



California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion



2019 Year-End Report

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Council website: <https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>

The California Behavioral Health Planning Council’s mission is to review, evaluate and advocate for an accessible and effective behavioral health system. The Council’s mission-driven efforts have been focused in key areas including: Legislation, Housing/Homelessness, Systems and Medicaid, Workforce and Employment, Patients’ Rights and Performance Outcomes. More will be presented about these later in this report.

Council Introduction

The California Behavioral Health Planning Council (Council) advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness.

The Council is a 40-member body that serves to advise the California administration and legislature on policies and priorities for California’s publicly-funded behavioral health system.

In addition to the duties presented in federal law, Welfare and Institutions Code Section 5772 provides the powers and authority the Council needs to carry out its duties including:

Advocate for effective quality mental health and substance use disorder programs

Review, assess and make recommendations regarding all components of California’s mental health and substance use disorders systems



Pictured above: CBHPC Executive Committee

Review program performance and to review and approve performance outcome measures

Report findings and recommendations on the performance of programs to the Legislature, Department of Health Care Services and local boards

Advise the Legislature, Department of Health Care Services and county boards on issues and the policies and priorities that this state should pursue in developing its mental health and substance use disorder systems

Conduct public hearings on the state mental health plan, mental health block grant and other topics

Advise the Director of Health Care Services on the development of the state mental health plan and the system priorities contained in that plan

History and Background

In **1967**, the California Behavioral Health Planning Council began as the Citizens Advisory Council (CAC). The CAC was established pursuant to the Lanterman-Petris-Short Act to advise and assist the Legislature and the Director of Mental Health on priorities and policies for the publicly-funded mental health system.

In **1985**, the CAC's name changed to the California Council on Mental Health (CCMH). As part of the Realignment Act of **1991**, the CCMH became the California Mental Health Planning Council. In **2018**, the Council changed its name to CA Behavioral Health Planning Council to reflect the integration of substance use disorders.

WHO ARE THE COUNCIL MEMBERS?

Arden Tucker, Consumer, Sacramento County

John Black, Consumer, Stanislaus County

Steve Leoni, Consumer, Contra Costa County

Christine Frey, Consumer, San Diego County

Hector Ramirez, Consumer, Los Angeles County

Vera Calloway, Consumer, Los Angeles County

Walter Shwe, Consumer, Yolo County

Deborah Starkey, Family Member, Sacramento County

Darlene Prettyman, Family Member, Fresno County
Lorraine Flores, Family Member, Santa Cruz County
Iris Mojica de Tatum, Family Member, Merced County
Celeste Hunter, Family Member, San Diego County
Karen Hart, Family Member, Monterey County
Raja Mitry, Consumer-Related Advocate, San Mateo County
Gerald White, Consumer-Related Advocate, Sacramento County
Monica Caffey, Consumer-Related Advocate, San Bernardino County
Liz Oseguera, Consumer-Related Advocate, Sacramento County
Noel O'Neill, Provider, Mendocino County
Barbara Mitchell, Provider, Monterey County
Christine Costa, Provider, Orange County
Sokhear Sous, Provider, Stanislaus County
Veronica Kelley, Provider, San Bernardino County
Dale Mueller, Professional, Los Angeles County
Karen Baylor, Professional, Alameda County
Tony Vartan, Provider, San Joaquin County
Susan Wilson, Provider, Shasta County
Deborah Pitts, Professional, Los Angeles County
Catherine Moore, Provider, San Diego County
Daphne Shaw, CA Coalition for Mental Health representative
State department representatives from: Social Services, Housing & Community Development, Education, Corrections & Rehabilitation, Health Care Services, Aging, Rehabilitation, and Health & Human Services Agency.



2019 ACCOMPLISHMENTS IN REVIEW

Over the year, the Council accomplished a number of objectives including:

- Approval of the 2020-2025 Mental Health Workforce Development Five-Year Plan developed by the Office of Statewide Health Planning and Development,
- Securing the Governor's signature of Assembly Bill 333, co-sponsored by the Council, to provide whistleblower protection rights to county contracted Patients' Rights Advocates,
- Securing initial funding for the 2020-2025 Workforce Development Five-Year Plan, in collaboration with community partners including CA Council of Community Behavioral Health Agencies and CA Association of Marriage and Family Therapists,
- Engagement of stakeholders for input into California's State Plan submitted to SAMHSA in September and California's renewal of the 1115 and 1915b waivers with CMS coming in 2020.



Photo Above: Systems and Medicaid Committee's Behavioral Health 2020 forum: Exploring Options for System Transformation

AREAS OF FOCUS

Advocacy is a significant part of the Council's responsibilities and activities. Our **Legislation** Committee reviewed and took a position on 26 bills in addition to supporting two bills that were co-sponsored by the Council. The Council sends position letters as well as works directly with authors' offices on proposed policy, testifies at hearings, and meets with key sponsors, as well as the Governor's office, to voice the Council's positions and provide input on potential impact. Additionally, this year the Council was invited to present to the Human Services Cohort of the California Legislative Staff Education Institute (CLSEI), which is a bipartisan, bicameral group of legislative staff that work in a variety of leadership, policy and fiscal roles within the Capitol.

Also in 2019, the Legislation Committee took the lead to coordinate the collection of stakeholder input to submit comment to support California's application for Mental Health Block Grant funding. Moreover, the members engaged in extensive discussions of key policy areas to create the Council's updated Policy Platform which is expected to be released in early 2020.

Like many states, California is experiencing a crisis in homelessness. The Council's **Housing and Homelessness** Committee has established partnerships with many of the other state-level entities also working to expand the state's housing resources, including the Homeless Coordinating and Financing Council, the Department of Housing and Community Development, and the Council on Criminal Justice and Behavioral Health.

The committee is producing a white paper highlighting unique homeless support programs in order to educate and promote the urgency to strengthen transitional supports. The development of housing takes time and often individuals need, and can benefit from, other supports prior to securing affordable housing.

The Housing and Homelessness Committee is also focused on the rapid loss of Adult Residential Facilities (ARFs) serving persons with serious mental illness.

These licensed ARFs are an important segment on the continuum of housing and they are closing at an alarming rate. The Council released an Issue Brief on this topic in 2018 and the work has gained momentum in the last year through our ongoing partnership with the Steinberg Institute to pursue legislation to address the regulatory and community resistance barriers, and for priority attention to the lack of fiscal viability which largely contributes to the closures across the state. The Council is supporting the efforts of our colleagues for Assembly Bill 1766 (Bloom) sponsored by the Steinberg Institute, to establish data collection to assess the state's inventory of ARFs that accept persons with serious mental illness who receive Supplemental Security Income (SSI) and the recent budget request made by the County Behavioral Health Directors Association for the 2020-2021 budget to mitigate the ARF closures. Furthermore, the Council is exploring additional supports for the ARFs who need to make necessary repairs in order to maintain compliance with facility licensure requirements.

In a state as large and diverse as California, it pays to plan ahead which is what is happening with the anticipated expiration of California's 1115 and 1915 Medicaid waivers in 2020. In 2019, the **Systems and Medicaid** Committee took



Pictured above: Systems and Medicaid Committee

a leadership role in advocating for improved access and quality of care for individuals served in the public behavioral health system. The committee seeks to identify administrative and financial integration strategies and to evaluate potential models for an improved system of care.

In October, the Systems and Medicaid Committee hosted the Behavioral Health 2020 event to advance Council advocacy efforts, ultimately elevating the community voice to the Department of Health Care Services. The event included presentations from a variety of speakers representing large and small county

behavioral health directors and Managed Care Plan administrators. The committee is currently compiling the feedback received as well as contemplating the Medi-Cal Healthier California for All proposal released by DHCS the week after the Council's event. The proposal contains program and payment structure reform for the Medi-Cal-funded behavioral health delivery system. It is anticipated that the Council's recommendations will be submitted in early 2020.

Because the Council has documented and endeavored to address the public mental health workforce shortage since the 1990s, it was no surprise to us that 3 of the top 10 recommendations made by the California Future Health Workforce Commission addressed crucial workforce needs in the behavioral health system. The Council's **Workforce and Employment** Committee has established two broad strategic goals: 1) to collaborate with other stakeholders to reduce our behavioral health workforce shortage through sustainable mechanisms for ongoing recruitment, development and retention for a recovery-oriented workforce, and 2) to ensure that any mental health consumer who wants to work, has easy and timely access to employment support services to secure employment in the job/career of their choice.

The committee furthered these goals by taking the lead for the Council's statutory requirement to review and approve the proposed 2020-2025 Five-Year Education and Training Development Plan created by the Office of Statewide Health Planning and Development (OSHPD). This included participating in the stakeholder engagement process as well as providing recommendations which led to the Council's approval of the plan in January 2019. The committee continues to work closely with OSHPD on both the implementation of the plan and evaluation design.

In 2019, Senate Bill 539 (Caballero) was put forth by the Workforce and Employment Committee, along with the CA Council of Community Behavioral Health Agencies and the CA Association of Marriage and Family Therapists, to establish an ongoing funding source for the Five-Year Education and Training Development Plans. A companion budget request for \$70M in State General

Funds was also submitted. While the Governor's proposed 2019-2020 budget included \$100M, ultimately, the final budget provided \$35M in State General Funds, \$25M in MHSA funds and requires a 33% match from the counties. The committee will continue its advocacy to establish sustainable funding for the plans ongoing.

Secondly, the committee strengthened its members' understanding of the role of the California Department of Rehabilitation in the employment of individuals with psychiatric disabilities. The department offers a number of key approaches for employment supports such as Individual Placement and Support, Clubhouse Model Transitional Employment, Program for Achieving Self Support, and Extended Medicare/Medicaid eligibility.

Another area that the Council has statutorily mandated duties, is patients' rights. The **Patients' Rights** Committee is mandated to advise the directors of Health Care Services and State Hospitals regarding policies and practices that affect patients' rights. The committee is also to review the advocacy and patients' rights components of each county mental health plan and advise the directors concerning the adequacy of each plan or performance contract, in protecting patients' rights. To do this, the committee monitors, reviews, evaluates, and makes recommendations for the protection and upholding of patients' rights to receive effective, timely, and humane treatment in the public mental health system of California.

Working in collaboration with the California Association of Mental Health Patients' Rights Advocates, the Patients' Rights Committee released an issue paper in 2017 highlighting resources, training and retaliation issues in county advocacy programs. As a result of this work, two legislative bills were introduced and signed into law in 2018 and 2019 respectively. Assembly Bill 2316 (Eggman) ensures timely and appropriate training of newly hired patients' rights advocates with compliance tracking performed by the Council. And Assembly Bill 333 (Eggman) provides whistleblower protection for patients' right advocates who are county contractors. The Governor signed AB 333 on October 2, 2019.

Additionally, the committee worked to increase members' knowledge and understanding regarding the work of patients' rights advocates in county jails in 2019. The policies that affect the rights of inmates with mental illness are complex and in 2020 the committee aims to identify avenues to address systemic issues in this area.

Next to advocacy, the Council's activities to review and evaluate the publicly-funded behavioral health system for accessible and effective care ranks highest on the list for both federal and state-mandated duties. The **Performance Outcomes** Committee was re-formed in 2019 and swiftly worked to identify sources of relevant and reliable data to demonstrate programmatic successes as well as gaps and trends to inform Council recommendations offered to state leadership. Additionally, the committee isolated key areas of the system for data collection, analysis and reporting such as vulnerable populations including children and youth, children in foster care and older adults. New fact sheets to provide specifically-targeted data and information for education and advocacy in these areas, and more, are in development and expect to be released throughout 2020.

For a number of years, the Council has engaged with the local mental health boards and commissions on their review of their county's performance to facilitate the reporting of their findings to the Council each year. The Data Notebook is an annual project that seeks information and reports on behavioral health services and needs in each county and across the state. To provide structure for the local reporting, the Council compiles county-specific customized data for the local board to review along with survey questions for the members to complete and submit. The responses are compiled by Council staff in a yearly report.

Each year, the Data Notebook is directed at specific segments of the system. The 2018 Data Notebook, whose report was completed in 2019, was organized around the categories of services that counties are required to provide pursuant to the Welfare and Institutions Code (WIC). The WIC statutes define the specific

populations of children, adults and older adults that are eligible for each of the required specialty mental health and related rehabilitation and support services listed below.

(a) Pre-crisis and crises services	(e) Twenty-four-hour treatment services
(b) Assessment	(f) Rehabilitation and support services
(c) Medication education, management	(g) Vocational services
(d) Case management	(h) Residential services

This Data Notebook sought to identify current unmet (or under-served) mental health program and service needs, perceptions of barriers to access and any ongoing need for previously MHSA-funded programs. Analyses of the collected survey data yielded several major findings that have important policy implications. Our survey found substantial underserved or unmet needs in nearly all counties for the continuum of services for individuals with serious mental illness and those in crisis. This continuum includes respite care, crisis-stabilization, crisis-residential, and various types of psychiatric hospital facilities able to meet the needs of specific age groups such as children, transition-age youth and older adults with complex needs. This range includes a critical statewide shortage of housing facilities for those in need of augmented care and supervision as provided in a licensed adult residential facility.

The data further offered many laudable instances of local implementation of new programs and services during the prior three years. However, there remain multiple unmet needs and underserved populations across all age groups and for most service types despite several years of implementing new services, programs and funding throughout the state public behavioral health system. Other critical needs identified included: transportation as both a barrier to services and the second most identified unmet need for clients; a severe lack of workforce able to provide needed services including those with specialty training and bilingual expertise as well as dedicated training for developmental or age groups; and an overwhelming need to simplify billing and audit processes, regulations and

procedures. Last, but not least, is the need for data. There is a basic principle of quality improvement which says, “that which is not measured cannot be changed (improved)”. The Council has advocated for a number of years for the state to employ a data collection system capable of producing reliable outcomes data.

In conclusion, 2019 was a busy and fruitful year for the Council and 2020 is shaping up to be equally successful. The Council looks forward to sharing its accomplishments with you and invites you to join our efforts to achieve our vision of a behavioral health system that makes it possible for individuals to lead full and purposeful lives.

Contact Us



For questions or more detailed information about any of the actions, projects or committees mentioned in this report, please contact us at 916-701-8211. You may also visit our website at:

<https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>

2020 Council Meeting Schedule

January 15, 16, 17, 2020	San Diego	Holiday Inn Bayside
April 15, 16, 17, 2020	Alameda	Hilton Oakland Airport
June 17, 18, 19, 2020	Riverside	Mission Inn Hotel
October 14, 15, 16, 2020	Sacramento	Lake Natoma Inn