

California Behavioral Health Planning Council

Legislation Committee Agenda

Thursday, October 22, 2020

1:30 pm to 3:15 pm

Zoom Meeting Link:

<https://caltelehealth.zoom.us/j/91615837747?pwd=NDlxcUpJKzE3Z3JacFMzZ0hQQ2pJZz09>

Meeting ID: 916 1583 7747

Passcode: 395021

Join by Phone: (669) 900-6833

Access Code: 916 1583 7747#

1:30 pm	Welcome and Introductions <i>Gerald White, Chairperson</i>	
1:35 pm	Approve June and July 2020 Meeting Minutes <i>Tony Vartan, Chair-Elect</i>	Tab 1
1:40 pm	Year-End Legislative Report <i>CBHPC Staff</i>	Tab 2
1:50 pm	Public Comment	
1:55 pm	LPS Audit Overview <i>Tyler Rinde, Policy Advocate, CBHDA</i>	Tab 3
2:20 pm	Break	
2:25 pm	LA County's Response to LPS Audit <i>Jonathan Sherin, PhD, MD MH, Los Angeles County BH Director</i>	Tab 4
2:45 pm	Member Discussion of LPS Audit <i>All Legislation Committee Members</i>	
3:00 pm	Public Comment	
3:05 pm	Nomination of Chair-Elect <i>CBHPC Staff</i>	Tab 5
3:10 pm	Wrap-up/Next step	
3:15 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) 701-8211 not less than 5 working days prior to the meeting date.

California Behavioral Health Planning Council

Legislation Committee Agenda

Legislation Committee Members

Gerald White, Chairperson

Tony Vartan, Chair-Elect

Catherine Moore

Barbara Mitchell

Daphne Shaw

Marina Rangel

Deborah Starkey

Darlene Prettyman

Susan Wilson

Karen Baylor

Monica Caffey

Noel O'Neill

Veronica Kelley

Hector Ramirez

Iris Mojica de Tatum

**California Behavioral Health Planning Council
Legislation Committee**

Thursday, October 22, 2020

Agenda Item: Approve June and July 2020 Meeting Minutes

Enclosures: June 2020 Meeting Minutes
July 2020 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 June and July 2020 meetings.

Motion: Accept and approve the June and July 2020 Legislation Committee Minutes.

Members Present:

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve January and April 2020 Meeting Minutes

The committee members reviewed the January and April 2020 meeting minutes. A motion to approve the minutes was made by Susan Wilson and seconded by Darlene Prettyman. The motion passed.

Item #2 State Budget Update

Elia Gallardo and Tyler Rinde from CBHDA provided an update on the State's budget. The following are highlights from the budget update:

- The Legislature's version of the budget is based on the Department of Finance's (DOF) revenue forecast of a \$54 billion budget shortfall, but it adopts the Legislative Analyst's Office's (LAO) significantly lower caseload cost estimates for health and human services programs.
- 1991 and 2011 Realignment revenues are projected to decline by 13% from 2018-19 to 2019-20 and remain at this lower level in the foreseeable future. This decline represents a loss of approximately \$710 million to behavioral health in the current and budget year.
 - The administration proposes no revision, however the assembly/senate proposed to appropriate \$1 billion General Fund to backfill Realignment revenues. Of this amount, \$600 million is subject to the Compromise trigger. If federal funds do not materialize by September 1, 2020, \$600 million in Realignment backfill will be withdrawn. The Legislature continues to discuss how to allocate the \$1 billion between 1991 and 2011 Realignment.
- Due to the economic downturn, CBHDA is projecting a 19% decrease in realignment from the MHSA funding level in FY 18-19 to FY 22-23. To support county behavioral health in maximizing the effectiveness of MHSA, CBHDA and a coalition of over 20 behavioral health stakeholders, including CBHPC, has

asked the Legislature and the Administration to allow temporary flexibility in specific MHSAs requirements in response to the COVID-19 related circumstances, including allowing immediate access to prudent reserves, extending deadlines for submissions of three year plans and allowing funds subject to reversion to be used to fill funding gaps. MHSAs budget trailer bill will require bipartisan support to secure 2/3rds approval from the Legislature.

- Assembly/Senate – Working with DHCS draft trailer bill language to provide MHSAs flexibilities. Because of tight deadlines for passing the budget, budget legislative staff must prioritize flexibilities required to be passed in June/July and recommend the coalition seek the remaining flexibilities in August, when the Legislature revisits the FY 20-21 budget. For the June/July budget, the relief that must be secured include counties having immediate access to prudent reserves, safeguarding funds subject to reversion at the end of this FY and extending the deadlines for submission of Three-Year plans. Any relief not secured in the initial budget trailer bill will be sought in August budget discussions.
- The May Revision proposes to delay implementation of the CalAIM initiative, resulting in a decrease of \$695 million (\$347.5 million GF) in 2020-21. In addition, the May Revision removes \$45.1 million GF in 2020-21 and \$42 million GF in 2021-22 in associated funding for the Behavioral Health Quality Improvement Program. The Behavioral Health Quality Improvement Program was to provide funding to county mental health and substance use disorder systems to incentivize system automation and process improvements to prepare counties for success in CalAIM.
 - The senate/assembly adopted the May Revision proposal.
- DHCS has discovered that it has been inappropriately claiming federal funds (FF) for ineligible beneficiaries across all Medi-Cal programs. California provides full-scope MediCal services to qualified immigrants and other immigrant groups ineligible for federal matching funds for nonemergency services. For decades, DHCS claiming systems have mistakenly secured federal match for these populations. The state is required to return the federal funding to the federal government and is seeking to collect these federal funds for a certain number of years. DHCS has estimated the amount of funding that must be returned, the portion that is the responsibility of the counties, the portion that is the responsibility of the state.
 - The Administration proposes for FY 2021, both state and counties' portions of the federal reimbursement will be paid with \$148.5 million GF. In DHCS' budget estimate document, it states that counties are expected to reimburse the GF for their portion of the retroactive and ongoing claims adjustments beginning in FY 2122. According to DHCS, the state will request counties begin repaying \$63 million in ineligible claims in FY 21-22. The state is also seeking reimbursement from Medi-Cal managed care

plans for a much larger proportion of funding. The senate/assembly adopted the May Revision proposal.

- The May Revision includes the waiver of the interim rate setting methodology for Specialty Mental Health, Drug Medi-Cal (DMC) and DMC-Organized Delivery System to temporarily allow interim rates to be revised. Due to COVID-19, counties initially experienced a significant decrease in utilization with certain outpatient services, resulting in increased costs per unit of service. To account for the higher cost per unit of service and to help counties, DHCS is allowing for increases in interim reimbursement rates for these services.
 - The Administration proposes an increase of \$135.3 million (\$13 million GF and \$122 million FF) in 2019-20 and \$77.7 million (\$7.7 million GF and \$70 million FF) in 2020-21. The senate/assembly adopted the May Revision proposal.
- The Integrated Services for Mentally Ill Parolees (ISMIP) program provides wrap around full service partnership level of care to parolees living with a serious mental illness in 8 counties.
 - The May Revision proposes to cut the ISMIP program. The elimination of this program is proposed to go into effect in January 2021. The senate and assembly adopted the May Revision proposal.

Item #3 **Public Comment**

No public comment.

Item #4 **Legislation Committee Position List Review**

Naomi Ramirez provided a legislative update on the following bills which the committee has already taken a position on and staff continues to advocate on:

AB 8- Pupil Health: Mental Health Specialist- Oppose

- Would require public schools to have 1 MH specialist/600 students.
- Last year we initially supported the bill
 - Author changed funding source to MHSA PEI funds
 - We opposed unless they change fun source
- The author is now trying to move bill forward

AB 1766- Licensed ARF and RCFE Data Collection- Support

- Requires the California Department of Social Services (CDSS) to collect data related to the population of individuals with severe mental illness living in

licensed Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).

- Requires reporting on the length of stay, the reason for discharge, the locations to which people are discharged, and the referral source for individuals with mental illness.
- Requires reporting of permanent closures of licensed adult residential facilities and residential care facilities for the elderly.

AB 1938- MHSA: Inpatient Treatment Funding- Oppose

- Would allow the use of MHSA funds to provide involuntary treatment in a variety of hospital and other institutional care settings.

Current Status: was amended to bill re: prescription drugs- DEAD.

AB 1976- MH Services: assisted outpatient treatment- Oppose

- Repeal the expiration of Laura's Law, extending it indefinitely
- Allow counties to opt out if they do not wish to implement
 - Resolution must be passed by the governing body stating reason for opting out and facts/circumstances relied on in making that decision
- Counties may elect to implement with other counties
- Require a county or group of counties to offer the MH programs unless a county opts out
- Authorizes a judge in a superior court to request a petition for an order for assisted outpatient treatment for persons that meet the criteria.

AB 2015- Certification for intensive treatment: review hearing- Oppose

- Authorize a person's medical condition and how that condition bears on their ability to survive safely without involuntary detention to be presented in support of the certification decision

SB 665- Mental Health Services Fund: County Jails- Oppose

- Would authorize counties to use MHSA funds to provide services to persons who are incarcerated in a county jail.

The committee discussed **AB 2112- Office of Statewide Suicide Prevention**, which establishes statewide Office of Suicide Prevention within the Department of Public Health to provide statewide leadership to study and address the crisis of suicide. A motion was made by Iris Mojica de Tatum to support this legislation and seconded by Catherine Moore. The motion passed.

Item #4 **Wrap Up/Next Steps**

Naomi Ramirez will send out a survey to determine which day in July members prefer to meet and reach out to the Chairperson and Chair-Elect to plan for the meeting.

Item #5 **Public Comment on Matters Not on the Agenda**

Daphne Shaw recommended inviting Assembly Member Eggman to a committee meeting to discuss her legislation the committee is opposed to.

Members Present:

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

Meeting Commenced at 1:00 p.m.

Item #1 Legislative Update

Naomi Ramirez provided a legislative update to the committee. The following are highlights from the update:

- Legislature just returned from recess yesterday due to Assembly members testing positive for COVID.
- Condensed timeframe- supposed to return 7/13

The following are updates on legislation the committee has already taken positions on and staff continue to focus advocacy efforts:

AB 8- Pupil Health: Mental Health Specialist

- Would require public schools to have 1 MH specialist/600 students.
- Last year we initially supported the bill
 - Author changed funding source to MHSA PEI funds
 - We opposed unless they change fun source
- The author is now trying to move bill forward
 - No hearing currently set

Position: OPPOSE

AB 1766- Licensed ARF and RCFE Data Collection

- Requires the California Department of Social Services (CDSS) to collect data related to the population of individuals with severe mental illness living in licensed Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).

- Requires reporting on the length of stay, the reason for discharge, the locations to which people are discharged, and the referral source for individuals with mental illness.
- Requires reporting of permanent closures of licensed adult residential facilities and residential care facilities for the elderly.
- Has been referred to Human Services committee, no hearing set.

Position: SUPPORT

AB 1938- MHSA: Inpatient Treatment Funding

- Would allow the use of MHSA funds to provide involuntary treatment in a variety of hospital and other institutional care settings.

Position: OPPOSE

Current Status: was amended to bill re: prescription drugs- DEAD.

AB 1976- MH Services: assisted outpatient treatment

- Repeal the expiration of Laura's Law, extending it indefinitely
- Allow counties to opt out if they do not wish to implement
 - Resolution must be passed by the governing body stating reason for opting out and facts/circumstances relied on in making that decision
- Counties may elect to implement with other counties
- Require a county or group of counties to offer the MH programs unless a county opts out
- Authorizes a judge in a superior court to request a petition for an order for assisted outpatient treatment for persons that meet the criteria.

Position: OPPOSE

Current Status: 7/1/20 referred to Health Committee for assignment. No hearing set.

AB 2015- Certification for intensive treatment: review hearing

- Authorize a person's medical condition and how that condition bears on their ability to survive safely without involuntary detention to be presented in support of the certification decision

Position: OPPOSE

Current Status: 6/23/20 sent to Senate Judiciary Committee. 7/23 Senator Jackson (chair), released a letter to assembly members and list of bill that would be heard. This bill didn't make the list.

AB 2112- Office of Statewide Suicide Prevention

- Establishes statewide Office of Suicide Prevention within the Department of Public Health to provide statewide leadership to study and address the crisis of suicide.
- Took support position at June meeting
- Has not been set for hearing yet.

Position- SUPPORT

SB 665- Mental Health Services Fund: County Jails

- Would authorize counties to use MHSA funds to provide services to persons who are incarcerated in a county jail.
- Spent the first 2 weeks of July working with coalition members to meet with all members of the Assembly Health Committee
 - Inform them of reason we oppose
 - Inconsistent with the Mental Health Services Act (MHSA), supplants other county funds, and defunds community resources at time when funding is already facing immense strain due to COVID-19.
- Was amended last week
- Hearing set for Aug 4 at 2:00 pm.

Position-OPPOSE

SB 803- MH Services: peer support specialist certification

- Has been amended to address the administration's previous concerns with general funds being used for fed match since it would be a state mandate.
 - Has been reason for veto in past
- Bill still:
 - creates the statewide certification process
 - standardized training
 - peer certification billing code
- Bill now:
 - Gives the counties the option to opt in
 - Eliminates the requirement of GF to be used for Fed Match

- Counties have to pay non fed share
- 30 counties already doing this
- We have sent in updated support letter and signed on the coalition support letter.
- Set for hearing Aug 4th at 2:00pm

Position: SUPPORT

SB 1254 Guardians ad litem: mental illness

Status: Failed deadline 5/29-DEAD

- Established additional procedure for appointing guardian ad litem
- Authorize any “person of interest” to be appointed

Position: OPPOSE

Final Budget

- Included CBHDA’s overview of the final budget in meeting packet to inform of changes since the last meeting.

Item #2 Public Comment

No public comment.

Item #3 Legislation Committee Position List Review

The committee reviewed and took positions on the following bills:

AB 1259-Licensed adult residential facilities and residential care facilities for the elderly: SSI/SSP recipients: report

- Requires the Department of Social Services (DSS) to establish a task force for the purpose of issuing a report that includes recommendations on how to meet the housing and care needs of low-income individuals who are blind, disabled or over 65 years of age and receiving Supplemental Security Income/State Supplementary Payment (SSI/SSP).

The report will:

- Identify the existing capacity for licensed ARFs and RCFEs (aka board and care facilities) that serve residents on SSI/SSP including identifying the existing capacity for residents with a serious mental illness
- Assess the unmet demand for ARF and RCFE placements for SSI/SSP recipients within each county including assessing the unmet demand for residents with a serious mental illness
- Identify gaps in the data and recommend actions that would close the data gaps.
- Recommend how to build capacity ARFs and RCFE placements for SSI/SSP recipients.
- Identify strategies to ensure SSI/SSP recipients are residing in facilities that are appropriately licensed to meet the residents' care needs
- Make recommendation on implementing HSC 1569.70, which established the levels of care for RCFEs.
- Make any other recommendations deemed appropriate by the majority of the task force members that would enhance the quantity or quality of ARFs and RCFEs that serve SSI/SSP.
- Letters due today. Hearing Aug 3rd.

Motion to support SB 1259 was made by Tony Vartan and seconded by Iris Mojica de Tatum. The motion passed.

AB 2377- ARF Closures and Transfers

- Provides ARF residents with same protections as RCFE residents by aligning closure requirements
- Specifically, AB 2377 will require the following before closure:
 - Requires that ARF operators provide written six month notice to residents prior to relocation; and gives local governments first opportunity to purchase after 2 months
 - Requires that ARF operators develop Resident Relocation Evaluations for residents, which includes: (i) recommendations on the type of facility that would meet resident needs; (ii) facility listings, within a 60-mile radius of the closing facility, that meet the resident's needs;
 - Mandates that the ARF must submit a closure plan to the State for approval if seven or more residents are impacted;
 - Requires the State to take certain actions if the ARF fails to provide required relocation services, and authorizes residents to take civil action for violation of rights provided by the bill.

- By improving closure requirements, California will be better able to reduce the effects of homelessness and protect some of the state's most vulnerable communities.
- Hearing has not been set.

The committee decided not to take a formal position on AB 2377 and to watch the bill.

AB 3242-Mental health: involuntary commitment

- This bill would authorize an examination, assessment, or evaluation for 51/50 hold to be conducted using telehealth or other audio-visual technology.
- Memorializes process so each hospital doesn't have to negotiate with county MH
- Assigned to senate health committee. No hearing set.

Motion to support AB 3242 was made by Noel O'Neill and seconded by Veronica Kelley. Daphne Shaw abstained and Hector Ramirez voted no. The motion passed.

AB-2576 Mental health

- *The bill would require that consideration be given to using the reallocated MHSA funds to provide services to individuals with mental illness who are also experiencing:*
 - homelessness
 - or who are involved in the criminal justice system and
 - *to provide* early intervention services to youth.
- Senate health committee. Hearing not set.

Motion to oppose AB 2576 was made by Karen Baylor and seconded by Daphne Shaw. Veronica Kelley and Tony Vartan voted no. Noel O'Neill, Marina Rangel and Barbara Mitchell were not present to vote. The motion passed.

Item #4 Wrap Up/Next Steps

Naomi Ramirez will work with Gerald White and Tony Vartan to plan for the October 2020 meeting. Members were advised to send any requests for agenda items or presentations to Naomi Ramirez.

Item #4

Public Comment on Matters Not on the Agenda

Hector Ramirez thanked all committee members for all of their hard work and wished a Happy 30th Anniversary to the ADA folks.

**California Behavioral Health Planning Council
Legislation Committee
Thursday, October 22, 2020**

Agenda Item: Year-End Legislative Update

Enclosures: State Legislative Process Overview (PowerPoint)

State Budget Process Overview (PowerPoint)

CBHPC Policy Platform

How This Agenda Item Relates to Council Mission

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

The Council's legislative activities included in the Year End Legislative Report documents the Council's effort to advocate for an effective 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 Legislation Committee's activities throughout the year have assisted the Council in upholding its statutory responsibility to advocate for individuals with SMI and SED, through the positions taken on numerous bills this session. The Council's legislative activities for the year are documented in the Year-End Legislative Report. During this agenda item committee members will have an opportunity to review the report and discuss the outcomes of the legislation and what to expect in the new session.

In order to ensure the inclusion of the most up-to-date information on legislative outcomes for the 2020 session, this report is not yet finalized at the time of publishing these materials for the October meeting but will be distributed and made available prior to the meeting.

Enclosed you will find PowerPoint presentations that provide an overview of the State's Legislative and Budget processes, which were presented by CBHDA in October 2018.

Additionally, the CBHPC Policy Platform is enclosed. The presentations and Policy Platform are intended as reference materials for members as we prepare to enter a new legislative session.

For copies of the PowerPoint presentations contact Jane Adcock at Jane.Adcock@cbhpc.dhcs.ca.gov



Policy 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.

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
Thursday, October 22, 2020**

Agenda Item: LPS Audit Overview

Enclosures: CBHDA LPS Audit Overview PowerPoint

State Auditor Fact Sheet

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 provide foundational information and inform members of potential upcoming changes, which may require advocacy from the committee.

Background/Description:

In August 2020, the California State Auditor released its report of the Lanterman-Petris-Short Act. The report includes findings and recommendations which could influence the direction of the publicly-funded behavioral health system.

The full report can be view through the following link:

<https://www.auditor.ca.gov/pdfs/reports/2019-119.pdf>



Tyler Rinde, Policy Advocate, California County Behavioral Health Directors Association of California, will be presenting an overview of the Lanterman-Petris Short (LPS) Act of 1967, the origins and scope of the LPS audit and the findings of the 2019 audit.

The Fact Sheet can be found at <https://www.bsa.ca.gov/pdfs/factsheets/2019-119.pdf>

**California Behavioral Health Planning Council
Legislation Committee
Thursday, October 22, 2020**

Agenda Item: LA County's Response to LPS Audit

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 provide foundational information and inform members of potential upcoming changes, which may require advocacy from the committee.

Background/Description:



Jonathan Sherin, M.D., Ph.D., Director, Los Angeles County Department of Mental Health will be discussing Los Angeles County's response to the LPS Audit. The county's response can be view through the following link:

http://auditor.ca.gov/reports/2019-119/responses.html#LA_rebuttal

**California Behavioral Health Planning Council
Legislation Committee
Thursday, October 22, 2020**

Agenda Item: Nomination of 2021 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 their committee with a focus on supporting the Council's mission through the committee's work.

Background/Description:

Each standing committee shall have a Chairperson and Chair-Elect. The Chairperson serves a term of 1 year with the option for re-nomination for one additional year.

Tony Vartan is slated to become the Chairperson for the Legislation Committee at the January 2021 meeting. The committee members shall nominate a Chair-Elect or propose a second year of current Chairperson to be submitted to the Officer Team for appointment.

The role of the Chair-Elect is outlined below:

- Facilitate the committee meetings as needed, in the absence of the Chairperson
- Assist the Chairperson and staff with setting the committee meeting agendas and other committee planning
- Participate in the Executive Committee Meetings
 - Wednesday of every quarterly meeting from 8:30 am – 10:00 am
- Participate in the Mentorship Forums when the Council resumes meeting in person.

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