Vision 2030: Ideas to Action Convening Series

Insights and Recommendations from Cross-Sector Dialogues on California's Behavioral Health Future

The Vision 2030: Ideas to Action Convening Series

California is in the midst of an unprecedented behavioral health systems transformation. Historic reforms such as Proposition 1 and CalAIM present a once-in-a-generation opportunity to build a true continuum of care for all who need it. Since 2016, our behavioral health investments have nearly tripled, with over $17 billion invested in FY 2024-25. At the same time, an ongoing workforce shortage, federal funding cuts, a state budget shortfall, and a persistent homelessness crisis threaten to stall progress. It was this inflection point that inspired the Steinberg Institute to launch the ***Vision 2030: Ideas to Action Convening Series***—an effort to bring together those closest to the work, and those most affected by it, to shape a shared path forward.

About Vision 2030

Vision 2030 is the Steinberg Institute's long-term initiative to break the cycle of homelessness, incarceration, and hospitalization for Californians living with behavioral health conditions by building the workforce and systems needed to support recovery. Through this initiative, we aim to reduce involvement in these systems by 50 percent by 2030, creating a coordinated, person-centered continuum of care that helps individuals and communities thrive.

OUR GOALS

BUILD OUR WORKFORCE

Modernize and strengthen California's behavioral health workforce to meet the diverse needs of the entire state.

REDUCE HOMELESSNESS

Reduce the number of unhoused people with mental illness or substance use disorders by half.

REDUCE INCARCERATION

Reduce the number of people with mental illness entering our criminal justice system by half.

REDUCE HOSPITALIZATION

Reduce the number of people entering hospital emergency departments due to behavioral health crises by half.

OUR APPROACH

Research
We conduct public policy research to identify challenges and opportunities in California's behavioral health system, using our Vision 2030 initiative to guide us.

Policy
Using our research as a foundation, we develop bold, actionable legislation designed to transform systems, support long-term solutions, and improve outcomes.

Implementation
We work with state and local leaders to help implement new laws effectively to ensure statewide solutions work in communities of every size.

About the Ideas to Action Convening Series

Grounded in the belief that we can't achieve these goals on our own, the *Ideas to Action Convening Series* brought together leaders from across sectors—including policymakers, providers, advocates, philanthropy, and individuals with lived experience—to turn dialogue into direction. Each convening focused on one of Vision 2030's four pillars: Workforce, Homelessness, Incarceration, and Hospitalization.

The goal was to surface near-term, practical solutions that can inform legislative and administrative action. Participants examined barriers, shared promising practices, and identified opportunities to align policy, funding, and practice to achieve lasting systems change.

Approach

Each convening was organized around 2–3 focus areas and structured to encourage collaboration, deep listening, and creative problem-solving. Facilitated discussions were followed by synthesis sessions that distilled key takeaways and actionable opportunities. A visual capture of ideas accompanied each session, reflecting the cross-sector energy and innovation that defined this process. Participants were also given time to network and identify opportunities for ongoing collaboration.

This brief captures the spirit and substance of those conversations. It distills the themes, shared priorities, and recommendations that emerged from months of dialogue among state and county leaders, health systems, advocates, funders, and lived-experience experts. Across all four convenings, one message was clear: solving California's behavioral health challenges requires more than policy shifts—it demands collaboration across systems, sectors, and experiences.

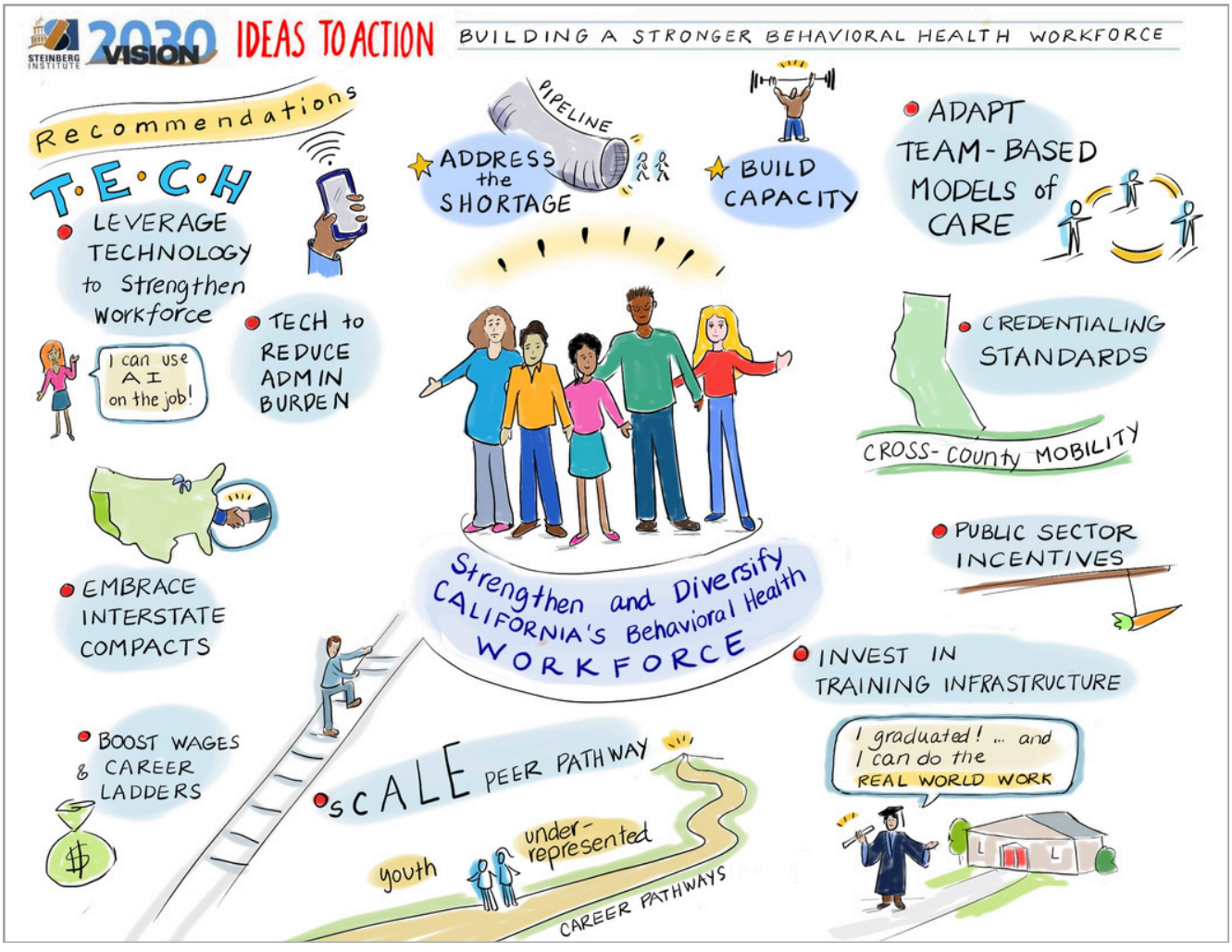
When we bring together leaders, lived experts, and those with the ability to drive change, we move closer to building a pathway to recovery and thriving for all Californians living with behavioral health conditions.

MAY 13, 2025

Building a Stronger Behavioral Health Workforce

This convening brought together state leaders, providers, researchers, and innovators to confront one of California's most urgent challenges: building and sustaining the workforce that will power behavioral health reform. Participants explored how technology, team-based care, and peer career pipelines can strengthen a system strained by shortages and administrative burdens.

The conversation underscored that fixing shortages alone isn't enough—California must also reimagine how it supports those already doing the work. Through dialogue on training, reciprocity, and compensation, leaders identified ways to build a workforce that is more resilient, connected, and reflective of the communities it serves, with shared excitement around scaling innovations that reduce burnout and create new entry points for peers and lived-experience professionals.



Graphic facilitator Paula Hansen created these engaging sketches to highlight the main themes and recommendations from each convening. Learn more about Paula Hansen and her work in the Appendix.

Participant Organizations

GUIDING QUESTIONS

- How can technology and team-based care models improve the experience of our clients and behavioral health workforce?
- What barriers exist for implementing meaningful, tech-enabled, and team-based solutions?
- Amidst uncertain federal and state budgets, how can we work together to drive actionable change today?

Karen Larsen, Steinberg Institute; Sherry Daley, California Consortium of Addiction Programs and Professionals; Dylan Elliott, Shaw Yoder Antwih Schmelzer & Lange

Ryan Napier, Chorus Innovations; Dr. Robert McCarron, UC Irvine

THEMES DISCUSSED

Technology to support and expand the workforce's impact, team-based models of care, credentialing and reciprocity, interstate compacts, peer integration and career pathways, training and education infrastructure, compensation and career advancement, Medi-Cal participation and administrative barriers, workforce shortages in underserved regions, and aligning funding incentives to support recruitment and retention.

Emerging Recommendations

- **Leverage Technology to Strengthen the Workforce**: Use tele-supervision, virtual learning, and simulation-based training to expand access in rural and underserved regions, reduce administrative burden, and streamline care coordination across providers.
- **Technology to Reduce Administrative Burden:** Uplift technology solutions that allow professionals to focus on providing care and care coordination.
- **Adopt Team-Based Models of Care:** Implement interdisciplinary, team-based approaches that enhance collaboration, improve service coordination, and provide multiple layers of support for behavioral health staff.
- **Credentialing Standards:** Develop a statewide universal credentialing system for behavioral health providers to simplify hiring and promote cross-county mobility, increasing the number of professionals available to serve Medi-Cal beneficiaries.

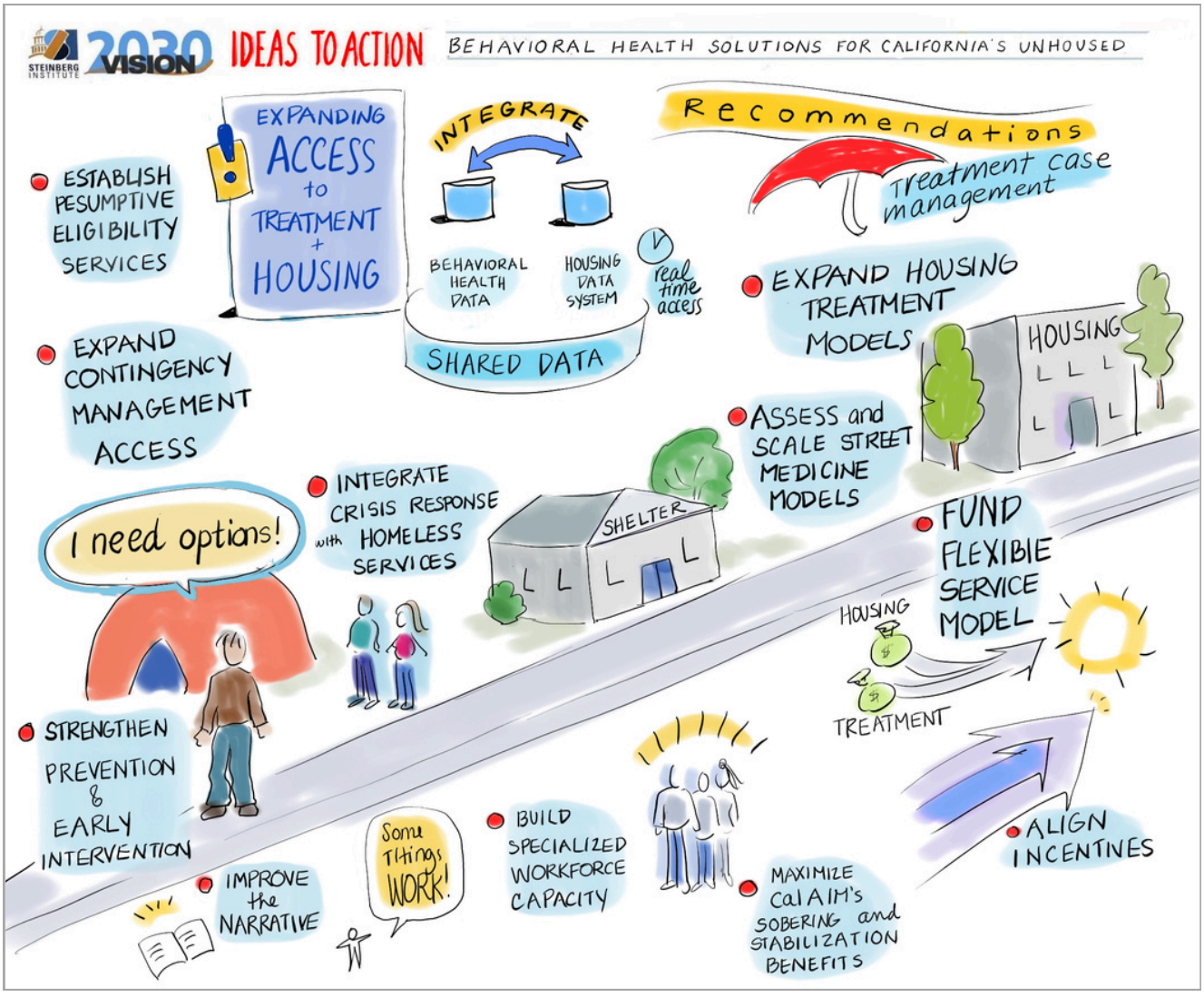
- **Embrace Interstate Compacts:** Expand access to professionals across the country by joining interstate compacts for behavioral health professionals.
- **Scale Peer Pathways:** Expand Peer Support Specialist certification programs and apprenticeship models that prioritize opportunity youth, underrepresented communities, and people who have experienced homelessness, incarceration and hospitalization.
- **Invest in Training Infrastructure:** Ensure education and training curricula align with real-world behavioral health service needs.
- **Boost Wages and Career Ladders:** Create sustainable reimbursement and funding models to support competitive wages and professional growth, particularly in community-based and peer roles.
- **Public Sector Incentives:** Create incentive structures and reduce administrative barriers to insurance claims in order to encourage providers to accept insurance rather, particularly Medi-Cal participation.

AUGUST 14, 2025

Behavioral Health Solutions for California's Unhoused

The *Behavioral Health Solutions for California's Unhoused* convening brought together policymakers, researchers, service providers, and public health leaders to explore how California can better connect people experiencing homelessness with treatment, housing, and recovery supports. The discussion centered on creating a more coordinated system that bridges behavioral health and housing—one that offers care continuity regardless of a person's living situation.

Participants examined strategies to improve coordinated entry, substance use treatment, expand presumptive eligibility, and build integrated data systems linking housing and behavioral health services. There was strong alignment around the need to reduce law enforcement involvement in crisis response, strengthen street medicine and sobering center capacity under CalAIM, and protect harm reduction and contingency management strategies amid shifting federal and state priorities. The conversation reflected both urgency and pragmatism: while challenges feel intractable, progress is achievable, and leaders are committed to building a system where recovery and housing stability are attainable for all Californians.



Participant Organizations

GUIDING QUESTIONS

- Are there opportunities for improving our coordinated entry system?
- How can we better integrate systems to ensure individuals with behavioral health conditions get access to care and continuity despite their living situation?
- For unhoused individuals experiencing crisis, are there additional steps we can take to minimize law enforcement involvement and ensure good outcomes and connections to care?
- For individuals experiencing homelessness and living with SUD, how can we maximize benefits of CalAIM, including sobering centers?
- Do you see any opportunities for expanding contingency management?
- In light of the recent executive order, can you help us think through mitigating strategies so we don't lose strides made in reducing overdose deaths?

Dr. Margot Kushel, UC San Francisco; Karen Larsen, Steinberg Institute; Sharon Rapport, Corporation for Supportive Housing; Mariella Castaldi, Center on Budget and Policy Priorities; Felipe Diaz, Riverside University Health

Darrell Steinberg, Steinberg Institute; Stephanie Welch, California Health and Human Services Agency

THEMES DISCUSSED

Coordinated entry, crisis response integration, street medicine, Full Service Partnerships (FSPs), presumptive eligibility, Proposition 1 opportunities, sobering and stabilization centers, contingency management, CalAIM implementation, substance use treatment access, harm reduction models, data integration across housing and behavioral health systems, accountability and outcome alignment, flexible funding models, co-located housing and treatment pilots, specialized workforce capacity, prevention and early intervention for high-risk populations, cross-system coordination, and public perception of homelessness progress.

Emerging Recommendations

- **Establish Presumptive Eligibility for Services:** Create automatic eligibility for Full Service Partnerships (FSP) and intensive case management for individuals meeting chronic homelessness criteria. *(The Steinberg Institute's bill, Assembly Bill 348, does this – and was signed into law!)*

- **Integrate Behavioral Health and Housing Data Systems:** Implement shared data platforms that allow real-time coordination across behavioral health, housing, and human services agencies.

- **Integrate Crisis Response into Homeless Services:** Embed behavioral health clinicians, peers, and mobile crisis teams within street outreach and shelter programs to reduce law enforcement involvement in behavioral health-related calls.

- **Maximize CalAIM's Sobering and Stabilization Benefits:** Expand sobering centers and recuperative care models under CalAIM to serve as critical entry points to ongoing behavioral health treatment and housing navigation.

- **Expand Contingency Management Access:** Support pilot programs and reimbursement models under Medi-Cal to expand contingency management for individuals with stimulant use disorders, including unhoused populations.

- **Fund Flexible Service Models:** Support models that allow blending of housing and treatment dollars to meet individuals' needs without administrative barriers.

- **Expand Housing and Treatment Pilots:** Scale county-level pilots that co-locate treatment, case management, and tenancy supports.

- **Align Incentives Across Systems:** Tie county and provider accountability metrics to successful housing and health outcomes, not just service delivery counts.

- **Build Specialized Workforce Capacity:** Develop field-based teams trained to serve unsheltered populations with co-occurring behavioral health needs.

- **Strengthen Prevention and Early Intervention:** Fund targeted outreach and stabilization supports to prevent individuals exiting institutions (hospitals, jails, foster care) from becoming unhoused.

- **Improve the Narrative:** Address why the optics—thousands still on the streets—mask the real progress being made toward resolving homelessness.

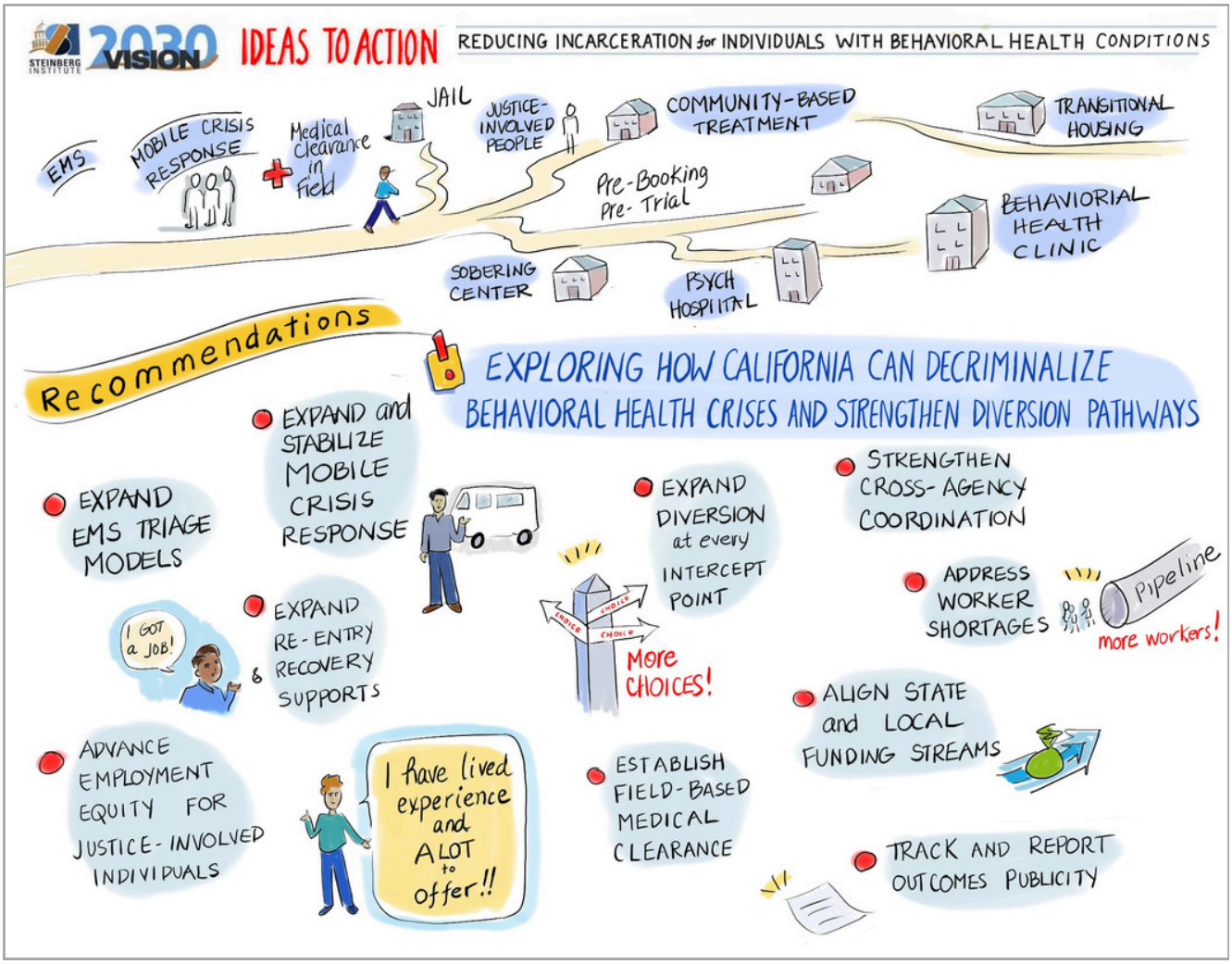
- **Assess and Scale Street Medicine Models:** Evaluate the performance of existing street medicine programs and expand models with proven results.

SEPTEMBER 14, 2025

Alternatives to Incarceration

The *Alternatives to Incarceration* convening brought together policymakers, justice reform advocates, behavioral health leaders, and community-based providers to explore how California can decriminalize behavioral health crises and strengthen diversion pathways at every stage of the justice system. Participants discussed how coordinated crisis response, integrated diversion programs, and employment equity for justice-involved individuals can collectively reduce the number of people cycling between incarceration and treatment.

The discussion reflected a shared urgency to align state and local incentives so that behavioral health needs are met with care, not custody. Leaders emphasized the role of mobile crisis teams, EMS triage, and field-based medical clearance in reducing jail as the "default bed" for people in crisis. Conversations also surfaced opportunities to expand reentry supports, integrate peers and clinicians into crisis response, and advance "good cause" employment exclusions to help formerly incarcerated individuals join the behavioral health workforce.



Participant Organizations

GUIDING QUESTIONS

- What is the single biggest barrier to mobile crisis teams being the go-to response instead of law enforcement response — and how do we solve for it?
- What types of diversion programs (pre-booking, pre-trial, specialty courts, community programs) are showing the best outcomes — and why?
- What's working to get Medi-Cal and CalAIM Justice Initiative benefits to kick in right when someone leaves custody — and what gaps remain?
- What strategies best support individuals with SUD who are reentering communities to avoid relapse and recidivism?

Lauren Bullard, Steinberg Institute; Tara Gamboa-Eastman, Steinberg Institute; Tracey Dickinson, Steinberg Institute; Dr. Ruth Shim, UC Davis Psychiatry; Tom Renfree, California's Association of Community-based Substance Use Disorder Services Providers

Karen Larsen, Steinberg Institute; Brenda Grealish, Commission for Behavioral Health

THEMES DISCUSSED

Mobile crisis and co-responder models, alignment of state and local incentives, alternative destinations and sobering centers, behavioral health diversion programs, coordination between courts, counties, and providers, pre-trial and specialty court models, Medi-Cal and CalAIM Justice Initiative implementation, CARE Court and Proposition 36 connections, substance use treatment access pre- and post-release, reentry supports and workforce inclusion for justice-involved individuals.

Emerging Recommendations

- **Expand and Stabilize Mobile Crisis Response:** Sustainably fund 24/7 mobile crisis teams statewide as first responders for behavioral health emergencies, while piloting innovative and cost-effective models to meet the unique needs of rural communities, and those with complex geographic challenges.

- **Expand EMS Triage Models:** Expand the role of EMS in behavioral health crisis response, including integrating behavioral health clinicians and peers into EMS.

- **Expand Diversion at Every Intercept Point:** Invest in pre-booking, pre-trial, and post-plea diversion programs, including specialty courts and community-based treatment options.

- **Expand Reentry and Recovery Supports:** Fund peer navigators, transitional housing, and community-based SUD treatment programs to reduce relapse and recidivism post-release.

- **Advance Employment Equity for Justice-Involved Individuals:** Enact and promote "good cause" exclusions that allow individuals with criminal justice backgrounds to access behavioral health employment and certification pathways, paired with training and employer education initiatives.

- **Establish Field-Based Medical Clearance:** Authorize EMS, urgent care, and mobile crisis clinicians to perform medical clearance in the field, reducing ER dependence and connecting people with more appropriate care for their needs.

- **Strengthen Cross-Agency Coordination:** Create shared dispatch, communication, and data-sharing protocols between 911, 988, first responders, and behavioral health departments.

- **Address Workforce Shortages in Crisis Response:** Develop targeted recruitment and incentive programs for EMTs, peers, and clinicians to serve in crisis roles.

- **Align State and Local Funding Streams:** Ensure Medi-Cal and commercial billing coverage, liability protection, and reimbursement structures for diversion and crisis services.

- **Track and Report Outcomes Publicly:** Require state-level reporting on diversion program utilization, outcomes, and cost savings to drive accountability and investment.

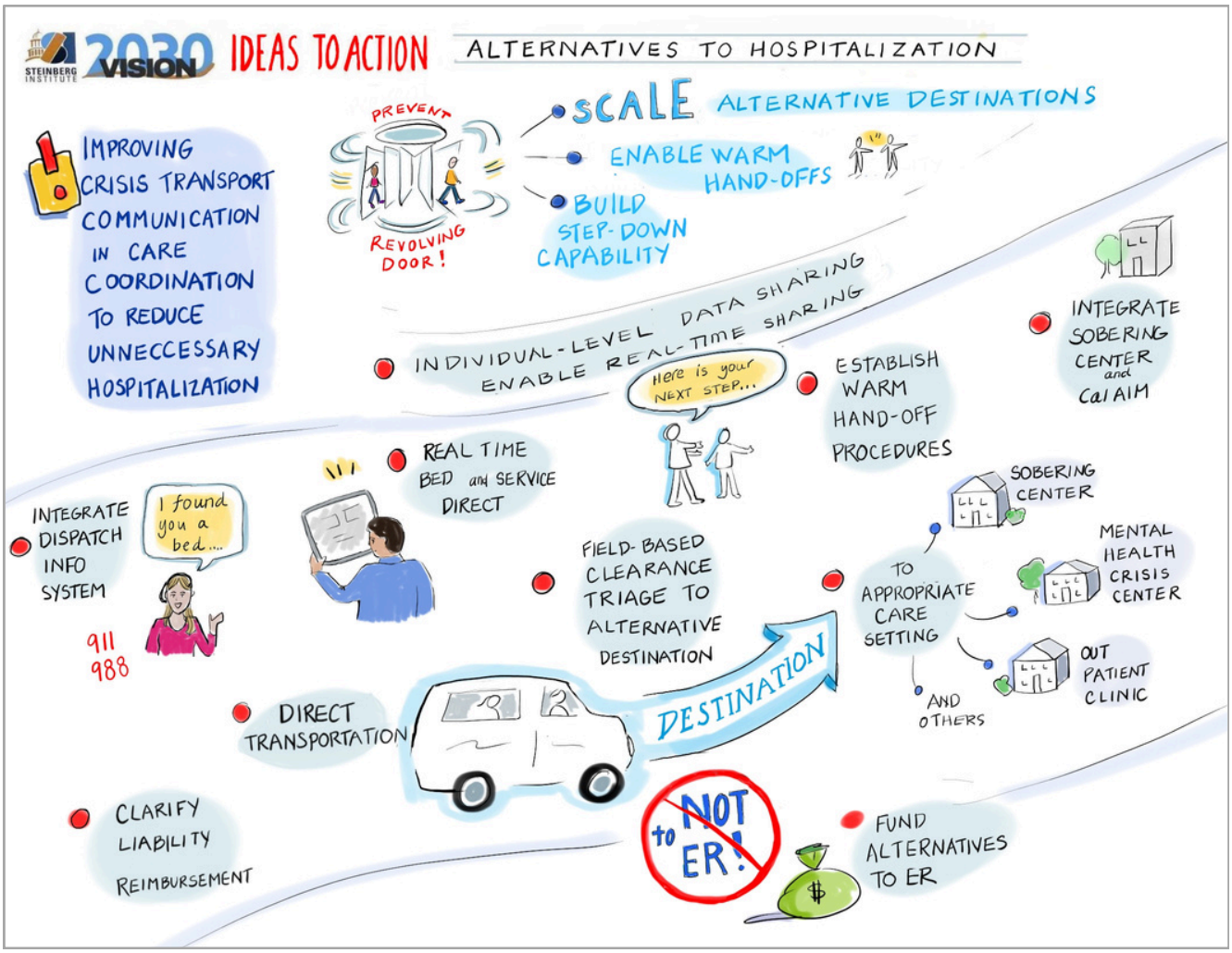
- **Support Jail In-Reach and Cross-System Partnerships:** Strengthen partnerships and expand jail in-reach programs at all touchpoints across the behavioral health and criminal justice continuum.

OCTOBER 15, 2025

Alternatives to Hospitalization

This convening brought together health systems, state agencies, EMS leaders, technologists, and community providers to rework how Californians in crisis are transported, received, and supported without defaulting to the ER. The conversation centered on creating clear transport pathways, real-time coordination, and field-based clearance so responders can safely route people to the right level of care the first time.

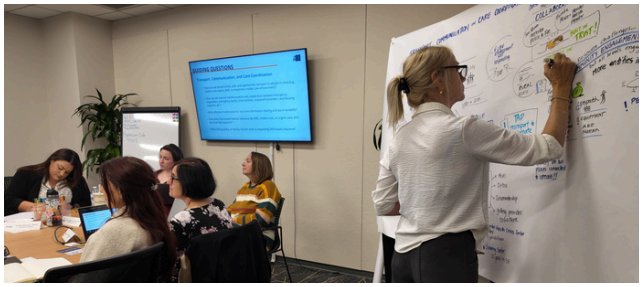
Participants highlighted what it will take to scale alternative destinations, enable warm handoffs, and build stepdown capacity that prevents the “revolving door.” With Proposition 1 and CalAIM as levers, the group aligned around practical fixes — from unified dispatch and bed visibility to clarified liability — that make a seamless crisis-to-recovery continuum achievable.



Participant Organizations

GUIDING QUESTIONS

- How can we ensure timely, safe, and appropriate transport to people in crisis (e.g., mobile crisis teams, EMS, co-responder models, law enforcement)?
- How can we improve communication and cooperation between emergency responders, emergency rooms, crisis facilities, outpatient providers, and housing supports?
- What effective models exist for real-time information sharing and warm handoffs?
- How does field-based medical clearance (by EMS, mobile crisis, or urgent care) shift the diversion equation?
- What billing, policy, or liability barriers exist to expanding field-based clearance?
- Which types of crisis facilities have demonstrated the greatest success in reducing ER boarding and inpatient admissions?
- Which programs are ready for scale, and what local adaptations are needed?
- What are the biggest roadblocks to scaling — financing, regulation, zoning, workforce — and what policy or funding changes would make expansion possible?
- Once someone is stabilized, what are the most effective next steps — subacute, board & care, outpatient, or peer support — and how do we prevent the “revolving door”?
- What roles can Proposition 1 and ongoing Medi-Cal reforms play in strengthening stepdown and coordination infrastructure?



THEMES DISCUSSED

Transport and coordination challenges across EMS, mobile crisis, and law enforcement, field-based medical and psychiatric clearance, liability and reimbursement barriers, alternative destinations to emergency departments, real-time information sharing and dispatch integration, warm handoffs and communication between systems, stepdown and subacute care shortages, Proposition 1 and CalAIM opportunities, cross-system data integration and accountability.

Emerging Recommendations

- **Create a Real-Time Bed and Service Directory:** Develop a statewide data platform showing live availability of crisis stabilization units, sobering centers, and step-down beds.
- **Expand Field-Based Clearance and Triage to Alternate Destinations:** Standardize medical and psychiatric clearance by EMS and crisis clinicians to enable direct transport to appropriate care settings.
- **Establish Unified Crisis Transport Protocols:** Create statewide standards for when and how EMS, mobile crisis, and law enforcement coordinate behavioral health transports—prioritizing patient choice, safety, and least-restrictive settings.

Amber Williams, Janus Santa Cruz; Michael Mason, Community Paramedicine Division of the San Francisco Fire Department

Jodi Nerrell, Sutter Health

- **Implement Warm Handoff Protocols:** Require direct communication between discharging and receiving providers to ensure continuity of care and medication management.
- **Fund Alternatives to the ER:** Invest in community-based alternatives – such as crisis stabilization and sobering centers – that can safely receive individuals diverted from ERs.
- **Integrate Dispatch and Information Systems:** Connect 911, 988, and county behavioral health dispatch systems through a shared digital platform, allowing responders to locate available crisis beds and alternative destinations in real time.
- **Integrate Sobering Centers Under CalAIM:** Use CalAIM funding and billing flexibility to make sobering centers a reimbursable, statewide diversion option for individuals with co-occurring behavioral health and SUD needs.
- **Clarify Liability and Reimbursement Barriers:** Ensure EMS and mobile crisis teams are appropriately protected and compensated for transporting patients to non-ER destinations.
- **Individual Level Data Sharing:** Enable real-time sharing of care plans, medications, and crisis histories between hospitals, outpatient providers, and crisis teams.

What's Next: Turning Ideas Into Action

California's behavioral health transformation will only succeed if it moves beyond policy conversations and into coordinated, sustained implementation. Across every convening, participants identified common barriers—fragmented data, workforce shortages, siloed funding, and rigid billing structures—that prevent innovation from taking root. Yet they also surfaced what works: trust-based partnerships, flexible funding streams, shared accountability, and the meaningful inclusion of lived experience at every level of decision-making.

From these insights emerged a clear consensus: the path forward requires collaborative systems change and a unified statewide behavioral health implementation strategy—one that bridges state, county, and community systems to deliver care seamlessly and equitably.

Left to right: Mark Faucette, Advocates for Human Potential; Amber Williams, Janus of Santa Cruz; Dr. Janet Coffman, UC San Francisco; Karen Larsen, Steinberg Institute; Michael Mason, San Francisco Fire Department; Tara Gamboa-Eastman, Steinberg Institute; Maria Jose Vides, Smart Justice; Elizabeth Basnett, Emergency Medical Services Authority; Shannon Smith-Bernardin, UC San Francisco; Gail DiRaimondo, Chorus Innovations

The Steinberg Institute's *Vision 2030: Ideas to Action* series reflects more than a set of discussions; it represents a theory of change rooted in collaboration. By convening policymakers, practitioners, funders, and people with lived experience in the same space, we create the conditions for cross-sector understanding and shared accountability. Dialogue becomes direction—and direction becomes impact.

We are now working with our participants and partners to explore how the solutions discussed in these convenings can be piloted, scaled, and embedded into California's behavioral health infrastructure. These efforts will inform upcoming legislative proposals, budget strategies, and local demonstration projects aligned with Vision 2030's goal: reducing homelessness, incarceration, and hospitalization by 50% for those with behavioral health conditions by the end of this decade.

Join Us

If any idea in this brief resonates with your mission or vision, we invite you to collaborate with us. Together, we can build a system where every Californian living with behavioral health conditions has the opportunity to recover and thrive.

To learn more or connect with our team, please contact the Steinberg Institute at **info@steinberginstitute.org** or visit **www.steinberginstitute.org**.

DONATE

Your support fuels our work to expand behavioral health care for Californians who need it most. Every contribution—big or small—makes a difference.

BECOME A VISION 2030 PARTNER

With a recurring Vision 2030 Partner contribution, you'll receive exclusive benefits—gifts, early access to Steinberg Institute events, quarterly debriefs, policy briefings and more.

PARTNER WITH US

We provide tailored support to mission-aligned organizations and systems leaders who want to better understand, engage with, and help shape California's behavioral health policy landscape. Our offerings span advocacy, research, implementation and more:

- **Policy & Advocacy Strategy**
- **Advocacy & Systems Training**
- **Implementation Assistance**
- **Cross-Sector Convenings**
- **Research & Policy Insight**
- **Impactful Storytelling**

Email **jason@steinberginstitute.org** to explore partnership ideas.

ENHANCE YOUR IMPACT

Learn how to shape policy, navigate budgets, and make your voice heard in California's political system in our immersive, one-day Advocacy 101 Training program.

KEEP IN TOUCH

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We are grateful for the support Telecare Corporation and the Anne L. Bakar Philanthropic Fund for mkaing these convenings possible.

Appendix

CONVENING PARTICIPANTS

Thank you to our convening attendees for making this series a success:

Building a Stronger Behavioral Health Workforce Convening

- Meron Agonafer; CalVoices
- Abby Alvarez; California Behavioral Health Directors Association (CBHDA)
- Andrew Barr; GreyMatter
- Taylor Beckwith, MPH, CPH; California Primary Care Association
- Lauren Bullard, Ph.D.; Steinberg Institute
- Michelle Cabrera; California Behavioral Health Directors Association (CBHDA)
- Rayshell Chambers; Painted Brain
- Le Ondra Clark Harvey; Ph.D.; California Behavioral Health Association (CBHA)
- Sherry Daley; California Consortium of Addiction Programs and Professionals
- Tara Gamboa-Eastman; Steinberg Institute
- Karleen Jakowski; California Mental Health Services Authority
- Hovik Khosrovian; California Department of Health Care Access and Information
- Karen Larsen LMFT; Steinberg Institute
- Dr. Robert McCarron; University of California, Irvine
- Ryan Napier; Chorus Innovations
- Jessica Pitt, Ph.D.; California Labor & Workforce Development Agency
- Tyler Rinde; California Psychological Association
- Laura Tully, Ph.D.; Kooth Digital Health
- Karen Vicari; Mental Health America of California

Behavioral Health Solutions for California's Unhoused Convening

- Lauren Bullard; Steinberg Institute
- Mariella (Mari) Castaldi; Center on Budget and Policy Priorities
- Lisa Davis, Ph.D.; University of California, Los Angeles
- Felipe Diaz; Riverside University Health Plan
- Tracey Dickinson; Steinberg Institute
- Vitka Eisen, MSW, EdD; HealthRIGHT360
- Mark Faucette; Advocates for Human Potential
- Margot Kushel, MD; University of California, San Francisco (UCSF)
- Karen Larsen LMFT; Steinberg Institute
- Fumi Mitsuishi, MD, MS; University of California, San Francisco (UCSF)
- Jodi Nerell; Sutter Health
- Jonathan Porteus, Ph.D.; WellSpace Health
- Sharon Rapport; Corporation for Supportive Housing (CSH)
- Janey Rountree, JD; California Policy Lab at UCLA
- Gary Tsai, MD; Los Angeles County Department of Public Health
- Stephanie Welch; California Health and Human Services Agency

Alternatives to Incarceration Convening

- Doug Bond; Amity Foundation
- Lauren Bullard; Steinberg Institute
- Tracey Dickinson; Steinberg Institute
- Tara Gamboa-Eastman; Steinberg Institute
- Brenda Grealish; Commission for Behavioral Health
- Lisa Heintz; California Correctional Health Care Services
- Tony Hobson, Ph.D.; County of Colusa
- Tinisch Hollins; Californians for Safety and Justice
- Alani Jackson, Office of Youth and Community Restoration
- Karen Larsen, LMFT; Steinberg Institute
- Scott MacDonald; JustSolve, Inc.
- Aaron Maguire; Board of State and Community Corrections
- Phil Melendez; Smart Justice California
- Tom Renfree; County Alcohol & Drug Program Administrators Association of California
- Dr. Ruth Shim; University of California Davis
- Maria Jose Vides, M.Ed.; Vera Institute of Justice
- Stephanie Welch; California Health and Human Services Agency
- Paul Yoder; Shaw Yoder Antwih Schmelzer & Lange

Alternatives to Hospitalization Convening

- Tanir Ami; CARESTAR Foundation
- Elizabeth Basnett; Emergency Medical Services Authority (EMSA)
- Lauren Bullard; Steinberg Institute
- Janet Coffman, Ph.D., MPP; University of California, San Francisco (UCSF)
- Tracey Dickinson; Steinberg Institute
- Gail DiRaimondo; Chorus Innovations
- Dylan Elliott; Shaw Yoder Antwih Schmelzer & Lange
- Mark Faucette; Advocates for Human Potential
- Tara Gamboa-Eastman; Steinberg Institute
- Sedella Jefferson; CARESTAR Foundation
- Dr. Hillary Kunins; San Francisco Department of Public Health
- Karen Larsen, LMFT; Steinberg Institute
- Sheree Lowe; California Hospital Association
- Michael Mason; San Francisco Fire Department
- Jodi Nerell; Sutter Health
- Jonathan Porteus, Ph.D.; WellSpace Health
- Carli Seltzer, MPH; California Behavioral Health Association (CBHA)
- Shannon Smith-Bernadin; University of California, San Francisco (UCSF)
- Dr. Anh Thu Bui; California Health and Human Services Agency
- Paula Wilhelm; Department of Health Care Services
- Amber Williams; Janus of Santa Cruz

FULL SET OF CONVENINGS ILLUSTRATIONS

The graphic visualizations accompanied with each convening were created by Paula Hansen of Chart Magic.

Building a Stronger Behavioral Health Workforce Convening

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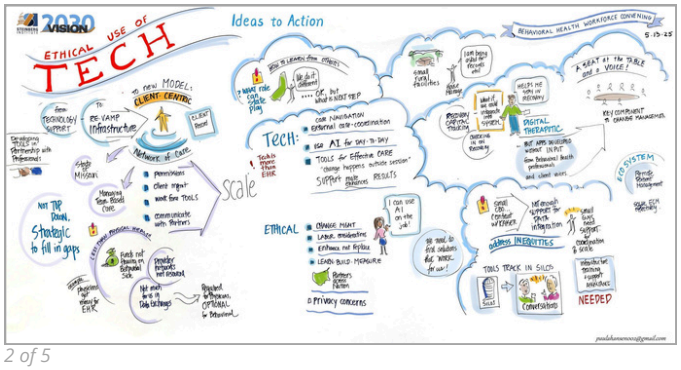

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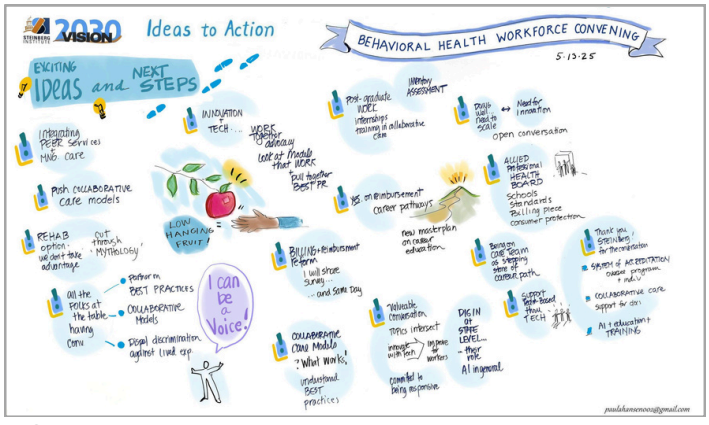

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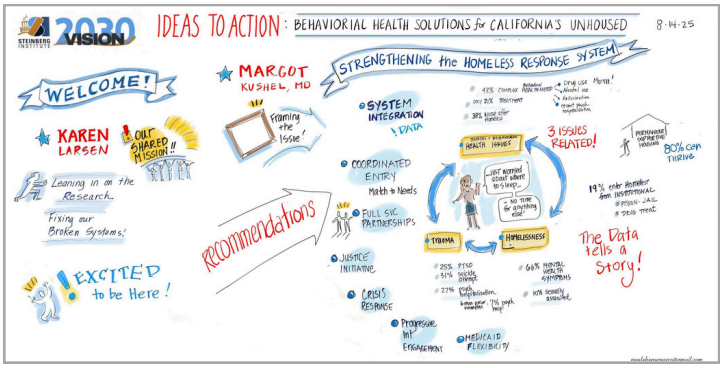
Behavioral Health Solutions for California's Unhoused Convening



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Alternatives to Incarceration Convening

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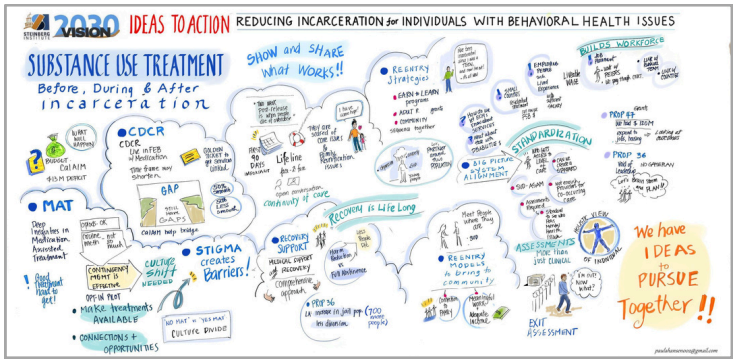

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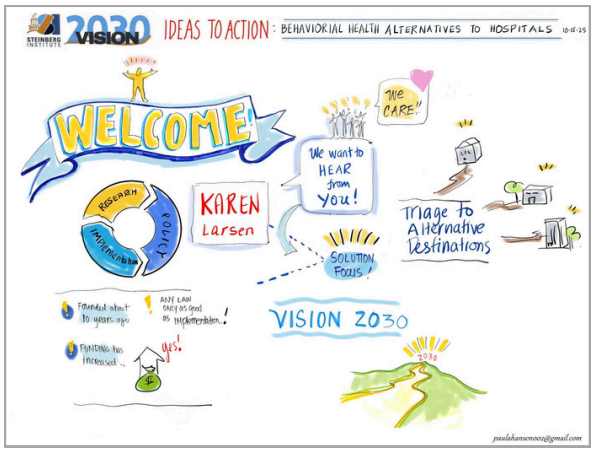
Alternatives to Hospitalizaiton Convening



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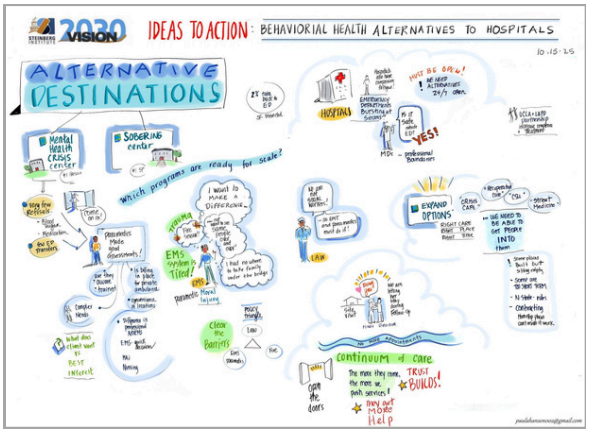

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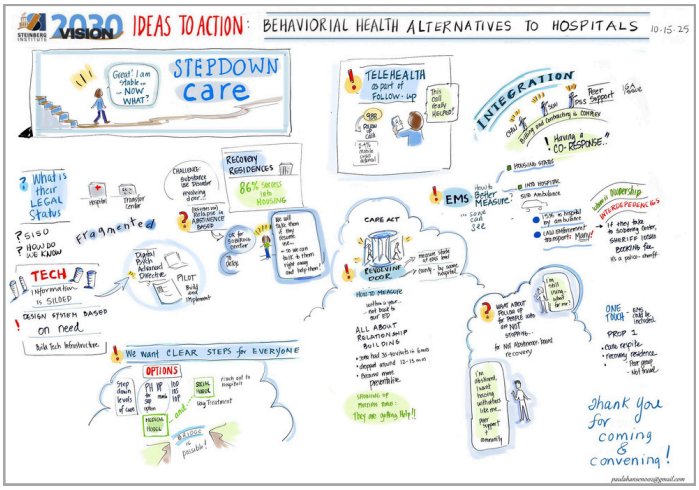

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ABOUT GRAPHIC FACILITATOR PAULA HANSEN

The graphic visualizations accompanied with each convening were created by Paula Hansen of Chart Magic.

As a graphic recorder and facilitator, Paula Hansen creates compelling visual displays to help groups engage and create together. She has over fifteen years of experience working with a range of organizations. from Fortune 100 companies to start-ups and non-profits, she has worked throughout the US and all over the world, including China, India, Nepal, Iceland, Denmark and Australia.

Paula received her training at The Grove Consultants International in San Francisco, where she worked for seven years and is currently an Associate.

Paula brings unique qualifications to her work, including a strong “right brain-left brain” balance. Her background in business and technology enhances her capacity to serve clients. She has a BA in Mathematics and Art from Hamilton College in Clinton, NY and a Masters of Fine Arts in Painting from the Maryland Art Institute in Baltimore. Before discovering graphic recording, Paula worked for many years in the IT field as a Systems Analyst and Project Manager for Booz, Allen & Hamilton, IBM and Siemens. Additionally, she has studied psychology and group process in a range of settings.

Paula is continually inspired and excited by the spark of understanding and engagement that graphics bring to meetings!


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