California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, Spring 2025

In this Issue:

Grants/Funding

Issue Briefs

Reports & Webinars

Board/Commission: Resources

State/National: Meetings / Events

Welfare & Institutions Code (Link to website)

The California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local Mental/Behavioral Health Boards and Commissions.

Website: www.calbhbc.org
Email: info@calbhbc.com

CALBHB/C Meeting & Training

Zoom Registration is still open!

Friday, April 18, 1:30 pm - 5:30 pm - ***Meeting***
Saturday, April 19, 9 am - 12 pm - ***Training***

Please Register: www.calbhbc.org/registration
There is no fee to register.

Meeting Friday, April 18, 1:30 pm - 5:30pm

- Updates from Statewide Organizations
- Crisis Care Continuum Review
- Issue-Based Discussion: Local board/commission members are asked to introduce themselves and briefly discuss *local* successes and/or challenges related to behavioral health.

Training Saturday, April 19, 9 am - 12 pm

- How to be an Effective Behavioral Health Board/Commission
- Chair & Admin Training (All are welcome)

Please Register: www.calbhbc.org/registration

Grants/Funding

Housing

Homekey and Tribal Homekey Grant Applications: Homekey+ makes available approximately $2.145 billion in funding from Proposition 1 bond funds established by the Behavioral Health Infrastructure Bond Act (BHIBA), and the Homeless Housing Assistance and Prevention (HHAP) program Homekey Supplemental funding. $1.033 billion in Proposition 1 bond funds are for Projects for Veterans with a Behavioral Health Challenge. $1.11 billion is available for Projects serving all eligible populations.

Regionally Coordinated Homeless Housing, Assistance and Prevention Program ROUND 5, Final Applications Due: August 29, 2025.

Medi-Cal

PATH CITED funding initiative provides funding to community partners to build the capacity and infrastructure of county agencies, community-based organizations (CBOs), hospitals, Tribes, and others, to successfully participate in Medi-Cal, enabling the transition, expansion and development of Enhanced Care Management (ECM) and Community Supports capacity and infrastructure. This also includes funding opportunities to support the implementation of the new transitional rent Community Support. Closes May 2, 2025

Rural

Rural Hospital Stabilization Program (RHSP) offers assistance to rural hospitals, at no cost to them, to improve their financial stability by enhancing or expanding health care services that meet community needs. This includes behavioral health services and primary care. Comprehensive financial and operational assessments, education, one-on-one coaching, peer-to-peer sharing and other forms of customized assistance are provided. National Rural Health Resource Center

Substance Use Disorder

Medication Units RFA Round 2: The California Department of Health Care Services (DHCS) with The Center at Sierra Health Foundation, is funding the expansion of Medication Units, including efforts to increase access to medications for opioid use disorder (MOUD) for rural areas, for people who have been arrested or incarcerated, for Indigenous and Native communities, for patients without transportation, and to places that do not have a Narcotic Treatment Program (NTP) near to patients. Up to $750,000 per Medication Unit. Applications due April 28, 1 p.m.

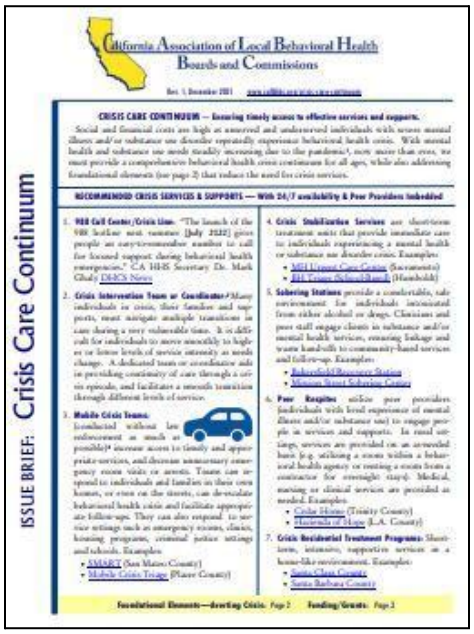
Increasing MAT Services Within DHCS-Licensed SUD Facilities: The CA Department of Health Care Services (DHCS), in partnership with The Center at Sierra Health Foundation, is providing funding to improve access to medication-assisted treatment (MAT) services within nonprofit DHCS-licensed residential substance use disorder (SUD) facilities. Funding will support costs associated with recruitment, mentorship, training, and other costs to increase provider knowledge and comfort with providing MAT through a learning opportunity for facilities to implement best practices. The 24-month contract for each funded residential facility will be between $250,000 to $550,000. Applications are due by Wednesday, April 30 at 1 p.m. PST

Workforce

Residency & Fellowship Programs - Up to $250,000 per new training position annually. The programs below are eligible through this initiative. HCAI Applications will open in July of 2025.

- Psychiatry Residency Programs
- Child and Adolescent Psychiatry Fellowship Programs
- Addiction Psychiatry Fellowship Programs
- Addiction Medicine Fellowship Programs

CALBHB/C Issue Briefs



[Board & Cares](#) (ARFs/RCFEs)
Children & Youth
- [Integrated School-Based Services](#)
- [Transitional Age Youth](#)

[Criminal Justice](#)
[Crisis Care Continuum](#)
[Disaster Prep/Recovery](#)
[Employment](#)
[LGBTQ+](#)
[LPS Act](#)
[Older Adults](#)
[Performance Outcome Data](#)
[Substance Use Disorder](#)
[Suicide Prevention](#)
[Workforce](#)

Full listing of issues (30+) at: [www.calbhbc.org/newsissues](#) Questions: cal@calbhbc.com

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Reports, Articles & Webinars - *By Topic*

BH-CONNECT (Medi-Cal) - *See Page 6 for More*

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment)) - CA has been approved for a new Medicaid waiver that allows:

- [Backgrounder Webinar Recording](#) (Cal HHS)
- [Evidence-Based Practices](#): Medi-Cal members with significant behavioral health needs may take advantage of a variety of new, evidence-based practices that include: Assertive Community Treatment (ACT); Forensic ACT (FACT) Services; Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP); Individual Placement and Support (IPS) Supported Employment; Enhanced Community Health Worker (CHW) Services; Clubhouse Services
- [Workforce Initiative](#)
- [FAQs | Frequently Asked Questions](#)

See Page 6 for more BH-CONNECT information.

BHCIP (BH Continuum Infrastructure Program)

[Progress Update and Opportunities for the Proposition 1 Bond](#), CA Legislative Analyst's Office

BHSA | Behavioral Health Services Act

[Public Comment](#) for the draft BHSA County Policy Manual (CA Department of Health Care Services) Open Through April 25, 2025

Budget

[Budget Blueprint Passes House](#), Funding Restored, [www.thenationalcouncil.org](#)

CalAim

Homelessness and Health: [The Need for Cross-Sector Solutions](#), CA Health Care Foundation

Cannabis

[As America's Marijuana Use Grows, So Do the Harms](#), New York Times 2024

CARE Act

California's new Community Assistance, Recovery and Empowerment (CARE) Act is a new pathway to safety and well-being for people with untreated or undertreated schizophrenia who are among the most vulnerable to hospitalization, homelessness, and incarceration. CARE aims to help the system of care meet the needs of those who have fallen through the cracks with robust and comprehensive services, including behavioral health services, stabilization medications and housing. This new civil court model began statewide on December 2nd and counties, families, first responders, behavioral health providers, homeless services providers, and others are eligible petitioners to connect clients to meaningful wraparound treatment and services. This short video shares a recent success story from San Diego. Training, technical assistance and other resources are available on the CARE Act Resource Center. Please e-mail CAREAct@chhs.ca.gov, to join the CARE listserv for updates and information on future stakeholder events.

Children and Youth

Children and Youth Behavioral Health Initiative (CYBHI) Evaluation Interim Report offers a detailed evaluation of CYBHI, covering progress from July 2021 through Fall 2024. Produced by Mathematica for CalHHS, the report describes CYBHI's design, analyzes its progress, and sets the stage for future efforts to drive systemic change. As noted in the Executive Summary: "More than halfway through the five-year initiative, the CYBHI has made strides in implementing a wide array of workstreams and programs."

Psychological distress in adolescence and later economic and health outcomes in the United States population: A retrospective and modeling study, Public Library of Science | PLOS Medicine

Free Statewide Mental Health Resources for Doctors to Better Support Their Youth Patients: CA launched a web-based portal that gives primary care providers access to no-cost direct consultations, education, and resources to assist them in navigating and addressing mental health and substance use disorders for patients between 0 and 25 years of age. Primary care providers interested in Cal-MAP's consultation services, trainings, and resources can visit Cal-MAP.org to register and access all services.

Children and Youth *(continued)*

"Take Space to Pause," is a public education campaign to reduce stigma around mental health and inspire California teens to seek help before mental health challenges escalate.

Children and Youth Behavioral Health Initiative (CYBHI), features resources including a short quiz to create a custom plan to take space to pause and feel better. CA Department of Public Health

Prioritizing Pediatric Mental Health through Value-Based Care Article, American Medical Association

Navigating Concerns on Youth Crime, Violence, and Behavioral Health: 3 Steps to Take, Council of State Governments (CSG) Justice Center, Recording

Criminal Justice

Cal Aim Resources from the CA Council on Criminal Justice and Behavioral Health include: CalAIM Factsheet for justice system partners with information from the CalAIM waiver and recorded CalAIM 101 Overview, presented by DHCS (view the PowerPoint Presentation).

Navigating Concerns on Youth Crime, Violence, and Behavioral Health: 3 Steps to Take, Council of State Governments (CSG) Justice Center, Recording

SB 1323 Changes to Department of State Hospitals Diversion Program: SB 1323, among other things, allows evaluation of a defendant's mental competency by up to two licensed medical professionals, as well as a subsequent report of this evaluation to be submitted to the court for determination, in lieu of a traditional hearing to determine competency. Should a felony defendant be found to be incompetent to stand trial, the court would be required to ascertain if attaining competency is in the interest of the justice system. If a restoration of competency is not deemed to be in the interest of justice, and if an individual is ineligible or unsuccessful in a diversion program, a court may take a number of next steps, including a referral to the CARE Act Program. CSAC

Crisis Care Continuum

National Behavioral Health Crisis Care Guidance - The Substance Abuse and Mental Health Services Administration's (SAMHSA's) 2025 National Guidelines for Behavioral Health Coordinated System of Crisis Care, provides a framework to improve responses in crisis situations nationwide. Two documents are available within the guidance:

1. 2025 National Guidelines for Crisis Care
2. 2025 Model Definitions for Behavioral Health Crisis Services

Advancing Crisis Care and Beyond: 10 Technical Assistance Papers to Foster Well-being and Promote Personal and Community Safety, SAMHSA

AB 988 Five-Year Implementation Plan to the State Legislature

- 5-Year Implementation Plan and Materials
- Chart Book An Inventory of Needs, Services and Gaps of the Behavioral Health Crisis System
- Community Engagement Report, CA HHS

Culture, Ethnicity & Race

Native Communities: Alcohol Intervention Review (NativeAIR) contains reviews of evidence-based alcohol interventions for American Indian/Alaska Native (AI/AN) and other Indigenous communities. National Institute on Alcohol Abuse and Alcoholism

Initiative to Enhance Black Health Equity in California, CA Health Care Foundation

American Indian, Alaska Native and Indigenous Children's Health Fact Sheet, The Children's Partnership

Disaster

Disaster Behavioral Health All-Hazards Planning Guidance is for professionals involved in disaster behavioral health planning. It provides an overview of disaster behavioral health, the planning process, description of relevant resources, phases of plan development and features a disaster behavioral health planning checklist. SAMHSA

The Homeless Emergency and Active Readiness Toolkit (HEART) is a collaborative effort by the California Interagency Council on Homelessness (Cal ICH) interdepartmental emergency preparedness group.

Housing/Homelessness

Behavioral Health and Homelessness Recorded Webinar, UCSF Benioff Homelessness and Housing Initiative: Margot Kushel, MD, Claudine Sipili, Darrell Steinberg, JD, and Stephanie Welch, MSW, discussed findings from the California Statewide Study of People Experiencing Homelessness (CASPEH), highlighted key policy recommendations, and answered audience questions.

CA Housing and Behavioral Health Accountability Website: accountability.ca.gov

Permanent Supportive Housing Building On What Works To End Chronic Homelessness - Homelessness is a persistent problem across the United States. In California, this problem is growing in complexity and scale. Terner Center for Housing Innovation

Behavioral Health Services Act: Housing Supports Primer: FAQs about housing supports provided through the Behavioral Health Services Act and Mental Health Services Act, CA Department of Health Care Services

California Statewide Initiatives to Address Complex Needs of People Experiencing Homelessness: Key Takeaways from the Implementation of the Department of Health Care Services' Systems Integration Efforts

The Need for Cross-Sector Solutions, CA Health Care Foundation

Protecting Unhoused Patients from the Harms of Encampment Sweeps, CA Health Care Foundation

HUD Releases 2024 Homelessness Report, The report provides an annual snapshot of the number of individuals in shelters, temporary housing, and unsheltered settings on a single night in January 2024. US Department of Housing and Urban Development (HUD)

Medi-Cal

BH-CONNECT: The Centers for Medicare & Medicaid Services (CMS) approved the Department of Health Care Services' (DHCS) Section 1115 demonstration, California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT), to increase access to and strengthen the continuum of community-based services for Medi-Cal members living with significant behavioral health needs.

Frequently Asked Questions (Link)

Transformative Features:

- Workforce Investments: Supports a $1.9 billion robust and diverse behavioral health workforce initiative that includes scholarships, loan repayment programs, recruitment incentives, residency and fellowship expansions, and professional development. The workforce initiative will be managed by the Department of Health Care Access and Information.
- Transitional Rent Assistance: Provides up to six months of rental support, through a member's managed care plan, for eligible Medi-Cal members transitioning from institutions, congregate settings, or homelessness. This support is crucial in stabilizing individuals during vulnerable periods, significantly reducing the risk of returning to institutional care or experiencing homelessness. Transitional rent will serve as a bridge to permanent housing for members who need it. For members with significant behavioral health needs, the Behavioral Health Transformation funding dedicated to Housing Interventions will provide permanent rental subsidies and housing following transitional rent, providing seamless continuity and supporting members in achieving long-term housing stability.
- Support for Children and Youth: Includes activity funds to improve access and outcomes for youth involved in child welfare receiving specialty mental health services.
- Incentives for Counties: Supports a $1.9 billion Access, Reform, and Outcomes Incentive Program to reward county behavioral health plans for improving access, reducing disparities, and strengthening behavioral health quality improvement.
- Community Transition In-Reach Services: Supports members transitioning from long-term institutional stays to ensure continuity of care and successful reintegration into the community.
- Short-term Inpatient Psychiatric Care: Provides new flexibility for federal Medi-Cal funding for short-term mental health care provided in inpatient and residential treatment settings that meet the federal institution for mental diseases criteria.
- Medi-Cal coverage for evidence-based practices (EBP), including (available at county option):
    - Assertive Community Treatment (ACT), a comprehensive, community-based, interdisciplinary team-based service model to help individuals with serious mental illness cope with the symptoms of their mental health condition and develop or restore skills to function in the community.
    - Forensic ACT, an ACT program tailored for individuals who are involved with the justice system.
    - Coordinated Specialty Care for First Episode Psychosis, a comprehensive, community-based, interdisciplinary team-based service model to help individuals cope with the symptoms of early psychosis and remain integrated in the community.
    - Individual Placement and Support Model of Supported Employment, community and team-based services that help individuals with behavioral health conditions to lead functional and productive lives in the community, including acquiring and/or maintaining competitive employment.
    - Community Health Worker Services, preventive services delivered through the specialty behavioral health delivery systems by trusted community members provide health education, advocacy, and navigation services to support members with accessing need health care and community resources to address social drivers of health.
    - Clubhouse Services, services offered within rehabilitative programs that provide a physical location for people living with significant behavioral health needs to build relationships, engage in work and education activities, and receive supportive services.
- Clarification of Medi-Cal coverage requirements for EBPs for children and youth, including Multisystemic Therapy, Functional Family Therapy, Parent-Child Interaction Therapy, and High-Fidelity Wraparound (implemented statewide). By providing clearer guidelines and

coverage requirements for these EBPs, BH-CONNECT aims to ensure that more children and youth in California have access to these effective treatments.
- A management-level County Child Welfare Liaison within managed care plans to oversee and deliver Enhanced Care Management, attend Child and Family Team meetings, ensure managed care services are coordinated with other services, and serve as a point of escalation for care managers if they face operational obstacles (implemented statewide).
- Centers of Excellence providing training and technical assistance to behavioral health delivery systems and providers to support the integrity of treatment and delivery of EBPs (implemented statewide).
- Child welfare/specialty mental health joint visit when a child enters welfare (implemented statewide).

Medication

Clozapine: As of February 24, 2025, the FDA does not expect prescribers, pharmacies, and patients to participate in the risk evaluation and mitigation strategies (REMS) program for clozapine or to report results of absolute neutrophil count (ANC) blood tests before pharmacies dispense clozapine. The FDA still recommends that prescribers monitor patients' ANC according to the monitoring frequencies described in the prescribing information. Information about severe neutropenia will remain in the prescribing information for all clozapine medicines, including in the existing Boxed Warnings.

Although the risk of severe neutropenia with clozapine still exists, the FDA has determined that the REMS program for clozapine is no longer necessary to ensure the benefits of the medicine outweigh that risk. Eliminating the REMS is expected to decrease the burden on the health care delivery system and improve access to clozapine. The FDA has notified the manufacturers that the clozapine REMS must be eliminated, and has instructed the clozapine manufacturers to formally submit a modification to eliminate the Clozapine REMS and to update the prescribing information, including removing mandatory reporting of ANC blood tests to the REMS program.

In the coming months, the FDA will work with the clozapine manufacturers to update the prescribing information and eliminate the Clozapine REMS.

Older Adults

California's Behavioral Health Continuum Across the Lifespan: Addressing the Compounding Threats to Older Adult Mental Health, CA Department of Aging November 2024

Master Plan for Aging Initiatives Report 2025, California's Master Plan for Aging 2025-26 Initiatives

Older Adults (*continued*)

CA Master Plan for Aging Data Dashboard for Aging is a 10-year blueprint for state government, local government, the private sector, and philanthropy to prepare the state for the coming demographic changes and continue CA's leadership in aging, disability, and equity. Each county profile provides an overview of the quantity, characteristics, and needs of older adults in each county, including:

- Age Distribution
- Race/Ethnicity
- Projected Populations Shifts
- Social and Economic Needs

Parity

U.S. Departments of Labor, Health and Human Services, Treasury Issue 2024 Mental Health Parity and Addiction Equity Act Report to Congress, U.S. Department of Labor

Patients Rights Advocates (PRA)

Report: PRA Staffing Ratio, CA Legislative Analysts Office

Performance

Consumer Perception Survey (CPS) Publicly Funded Mental Health Services in California Statewide Report, UCLA / DHCS

California Holds Medi-Cal Plans Accountable for Ensuring Members Have Access to High Quality, Equitable Care, CA Department of Health Care Services (DHCS) Press Release

Substance Use Disorder

Renewal of Public Health Emergency Declaration on Opioids: This renewal gives Secretary Robert F. Kennedy, Jr. additional authorities to respond to the crisis, such as expediting demonstration projects, supporting research, and facilitating voluntary information collection.

Treatment of Stimulant Use Disorder, Practical Application of Treatment Strategies, SAMHSA

Ibogaine Found to Reduce Mood Disorder & PTSD Symptoms, Consumption of Alcohol in Patients With Alcohol Use Disorder, Psychiatric Times

Workforce

HCAI Behavioral Health Workforce Strategy Slide Deck - Submit comments to the CaHealth Workforce Education and Training Council - HCAI: behavioralhealthworkforce@hcai.ca.gov. Meeting information will be posted on the Council's webpage for the May 29th Council meeting in Sacramento.

Practical Guide for Expanding the Community-based Behavioral Health Workforce, SAMHSA

Resources for Boards/Commissions (Full listing at: calbhbc.org/resources)

Acronyms

Best Practices Handbook

Behavioral Health Continuum

Behavioral Health Services Act
- Funding Categories Training *(15 Minute Module)*
- Stakeholder Requirements
- Fiscal Components *(see Page 18)*

Brown Act Guide

Bylaws (Sample)

Conduct (Conducta (Spanish))

Cultural Relevance

Membership Guide (Sample) - ***Updated!***

News/Issues

Performance Outcome Data

Recommendations *(see Page 19)*

Review *(see Page 23)*

Templates/Sample Docs
- Agendas
- Annual Reports
- Recommendations
- Recruitment
- Site Visits

And More!

Training: Materials/Recordings
1. Basic Training: How to be an Effective MH/BH Board/Commission (86 minutes)
2. Behavioral Health Continuum (15 minutes)
3. BHSA Updates (PowerPoint) (PDF)
4. Chair & Admin (45 minutes)
5. Community Engagement & Unconscious Bias: Ensuring Citizen & Professional Involvement Throughout the Planning Process

Welfare & Institutions Code
- Bylaw Requirements
- Duties
- Expenses
- Membership Criteria

Meetings/Events

CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

Hybrid Meetings/Trainings
Zoom and In-Person (La Jolla)

Registration
Meeting: Friday, April 18th, 1:30 pm - 5:30 pm
Training: Saturday, April 19th, 9 am - 12 pm

2025/2026 Meetings/Training Schedule

CA Health & Human Services (HSS)

Behavioral Health Task Force
August 13, 2025, 10 am - 3 pm
November 12, 2025, 10 am to 3 pm

CARE Act Working Group:
May 21, 2025, 10 am - 3 pm
August 27, 2025, 10 am - 3 pm
November 19, 2025, 10 am - 3 pm

CA Department of Health Care Services

Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC)
Zoom and In-Person (Sacramento)

May 21, 2025, 9:30 am - 3 pm

Substance Use Disorder (SUD)
Integrated Care Conference
Long Beach, August 19 - 21
(Registration not yet posted)

CA Behavioral Health Planning Council

Zoom and In-Person (La Jolla)
April 15th-18th, 2025

Tuesday April 15, 2025 Meetings:
- Performance Outcomes Committee: 2:00 pm to 5:00 pm

Wednesday April 16, 2025 Meetings:
- Executive Committee: 8:30 am to 10:15 am
- Patients' Rights Committee: 10:30 am to 12:30 pm
- Children and Youth Workgroup: 12:10 pm to 1:10 pm
- Workforce and Education Committee: 1:30 pm to 5:00 pm
- Legislation and Public Policy Committee: 1:30 pm to 5:00 pm

Thursday April 17, 2025 Meetings:
- Housing and Homelessness Committee: 8:30 am to 12:00 pm
- Systems and Medicaid Committee: 8:30 am to 12:00 pm
- Reducing Disparities Workgroup: 12:10 pm to 1:10 pm
- Substance Use Disorder Workgroup: 12:10 pm to 1:10 pm
- General Session: 1:30 pm to 5:00 pm

Friday, April 18, 2025 Meeting:
- General Session: 8:30 am to 12:00 pm

Health Care Access and Information (HCAI) Workforce, Education and Training Council

May 29th, 9 am (Virtual & Sacramento)

Commission for Behavioral Health

(formerly the Mental Health Services Oversight & Accountability Commission)
Fourth Thursdays, 9 am (*Usually*)
Schedule

Evaluate Us!

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues as detailed in our Annual Report. We invite you to evaluate us by taking a few minutes to complete: Evaluate CALBHB/C.

Report to Us!

Let us know your top issues and/or resource needs: Report to CALBHB/C

Contact Us!

Email: info@calbhbc.com Website: www.calbhbc.org
Facebook: www.facebook.com/CALBHBC

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

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