

California Behavioral Health Planning Council

Advocacy Committee
Thursday, January 18, 2018
DoubleTree Hotel
1515 Hotel Circle South
San Diego, California 92108
Cortez

8:30 a.m. to 12:00 noon

Time	Topic	Presenter or Facilitator	Tab
8:30 am	Welcome and Introductions	Barbara Mitchell, Chairperson	
8:35	Change of Officers	Barbara Mitchell, Chairperson	
8:40	Agenda Review	Monica Wilson, Chairperson	
8:45	Approval of Minutes from October and November 2017	Monica Wilson and All	A
9:05	Policy Platform, Charter and Work Plan - discussion	Monica Wilson and All	B
9:50	Break		
10:05	Legislative and Regulatory matters related to Behavioral Health may be discussed.	Monica Wilson and All	C
11:05	Housing and Homelessness Bureau Program Overview	Dorinda Wiseman and All	D
11:35	Public Comment	Monica Wilson and All	
11:40	Wrap-Up/Meeting Evaluation	Monica Wilson and All	
11:55	Public Comment	Monica Wilson and All	
12:00 pm	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 Kathleen Casela
Marina Rangel Simon Vue Steve Leoni

Staff: Dorinda Wiseman

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

A TAB SECTION

DATE OF MEETING 01/18/2018

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 12/20/2017

AGENDA ITEM:	Approval of Minutes
ENCLOSURES:	Draft minutes from October and November 2017

BACKGROUND/DESCRIPTION:

The Committee members are to vote on and accept the draft minutes presented for the prior quarter.

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 12/08/2017

AGENDA ITEM:	CBHPC Policy Platform, Advocacy Committee Charter and Work Plan
ENCLOSURES:	<ul style="list-style-type: none"> • 2018 Policy Platform • Charter • Work Plan Matrix • Legislative Platforms for Collateral Advocates

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

The **Policy Platform** provides a framework the Planning Council works from. The Planning Council is mandated to monitor, review and evaluate the adequacy of mental health services within the State. The Planning Council is also mandated to advocate for children with serious emotional disturbance, adults with serious mental illness and for effective, quality programs.

The **Charter** contains general operating principles to assist in guiding the work and deliberations of the Committee.

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.

Historically, the Platform was renewed on an annual basis. The platform will shift to align with the California Legislative Cycle (two-year increments).

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CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL
POLICY PLATFORM
January 2018 – December 2019

The California Behavioral 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.

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 behavioral 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 behavioral health funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
5. Support legislation that safeguards behavioral health insurance parity and ensures quality behavioral 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 behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL
POLICY PLATFORM
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13. Oppose bills related to “Not In My Back Yard” (NIMBY) and restrictions on housing and siting facilities for providing behavioral 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 behavioral 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 behavioral 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 behavioral health issues and perspectives of direct

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL
POLICY PLATFORM
January 2018 – December 2019

Consumers across the age spectrum and family members and those from ethnic/racial/cultural populations.

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 Behavioral 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.

**CBHPC
ADVOCACY COMMITTEE
CHARTER 2018**

Purpose:

The purpose of the Advocacy Committee is to address public issues affecting the effectiveness of the state’s behavioral health programs and quality of life for persons living with mental illness. This includes increasing public behavioral 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 CBHPC Policy Platform.

Mandate: WIC 5772.

The California Behavioral Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality behavioral health programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on behavioral health issues and the policies and priorities that this state should be pursuing in developing its behavioral health system.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.
- (k) To assess periodically the effect of the realignment of mental health services and any other important changes in the state's behavioral health system, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.
- (l) To suggest rules, regulations, and standards for the administration of this division.

Guiding Principles:

All advocacy efforts and proposed legislation shall be reviewed to ensure that the following best practices and principles are included.

Cultural Competence	Full Accessibility across the life span	Wellness & Recovery
Community Collaboration	Consumer & Family member driven or influenced	Integrated Services <small>End of description</small>

OBJECTIVES:

1. Review and respond to pending legislation, proposed code language, regulatory, and judicial actions that potentially diminish or adversely affect Mental Health Services Act (MHSA) programs, compromises the state mental health plan and/or other areas of interest as noted in the CBHPC Policy Platform.
2. Inform a behavioral health system that incorporates public and private resources to offer community-based services that embrace recovery and wellness, are strength-based, culturally competent, and cost-effective.
3. Develop talking points to use for education and commentary on behavioral

CBHPC
ADVOCACY COMMITTEE
CHARTER 2018

health issues in the media.

4. Respond to and partner with Consumer agencies and family member organizations to support their activities when appropriate.

Roles and Responsibilities:

Regular attendance of Committee Members is expected in order for the Committee to function effectively. If a Committee has difficulty achieving a quorum due to the continued absence of a Committee Member, the Committee Chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the Committee Chairperson can request that the Executive Committee remove the member from the Committee.

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend community meetings
- Speak - when authorized - at relevant conferences and summits when requested by the Committee or the Planning Council
- Participate in the development of products such as white papers, opinion papers, reports and other documents
- Distribute the Committee's white papers, reports and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

Materials will be distributed as far in advance as possible in order to allow time for review before the meetings. Members are expected to come prepared in order to ensure effective meeting outcomes.

General Principles of Collaboration:

The following general operating principles are proposed to guide the Committee's deliberations:

- The Committee's mission will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Committee's common goals.
- To that end, members will:
 - Commit to expending the time, energy and organizational resources necessary to carry out the Committee's mission;
 - Be prepared to listen intently to the concerns of others and identify the interests represented;
 - Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments;
 - Regard disagreements as problems to be solved rather than battles to be won;
 - Be prepared to "think outside the box" and develop creative solutions to

CBHPC
ADVOCACY COMMITTEE
CHARTER 2018

address the many interests that will be raised throughout the Committee's deliberations.

Decision Making:

The Committee will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting highlights.

Meeting Protocols:

The Committee's decisions and activities will be captured in a highlights document, briefly summarizing the discussion and outlining key outcomes during the meeting. Viewpoints will be recorded, but not be attributed to a specific member. Members will review and approve the previous meeting's highlights at the beginning of the following meeting.

Media Inquiries:

In the event the Committee is contacted by the press, the Chairperson will refer the request the CBHPC's Executive Officer.

Membership:

Monica Wilson, Chairperson	Darlene Prettyman, Chairperson-Elect
Arden Tucker	Barbara Mitchell
Carmen Lee	Daphne Shaw
Deborah Starkey	Kathleen Casela
Marina Rangel	Simon Vue
Steve Leoni	
Staff: Dorinda Wiseman 916.650.6870 Dorinda.Wiseman@cmhpc.ca.gov	

ADVOCACY COMMITTEE WORK PLAN

2015-2017

1. 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. As of 12.18.17, there is no update on this issue.</p>
<p>Target Audience: DHCS, Legislators, Stakeholders, Local Mental Health Boards</p> <p>Expected Outcomes: 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>End Product: 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

2. 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 Definitions of facilities https://secure.dss.ca.gov/CareFacilitySearch/Glossary 12/5/2017 Stakeholder Meeting held in San Bernardino County 1/26/2018 Stakeholder Meeting scheduled for Yolo County</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

<p>Target Audience: Legislators, CDSS, DHCS, Stakeholders and Local Mental Health Boards.</p> <p>Expected Outcomes: 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>End Product: A draft report was submitted to the PC in October 2017.</p>	Intentionally Blank		Intentionally Blank	
<p>Future Goals for the Committee to Consider:</p>	<p>1) Peer Certification</p>	<p>2) Cultural Competence Committee in the Counties</p>	<p>3) Incarceration of the Mentally Ill</p>	<p>4) "Get the Department of Mental Health (DMH) back!"</p>

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 (CBHA), formerly
(CCCBHA).
CBHA 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, the Council on Criminal Justice and Behavioral Health (formerly known as the 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

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 Criminal Justice and Behavioral Health (CCJBH) (formerly Council on Mentally Ill Offenders (COMIO))

Who is CCJBH?

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 CCJBH do?

Through an annual legislative report and monthly activities, CCJBH 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 CCJBH'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 CCJBH 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.

CCJBH 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.

“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.

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.

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 21st century and will ensure we are doing all we can for individuals in crisis when they need it most.

C TAB SECTION

DATE OF MEETING 01/18/2018

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 12/12/2017

AGENDA ITEM:	Legislative and Regulatory Issues
ENCLOSURES:	

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 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.

D TAB SECTION

DATE OF MEETING 01/18/2018

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 12/12/2017

AGENDA ITEM:	Housing and Disability Advocacy Program
ENCLOSURES:	 Housing and Disability Advocacy Program (HDAP) Fact Sheet  HDAP All County Welfare Directors Letter

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

The Advocacy Committee recently released a white paper on one aspect of the housing continuum of care in California, Adult Residential Facility (ARF) bed crisis. This agenda item provides a brief overview of a new program established by Assembly Bill 1603 (Chapter 25, Statutes of 2016). The new program is called the Housing and Disability Advocacy Program. It housed within the Department of Social Services

The context for this agenda item is as follows:

HDAP was appropriated \$43,461,000 in California's 2017-18 Budget. HDAP is a county-administered program specifically designed to "assist disabled individuals who are experiencing homelessness apply for disability benefit programs while also providing housing assistance." These funds will be available to counties for three (3) years. Funds will be allocated in two (2) rounds. The first round is based on the County need. Any remaining funds will be allocated on a competitive basis.

Additional information regarding this program is contained in the California Department of Social Services (CDSS), Housing and Disability Income Advocacy Program (HDAP), [All-County Welfare Directors Letter dated July 27, 2017](#).

FACT SHEET

Department of
SOCIAL SERVICES



Housing and Disability Advocacy Program

The Housing and Disability Advocacy Program (HDAP), established by Assembly Bill (AB) 1603 (Chapter 25, Statutes of 2016), will assist homeless and disabled individuals apply for disability benefit programs, while also providing housing supports. The HDAP requires that participating counties offer outreach, case management, benefits advocacy, and housing supports to all program participants.

- Eligibility Requirements
 - Individuals who are disabled or likely disabled, and who are experiencing homelessness. The chronically homeless and those who rely most heavily on state and county funded services will be given highest priority.
 - County programs are required to utilize a Housing First model, which includes housing individuals without preconditions and helping clients secure permanent housing as soon as possible. This means that individuals should be connected to housing early in the advocacy process, while continuing to work on the disability benefits application process.
 - Counties must assess their local need and work in collaboration with the Continuum of Care and coordinated entry system to ensure populations with the highest needs are given the highest priority for HDAP services.
- The 2017-18 California State Budget Act appropriated \$43,461,000 for the program, which is available over a three-year period, from July 1, 2017 through June 30, 2020.
- HDAP is a state-funded program with a dollar-for-dollar county match requirement.
- On July 27, 2017, the CDSS released a request for proposals to county welfare departments. County proposals are due on October 31, 2017, although counties impacted by the October 2017 wildfires will have until November 28, 2017.
- Next Steps
 - The CDSS will allocate funds for the HDAP in two rounds. The first round of allocations will be made available to applicant counties on the basis of need, according to a methodology developed by the CDSS.
 - Any funds remaining after round one will be allocated to counties on a competitive basis.