

**California Mental Health Planning Council**

**Advocacy Committee**  
**Thursday, October 19, 2017**  
 Four Points by Sheraton  
 4900 Duckhorn Drive  
 Sacramento, California 95834

**Monarchs Room**  
**8:30 a.m. to 12:00 noon**

<b>Time</b>	<b>Topic</b>	<b>Presenter or Facilitator</b>	<b>Tab</b>
8:30 am	Welcome and Introductions	Barbara Mitchell, Chairperson	
8:35	Agenda Review		
8:40	June and August 2017 Meeting Minutes	Barbara Mitchell and All	A
8:50	Advocacy Committee Work Plan and Council Policy Platform	Dorinda Wiseman and All	B
9:05	Legislative and Regulatory Updates related to Mental Health may be discussed, including but not limited to: <b>brief</b> recap of legislative and regulatory activities.	Dorinda Wiseman and All	C
9:20	Cash Assistance Program for Immigrants (CAPI), Social Security Income/State Supplementary Payment (SSI/SSP) and SSI Advocacy	Aron Smith, Steven Koehler, Rod Villacorta, Jared McCreary and All	D
10:30	Public Comment	All	
10:35	Break		
10:50	Community Care Licensing (CCL): What are the issues related to co-morbidity and mental health is CCL faced with?	Evelyn Schaefer, Pam Gill and All	E
11:25	Public Comment	All	
11:30	2018 Nominations for Chair and Chair-Elect	Barbara Mitchell and All	F
11:45	Wrap-up/Evaluation	Barbara Mitchell and All	
11:55	Public Comment	All	
12:00 pm	Adjourn	Barbara Mitchell	

**The scheduled times on the agenda are estimates and subject to change.**

	<b>Committee</b>		
<b>Chairperson:</b>	Maya Petties	<b>Chairperson Elect:</b>	Barbara Mitchell
<b>Members:</b>	Arden Tucker	Carmen Lee	Daphne Shaw
	Darlene Prettyman	Deborah Starkey	Kathleen Casela
	Marina Rangel	Melen Vue	Monica Wilson
	Simon Vue	Steve Leoni	
<b>Staff:</b>	Dorinda Wiseman		

**If reasonable accommodations are required, please contact Chamenique Williams at (916) 323-4501 not less than 5 working days prior to the meeting date.**

\_\_\_A\_\_\_ TAB SECTION

DATE OF MEETING 10/19/2017

MATERIAL  
PREPARED BY: Wiseman

DATE MATERIAL  
PREPARED 09/11/2017

<b>AGENDA ITEM:</b>	Approval of Minutes
<b>ENCLOSURES:</b>	Minutes for: <ul style="list-style-type: none"><li>• June and August 2017</li></ul>

**How this agenda item/presentation relates to the Council's mission.**

The minutes are a means to document and archive the activities and/or discussions of the Advocacy Committee in its efforts to move the Council's mission and vision forward.

**The context for this agenda item/presentation is as follows:**

Documentation.

**BACKGROUND/DESCRIPTION:**

The Committee members are to vote on and accept the draft minutes presented for the June and August 2017 meetings.

**Motion:** Accept and approve the June and August 2017 Advocacy Committee minutes.

**ADVOCACY COMMITTEE**  
**Thursday, June 15, 2017**  
**8:30 am – 12:00 pm**

Atrium Hotel  
 18700 MacArthur Boulevard  
 Irvine, California 92612  
 Garden 3

**Members Present**

Barbara Mitchell – Chair Elect  
 Arden Tucker  
 Carmen Lee  
 Daphne Shaw  
 Darlene Prettyman  
 Deborah Starkey  
 Kathleen Casela  
 Melen Vue  
 Marina Rangel  
 Simon Vue  
 Steve Leoni

**Members Absent**

Maya Petties – Chair (Leave of Absence)  
 Monica Wilson

**Staff Present**

Dorinda Wiseman

**Public:**

Richard Krzyzanowski  
 Kathleen Murphy, Tulare County  
 Theresa Comstock, Napa County Mental  
 Health Board  
 Samuel Jain, Disability Rights California  
 Mae Sherman, San Bernardino Mental  
 Health Board  
 Heidi Strunk, CASRA  
 Adrienne Shilton, Steinberg Institute

The meeting commenced at 8:31 a.m. Barbara Mitchell welcomed all present. A quorum was present.

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
1.	Welcome and Introductions	Barbara Mitchell welcomed all present and requested Committee Members and the Public to introduce themselves.		Barbara Mitchell, Chair-Elect		Yes

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
2.	Agenda Review	No amendments were suggested.		Barbara Mitchell		Yes
3.	Approval of Minutes – April 2017	The Committee voted on the minutes. There were no comments or further discussion.	<i>[Inaudible/static on the recorder]</i> made a motion to accept the minutes as prepared. Deborah Starkey second the motion. <b>Yes</b> – Barbara Mitchell, Arden Tucker, Carmen Lee, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Melen Vue, and Simon Vue ; <b>No</b> – None; <b>Abstain</b> – Steve Leoni and Kathleen Casela <b>The motion passed.</b>	Barbara Mitchell and All		Yes
4.	Legislative and Regulatory Updates related to Mental Health may be discussed, including but not limited to: Support/Opposition Letters, No Place Like Home Draft Guidelines, Steinberg Institute	The Council held a special meeting to discuss and provide comment on the No Place Like Home (NPLH) Draft Guidelines. The Council submitted a formal response on the guidelines on May 30, 2017.  The Committee Members discussed the need to provide on-going support for AB 42 and SB 10 (Bail Reform).  Adrienne Shilton presented information to the Advocacy Committee regarding AB 917. The bill was held in the Appropriations Committee. It will now be a two-year bill. AB 917 Discussion:	<b>NO Action/Watch:</b> AB 917  <b>Support:</b> <u>AB 1315 with amendments</u> Daphne 1 <sup>st</sup> /Steve 2 <sup>nd</sup> Yes- all; No – None; Abstain – None Amendments to include: inclusion of persons with lived experience and/or family member to be increased up to 50% of commission; pharmaceutical companies are restricted from contributing; clinician or other licensed practitioner of healing	Barbara Mitchell and All		Yes

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
	sponsored bills, etc.	<p>College Student Suicide Prevention (Arambula). The Steinberg Institute (SI) has requested support from the Council. There is a concern that this mandate has no source of funding. CBHDA is opposing due to the funding issue. Adrienne Shilton advised student mental health and suicides are a high priority for the SI.</p> <p>Adrienne Shilton presented information to the Advocacy Committee regarding AB 1315 (Mullin): Bipartisan support. Adrienne Shilton was asked about the public/private funding partnership. The hope is to incentivize counties to expand evidence-based early intervention for early psychosis. AB 1315 Discussion: Why is another "Advisory Council" being established in this bill? SI: To have expert eyes on the program and to review the applications from the counties. Why was the MHSOAC chosen to house this agency? SI: The MHSOAC was interested and supportive of the goals of the early intervention program. The funding for the Advisory Council would come from the private/public partnership funding. Will there be a consumer/family</p>	<p>arts; psychiatrist/psychologist should be expanded to include other clinicians within the healing arts disciplines. Additional amendment: The committee will consider the possibility of drafting rules that will require public education that will target students, beginning at the seventh grade.</p> <p><u>AB 1340</u> Daphne 1<sup>st</sup>/Steve 2<sup>nd</sup> Yes – All; No – None; Abstain – None (HCI)</p> <p><u>AB 1261</u> Steve 1<sup>st</sup>/None 2<sup>nd</sup> Yes – 0; No- None; Abstain – None</p> <p><b>Neutral:</b> AB 1261 – watch Yes- Arden, Barbara, Carmen, Daphne, Darlene, Deborah, Melen, Simon; No- Steve; Abstain - Kathleen</p>			

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
		<p>member? SI: There will a person with lived experience and the MHSOAC will be a part of the selection process. There will also be an “at-large” position. The bill is attempting to address the lack of early intervention programs across the state.</p> <p>AB 1340 Continuing Medical Education: The bill was heard in committee. 9-0 passed out of Assembly. Moving to Senate. The bill sponsors will work closely with supporters, during the development of the curriculum. The committee requested to also incorporate parents with recent experience with Schizophrenia.</p> <p>The Committee discussed the Governor’s attempt to utilize Growth Funds to fund In-Home Supportive Services (IHSS). This effort will cause financial hardship on the counties and stifle the individual consumer in their effort to remain independence.</p> <p>The committee members discussed providing education regarding IHSS, for newer committee members, to provide</p>				

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
		<p>historical perspective, at a future meeting.</p> <p>The committee members were requested to provide “Public Comment” in accordance with Bagley-Keene. The committee members acknowledged the error in now providing public comment on the legislative agenda.</p> <p>Bail Reform (AB42/SB 10): Daphne Shaw provided an update on Bail Reform and the importance for continued support. CCMH continues to support Bail Reform.</p> <p>Staff was asked to <b>NUMBER</b> pages on future Supplemental Packets.</p> <p>Legislative Position Chart - Work</p>				
5.	Policy/Advocacy Statements of Collateral Partners – Policy Platform	The committee members discussed the policy platform/statements of collateral partners, in preparation of updating the Council’s Policy Platform.	<p>Committee Members requested to include the Mental Health Association – California (MHAC), United Advocates for Children and Families (UACF) to the list.</p> <p>The Committee Members requested this list to remain in future meeting packets.</p>	Barbara Mitchell and All		Yes

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
6.	Discussion - Residential Care Facility Paper	<p>The Committee Members and members of the public discussed the Adult Residential Care facility paper.</p> <p>There was further conversation on the activities the Council should take to move this paper forward. Goal of the paper to make it an informational and thought-provoking document. This paper is intended to trigger dialogue – Legislature, the Department, the community, etc. Per Jane Adcock, E.O., the goal is to gather all available resources and expertise prior to making any recommendations. A fiscal analysis is needed to determine the fiscal impact to the General Fund. A cost-benefit analysis and/or work with the Department of Finance (DOF) is needed, to assist with this effort. The paper will act as a conduit to initiate this process with DOF. Darlene Prettyman advised there was a lot of information gathered by the MHSOAC Community Forums regarding housing.</p> <p>The issue with Adult Residential Care is on this ONE level of housing, within a continuum that no one is talking about (the level just above supportive</p>	<p>The Council will send a separate letter to the Department of Housing and Community Development (HCD) Department requesting the ‘At-Risk of Chronic Homeless’ to include persons from residential care facilities. This will be a separate action from the definition described in the residential care facility issue paper.</p> <p><b>Motion:</b> The Council will write a separate letter to HCD requesting the ‘At-Risk of Chronic Homeless’ to include persons exiting from residential care facilities. 1<sup>st</sup> Steve Leoni/2<sup>nd</sup> Darlene Prettyman. Yes – Darlene, Marina, Steve, Simon, Deborah, Daphne, Kathleen, Melen, Carmen and Barbara; No - None; Abstain – None.</p> <p>The Members and Public discussed the following as items of discussion for recommendations/action in the paper:</p> <ol style="list-style-type: none"> <li>1) Tiered levels of care</li> <li>2) Financial analysis – potential SSP benefit increase</li> </ol>	Barbara Mitchell, Jane Adcock and All		Prior to the October 2017 meeting



Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
		<p>housing). This category is where there is a lack of and/or significant decreases in quantity/supply. Licensed Residential Facilities – there are a variety of housing options...</p> <p>The Members and Public stressed the need to be clear on the definition of Residential Care Facility needs to be clear. One suggestion: '[they] are not housing by law, they are care and supervision that includes room and board and there are no tenants' rights in residential care facilities.'</p> <p>Are there residential care facilities targeting the TAY Population? If so, why are not those services/facilities discussed in the paper? At a minimum, can the committee look into this issue?</p> <p>Public Comment: Public Attendees requested clarification on Respite Centers in relation to the ARFs, thanked the Committee for taking this issue up.</p>	<p>3) HCD – allow At-Risk of Chronic Homelessness definition to include an individual having been in residential care facility a year or more and are moving out, could qualify for independent housing, they can qualify for NPLH. Individuals do have Tenants' Rights under California law – Samuel Jain (Disability Rights California). The Committee agreed, there needs to be a consultant hired to assist in taking the deeper dive on this project.</p> <p><b>Motion:</b> The ARF will continue as a project, the finalized issue paper (with amendments) is the first step in the process. 1<sup>st</sup> ; 2<sup>nd</sup> Yes - Darlene, Marina, Steve, Arden, Simon, Daphne, Melen, Carmen, and Barbara; No - None; Abstain - Kathleen.</p>			
7.	Work Plan	<p><b>Goal 1 IMDs</b> – was not completed due to lack of data. The Mental Health Master Plan Review also indicated the scarcity of data. Daphne Shaw advised the IMD exclusion has gone away due to</p>	<p><b>Goal 1 (new 2)</b> – Committee members want to revisit this item within six months.</p>			

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
		<p>the 21<sup>st</sup> Century Cares Act. Thus, there may be an opportunity to further explore.</p> <p><b>Goal 2 Closures of Residential Care Facilities</b> – This will become an ongoing project. Suggestion to make Goal 2 number 1.</p> <p>Options for additional Work Plan Goals to include:</p> <p>Workforce Education Training (WET) – Council responsibility.</p> <p>Carmen – how health care funding cuts will impact the public mental health system.</p> <p>Marina – Criminal Justice and County support and/or preparation– Recidivism.</p> <p>Melen – Peer Certification – status on how the Committee is involved?</p> <p>Simon – Culture Competence Committee in Counties. What are the best practices?</p> <p>Carmen – Incarceration of the mentally ill.</p> <p>Darlene – How can we get the Department of Mental Health back?</p> <p>Please place Work Plan earlier on the agenda.</p>	<p><b>Goal 2 (new 1)</b> – Adult Residential Facility Project.</p>			

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
8.	Wrap-up/Evaluation	Comments on the meeting. Kathleen – please provide a better definition of ARF; Arden – appreciative of the Committee to connect with legal to confirm when Public Comment can be made; Kathleen/Deborah – there was a lot of information and difficult to process; Simon – please raise your card during meeting; Daphne – encouraged participation in the Pre-Meeting Call; Carmen – thanked Barbara for her work to maintain the agenda; Steve and the Members thanked the staff for the work completed within the past year.				
		Public Comment			Barbara Mitchell and All	
10.	Adjourn	The meeting adjourned at <b>12:01 pm</b> . The next Quarterly Meeting is October 19, 2017, 8:30 am – 12:00 pm in Sacramento, California.		Barbara Mitchell Chairperson -Elect		
	PARKING LOT ISSUE(S) BELOW					
A.	June 2017	Staff was asked to <b>NUMBER</b> pages on future Supplemental Packets.				
		Meeting with Housing and Community Development: discussion of policy and procedures and issues related to NPLH Advisory Board.	Pending			

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
B.		Collaborate with Each Mind Matters on the Mental Health license plate efforts.	Future legislative cycles			

DRAFT

**ADVOCACY COMMITTEE**  
**Wednesday, August 9, 2017**  
**10:00 am – 11:00 am**

**Conference Call**

**Conference Call-in Number:** 1 (866) 742-8921; **Participant Code:** 5900167  
 1000 'G' Street, 4<sup>th</sup> Floor, Sacramento, CA 95814

**Members Present**

Arden Tucker  
 Steve Leoni

**Members Absent**

Maya Petties – Chair (Leave of Absence)  
 Barbara Mitchell  
 Carmen Lee  
 Daphne Shaw  
 Darlene Prettyman  
 Deborah Starkey  
 Kathleen Casela  
 Marina Rangel  
 Melen Vue  
 Monica Wilson  
 Simon Vue

**Staff Present**

Jane Adcock and Dorinda Wiseman

**Public:**

Theresa Comstock, Napa County Mental  
 Health Board  
 Heidi Strunk, CASRA

The meeting commenced at 10:00 a.m. Dorinda Wiseman welcomed all present. A quorum was not present.

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
1.	Welcome and Introductions	Staff welcomed the Committee Members and Public Attendees present.		Dorinda Wiseman, Facilitator		Yes
2.	Agenda Review	No additions/edits made.		Dorinda Wiseman		Yes

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
3.	AB 1250 (Jones-Sawyer) Letter - Vote	No discussion or vote taken, as there was no quorum.		Dorinda Wiseman and All		No
4.	Adult Residential Facility Project Strategy	No discussion or decisions made, as there was no quorum.		Dorinda Wiseman and All		No
5.	Public Comment	None.		Dorinda Wiseman and All		No
10.	Adjourn	The meeting adjourned at <b>10:21 am</b> , due to no quorum. The next Quarterly Meeting is October 19, 2017, 8:30 am – 12:00 pm in Sacramento, California.		Dorinda Wiseman, Facilitator		
	PARKING LOT ISSUE(S) BELOW					
	June 2017	Staff was asked to <b>NUMBER</b> pages on future Supplemental Packets.				
A.		Meeting with Housing and Community Development: discussion of policy and procedures and issues related to NPLH Advisory Board.	Pending			

Item #	Topic	Issue/Options	Action/Resolution	By Whom?	By When?	Completed
B.		Collaborate with Each Mind Matters on the Mental Health license plate efforts.	Future legislative cycles			

DRAFT

**B**    **TAB SECTION**

**DATE OF MEETING 10/19/2017**

**MATERIAL  
PREPARED BY:** Wiseman

**DATE MATERIAL  
PREPARED** 09/22/2017

<b>AGENDA ITEM:</b>	Work Plan and CMHPC Policy Platform
<b>ENCLOSURES:</b>	<ul style="list-style-type: none"> <li>• Work Plan Matrix</li> <li>• 2017 Policy Platform</li> <li>• Legislative Platforms for Collateral Advocates</li> </ul>

**How this agenda item relates to the Council’s mission.**

The Work Plan is a method to monitor the activities of the Advocacy Committee in its efforts to uphold its duties within the framework of the Planning Council. The matrix is a tool to communicate efforts to the Committee’s companion committees: Health Care Integration, Continuous System Improvement, Patients’ Rights and the Executive Committee.

**The context for this agenda item is as follows:**

The Advocacy Committee addresses public issues affecting the effectiveness of mental health programs and quality of life for persons living with mental illness. This includes increasing public mental health awareness through collaborating with local consumer advocacy agencies for access and improved quality of care, responding to proposed legislation, rulemaking and budget bills based on the CMHPC Policy Platform. Historically, the platform has been renewed on an annual basis. The platform will shift to align with the California Legislative Cycles (two-year increments).

**BACKGROUND/DESCRIPTION:**

The Advocacy Committee members will discuss the date and time to hold the Advocacy In-Between Meeting in November and December 2017 to complete the Policy Platform for the 2017-2019 Legislative Session. The options:

**November 2017:**

Monday, November 6, 2017      9 am -10 am; 10 am -11am; or 11 am -12 pm  
Thursday, November 9, 2017    9 am -10 am; 10 am -11am; or 11 am -12 pm

**December:**

Wednesday, December 13, 2017 9 am -10 am; 10 am -11am; or 11 am -12 pm  
Thursday, December 14, 2017    9 am -10 am; 10 am -11am; or 11 am -12 pm  
Friday, December 15, 2017      9 am -10 am; 10 am -11am; or 11 am -12 pm



Nov.	Dec.	Name	9-10	10-11	11-12
		Arden Tucker			
		Barbara Mitchell			
		Carmen Lee			
		Daphne Shaw			
		Darlene Prettyman			
		Deborah Starkey			
		Kathleen Casela			
		Maya Petties			
		Marina Rangel			
		Melen Vue			
		Simon Vue			
		Steve Leoni			

ADVOCACY COMMITTEE WORK PLAN

2015-2017

1. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Look into closures of Residential Care Facilities in California, qualitative and quantitative data.</p>	<p>Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(2) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs, and (5) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.</p>	<p>~Obtain data on the Levels of Care Statistics on closures, length of stay, flow of transition for individuals utilizing RCFs; ~Provide recommendations for statewide changes (e.g. Prohibition of centralized medication storage, etc.) ~Identify why people are in the various levels of care and the flow through them. ~Research the financial viability of the models. ~Research any alternative or innovative housing options.</p> <p>5/3/2017 RCF Ad Hoc met to discuss potential recommendations and reformatting of the final document. 5/31/2017 RCF Ad Hoc met .....</p>
<p><b>Target Audience:</b> Legislators, DHCS, Stakeholders and Local Mental Health Boards.</p> <p><b>Expected Outcomes:</b> To illustrate the severe lack of available placement options for individuals needing out-of-home.</p> <p><b>End Product:</b> A draft report will be submitted to the PC in <i>June-Aug 2017</i>.</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

2. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Report on logistical, fiscal and/or programmatic efforts being made to transition people out of IMDs. If none, what challenges are experienced in doing so.</p>	<p>Support Council focus on Alternatives to Locked Facilities. Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(a) &amp; (c).</p>	<p>~IMD data will be provided by DHCS, possibly April 2016; ~Staff will attempt to obtain data on the impact of board and care closures.</p> <p><b>~The Committee will revisit this goal. Timeframe to be determined at a future meeting.</b></p>
<p><b>Target Audience:</b> DHCS, Legislators, Stakeholders, Local Mental Health Boards</p> <p><b>Expected Outcomes:</b> Acquisition of data (qualitative and quantitative) to illustrate the difficulty in placing individuals in an appropriate level of care following care in an IMD.</p> <p><b>End Product:</b> A report to be distributed to the PC and released to the public. Date: TBD</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

<b>3. Future Work Plan Topic Considerations</b>	Workforce Education Training (WET) – Council responsibility. Carmen Lee – How health care funding cuts will impact the public mental health system and Incarceration of the mentally ill. Marina Rangel– Criminal Justice and County support and/or preparation– Recidivism. Melen Vue – Peer Certification Simon Vue – Culture Competence Committee in Counties. What are the best practices? Darlene Prettyman – How can we get the Department of Mental Health back?	Intentionally Blank
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ADVOCACY COMMITTEE WORK PLAN

2015-2017

1. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Look into closures of Residential Care Facilities in California, qualitative and quantitative data.</p>	<p>Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(2) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs, and (5) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.</p>	<p>~Obtain data on the Levels of Care Statistics on closures, length of stay, flow of transition for individuals utilizing RCFs; ~Provide recommendations for statewide changes (e.g. Prohibition of centralized medication storage, etc.) ~Identify why people are in the various levels of care and the flow through them. ~Research the financial viability of the models. ~Research any alternative or innovative housing options.</p> <p><b>5/3/2017</b> RCF Ad Hoc met to discuss potential recommendations and reformatting of the final document. <b>5/31/2017</b> RCF Ad Hoc met. <b>12/05/2017</b> Southern CA ARF Public Forum (San Bernardino) <b>01/24/2017</b> Northern CA ARF Public Forum (Yolo)</p>
<p><b>Target Audience:</b> Legislators, DHCS, Stakeholders and Local Mental Health Boards.</p> <p><b>Expected Outcomes:</b> To illustrate the severe lack of available placement options for individuals needing out-of-home.</p> <p><b>End Product:</b> A draft report will be submitted to the PC in October 2017.</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

2. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Report on logistical, fiscal and/or programmatic efforts being made to transition people out of IMDs. If none, what challenges are experienced in doing so.</p>	<p>Support Council focus on Alternatives to Locked Facilities. Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(a) &amp; (c).</p>	<p>~IMD data will be provided by DHCS, possibly April 2016; ~Staff will attempt to obtain data on the impact of board and care closures.</p> <p><b>~The Committee will revisit this goal. Timeframe to be determined at a future meeting.</b></p>
<p><b>Target Audience:</b> DHCS, Legislators, Stakeholders, Local Mental Health Boards</p> <p><b>Expected Outcomes:</b> Acquisition of data (qualitative and quantitative) to illustrate the difficulty in placing individuals in an appropriate level of care following care in an IMD.</p> <p><b>End Product:</b> A report to be distributed to the PC and released to the public. Date: TBD</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

<b>3. Future Work Plan Topic Considerations</b>	Workforce Education Training (WET) – Council responsibility. Carmen Lee – How health care funding cuts will impact the public mental health system and Incarceration of the mentally ill. Marina Rangel– Criminal Justice and County support and/or preparation– Recidivism. Melen Vue – Peer Certification Simon Vue – Culture Competence Committee in Counties. What are the best practices? Darlene Prettyman – How can we get the Department of Mental Health back?	Intentionally Blank
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CALIFORNIA MENTAL HEALTH PLANNING COUNCIL  
POLICY PLATFORM  
2018 - 2019

The California Mental Health Planning Council has federal and state mandates/duties to review State Plans, advocate for individuals with serious mental illness, children with severe emotional disturbance and other individuals with mental illnesses or emotional problems and to monitor the mental health services within the State.

**Commented [WD(1)]:** How does the Committee wish to change the current structure and/or content?

The statements below are the Council's guiding principles.

1. Support proposals that embody the principles of the Mental Health Master Plan.
2. Support policies that reduce and eliminate stigma and discrimination.
3. Support proposals that address the human resources problem in the public mental health system with specific emphasis on increasing cultural diversity in efforts to reduce disparities and promoting the employment of consumers and family members.
4. Support proposals that augment mental health funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
5. Support legislation that safeguards mental health insurance parity and ensures quality mental health services in health care reform.
6. Support expanding affordable housing and affordable supportive housing.
7. Actively advocate for the development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability (SSD)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
8. Support expanding employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
9. Support proposals to lower costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
10. Support initiatives that reduce the use of seclusion and restraint to the least extent possible.
11. Support adequate funding for evaluation of mental health services.
12. Support initiatives that can reduce disparities and improve access to mental health services, particularly to unserved, underserved populations, and maintain or improve quality of services.



CALIFORNIA MENTAL HEALTH PLANNING COUNCIL  
POLICY PLATFORM  
2018 - 2019

13. Oppose bills related to “Not In My Back Yard” (NIMBY) and restrictions on housing and siting facilities for providing mental health services.
14. Support initiatives that provide comprehensive health care and improved quality of life for people living with mental illness, and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
15. Oppose legislation that adversely affects the principles and practices of the Mental Health Services Act.
16. Support policy that enhances the quality of the stakeholder process, improves the participation of consumers and family members, and fully represents the racial/cultural and age demography of the targeted population.
17. Support policies that require the increased use and coordination of data and evaluation processes at all levels of mental health services.
18. Support policies that promote appropriate services to be delivered in the least restrictive setting possible.
19. Support policies or legislation that promote the mission, training and resources for local behavioral health boards and commissions.
20. Support policies/initiatives that promote the integration of mental health, substance use disorders and physical health care services.

The policies below are issues of interest to the Council.

1. Support proposals that advocate for blended funding for programs serving clients with co-occurring disorders that include mental illness.
2. Support proposals that advocate for providing more effective and culturally appropriate services in the criminal and juvenile justice systems for persons with serious mental illnesses and/or children, adolescents, and transition-aged youth with serious emotional disturbances, including clients with co-occurring disorders.
3. Support proposals that specify or ensure that the mental health services provided to Assembly Bill 109 (AB109) populations are paid for with AB 109 funding.
4. Support the modification or expansion of curricula for non-mental health professionals to acquire competency in understanding basic mental health issues and perspectives of direct consumers across the age spectrum and family members and those from ethnic/racial/cultural populations.

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5. Promote the definition of outreach to mean “patient, persistent, understanding, respectful and non-threatening contact” when used in context of engaging hard to reach populations.
6. Support policies, legislation or statewide initiatives that ensure the integrity of processes at the local behavioral health boards and commissions.
7. Support the modification or expansion of curricula for Mental Health professionals to fully encompass the concepts of wellness, recovery, resiliency, cultural and linguistic competence, cultural humility, and perspectives of consumers, family members and members of cultural communities.

DRAFT

## Collateral Partners' Advocacy, Legislation, Policy and/or Value Statements (In Alphabetical Order)

California Association of Alcohol and Drug Program Executives, Inc. (CAADPE)  
Advocacy – Always Working Towards Advancing Recovery Environments (AWARE)  
[Link to web page http://www.caadpe.org/advocacy/advocacy.html](http://www.caadpe.org/advocacy/advocacy.html)

California Association of Social Rehabilitation Agencies (CASRA)  
Advocacy  
[Link to web page http://www.casra.org/policy/advocacy.html](http://www.casra.org/policy/advocacy.html)

California Behavioral Health Directors Association of California (CBHDA)  
Key Policy Areas  
[Link to the web page http://www.cbhda.org/key-policy-areas/](http://www.cbhda.org/key-policy-areas/)

California Coalition for Mental Health (CCMH)  
Advocating sound mental health public policy  
[Link to the web page https://www.californiamentalhealth.org/](https://www.californiamentalhealth.org/)  
[Link to the web page https://www.californiamentalhealth.org/committees](https://www.californiamentalhealth.org/committees)

California Consortium of Addition Programs and Professionals (CCAPP)  
Advocacy – California Comprehensive Addition and Recovery Act (CCARA)  
[Link to web page http://ccara.info/](http://ccara.info/)  
4 Pillars of CCARA  
[Link to web page http://ccara.info/index.php/4-pillars-of-ccara/](http://ccara.info/index.php/4-pillars-of-ccara/)

California Council of Community Behavioral Health Agencies (CCCBHA)  
CCCBHA 2017 Legislative Priorities  
[Link to web page http://www.cccbha.org/page/Legislative](http://www.cccbha.org/page/Legislative)

California Mental Health Services Authority (CalMESA)  
Overview – Values  
[Link to the web page http://calmhsa.org/about-us/overview/](http://calmhsa.org/about-us/overview/)

California State Association of Counties (CSAC)  
Priorities and Policy Areas  
[Link to the web page http://www.counties.org/priorities-and-policy-areas](http://www.counties.org/priorities-and-policy-areas)

Council on Mentally Ill Offenders (COMIO)  
COMIO – building bridges between criminal justice and behavioral health systems to  
prevent incarceration  
[Link to the web page http://www.cdcr.ca.gov/COMIO/About\\_Us.html](http://www.cdcr.ca.gov/COMIO/About_Us.html)

Mental Health America (MHA)

Position Statements

[Link to the web page http://www.mentalhealthamerica.net/position-statements](http://www.mentalhealthamerica.net/position-statements)

Mental Health American of California (MHAC)

Position Statements

[Link to the web page http://www.mhac.org/advocacy/position-statements.aspx](http://www.mhac.org/advocacy/position-statements.aspx)

National Alliance on Mental Illness

Policy Platform

[Link to the web page https://www.nami.org/About-NAMI/Policy-Platform](https://www.nami.org/About-NAMI/Policy-Platform)

National Alliance on Mental Illness – California (NAMI-CA)

Advocacy and Legislation

[Link to the web page http://namica.org/advocacy-legislation/](http://namica.org/advocacy-legislation/)

Public Policy Platform

[Link to the web page http://namica.org/wp-content/uploads/2017/04/Public\\_Policy\\_Platform-9th-Edition-2016-5.26.pdf](http://namica.org/wp-content/uploads/2017/04/Public_Policy_Platform-9th-Edition-2016-5.26.pdf)

Steinberg Institute

Legislation Focus

[Link to the web page http://steinberginstitute.org/legislation/](http://steinberginstitute.org/legislation/)

United Advocates for Children and Families (UACF)

Advocacy Support

[Link to web page https://www.uacf4hope.org/advocacy-support](https://www.uacf4hope.org/advocacy-support)

The legislative priorities for the Steinberg Institute, Council on Mentally Ill Offenders and the County Behavioral Health Directors Association of California are on the following pages.

## Statements of CBHDA, COMIO and Steinberg Institute...

### County Behavioral Health Directors Association of California (CBHDA)

#### Key Policy Areas

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The County Behavioral Health Directors Association of California (CBHDA) is a non-profit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City).

CBHDA is actively involved in social justice and behavioral health-related public policy development across all levels of the government. From analysis to advocacy, CBHDA is constantly evaluating the "real world" implications of public policy development on local behavioral health authorities and the communities they serve.

1. State Budget
2. Legislation
3. Health Care Reform
4. Housing

#### About the Community Behavioral Health System

- CBHDA – California's Public Behavioral Health System Overview (Oct 2016)
- Harbage – California Behavioral Health Revenue Update (Aug 2016)
- CBHDA Recovery, Rehabilitation, Resiliency Tri-Fold Brochure
- CMHDA Community Mental Health Fact Sheet (December 2012)
- CMHDA Community Mental Health Funding Matrix (December 2012)
- CMHDA Estimated 2012-13 Mental Health Funding and Account Structure (June 2012)
- CMHDA California's Public Mental Health Services" A Brief Overview For Legislative Staff PowerPoint (December 2012)
- CMHDA California Counties' Continuum of Mental Health Care and Medi-Cal Specialty Mental Health "Carve Out Services" for Adults with Serious Mental Illness (February 2013)
- CMHDA/CADPAAC Mental Health Substance Use Disorder Policy: Evolution, Context and Future Challenges PowerPoint (December 2012)

### Council on Mentally Ill Offenders (COMIO)

#### Who is COMIO?

We are a 12-Member appointed council, chaired by the Secretary of the California Department of Corrections and Rehabilitation. Members are a mix of local experts from both criminal justice and behavioral health systems.

## What does COMIO do?

Through an annual legislative report and monthly activities, COMIO investigates, identifies, and promotes cost-effective strategies for youth and adults with mental health needs that:

- Prevent criminal involvement (initial and recidivism).
- Improve behavioral health services.
- Identify incentives to encourage state and local criminal justice, juvenile justice, and mental health programs to adopt approaches that work.

## What are COMIO's current priorities?

The Council is focused on identifying and promoting integrated, cost-effective strategies to:

- Divert persons with mental health needs from the criminal justice system;
- Improve training for encounters with persons with mental illness; and to
- Prevent youth with mental health needs from becoming involved in the juvenile justice system.

## Why does COMIO matter?

Each year, an estimated 2 million people with serious mental illnesses are admitted to jails nationally. Almost 3/4 of these adults also have drug and alcohol use problems. Once incarcerated, these individuals stay longer in jail and upon release are at a higher risk of returning to incarceration than those without these illnesses. Our state institutions managed by the California Department of Corrections and Rehabilitation mirror similar conditions and the population with mental health needs, particularly serious ones, is growing.

COMIO is working to diminish the stigma that justice-involved individuals with mental illness face, which results in scarcely allocated resources and opportunities to reduce incarceration as a default for unavailable services and supports.

## Steinberg Institute

### Legislation

The Steinberg Institute is focused on legislation that serves to address our current areas of concentration which include housing and homelessness, mental health needs of students, the criminalization of mental illness, the plight of veterans, reducing racial disparities, psychiatric crisis care, and integrative health services.

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“No Place like Home” Housing Initiative:

California has more than one third of the nation’s chronically homeless – those with mental illness or other significant problems. Of the 29,178 chronically homeless in California, over 85 percent are unsheltered, with this group absorbing the greatest amount of taxpayers’ resources, sometimes up to \$100,000 annually per person in public costs for emergency room visits, hospital stays, law enforcement, and other social services.

To assist local communities in preventing and addressing homelessness, the Steinberg Institute has partnered with Senate President pro Tem Kevin de Leon, a bipartisan coalition of members from the California State Senate and Assembly, and multiple stakeholder groups on a first-of-its kind “No Place like Home” permanent supportive housing initiative.

This unprecedented policy framework re-purposes a small percentage of Proposition 63 (2004) – The Mental Health Services Act – funds and leverages a \$2 billion revenue bond and billions of additional dollars from other local, state, and federal funds. This proposal builds on years of research and best practices and is guided by the core belief that no individual or family in California should ever experience the uncertainty and pain of living without a home.

#### Public College Mental Health Services:

Both research and the poignant stories shared by college students and their families, faculty, and staff report serious and significantly increased rates of mental health issues among college-aged youth. The demand for quality mental health services that respond to our diverse college student population is a growing need that we must address. Research shows that:

- 1 in 4 students have a diagnosable mental illness.
- 40% of students do not seek help when they need it.
- 8 out of 10 people who experience psychosis have their first episode between the ages of 15 and 30.
- Depression is the number one reason students drop out of school, and can lead to suicide, homelessness etc.
- Suicide is the second leading cause of death among college students, claiming more than 1,100 lives every year.

This proposal seeks to create a College Mental Health Services Trust to fund competitive grants for mental health services for students in the public college system. The grant trust would dedicate a small percentage of Proposition 63 funds and require matching funds from public college campus applicants. The grants would be awarded to applicants that focus on local collaboration between county behavioral health departments and colleges as well as plan to provide direct services to underserved and vulnerable populations.

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#### Decriminalization of Mental Illness:

The criminalization of individuals with mental illness persists as one of the most substantial human rights and criminal justice issues we face as a state and as a nation. Jails and prisons have become California's defacto mental health facilities with those who live with mental illness being far more likely to be incarcerated than to be receiving the care they need.

Our proposal would allow a court to consider the mental health status of an individual found guilty of a crime during sentencing and to incorporate mental health services in their sentencing when there is no threat to public safety. This solution to an ongoing challenge is strategic, cost-effective, and seeks to change the way individuals living with mental illness are treated at a key point in the criminal justice system.

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#### Crisis Care Services:

For individuals experiencing a mental health crisis, treatment options are frequently limited and prove hard to access in California. The brunt of the initial treatment responsibility defaults to emergency departments (ED). While some individuals who are assessed and stabilized in an ED may be discharged to receive outpatient follow-up, others require an inpatient level of care. For these individuals, a bed that meets their needs must be located.

The 22% decrease in the number of acute psychiatric beds from 2004 to 2013 and the challenges emergency department staff experience as they call facility after facility to find an available bed has resulted in more and more patients are being "boarded" or left to languish in an ER while in a mental health crisis. This often leads to a worsening of an individual's condition while their mental health needs are not being met for hours and sometimes even days. This kind of delay in crisis services isn't experienced with such frequency by any other patient population or diagnosis.

This proposal would create a web-based psychiatric inpatient bed registry to collect and display up-to-the-minute information about available beds. Since all facilities that maintain psychiatric beds would update the registry as beds become available, emergency department staff would be able to search available beds to locate potential facilities to transfer an individual requiring inpatient psychiatric care. This would streamline information between facilities, reducing patient waiting time, as well as allow the state to track where and which types of beds are most often needed. Having real-time data on the demands and availability of beds moves California into the 21<sup>st</sup> century and will ensure we are doing all we can for individuals in crisis when they need it most.



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DATE OF MEETING 10/19/2017

MATERIAL  
PREPARED BY: Wiseman

DATE MATERIAL  
PREPARED 09/22/2017

<b>AGENDA ITEM:</b>	Legislative and Regulatory Updates
<b>ENCLOSURES:</b>	<ul style="list-style-type: none"> <li>• Legislative Position Chart</li> <li>• Year-End Summary</li> <li>• Letters</li> </ul>

**How this agenda item/presentation relates to the Council’s mission.**

The Legislative and Regulatory updates provide the Council with the opportunity to advocate for the people of California impacted by mental illness. Further, through the legislative process, the Council also provides education to the Governor, Legislature and the Department on the issues faced by the people of California within the public mental health system.

**The context for this agenda item is as follows:**

The Council provides support for legislation and policy that is an extension of the Council’s vision. The CMHPC envisions a mental health system that makes it possible for individuals to lead full and productive lives. The system incorporates public and private resources to offer community-based services that embrace recovery and wellness. The services are client and family-driven, responsive, timely, culturally competent, and accessible to ALL of California’s populations.

**BACKGROUND/DESCRIPTION:**

The Committee members will review legislative and/or regulatory issues/items.

The *Legislative Position Chart* was created utilizing the CMHPC’s Policy Platform as a framework.

The purpose of the article, “[Suspense Files: California bills vanish almost without a trace](#)” by Laurel Rosenhall, is to help inform the Committee Members about one aspect of the legislative process.

Miscellaneous Information:

The link to the [21<sup>st</sup> Century Cures Act](#) bill text.

The link to the [H.R. 1628: American Health Care Act of 2017](#) GovTrack.us website.

Title	Author	Overview	Position/Comment(s)
	<b>Assembly</b>	<b>Concurrent</b>	<b>Resolution</b>
ACR 8	Jones-Sawyer	PT "street" disorder	Chaptered by Secretary of State - Res. Chapter 139, Statutes of 2017
<b>blank</b>	<b>Assembly</b>	<b>Bills</b>	<b>blank</b>
AB 42	Bonta	Bail Reform	<b>Support</b> - decreases stigma/discrimination; reduction seclusion/restraint; reduce disparities/increase access to services; <b>ltr written</b> ; 9.11.17 Ordered to inactive file at the request of Assembly Member Bonta.
AB 74	Chiu	Housing	<b>Watch</b> ; 9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. 9.15.17 Enrolled.
AB 89	Levine	Psychologists: suicide prevention training	<b>Support</b> ; <b>Ltr written</b> ; 9.01.17 Chaptered by Secretary of State - Chapter 182, Statutes of 2017.
AB 152	Gallagher	BSCC: Recidivism	5/26/17 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. On 5/26/17)(May be acted upon Jan 2018). 5/26/17 A-2 Year.
AB 154	Levine	Prisoners-MH Tx	<b>Support</b> -reduce seclusion/restraint; reduce disparities/increase access; least restrictive setting; 9.12.17 Enrolled and presented to the Governor at 2:30 pm.
AB 191	Wood	Involuntary Tx	<b>Oppose</b> - seclusion/restraint use; 9.1.17 Chaptered by Secretary of State - Chapter 184, Statutes of 2017.
AB 208	Eggman	Pre-Trial Diversion	<b>Support</b> - 9.14.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 210	Santiago	Homeless MDT	<b>Cautious Support</b> -reduce disparities; 9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 266	Thurmond	Inmate Housing Assgn Mental Health	Assembly Appropriations; 5/10/17 In Com. Referred to APPR. Suspense file; 5/26/17 In committee: Held under submission.

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AB 275	Wood	LongTermCare facilities	<b>Support</b> - 9.1.17 Chaptered by Secretary of State - Chapter 185, Statutes of 2017.
AB 285	Melendez	Drug/Alcohol residences	4/26/17 In committee: Set, first hearing. Referred to suspense file; 5/26/17 In committee: Held under submission.
AB 346	Daly and Brough	Redevelopment: Housing successor: low and moderate income housing assest fund	6.16.17 Enrolled and presented to the Governor at 11:30 am; 6.28.17 Approved by the Governor; 6.28.17 Chartered by Secretary of State-Chapter 35, Statutes of 2017
AB 451	Arambula	Health facilities	<b>Watch</b> - 9.1.17 In committee: Held under submission.
AB 462	Thurmond	MHSOAC Wage info access	<b>Support</b> - use of data and evaluation; <b>ltr written</b> ; 9.18.17 Enrolled and presented to the Governor at 4 pm.
AB 470	Arambula	Medi-Cal Specialty MH Services performance outcome dashboard	<b>Watch</b> - (outcome measurement) MH parity; quality; 9.11.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 13, 2017.
AB 473	Waldron	MH and Crim Justice Pilot Project	<b>Watch</b> - 5/26/17 In committee: Set, first hearing. Hearing canceled at author's request
AB 477	Ridley-Thomas	Behavioral Health Stakeholder Advisory Panel	4/6/17 <b>CMHPC EO/DEO met with staffers regarding this "spot bill."</b> ; 4/25/17 In committee: Set, first hearing. Hearing canceled at the request of author.
AB 488	Kiley	MHSA	<b>Oppose</b> - OAC to Agency; 3/16/17 <b>EO/DEO met with Analyst</b> ; 4/7/17 Analyst advised this is a 2-year bill.
AB 501	Ridley-Thomas	Mental Health Community Care Facilities	<b>Neutral</b> - concept to increase access to tx for children, necessary and commendable; 9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 596	Choi	Diversion/victim comp	A - Public Safety; 5.12.17 Failed Deadline pursuant to Rule 61(a)(3). (Last location was Pub. S. on 2.27.17)(May be acted upon Jan 2018).

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AB 620	Holden	Prisoners: Trauma-Focused programming	5/3/17 In committee: Set, first hearing. Referred to APPR. Suspense file; 5/26/17 In committee: Held under submission.
AB 727	Nazarian	MHSA housing asst.	<b>Oppose</b> (funding mechanism, not the concept) <b>MHSA Fund and LA County Schedule mtg</b> ; 5/12/17 spoke with CBHDA to set-up meeting; 9.14.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 763	Sala	Independent Living Center - Funding	<b>Watch</b> - 9.1.17 In committee: Held for submission.
AB 850	Chau	MHSOAC member	<b>Support</b> - increasing membership by one to include person with 'experience' in reducing MH disparities 9.14.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 860	Cooley	MHSOAC Fact Finding Tour	<b>Watch</b> -Amendment to Bagley-Keene for specific factfinding tours MHSOAC; <b>Ltr written</b> ; 7.13.17 In Assembly. Ordered to Engrossing and Enrolling; 7.18.17 Enrolled and presented to the Governor at 12:45 pm; 7/31/17 Vetoes by Governor; 8.21.17 Consideration of Governor's veto pending; 9.11.17 Stricken from file.
AB 916	Quirk-Silva	Workforce Development: career training and business needs	<b>Watch - Potential MHSA WET option????</b> ; 5/2/17 Read second time and amended; 5/3/17 Re-referred to Com on APPR; 5/26/17 In Senate. Read first time. To Com on RLS for assignment; 6.28.17 In committee: Set, first hearing. Hearing canceled at the request of author
AB 917	Arambula	Student Suicide Prevention	5/10/17 In committee: Set, first hearing. Referred to APPR suspense file; 5/11/2017 - S.I. requested support; 5/26/17 In committee: Held under submission

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AB 974	Quirk-Silva	MHSA reporting veterans spending	<b>Watch</b> - 9.11.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 13, 2017.
AB 1095	Harper	Alcoholism or drug abuse recovery or treatment facilities	A-Health failed passage. Reconsideration granted.; 5.12.17 failed Deadline pursuant to Rule 61(a)(3). (Last location was Health on 3.6.17)(May be acted upon Jan 2018).
AB 1119	Limon	Developmental and mental health services: information and records: confidentiality	9.13.17 Enrolled and presented to the Governor at 4 pm. Enrolled September 8, 2017.
AB 1134	Gloria	MHSA Fellowship Program	<b>Support?</b> - access; decrease barriers to potential employment barrier; <b>ltr written</b> ; 9.12.17 Enrolled and presented to the Governor at 2:30 pm. Enrolled September 7, 2017.
AB 1136	Eggman	Health facilities: residential mental or substance use disorder treatment	<b>Neutral</b> - Directs DHCS to apply for fed grant; 7.5.17 In committee: Set, second hearing. Hearing canceled at the request of author.
AB 1203	Gloria	Housing: discrimination	A- H.&C.D.; 5.12.17 Failed Deadline pursuant to Rule 61(a)(3). (Last location was H. & C.D. on 3.9.17)(May be acted upon Jan 2018).
AB 1240	Fong	health care coverage: essential health benefits	<b>Support</b> ; 2/19/17 From printer. May be heard in committee March 21
AB 1261	Berman	Pupil discipline: pupil suicide prevention	<b>Support</b> - 7.13.17 In Assembly. Ordered to Engrossing and Enrolling; 7.18.17 Enrolled and presented to the Governor at 12:45 pm; 7.31.17 Vetoed by Governor; 8.21.17 Consideration of Governor's veto pending; 9.11.17 Stricken from file.
AB 1315	Mullin	Mental health: early psychosis pdtection and intervention	9.11.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 13, 2017.
AB 1340	Maienschein	Continuing medical education: mental and physical health care integration	<b>Ltr written</b> ; Enrolled September 8, 2017. 9.13.17 Enrolled and presented to the Governor at 4 pm.

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AB 1372	Levine	Crisis Stabilization Units: psychiatric patients	9.6.17 Ordered to inactive file at the request of Senator Newman.
AB 1473	Quirk-Silva	Mental health: pilot crisis stabilization program	4/18/17 A-Health (hearing canceled at the author's request).
AB 1474	Eggman	Misdemeanor offenses: pretrial diversion program	Committee 3/21/17; 5.12.17 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PRINT on 2.17.17)(May be acted upon Jan 2018)
AB 1513	Kalra	Registered home care aids: disclosure of contact information	9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
AB 1514	Gloria	Women and children's residential treatment services	2/19/2017 From printer. May be heard in committee March 21
AB 1539	Chen	<del>Health services: patients' rights;</del> Mental health	<b>Oppose</b> - <b>Ltr written</b> ; 5/9/17 In committee: hearing postponed by committee.
AB 1554	Fong	<del>State Hospitals: Commitments;</del> Crimes: commitments: prior convictions	A-Public Safety (hearing canceled at the author's request); Amended 4.17.17; 5.12.17 Failed Deadline pursuant to Rule 61(a)(3). (Last location was PUB. S. on 3.27.17)(May be acted upon Jan 2018).
AB 1688	Committee on Health	Community health services: California Mental Health Planning Council, California Children's Services program, Alameda County pilot program, and Medi-Cal managed care.	9.12.17 Read third time. Passed. Ordered to the Assembly; 9.13.17 In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 15 pursuant to Assembly Rule 77; 9.13.17 Assembly Rule 77(a) suspended; 9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
blank	<b>Senate</b>	<b>Bills</b>	blank
SB 2	Atkins	Building Homes and Jobs Act	<b>Watch</b> - 9.15.17 Assembly amendments concurred in. (Ayes 27. Noes 11) Ordered to engrossing and enrolling.

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SB 3	Beall	Affordable Housing Bond Act of 2018	<b>Neutral/oppose</b> - increase debt obligation to the state/future generations; no provisions, other than for 'affordable housing';9.12.17 Coauthors revised; 9.14.17 Read third time. Urgency clause adopted. Passed. Ordered to the Senate; 9.15.17 In Senate. Concurrence in Assembly amendments pending; 9.15.17 Assembly amendments concurred in. (Ayes 30. Noes 8) Ordered to engrossing and enrolling.
SB 8	Beall	Diversion: mental disorders	<b>Support</b> - Pretrial diversion program; least restrictive setting; access to treatment; 9.1.17 September 1 hearing: Held in committee and under submission.
SB 10	Hertzberg	Bail: Pre-Trial Release	<b>Support</b> ; <b>Ltr written</b> ; 8.30.17 August 30 set for first hearing canceled at the request of author; 9.6.17 From committee with author's amendments. Read second time and amended. Re-referred to Com. On APPR.
SB 34	Bates	<del>Substance Abuse: residential environments for recovery</del> ; Residential treatment facilities	5/11/17 May 15 hearing postponed by committee; 5/25/17 May 25 hearing: Held in committee and under submission.
SB 142	Beall	<del>Defendants: MI Hx;</del> Criminal offenders: mental health	<b>Support</b> - least restrictive setting; access to treatment; decreasing stigma/discrimination; 6.21.17 From committee with author's amendments. Read second time and amended. Re-referred to Com. On PUB. S.; 6.27.17 June 27 set for first hearing canceled at the request of author.
SB 143	Beall	Prop36/47 eligibility for State Hosp commitments	<b>Support</b> - least restrictive setting; access to treatment; decreasing stigma/discrimination; Appropriations Suspense File; 5/25/17 May 25 hearing: Held in committee and under submission.



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SB 167	Skinner	Benefit pre-enrollment; Housing Accountability Act	<b>Support</b> - access to services, treatment; employment; self-sufficiency; decrease stigma/discrimination; 9.15.17 In Senate. Concurrence in Assembly amendments pending; 9.15.17 Assembly amendments concurred in. (Ayes 28. Noes 9) ordered to engrossing and enrolling.
SB 192	Beall	MHSA Reversion Fund	<b>Oppose</b> - futility of activity; misappropriation of MHSA administration; <b>met with Senator's Staff</b> ; 7.11.17 July 11 set for first hearing canceled at the request of author.
SB 219	Wiener	<del>LGBT Long Term Care Facility resident Bill of Rights</del> ; Long-term care facilities: rights of residents	9.13.17 In Senate. Concurrence in Assembly amendments pending; 9.13.17 Assembly amendments concurred in. (Ayes 26. Noes 12) Ordered to engrossing and enrolling.
SB 222	Hernandez	Inmates: health care enrollment	<b>Support</b> - S-Appropriations Hearing 5/8/17 10:30 Rm 4203; 5.15.17 Action from APPR to APPR Suspense File; 5/25/17 May 25 hearing: Held in committee and under submission.
SB 237	Hertzberg	Criminal procedure: arrest	<b>Support</b> - least restrictive setting; stigma reduction; 9.11.17 Re-referred to Com. On TRANS. Pursuant to Assembly Rule 77.2; 9.11.17 From committee with author's amendments. Read second time and amended. Re-referred to Com. on TRANS.
SB 323	Mitchell	Medi-Cal: FQHC and RHC: Drug Medi-Cal and specialty mental health services	<b>Support</b> - access to treatment; parity; <b>HCI ltr written</b> ; 9.14.17 In Senate. Concurrence in Assembly amendments pending. 9.14.17 Assembly amendments concurred in. (Ayes 40. Noes 0) Ordered to engrossing and enrolling. Enrolled September 18, 2017.
SB 350	Galgiani	Incarcerated persons: Health records	S-Appropriations Hearing 5/8/17 10:30 Rm 4203; Amended 4/25/17; 5.15.17 Hearing: Placed on APPR suspense file; 5/25/17 May 25 hearing: Held in committee and under submission.



CMHPC Advocacy Committee  
October 2017

SB 374	Newman	Health insurance: discriminatory practices: MH	<b>Support</b> - parity and equity; 7/18/17 Enrolled and presented to the Governor at 1 pm. 7/31/17 Approved by the Governor. 7.31.17 Chaptered by Secretary of State. Chapter 162, Statutes of 2017.
SB 409	Nguyen	Veterans homes: residents with complex mental and behavioral health needs	4.17.17 April 17 hearing: Placed on APPR. Suspense file; 5/26/17 Ordered to special consent calendar. 8.23.17 August 23 set for first hearing. Placed on APPR. Suspense file; 9.1.17 September 1 hearing: Held in committee and under submission.
SB 449	Monning	Skilled nursing and intermediate care facilities: training programs	4.27.17 In Assembly. Read first time. Held at Desk; 5/22/17 Referred to Com on HEALTH. 9.11.17 Enrolled and presented to the Governor at 4 pm.
SB 562	Lara/Atkins	CA for a Healthy CA Act; The Healthy California Act	<b>Watch</b> - "... single-payer health care coverage program and health care cost control system of the benefit of all residents of the state."; A (held at desk); 4/27/17 From cmte: Do pass and re-ref to Com on APPR. (Ayes 5/Noes 2)(4/26), Re-referred to Com on APPR; 5/26/17 Published May 26 at 2 pm; 6.1.17 In Assembly. Red first time. Held at Desk.
SB 565	Portantino	MH: Involuntary Commitment (reasonable attempts to notify family mbrs/patient designee- 36 hrs prior to certification review hearing)	<b>Watch</b> - stakeholder process; appropriate service delivery; 8.30.17 Enrolled and presented to the Governor at 3 pm; 9.1.17 Approved by the Governor; 9.1.17 Chaptered by Secretary of State. Chapter 218, Statutes of 2017.
SB 648	Mendoza	Health and care facilities: <del>referral</del> agencies-private referral agencies	S-Appropriations; Amended 4.27.17; 5.15.17 Action from APPR.: To APPR Suspense File; 5/25/17 May 25 hearing: Held in committee and under submission.
SB 684	Bates	Incompetence to stand trial: conservatorship: treatment	<b>Support</b> - 8.30.17 Enrolled and presented to the Governor at 3 pm; 9.11.17 Approved by the Governor; 9.11.17 Chaptered by Secretary of State. Chapter 246, Statutes of 2017.

CMHPC Advocacy Committee  
October 2017

SB 688	Moorlach	MHSA Fund research and evaluation	MHSOAC and DHCS; 4.17.17 April 26 set for first hearing canceled at the request of author.
blank	<b>Senate</b>	<b>Resolution</b>	blank
SR 26	Hernandez	Patient Protection and Affordable Care Act; (2017-2018)	3.13.17 Read. Adopted. (Ayes 25/Noes 9 Page 347); Enrolled March 14, 2017 revised 9/20/2017 DW
Misc.			

- 1) No Place Like Home (NPLH) - NPLH Proposed Framework - Public Comment letter written on 1/24/2017
- 2) No Place Like Home (NPLH) - NPLH Program Guidelines April 28, 2017 letter written 5/30/2017
- 3) Senate Select Committee on Mental Health Meeting May 23, 2017

Date: October 2017  
To: All Council Members  
  
From: Advocacy Committee  
  
Re: Year-End Legislation 2017-2018

This document is submitted to the California Mental Health Planning Council to inform its members about the Legislative efforts and activity of the 2017-2018 legislative cycle.

Due to the exceptional number of bills presented this session, the Council tracked legislation in the following categories:

- Involuntary/Incarceration Placement, Services, Treatment, Conservatorship;
- Housing/Facilities; and
- Funding, Parity, Disparities.

The following chart provides an overview of the Council's activities for this legislative session.

CMHPC/ADVOCACY COMMITTEE – 2017-2018 ACTIVE LEGISLATIVE BILLS

Each bill has a hyperlink to legislation information. This tool will hopefully help with discussions to formulate the Council’s position.

Bill	Description	Support	Support w/Amenments	Oppose	Oppose unless Amend ed	Neutral	Action Taken	Comment(s)
<a href="#">ACR 8</a> Jones-Sawyer	Post-Traumatic “Street” Disorder						WATCH	<b>Concern:</b> terminology utilization could continue to promote stigmatization.
<a href="#">AB 42</a> Bonta (D)	Bail Reform	X						3.21.17 CCMH support <b>Support:</b> Council sent support letter.
<a href="#">AB 74</a> Chiu (D)	Housing							
<a href="#">AB 89</a> Levine (D)	Psychologists : suicide prevention training							Vic Ojakian to present and request support at April 2017 meeting
<a href="#">AB 191</a> Wood (D)	Involuntary Tx Personnel (secondary signatures)			X				
<a href="#">AB 462</a> Thurmond (D)	MHSOAC: wage information data access	X						3.16.17 support letter
<a href="#">AB 488</a> Kiley (R)	Mental Health Services Act			X				3.16.17 met with Joshua Hoover to discuss (will provide written solutions to assist with legislative development)
<a href="#">AB 727</a> Nazarian (D)	MHSA: housing assistance			X				Met with Los Angeles County and CBHDA

CMHPC/ADVOCACY COMMITTEE – 2017-2018 ACTIVE LEGISLATIVE BILLS

Each bill has a hyperlink to legislation information. This tool will hopefully help with discussions to formulate the Council’s position.

Bill	Description	Support	Support w/Amen dments	Oppose	Oppose unless Amend ed	Neutral	Action Taken	Comment(s)
<a href="#">AB 850</a> Chau (D)	MHSOAC	X						Increase commission by one person with “experience reducing MH disparities”
<a href="#">AB 860</a> Cooley (D)	MHSOAC: fact-finding tour	X						Letter written
<a href="#">AB 1134</a> Gloria (D)	MHSOAC: fellowship program	X						3.16.17 Support letter written
<a href="#">AB 1688</a> Committee on Health	Community health services: California Mental Health Planning Council, California et al.	X						9.12.17 Read third time. Passed. Ordered to the Assembly; 9.13.17 In Assembly. Concurrence in Senate amendments pending. May be considered on or after September 15 pursuant to Assembly Rule 77; 9.13.17 Assembly Rule 77(a) suspended; 9.13.17 Senate amendments concurred in. To Engrossing and Enrolling. Enrolled September 15, 2017.
<a href="#">SB 8</a> Beall (D)	Diversion: Mental Disorders	X						NASW researching; COMIO support; 3.21.17 CCMH support
<a href="#">SB 10</a> Hertzberg	Bail: pretrial release.	X						

CMHPC/ADVOCACY COMMITTEE – 2017-2018 ACTIVE LEGISLATIVE BILLS

Each bill has a hyperlink to legislation information. This tool will hopefully help with discussions to formulate the Council’s position.

Bill	Description	Support	Support w/Amen- dments	Oppose	Oppose unless Amend- ed	Neutral	Action Taken	Comment(s)
<a href="#">SB 72</a> Mitchell (D)	2017 Budget Act						WATCH	
<a href="#">SB 192</a> Beall (D)	MHSA: Reversion Fund			X				Futility of activity; Staff to meet with Sen Beall’s staff 3.17.17
<a href="#">SB 237</a> Hertzberg (D)	Criminal procedure: arrest (bail reform)	X						
<a href="#">SB 323</a> Mitchell (D)	Federally qualified health centers and rural health centers: Drug Medi-Cal and Specialty mental health services	X						2.24.17-HCI Committee is lead on this bill.  California Primary Care Association (CPCA) is requesting support
<a href="#">SB 374</a> Newman (D)	Health insurance: discriminatory practices: mental health	X						3.21.17 CCMH support

CMHPC/ADVOCACY COMMITTEE – 2017-2018 ACTIVE LEGISLATIVE BILLS

Each bill has a hyperlink to legislation information. This tool will hopefully help with discussions to formulate the Council’s position.

Bill	Description	Support	Support w/Amen dments	Oppose	Oppose unless Amend ed	Neutral	Action Taken	Comment(s)
<a href="#"><u>SB 562</u></a> Lara (D)	Californians for a Healthy California Act						WATCH	
<a href="#"><u>SB 565</u></a> Portantino (D)	Mental health: involuntary commitment						WATCH	Inclusion of family mbrs; stakeholder process; appropriate service delivery
<a href="#"><u>SB 688</u></a> Moorlach (R)	Mental Health Services Fund: research and evaluation						WATCH	

## CMHPC/ADVOCACY COMMITTEE – 2017-2018 ACTIVE LEGISLATIVE BILLS

Each bill has a hyperlink to legislation information. This tool will hopefully help with discussions to formulate the Council's position.

### Notes:

02/13/2017 – Asm Mayes was unable to sponsor legislation

02/14/2017 – Asm Gloria contacted via email with supporting documents

02/15/2017 – Asm Holden contacted via email with supporting documents

02/17/2017 – Obtained some information that the Assembly Health Committee may be considering carrying the legislation

03/08-15/2017 – communication between DHCS and CMHPC to tease out appropriate language to get name change agreement.

### **Chapter**

After a bill has been signed by the Governor, the Secretary of State assigns the bill a "Chapter Number" such as "Chapter 123, Statutes of 1992," which is subsequently used to refer to the measure rather than the bill number.

### **Chapter Out**

When two or more bills, during one year of the session, amend the same section of law and more than one bill becomes law, amendments made by the bill enacted last (and therefore given a later or higher chapter number) becomes law and prevail over the amendments made by the bill or bills previously enacted.

### **Consent Calendar**

A group of noncontroversial bills passed by a committee to another committee or the full Assembly or Senate. Bills may be placed upon the Consent Calendar if they are reported to the Floor with that recommendation and (1) have received no "no" votes in committee and (2) have had no opposition expressed by any person present at the hearing.

### **Enrolled Bill**

Whenever a bill passes both houses of the Legislature, it is ordered enrolled. In enrollment, the bill is again proofread for accuracy and then delivered to the Governor. The "enrolled bill" contains the complete text of the bill with the dates of passage certified by the Secretary of the Senate and the Chief Clerk of the Assembly.

### **Veto**

The act of the Governor disapproving a measure. The Governor's veto may be overridden by 2/3's vote. The Governor can also exercise an Item veto, whereby the amount of appropriation is reduced or eliminated, while the rest of the bill approved. An Item veto may be overridden by 2/3's vote in each house.

For additional information, please click on [Glossary of Legislative Terms](#).



MATERIAL  
PREPARED BY: Wiseman

DATE MATERIAL  
PREPARED 09/20/2017

<b>AGENDA ITEM:</b>	Adult Residential Care Facility Project
<b>ENCLOSURES:</b>	<ul style="list-style-type: none"> <li>• Department of Social Services PowerPoints</li> <li>• SSI Advocacy PowerPoint</li> <li>• SSI/SSP Assembly Budget Sub 1 Committee 3.9.17</li> <li>• SSI/SSP Budget addendum</li> <li>• Assembly Bill 796 (Kalra and Thurmond)</li> <li>• H.R. 3307 Supplemental Security Income Restoration Act of 2017</li> <li>• Justice in Aging – SSI Restoration Act Summary</li> </ul>

**How this item relates to the Council’s mission.**

Although, Adult Residential Care Facilities are one aspect of care and/or treatment in the continuum of care, it is a vital step in assuring mental health stability. Due to the bed shortage crisis, the Council is commencing efforts to affect proactive positive change. The Council is an advisory body to the Governor, the Legislature, local and state government entities and California’s residents. As advocates, we encourage communication and knowledge sharing at the local, county and state level. This panel is one mechanism of obtaining and providing information.

**BACKGROUND/DESCRIPTION:**

The Advocacy Committee has worked on a white paper within the preceding 18 months regarding the lack of bed availability in Adult Residential Facilities. With the release of this paper, the potential recommendation of augmenting the State Supplementary Payment (SSP) Rate could impact the system in unforeseen ways. The Committee has invited the Department of Social Services to provide insight into the SSP Payment Standards, the Cash Assistance and the barriers faced in licensing these facilities. In the Committee’s effort to become further engaged and invested in finding and/or creating solutions, the need for information is **essential**.

Presentation overview:

- Which states elected to offer the SSP...and what was California’s rationale?
- How the payment is determined, Federal and State?
- What other influences affect potential changes?

- Brief overview of Cash Assistance for Immigrants and its impact to the population we are concerned about, severely mentally ill and/or those with substance use disorders or other medical concerns.
- Other information you can provide to give insight into how the Department/Agency are strategizing for the next few years...those fiscal concerns, etc.
- What historical advocacy activities have occurred in attempting to increase the SSI/SSP payment?

*“What is the nature of the 'policy' around SSP that the unit administers? “*

The SSP policies that are set forth are in [Welfare and Institutions Code, Division 9, Chapter 3](#) and in the [CDSS Manual of Policies and Procedures §46-105 et seq.](#) The SSP payment standard charts are published annually (see enclosure). The Department works closely with the federal Social Security Administration (SSA) to ensure that payments to claimants are made promptly. The Department also monitors caseload fluctuations monthly. The Department then provides program information to county agencies and to the public.

Please note that CDSS's direct involvement with SSP is limited, as individual eligibility determinations and payments are made by SSA under a contract with CDSS. The Department pays SSA an administrative fee for each check issued.

The Cash Assistance Program for Immigrants (CAPI) program, by contrast, is 100% state funded and SSA is therefore not involved at all. The CAPI Unit does everything from writing the regulations to issuing policy interpretations and conducting training throughout the state.

*“Does DSS make recommendations to the legislature on the SSP rates for persons in residential care? If so, do they look at need, facilities shutting down, conditions, etc.?”*

This unit is responsible for the policy administration of the SSP and CAPI programs, but not for rate-setting. Accordingly, the technical questions you have posed are a bit outside of our area of expertise. As rate-setting appears to be of particular interest to your group. The subject matter expert is Mr. Rod Villacorta from the CDSS Fiscal Forecasting and Policy Branch.



**Aron Smith** is the Cash Programs Manager in the Adult Programs Division at the California Department of Social Services (CDSS). Previously, he managed the CDSS In-Home Supportive Services Program Integrity Unit. Before moving to Sacramento, he

was an employment law research attorney in Fresno and a court manager with the Superior Court of California, County of Riverside. He earned the degree of Juris Doctor at Western New England College School of Law in Springfield, Massachusetts.



**Steve Koehler** is a program policy analyst with the Adult Programs Division of the California Department of Social Services. Previously, he was a financial analyst for the Fiscal Forecasting Branch of the State Controller's Office. Steve holds two MBA degrees (Finance & Accounting and Health Care Management) from American InterContinental University in Schaumburg, Illinois.

Rod Villacorta  
CDSS Fiscal Forecasting and Policy Branch



**Jared McCreary** originally comes from Riverside California, with a Bachelor's Degree in Political Science from UC Riverside, where he got his start in advocacy focusing on education funding. He spent the past six (6) years working in political campaigns, managing races that range from a high profile District Attorney's race in Milwaukee County, to securing a \$400 Million School Bond in his home town. Most recently he moved to Sacramento as part of the California Partnership to coordinate the statewide advocacy efforts of the Californians for SSI Coalition.

Californians for SSI (CA4SSI) is a statewide coalition of over 200 organizations across the aging, disability rights, housing and homeless, anti-hunger, and anti-poverty sectors. These partners see the suffering that our most vulnerable residents are facing every day and we seek to ensure that they receive adequate support to live their lives in dignity. California's most vulnerable residents are struggling to stay in their homes, buy food, and survive because the SSP, the state's supplement to the federal Supplemental

Security Income (SSI) program, was cut in 2009 to make up for a budget shortfall during the recession. We need to restore those cuts in 2015 in order to bring elderly Californians and people with disabilities up to the federal poverty line.

Additional Resources on Social Security Income (SSI) at the federal and state levels, please visit the links below:

- House of Representatives 3307 (H.R. 3307): [Supplemental Security Income Restoration Act of 2017](#)
- Justice in Aging has provided background information and history on the [SSI Restoration Act](#).
- This past year the Legislative Analyst Office (LAO) was directed to provide a report by the end of the year on SSI cash-out. The legislative language is below:

*Department of Social Services—Reversal of the CalFresh Cash-Out Policy With a Hold Harmless Approach for Supplemental Security Income/State Supplementary Payment (SSI/SSP) Program Caseload.* No later than January 1, 2018, the Legislative Analyst's Office shall submit to the health and human services budget subcommittees and the human services policy committees of both houses of the Legislature and the Department of Finance a report reviewing the funding and program implications of reversing the CalFresh "cash-out" policy for recipients in the SSI/SSP program, and potential options for holding harmless any recipients who might be subject to a reduction in CalFresh benefits. The report shall include discussion of the following as they relate to ending the cash-out policy and the options identified to hold recipients harmless from a reduction in CalFresh benefits: (a) practical implications for administrative processes and any potential administrative challenges; (b) estimated costs; and (c) possible impacts on recipients, including examples of how much more CalFresh benefits SSI/SSP recipients could receive and how much closer to the federal poverty level this could bring those who live with benefits currently below that level.

- California SSI Food Stamp Cash-Out Policy:

California's Cash-Out Policy – background document on why recipients of Supplemental Security Income are ineligible to receive CalFresh benefits.  
<http://cfpa.net/CalFresh/CFPAPublications/CalFresh-Cashout101-2015.pdf>

[Cash-Out in California: A History of Help and Harm. An Analysis of California's Food Stamp "Cash-Out" Policy for Recipients of SI/SSP.](#) Aug. 2003 PDF

[Estimated Effects on the Supplemental Nutrition Assistance Program of Eliminating California's SSI Cash-Out Policy](#) Feb. 2010 Report

[Facilitating CalFresh Eligibility and Enrollment for SSI Recipients](#) Jan. 2017 PDF

- The California Department of Social Services provided an overview of the [Supplemental Security Income/State Supplementary payments \(SSI/SSP\)](#) to the Assembly Budget Sub 1 Committee on March 9, 2016.
- For a description of the SSI/SSP budget, program review and advocacy proposals, see page eight (8) of the Assembly Budget Committee Number 1 on Health and Human Services addendum. This summary provides a good description of SSI/SSP grant amount history.



# **CASH ASSISTANCE PROGRAM FOR IMMIGRANTS**

**By Aron Smith**

# Cash Assistance Program for Immigrants



## What is CAPI?

**A cash benefit that provides California non-citizens who are over age 65, blind or disabled (but who are ineligible for SSI due to their immigration status) with a monthly check to cover their basic needs.**

- Under state law, maximum monthly benefit is \$10 less than the SSI/SSP rate.
- 2017 maximum CAPI payment for the aged or disabled is \$885.72 for an individual or \$1,490.14 for a couple (both spouses eligible). Payment rate is higher for blind recipients.
- To obtain CAPI benefits, applicants must be ineligible for SSI solely due to their immigration status.
- Applicants under age 65 who claim CAPI eligibility based on a disability are subject to a determination that their disability causes them to be unable to work and support themselves.
- Unlike SSI recipients in California, CAPI recipients may apply for and receive CalFresh food benefits.

# Cash Assistance Program for Immigrants (CAPI)



## Ten Things to Know about Applying for CAPI

1. Expired LPR Cards
2. Qualified Aliens
3. Permanent Resident Under Color of Law (PRUCOL)
4. CAPI Application
5. Income and Living Arrangements
6. Living Expenses - Loan Analysis
7. Sponsored Immigrants
8. Sponsor Deeming – Indigence Exception
9. Sponsor's Cooperation
10. Annual Redeterminations



# Expired LPR Cards

Expired LPR cards (green cards) are generally not accepted by the county. Most LPR cards are valid for 10 years, but conditional LPR status expires after 2 years. CAPI applicant must file Form I-90 with USCIS to renew the LPR card. If applicant's indigence prevents paying for the renewal, he or she may apply to USCIS for a fee waiver.



# Qualified Aliens

“Qualified aliens” (including LPRs, refugees and asylees) may be eligible for SSI/SSP. **Therefore, such applicants must go to a local SSA field office and apply for SSI/SSP.** In order to move forward with a CAPI application, they must present the county with either an SSA notice of denial or a receipt indicating that an SSI case has been opened. If SSA opens an application for SSI, the immigrant may receive CAPI until SSA makes a decision on the application. If SSI is approved, the state can recover any CAPI payments made through the interim assistance reimbursement process.



# Permanent Resident Under Color of Law (PRUCOL)

CAPI applicants claiming an immigration status of “permanent resident under color of law” (PRUCOL) must demonstrate to the county’s satisfaction that USCIS knows they are present in the United States and does not intend to deport them. Generally, proof of having filed any type of application or form with USCIS (*i.e.*, a receipt) is acceptable (county will verify the receipt online). The county will also verify the applicant’s case status (Executive Office for Immigrant Review) to ensure that an order of removal is not in effect.

## CASE STATUS

**Case Information:** 1-800-898-7180 | 240-314-1500

# CAPI Application

*County residents may apply for CAPI by phone, by mail or in person at county social services offices.*

If an applicant telephones the county social services department to apply for CAPI, an application will be taken over the phone immediately. The county will also make an appointment for a face-to-face interview with the applicant (generally within 5 days). If the applicant fails to appear for the interview or fails to submit all requested documentation within 30 days, the county may deny the CAPI application. If the applicant is unable to travel to the county office due to disability or other good reason, the county may elect to perform the interview at the applicant's home or to use electronic conferencing for this purpose.



# Income & Living Arrangements

CAPI applicants must provide pay stubs or other proof of income along with proof of their living arrangements (such as a lease agreement that lists the monthly rent payment). Proof of living arrangements is required for the county to determine the correct payment standard to apply to the case. For example, an applicant residing with many other people may still qualify for the “independent living” rate if the applicant is paying for his or her share of shelter and food expenses.



# Living Expenses - Loans

Applicants who claim to be indigent and indicate that they are borrowing money from family or friends to pay basic living expenses must provide a statement from the lender indicating the amount and terms of the loan. This is because, under certain circumstances, the funds provided to the applicant may be considered income (for example, if it's not a bona fide loan because the applicant will not be required to pay the money back).



# Sponsored Immigrants

Generally, a sponsor's income is deemed to the sponsored immigrant. If a CAPI applicant is sponsored, the sponsor must complete form SOC 860 (Sponsor's Statement of Facts) so that the county knows how much income to deem to the immigrant. The sponsor will verify applicant's claims regarding the amount of money that the sponsor is providing to the applicant. The sponsor must also provide the county with documentation of income and resources. When a CAPI applicant has more than one sponsor, each sponsor must complete SOC 860. The county sends a copy of the form to the sponsors and also one to the applicant for reference. The applicant should encourage his or her sponsor to complete the SOC 860 promptly. In most cases, the CAPI applicant cannot be processed without it.



# Sponsor Deeming *Indigence Exception*

When a CAPI applicant becomes indigent due to abandonment by his or her sponsor, the applicant may be able to suspend sponsor deeming by filing for an indigence exception on form SOC 809. Because the abandoned immigrant receives no benefit from the sponsor's income, sponsor deeming can be suspended for 12 months. However, the sponsor must still complete the SOC 860 to verify the applicant's claims that he or she is receiving little or nothing from the sponsor.





# Sponsor's Cooperation

Sponsored CAPI applicants should provide any information that will assist the county in locating the sponsor. The county will take a variety of steps to attempt to find the sponsor. If the county is unable to locate the sponsor to complete SOC 860, the form can generally be waived.



# Annual Redeterminations

The county is required to conduct a redetermination in every CAPI case annually. About 2 months before the year is up, the county will mail the CAPI recipient paperwork to complete and return to the county. This is used to determine whether there have been any changes to the recipient's living arrangements, income or immigration status. The county will suspend CAPI benefits if the recipient fails to cooperate. If benefits are suspended, they will be resumed once the recipient provides the county with all the requested documentation.



# Questions



If you have further questions, please email CDSS Adult Programs at: [aron.smith@dss.ca.gov](mailto:aron.smith@dss.ca.gov)

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AMENDED IN ASSEMBLY MARCH 28, 2017

CALIFORNIA LEGISLATURE—2017—18 REGULAR SESSION

**ASSEMBLY BILL**

**No. 796**

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**Introduced by Assembly Members Kalra and Thurmond**

February 15, 2017

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An act to amend Section 12201 of, and to add Section 12200.7 to, the Welfare and Institutions Code, relating to public social services, and making an appropriation therefor.

LEGISLATIVE COUNSEL'S DIGEST

AB 796, as amended, Kalra. Public social services: SSI/SSP.

Existing law provides for the State Supplementary Program for the Aged, Blind and Disabled (SSP), which requires the State Department of Social Services to contract with the United States Secretary of Health and Human Services to make payments to SSP recipients to supplement Supplemental Security Income (SSI) payments made available pursuant to the federal Social Security Act.

Under existing law, benefit payments under SSP are calculated by establishing the maximum level of nonexempt income and federal SSI and state SSP benefits for each category of eligible recipient. The state SSP payment is the amount required, when added to the nonexempt income and SSI benefits available to the recipient, to provide the maximum benefit payment. Existing law prohibits, for each calendar year, commencing with the 2011 calendar year, any cost-of-living adjustment from being made to the maximum benefit payment unless otherwise specified by statute, except for the pass along of any cost-of-living increase in the federal SSI benefits. Existing law continuously appropriates funds for the implementation of SSP.

This bill would reinstate the cost-of-living adjustment beginning January 1 of the 2018 calendar year. The bill would also require a maximum aid payment *provided to an individual or a married couple* that does not equal or exceed 96% of the 2017 federal poverty-level ~~based on family size commencing January 1, 2019, level,~~ or 100% of the 2018 federal poverty-level ~~based on family size, level, as specified,~~ to be increased to an amount that equals 96% or 100% of the federal poverty level, respectively.

By reinstating the cost-of-living adjustment and by increasing the amount of benefits paid under the SSP, this bill would make an appropriation.

Vote:  $\frac{2}{3}$ . Appropriation: yes. Fiscal committee: yes.  
 State-mandated local program: no.

*The people of the State of California do enact as follows:*

1 SECTION 1. Section 12200.7 is added to the Welfare and  
 2 Institutions Code, to read:  
 3 12200.7. (a) Commencing January 1, 2018, any maximum aid  
 4 payment *provided to an individual* pursuant to Section 12200 and  
 5 adjusted pursuant to Section 12201 that does not equal or exceed  
 6 96 percent of the 2017 federal poverty level ~~based on family size~~  
 7 *for a household of one* shall be increased to an amount that equals  
 8 96 percent of the 2017 federal poverty level ~~based on family size.~~  
 9 *for a household of one.*  
 10 (b) *Commencing January 1, 2018, any maximum aid payment*  
 11 *provided to a married couple pursuant to Section 12200 and*  
 12 *adjusted pursuant to Section 12201 that does not equal or exceed*  
 13 *96 percent of the 2017 federal poverty level for a household of two*  
 14 *shall be increased to an amount that equals 96 percent of the 2017*  
 15 *federal poverty level for a household of two.*  
 16 ~~(b)~~  
 17 (c) *Commencing January 1, 2019, any maximum aid payment*  
 18 *provided to an individual pursuant to Section 12200 and adjusted*  
 19 *pursuant to Section 12201 that does not equal or exceed 100*  
 20 *percent of the 2018 federal poverty level ~~based on family size for~~*  
 21 *a household of one* shall be increased to an amount that equals 100  
 22 percent of the 2018 federal poverty level ~~based on family size.~~ *for*  
 23 *a household of one.*

1 (d) Commencing January 1, 2019, any maximum aid payment  
 2 provided to a married couple pursuant to Section 12200 and  
 3 adjusted pursuant to Section 12201 that does not equal or exceed  
 4 100 percent of the 2018 federal poverty level for a household of  
 5 two shall be increased to an amount that equals 100 percent of  
 6 the 2018 federal poverty level for a household of two.

7 (e)

8 (e) This section is not intended to result in the reduction of any  
 9 payment provided to an individual that exceeds 96 percent of the  
 10 2017 federal poverty level ~~based on family size~~ for a household  
 11 of one during the 2018 calendar year, or that exceeds 100 percent  
 12 of the 2018 federal poverty level ~~based on family size~~ for a  
 13 household of one during the 2019 calendar year and each  
 14 subsequent calendar year.

15 (f) This section is not intended to result in the reduction of any  
 16 payment provided to a married couple that exceeds 96 percent of  
 17 the 2017 federal poverty level for a household of two during the  
 18 2018 calendar year, or that exceeds 100 percent of the 2018 federal  
 19 poverty level for a household of two during the 2019 calendar year  
 20 and each subsequent calendar year.

21 SEC. 2. Section 12201 of the Welfare and Institutions Code is  
 22 amended to read:

23 12201. (a) Except as provided in subdivision (d), the payment  
 24 schedules set forth in Section 12200 shall be adjusted annually to  
 25 reflect any increases or decreases in the cost of living. Except as  
 26 provided in subdivision (e) or (f), these adjustments shall become  
 27 effective January 1 of each year. The cost-of-living adjustment  
 28 shall be based on the changes in the California Necessities Index,  
 29 which as used in this section shall be the weighted average of  
 30 changes for food, clothing, fuel, utilities, rent, and transportation  
 31 for low-income consumers. The computation of annual adjustments  
 32 in the California Necessities Index shall be made in accordance  
 33 with the following steps:

34 (1) The base period expenditure amounts for each expenditure  
 35 category within the California Necessities Index used to compute  
 36 the annual grant adjustment are:

37

38 Food.....	\$ 3,027
39 Clothing (apparel and upkeep).....	406
40 Fuel and other utilities.....	529

1	Rent, residential.....	4,883
2	Transportation.....	1,757
3		
4	Total.....	<u>\$10,602</u>

5  
6 (2) Based on the appropriate components of the Consumer Price  
7 Index for All Urban Consumers, as published by the United States  
8 Department of Labor, Bureau of Labor Statistics, the percentage  
9 change shall be determined for the 12-month period that ends 12  
10 months prior to the January in which the cost-of-living adjustment  
11 will take effect, for each expenditure category specified in  
12 paragraph (1) within the following geographical areas: Los  
13 Angeles-Long Beach-Anaheim, San Francisco-Oakland, San Diego,  
14 and, to the extent statistically valid information is available from  
15 the Bureau of Labor Statistics, additional geographical areas within  
16 the state that include not less than 80 percent of recipients of aid  
17 under this chapter.

18 (3) Calculate a weighted percentage change for each of the  
19 expenditure categories specified in paragraph (1) using the  
20 applicable weighting factors for each area used by the Department  
21 of Industrial Relations to calculate the California Consumer Price  
22 Index (CCPI).

23 (4) Calculate a category adjustment factor for each expenditure  
24 category in paragraph (1) by (1) adding 100 to the applicable  
25 weighted percentage change as determined in paragraph (2) and  
26 (2) dividing the sum by 100.

27 (5) Determine the expenditure amounts for the current year by  
28 multiplying each expenditure amount determined for the prior year  
29 by the applicable category adjustment factor determined in  
30 paragraph (4).

31 (6) Determine the overall adjustment factor by dividing (1) the  
32 sum of the expenditure amounts as determined in paragraph (4)  
33 for the current year by (2) the sum of the expenditure amounts as  
34 determined in paragraph (4) for the prior year.

35 (b) The overall adjustment factor determined by the preceding  
36 computational steps shall be multiplied by the payment schedules  
37 established pursuant to Section 12200 as are in effect during the  
38 month of December preceding the calendar year in which the  
39 adjustments are to occur, and the product rounded to the nearest  
40 dollar. The resultant amounts shall constitute the new schedules



1 for the categories given under subdivisions (a), (b), (c), (d), (e),  
2 (f), and (g) of Section 12200, and shall be filed with the Secretary  
3 of State. The amount as set forth in subdivision (h) of Section  
4 12200 shall be adjusted annually pursuant to this section in the  
5 event that the secretary agrees to administer payment under that  
6 subdivision. The payment schedule for subdivision (i) of Section  
7 12200 shall be computed as specified, based on the new payment  
8 schedules for subdivisions (a), (b), (c), and (d) of Section 12200.

9 (c) The department shall adjust any amounts of aid under this  
10 chapter to ensure that the minimum level required by the Social  
11 Security Act in order to maintain eligibility for funds under Title  
12 XIX of that act is met.

13 (d) (1) No adjustment shall be made under this section for the  
14 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 2004, 2006,  
15 2007, 2008, 2009, and 2010 calendar years to reflect any change  
16 in the cost of living. Elimination of the cost-of-living adjustment  
17 pursuant to this paragraph shall satisfy the requirements of Section  
18 12201.05, and no further reduction shall be made pursuant to that  
19 section.

20 (2) Any cost-of-living adjustment granted under this section for  
21 any calendar year shall not include adjustments for any calendar  
22 year in which the cost-of-living adjustment was suspended pursuant  
23 to paragraph (1).

24 (e) For the 2003 calendar year, the adjustment required by this  
25 section shall become effective June 1, 2003.

26 (f) For the 2005 calendar year, the adjustment required by this  
27 section shall become effective April 1, 2005.

MATERIAL  
PREPARED BY: Wiseman

DATE MATERIAL  
PREPARED 09/12/2017

<b>AGENDA ITEM:</b>	Presentation: Community Care Licensing
<b>ENCLOSURES:</b>	

**How this agenda item relates to the Council’s mission.**

The Panel Presentation is one method to hear from the “voice” of the public mental health system in California. Although, Adult Residential Facilities are one aspect of care and/or treatment in the continuum of care, it is a vital step in assuring mental health stability. The Council is an advisory body to the Governor, the Legislature, local and state government entities and California’s residents. As advocates, we encourage communication and knowledge sharing at the local, county and state level. This panel is one mechanism of obtaining and providing information.

**The context for this agenda item/presentation is as follows:**

**BACKGROUND/DESCRIPTION:**

The Advocacy Committee members sought input from the public at the April and June 2017 Quarterly Meetings. The Committee also activated an Ad Hoc to complete the paper with recommendations from the June 2017 Meeting.

Today’s presentation to the Advocacy Committee to provide insight from the California Department of Social Services (CDSS)/Community Care Licensing’s (CCL) perspective. The Committee wants to be educated on the barriers and potential CCL may have to offer.

**CCL Presentation:**

- What are the biggest barriers to quality care in ARFs?
- What do you see on the horizon for this population with *no changes*?
- Although you are unable to advocate, what issue(s) should be of primary concern?
- What are the issues related to co-morbidity and mental health?
- If at all possible, please provide basic demographic information such as: gender, ethnicity, age, types of illness (this may be difficult, explain why), etc.
- How would you like to work with the Council in making positive proactive changes to the current system?

\_\_F\_\_ TAB SECTION

DATE OF MEETING 10/19/2017

MATERIAL  
PREPARED BY: Wiseman

DATE MATERIAL  
PREPARED 09/20/2017

<b>AGENDA ITEM:</b>	Nominations: Committee Chair and Committee Chair-Elect
<b>ENCLOSURES:</b>	None

**How this agenda item relates to the Council’s mission.**

The Panel Presentation is one method to hear from the “voice” of the public mental health system in California. Although, Adult Residential Facilities are one aspect of care and/or treatment in the continuum of care, it is a vital step in assuring mental health stability. The Council is an advisory body to the Governor, the Legislature, local and state government entities and California’s residents. As advocates, we encourage communication and knowledge sharing at the local, county and state level. This panel is one mechanism of obtaining and providing information.

**BACKGROUND/DESCRIPTION:**

The purpose of the Advocacy Committee is to address public issues affecting the effectiveness of mental health programs and quality of life for persons living with mental illness. This includes increasing public mental health awareness through press and media, partnering with local consumer advocacy agencies for access and improved quality of care, and responding to proposed legislation, rule-making, and budget bills based on the CMHPC Policy Platform.

Nominations:  
Chair  
Chair-Elect

[CMHPC Operating Policies and Procedures\\_Rev 05.12.17](#)

**Standing Committees**

The Executive Committee recommends establishing standing committees to work on specific topics or issues that are not time-limited. Standing committees can be abolished or created as needed. The standing committees are:

- o Advocacy Committee
- o Health Care Integration Committee
- o Continuous System Improvement Committee (now Evaluation and Quality Improvement)
- o Patients’ Rights Committee

## **Committee Policies and Procedures**

1. Each Planning Council member is required to serve on one standing committee. Planning Council leadership will make assignments to the committees based on expertise and an attempt to most evenly distribute consumers, family members, providers, consumer-related advocates, and state representatives amongst the committees.
2. Each standing committee shall have a Chair and a Chair-Elect, who shall serve as Vice Chair. During the October committee meeting, the committee members shall nominate a new Chair Elect. The nominees will be submitted to Council leadership for appointment. The appointments will be effective starting at the January meeting.
3. To assist them in their work, committees may invite individuals to serve as consultants who are not Planning Council members but who possess special knowledge, skill, or background relative to the committee's jurisdiction. The Executive Officer must approve such invitations. Subject to the approval of the Executive Officer and availability of travel funds, a committee chair may offer to pay for travel expenses for consultants to present at a committee meeting.
4. The committee Chairperson, Vice-Chair, or Planning Council staff may decide on the need for meetings in addition to quarterly in-person meetings. Planning Council staff will make meeting arrangements and notify committee members of the meetings by telephone or by mail. Planning Council staff will support committee activities by providing issue analyses, background documents, and other necessary materials.
5. Between committee meetings, committee chairs will inform Planning Council staff of any significant developments relating to the committee's projects.
6. Committees may appoint members who are not Planning Council members to serve on their committees in order to enhance the expertise of the committee. These members are voting members of the committee.
7. Members who have non-voting status at the General Session of the Planning Council are given the right to vote at committee meetings.