

California Behavioral Health Planning Council

**Advocacy Committee
Thursday, April 19, 2018**

Pullman Hotel
223 Twin Dolphin Drive
Redwood City, California 94065

Peninsula 1

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

Time	Topic	Presenter or Facilitator	Tab
8:30 am	Welcome and Introductions	Monica Wilson, Chairperson	
8:40	Agenda Review	Monica Wilson, Chairperson	
8:45	Approval of Minutes from January and February 2018	Monica Wilson and All	A
8:50	Legislative and Regulatory matters related to Behavioral Health may be discussed.	Monica Wilson and All	B
9:40	Vic Ojakian	Vic Ojakian, Monica Wilson and All	C
9:55	Public Comment		
10:00	Updates: Adult Residential Facility (ARF) Project and Housing and Disability Advocacy Program (HDAP)	Dorinda Wiseman and All	D
10:25	Public Comment	Monica Wilson and All	
10:35	Break	All	
10:50	Work Plan	Monica Wilson and All	E
11:25	Committee Discussion of Proposed CBHPC Priorities	Monica Wilson and All	F
11:45	Wrap-Up, Questions, Comments and/or Recommendations	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 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.

ADVOCACY COMMITTEE

Thursday, January 18, 2018
8:30 am – 12:00 pm

Double Tree Hotel
1515 Hotel Circle South
San Diego, California 92108
Grand View Room

Members Present:

Monica Wilson – Chairperson, Darlene Prettyman – Chairperson-Elect, Arden Tucker, Barbara Mitchell, Daphne Shaw, Deborah Starkey, Marina Rangel, Simon Vue and Steve Leoni

Members Absent:

Carmen Lee and Kathleen Casela

Staff Present:

Justin Boese and Dorinda Wiseman

Public:

Theresa Comstock, Calif. Association of Local Behavioral Health Boards and Commissions, Barbara Wilson, LCSW, Samuel Jain, California Association of Mental Health Patients' Rights Advocates (CAMHPRA), Poshie Walker, NorCal MHA, Kathleen Murphy, LCSW, Tulare County.

The meeting commenced at 8:37 a.m. Barbara Mitchell welcomed all present. A quorum was present.

[Welcome and Introductions](#)

Barbara Mitchell welcomed all present and requested Committee Members and Public Attendees to introduce themselves.

[Change of Officers](#)

Barbara Mitchell introduced the Advocacy Chairperson and Chairperson-Elect for 2018 – Monica Wilson and Darlene Prettyman. Monica Wilson thanked Barbara Mitchell for her leadership and expertise performed during her tenure.

[Agenda Review](#)

No amendments were requested/suggested.

[Approval of Minutes – October and November 2017](#)

October 2017 – Darlene Prettyman requested clarification if there was follow-up with Timothy Lawless (page 5). **Discussion:** Staff advised Mr. Lawless was contacted following the October Meeting. The staff further advised there will be a brief

presentation of the information Mr. Lawless' staff provided on a new statewide program. **Motion:** To approve the October 2017 minutes. 1st – Daphne Shaw; 2nd – Arden Tucker. **Vote: Yes** – Arden Tucker, Barbara Mitchell, Daphne Shaw, Monica Wilson, and Simon Vue. **No** – None; **Abstain** – Darlene Prettyman, Deborah Starkey and Marina Rangel. **The motion passed.**

November 2017 – No requests for discussion or changes. **Motion:** To approve the November 2017 minutes. 1st – Daphne Shaw; 2nd – Arden Tucker. **Vote: Yes** – Arden Tucker, Barbara Mitchell, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Monica Wilson and Simon Vue; **No** – None; **Abstain** – Marina Rangel. **The motion passed.**

[Policy Platform, Charter and Work Plan – Discussion](#)

Policy Platform – the committee members discussed the need to incorporate the Substance Use Disorder mandate appropriately into future iterations of the Platform.

Discussion: The Committee Members reached consensus on the Policy Platform as presented. Substantive changes will be made at the time in which the priority areas for the Council come into effect. **Motion:** To approve the Policy Platform 2018-2019, as is, with the changes reflecting the Council name change from Mental Health to Behavioral Health. 1st Daphne Shaw; 2nd – Darlene Prettyman. **Vote: Yes** – Arden Tucker, Barbara Mitchell, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Marina Rangel, Monica Wilson, Simon Vue and Steve Leoni; **No** – None; **Abstain** – None. **The motion passed.**

Charter – the committee members requested to move the ‘Membership Chart’ above the Charter Purpose, as opposed to at the end of the document. Steve Leoni requested more strength-based language used in Objective #1. Specifically, “actions that markedly improve or diminish...” He also advised this would be part of future work completed on the Charter. The Committee Members were also concerned with incorporating Substance Use Disorder Co-Occurring into the Charter. The staff requested clarification on whether to list public attendee names in meeting minutes. The Committee Members believed the names/agencies/organizations represented at meetings lend itself to the Council’s efforts in reaching diverse groups/populations and it is recognition for both the Council and the organizations represented. Members of the public expressed their openness to having their names and organizations represented in Committee Minutes. The Committee Members advised using a sign-in sheet to account for public attendees. Anyone not willing to have their name published will have their rights upheld. **Discussion:** The Committee Members believe there needs to be constructive work done to incorporate the past work of the Committee into any new committee structure while also addressing/incorporating the Substance Use Disorder Co-Occurring mandate. **Motion:** To accept the Advocacy Committee Charter with amendments discussed. 1st – Darlene Prettyman; 2nd – Arden Tucker. **Vote: Yes** – Arden Tucker, Barbara Mitchell, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Marina Rangel, Monica Wilson, Simon Vue and Steve Leoni; **No** – None; **Abstain** – None. **The motion passed.**

Work Plan – the Committee Members expressed great concern over incorporating behavioral health adequately into the Work Plan, as well as, not losing the work that has been done on Adult Residential Facilities. They also expressed the need to take a deeper dive into the regulation aspects of Housing and Residential Facilities/Programs. The Committee Members also want to include Institution for Mental Disease (IMD) into the work plan for the committee most appropriate to hold it. Barbara Mitchell requested the Committee look into how regulations inhibit the ability to work and adequately serve dual-diagnosis individuals (e.g. Medi-Cal; regulations at the state level). Barbara Mitchell and Daphne Shaw asked how to incorporate behavioral health (co-occurring) into the current and future work plans. Steve Leoni advised Substance Use Disorder appointments on the Council would assist with the behavioral health requirement.

Discussion: Regulatory issues associated with IMDs will be the next project tackled by the Council, via the Advocacy Committee or appropriate priority area. Items and ideas to cross-over to dual-diagnosis to be added to the Work Plan. Criminal Justice populations have issues with placement. These individuals are leaving a structured environment and may be psychiatrically unstable, minimal support, etc., how are these individuals dealt with? We need more understanding of which populations are eligible for which programs.

[Legislative and Regulatory matters related to Behavioral Health may be discussed.](#)

The Committee Members requested staff to check for changes to the Council name in all documents (e.g. CMHPC should now read CBHPC). The context for Legislative and regulatory issues has the acronym for the Council's previous name.

Steve Leoni provided a brief overview of the Workforce Education and Training (WET) Steering Committee. He expressed the need to have more Council Members involved, as he is the only consistent Council Member involved in the activities. He advised of the breadth of participation by other organizations and collateral partners. He also cautioned the need to retain Council statute responsibilities, otherwise current responsibilities could be transferred to other entities.

[Assembly Bill 1250](#) - The Committee Members agreed to continue the Council's opposition to this bill. **Discussion:** The Committee Members were acutely aware of how detrimental this legislation could impact not just behavioral health programs at the local level, yet all social services. Barbara Mitchell suggested the Council write another letter to include the negative impact this bill would have on the under- and unserved populations, that would greatly increase health disparities. Samuel Jain advised SEIU will not amend the bill to include exemptions for non-profits. Barbara Wilson advised SEIU has encouraged six-bed facilities to unionize. **Motion:** The Council will write another opposition letter to AB 1250 which will incorporate its impact to under- and unserved populations, further increasing health disparities. **1st** Barbara Mitchell, **2nd** Darlene Prettyman. **Vote: Yes** - Arden Tucker, Barbara Mitchell, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Marina Rangel, Monica Wilson, Simon Vue and Steve Leoni; **No** - None; **Abstain** – None. **The motion passed.**

Senate Bill 906 – The Committee Members agreed to support Senators Anderson Beall’s Medi-Cal: Peer Support Specialists Certification.

Housing and Homelessness Bureau Program Overview

Housing and Disability Advocacy Program – the Committee Members were very concerned that many individuals living with serious mental illness and/or serious emotional disturbance and reside in Adult Residential facilities would not be eligible for this program. **Discussion:** Barbara Mitchell advised federal and state regulations have increasingly become more restrictive in attempts to house homeless persons, other vulnerable populations will get penalized, “it’s fail first.” Steve Leoni advised the mental health community should collaborate with these efforts and think strategically for a longer term solution, “think big.” The Committee Members also wanted clarification on where the funding for this program comes from and whether funds can be utilized for adults in Adult Residential Facilities and Residential Care Facilities for the Elderly.

Motion: The Council will write a letter to HDAP requesting clarification on funding and eligibility issues for persons in Adult Residential Facilities and Adult Residential Facilities for the Elderly, unable to live independently. **1st** Barbara Mitchell; **2nd** Darlene Prettyman. **Vote: Yes** - Arden Tucker, Barbara Mitchell, Daphne Shaw, Darlene Prettyman, Deborah Starkey, Marina Rangel, Monica Wilson, Simon Vue and Steve Leoni; **No** - None; **Abstain** - None. **The motion passed.**

Public Comment

Poshi Walker – Residential Housing – request to also advocate for appropriate services for lesbian, gay, bisexual, transgender individuals. Please be aware of placement needs of transgendered individuals will become important if there are gendered housing. Question/concern, in the past, when individuals with substance use disorders (SUD) were treated, their mental health needs were ignored. SUD services not reflective of the recovery movement and the strength-based perspective. Often many individuals are taking substances to cope with mental health concern/issue. The Council may want to look into the law/regulations surrounding cohabitation (two people on a one-bedroom lease). The law/regulations are antiquated and may be a way to deal with some of the issues with residential care options. There may be support from various allies if the Council took this regulation change on. In your HDAP letter please stress the program is supporting a “fail first” model.

Theresa Comstock – thanked the Committee for the ongoing work of the ARF Project and the forums in Southern and Northern California. The CALMHB/C has initiated conference calls to discuss this subject matter as an addendum to the work the Council has begun regarding the ARFs. The Association continues to ask the Counties what are the biggest issues, the lack of psychiatric workers are a huge issue. The current immigration efforts has also impacted psychiatric workers due to losing their work visas.

Barbara Wilson – Thank you for meeting in Southern California. There are Adult Residential Facilities that have closed since New Year’s Day. I have warned about this crisis for years. We really do not know the number of beds taken by those with mental

health needs. The Department of Mental Health does not have a system to gather appropriate data to determine the exact vast need. Potential solution to assist owner/operators of Board and Cares: Board and Care Home loans to make capital improvements. The Los Angeles County Board of Mental Health will release its white paper on their efforts with the ARF issue. Mental health workforce needs more psychiatrists, especially in many of our rural areas, tele-psychiatry may not work for all psychotic individuals. Growing a mental health workforce can be done! There needs to be a continuum of care, beyond the Full Service Partnerships. The lack of oversight and potential of stonewalling within IMDs is of concerned. We must remain diligent.

Wrap-up/Evaluation

Chairperson Wilson requested feedback from the Committee Members on her functioning during the meeting. The Members were appreciative and thanked her.

Public Comment

Steve Leoni briefed the Advocacy Committee about the status and progress of the Workforce Education and Training (WET) Steering Committee. Steve Leoni cautioned the members about the lack of participation from Council Members on the Steering Committee. He requested for the Members to become more active and knowledgeable about WET Activities.

Darlene Prettyman thanked the public attendees for their thoughts, comments and passion. She advised she valued their input and knowledge of the issues related to the ARF Project.

Adjourn/Recess

The meeting adjourned/recessed at 12:10 pm. The next Quarterly Meeting is April 19, 2018, 8:30 am – 12:00 pm in Redwood City, California at the Pullman Hotel (223 Twin Dolphin Drive, Redwood City, California 94065).

PARKING LOT ISSUE(S)

- June 2017 - The Committee Members asked the Staff to **NUMBER** pages on future Supplemental Packets.
- Meeting with Housing and Community Development: discussion of policy and procedures and issues related to NPLH Advisory Board.
- October 2016 - Collaborate with Each Mind Matters on the Mental Health license plate efforts.

ADVOCACY COMMITTEE

Wednesday, February 28, 2018
10:00 am – 11:00 am

Conference Call
1000 'G' Street
Sacramento, California 95814

Members Present:

Darlene Prettyman – Chairperson-Elect, Arden Tucker, Barbara Mitchell, Daphne Shaw, Deborah Starkey, Simon Vue and Steve Leoni

Members Absent:

Monica Wilson, Carmen Lee and Marina Rangel

Staff Present:

Jane Adcock and Dorinda Wiseman

Public:

Raja Mitry, CBHPC Chairperson, Theresa Comstock, Calif. Association of Local Behavioral Health Boards and Commissions, Barbara Wilson, LCSW, and Michael Long U.C. Berkeley.

The meeting commenced at 11:03 a.m. Darlene Prettyman welcomed all present. A quorum was present.

Welcome and Introductions

Dorinda Wiseman welcomed all present and requested Committee Members and the Public to introduce themselves.

Agenda Review

No amendments were requested/suggested. Barbara Mitchell asked if the opposition letter regarding [Assembly Bill 1250](#) has gone out. Barbara Mitchell and Darlene Prettyman requested if language with under and inappropriately served is utilized.

Work Plan

The Committee Members discussed issues to remain and/or be included in the Committee's Work Plan. **Discussion:** The Staff advised of the addition of one row to the Work Plan that incorporated the Committee's concerns stated during the January 2018 Meeting. Steve Leoni asked if there is a place to incorporate the Olmstead decision. This will be added to the "Action Steps." Barbara Mitchell suggested to incorporate alternative payment methods for Adult Residential Care for clients not on Social Security Income benefits. This will be added to the Housing and Homelessness and Medicaid and Systems priority areas. Staff will add this item to the transition

component of the Work Plan. Daphne Shaw advised due to the recent shootings, the Council needs to keep an eye on IMD inclusion. Steve Leoni advised that due to California's size, in relation to the nation, our perspective and work on these topics can have far reaching implications. Barbara Mitchell advised Sober Living Homes are not reimbursed. They are tenant-run. The clarification in the Work Plan should read, "Explore alternatives or modifications to Sober Living environments for individuals who are dually-diagnosed." Steve Leoni suggested to include the work completed by the Mental Health Services Oversight and Accountability Commission on [the nexus of Mental Health and Criminal Justice](#). The ACLU is also in the process of releasing their positions on the Criminal Justice System on persons with mental health issues.

[Legislative and Regulatory matters related to Behavioral Health](#)

[Senate Bill 906](#) Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification: The Council has been requested to support Senate Bill 906 Medi-Cal: Peer Support Specialist Certification. **Motion:** 1st Barbara Mitchell, 2nd Daphne Shaw. **Public Comment:** None. **Vote: Yes** - Darlene Prettyman, Arden Tucker, Barbara Mitchell, Daphne Shaw, Deborah Starkey, Simon Vue and Steve Leoni, **No** - None; **Abstain** - None. **The motion passes.**

[Assembly Bills 2390](#) Pupil safety: identification cards: suicide prevention telephone numbers and [Assembly Bill 2391](#) Student health: identification cards: suicide prevention telephone numbers: Assembly Member Harper has requested the Council's support. **Discussion:** Darlene Prettyman requested information on the funding source. Barbara Mitchell requested information regarding whether this is an evidence-based intervention. **Motion:** The Council is in favor of the concept of AB 2390 and AB 2391. The Council will take a neutral/watch position due to the following concerns: Where is the funding coming from? Has there been any evidence-based research indicating this intervention is effective? Why aren't younger students included? 1st Daphne Shaw, 2nd Steve Leoni. **Public Comment:** Theresa Comstock advised suicide contact information is not always readily available. This legislation appears to make this tool available to/for students. Raja Mitry inquired why parental contact information is not included. He also wanted information on why students in middle school were not included. **Vote: Yes** – Darlene Prettyman, Arden tucker, Daphne Shaw, Simon Vue, Barbara Mitchell, Deborah Starkey and Steve Leoni; **No** - None; **Abstain** - None. **The motion passes.**

[Assembly Bill 2287](#) Mental Health Services Act: Assembly Member Kiley's attempt to bring greater accountability to the Mental Health Services Act Fund. **Discussion:** The Committee members were concerned about the implication(s) this legislation could have on the Planning Council. Jane Adcock advised of her conversation with Assembly Member Kiley's staff advising them of the redundancy in county reporting and the potential impact to the Council's five (5) positions. Committee Members agreed this is an important issue and should be monitored closely. Steve Leoni requested updates on AB 2287 as often as needed and required.

[Assembly Bill 2316](#) and [Assembly Bill 2317](#): Daphne Shaw advised both bills were introduced by Assembly Member Eggman. Daphne Shaw also advised that the work completed by the Patients' Rights Committee, along with the California Association of Mental Health Patients' Rights Advocates (CAMPRA), led to the legislation to standardize training for Patients' Rights Advocates (PRA) and extend Whistleblower Protections to PRAs. Daphne Shaw encouraged the Council to actively support and lobby on behalf of these bills.

Public Comment

Michael Long advised the Committee about [Senate Bill 1045](#) Conservatorship: chronic homelessness: mental illness and substance abuse disorders. Michael Long indicated the Council might want to be aware of and track the legislation.

Adjourn/Recess

The meeting adjourned/recessed at 12:06 pm. The next Quarterly Meeting is April 19, 2018, 8:30 am – 12:00 pm in Redwood City, California at the Pullman Hotel (223 Twin Dolphin Drive, Redwood City, California 94065).

PARKING LOT ISSUE(S)

- June 2017 - The Committee Members asked the Staff to **NUMBER** pages on future Supplemental Packets.
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- October 2016 - Collaborate with Each Mind Matters on the Mental Health license plate efforts.

_____ INFORMATION

TAB SECTION B

 X ACTION REQUIRED

DATE OF MEETING 4.19.18

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 3.27.18

AGENDA ITEM:	Legislation and Regulation
ENCLOSURES:	Legislation list, Senate Bill 1004 fact Sheet, 3.2.18 AB 1250 Opposition Letter and SCV News article
OTHER MATERIAL RELATED TO ITEM:	None

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 behavioral 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. This includes increasing public behavioral 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.

Vote on the following:

Support:

[Assembly Bill 186](#) (Eggman) Controlled substances: safer drug consumption program. Amended in Senate September 8, 2017.

[Assembly Bill 254](#) (Thurmond) Local Educational Agency Behavioral Health Integration Pilot Program. Amended in Senate June 28, 2017.

[Assembly Bill 1136](#) (Eggman), amended February 5, 2018. Health facilities: residential mental or substance use disorder treatment. Amended in Senate February 5, 2018.

[Assembly Bill 1795](#) (Gipson) Emergency medical services: community care facilities. Introduced January 9, 2018.

[Assembly Bill 2018](#) (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs. Amended in Assembly March 12, 2018.

[Assembly Bill 2022](#) (Chu) Pupil health: on-campus mental health professionals. Amended in Assembly March 15, 2018.

[Assembly Bill 2112](#) (Santiago) Federal 21st Century Cures Act: community-based crisis response plan: grant. Introduced February 8, 2018.

[Assembly Bill 2138](#) (Chiu and Low) Licensing boards: denial of application: criminal conviction. Introduced February 12, 2018. Spot bill

[Senate Bill 10](#) (Hertzberg, et al.) bail: pretrial release. Amended in Assembly September 6, 2017.

[Senate Bill 215](#) (Beall) Diversion: mental disorders. Amended in Senate January 25, 2018.

[Senate Bill 688](#) (Moorlach) Mental Health Services Act: revenue and expenditure reports. Amended in Senate January 23, 2018.

[Senate Bill 1125](#) (Atkins) Federally qualified health center and rural health clinic services. Introduced February 13, 2018.

[Senate Concurrent Resolution \(SCR\) 99](#) (Newman) Military and Veteran Suicide Prevention Awareness Week. Introduced February 8, 2018.

Motion: The Council is in support of AB 186 amended 9.8.17, AB 254 amended 6.28.17, AB 1136 amended 2.5.18, AB 1795, AB 2018 amended 3.12.18, AB 2022 amended 3.15.18, AB 2112, AB 2138, SB 10 amended 9.6.17, SB 215 1.25.18, SB 688 amended 1.23.18, SB 1125 and SCR 99.

Oppose:

[Assembly Bill 2156](#) (Chen) Mental health services: gravely disabled. Introduced February 12, 2018.

[Assembly Bill 2843](#) (Gloria) Mental Health Services Fund. Introduced February 16, 2018.

[Assembly Bill 3224](#) (Thurmond) Public social services: county employees. Amended in Assembly March 20, 2018.

[Senate Bill 1045](#) (Wiener and Stern) Conservatorship: chronic homelessness: mental illness and substance abuse disorders. Amended in Senate March 13, 2018.

Motion: The Council opposes AB 2456, AB 2843, AB 3224 amended 3.20.18 and SB 1045 amended 3.13.18.

Watch:

[Assembly Bill 1927](#) (Bonta) Firearms: California Do Not Sell List. Amended in Assembly March 14, 2018.

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

[Assembly Bill 2325](#) (Irwin) County mental health services: veterans. Introduced February 23, 2018.

[Assembly Bill 3200](#) (Kalara, Reyes and Thurmond) Public social services: SSI/SSP. Introduced on February 16, 2018.

[Senate Bill 1004](#) (Wiener) Mental Health Services Act: prevention and early diagnosis. Introduced February 6, 2018.

[Senate Bill 1019](#) (Beall) Youth mental health and substance use disorder services. Introduced February 7, 2018.

Motion: The Council has concerns and will closely monitor the progress and intent of AB 1927 amended 3.14.18, AB 2287, AB 2325, AB 3200, SB 1004, and SB 1019.

Support/Oppose/Neutral:

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

[Assembly Bill 2391](#) (Harper) Student health: identification cards: suicide prevention telephone numbers. Amended in Assembly March 5, 2018.

Motion: The Council is in support/opposition/neutral of AB 2390 and AB 2391.

CBHPC Currently Supported or Sponsored

[Assembly Bill 2316](#) (Eggman) Mental health: county patients' rights advocates: training and certification.

[Assembly Bill 2317](#) (Eggman) Whistleblower protection: state and local independent contractors.

[Senate Bill 906](#) (Beall and Anderson) Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification.

Miscellaneous Information

- 1) Dr. Arambula will sponsor a bill for 24 hour/seven day a week Mobile Crisis Line for Foster Children and Caregivers
- 2) Council on Criminal Justice and Behavioral Health (CCJBH), Disability Rights California (DRC) and California Behavioral Health Directors Association (CBHDA) will have Incompetent to Stand Trial (IST) as focus for this legislative cycle.
- 3) The California Psychiatric Association (CPA) and the CBHDA are collaborating on efforts to establish a Substance Use Disorder Continuum of Care for Youth. The impetus comes from the Continuum of Care Reform (CCR) and the passage of the Adult Use of Marijuana Act (AUMA).
- 4) Los Angeles County Board of Supervisor Meeting Tuesday, January 30, 2018

Recommendation as submitted by Supervisors Barger and Ridley-Thomas: Direct the Chief Executive Officer to work with the Director of Mental Health to immediately sponsor legislation that would amend the definition of gravely disabled pursuant to the recommendation outlined in the Director of Mental Health's January 10, 2018 report entitled, "Assessment of Grave Disability," and report back to the Board with regular status updates every 30 days, or as needed. (18-0502)

[Attachments: Motion by Supervisors Barger and Ridley-Thomas Director of Mental Health's Report](#)

Jonathan E. Sherin, M.D., Ph.D., Los Angeles County Mental health Director
[Assessment of Grave Disability](#) report dated January 10, 2018

[Assembly Bill 1971](#) (Santiago and Friedman) Introduced January 31, 2018.
Mental health services: planning, research, and evaluation.

Existing law requires the State Department of Health Care Services to perform various functions with regard to the statewide delivery of mental health services, including, but not limited to, implementation of related planning, research, evaluation, technical assistance, and quality assurance responsibilities.

SCVNews.com [State Bill Would Improve Care for Mentally Ill Homeless](#)

Collateral Interests

California Psychiatric Association (CPA) Budget ask – One (1) year fellowship in Psychiatry. These Primary Care Providers (PCP) receive psychiatric training and are then equipped to provide better psychiatric assessment services in their communities.

California Psychological Association (CPA)

Security Measures (Yountville); Crisis Beds Juvenile Justice

- [Assembly Bill 1968](#) (Low) Mental health: firearms. Amended in Assembly February 28, 2018.

This bill would require that a person who has been taken into custody, assessed, and admitted to a designated facility because he or she is a danger to himself, herself, or others, as a result of a mental health disorder more than once within a 5-year one-year period to be prohibited from owning a firearm for the remainder of his or her life. The bill would extend the above hearing process to a person under these provisions. Because a violation of the firearm prohibition would be a crime, the bill would impose a state-mandated local program.

California Alliance for Children and Families

- [Assembly Bill 199](#) Public works: private residential projects. Chapter 610, October 2017
- [Assembly Bill 2657](#) (Weber) Pupil discipline: restraint and seclusion. Introduced February 15, 2018.

This bill would authorize an educational provider, as defined, to use behavioral restraints, which includes physical and mechanical restraints, or seclusion, as defined, only if a pupil's behavior presents an imminent danger of serious physical harm to the pupil or others, and if other specified conditions are met. The bill would prohibit an educational provider from using a behavioral restraint or seclusion in certain circumstances, including, but not limited to, using seclusion or a behavioral restraint for the purpose of coercion, discipline, convenience, or retaliation, and would prohibit the use of certain restraint and seclusion techniques. The bill would require an educational provider, as soon as possible, but no later than 2 school days after the use of seclusion or a behavioral restraint, to schedule a debriefing meeting regarding the use of

seclusion or a behavioral restraint with the pupil, the pupil's parent or legal guardian, the staff members involved in the incident, and the educational provider's administrator, as specified. Because the requirement to hold a debriefing meeting would impose a new duty on local educational agencies, the bill would impose a state-mandated local program. The bill would require an educational provider to collect and, no later than 3 months after the end of a school year, report to the State Department of Education annually on the use of behavioral restraints and seclusion for pupils enrolled in or served by the educational provider for all or part of the prior school year, as specified. To the extent that the data collection and reporting requirements would impose new duties on local educational agencies not required by federal law, the bill would impose a state-mandated local program.

The bill would state the intent of the Legislature that the data collection and reporting requirements be conducted in compliance with specified federal law, and impose no new duties or higher level of service on local educational agencies.

Support: California Alliance for Children and Families

National Association of Social Workers – California

- [Assembly Bill 186](#) (Eggman) Controlled substances: safer drug consumption program. Amended in Senate September 8, 2017. Two-year bill.

This bill would, until January 1, 2022, authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a hygienic space supervised by health care professionals, as defined, where people who use drugs can consume preobtained drugs, sterile consumption supplies, and access to referrals to substance use disorder treatment. The bill would require any entity operating a program under its provisions to provide an annual report to the city, county, or city and county, as specified. The bill would exempt a person from existing criminal sanctions solely for actions or conduct on the site of a safer drug consumption services program for adults authorized by a city, county, or city and county.

- [Senate Bill 10](#) (Hertzberg, et al) Bail: pretrial release. Amended in Assembly September 6, 2017.

This bill would, beginning January 1, 2020, implement a revised pretrial release procedure. The bill, among other things, would require, with exceptions, that a pretrial services agency conduct a pretrial risk assessment on an arrested person and prepare a pretrial services report that includes the results of the pretrial risk assessment and recommendations on conditions of release for the person immediately upon booking. The bill would require the pretrial services agency to transmit the report to a magistrate, judge, or court commissioner and the magistrate, judge, or court commissioner, within 6 hours, to issue an oral or written order to release the person, with or without release conditions, subject to the person signing a specified release agreement.

- [Senate Bill 982](#) (Mitchell) CalWORKS: grant amount. Introduced February 1, 2018.

This bill would declare the intent of the Legislature to enact legislation relating to the CalWORKs grant amount and makes related findings and declarations.

Council on Criminal Justice and Behavioral Health

- [Senate Bill 8](#) (Beall) Diversion: mental disorders. Amended in Assembly August 21, 2017.

This bill would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program for up to 2 years if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment. For specified offenses, the bill would condition granting diversion on the consent of the prosecution. The bill would require the defense to arrange, to the satisfaction of the court, for a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. The bill would require the defense divertee's mental health provider to provide reports on the defendant's progress to the court and the prosecution court, the defense, and the prosecution not less than every 6 months. 3 months. By increasing the duties of local prosecutors and public defenders, this bill would impose a state-mandated local program. The bill would require, upon successful completion of the diversion program, that the charges be dismissed, dismissed and the records of the arrest sealed, and that the arrest be deemed never to have occurred, except as provided. The bill would state findings and declarations by the Legislature regarding the need for the diversion program.

- [Senate Bill 215](#) (Beall) Diversion: mental disorders. Amended in Senate January 25, 2018.

This bill would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program for up to 2 years if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment. For specified offenses, the bill would condition granting diversion on the consent of the prosecution. Specified driving-under-the-influence offenses would not be eligible for diversion under these provisions. The bill would require the defense to arrange, to the satisfaction of the court, for a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. The bill would require the divertee's mental health provider to provide reports on the defendant's progress to the court, the defense, and the prosecution not less than every month if the offense is a felony, and every 3 months if the offense is a misdemeanor, as specified. By increasing the duties of local prosecutors and public defenders, this bill would impose a state-mandated local program. The bill would require, upon successful completion of the diversion program, that the charges be dismissed and the records of the arrest be restricted, as specified, and that the arrest be deemed never to have occurred, except as provided. The bill

would state findings and declarations by the Legislature regarding the need for the diversion program.

Any and all matters related to Incompetent to Stand Trial (IST).

California Behavioral Health Planning Council

Legislation 2017 - 2018

Legislation

Vote to Support

- [Assembly Bill 186](#) (Eggman) Controlled substances: safer drug consumption program. Amended in Senate September 8, 2017.

This bill would, until January 1, 2022, authorize specified counties or cities within those counties to authorize the operation of supervised injection services programs for adults that satisfies specified requirements, including, among other things, a hygienic space supervised by health care professionals, as defined, where people who use drugs can consume pre-obtained drugs, sterile consumption supplies, and access to referrals to substance use disorder treatment. The bill would require any entity operating a program under its provisions to provide an annual report to the city, county, or city and county, as specified. The bill would exempt a person from existing criminal sanctions solely for actions or conduct on the site of a safer drug consumption services program for adults authorized by a city, county, or city and county.

Supporter(s): National Association of Social Workers – CA (NASW-CA)

- [Assembly Bill 254](#) (Thurmond) Local Educational Agency Behavioral Health Integration Pilot Program. Amended in Senate June 28, 2017.

This bill would require the department to establish the Local Educational Agency Behavioral Health Integration Pilot Program for the purpose of improving the behavioral health outcomes of students through a whole person care approach that is accomplished by providing funding to an eligible participant for the provision by improving the delivery of direct behavioral health services, as defined. The bill would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, to develop a request for a proposals process to determine funding allocation, and to formulate any necessary Medi-Cal State Plan amendments, and award grants pursuant to these provisions. The bill would require an LEA receiving funding through the program to use funds received to undertake specified activities in support of the program, including, among others, providing, or building capacity for the provision of, direct behavioral health services to all students with a demonstrated need, with a concerted effort toward improving the delivery of underutilized services to students enrolled in the Medi-Cal program. The bill would authorize an LEA to provide direct behavioral health services through direct employment of health care providers, or by contracting, as specified, with health care providers or school health centers, as defined. The bill would provide for implementation of the program to the extent that any necessary federal approvals have been obtained. The bill would require the department, upon termination of the program and depletion of appropriated funds, to report to the Legislature, as specified, on the outcomes of the program and the need for funding school-based health services and their connection to early behavioral health outcomes. The bill would make related legislative findings and declarations.

California Behavioral Health Planning Council Legislation 2017 - 2018

- [Assembly Bill 1136](#) (Eggman), amended February 5, 2018. Health facilities: residential mental or substance use disorder treatment. Amended in Senate February 5, 2018.

This bill would require the State Department of Public Health to develop and submit a proposal to solicit a grant under the federal 21st Century Cures Act to develop a real-time, Internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential substance use disorder treatment facilities. The bill would require a database created using grant funds received as a result of the submission of that proposal to have the capacity to collect data and enable a specified search *to identify beds that are appropriate for the treatment of individuals* and to include specified information, including, among other things, the contact information for the facility's designated ~~employee~~ *employee and information on beds*. The bill would require the department to confer with stakeholders to inform the development of the proposal and to submit an evaluation to the federal Health and Human Services Secretary and to the Legislature.

- [Assembly Bill 1795](#) (Gipson) Emergency medical services: community care facilities. Introduced January 9, 2018.

The act also authorizes each county to develop an emergency medical services program and requires local EMS agencies to plan, implement, and evaluate an emergency medical services system. Existing law requires local EMS agencies to be responsible for the implementation of advanced life support systems, limited advanced life support systems, and for the monitoring of specified training programs for emergency personnel. Existing law defines advanced life support as special services designed to provide definitive prehospital emergency medical care, as specified, at the scene of an emergency, during transport to an acute care hospital, during interfacility transfer, and while in the emergency department of an acute care hospital until responsibility is assumed by that hospital.

This bill would authorize a local emergency medical services agency to submit, as part of its emergency services plan, a plan to transport specified patients to a community care facility, as defined, in lieu of transportation to a general acute care hospital. The bill would make conforming changes to the definition of advanced life support to include prehospital emergency care provided before and during, transport to a community care facility, as specified. The bill would also direct the Emergency Medical Services Authority to authorize a local EMS agency to add to its scope of practice for specified emergency personnel those activities necessary for the assessment, treatment, and transport of a patient to a community care facility.

Supporter(s): California Hospital Association (CHA), American Civil Liberties Union (ACLU)

- [Assembly Bill 2018](#) (Maienschein) Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs. Amended in Assembly March 12, 2018.

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This bill also would define “practice setting” to include a program or facility operated by, or contracted to, a county mental health plan. The bill would require the guidelines established by the foundation and the office to include providing early loan repayment consideration for psychiatric trainees who have committed to working in county mental health plans or county mental health plan contracted services and are enrolled in specialized community psychiatry training tracks or fellowships for this purpose. By providing that a continuously appropriated fund may be spent for a new purpose, this bill would make an appropriation....This bill would clarify that OSHPD needs to include in the 5-year plan both expansion plans for loan forgiveness and scholarship programs offered in return for a commitment to employment in California’s public mental health system and expansion plans for making loan forgiveness programs available to current employees of the mental health system who want to obtain Associate of Arts, Bachelor of Arts, master’s degrees, or doctoral degrees. The bill would also make specified findings and declarations.

Supporter(s): California Psychiatric Association (CPA), Access Coalition

- [Assembly Bill 2022](#) (Chu) Pupil health: on-campus mental health professionals. Amended in Assembly March 15, 2018.

This bill would require, on or before December 31, 2021, a school of a school district or county office of education and a charter school to have at least one mental health professional, as provided, generally accessible to pupils on campus during school hours. The bill would require, if the mental health professional is not employed by the school, the school district, or the county office of education, the school, the school district, or the county office of education to form a community partnership with and enter into a memorandum of understanding with the entity that employs the mental health professional that clearly specifies certain information relating to the responsibilities of each partner. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. The bill would also specify possible sources of funding to comply with its requirements.

Supporter(s): MHAC

- [Assembly Bill 2112](#) (Santiago) Federal 21st Century Cures Act: community-based crisis response plan: grant. Introduced February 8, 2018.

This bill would require the State Department of Health Care Services to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, a plan for specified objectives. The bill would require the department to confer with specified stakeholders in developing its grant proposal and application. The bill would require the department, if awarded a grant, to submit to the United States Secretary of Health and Human Services, at the time and in the manner, and containing the information, as the Secretary may reasonably require, a report, including an evaluation of the effect of that grant on, among other things, local crisis response services and measures for individuals receiving crisis planning and early intervention supports. The bill would also require the department to submit a copy of this report to the Legislature.

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Supporter(s): California Hospital Association (CHA), Access Coalition

- [Assembly Bill 2138](#) (Chiu and Low) Licensing boards: denial of application: criminal conviction. Introduced February 12, 2018. Spot bill

This bill would instead prohibit a person from being denied a license solely on the basis that he or she has been convicted of a nonviolent crime and would make conforming changes.

Supporter(s): American Civil Liberties Union (ACLU), Council on Criminal Justice and Behavioral Health (CCJBH)

- [Senate Bill 10](#) (Hertzberg, et al.) bail: pretrial release. Amended in Assembly September 6, 2017.

This bill would declare the intent of the Legislature to enact legislation that would safely reduce the number of people detained pretrial, while addressing racial and economic disparities in the pretrial system, and to ensure that people are not held in pretrial detention simply because of their inability to afford money bail.

This bill would, beginning January 1, 2020, implement a revised pretrial release procedure. The bill, among other things, would require, with exceptions, that a pretrial services agency conduct a pretrial risk assessment on an arrested person and prepare a pretrial services report that includes the results of the pretrial risk assessment and recommendations on conditions of release for the person immediately upon booking. The bill would require the pretrial services agency to transmit the report to a magistrate, judge, or court commissioner and the magistrate, judge, or court commissioner, within 6 hours, to issue an oral or written order to release the person, with or without release conditions, subject to the person signing a specified release agreement.

Support: American Civil Liberties Union (ACLU)

- [Senate Bill 215](#) (Beall) Diversion: mental disorders. Amended in Senate January 25, 2018.

This bill would authorize a court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution of a misdemeanor or a felony punishable in a county jail, and place the defendant in a pretrial diversion program for up to 2 years if the court is satisfied the defendant suffers from a mental disorder, that the defendant's mental disorder played a significant role in the commission of the charged offense, and that the defendant would benefit from mental health treatment. For specified offenses, the bill would condition granting diversion on the consent of the prosecution. Specified driving-under-the-influence offenses would not be eligible for diversion under these provisions. The bill would require the defense to arrange, to the satisfaction of the court, for a program of mental health treatment utilizing existing inpatient or outpatient mental health resources. The bill would require the divertee's mental health provider to provide reports on the defendant's progress to the court, the defense, and the prosecution not less than every month if the offense is a felony, and every 3 months if the offense is a misdemeanor, as specified. By increasing the duties of local prosecutors and public defenders, this bill would impose a state-mandated local

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program. The bill would require, upon successful completion of the diversion program, that the charges be dismissed and the records of the arrest be restricted, as specified, and that the arrest be deemed never to have occurred, except as provided. The bill would state findings and declarations by the Legislature regarding the need for the diversion program.

Support: American Civil Liberties Union (ACLU), Council on Criminal Justice and Behavioral Health (CCJBH)

- [Senate Bill 688](#) (Moorlach) Mental Health Services Act: revenue and expenditure reports. Amended in Senate January 23, 2018.

This bill would additionally require counties to prepare the reports in accordance with generally accepted accounting principles and to electronically submit the report in a machine-readable format. *principles, as specified.* By imposing a higher level of service on counties, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

- [Senate Bill 1125](#) (Atkins) Federally qualified health center and rural health clinic services. Introduced February 13, 2018.

This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and another health visit, as defined. The bill would require an FQHC or RHC that currently includes the cost of encounters with more than one health professional that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate by January 1, 2020, and after the department has approved that rate adjustment, to bill a medical visit and another health visit that take place on the same day at a single location as separate visits, in accordance with the bill. The bill would require the department, by January 15, 2019, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services to reflect the changes described in the bill, and to seek necessary federal approvals by March 30, 2019.

Support: California primary Care Association (CPCA), Steinberg Institute

- [Senate Concurrent Resolution \(SCR\) 99](#) (Newman) Military and Veteran Suicide Prevention Awareness Week. Introduced February 8, 2018.

This measure would proclaim September 24, 2018, to September 30, 2018, inclusive, as Military and Veteran Suicide Prevention Awareness Week in California. **Support:** MHAC

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Vote to Oppose

- [Assembly Bill 2156](#) (Chen) Mental health services: gravely disabled. Introduced February 12, 2018.

This bill would change the definition of “gravely disabled” for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, his or her own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in bodily harm. By increasing the level of service required of county mental health departments, this bill would impose a state-mandated local program.

Opposition: California Association of Mental Health Patients' Rights Association (CAMPHRA)

- [Assembly Bill 2843](#) (Gloria) Mental Health Services Fund. Introduced February 16, 2018.

This bill would state the intent of the Legislature to enact legislation that would require a county that receives reallocated funds from the Mental Health Services Fund to spend those funds within 2 years of adopting an expenditure plan for those funds. It would further state the intent of the Legislature that any funds not expended by a county within those 2 years would revert to the Mental Health Services Fund to be redistributed to cities within that county.

- [Assembly Bill 3224](#) (Thurmond) Public social services: county employees. Amended in Assembly March 20, 2018.

Existing law establishes various programs that are partially federally funded and that provide cash assistance and other benefits relating to health care, food, and housing, among other benefits, to qualified low-income families and individuals, including the California Work Opportunity and Responsibility to Kids (CalWORKs) program, Medi-Cal, and CalFresh. Existing federal law requires that certain decisions and actions relating to these programs be made by government agencies that maintain personnel standards on a merit basis or that state agency personnel used in the certification process for these programs be employed in accordance with a merit system.

This bill would require that all decisions governing eligibility for assistance for Medi-Cal, CalWORKs, and CalFresh that are made by a county employee be determined exclusively by a merit or civil service employee of the county. The bill would also include a statement of legislative findings and declarations.

~~Existing law authorizes the State Department of State Hospitals, the State Department of Health Care Services, and other departments as necessary, to perform various tasks relating to mental health services, including, among others, disseminating educational information relating to the prevention, diagnosis, and treatment of mental illness and~~

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~~establishing a program designed to prevent mental illnesses from becoming severe and disabling.~~

~~This bill would state the intent of the Legislature to enact legislation relating to mental health services.~~

Supporter(s): Service Employees International Union (SEIU)

- [Senate Bill 1045](#) (Wiener and Stern) Conservatorship: chronic homelessness: mental illness and substance abuse disorders. Amended in Senate March 13, 2018.

This bill would establish a procedure for the appointment of a conservator for a person who is chronically homeless and incapable of caring for the person's own health and well-being due to acute and severe mental illness or a severe substance abuse disorder, as evidenced by high-frequency emergency department use, high-frequency jail detention due to behavior resulting from the person's severe mental illness or substance abuse disorder, or frequent placement under a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or is gravely disabled, for the purpose of providing appropriate placement in supportive housing that provides wraparound services.

Under review: County Behavioral Health Directors Association (CBHDA)

Vote to Watch

- [Assembly Bill 1927](#) (Bonta) Firearms: California Do Not Sell List. Amended in Assembly March 14, 2018.

This bill would require the Department of Justice to develop and launch a secure Internet-based platform to ~~allow~~ *enable* a person who resides in California to voluntarily add his or her own name to the California Do Not Sell List. The bill would require the department to ensure that information ~~on the list is uploaded and reflected in the~~ *from the list is regularly transmitted to the Federal Bureau of Investigation for inclusion in the* National Instant Criminal Background Check System. The bill would make it a crime, punishable as misdemeanor or a felony, to transfer a firearm to a person who is ~~validly registered~~ on the California Do Not Sell List. By creating a new crime, this bill would impose a state-mandated local program.

~~The bill would allow a person registered on the list to file a petition in Superior Court requesting to have his or her name removed from the registry. The bill would require the court to hold a hearing and order removal of the person's name if he or she establishes by a preponderance of the evidence that he or she is not at elevated risk of suicide.~~ *on the list to request removal from the list through the secure Internet-based platform after 365 days have elapsed from the date the person last added his or her name to the list. The bill would allow the person to request removal prior to that time if he or she submits a declaration from a licensed physician, psychiatrist, or psychologist stating that the person does not present a substantial risk of harm to self or others with a firearm.*

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The bill would require the State Department of Public Health to create and distribute informational materials about the California Do Not Sell List to general acute care hospitals and acute psychiatric hospitals. ~~The bill would specify that a person presenting in a general acute care hospital or acute psychiatric hospital who is at a substantially elevated risk of suicide should be presented with these informational materials.~~ hospitals, acute psychiatric hospitals, and mental health facilities. The bill would specify that any suicide hotline maintained or operated by an entity funded in whole or in part by the state should generally inform callers on how to access the California Do Not Sell List Internet-based platform.

The bill would provide that its provisions are severable.

Supporter(s): National Association of Social Workers – CA (NASW-CA)

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

This bill would establish the Office of Mental Health Services within the California Health and Human Services Agency, as specified. The bill would transfer various functions of the State Department of Health Care Services under the act to the office. Under this bill, the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund, as specified. The bill would also require the office to assume certain duties, including, among others, initiating investigations, advising counties, conducting research, and reporting to the Legislature, by December 31, 2020, of any additional authority it deems necessary to complete its duties and to ensure county compliance with the act, as specified. The bill would make conforming changes to other provisions to reflect the transfer of those mental health responsibilities.

- [Assembly Bill 2325](#) (Irwin) County mental health services: veterans. Introduced February 23, 2018.

This bill would prevent a county from denying an eligible veteran county mental or behavioral health services while the veteran is waiting for a determination of eligibility for, and availability of, mental or behavioral health services provided by the United States Department of Veterans Affairs. The bill would make specific findings and declarations about the county's duty to provide mental and behavioral health services to veterans.

- [Assembly Bill 3200](#) (Kalara, Reyes and Thurmond) Public social services: SSI/SSP. Introduced on February 16, 2018.

This bill would reinstate the cost-of-living adjustment beginning January 1 of the 2019 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 100% of the 2018 federal poverty level to be increased to an amount that equals 100% of the federal poverty level. By reinstating the cost-of-living adjustment and by increasing the amount of benefits paid under the SSP, this bill would make an appropriation. Guiding Principle 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

California Behavioral Health Planning Council Legislation 2017 - 2018

Disability (SSD)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.

- [Senate Bill 1004](#) (Wiener) Mental Health Services Act: prevention and early diagnosis. Introduced February 6, 2018.

This bill would amend the Mental Health Services Act by requiring counties to expend Mental Health Services Act prevention and early intervention funds on early psychosis and mood disorder detection and intervention, college mental health outreach, engagement, and service delivery, and childhood trauma prevention and early intervention, as specified. This bill would declare that its provisions further the intent of the MHSA.

Supporter(s): MHSOAC, Steinberg Institute

- [Senate Bill 1019](#) (Beall) Youth mental health and substance use disorder services. Introduced February 7, 2018.

This bill would require the commission, when making these funds available, to allocate at least one-half of those funds for services or programs targeted at children and youth 18 years of age and under....This bill would authorize a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership to create a program that includes, among other things, targeted interventions for pupils with identified social-emotional, behavioral, and academic needs and an agreement that establishes a Medi-Cal mental health provider that is county-operated or county-contracted for the provision of mental health and substance use disorder services to pupils of the local educational agency and in which there are provisions for the delivery of campus-based mental health and substance use disorder services through qualified providers or qualified professionals to provide on-campus support to identify pupils with an individualized education program (IEP), and pupils who do not have an IEP, but who a teacher believes may require mental health or substance use disorder services and, with parental consent, to provide those services to those pupils.

The bill would require the Mental Health Services Oversight and Accountability Commission, in consultation with the State Department of Education and the State Department of Health Care Services, to develop guidelines for the use of funds from the Mental Health Services Fund by a county for innovative programs and prevention and early intervention programs to enter into and support the above-mentioned partnerships. The bill would additionally require the commission to develop guidelines for the use of funds appropriated for the Investment in Mental Health Wellness Act of 2013 by a county to enter into and support these partnerships. The bill would create the County and Local Educational Agency Partnership Fund in the State Treasury, which would be available, upon appropriation by the Legislature, to the State Department of Education for the purpose of funding these partnerships, as specified, and would require the State Department of Education to fund these partnerships through a competitive grant program. The bill would also make related findings and declarations.

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Concern: It appears Counties may not have the flexibility in constructing their grant (spirit of Prop 63) at the local level.

Support/Oppose/Neutral

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

This bill would require a public high school that issues pupil identification cards to include on the back of the pupil identification cards the telephone number for the National Suicide Prevention Lifeline, the Crisis Text Line, and the school's campus police or security telephone number or, if the school does not have a campus police or security telephone number, the local nonemergency telephone number.

Response to Council inquiry: AB 2390 and AB 2391 are not mandates, there is no requirement for funding. The issuance for student identifications (ID's) are optional for school districts and if they choose to have ID's, then they pay for them. AB 2390 and 2391 just require schools to put the numbers on the ID's IF they issue them. There have been other schools that have done the ID's, however, there is no evidence-based research found, thus far. The targeted grades are primary for now. If there is a recommendation in the future to extend to 1st - 6th, the matter will be looked into further.

- [Assembly Bill 2391](#) (Harper) Student health: identification cards: suicide prevention telephone numbers. Amended in Assembly March 5, 2018.

This bill, commencing July 1, 2019, would require a campus of the California Community Colleges or the California State University that issues student identification cards to, and would request a campus of the University of California that issues student identification cards to, include on the back of the student identification cards the telephone number numbers for the National Suicide Prevention Lifeline, the Lifeline and Crisis Text Line, and the campus police or security telephone number or, if the campus does not have a campus police or security telephone number, the local nonemergency telephone number. By imposing new requirements on community college districts, the bill would impose a state-mandated local program.

Response to Council inquiry: AB 2390 and AB 2391 are not mandates, there is no requirement for funding. The issuance for student identifications (ID's) are optional for school districts and if they choose to have ID's, then they pay for them. AB 2390 and 2391 just require schools to put the numbers on the ID's IF they issue them. There have been other schools that have done the ID's, however, there is no evidence-based research found, thus far. The targeted grades are primary for now. If there is a recommendation in the future to extend to 1st - 6th, the matter will be looked into further.



Senator Scott Wiener, 11th Senate District

Senate Bill 1004 – Standardizing MHSA-PEI Programs

SUMMARY

Senate Bill 1004 will standardize high-quality Prevention and Early Intervention (PEI) programs funded by the Mental Health Services Act (MHSA). Statewide standards for PEI programs will ensure that all children, transition age youth (TAY), and young adults have access to effective, research-based treatment that can stem the progression of serious mental illness and pave the way for a stable and successful life.

BACKGROUND/EXISTING LAW

The MHSA was passed by California voters in 2004 through Proposition 63 to provide funding for community-based mental health services and support. Programs funded by MHSA include both Stage 1 (early onset) and Stage 4 (late-stage) services. The Act was structured to require that 80 percent of MHSA revenue goes toward services for people after mental illness has become disabling, while the remaining 20 percent of MHSA funding is targeted toward PEI programs.

Clinical research demonstrates that 50 percent of all mental illness begins by the age of 14 and 75 percent by the age of 24. Each year, an estimated 100,000 young people in the United States experience their first psychotic episode, a symptom of serious mental illness, including schizophrenia and bipolar disorder, which can involve terrifying hallucinations and delusions.

Untreated mental illness increases a person's risk for suicide, involuntary emergency care, homelessness, poor clinical outcomes and early death. Just as with any other serious physical illness, the longer a brain illness goes untreated, the more destructive the disease becomes and the more likely the individual will veer down a damaging and potentially fatal path.

We must build toward a system of care in which brain health is treated with the same urgency and sweep as the rest of the body. There is no health without brain health, and prevention is the surefire way to improve outcomes for our children and their families.

PROBLEM

Fewer than half of the counties in California offer the evidence-based models of early psychosis care that are proven most effective in intervening during the early stages of serious mental illness.

The Governor's January budget projects continued growth of MHSA funds, with an estimate of \$2.2 billion in revenue for the 2018-19 fiscal year. About \$500 million of these funds are set aside specifically for PEI programs, but there is a marked and inequitable disparity across the state as to how each county utilizes these funds.

The research is clear that, just as with other serious diseases, prevention and early intervention in brain illness leads to better outcomes. Rates of hospitalization, homelessness and incarceration fall, while graduation and employment rates rise -- as does a person's ability to lead a full and productive life.

SOLUTION

SB 1004 seeks to both standardize and strengthen prevention and early intervention strategies for mental health across California by establishing requirements for county MHSA-PEI funded programs in three specific areas. Moving forward, the counties would be required, at a minimum, to spend a portion of their PEI funding on at least one of the following three program categories:

1. Early psychosis and mood disorder detection and intervention
2. College mental health outreach, engagement, and service delivery
3. Childhood trauma prevention and early intervention

Standardizing our early intervention and prevention approaches will lower the likelihood that a young person will experience a psychotic break and reduce their chances of incarceration, hospitalization, or homelessness.

SUPPORT

- Steinberg Institute (Sponsor)
- One Mind

FOR MORE INFORMATION

Angela Hill, *Fellow*

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_____ INFORMATION

TAB SECTION C

 X ACTION REQUIRED

DATE OF MEETING 4.19.18

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 3.13.18

AGENDA ITEM:	Request for support
ENCLOSURES:	AB 2639 Pupil Fact Sheet and AB 1436 clinician suicide prevention training
OTHER MATERIAL RELATED TO ITEM:	None

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.

Mr. Vic Ojikian has requested support from the Council for the above-mentioned legislation.

The context for this agenda item is as follows:

[Assembly Bill 2639](#) (Berman) Pupil suicide prevention policies: evidence-based training. Introduced February 15, 2018.

This bill would require the State Department of Education to identify one or more evidence-based online training programs that a local educational agency, as defined, can use to train school staff and pupils as part of the local educational agency’s policy on pupil suicide prevention. The bill would require the department to provide a grant to a county office of education to acquire and disseminate a training program identified by the department to local educational agencies at no cost. The bill would make its requirements contingent on funds being appropriated in the annual Budget Act or another statute for its purposes.

Motion: The CBHPC supports/opposes/neutral AB 2639.

[Assembly Bill 1436](#) (Levine) clinician suicide prevention training. Introduced February 17, 2017.

AB 1436 is currently a hold over transportation bill from 2017. The wording will be gutted and replaced. This bill will require six hours of suicide assessment and intervention training for clinicians licensed by the Board of Behavioral Sciences (BBS). The 'gut-and-amend' should happen in the next few weeks. Once the amendment occurs a Fact Sheet will be issued.

Motion: The CBHPC supports/opposes/neutral AB 1436.

AB 2639 (Berman and O'Donnell)

Access to Pupil Suicide Prevention Training

SUMMARY

AB 2639 would support our schools' efforts to improve suicide awareness and prevent further tragedies by offering online suicide prevention training for all school staff and students. This legislation would empower teachers, school staff, and students to recognize, approach, and refer students in need.

BACKGROUND

The federal Centers for Disease Control and Prevention reports that suicide among adolescents and young adults is on the rise, and is now the second leading cause of death among youth and young adults 10 to 24 years of age. As children and teens spend a significant amount of their young lives in school, the personnel who interact with them on a daily basis are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help. In a national survey conducted by the Jason Foundation, pupils reported that the number one person they would turn to for helping a friend who might be suicidal was a teacher.

It is imperative that when a young person comes to school staff for help, that person has the knowledge, tools, and resources to respond. However, research on teacher and school staff preparedness has identified a lack of experience, training, and confidence to appropriately address mental health issues and suicide ideation among pupils. Further, the National Strategy for Suicide Prevention, authored by the United States Surgeon General and the National Action Alliance for Suicide Prevention, states that teachers and school counselors, among others who are on

the front lines of suicide prevention, should be trained on suicide prevention.

In 2016, AB 2246 (O'Donnell) was signed into law, which requires schools that serve pupils in grades 7 to 12 to adopt a policy on pupil suicide prevention in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts. AB 2246 also requires that these policies address any training to be provided to teachers on suicide awareness and prevention.

In order to support schools' plans to train their staff on suicide prevention, legislation is needed to take the next step of providing access to training in a cost-effective and flexible manner.

THIS BILL

AB 2639 would direct the California Department of Education (CDE) to identify evidence-based online suicide prevention training programs and provide funding to make the identified training program available to school staff and students at all public schools serving students in grades 7 to 12, including charter schools.

Specifically, CDE, subject to a budget appropriation, would provide a grant to a county office of education to acquire and make the online training program available to schools at no cost. It is important to note that schools are not required to use the training program; it would be offered for use on a voluntary basis, consistent with local policies on suicide prevention.

In identifying an online training program, CDE must ensure that:

- 1) The training program is evidence-based.
- 2) The training program is consistent with the model pupil suicide prevention policy developed by CDE.
- 3) The training program addresses the needs of high-risk groups such as youth bereaved by suicide; youth with disabilities, mental illness, or substance use disorders; youth experiencing homelessness or in foster care; and lesbian, gay, bisexual, transgender, or questioning youth.
- 4) The training program can track aggregate, statewide usage.
- 5) The training program can assess trainee knowledge before and after training is provided in order to measure training outcomes.

AB 2639 builds upon the existing requirement for schools to adopt a policy on pupil suicide prevention and takes the next step in offering schools a convenient way to train school staff and students at no cost to them. The goal of this legislation is to better equip and support our schools to ensure the safety of students.

SUPPORT

Equality California (sponsor)
The Trevor Project (sponsor)
Newport-Mesa Unified School District

OPPOSITION

None on File

FOR MORE INFORMATION

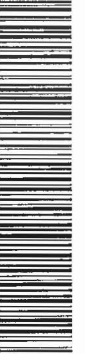
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AUTHOR'S COPY

An act to add Sections 4980.396, 4989.23, 4996.27, and 4999.66 to the Business and Professions Code, relating to healing arts.



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THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 4980.396 is added to the Business and Professions Code, immediately following Section 4980.395, to read:

4980.396. (a) On or after January 1, 2021, an applicant for licensure as a marriage and family therapist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of this chapter, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of Section 4980.54. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) On or after January 1, 2021, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a).

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

SEC. 2. Section 4989.23 is added to the Business and Professions Code, to read:

4989.23. (a) On or after January 1, 2021, an applicant for licensure as an educational psychologist shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.



(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of this chapter, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of Section 4989.34. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) On or after January 1, 2021, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a).

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

SEC. 3. Section 4996.27 is added to the Business and Professions Code, to read:

4996.27. (a) On or after January 1, 2021, an applicant for licensure as a clinical social worker shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of this chapter, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of Section 4996.22. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) On or after January 1, 2021, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a).



(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

SEC. 4. Section 4999.66 is added to the Business and Professions Code, to read:

4999.66. (a) On or after January 1, 2021, an applicant for licensure as a professional clinical counselor shall show, as part of the application, that he or she has completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention. This requirement shall be met in one of the following ways:

(1) Obtained as part of his or her qualifying graduate degree program. To satisfy this requirement, the applicant shall submit to the board a written certification from the registrar or training director of the educational institution or program from which the applicant graduated stating that the coursework required by this section is included within the institution's curriculum required for graduation at the time the applicant graduated, or within the coursework that was completed by the applicant.

(2) Obtained as part of his or her applied experience. Applied experience can be met in any of the following settings: practicum, internship, or formal postdoctoral placement that meets the requirement of this chapter, or other qualifying supervised professional experience. To satisfy this requirement, the applicant shall submit to the board a written certification from the director of training for the program or primary supervisor where the qualifying experience has occurred stating that the training required by this section is included within the applied experience.

(3) By taking a continuing education course that meets the requirements of Section 4999.76. To satisfy this requirement, the applicant shall submit to the board a certification of completion.

(b) On or after January 1, 2021, as a one-time requirement, a licensee prior to the time of his or her first renewal after the operative date of this section, or an applicant for reactivation or reinstatement to an active license status, shall have completed a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention, as specified in subdivision (a).

(c) Proof of compliance with this section shall be certified under penalty of perjury that he or she is in compliance with this section and shall be retained for submission to the board upon request.

SEC. 5. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.



AUTHOR'S COPY

LEGISLATIVE COUNSEL'S DIGEST

Bill No.
as introduced, Berman.
General Subject: Board of Behavioral Sciences: licensees: suicide prevention training.

Existing law, the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act, provides for the licensure and regulation of marriage and family therapists, educational psychologists, clinical social workers, and professional clinical counselors, respectively, by the Board of Behavioral Sciences. Existing law requires a person applying for licensure as a marriage and family therapist, educational psychologist, clinical social worker, or professional clinical counselor to complete specified coursework and training, requires licensees to complete specified continuing education requirements, and requires a licensee on inactive status to complete certain continuing education requirements as a condition of having his or her license reactivated.

This bill, on or after January 1, 2021, would require an applicant for licensure as a marriage and family therapist, an educational psychologist, a clinical social worker, or a professional clinical counselor to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill would require, on or after January 1, 2021, as a one-time requirement, a licensed marriage and family therapist, educational psychologist, clinical social worker, or professional clinical counselor to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal. The bill would also require, on or after January 1, 2021, a person applying for reactivation or for reinstatement to have completed this suicide risk assessment and intervention training requirement. The bill would require that proof of compliance with requirements be certified under penalty of perjury and be retained for submission to the board upon request. By expanding the crime of perjury, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

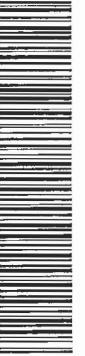


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Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.



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X INFORMATION

TAB SECTION D

_____ ACTION REQUIRED

DATE OF MEETING 4.19.18

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 3.19.18

AGENDA ITEM:	Updates: Adult Residential Facility Project and Housing and Disability Advocacy Program
ENCLOSURES:	March 5, 2018 Final Draft
OTHER MATERIAL RELATED TO ITEM:	Housing and Disability Advocacy Program (HDAP) Fact Sheet and HDAP All County Welfare Directors Letter (see link below).

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 is housed within the Department of Social Services.

BACKGROUND/DESCRIPTION:

The Committee Members requested the staff to provide an update on the ARF activities and the stakeholder process. The Committee Members also wanted information from the Department of Social Services related to the concerns raised during the January 2018 meeting regarding the Housing and Disability Advocacy Program (HDAP).

The context for this agenda item is as follows:

Adult Residential Facility (ARF) Project: The critical need for ARFs for adults with serious mental illness in California.

Overview:

- CDSS/Community Care Licensing – requested assistance to help decrease the numbers of provider/owners that were closing their facilities and to develop mentoring program to help (%) better meet needs of residents with Serious Mental Illness (SMI);
- Advocacy Committee Meetings in October 2016, January 2017 (draft paper discussion), April 2017 (draft paper, Trinity County and Santa Clara County panel discussion); June 2017 ARF discussion, Oct 2017 (CAPI, SSI/SSP, CCL panels), January 2018 (CDSS Housing and Homelessness Bureau overview);
- Stakeholder Meetings
 - San Bernardino County December 2017
 - Yolo County January 2018
 - Statewide Conference Call March 2018

Next Steps: Timeframes to be determined

- Meetings with CDSS with multiple-pronged purposes
 - Regulations regarding medication storage issues, age constraints, dual-diagnosis constraints and conflicts; barriers for persons with lived experiences with criminal background not able to work as peers
 - Data acquisition has to be changed to collect appropriate data to reflect missing information to better inform policy
 - Formal establishment of a statewide Association of Best Practices
 - CDSS could potentially contract this activity to a non-profit
- Mini Summit: Tiered Level of Need with Augmented funding
 - Targeted participants to include:
 - CDSS
 - Legislature
 - Steinberg Institute
 - UC Berkeley
 - County Directors
 - CA4SSI

Housing and Disability Advocacy Program (HDAP)

The Committee extended an invitation to the HDAP Staff to provide an in-person presentation to the Advocacy Committee. The HDAP Staff were not available to provide an in-person presentation on April 19, 2018. The HDAP Staff provided the following responses to the questions.

- 1) Can HDAP funds be utilized to pay for Adult Residential Facility and/or Residential Care Facilities for the Elderly monthly bed rates?

Counties are statutorily required to house HDAP participants in permanent housing that is sustainable based on the anticipated amount of their disability income benefit. In other words, the HDAP participant must be able to afford the unit on SSI (or other disability benefit) or there must be another resource in place to make it affordable given the fixed income received from SSI (for example, a federal housing voucher). As for temporary or interim housing solutions, counties have discretion but, to maximize program impact, will utilize options that meet the needs of participants in the manner that is most cost effective. Any housing intervention provided must allow for participant choice.

- 2) Could individuals who are incapable of living independently be considered eligible to participate in HDAP?

To be eligible for HDAP, a client must be homeless and disabled or likely disabled. Homelessness is defined in Attachment One of the [HDAP application materials](#). Counties are statutorily required to prioritize the chronically homeless.

- 3) Is there a plan to extend this program beyond the three-year period of July 1, 2017 through June 30, 2020?

Currently, HDAP is statutorily end-dated for June 30, 2020.

- 4) Are there any requirements or restrictions on the source of funding for the “dollar-for-dollar county match?”

Yes, there are variety of requirements relative to the dollar for dollar county match. The requirements are outlined in Attachment Four of the [HDAP application materials](#).

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.

X INFORMATION

TAB SECTION E

_____ ACTION REQUIRED

DATE OF MEETING 4.19.18

MATERIAL
PREPARED BY: Wiseman

DATE MATERIAL
PREPARED 3.13.18

AGENDA ITEM:	Work Plan
ENCLOSURES:	Advocacy Committee Work Plan matrix
OTHER MATERIAL RELATED TO ITEM:	CBHPC Crosswalk

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, Evaluation and Quality Improvement, Patients' Rights and the Executive Committees.

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.

BACKGROUND/DESCRIPTION:

The Advocacy Committee members will discuss the current Work Plan's contents and provide suggestions to which Priority Area (e.g. Patients' Rights, Workforce, Medicaid/Systems, Housing and Homelessness, and Legislation) the current tasks could possibly transition to.

ISSUE:

None.

ADVOCACY COMMITTEE WORK PLAN

2015-2017

Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
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<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>Miscellaneous</p> <p>The Advocacy Committee strongly advises the need to fully integrate Substance Use Disorder issues into the Work Plan tasks/projects.</p> <p>The Advocacy Committee will hold a Conference Call 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 Committees”.</p>
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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.

X **INFORMATION**

TAB SECTION F

 ACTION REQUIRED

DATE OF MEETING 4.19.18

**MATERIAL
PREPARED**

**DATE MATERIAL
PREPARED**

BY: Wiseman

3.13.18

AGENDA ITEM:	Committee Discussion of Proposed CBHPC Priorities
ENCLOSURES:	Crosswalk (provided in general session packet)
OTHER MATERIAL RELATED TO ITEM:	None

BACKGROUND/DESCRIPTION:

The Council members had a robust discussion about the proposed priority areas and the proposal to organize committees around the areas:

- Patients’ Rights
- Legislation
- Housing and Homelessness
- Workforce
- Medicaid and Systems

The Crosswalk has been developed as a tool to assist in providing a visual representation of the proposed priority areas for the Council.

The brief descriptions below was developed to provide more detail and narrative. The narrative also provides information on existing work transitioning to anticipated committees and attendance to workgroups already in existence. This is to give members a better understanding of the priority areas in addition to the visual depicting where current projects/activities would go.

Patients’ Rights

The committee will remain, as is, due to the statutory mandate on the Council for the membership and responsibilities of this committee. This committee shall advise the Directors of Health Care Services and State Hospitals regarding department policies and practices that affect patients’ rights. The committee shall also review the advocacy and patients’ rights components of each county mental health plan or performance contract and advise the Directors concerning the adequacy of each plan or performance contract in protecting patients’ rights.

Legislation

The Legislation Committee (LC) will primarily focus on legislation affecting the behavioral health system and actively engage with the Legislature on bills including testifying at hearings, writing of position letters, meeting with legislative staff and attending other meetings involving legislation and/or proposed new policy affecting the behavioral health system. Additionally, this committee may also take action to advocate on issues/proposed policy not otherwise covered in the other priority areas and, when agreed, engage in collaborative advocacy efforts to further the message/position/proposal from collateral partners, e.g., COMIO, REMHDCO, CASRA, MHAC, etc.

Housing and Homelessness

The efforts and activities of the Housing and Homelessness Committee (HHC) will initially focus on existing program actions including the following: Homeless Coordinating and Financing Council (HCF), 'No Place Like Home' Advisory Council, and the Adult Residential Facility (ARF) project. This committee will actively engage with other organizations such as Housing and Community Development (HCD) to influence policy and ensure access to programs by individuals who may or may not be served by the public behavioral health system. The ARF project has resulted in several potential solutions. The HHC will continue the advocacy efforts of the ARF project. Additionally, Yolo and Los Angeles Counties are also working to address the Adult Residential Facility crisis, this committee will collaborate with them, to the extent it is mutually beneficial. This committee will monitor and advocate on legislation related the housing crisis in CA, funding and programs to serve persons who have mental illness and are homeless.

Workforce

The efforts and activities of the Workforce Committee (WFC) can include subject areas such as the following: MHSA Workforce Education and Training (WET), Peer Support Specialist Certification, Co-Op Programs with the Department of Rehabilitation (DOR) for employment of consumers, CA Council for Employment of Persons with Disabilities, etc. Initial activity will support Council requirements under WIC 5820 and 5821 to focus on involvement in the development of the next 5-Year Plan in collaboration with OSHPD, formal development of the WET Steering Committee and mapping of existing efforts of other state entities that address employment of Californians and the workforce shortage in behavioral health system to establish connections and coordinate, where appropriate. This committee will seek to influence policy and make recommendations in the above areas.

Medicaid and Systems

The initial focus and efforts of the Medicaid and Systems Committee (MSC) will be to influence policy in the development and changes to California's 1115b and 1956b waivers, also known as the Medicaid 2020 Waiver Cliff. Additional areas of activity will include Systems Integration of physical, mental and substance use disorders, Integration with the Child Welfare, Juvenile Justice and Criminal Justice systems, etc. As another priority, identify the system gap or gaps for individuals involved in the BH and criminal justice systems. Issues such as, formally

incarcerated individuals not qualifying for housing access due to forensic involvement (possible joint issue with HHC). Also, meeting the needs of children/youth with serious emotional disturbance as well as monitoring and reviewing impact of implementation of Continuing Care Reform. Existing groups this committee will interact with include CCJBH (formerly COMIO), CCMH Juvenile Justice WG, Child Welfare Council, Student Mental Health Policy WG, etc.

ISSUE:

Discussion of *where* the following Advocacy Committee Work Plan tasks may go.

- Adult Residential Facility Project
- Institution for Mental Disease (IMD) data
- State regulations impacting persons who are dually-diagnosed in residential care settings
- Alternative payment options for persons not receiving Social Security benefits in residential care settings

