



# KINGS COUNTY BEHAVIORAL HEALTH

Lisa D. Lewis, PhD  
Behavioral Health Director

## KINGS COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Codi Pennington, Chair  
Wendy Osikafo, Board Member  
Debra Allen, Board Member  
Michelle Allen, Board Member  
Michael Dey, Board Member

Ken Baird, Vice Chair  
Joe Neves, Board Member  
Stephanie Huddleston, Board Member  
Leana Cantrell, Board Member  
Vacant, Board Member

*In compliance with the Americans with Disabilities Act, if you require a modification or accommodation to participate in this meeting, including the availability of assistive listening devices or agendas in alternative formats, please contact the Kings County Behavioral Health Office at (559) 852-2444 at least 48 hours prior to the start of this meeting.*

### **Regular Meeting Minutes**

October 27, 2025 @ 12:00 p.m.

Kings County Behavioral Health

### **Meeting via Microsoft Teams (invite below) and in person**

1222 W. Lacey Blvd, Hope Conference Room  
Hanford, CA 93230

### **Call to Order & Welcome**

Chairperson Codi Pennington called the Special Meeting of the Behavioral Health Advisory Board (BHAB) to order, and Mary Jewell BHAB Secretary with Kings County Behavioral Health (KCBH), completed roll call of members.

### **Board Members Present**

Codi Pennington, Ken Baird, Joe Neves, Monica Conner for Wendy Osikafo, Debra Allen, Michelle Allen, Stephanie Huddelston, Michael Dey

### **Members Absent**

N/A

### **Others Present**

Kathlene Barragan, Brett Woolman, Alex C. Walker, Desarine Lowe, Chad Allen, Polo Ortiz and Mary Jewell.

### **Review & Modification to Agenda**

N/A

### **Opportunity for Public Comment**

Chairperson Codi Pennington read the public comment instructions and opened the floor for any public comments. None

### **Consent Calendar**



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Approval of Minutes: September 2, 2025 and September 22, 2025, Behavioral Health Advisory Board Regular meeting. Motion given first by Ken Baird and seconded by Joe Neves.

### Action Items

Since the next meeting falls during the Thanksgiving weekend, we will vote to move the December meeting and move the November meeting. We don't have any actionable items to present to the board but we will be presenting on the SB 43. The Board agreed to move the meeting to December 1<sup>st</sup> and cancel the December meeting.

### Informational Agenda Items

#### **BHSA Integrated Plan Elements and Process**

**Brenda Tamayo-Pagan**

In March 2024, voters approved Proposition 1 to reform the Mental Health Services Act and to fund critically needed behavioral health facility infrastructure. Through a general obligation bond, the efforts to implement Proposition 1 are collectively referred to as the Behavioral Health Plan.

Eligibility for Proposition 1 includes children and youth up to age 25, adults, and older adults—essentially all age groups experiencing a serious mental illness, a serious emotional disturbance, or a moderate to severe substance use disorder. Notably, the substance use disorder does not need to be co-occurring with a mental illness, which represents an important change.

Priority populations include:

Children and Youth:

- Those at risk of justice system involvement
- Those re-entering the community from institutional care
- Youth involved in the child welfare system
- Youth at risk of institutionalization

Adults and Older Adults:

- Individuals at risk of justice system involvement
- Those re-entering the community from incarceration
- Individuals at risk of conservatorship or institutionalization

Over the last few months, we've reviewed the six statewide priority goals identified by the state. The state has also developed dashboards and workbook tools that allow us to review, compare, and track progress toward these goals. You may remember seeing some of this a few months ago, where we began comparing Kings County data to statewide data. For each goal, we'll create strategies that align with both our local community data and statewide trends. All results will be summarized and integrated into one unified plan.



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There are four core elements of this integrated plan, which is designed to be strategic, comprehensive, and stakeholder-driven.

Additional goals identified by the state include: Care Experience, Engagement in School, Engagement in Work, Overdoses, Prevention and Treatment of Co-Occurring Physical Health Conditions, Quality of Life, Social Connection, and Suicide. We will select one or two of these goals to focus on and align them with our priority goals as part of our strategy development.

The integrated plan is a unified, outcome-focused framework covering a three-year period. It will be effective July 1, 2026 through June 30, 2029. This plan includes all behavioral health funding sources, not just BHSA and it incorporates the alignment and coordination of multiple funding streams.

Required elements of the plan include county demographics and needs, the community planning process, strategies for statewide goals, and building behavioral health continuum capacity. The six statewide goals include: Access to Care, Homelessness, Institutionalization, Justice-Involved Individuals, Removal of Children from the Home, and Untreated Behavioral Health Conditions.

The plan will also include estimates of how many individuals in Kings County meet criteria for SMI and SED. These estimates will help determine the level of staffing needed to meet demand and will highlight staffing gaps and infrastructure needs. It will also include estimates of individuals who meet the SMI/SED “BURG” criteria to help us develop a comprehensive staffing picture.

The plan components include behavioral health services and supports—aligned with the continuum of care—such as Full Service Partnerships, programs, and housing interventions. You’ve seen some of these categories in earlier presentations. There will also be opportunities to propose innovative and pilot programs if community data points to a need. Workforce strategy development is also a key component and will fall under BHSA funding.

### Service mapping

Service mapping will outline how multiple funding sources—not just BHSA but also realignment, federal, and local funds—are allocated across all services to meet county behavioral health needs. The integrated plan will require identification of programs funded by each revenue stream, along with a description of the service and how it is funded. Services may draw from multiple funding sources, and this must be clearly described.

The plan will also include a multi-year fiscal budget, funding allocations, and prudent reserves to ensure service continuity.

### Reporting, Review, and Approval:

The next steps include conducting a 30-day public comment period, followed by a public hearing through the Local Governing Board, prior to submission to the state. We will also submit the draft to the County Executive Officer for approval. The draft plan is due to the state by March 30, 2026. After the state provides feedback, the final submission will be due June 30, 2026.

The State has created a county portal for all counties to have access to the portal to streamline what the plan looks like. The portal includes prompts to enter information to ensure all components are being met.



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Laura reminded the group when she reported out back in January the removal of cost reports and now that have put it back in. Fiscal is working with their team and other counties how they report so they are aligned.

### **Annual Data Notebook Completed**

**Kathlene Barragan**

The subcommittee met this morning with Ken, Michelle, and Debra to review the Data Notebook. This year's focus topic is selecting one Wellness and Recovery Center for review.

#### Eligibility Criteria:

We need to confirm whether individuals must have a mental health diagnosis or a substance use disorder to participate in the program.

#### Page 10 – Volunteers:

Volunteers at the center are certified Peer Support Specialists. The notebook also asks whether the center has an attached clinician and whether any medical management is provided. We will follow up with Kings View to confirm these details.

#### Page 10 – Referral Based

The program is referral-based. Referrals may come from Mental Health providers, medical providers, KCAO residential services, and faith-based organizations.

#### Success Story:

Kathlene read the Success Story included in the notebook.

#### Review & Submission:

The notebook has been reviewed by the Board, Dr. Lewis, and the management team. A question was raised about whether it requires review by the Board of Supervisors. Christi confirmed that it does not need to go to the Board and may be submitted directly.

### **Staff Report**

**Lisa D. Lewis, Ph.D., KCBH**

We are preparing for two bills that have passed that are coming soon. SB 27, It expands the Care Act to not just those with schizophrenia or the psychosis disorders but also to those with bi polar disorder with psychotic features.

SB 43 ensuring our crisis system can support by January 1<sup>st</sup> 2026. We will present SB 43 and what its going to look like and how it relates to the impact of our crisis continuum. We are lucky that during the delayed implementation

### **Advisory Board Member Comments**



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Family Support group still going strong. We have a new member a single mom with two teenagers

Debra will be leaving the group to move to Fresno. When she does move she plans on joining the Behavioral Board in Fresno.

### **Oak Wellness Center Update**

Wednesday the Drop in Center will have their Halloween Bash, with Bingo. Debra will assist with calling out the numbers for Bingo.

### **Future Agenda Items & Next Meeting**

- Approval of Meeting Minutes from October 27, 2027 Behavioral Health Advisory Board Meeting
- Next Regular Meeting Date: December 1, 202
- **Adjourned at 12:50 PM**