

California Mental Health Planning Council

Advocacy Committee

Wednesday, February 28, 2018

1000 'G' Street, Fourth Floor
Sacramento, California 95814
Conference Call Capability

Dial 1 (866) 742-8921; Participant Code 5900167

11:00 a.m. to 12:00 p.m.

Time	Topic	Facilitator/Presenter	Tab
10:00 am	Welcome and Introductions	Monica Wilson, Chair	
10:03 am	Agenda Review	Monica Wilson and All	
10:05 am	Work Plan	Monica Wilson and All	A
10:35 am	Legislative Updates Any Legislation related to Mental Health may be discussed.	Monica Wilson and All	B
10:55 am	Public Comment	Monica Wilson and All	
11:00 am	Adjourn	Monica Wilson	

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

Committee Chairperson: **Monica Wilson** Chairperson Elect: **Darlene Prettyman**

Members: Arden Tucker Barbara Mitchell Carmen Lee
Daphne Shaw Deborah Starkey Marina Rangel
Simon Vue Steve Leoni

Staff: Dorinda
Wiseman

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

A TAB SECTION

DATE OF MEETING 2/28/2018

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 2/21/2018

AGENDA ITEM: Advocacy Committee Work Plan
ENCLOSURES: Work Plan Matrix

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

The **Work Plan** is an instrument to monitor the Advocacy Committee's activities 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 CBHPC Policy Platform.

The Work Plan discussion is to provide clarity and focus of what item(s) are to remain active or needing to receive follow-up with any potential Council prioritization efforts.

The Committee is actively engaged in the Adult Residential Facility (ARF) project. In addition, the Committee has committed to obtain data on program efforts to transition people out of Institution for Mental Disease (IMD). Additional areas of concern are regulations (e.g. barriers experienced by person on Medi-Cal and are Dual-Diagnosed; ARF/Sober Living Homes); the integration of Substance Use Disorders into current/future committee work plan; and the barriers and systemic gaps experienced by persons involved with the Criminal Justice System).

Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Committee Transition</p>	<p>The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.</p>	<p>Housing/Homelessness</p> <ol style="list-style-type: none"> 1) The regulatory aspect of Housing and Residential Facility/Programs should transition to the Housing/Homelessness Committee. <ul style="list-style-type: none"> • How have regulations inhibited the ability to work adequately to serve dual-diagnosed individuals (e.g. Medi-Cal, state regulations, etc.?) 2) Sober-Living Homes are unregulated and provide low reimbursement rates. <ul style="list-style-type: none"> • What is the impact to clients? <p>Systems</p> <ol style="list-style-type: none"> 1) As a priority, identify the system gap(s) for individuals involved in the Behavioral Health and Criminal Justice Systems. <ul style="list-style-type: none"> • Issues such as ‘formerly incarcerated’ individuals not qualifying for housing access, due to forensic involvement. <p><u>Miscellaneous</u></p> <p>The Advocacy Committee will hold an In-between Meeting in February or March 2018 to discuss a list of topics to potentially transition to the proposed Council new priorities. The Committee Members are to provide a list of ideas to carry forward to either “Legislation, Housing/Homelessness, Workforce, Systems, Patients’ Rights” Committee.</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

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) & (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>~The Committee will revisit this goal. The Committee decided to revisit Goal 1 in six (6) months, at the June 15, 2017 meeting.</p>
Target Audience:	Expected Outcomes:	End Product:
<p>DHCS, Legislators, Stakeholders, Local Mental Health Boards</p>	<p>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>A report distributed to the PC and released to the public. Date: TBD</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Look into closures of Adult Residential Facilities (ARFs) 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 7/10/2017 CDSS CCL Glossary of Terms 12/5/2017 Stakeholder Meeting held in San Bernardino County 1/26/2018 Stakeholder Meeting scheduled for Yolo County</p>
Target Audience:	Expected Outcomes:	End Product:
<p>Legislators, CDSS, DHCS, Stakeholders and Local Mental Health Boards.</p>	<p>To illustrate the lack of available placement options for individuals needing housing options beyond crisis care and homelessness. Creation of solutions to change the current status and develop potential amendments to current regulations and/or legislation.</p>	<p>A draft report was submitted to the PC in October 2017.</p>

Future Goals for the Committee to Consider: Peer Certification, Cultural Competence Committee in the Counties and Incarceration of the Mentally Ill.

B **TAB SECTION**

DATE OF MEETING 2/28/2018

MATERIAL

DATE MATERIAL

PREPARED BY: Wiseman

PREPARED 2/21/2018

AGENDA ITEM: Legislative and Regulatory Issues
ENCLOSURES: Senate Bill 906 Peer Support Letter
CDSS Invitation Letter
AB 2287, AB 2390 and AB 2391 Web Links

How this agenda item 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 CBHPC envisions a behavioral 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.

[Assembly Bill 2287](#) (Kiley), Introduced February 13, 2018 – Mental Health Services Act

[Assembly Bill 2390](#) (Harper), Introduced February 14, 2018 – Pupil safety: identification cards: suicide prevention telephone numbers

[Assembly Bill 2391](#) (Harper), Introduced February 14, 2018 – Student Health: identification cards: suicide prevention telephone numbers



January 31, 2018

The Honorable Joel Anderson
California State Senator
California State Capitol, Room 5052
Sacramento, CA 95814

The Honorable Jim Beall
California State Senator
California State Capitol, Room 2082
Sacramento, CA 95814

RE: Senate Bill 906 (Anderson and Beall): Medi-Cal: Peer Support
Specialists Certification- **SUPPORT**

Dear Senators Anderson and Beall,

The California Behavioral Health Planning Council (CBHPC) strongly supports Senate Bill (SB) 906. We are pleased to join our numerous colleagues who also support this legislation including California counties, health/mental health organizations and advocates who are calling upon the state to standardize high-quality peer and family support services.

The Council is under federal and state mandate to advocate on behalf of adults with severe mental illness and children with severe emotional disturbance and their families. We are also statutorily required to advise the Legislature on mental health issues, policies and priorities in California. The Council has long recognized an existing disparity in mental and behavioral health and advocated for policies and services that will address the issues of access with the attention and intensity they deserve, if true recovery and overall wellness are to be attained and retained.

The Council has long advocated for the use of peers in the health system. We currently lead a Workforce Education and Training Steering Committee to identify solutions for the workforce shortage. The standardization of a program to certify Peer Specialists in the state of California is a major step to increasing access to care, services and treatment. The employment of Peer Specialists would facilitate a behavioral health workforce that is more culturally, linguistically, faith, gender and recovery-sensitive to those are under- and unserved in the public behavioral health system.

Peer providers who use their life experience with mental illness and recovery, coupled with skills learned through formal training, have proven to be a valuable addition to service delivery in mental health settings. Research demonstrates that use of qualified peer support specialists has measurable benefits to consumers, including reduced hospitalizations, improved functioning, alleviation of depression and other symptoms, and

CHAIRPERSON
Raja Mitry
EXECUTIVE OFFICER
Jane Adcock

- Advocacy
- Evaluation
- Inclusion

enhanced self-advocacy. A peer support program also creates a career ladder so that consumers and family members working in mental health care have the opportunity to fully contribute, translating their experience into meaningful employment.

Just as important, establishing a state certification program would enable California providers to bill federal Medicaid (Medi-Cal in California) for 50 percent of the cost of services provided by certified peers. It would also enable us to quantify and track the valuable work and the diversity of this segment of the service delivery system. This is a crucial advantage, as it allows for peer services to become a sustainable piece of the state's mental health care delivery system.

California has been a national leader in cutting edge policies and programming to better meet the needs of individuals living with serious mental illness. Currently forty states plus the District of Columbia and the U.S. Department of Veteran's Affairs have implemented protocols to certify peer specialists, and four additional states are in the process of creating certification programs, enabling the majority of states to leverage Medicaid funds. *And yet, California has not acted!* California should not be lagging in this area. Voter approval of Proposition 63 indicates the value of the voice and contributions of persons with lived experience but somewhere we lost that vision.

The time has come for California to embrace peer support as an evidence-based model and put in place a certification program that will standardize this best practice. SB 906 makes sense from both a policy and fiscal perspective, and will result in a more comprehensive and effective approach to mental health care as well as increase access through this addition to the workforce. It is for these reasons that we support SB 906.

The Council thanks you for introducing this essential step in bolstering the behavioral health workforce in California. If you have any questions, please contact Jane Adcock, Executive Officer, at (916) 322-3807 or Jane.Adcock@cmhpc.ca.gov.

Sincerely,

Original Signed by

Raja Mitry
Chairperson

Cc: Gregory Cramer, Policy Consultant
Adrienne Shilton, Steinberg Institute



February 21, 2018

CHAIRPERSON
Raja Mitry

EXECUTIVE OFFICER
Jane Adcock

Will Lightbourne, Director
California Department of Social Services
Mail Station 8-17-11
744 "P" Street
Sacramento, CA 95814

- **Advocacy**
- **Evaluation**
- **Inclusion**

Dear Director Lightbourne:

The California Behavioral Health Planning Council (Council) recently became aware of the Housing and Disability Advocacy Program (HDAP). The Council's Advocacy Committee reviewed the information currently available regarding HDAP during its recent meeting on January 18, 2018. We acknowledge that this program was only recently established by Assembly Bill 1603 (Chapter 25, Statutes of 2016) and is time limited to three years.

Currently, the Council is leading a statewide effort to raise awareness to the diminishing numbers of Adult Residential Facility (ARF) and Residential Care Facilities for the Elderly (RCFE). Many individuals with serious mental illness, who are discharged from facilities, – hospital and correctional – rely heavily on this one type of housing on the housing continuum. For some, it is a temporary transition from institutional setting before living independently. The Council has developed a white paper to identify the major barriers to successful operation of ARF/RCFEs and to put forth some possible solutions. It is anticipated that legislation may be initiated to address this significant housing issue for a vulnerable segment of California's population.

From what we have been able to discern from the information available and in brief discussions with your staff, it appears that a great majority of individuals served by the public behavioral health system will not be able to participate in the HDAP due to their residing in an ARF or RCFE. There are numerous definitions of "homeless" in both state and federal law/regulation and in some instances, persons residing in ARF/RCFEs are not considered 'housed' due to having no renter/tenant rights. The Committee members have concerns that many individuals will be overlooked for eligibility for HDAP due to their temporary housing in an ARF/RCFE.

The Council invites members of your staff to join the Advocacy Committee at its next meeting on April 19, 2018, in Redwood City to provide more detailed information regarding the HDAP and to provide information around questions such as:

- 1) Can HDAP funds be utilized to pay for Adult Residential Facility and/or Residential Care Facilities for the Elderly monthly bed rates?
- 2) Could individuals who are incapable of living independently be considered eligible to participate in HDAP?
- 3) Is there a plan to extend this program beyond the three-year period of July 1, 2017 through June 30, 2020?
- 4) Are there any requirements or restrictions on the source of funding for the "dollar-for-dollar county match"?

This program could potentially provide a partial safety net for the most vulnerable individuals in our state. As the All County Welfare Directors Letter dated, July 27, 2017 indicates, the homeless are the primary target population. Those individuals in ARF/RCFEs are neither homeless nor renters in law; however, these individuals are often most impacted by the arbitrary derogatory actions of facility owners.

We thank your staff for providing us information on this very important program and look forward to their joining us in April. Please let us know with whom we should work with to coordinate for April, and if you have any questions, please contact Jane Adcock, Executive Officer, at (916) 322-3807 or Jane.Adcock@cmhpc.ca.gov.

Sincerely,

Original Signed by

Raja Mitry

Chairperson

Cc: Timothy Lawless, Chief
Housing and Homelessness Bureau
California Department of Social Services
Monica Wilson, Advocacy Chairperson
Darlene Prettyman, Advocacy Chairperson-Elect