

California Behavioral Health Planning Council

Legislation Committee Agenda

Wednesday, January 15, 2020
Holiday Inn San Diego – Bayside
4875 North Harbor Drive, San Diego, CA 92106
San Diegan/Presidio Room
1:30 pm to 5:00 pm

Conference Call-In: 1-866-742-8921 Participant Code: 5900167

1:30 pm	Welcome and Introductions <i>Monica Caffey, Chairperson</i>	
1:35 pm	Nomination of Chair-Elect <i>Jane Adcock, CBHPC Executive Officer</i>	Tab 1
1:40 pm	Change of Officers <i>Monica Wilson, Chairperson</i>	
1:45 pm	Public Charge Update <i>Liz Oseguera, Senior Policy Analyst, CPCA</i>	Tab 2
2:30 pm	Approve October 2019 Meeting Minutes <i>Gerald White, Chairperson</i>	Tab 3
2:40 pm	Review of CBHPC Policy Platform <i>Naomi Ramirez, CBHPC Legislative Coordinator and All Members</i>	Tab 4
2:50 pm	Public Comment on Matters Not on the Agenda	
3:00 pm	Break	
3:15 pm	Legislative Update <i>Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 5
3:30 pm	CBHDA Legislative Update <i>Elia Gallardo, ESQ. Director of Governmental Affairs, CBHDA</i>	Tab 6
4:20 pm	Mental Health Services Act (MHSA) Discussion <i>Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 7
4:50 pm	Public Comment on Matters Not on the Agenda	
4:55 pm	Wrap Up/Next Steps	
5:00 pm	Adjourn	

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

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

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	Raja Mitry	Tony Vartan	Veronica Kelley
Hector Ramirez	Karen Baylor	Iris Mojica de Tatmum	

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**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Nomination of 2020 Committee Chair-Elect

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Chairperson and Chair-Elect lead the committee with a focus on supporting the Council's mission through their advocacy work.

Background/Description:

At the December 2019 Executive Committee meeting members voted to formalize an informal policy requiring members to serve on the Council for one year prior to serving as a committee Chair/Chair-Elect. The formalized policy has an impact on the Legislation Committee's nomination for Tony Vartan to be the 2020 Chair-Elect, as his 1-year anniversary with the Council is in March 2020.

During this agenda item, committee members will have an opportunity to explore their options for the 2020 Chair-Elect. As a reminder the Chair-Elect will serve through the January 2021 meeting when they become the Chairperson of the committee.

The role of the Chair-Elect is outlined below:

- Facilitate the Legislation Committee meetings as needed, in the absence of the Chairperson
- Assist the Chairperson and staff with setting the committee meeting agenda and committee planning
- Participate in the Executive Committee Meetings
 - Wednesday of every quarterly meeting from 8:30 am – 10:15 am
- Participate in the Mentorship Forums
 - Thursday of every quarterly meeting from 5:15 pm – 5:45 pm

Motion: Nomination of a committee member as the Chair-Elect.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Public Charge Update

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The council advocates for behavioral health services to be accessible for individuals with SMI and SED, both of which could potentially be affected by the proposed changes.

Background/Description:

In 2018 the Department of Homeland Security released new proposed regulations amending the public charge rule that would expand the public benefit programs currently considered when somebody is applying to enter or re-enter the country, or applying for legal permanent residency status (i.e. green card). Specifically, the administration is proposing to include the Medi-Cal program, which will discourage many immigrant families from seeking services that support their basic needs and ensures their well-being. The proposed policy will make many immigrant families afraid to access essential services including behavioral health care.

Liz Oseguera, Associate Director of Policy for the California Primary Care Association will provide in-depth background information, as well as an update on the current status of the public charge regulations.

Expected Outcome:

The committee is expected to decide whether or not the Council will submit a public comment letter addressing concerns about the proposed changes to the Public Charge Rules, in the event that there are future advocacy opportunities.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Approve October 2019 Meeting Minutes

Enclosures: October 2019 Meeting Minutes

Background/Description:

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

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

Members Present:

Monica Caffey, Chairperson	Gerald White, Chair-Elect	
Catherine Moore	Deborah Starkey	Iris Mojica de Tatum
Daphne Shaw	Noel O'Neill	Hector Ramirez
Susan Wilson	Tony Vartan	Karen Baylor
Veronica Kelley		

Meeting Commenced at 1:30 p.m.

Item #1 Approve June 2019 Meeting Minutes

The committee members reviewed the June 2019 meeting minutes. A motion to approve the minutes was made by Susan Wilson and seconded by Deborah Starkey. Iris Mojica de Tatum and Hector Ramirez abstained. The motion passed.

Action/Resolution

Naomi Ramirez will facilitate the posting of the minutes to the committee webpage.

Responsible for Action/Due Date

Naomi Ramirez-January 2020

Item #2 Year-End Legislative Update

Naomi Ramirez provided the outcomes for legislation the committee reviewed during the 2019 legislative session. The following are highlights on the outcomes reported:

- **AB 8**
 - Would require schools to have at least one mental health professional for every 600 students.
 - Bill was amended to be funded by MHSA PEI funds in order to get out of appropriations.
 - Became a 2-year bill and is currently in Senate Health Committee.
- **AB 258**
 - Would have provided grants to fund programs in qualifying schools that provide support services such as case-managed health, mental health, social, and academic support services.
 - Grants would have been funded by Prop 64 money (marijuana tax)
 - The Governor vetoed on October 12th.
 - Would change allocation process specified by Prop 64.

- DHCS has directed the funds toward expanding access to child care.
- **AB 333**
 - Co-sponsored by the Council- Patient Right's Committee
 - Provides whistleblower protections to county contracted patient rights advocates.
 - Was signed by the Governor October 2nd.
- **AB 480**
 - Establishes an Older Adult Mental Health Services Administrator.
 - Last meeting it was still specified to be under the Dept. of Aging, but has since been moved back to the Dept. of Health Care Services.
 - Became a 2-year bill. Last location was the Senate Appropriations Committee.
- **AB 680**
 - Would require the Commission on Peace Officer Standards and Training to develop mental health training for public safety dispatchers.
 - Has become a 2-year bill, however POST has decided to move forward with the development of the training.
- **AB 1766**
 - Requires data collection/reporting for ARFs.
 - Has become a 2-year bill.
 - Details on the pending amendments will be discussed during the ARF update.
- **SB 10**
 - Peer Certification bill- 3rd attempt.
 - Vetoed by the Governor October 13th.
 - Opportunity to include peer support services in transformation plans of the BH system.
 - Looks forward to working on these efforts in the budget process and future legislation.
- **SB 66**
 - Would allow same day billing.
 - Has become a 2-year bill.
 - CPCA is currently working on changes for next year.
- **SB 389**
 - Authorizes counties to use MHSA money to provide services to individuals participating in pre-sentencing or post-sentencing diversion programs, as well as individuals who are on parole, probation, post-release community supervision or mandatory supervision.
 - Signed by the Governor August 30th.

- **SB 428**
 - Would have provided an evidence-based mental health training program for school employees with direct contact with students.
 - Was supported by over 250 organizations.
 - Vetoed by the Governor October 13th.
 - Stated multiple agencies hold the responsibility to address mental health issues among young people.
 - \$50 Million was allocated in the budget for the Mental Health Student Services Act, which the OAC just began listening sessions for.
- **SB 539**
 - The Council worked with the CA Council of Community Behavioral Health Agencies (CBHA) and the CA Association of Marriage and Family Therapists (CAMFT) to identify funding for the WET 5-Year Plan.
 - SB 539 would have provided an ongoing source of funding, however was held in the Senate Appropriations Committee.
 - There was also a budget request of \$70M in one-time general funds to allow the MH Services Workforce Education and Training Account to be established.
 - The 2019/2020 budget provides \$35M in general funds and \$25M in MHSA Admin dollars and requires counties to provide a 33% match.
- **SB 665 (Umberg)- MH Services Fund: County Jails**
 - Authorizes counties to use MHSA funds for persons incarcerated in county jail or subject to mandatory supervision, except persons convicted of a felony.
 - Would be in place January 1, 2023 through January 1, 2024.
 - Many MH organization including the Council were made aware late in the session.
 - MHSOAC took an oppose position.
 - Has become a 2 year bill
 - Already reached out to Judy Babcock(Assembly Health Committee) to schedule meeting

Item #3

Adult Residential Facility Project Discussion

Eva Smith informed the group that the Housing and Homelessness Committee has taken the lead on the ARF project and that the ARF workgroup has now grown to 22 members, including 8 Council members. The ARF Project just held its most recent meeting September 30th and the turnout was exceptional, with approximately 25 people in attendance. There were 2 legislative staffers and great representation from Department of Social Services/CCL, including Deputy Director and Program Administrator in attendance.

Adriana Ruelas from the Steinberg Institute provided an update for AB 1766, the data collection bill to assess the state's inventory that take persons with SMI and on SSI. It has become a 2 year bill that is currently in the Senate Human Services Committee. The Steinberg Institute will continue working closely with the department on amendments and is currently working on a revised budget request to augment the current SSI rate.

Lynda Kaufmann from Psynergy Programs took the liberty to interview several ARFs to get actual scenarios using a set list of questions to find out their background, challenges and reasons for closure. Each situation was unique, but also share commonalities for reasons for closure (licensing and regulatory barriers and financial hardships). There was an interactive discussion to brainstorm possible system solutions.

Some of the solutions that were put forth:

- Support for one-time capital improvements (repair, back up to standard)
- Quick infusion of funding to stem flow of loss as temporary measure
 - Create a source of emergency funds to prevent closures by establishing a county mandate subsidizing care rate – not attached to operator, attached to people. Cannot use public funds for private operator
- TA support for the population they are serving
- Establishing tiered levels of supplemental payment that are correlated to various levels of care
- Medi-Cal assisted living waiver model 5 tiered payment structure
- Master Plan on Aging intersects well budget request and legislation that would align with the governor.

Item #4 Nomination of 2020 Committee Chair-Elect

Committee members discussed the need to nominate a Chair-Elect for the committee. The roles and responsibilities of the Chairperson and Chair-Elect were discussed. Tony Vartan was nominated and agreed to serve as the 2020 committee Chair-Elect.

Item #5 Public Comment on Items Not on the Agenda

Barbara Wilson acknowledged board and care operators that contributed to assure that she could attend the Council meeting. She also expressed the sense of urgency that the operators are currently experiencing as many of them can no longer operate the way they have been financially and are becoming closer to being forced to close.

Item #6 **Review of CBHPC Policy Platform**

Naomi Ramirez reminded the members that at the April 2019 meeting it was decided that the Policy Platform be in a format that clearly defines the Council's values in key areas. Members were given an opportunity to review the initial draft of the revised Policy Platform and provide feedback. Members provided minor formatting edits that will be incorporated. The document will be brought back to the committee for final approval and discussion on how long the platform will be adopted for at the next meeting.

Action/Resolution

Incorporate edits requested by members and provide final draft for approval.

Responsible for Action-Due Date

Naomi Ramirez- January 2020

Item #7 **Advocacy Opportunities**

Jane Adcock provided an overview of different meetings being held around the state, many of which are listed on Tab 6 with links to more information. Members were informed that staff attend many of the meetings, however they cannot attend all and it would be helpful for members interested in attending to represent the Council and provide updates to the committee. Hector Ramirez currently attends the MHSOAC Prevention and Early Intervention Project meetings and volunteered to provide updates to the committee. Members will inform staff if they are interested in representing the Council at any other meetings and if they need any assistance in attending.

Item #8 **Public Comment on Items Not on the Agenda**

Noah Hampton-Asum informed the committee that there is a list of all of the public meetings his organization is aware of on their website (Access California) for anyone interested in the resource.

Barbara Wilson asked if the Council advocates at a Federal level. Jane Adcock confirmed that the Legislation Committee does when appropriate, however are more active at the state level. Barbara also expressed concern about problems with unlicensed facilities.

Item #9

Wrap Up/Next Steps

Members expressed great interest in exploring new strategies and actively advocating for Peer Certification. Additionally, it was requested that the Steinberg Institute and the County Behavioral Health Directors Association be invited to the January 2020 meeting to provide an update on their legislative priorities for the year.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Review of CBHPC Policy Platform

Enclosures: CBHPC Policy Platform Draft

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

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.

At the April 2019 meeting members decided that the Policy Platform should be in a format that clearly defines the Council's values in key areas to assist with advocacy and give the public an idea of who the Council is and what we stand for. Additionally, they agreed the platform will be utilized by staff to identify bills to bring to the committee for discussion and potential positions. The first draft of the new Policy Platform was reviewed and discussed at the October 2019 meeting. During this agenda item members will review the updated draft, which includes edits identified at the last meeting and have an opportunity provide any additional feedback. **Once the document is approved, there will be a discussion for the group to determine how long the platform will be adopted for.**

Motion: Approve and adopt the updated Policy Platform.



Policy Platform Draft

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.

MISSION

To review, evaluate and advocate for an accessible and effective behavioral health system.

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Consumer and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

INTRODUCTION

The purpose of the Policy 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 with serious mental illness/emotional disturbance, including those dually diagnosed with substance use disorders. The Platform is intended to be used by staff to identify legislation of interest to the Council and inform stakeholders of the Council’s perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the Council takes.

The perspective of the Council on overarching behavioral health issues, as well as priority policy areas are outlined in the sections below.

OVERARCHING BEHAVIORAL HEALTH PRINCIPLES

1. Reduce and eliminate stigma and discrimination.
2. Augment behavioral health funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
3. Promote the principles of the Mental Health Master Plan.
4. Promote appropriate services to be delivered in the least restrictive setting possible.
5. Support the mission, training and resources for local behavioral health boards and commissions.
6. Encourage 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.
7. Uphold the principles and practices of the Mental Health Services Act.

PRIORITY POLICY AREAS

PATIENT RIGHTS

The Council is mandated to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients. Additionally, to advise the directors of CA Department of State Hospitals and CA Department of Health Care Services on policies and practices that affect patients’ rights at the county and state-level public mental health system provider sites.

The Patient’s Rights committee is currently focused on the rights of psychiatric patients in county jails.

SUPPORT

1. Consistent application of WIC Sections regarding the duties of Patients' Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Attaining information from Patients' Rights Advocates on activities, procedures and priorities.
3. Informing local Mental Health Boards on the duties of Patients' Rights Advocates.
4. Addressing the ratio of Patients' Rights Advocates to the general population.
5. Effective training for Patient's Rights Advocates.
6. Whistleblower protections for all Patient's Rights Advocates.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

The Planning Council is mandated in state law to review and report on the public mental health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to make recommendations regarding mental health policy development and priorities. This duty includes the following:

- Reviewing, assessing, and making recommendations regarding all components of the mental health and substance use disorder systems.
- Reviewing and approving performance indicators.
- Reviewing and reporting annually on the performance of mental health and substance use disorder programs based on data from performance indicators.
- Periodically reviewing the State's data systems and paperwork requirements to ensure they are reasonable.

The Performance Outcomes Committee surveys all counties annually through the Data Notebook. The theme of each notebook is determined by members and the information collected is intended to assist in closing the gaps on data and support the work of the Council.

SUPPORT

1. Require increased use and coordination of data and evaluation processes at all levels of behavioral health services.
2. Adequate funding of evaluation of mental/behavioral health services.

HOUSING AND HOMELESSNESS

The Council actively engages with stakeholder organizations to influence policy and ensure access to programs by homeless individuals who are served by the public behavioral health system. The Council also advocates on legislation and regulatory matters related to the housing crisis in California and funding and programs to serve persons who have mental illness and are homeless.

The Housing and Homelessness Committee intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and addressing the state's homeless population. The committee intends to highlight and recognize outstanding service delivery programs, so that effective programs can be duplicated and shared throughout the state of California. Existing efforts for this committee's consideration include: Housing First Policy, No Place Like Home (NPLH), Homeless Coordinating and Financing Council (HCFC) and Mental Health Service Act (MHSA) Housing Program. Additionally, the committee is leading the Council's efforts in addressing the current crisis with Adult Residential Facilities.

SUPPORT

1. Lowering costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
2. Development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
3. Expanding affordable housing and affordable supportive housing.
4. Initiative/policies to mitigate "Not In My Back Yard" (NIMBY) and restrictions on housing and siting facilities for providing behavioral health services.

WORKFORCE AND EMPLOYMENT

The Welfare and Institution Code provides the Council with specific responsibilities in to advise the Office of Statewide Health Planning and Development (OSHPD) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development (WET) Plan, as well as review and approval authority of the final plan.

The Workforce and Employment Committee works closely with OSHPD staff to provide input, feedback and guidance and acts as the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law. Additionally, the committee leads efforts to secure funding for the WET plan. Aside from the activities related to the WET Plan,

the committee is focused on addressing the employment of individuals with psychiatric disabilities.

SUPPORT

1. Expand employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
2. 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.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

The Council is statutorily required to advocate for timely access and continuity of care for persons with SMI and SED, addressing all levels of care from acute care to recovery of vocation and functionality across the lifespan. The Council's membership includes the voice of consumers and family members in its statewide policy development. In addition to the federal planning duties, state law mandates additional responsibilities and duties that include:

- Advising the Legislature, Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing.
- Make recommendations to the Department on awarding grants to county programs to reward and stimulate innovation
- Advise the Director on the development of the State mental health plan and its priorities.
- Conduct public hearings on the State mental health plan, Community Mental Health Services Block Grant, and on other topics as needed.

The Systems and Medicaid Committee is currently focused on the upcoming expiration of the 1115 and 1915(b) Waivers which provide the bulk of California's Medicaid Infrastructure. The Committee's activities include exploring options for the future system, engaging with various behavioral health stakeholders, and soliciting input to develop recommendations for the Department of Health Care Services. Additionally, the Committee is interested in promoting collaboration with areas of intersection with behavioral health and other systems including:

- Physical Health Care
- Child Welfare
- Juvenile Justice
- Criminal Justice
- Education
- Developmental Disabilities
- Vocational Rehabilitation
- Employment

SUPPORT

1. Promote the integration of mental health, substance use disorders and physical health care services.
2. Safeguard behavioral health care parity and ensuring quality behavioral health services in health care reform.
3. 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.
4. Reduce disparities and improving access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.
5. Reduce the use of seclusion and restraint to the least extent possible.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Legislative Update

Enclosures: CBHPC 2020 Legislative Positions

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Legislation Committee's activities throughout the year assist the Council in upholding its statutory responsibility to advocate for individuals with SMI and SED, through the positions taken on bills, which are documented in the list of positions.

Background/Description:

The Legislation Committee was very active the first year of the legislative session, taking positions on 26 bills. A number of the bills became 2-year bills that can now be acted upon again. The enclosed list includes these bills and the Council's position.

During this agenda item committee members will have an opportunity to review the list of positions and discuss any updates on the legislation. The committee will continue to monitor these bills and advocate accordingly through the end of the legislative cycle.



2020 Legislative Positions

[AB 8](#)

(Chu D) Pupil health: mental health professionals.

Status: 2 year bill. Last location- Senate Health Committee.

Summary: Would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school to have at least one mental health professional, as defined, for every 600 pupils generally accessible to pupils on campus during school hours. The bill would require, on or before December 31, 2024, a school of a school district or county office of education and a charter school with fewer than 600 pupils to have at least one mental health professional generally accessible to pupils on campus during school hours, to employ at least one mental health professional to serve multiple schools, or to enter into a memorandum of understanding with a county agency or community.

Position: Oppose Unless Amended

[AB 480](#)

(Salas D) Mental health: older adults.

Status: 2 year bill. Last location- Senate Appropriations Committee.

Summary: 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 from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of mental health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services.

Position: Support

[AB 680](#)

(Chu D) Public safety dispatchers: mental health training.

Status: 2 year bill. Last location- Senate Appropriations Committee.

Summary: Would require the Commission on Peace Officer Standards and Training, on or before January 1, 2021, to develop mental health training courses for state and local public safety

dispatchers, incorporated in the dispatchers' basic training course and as a continuing training course, that cover specified topics, including recognizing indicators of mental illness, intellectual disabilities, or substance use disorders, and conflict resolution and de-escalation techniques. The bill would require the commission to develop these courses in consultation with specified groups and individuals.

Position: Support

AB 713 **(Mullin D) Early Psychosis Intervention Plus (EPI Plus) Program.**

Status: 2 year bill. Last location- Senate Appropriations Committee.

Summary: Current 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. Current 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. Current law prohibits funds from being appropriated from the General Fund for purposes of these provisions. This bill would delete that prohibition on General Fund moneys being appropriated for purposes of those provisions and would delete the requirement that the minimum \$500,000 deposit be from non-state funds.

Position: Support

AB 890 **(Wood D) Nurse practitioners: scope of practice: unsupervised practice.**

Status: 2 year bill. Last location- Assembly Appropriations Committee.

Summary: Would establish the Advanced Practice Registered Nursing Board within the Department of Consumer Affairs, which would consist of 9 members. The bill would authorize a nurse practitioner who holds a certification as a nurse practitioner from a national certifying body recognized by the board who practices in certain settings or organizations to perform specified functions without supervision by a physician and surgeon, including ordering and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and administering controlled substances.

Position: Support if Amended

AB 1601 **(Ramos D) Office of Emergency Services: behavioral health response.**

Status: 2 year bill. Last location- Assembly Appropriations Committee.

Summary: 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.

Position: Support

[AB 1766](#)

(Bloom D) Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder.

Status: 2 year bill. Last location- Senate Human Services Committee.

Summary: Would require the State Department of Social Services to collect and publicly report data from licensed adult residential facilities and residential care facilities for the elderly, including whether the facility accepts residents with a serious mental disorder, as defined, and the destination for all residents with a serious mental disorder who exited during the previous 12 months, among other information. The bill would also require the department to publicly report on a quarterly basis how many licensed residential facilities primarily serving low-income residents closed permanently in the prior quarter and to create guidelines to ensure that the county in which a facility is located is notified when that facility notifies the department that it is closing.

Position: Support

[SB 11](#)

(Beall D) Health care coverage: mental health parity.

Status: 2 year bill Last location- Senate Appropriations Committee.

Summary: Would require the Department of Managed Health Care and the Department of Insurance annually to report to the Legislature the information obtained through activities taken to enforce state and federal mental health parity laws.

Position: Support

[SB 12](#)

(Beall D) Mental health services: youth.

Status: 2 year bill. Last location- Assembly Appropriations Committee.

Summary: The Mental Health Services Act an initiative statute enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, also funds a system of county mental health plans for the provision of mental health services, as specified. Current law provides for the operation and administration of various mental health programs by the Mental Health Services Oversight and Accountability Commission This bill would require the commission, subject to an appropriation, to administer an Integrated Youth Mental Health Program for purposes of establishing local centers to provide integrated youth mental health services, as specified.

Position: Support

[SB 66](#)

(Atkins D) Medi-Cal: federally qualified health center and rural health clinic services.

Status: 2 year bill. Last location-Assembly Appropriations Committee.

Summary: Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. 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 a mental health visit or a dental visit, as defined.

Position: Support

[SB 331](#) ([Hurtado](#) D) Suicide prevention: strategic plans.

Status: 2 year bill. Last location- Assembly Appropriations Committee.

Summary: 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. This bill would require counties to create and implement, and update every 3 years, a suicide-prevention strategic plan that places particular emphasis on preventing suicide in children who are less than 19 years of age and includes specified components, including long-term suicide-prevention goals and the selection or development of interventions to be used to prevent suicide.

Position: Work with Author

[SB 582](#) ([Beall](#) D) Youth mental health and substance use disorder services.

Status: 2 year bill. Last location- Assembly Appropriations Committee.

Summary: Would require 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 youth services, as specified, if moneys are appropriated for this purpose. 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 would authorize the commission to allocate the funds towards other purposes if there is an inadequate number of qualified applicants, as specified. 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, 2022.

Position: Support

SB 665

(Umberg D) Mental Health Services Fund: county jails.

Status: 2 year bill. Last location- Assembly Health Committee.

Summary: Current law prohibits Mental Health Services Act (MHSA) funds from being used to pay for persons incarcerated in state prison or parolees from state prisons. The 2011 Realignment Legislation addressing public safety and related statutes, requires that certain specified felonies be punished by a term of imprisonment in a county jail, rather than the state prison, and provides for mandatory supervision, a period of suspended execution of a concluding portion of the sentence that is supervised by the county probation officer. This bill would, until January 1, 2023, authorize a county to use MHSA funds, if that use is included in the county plan, to provide services to persons who are incarcerated in a county jail or subject to mandatory supervision, except persons who are incarcerated in a county jail for a conviction of a felony unless for purposes of facilitating discharge.

Position: Oppose

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: County Behavioral Health Directors Association Update

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This presentation is intended to assist the Legislation Committee with identifying areas of focus within the behavioral health constituency. Additionally, it will assist the committee in identifying areas the Council can work with CBHDA to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

Background/Description:



Elia Gallardo, ESQ., is responsible for assisting the Executive Director in advancing legislative, budget and administrative priorities for the County Behavioral Health Directors Association of California (CBHDA). She will discuss CBHDA's legislative priorities for the current session and provide an overview of the Governor's proposed budget. All materials for this agenda item will be provided at the meeting to ensure the inclusion of details of the Governor's budget.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 15, 2020**

Agenda Item: Mental Health Services Act (MHSA) Discussion

Enclosures: Recap of Informational Hearing

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Council advocates to uphold the principles and practices MHSA, as it is a vital fund source for many of the services that are currently available to individuals with Serious Mental illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

The purpose of this agenda item is to inform members of current efforts to transform the MHSA. Members will be given an opportunity to discuss the potential changes and identify areas they would like staff to advocate to uphold principles/practices of the act, as well areas they feel transformation could be beneficial.

To assist with the discussion materials have been provided from an informational hearing that was held on December 9, 2019 to inform the Assembly Budget Committee on the successes/challenges of Prop 63 and potential ways to reform the MHSA in the future.

Recap of Prop 63 Informational Hearing

The Assembly Budget Subcommittee #1 held an informational hearing on Proposition 63/the MHSA on Monday, December 9th.

- Darrell Steinberg (Co-author of Proposition 63 and currently head of the Steinberg Institute) was quite clear about what changes he wants for the MHSA. These include:
 - More MHSA funding mandated towards the unsheltered homeless
 - More MHSA funding mandated towards jails/criminal justice/substance abuse
 - More MHSA funding mandated towards youth (early psychosis detection, youth in college, programs in schools, trauma focus)
 - A move away from local decision making in regards to identifying priorities by each county and what programs should be funded with MHSA dollars within each county
- There were four panel presentations, three regarding MHSA administrative and funding issues, and a fourth on CalAIM (the major Medi-Cal reform that will be undertaken by the CA Department of Health Care Services).
- Most of the panel members were from government or research agencies. There were two representatives of community based organizations whose **letters are included in your materials and clearly reflect the sentiments of many community organizations:**
 - Angela Brand of NAMI-California (representing family members)
 - Karen Vicari of Cal Voices (representing consumers)
- Many panel members and public members (including Michelle Doty Cabrera, Executive Director of the County Behavioral Health Directors Association) raised concerns about redirecting or mandating more MHSA funding towards solving the serious and complex problem of homelessness. It was pointed out that a majority of people who are homeless do not have mental illness and addressing the issue of affordable housing and other issues would be a more effective way to reduce the homelessness. Several people testified that it was *after becoming homeless* that people developed mental health issues, and this was as much of a problem as mental illness causing homelessness.
- Members of the public were allowed to give their testimony, although many had to leave before they were able to give their statements. Kudos must be given to the dedicated speakers that waited **nearly 5 hours** before getting in a long line to speak.
- There was large public presence at this hearing and the message that changes to the basics of the MHSA will not take place without a fight.
 - The fight will be to have people from the community (consumers, family members, and people from underserved communities) be meaningfully involved in these changes.