- **Outcomes-Based Contracting:**
 - Shifts payment from pure inputs/activities to actual results and meaningful change.
 - Models: Full pay-for-outcomes, milestone payments, hybrid structures (base fee-for-service + outcome incentives), and smart subsidies.
 - Subsidies/bonuses must exceed standard 1–5% margins to drive real provider change.
 - Hybrid structures help offset provider cash-flow and liquidity challenges.
- **Board Role:** Focus on system-level oversight, aligning contracts to BHSA priority metrics (e.g., suicide prevention, access, housing), rather than micromanaging individual vendor contracts.

California Behavioral Health Boards Meeting

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CARE Act & Law Enforcement Collaboration

- Riverside and San Diego counties seeing high initial CARE Act engagement; success measured by graduations and early resource connection prior to program completion
- San Diego County Sheriff and police departments integrated early into behavioral health systems before CARE Act, though Sacramento faced wider public resistance
- DHCS Phase 2 performance metrics will require tracking race, ethnicity, incarceration, and arrest data in VHSA integrated plans
- RAND Corporation (Santa Monica, CA) expected to release a comprehensive CARE Act report

County Updates & Facility Expansions

- **Napa County (Christine Hoffia):**
 - B-CHIP grant funded a total redesign/expansion of the Crisis Stabilization Unit
 - Added 4 youth beds alongside 8 adult beds (50% capacity increase); ribbon cutting held yesterday
 - Architectural team won a design award for the facility
- **Santa Barbara County (Maria):**
 - Expanded collaboration with Behavioral Wellness Department Director
 - Data notebook submitted 8 recommendations instead of 3, prioritizing TAY (transitional age youth) residential services, foster youth contractor presentations, and client feedback
- **Tuolumne County (Sherry):**
 - Advisory board chaired by a Board of Supervisors member, streamlining communication with leadership
 - Added 4 appointed board members in the past two months
 - Awarded a \$9M grant to renovate a floor into a respite center staffed by paid, certified peers

Workforce, Retention & Peer Certification

- **Siskiyou County (Dr. Nicholas Brown):** Emphasized county staff retention rates as a key success metric to counter burnout; cited Portland's Central City Concern as a model
- **San Mateo County (Letty & Jean):**
 - High pressure on BHRS staff regarding compliance and tech requirements
 - Overcame a 9 to 18-month recruitment stalemate with Board of Supervisors; interviewed 10 candidates on Monday
 - Highlighted post-incarceration Medi-Cal transitions and designated beds at Cordilleras healthcare facility
- **Orange County (Steve McNally & Linda):**
 - Clarified board responsibilities under updated California WIC codes (transitioned to combined mental health and substance use oversight)
 - Tracking large MHSA FY 25/26 carryover funds (\$380M in Orange County, ~\$240M in Riverside/San Bernardino)
 - Advocating for certified peer inclusion within managed healthcare billing, not just mental health plans

Board Recruitment & Upcoming Training

- **Sonoma & Alameda Counties:**
 - Strategies for recruiting diverse board seats include ordering business cards with application QR codes to distribute at public events
 - Need for intentional outreach and direct coffee meetings with community leaders
- **Upcoming Training:** State-level session scheduled for tomorrow covering board effectiveness,

chair roles, and administrative liaisons