

California Behavioral Health Planning Council

Legislation Committee Agenda

Wednesday, April 17, 2019
Sheraton Fisherman's Wharf
2500 Mason Street, San Francisco, CA 94133
Marina 1 Room
1:30 pm to 5:00 pm

1:30 pm	Welcome and Introductions <i>Monica Caffey, Chairperson</i>	
1:35 pm	Steinberg Institute- Legislative Package for 2019 <i>Adrienne Shilton, Government Affairs Director, Steinberg Institute</i> <i>Adriana Ruelas, Legislative Affairs Director, Steinberg Institute</i>	Tab 1
2:35 pm	CBHPC Legislative Platform and Policy Priorities Discussion <i>Monica Caffey, Chairperson and All Members</i>	Tab 2
3:15 pm	Public Comment	
3:20 pm	Break	
3:35 pm	Consent Agenda <i>Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 3
3:45 pm	Legislation Committee Position List Review <i>Naomi Ramirez, CBHPC Legislative Coordinator and All Members</i>	Tab 4
4:30 pm	Public Comment	
4:35 pm	Approve January 2019 Meeting Minutes <i>Gerald White, Chair-Elect</i>	Tab 5
4:40 pm	Adult Residential Facility Project Update <i>ARF Workgroup Members</i>	Tab 6
4:50 pm	Public Comment	
4:55 pm	Wrap Up/Next Steps	
5:00 pm	Adjourn	

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

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

California Behavioral Health Planning Council

Legislation Committee Agenda

Legislation Committee Members

Monica Caffey, Chairperson

Gerald White, Chair-Elect

Catherine Moore

Barbara Mitchell

Daphne Shaw

Marina Rangel

Deborah Starkey

Darlene Prettyman

Susan Wilson

Monica Nepomuceno

Noel O'Neill

Patricia Bennett

Raja Mitry

Robert Blackford

Veronica Kelley

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**California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019**

Agenda Item: Steinberg Institute-Legislative Package for 2019

Enclosures: [Legislative Package for 2019](#)

How This Agenda Item Relates to Council Mission

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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Steinberg Institute is recognized by the behavioral health constituency as a champion for advocating for effective mental health policies in California and is very active in the legislative arena. It is essential that the Council stay informed about the legislative priorities of the Steinberg Institute to effectively advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

The Steinberg Institute is capitalizing on the political momentum created by the new governor who has prioritized mental health policy by pursuing an ambitious legislative agenda of more than a dozen bills. Adrienne Shilton and Adriana Ruelas will be presenting their legislative package to the committee. In an effort to maximize the Council's impact, the bills discussed during this presentation are listed on the Consent Agenda for this meeting. Members are encouraged to review the bills and included fact sheets for the legislation in the package prior to the meeting to identify any questions/concerns they would need addressed prior to taking a position. Any questions/concerns not addressed during the presentation can be discussed during the questions & answers period. Links to the full bill are provided in the *Legislative Position List-Pending* in Tab 3.



Adrienne Shilton

Government Affairs Director

Adrienne Shilton is a recognized expert in mental health policy who has devoted her career to improving the well-being of people living with brain illness and substance use disorders. Adrienne became involved in mental health policy as a key staff person in the campaign to pass the 2004 Mental Health Services Act. In the years since, she has worked in a variety of roles to carry out the vision for services laid out in the law, most recently as director of intergovernmental affairs for the County Behavioral Health Directors Association.

Before joining CBHDA, Adrienne was a senior associate with the nonprofit California Institute for Behavioral Health Solutions, and a senior policy analyst with the California Council of Community Behavioral Health Agencies. She has been a champion for culturally relevant program design, incorporating peer support as a

crucial piece of recovery, and using evaluation and outcomes-based reporting to drive strategy.

Adrienne has served as an adviser on a number of statewide efforts, and currently sits on a task force examining mental health issues in California's LGBTQ community. She has a bachelor's degree in psychology from Knox College, and a master's degree in public policy and administration from California State University, Sacramento.



Adriana Ruelas

Legislative Affairs Director

Adriana Ruelas has worked in California's legislative and public policy arena for almost two decades, helping forge policy from key leadership roles, including as a legislative chief of staff, legislative director and as a policy analyst for state agencies. Before joining the Steinberg Institute, Adriana served as Legislative Director for former Senator Tony Mendoza, D-Artesia, as well as Chief of Staff for two former members of the state Assembly: Assemblymember Joe Coto, D-San Jose; and Assemblymember Sarah Reyes, D-Fresno. In addition, she has served as a legislative coordinator and analyst for two large and complex state agencies: the Department of Alcoholic Beverage Control; and California Department of Insurance.

Adriana's experience includes working cooperatively on legislative and regulatory matters with representatives of all levels of government; working with community groups and constituents to devise and enact legislation; advising the Executive Office on legislation and action plans; and directing diverse legislative staff toward a shared strategic vision. Adriana has policy expertise in an array of public policy areas, including law enforcement, local governance and Proposition 64 (the 2016 Adult Use of Marijuana Act).

Adriana grew up in Placer County and is a graduate of California State University, Chico. She is married with three young children.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019**

Agenda Item: Legislation Committee Policy Platform Discussion

Enclosures: CBHPC Legislation Platform

CBHPC Priority Policy Areas

[CBHDA Legislative Platform](#)

Proposed CBHPC Platform Template

How This Agenda Item Relates to Council Mission

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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The CBHPC is mandated to advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council utilizes a Legislative Platform that clearly directs the policy consideration of legislation during the legislative session. Additionally, the Council's Platform educates the public, the behavioral health constituency, and legislators on the Council's perspective on various issues.

Background/Description:

The Legislation Committee addresses public issues affecting the effectiveness of behavioral health programs and quality of life for persons living with mental illness. This includes increasing public mental health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care, responding to proposed legislation, rulemaking and budget bills based on the CBHPC Policy Platform.

Historically, the Platform was renewed on an annual basis. The review and updating of the Platform has changed from annual to bi-annual to align with the California Legislative Cycle (two-year increments). As a new legislative session has begun, the Legislation Committee is responsible for reviewing and proposing any amendments to the Policy Platform.

Members will continue the review and discussion started at the January 2019 meeting. Members decided to rename the document the “Legislative Platform” to better reflect its intended purpose and move the “issues of interest” into their own document titled Policy Priority Areas. The Legislative Platform will be a long standing document that clearly outlines the Council’s perspective on policy issues and legislation. This document will assist staff in appropriately addressing legislation that impacts the behavioral health community in-between meetings. The Policy Priority Areas will be a more fluid document that is revisited each session to ensure it is in line with current issues and the goals of the Council’s committees and workgroups. Copies of both documents are included for your review and recommendations.

Additionally, CBHDA’s Legislative Platform is enclosed to assist the committee in reviewing and updating the content of the Council’s platform. This format clearly defines the organization’s perspective and position on various legislative topics, which is essential for the document to uphold its intent. Since this format was not provided for your review and discussion at the last meeting, a proposed template for the updated CBHPC Platform (which follows a similar format) is included to assist in facilitating the discussion.

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

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

The statements below are the Council's guiding policy principles.

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

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

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

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL

Priority Policy Areas

January 2018 – December 2019

The policies below are issues of interest to the Council.

1. Support proposals that advocate for blended funding for programs serving clients with co-occurring disorders that include mental illness.
2. Support proposals that advocate for providing more effective and culturally appropriate services in the criminal and juvenile justice systems for persons with serious mental illnesses and/or children, adolescents, and transition-aged youth with serious emotional disturbances, including clients with co-occurring disorders.
3. Support proposals that specify or ensure that the behavioral health services provided to Assembly Bill 109 (AB109) populations are paid for with AB 109 funding.
4. Support the modification or expansion of curricula for non-mental health professionals to acquire competency in understanding basic behavioral health issues and perspectives of direct consumers across the age spectrum and family members and those from ethnic/racial/cultural populations.
5. Promote the definition of outreach to mean “patient, persistent, understanding, respectful and non-threatening contact” when used in context of engaging hard to reach populations.
6. Support policies, legislation or statewide initiatives that ensure the integrity of processes at the local behavioral health boards and commissions.
7. Support the modification or expansion of curricula for Behavioral Health professionals to fully encompass the concepts of wellness, recovery, resiliency, cultural and linguistic competence, cultural humility, and perspectives of consumers, family members and members of cultural communities.

California Behavioral Health Planning Council Legislative Platform

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

Council Mission Statement: 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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

INTRODUCTION

The purpose of this Legislative Platform is to outline CBHPC's perspectives on priority issues and legislation to effectively advocate for access to timely and appropriate care to improve the quality of life for persons who are dually diagnosed with serious mental illness/emotional disturbance and substance use disorders. The Platform will be used by staff to support and oppose legislation according to the principles outlined in between Council meetings, as well as to inform stakeholders of the Council's perspective.

PRIORITY POLICY AREAS

Insert additional priority policy areas based on the current behavioral health landscape and committee goals. Include brief description of each.

- Patient Rights
 - County Jails
- Housing and Homelessness
 - ARF Project
- Workforce and Employment
 - WET-Trust Fund
- Systems and Medicaid
 - Behavioral Health 2020
- Performance Outcomes

- Trauma Informed Care
- ACEs

GENERAL PRINCIPLES

Review and edit the general principles as needed.

1. Support proposals that embody the principles of the Mental Health Master Plan.
2. Support policies that reduce and eliminate stigma and discrimination.
3. Support proposals that address the human resources problem in the public behavioral health system with specific emphasis on increasing cultural diversity in efforts to reduce disparities and promote the employment of consumers and family members.
4. Support proposals that augment behavioral health funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
5. Support legislation that safeguards behavioral health insurance parity and ensures quality behavioral health services in health care reform.
6. Support expanding affordable housing and affordable supportive housing.
7. Actively advocate for the development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability (SSD)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
8. Support expanding employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
9. Support proposals to lower costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
10. Support initiatives that reduce the use of seclusion and restraint to the least extent possible.
11. Support adequate funding for evaluation of mental/behavioral health services.
12. Support initiatives that can reduce disparities and improve access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.
13. Oppose bills related to “Not In My Back Yard” (NIMBY) and restrictions on housing and siting facilities for providing behavioral health services.

14. Support initiatives that provide comprehensive health care and improved quality of life for people living with mental illness, and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.

15. Oppose legislation that adversely affects the principles and practices of the Mental Health Services Act.

16. Support policy that enhances the quality of the stakeholder process, improves the participation of consumers and family members, and fully represents the racial/cultural and age demography of the targeted population.

17. Support policies that require the increased use and coordination of data and evaluation processes at all levels of behavioral health services.

18. Support policies that promote appropriate services to be delivered in the least restrictive setting possible.

19. Support policies or legislation that promote the mission, training and resources for local behavioral health boards and commissions.

20. Support policies/initiatives that promote the integration of mental health, substance use disorders and physical health care services.

PRINCIPLES BASED ON SUBJECT AREA

PATIENT RIGHTS

Insert brief description.

SUPPORT

1.

2.

OPPOSE

1.

2.

HOUSING AND HOMELESSNESS

Insert brief description.

SUPPORT

1.

2.

OPPOSE

1.

2.

WORKFORCE AND EMPLOYMENT

Insert brief description.

SUPPORT

1.

2.

OPPOSE

1.

2.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

Insert brief description.

SUPPORT

1.

2.

3.

OPPOSE

1.

2.

3.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

Insert brief description.

SUPPORT

1.

2.

OPPOSE

1.

2.

CHILDREN

Insert brief description.

SUPPORT

1.

2.

OPPOSE

1.

2.

MENTAL HEALTH SERVICES ACT (MHSA)

Insert brief description about current landscape for children.

SUPPORT

1.

2.

OPPOSE

1.

2.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019**

Agenda Item: Consent Agenda

Enclosures: For Fact Sheets for the following bills contact Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov: AB 512, AB 565, AB 680, AB 713, AB 890, AB 1601, AB 1689, SB 331, SB 542

How This Agenda Item Relates to Council Mission

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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Consent Agenda is utilized to maximize the Council's effort to advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee utilizes a "Consent Agenda." Items on the Consent Agenda will be non-controversial items that do not appear to require much, if any, discussion. The Consent Agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the Consent Agenda, he/she may request removal of that bill from the Consent Agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed. The committee can also remove a bill if they decide it doesn't fall within the determined areas of priority and they will not be taking a position. Additionally, members may change the motion if they choose to oppose bills, rather than support all listed bills.

Motion: To support AB 512, AB 565, AB 680, AB 713, AB 890, AB 1055*, AB 1601, AB 1689, AB 1766*, SB 331, SB 542, SB 744*

*Indicates bills that appear to be spot bills that the Council may support in concept.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019**

Agenda Item: Legislation Committee Position List Review

Enclosures: 2019 Legislation Committee Position List-Decided

AB 333 (Eggman) Fact Sheet

SB 539 (Caballero) Fact Sheet

2019 Legislation Committee Position List-Pending

Legislation Committee Process Overview

AB 258 (Jones-Sawyer) Fact Sheet

AB 385 (Calderon) Fact Sheet

AB 568 (Reyes) Fact Sheet

AB 682 (Eggman) Fact Sheet

SB 40 (Weiner) Fact Sheet

[SB 228 \(Jackson\)](#)

SB 389 (Hertzberg) Fact Sheet

[AB 480 \(Salas\)](#)

SB 582 (Beall) Fact Sheet

For copies of the Fact Sheets listed above contact Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.

How This Agenda Item Relates to Council Mission

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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Council's 2019 Legislation Position List documents the Council's effort to advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

The *Legislative Positions-Decided List* has been updated to reflect the positions the Council has taken and also includes Council-sponsored legislation. Fact sheets for the Council-sponsored bills are enclosed to keep you informed on the Council's current legislative efforts.

Naomi Ramirez, CBHPC Legislative Coordinator, will facilitate the discussion of the highlighted bills on the *Legislative Positions-Pending List* included in the packet. The bill number in the list is a direct link to the full bill. Members are encouraged to review the bills and included fact sheets prior to the meeting in an effort to address as many of the highlighted bills as possible. Members are expected to take positions on the discussed bills according to the *Legislation Committee Process Overview* enclosed.

Requested Action: Discuss and potentially take positions on AB 258, AB 385, AB 568, AB 682, SB 40, SB 228, SB 389, SB 480 and AB 582.

**California Behavioral Health Planning Council
2019 Legislative Positions- Decided**

Bill	Author	Summary	Position
AB 8	Chu	<p>AB-8 Pupil Health: Mental Health Professionals. This bill requires all K-12 campuses to have at least one mental health professional available for students, with a 600 student to one professional ratio requirement. Along with the legislation, Assembly member Chu will request \$100 million in new funding to ensure schools have enough resources to implement the mandate. This bill is building on Assembly member Chu's efforts last year, AB 2022, which requires all schools to provide students and parents with information about available mental health services biannually. Sponsor: Mental Health America of CA (MHAC)</p>	Support in Concept
AB 46	Carrillo	<p>AB-46 Individuals with mental illness: change of term. This bill would replace derogatory terms, including, but not limited to, “insane” and “mental defective” with more culturally sensitive terms when referring to individuals with mental illness.</p>	Support*
AB 286	Bonta	<p>AB-286 Taxation: cannabis. This bill would reduce that excise tax rate to 11% on and after the operative date of this bill until June 1, 2022, at which time the excise tax rate would revert back to 15%. This bill would suspend the imposition of the cultivation tax on and after the operative date of this bill until June 1, 2022. This bill would make specified findings and declare that its provisions further the purposes and intent of the Adult Use of Marijuana Act (AUMA). This bill would take effect immediately as a tax levy, but its operative date would depend on its effective date.</p>	Oppose*
AB 333	Eggman	<p>AB-333 Whistleblower protection: state and local independent contractors. This bill would extend the protections afforded to employees under these provisions to independent contractors and contracted entities working for state and local government who are tasked with receiving</p>	Co-Sponsor

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions- Decided**

Bill	Author	Summary	Position
		and investigating complaints from facilities, services, and programs operated by state and local government. The bill would provide that prohibitions against retaliation by an employer apply to the state or local contracting agency under these provisions.	
SB 10	Beall	<p>SB-10 Peer Provider Certification Act of 2019 This bill has two primary goals: (1) Requires the Department of Health Care Services (DHCS) to establish a certification program for peer providers with four distinct certification categories: peer, parent, transition-age, and family support specialist. Among other things, the program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.(2) Expresses the intent of the Legislature that the program will provide increased family support, a fuller continuum of wraparound services, and an individualized focus on clients to promote recovery and self-sufficiency. Sponsor: Steinberg Institute</p>	Support
SB 11	Beall	<p>SB-11 Mental Health Parity. This bill prohibits a mental health plan or insurer that provides prescription drug benefits for the treatment of substance use disorders from imposing any prior authorization requirements on FDA-approved prescriptions. This bill also requires health plans and insurers to submit an annual report to the Department of Managed Health Care or the Department of Insurance to certify compliance with state and federal parity laws.</p>	Support

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions- Decided**

Bill	Author	Summary	Position
SB 66	Atkins and McGuire	<p>SB-66 Medi-Cal: federally qualified health center and rural health clinic services. This bill would authorize reimbursement for a maximum of 2 visits taking place in 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 a mental health visit or a dental visit, as defined.</p>	Support
SB 428	Pan and Portantino	<p>SB-428 Teachers: youth mental health first aid. This bill would require an applicant for a clear multiple or single subject teaching credential to complete a course in youth mental health first aid. The bill would authorize a teacher to provide youth mental health first aid to pupils, and would prohibit a teacher who provides youth mental health first aid from being held liable for any civil damages as a result of providing it. Sponsors: CBHDA, CBHA, Born This Way Foundation</p>	Support in Concept
SB 539	Caballero	<p>SB-539 Mental Health Services Act: workforce education and training funds. This bill would amend the MHSA by requiring the Controller, in any fiscal year in which the Department of Finance estimates that the revenues to be deposited into the Mental Health Services Fund for the fiscal year will exceed the revenues deposited into the fund in the prior fiscal year, to, no later than the last day of each month and before any transfer or expenditure from the fund for any other purpose for the following month, set aside in the fund an amount that is equal to 25% of $\frac{1}{12}$ of the estimated amount of increased revenue. The bill would require, at the end of each fiscal year, the Controller to transfer 25% of the amount reported by the Department of Finance to be the actual increased revenue amount from the fund to the Mental Health Services Workforce Education and Training Account, which the bill</p>	Co-Sponsor

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions- Decided**

Bill	Author	Summary	Position
		<p>would establish as an account in the fund and continuously appropriate money to the Office of Statewide Health Planning and Development to implement its 5-year education and training development plan. The bill would amend the MHSA by authorizing a county to transfer funds allocated for community supports and services to the Mental Health Services Workforce Education and Training Account if included in the county's plan, and exempting that transfer of funds from the 20% limitation described above.</p> <p>The bill would additionally appropriate \$70,000,000 from the General Fund to OSHPD for the purpose of funding the 5-year education and training development plan.</p>	

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 43	Gloria	<p>AB-43 Mental health. This bill would ensure the Mental Health Services Act funds are used in accordance with the provisions of the act and that there is adequate oversight of excess unspent funds.</p>	Pending
AB 58	Rivas	<p>AB-58 Homeless Coordinating and Financing Council. This bill would additionally require the Governor to appoint a representative from the State Department of Education to be a member of the Homeless Coordinating and Financing Council.</p>	Pending
AB 67	Rivas	<p>AB-67 Individuals or families who are homeless or at risk of homelessness: definition. This bill would require the coordinating council to compile a list of federal, state, and local funding sources, programs, and services for addressing homelessness, and the definitions of “homeless” and “at risk of homelessness” used for those purposes, and would require state and local governmental entities that provide programs and services to individuals and families who are homeless or at risk of homelessness, or funding for those programs and services, to provide the coordinating council with the existing definitions of those terms. The bill would require the coordinating council, in consultation with those state and local governmental entities, to develop and recommend in a report to the Legislature the funding sources, programs, and services for which the definitions of “homeless” and “at risk of homelessness” that are used for those purposes may be aligned to ensure a continuum of care for individuals and families who are homeless or at risk of homelessness. The bill would require the coordinating council to post the report on its internet website. By imposing new duties on local agencies, the bill would impose a state-mandated local program.</p>	Pending

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 70	Berman	<p>AB-70 Mental Health in schools. This bill would state the intent of the legislature to enact legislation that would support youth mental health in schools.</p>	Pending
AB 258	Jones-Sawyer	<p>AB-258 Pupil health: School-Based Pupil Support Services Program Act. The bill would enact the School-Based Pupil Support Services Program Act, under which grants would be awarded by the State Department of Education to local educational agencies (LEAs), as defined, or consortia of LEAs. The bill would specify that recipient LEAs and consortia would provide \$1 of matching funds for each \$4 of grant funds received increasing the presence of school health professionals, as defined, at school sites and providing programs that prevent and reduce substance abuse among pupils. The bill would specify that the source of the state funding for the grants awarded under the program would be an appropriation from the Youth Education, Prevention, Early Intervention and Treatment Account established pursuant to the Control, Regulate and Tax Adult Use of Marijuana Act (Proposition 64, as approved by the voters at the November 8, 2016, statewide general election). The appropriation would be made to the State Department of Health Care Services, for transfer to the State Department of Education, in accordance with a determination that expenditure of these funds for purposes of this bill would be authorized, as specified. The bill would place an unspecified limit on the amount and duration of the grants.</p>	Pending
AB 306	Ramos	<p>AB-306 Mental Health Services Fund. This bill would make technical, non-substantive changes to those provisions.</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 307	Reyes	<p>AB-307 Homeless youth: grant program. This bill would require the Homeless Coordinating and Financing Council to develop and administer a grant program to support young people experiencing homelessness and prevent and end homelessness. The program would be funded by a combination of funds provided to the council by the State Department of Health Care Services from the Youth Education, Prevention, Early Intervention and Treatment Account, funds appropriated by the Legislature, and gifts and donations made to the council for that purpose. The bill would make an appropriation to the council from the General Fund in the amount of the difference between that funding and \$100,000,000.</p>	Pending
AB 385	Calderon	<p>AB-385 Medi-Cal: Early and Periodic Screening, Diagnosis, and Treatment mental health services: performance outcome system platform. This bill would require the department to develop a platform, or integrate with an existing platform, to support the performance outcome system that will improve outcomes at the individual and system levels and will inform fiscal decision making related to the purchase of services. The bill would require the platform to, at a minimum, be capable of automating the collection of the required data, provide for secure access via a web-based system, and allow authorized individuals to complete the data collection and to retrieve up-to-date customized multi-rater reports.</p>	Pending
AB 389	Arambula Santiago	<p>AB-389 Substance use disorder treatment: peer navigators. This bill would require the department to either establish a pilot program or expand an existing pilot program for purposes of measuring the efficacy and cost avoidance of utilizing trained substance use disorder peer navigators and behavioral health peer navigators in the emergency department of an acute care hospital, as</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		described, if Funds for this purpose are appropriated in the annual Budget Act. The bill would provide that an acute care hospital may be eligible to receive funding under the pilot program to fund peer navigator positions. This bill would require the department to investigate and apply for federal funding opportunities and non-General Fund sources to support the pilot program, and to design an evaluation of, and subsequently evaluate, the pilot program, as specified.	
AB 480	Salas	AB-480 Mental health: older adults. This bill would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental health services for older adults. The bill would require that position to be funded with administrative funds reserved to the department from the Mental Health Services Fund. The bill would also state the intent of the Legislature to include provisions in the bill that, among other things, increase service integration for older adults receiving mental health services funded by the Mental Health Services Fund. This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.	Pending
AB 512	Ting	AB-512 Medi-Cal: specialty mental health services. This bill would require each mental health plan to prepare a cultural competency assessment plan address specified matters, including disparities in access, utilization, and outcomes by race, ethnicity, language, sexual orientation, gender identity, and immigration status. The bill would require a mental health plan to convene a committee for the purpose of reviewing and approving the cultural competency assessment plan, annually update its cultural competency plan and progress, to post this material on its internet website, and to submit its	Pending

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**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>cultural competency assessment plan to the department every 3 years for technical assistance and implementation feedback. The bill would require the department to post the cultural competency assessment plan submitted by each mental health plan to its internet website, and to consult with the Office of Health Equity to review and implement county assessments and statewide performance on disparities reductions. The bill would require the department to direct the EQRO to develop a protocol for monitoring performance of each mental health plan, and to report on statewide disparities reduction targets, progress related to disparities reduction, and outcomes. The bill would require the mental health plan to meet specified disparities reduction targets every 3 years.</p> <p>Sponsor: Steinberg Institute</p>	
<p>AB 565</p>	<p>Maienschein</p>	<p>AB-565 Mental health workforce planning: loan forgiveness, loan repayment, and scholarship programs.</p> <p>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 specifically increase the budget of the Steven Thompson Loan Repayment Program, allowing more psychiatrists practicing in the public mental health system to be eligible for loan repayment funding.</p> <p>Sponsor: Steinberg Institute</p>	<p style="text-align: center;">Pending</p>

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 568	Reyes	<p>AB-568 Caregiver resource centers: volunteer workforce. This bill would establish, until January 1, 2025, a pilot program, administered by the director, pursuant to which the CRCs would select, train, and place volunteers to provide care to persons who are at least 65 years of age or who have a cognitive impairment and meet specified criteria. The bill would establish selection criteria for prospective volunteers and specified training requirements. The bill would require the CRCs to provide a stipend and an educational award, as specified, to volunteers. The bill would require the director to appoint an advisory council and would require the director and the advisory council to evaluate the program, as specified. Sponsor: The Youth Movement Against Alzheimer's</p>	Pending
AB 680	Chu	<p>AB-680 Public safety dispatchers: mental health training. This bill would additionally require the Commission on Peace Officer Standards and Training to adopt 2 mental health training courses for local public safety dispatchers that meet the minimum training requirements described above that apply to law enforcement officers. The bill would require the basic training course to consist of __ hours and the continuing training course to consist of __ hours. Sponsor: NAMI California</p>	Pending
AB 682	Eggman	<p>AB-682 Health facilities: residential mental health or substance use disorder treatment. This bill would require the State Department of Public Health, in consultation with specified entities, 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 the availability of beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities for treatment purposes. 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 and information on beds. The bill would require the department to confer with specified 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.</p>	
<p>AB 713</p>		<p>AB-713 Early Psychosis Intervention Plus (EPI Plus) Program. Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee various mental health programs funded by the act. Existing law establishes the Early Psychosis and Mood Disorder Detection and Intervention Fund, and authorizes the commission to allocate moneys from that fund to provide grants through a competitive selection process to counties or other entities to create, or expand existing capacity for, early psychosis and mood disorder detection and intervention services and supports. Existing law requires the commission to adopt regulations to implement these provisions, but provide that the adoption of those regulations and the implementation of the grant program are contingent upon the deposit into the fund of at least \$500,000 in non-state funds for those purposes. This bill would delete the requirement that the minimum \$500,000 deposit be from non-state funds. Sponsor: Steinberg Institute</p>	<p style="text-align: center;">Pending</p>

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 714	Wood	<p>Opioid prescription drugs: prescribers. This bill would make those provisions applicable only to a patient receiving a prescription for an opioid or benzodiazepine medication, and would make the provisions specific to opioid-induced respiratory depression, opioid overdose, opioid use disorder, and opioid overdose prevention, as specified. The bill would exclude from the above-specified provisions requiring prescribers to offer a prescription and provide education prescribers when prescribing, ordering, or administering medications to a patient in an inpatient health facility and prescribers prescribing to a patient in outpatient-based hospice care. The bill would define terms for purposes of those provisions. This bill would declare that it is to take effect immediately as an urgency statute.</p>	Pending
AB 816	Quirk-Silva	<p>AB-816 California Flexible Housing Subsidy Pool Program. This bill would establish the California Flexible Housing Subsidy Pool Program within the Department of Housing and Community Development for the purpose of making grants available to applicants, defined to include a city, county, city and county, or continuum of care, for eligible activities including, among other things, rental assistance, operating subsidies in new and existing affordable or supportive housing units, and specified outreach services. The bill would continuously appropriate \$450,000,000 from the General Fund every fiscal year to the department for purposes of the program, and set forth how these funds must be allocated. The bill would require the department to, on or before January 1, 2023, and every year thereafter, evaluate the outcomes of the program and report the outcomes to the Senate Committee on Housing and the Assembly Committee on Housing and Community Development.</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>The bill would also require the Homeless Coordinating and Financing Council to work with the department to create a California Funder's Collaborative that would, among other things, establish a process for incorporating private contributions into state programs to create local innovations, establish pilot programs, or evaluate programs.</p>	
<p>AB 890</p>	<p>Wood</p>	<p>AB-890 Nurse practitioners. This bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body to practice without the supervision of a physician and surgeon if the nurse practitioner meets specified requirements, including having practiced under the supervision of a physician and surgeon for an unspecified number of hours. The bill would authorize a nurse practitioner to perform specified functions in addition to any other practices authorized by law, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances. Because the bill would expand the scope of a crime, the bill would impose a state-mandated local program. Sponsor: Steinberg Institute</p>	<p style="text-align: center;">Pending</p>
<p>AB 997</p>	<p>Low</p>	<p>AB-997 Firearms: persons detained or apprehended for examination of mental condition. Existing law requires a peace officer to confiscate the firearms or other deadly weapons of a person who has been detained or apprehended for examination of their mental condition who is found to own or have possession of a firearm or deadly weapon and to issue a receipt. Upon release of the person who was apprehended or detained for</p>	<p style="text-align: center;">Pending</p>

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>examination of their mental condition, existing law requires the confiscating law enforcement agency to initiate a petition in the superior court within 30 days for a hearing to determine whether the return of a firearm or other deadly weapon would be likely to result in endangering the person or others.</p> <p>This bill would prohibit the person from possessing a firearm or deadly weapon pending the hearing and would prohibit the person from having possession of a firearm or deadly weapon for a period of 5 years if the court determines that the return of the firearm or other deadly weapons would likely endanger the person or others. The bill would make a violation of this prohibition a crime, punishable as a misdemeanor or a felony. By creating a new crime, this bill would impose a state-mandated local program.</p>	
<p>AB 1055</p>	<p>Levine</p>	<p>AB-1055 Mental health: involuntary commitment. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary detention and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to them self or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Social Services for up to 72 hours for evaluation and treatment. Existing law requires a person admitted to a facility for 72-hour treatment and evaluation under the act to receive an evaluation as soon as possible after admission and to receive whatever treatment and care the person's condition requires for the full period that the person is held. Existing law requires that person to be released, referred for further care and treatment on a voluntary basis, or certified for intensive treatment, or a conservator or temporary conservator shall be appointed pursuant to this part.</p>	<p style="text-align: center;">Pending</p>

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>This bill would require a person who is released to also be referred for further care and treatment on a voluntary basis, and would require a psychiatrist, psychologist, or medical director approving the release, to, prior to that release, ensure that an initial outpatient appointment with a psychiatrist or psychologist within 5 business days of the release is scheduled.</p> <p>Sponsor: Steinberg Institute</p>	
<p>AB 1601</p>	<p>Ramos</p>	<p>AB-1601 Office of Emergency Services: behavioral health response.</p> <p>This bill would establish a behavioral health deputy director within the Office of Emergency Services to ensure individuals have access to necessary mental and behavioral health services and supports in the aftermath of a natural disaster or declaration of a state of emergency and would require the deputy director to collaborate with the Director of Health Care Services to coordinate the delivery of trauma-related support to individuals affected by a natural disaster or state of emergency. The bill would require the Director of Health Care Services, in collaboration with the Office of Emergency Services, to immediately request necessary federal waivers to ensure the provision of healthcare services, as specified, during a natural disaster or declared state of emergency.</p> <p>Sponsor: Steinberg Institute</p>	<p style="text-align: center;">Pending</p>

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
AB 1689	McCarty	<p>AB-1689 College Mental Health Services Program. This bill would require the commission, subject to appropriation by the Legislature, to create a grant program for public community colleges, colleges, and universities for the purpose of improving access to mental health services on those campuses, as specified. The bill would require campuses that have been awarded grants under these provisions to report annually on the use of those grant funds and to post that information on their internet websites. The bill would also require the commission to submit a report to the Legislature evaluating the impact of the program, as specified. The bill would require that evaluation to be conducted by a public or private research university or institute in this state and would require the Department of Finance to assist the commission in issuing a request for proposal for that contract. Sponsor: Steinberg Institute</p>	Pending
AB 1766	Bloom	<p>AB-1766 Community care facilities: data collection: severe mental illness. This bill would require the department to collect data from community care facilities relating to the number of individuals with severe mental illness residing in each facility in order to determine if the types of community care facilities are appropriate to meet the needs of individuals with severe mental illness. Sponsor: Steinberg Institute</p>	Pending
SB 12	Beall	<p>SB-12 Youth Mental Health Drop-in Centers. This bill directs the Legislature to establish a series of at least 100 youth drop-in centers across the state to address the mental health needs of California youth. This bill also encourages the Legislature to allocate funding to establish these centers.</p>	Watch

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**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
SB 40	Wiener	<p>SB-40 Conservatorship: serious mental illness and substance use disorders.</p> <p>Existing law establishes a procedure, until January 1, 2024, for the County of Los Angeles, the County of San Diego, and the City and County of San Francisco, if the board of supervisors authorizes the appointment of a conservator for a person who is incapable of caring for the person’s own health and well-being due to a serious mental illness and substance use disorder, as evidenced by frequent detention for evaluation and treatment, which is 8 or more detentions for evaluation and treatment in the preceding 12 months. Existing law automatically terminates a conservatorship initiated pursuant to these provisions one year after the appointment of the conservator unless the court specifies a shorter period. Existing law authorizes the Judicial Council to adopt rules, forms, and standards necessary to implement these provisions.</p> <p>This bill would additionally authorize the court to establish a temporary conservatorship for a period of 30 days or less if the court is satisfied of the necessity, as specified. The bill would define “serious mental illness and substance use disorder” for the purposes of those provisions and change the definition of “frequent detention for evaluation and treatment” to mean 8 or more detentions in a 12-month period. The bill would require that a petition seeking to establish the above-described conservatorship be filed with the court no later than 180 days following the 8th detention in a 12-month period.</p> <p>Existing law makes the establishment of a conservatorship pursuant to these provisions subject to, among other things, a finding by the court that the behavioral health director of the county or the city and county has previously attempted by petition to obtain a court order authorizing assisted outpatient treatment pursuant to the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura’s Law,</p>	<p style="text-align: center;">Pending</p>

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>for the person for whom conservatorship is sought, that the petition was denied or the assisted outpatient treatment was insufficient to treat the person’s mental illness, and that assisted outpatient treatment would be insufficient to treat the person in the instant matter in lieu of a conservatorship.</p> <p>This bill would instead make the establishment of the above-described conservatorship subject to a finding by the court that the behavioral health director or the director’s designee (1) has previously attempted to obtain the above-described court order and that the petition was denied or the assisted outpatient treatment was insufficient to treat the person’s mental illness, or (2) has evaluated whether that treatment is appropriate for the person and concluded that the person is not eligible for that treatment or that the treatment would be insufficient to treat the person in lieu of a conservatorship.</p> <p>This bill would declare that it is to take effect immediately as an urgency statute.</p>	
SB 275	Pan	<p>SB-275 Psychologist: prohibition against sexual behavior. This bill additionally would require an order of revocation of a registration or license to be included in a specified decision or proposed decision that contains a finding of fact that the licensee or registrant engaged in sexual behavior, as defined, with a client, or with a former client within 2 years following termination of therapy. The bill would authorize the board to stay the revocation required pursuant to the existing law provision or the provision proposed by the bill.</p>	Pending
SB 228	Jackson	<p>SB-228 Master Plan on Aging. This bill would require the Governor to appoint an Aging Czar and a 15-member Aging Task Force to work with representatives from impacted state departments and with stakeholders to identify the policies and priorities that need to be implemented in California to prepare for the aging of its population and to develop a master plan for</p>	Pending

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		aging. The bill would require the master plan to address how the state should accomplish specified goals, including expanding access to coordinated, integrated systems of care. The bill would also require the Aging Task Force to solicit input from stakeholders and gather information on the impact of California's aging population.	
SB 331	Hurtado	<p>SB-331 Suicide-prevention: strategic plans. Existing law, the California Suicide Prevention Act of 2000, authorizes the State Department of Health Care Services to establish and implement a suicide prevention, education, and gatekeeper training program to reduce the severity, duration, and incidence of suicidal behaviors.</p> <p>This bill would require counties to create a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age. By creating a new duty for counties, this bill would impose a state-mandated local program.</p> <p>Sponsor: Steinberg Institute</p>	Pending
SB 333	Wilk	<p>SB-333 Homeless Coordinating and Financing Council. This bill would require the Homeless Coordinating and Financing Council, by July 1, 2021, to develop and implement a statewide strategic plan for addressing homelessness in the state, as specified. The bill would require the council, by January 1, 2021, to implement strategic plans to assist federal Housing and Urban Development Continuum of Care lead agencies in better implementing Housing and Urban Development recommended activities and meeting Housing and Urban Development requirements.</p>	Pending
SB 389	Hertzberg	<p>SB-389 Mental Health Services Act. This bill would amend the act to authorize the counties to use MHSA moneys to provide services to persons who are participating in a presentencing or post-sentencing diversion program or who are on</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		<p>parole, probation, post-release community supervision, or mandatory supervision. By authorizing a new use of continuously appropriated moneys, this bill would make an appropriation. The bill would state the finding of the Legislature that this act is consistent with, and furthers the intent of, the Mental Health Services Act.</p>	
<p>SB 542</p>	<p>Stern</p>	<p>SB-542 Workers' compensation. This bill would provide that in the case of certain state and local firefighting personnel and peace officers, the term "injury" also includes a mental health condition or mental disability that results in a diagnosis of post-traumatic stress or mental health disorder that develops or manifests itself during a period in which the firefighting member or peace officer is in the service of the department or unit. These provisions would apply to claims for benefits filed or pending on or after January 1, 2017. Sponsor: Steinberg Institute</p>	<p>Pending</p>
<p>SB 582</p>	<p>Beall</p>	<p>SB-582 Youth mental health and substance use disorder services. This bill would create parity and access to school-based mental health services by requiring the Mental Health Services Oversight and Accountability Commission, when making grant funds available on and after July 1, 2021, to allocate at least 1/2 of those funds to local educational agency and mental health partnerships, as specified. The bill would require this funding to be made available to support prevention, early intervention, and direct services, as determined by the commission. The bill would require the commission, in consultation with the Superintendent of Public Instruction, to consider specified criteria when determining grant recipients. The bill would require the commission to provide a status report to the fiscal and policy committees of the Legislature, as specified, no later than March 1,</p>	<p>Pending</p>

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

**California Behavioral Health Planning Council
2019 Legislative Positions-Pending**

Bill	Author	Summary	Position
		2022. The bill would additionally annually appropriate \$15,000,000 each fiscal year to the commission for the purpose of grants by the commission pursuant to these provisions.	
SB 744	Caballero	<p>SB-744 Planning and zoning: California Environmental Quality Act: permanent supportive housing: No Place Like Home Program.</p> <p>This bill would expedite the local and state siting process for the 20,000-plus housing units authorized through the \$2 billion No Place Like Home (NPLH) bond program that voters overwhelmingly approved in November via Proposition 2. California is in a state of emergency with a growing population of homeless individuals who are living with a serious mental illness. SB 744 would require local governments to approve permanent supportive housing projects that meet specified state and local requirements, such as if the housing is in a county's application for competitive funds under the No Place Like Home Program. Local agencies could engage in design review, subject to specified requirements, but permanent supportive housing would be declared a "use by right" in zones where multifamily and mixed uses are permitted, including nonresidential zones permitting multifamily uses, subject to specified state and local criteria. SB 744 would also require resolution of actions or proceedings against projects within 270 days, where feasible; would impose a 10-day time limit for the filing of a legal challenge after a notice of determination; and would eliminate awards of attorney's fees to prevailing parties unless the Attorney General determines that the action or proceeding is brought to protect a public interest.</p> <p>Sponsor: Steinberg Institute</p>	Pending

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

California Behavioral Health Planning Council

Legislation Committee

Legislation Process Overview

The California Behavioral Health Planning Council (CBHPC) provides support for legislation and policy that furthers the Council's Vision. This includes increasing public behavioral health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care and by responding to proposed legislation, rulemaking, and budget bills based on the CBHPC Policy Platform.

In reaching a decision on a position to be taken on a bill, the Legislation Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.
- *Oppose with amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.

In an effort to cover as many bills as possible, we often partner with other organizations, who also monitor and take positions on legislation, to identify bills, share information and analyses with each other. Organizations such as the Council on Criminal Justice and Behavioral Health (formerly COMIO), County Behavioral Health Directors Association, CA Association of Social Rehab Agencies, CA Coalition of Community BH Agencies, MHA California, California State Association of Counties (CSAC), and many others.

In order for the Legislation Committee to be able to take positions on bills in a timely manner, a consistent and timely process has been established. The process to facilitate the decision-making on as many bills as possible is outlined below:

1. For each Legislation Committee meeting, staff will prepare a matrix of the bills for consideration and position decision by the Legislation Committee. This matrix will be the "Pending Legislation".

California Behavioral Health Planning Council Legislation Committee Legislation Process Overview

Matrix will have 3 columns. First is bill number and author (link to bill). Second column will be brief summary of bill. Third will be suggested position based on prior positions, Policy Platform, or recommendations from partner organizations. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation Committee members have the option to request hardcopies of any of the bills under consideration, otherwise electronic access is available for reading of the bill in its entirety, if so desired.

2. Once a position is taken and a letter has been sent, staff will move the bill information to a second matrix titled “Decided Legislation”. This matrix will depict the bill number/author, brief synopsis and position taken, date letter sent, and current disposition. This matrix will be shared with all Council members at Quarterly meetings, as appropriate, and will serve as a summary for an annual summary of legislation for the Legislation Committee and to serve as a tool for members to use in attending outside meetings and reporting out of Council positions. Should a bill be determined “Watch”, it will remain on the “Pending Legislation” and be monitored by staff for any amendments. Additionally, any bill that is amended for which the Legislation Committee took an oppose position, at staff discretion, it may return to the “Pending Legislation” matrix for reconsideration by the Legislation Committee.
3. To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, he/she may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
4. The Legislation Committee will take the lead on all legislation, including legislation that falls under the new structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patient Rights’). The Chairperson and Chair-Elect of the Legislation Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation Committee must be notified so staff can include it on matrix.
5. The Legislation Committee determined it will meet outside the Council Quarterly Meetings on the 3rd Thursday of February, March, May, July, August, September, November and/or December, as needed from 2:00 pm-3:00 pm. The one-hour meetings will need to have a *minimum* of nine (9) Legislation Committee members present to achieve a quorum. The primary purpose of the one-hour call(s) will be to vote on bills that need action *prior* to the next Quarterly Meeting.

**California Behavioral Health Planning Council
Legislation Committee
Legislation Process Overview**

The Council has to uphold the [Bagley-Keene Open Meeting Act](#). Thus, the staff will work with the Legislation Committee to assure dates are known well in advance due to public noticing requirements.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019**

Agenda Item: Approve January 2019 Meeting Minutes

Enclosures: January 2019 Meeting Minutes

How This Agenda Item Relates to Council Mission

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 and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

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

Background/Description:

The Committee members are to discuss any necessary edits and vote on the acceptance of the draft minutes presented for the January 2019 meeting.

Motion: Accept and approve the January 2019 Legislation Committee Minutes.

Members Present:

Monica Caffey, Chairperson	Gerald White, Chair-Elect	
Catherine Moore	Barbara Mitchell	Marina Rangel
Daphne Shaw	Deborah Starkey	Darlene Prettyman
Monica Nepomuceno	Noel O'Neill	Raja Mitry
Susan Wilson		

Meeting Commenced at 1:30 p.m.

Item #1 **Change of Officers**

Outgoing Chair-Elect, Darlene Prettyman transitioned the facilitation of the meeting to incoming Chair-Elect, Gerald White in Monica Caffey's absence.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #2 **Legislative Update**

Naomi Ramirez provided a legislative update including review of the items enclosed for the agenda item. The following were highlights from the update:

- February 22, 2019 is the last day to introduce bills.
- A link to the Legislative Calendar can be found on the committee webpage, under the Resources heading.
- The Council sent a letter of support for SB 10-Peer Certification since Senator Beall's office reached out for support and the committee voiced strong support for future Peer Certification efforts at the October 2018 meeting.
- The committee reviewed and discussed information that was provided for SB 11, SB 12, SB 66 and AB 8 in preparation for taking positions.

Catherine Moore made a motion to support SB 11 and Susan Wilson seconded the motion. The motion passed. The committee decided to watch SB 12 due to funding not being identified and feeling the number of centers being proposed is very ambitious. Noel O'Neill made a motion to support AB 8 in concept, as long the funding is addressed outside of MHSA funds. The motion was seconded by Monica Nepomuceno. The motion passed. Darlene Prettyman made a motion to support SB 66 and Susan Wilson seconded the motion. The motion passed.

Action/Resolution

Naomi Ramirez will prepare letters of support for SB 11, SB 66 and AB 8 and move the bills to the list of decided legislation.

Responsible for Action-Due Date

Naomi Ramirez- April 2019

Item #3 **Approve October and November 2018 Meeting Minutes**

The committee members reviewed the October and November 2018 meeting minutes. Gerald White identified a technical edit in the November minutes. A motion to approve the October minutes was made by Susan Wilson and seconded by Catherine Moore. Monica Nepomuceno and Marina Rangel abstained. The motion passed. Susan Wilson made a motion to approve the November minutes with the identified edit and Deborah Starkey seconded the motion. Marina Rangel, Daphne Shaw, Barbara Mitchell and Catherine Moore abstained. The motion passed.

Action/Resolution

Naomi Ramirez will make the edit identified in the November minutes and facilitate the posting of the minutes to the committee webpage.

Responsible for Action-Due Date

Naomi Ramirez-April 2019

Item #4 **2019 CBHDA Legislative Priorities**

Mary Adèr, CBHDA Deputy Director of Legislative Affairs, presented CBHDA's legislative priorities and provided an overview of the Governor's proposed budget. The following were highlights from the update:

- There is currently a mega majority in the legislature (60 democrats out of 80 in Assembly, 29 democrats out of 40 in the Senate), which is very important for any positions that require 2/3 majority vote.
- The state budget is extremely healthy, with some of the deepest coffers in the state's history.
- Categories of CBHDA's Legislative Score Card remain Children and Families, Substance Use, Criminal Justice, Housing and Homelessness and the Mental Health Services Act.
- CBHDA will be pursuing establishing a Youth Substance Use Treatment and Recovery Program Act.
 - Last year AB 2328 was held on suspense in the Assembly.
- CBHDA is interested in modifying a statute from 2017 (AB 1299) which addressed intra-county transfer of foster youth and their mental health treatment.
 - Currently if a child moves across county lines the financial responsibility and coordination of services lies with the new county.
 - Complications with payments have been created as a result.
 - Access to mental health treatment has become an issue, specifically with Short Term Residential Treatment Programs (STRTPs).
- CBHDA, Children Now and County Welfare directors are co-sponsoring a bill that would require county child welfare, probation and behavioral health agencies to establish county-based Family Urgent Response Systems for the provision of mobile crisis-response services to current or former foster youth and their caregivers. Requires the establishment of a statewide hotline to be available 24 hours per day.

Robb Layne, CBHDA Director, External Affairs and Communication, presented information on the Youth Mental Health First Aid bill and Budget Proposal they are co-sponsoring with CBHA, and the Born This Way Foundation and asked for the Council's support. The budget proposal proposes a pilot program to provide youth Mental Health First Aid training to school personnel. Mental Health First Aid is designed to help non-clinician personnel identify signs and refer children to the counties for services. The legislative proposal requires youth Mental Health First Aid training as an option for teachers to fulfill training and credentialing requirements.

Susan Wilson expressed concern about teachers being resistant of additional requirements and directive legislation would potentially not be received well. Monica Nepomuceno stated that the Department of Education's Student Mental Health Policy Workgroup (SMHPW) has made similar efforts in the past and commends CBHDA for making the progress they have made. The SMHPW believes this is a simple action plan that would help equip teachers to handle situations they face and are currently not prepared for. Additionally, the student Mental Health First Aid curriculum is being used

in 32 other countries. Monica Caffey stated that the San Bernardino County School District requested that she provide Mental Health First Aid training to their teachers and the teachers were very receptive of the training. Mandy Taylor, a member of the public, recommended that the training also be provided for students. Catherine Moore made a motion to support the bill in concept, as long as CBHDA has support from the California Teacher's Association and Raja Mitry seconded the motion. The motion passed.

Action/Resolution

Naomi Ramirez will prepare a support in concept letter and move the bill to the list of decided legislation.

Responsible for Action-Due Date

Naomi Ramirez-April 2019

Item #5 2019 CASRA Policy Priorities

Chad Costello, Vice President, Policy at Mental Health America of Los Angeles, represented CASRA and provided background about the organization and their public policy priorities for 2019. CASRA was established 40 years ago. There are currently 32 members, which represent 28 counties. The organizations serve about 100,000 people per year. CASRA's service delivery philosophy is social rehabilitation, with the belief that people can recover. The overall goal is to support individuals create opportunities to use their natural capacity for growth. They have the right to determine their own course of life, which CASRA supports through full collaboration to offer as many options as possible. The following are CASRA's priority policy areas:

- Addressing poverty.
 - Poverty is the grave disabler, not the mental health condition.
 - 85% unemployment rate for individuals with severe mental illness.
 - Full time job with benefits is the only way to achieve economic security.
- Keeping transition aged youth and young adults out of the disability trap.
 - Individuals coming out of the foster or juvenile justice system are often encouraged to get on SSI rather than being encouraged to go to school.
- Upholding the true intent of the Olmstead decision.
 - This year is the 20th anniversary of the Olmstead decision and individuals still are not receiving services in the least restrictive setting possible, instead they receive what is available.

- According to a cost report CASRA issued in 2018 looking at 22 counties, showed 80% of funds spent on 24-hour care are spent on locked/institutional care.
- Not enough crisis residential services are being provided even though SB 82 was passed/funded. Many agencies won't take SB 82 money because of the associated regulations.
- Conserving the promise of the rehabilitation option.
 - Rehab option shifts traditional services from medical model to a system that embraced recovery.
 - Many state and local policies are in conflict with recovery make it very difficult to follow the recovery option.
 - There is an opportunity for change with the new Governor, new mental health czar, upcoming waiver renewals, peer certification and potentially payment reform.
- Addressing workforce development.
 - Many license-level programs are at capacity.
 - Licensed professionals should be used at their maximum capacity, not for jobs other non-licensed professionals can do.
 - The issue can be addressed by utilizing non-licensed professionals.
 - Majority of community mental health workers are rehabilitation specialists.
 - Includes diverse job titles and backgrounds.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Review of Collateral Partner's 2019 Policy Platforms and Legislative Priorities

Committee members reviewed and discussed the California Council of Community Behavioral Health Agencies (CBHA), the CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C), and the California Coalition for Mental Health (CCMH) policy platforms and legislative priorities. Daphne Shaw indicated that a newer version of the CCMH's Fairness Agenda should be posted on their website because it has been updated since 2014.

Action/Resolution

Naomi Ramirez will check CCMH's website and send out the updated Fairness Agenda if there is a newer version available.

Responsible for Action/Due Date

Naomi Ramirez-April 2019

Item #7

Legislation Committee Policy Platform Discussion

The committee reviewed the Council's current Policy Platform and compared it to collateral partner's platforms that were reviewed. Members decided to rename the document the Legislative Platform to better reflect its intended purpose and move the "issues of interest" into their own document titled Policy Priority Areas. The Legislative Platform will be a more concrete document, however the Policy Priority Areas will be revisited each session. Staff will be expected to take positions in-between meetings based on the Legislative Platform, with approval of the committee Chairperson, to ensure the Council effectively has an impact. Additionally, all letters will be reviewed by the Council Chairperson. The committee also recommended that a list of subject matter experts within the committee be drafted to assist staff.

The committee will review the content of the Legislative Platform and the Policy Priority Areas at the next meeting. Both documents will remain drafts until the committee receives the full Council's approval, as they approved the previous Policy Platform.

Action/Resolution

Naomi Ramirez will include the discussion of the Legislative Platform and Policy Priorities as an agenda item for the April 2019 meeting and provide the as separate documents.

Responsible for Action/Due Date

Naomi Ramirez-April 2019

Item #8

Request for Letter of Support for SSI Increase

During General Session of the October 2018 meeting, a member of the public, Barbara Wilson, requested that the Council submit a letter of support for an expedited plan by

the California Legislature to increase the SSI rate. Barbara intended to take the letter to the Disabilities Caucus and garner support within the Democratic Party at E-Board (November 16-18, 2018), however there was not a quorum for the committee to take action and committee members requested that the agenda item be revisited at the January 2019 meeting. Members reviewed the language that was drafted for the letter. Catherine made a motion to provide a letter stating the Council's support of an increased rate of reimbursements to residential facilities serving individuals with serious mental illness and Susan Wilson seconded the motion. Barbara Mitchell opposed the motion and Daphne Shaw abstained. The motion passed.

Action/Resolution

Naomi Ramirez will draft a letter of support and send it to all legislators.

Responsible for Action/Due Date

Naomi Ramirez-April 2019

Item #9 Adult Residential Facility Project Update

The Adult Residential Facility (ARF) Project Workgroup met for the first time January 8, 2019. The Executive Committee approved the request to hire a consultant to facilitate the project. The consultant and workgroup will address the following:

- Financial Barriers
- Regulatory Barriers
- Zoning and Community Resistance

The next workgroup meeting is scheduled February 20th.

Action/Resolution

N/A

Responsible for Action/Due Date

N/A

Item #10 Public Comment

There was no public comment.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 17, 2019

Agenda Item: Adult Residential Facilities (ARFs) Project Update

Enclosures: ARF Draft Work Plan

How This Agenda Item Relates to Council Mission

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 and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The ARF project advocates for more accessible and effective housing options for persons with serious mental illness that provide the appropriate level of care. Proper housing placement in the community is essential for optimal recovery following stays in acute and in-patient treatment programs, hospitals, short-term residential or transitional residential treatment programs and/or correctional institutions. This particular focus for advocacy is to assure that the behavioral health system is accountable, which includes, an appropriate housing continuum that match the needs of persons with serious mental illness.

Background/Information:

The Council developed the issue paper - Adult Residential Facilities (ARFs): highlighting the critical need for adult residential facilities for adults with serious mental illness in California. Its primary purpose is to discuss barriers to, and the need for, increasing access to appropriately staffed and maintained Adult Residential Facilities (ARFs) for adults, including seniors, with mental illness. The paper is an effort to generate dialogue to identify possible solutions to those barriers.

The paper can be found on the CBHPC website:

<https://www.dhcs.ca.gov/services/MH/Documents/Legislation-Committee/2018-ARF-Final.pdf>

The ARF project was initiated by the former Advocacy Committee. With the Council's new committee structure/focus, select members from the new Legislation and Housing and Homelessness Committees volunteered to form a workgroup. The Housing and Homelessness Committee will lead this project until proposed legislation is on the horizon.

An update on the March 13, 2019 meeting will be provided. The meeting addressed three priority goals of the workgroup:

- Financial Barriers
- Regulatory Barriers
- Zoning and Community Resistance

Additionally, the workgroup heard presentations from a Council member to share the financial barrier challenges faced when opening an Adult Residential Facility in Trinity County, the Steinberg Institute to discuss proposed legislation and a forum they will host on April 11, 2019 at the State Capitol and from Yolo County Health and Human Services to share their findings of their Board and Care Innovation Study Project.

California Behavioral Health Planning Council Adult Residential Facility (ARF) Project Workgroup Work Plan 2019

Goal #1

Objective

Identify the regulatory barriers inhibiting Adult Residential Facilities from serving individuals with serious mental illness.

Activities

- Identify problematic regulations.
 - Research the basis of the identified regulations.
 - Develop recommendations for the California Department of Social Services (CDSS).
 - Present the recommendations to the CDSS and engage in negotiations.
-

Goal #2

Objective

Address the financial barriers that inhibit persons with serious mental illness from being served by Adult Residential Facilities.

Activities

- Explore financial models used by other populations, including the Developmentally Disabled Community.
 - Utilize the information gathered to design a financial model.
 - Identify potential fund source.
 - Propose legislation to support the financial model designed and identified funding.
-

Goal #3

**California Behavioral Health Planning Council
Adult Residential Facility (ARF) Project Workgroup
Work Plan 2019**

Objective

Address land use requirements and community resistance, which create additional barriers for Adult Residential Facilities.

Activities

- Identify the origin of the land use and zoning permit requirements.
- Identify materials and compile a tool kit to address community resistance.
- Disperse tool kits to the Mental Health Boards and Commissions.

DRAFT