

California Behavioral Health Planning Council

Legislation Committee Agenda

Thursday, January 21, 2021

1:30 pm to 3:15 pm

Zoom Meeting Link:

To be Provided

Join by Phone: Access Code:

1:30 pm	Welcome and Introductions – Changing of Officers <i>Gerald White, Chairperson, Tony Vartan, Chair-Elect</i>	
1:35 pm	Approve October 2020 Meeting Minutes <i>Tony Vartan, Chairperson</i>	Tab 1
1:40 pm	CBHDA Legislative Priorities for 2021 <i>Tyler Rinde, Policy Advocate, CBHDA</i>	Tab 2
2:15 pm	Public Comment	
2:20 pm	Break	
2:25 pm	Governor’s Budget 2021-22 Highlights <i>CBHPC Staff</i>	Tab 3
2:40 pm	Review Proposed Legislation <i>Tony Vartan, Chairperson</i>	Tab 4
3:05 pm	Public Comment	
3:10 pm	Wrap-up/Next step	
3:15 pm	Adjourn	

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

Legislation Committee Members

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

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
Wednesday, January 21, 2021**

Agenda Item: Approve October 2020 Meeting Minutes

Enclosures: October 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 October 2020 meetings.

Motion: Accept and approve the October 2020 Legislation Committee Minutes.

**CBHPC
Legislation Committee
October 22, 2020
Meeting Summary
DRAFT**

Members Present:

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

CBHPC Staff present:

Jane Adcock, Executive Officer

Meeting Commenced at 1:45 p.m.

Chairperson Gerald White welcomed everyone in attendance. Introductions were made. Prior to the meeting members had discussed the recent passing of Bruce Bronzan, co-author of the 1991 Bronzan-McCorquodale mental health realignment legislation.

Approve June and July 2020 Meeting Minutes:

The committee members reviewed the June 2020 meeting minutes and July 2020 meeting minutes. A motion to approve the June 2020 minutes with no amendments or edits was made by Chair-elect Tony Vartan and seconded by Noel O’Neill. The motion passed. Then a motion was made to approve the July 2020 minutes by Catherine Moore and seconded by Monica Caffey. The motion passed.

Year-End Legislative Report:

Jane Adcock provided the Year-End Report. Enclosures included a State Legislative Process Overview, a State Budget Process Overview, and the CBHPC Policy Platform approved in January.

Legislative highlights include:

- **AB 890**, which establishes a Nurse Practitioner Advisory Committee and expands the Nurse Practitioner Scope of Practice. The position of the CBHPC was to support if amended. Bill was signed and chaptered in September.
- **AB 1766**, requires the Department of Social Services, beginning May 1, 2021, and quarterly thereafter, to send to county departments a report of licensed adult residential facilities and residential care facilities for the elderly that closed permanently in the prior quarter. The position of the CBHPC was to support. Bill was signed and chaptered in September.

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- **AB 1976**, requires counties to offer mental health services through Assisted Outpatient Treatment, unless the county governing bodies provide reason to opt out. The position of the CBHPC was to oppose this bill, but it was signed and chaptered in September.
- **AB 2112**, authorizes the State Department of Public Health to establish an Office of Suicide Prevention, and to coordinate with the Mental Health Services Oversight and Accountability Commission. The position of the CBHPC was to support. The bill was signed and chaptered in September.
- **SB 803**, establishes a statewide Peer Certification program by 2022 to include statewide standards, core competencies, fee schedules, and training requirements. Peers must be over 18, have a high school diploma/GED, and pass training. The Department of Health Care Services will consult with stakeholders for input into the curriculum. Counties must opt-in and submit a plan for approval, and thereafter submit annual reports to DHCS. This has been a long-time advocacy goal. Walter Shwe, John Black, and Vera Calloway presented videos to the Governor advocating passage of the bill, which was signed and chaptered in September.

Noel O’Neill asked which body is issuing the Peer certificates? Do the Counties certify, according to the plan they submit? If so, then counties decide the eligibility of Peer Support Specialists.

Vera Calloway responded that some counties already do this (determine eligibility of peers), there is no real reason to exclude ex-offenders.

Public Comment:

Barbara Wilson, asked if peers with low-level offenses or criminal backgrounds were ineligible to participate.

Tiffany Elliott, RI International, asked whether existing Peer Support Specialists are being grandfathered in.

Lanterman-Petris-Short (LPS) Audit Overview:

Enclosures included the County Behavioral Health Directors Association (CBHDA) LPS Audit Overview PowerPoint and a State Auditor Fact Sheet.

Tyler Rinde, Policy Advocate, CBHDA, presented an overview of the LPS Act of 1967, the origins and scope of the LPS audit, and the findings of the 2019 audit.

- LPS is a state law that defines the criteria and governs how counties implement involuntary treatment, including short-term ‘5150’ holds, 14-day holds and conservatorships.
- There have been repeated attempts by families, counties and local jurisdictions to seek re-definition of LPS in the legislature, mainly in response to the homelessness crisis.
- The audit reviewed the implementation of LPS in Los Angeles, San Francisco and Shasta counties. The legal review included the role of state oversight, three years of county

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records of the number of holds and the number of conservatorships, and whether the criteria for holds and conservatorships were applied by each county consistently.

- The audit concluded that counties have sufficient authority and there is no evidence that LPS criteria need to be changed. However, significant issues were found regarding how those with serious mental illnesses are cared for, including limited beds in state hospitals, limited access to ongoing care and limited implementation of involuntary assisted outpatient treatment (AOT).
- Other findings stated that mental health reporting systems (both County and MHSA) need to be overhauled to capture the information required for stakeholders to assess the effectiveness of outcomes, as well as comprehensive spending information.
- Audit recommendations include
 - sharing state data on 5150 holds with counties;
 - State Hospitals should provide estimates of costs to accommodate more patients; and
 - require counties to offer AOT and include medication as part of court-ordered treatment.
- CBHDA noted that the audit did not include important information about access to follow-up services, focusing only on involuntary services. 80% of those in AOT receive voluntary services through Full-Service Partnerships, or managed care/Medi-Cal. The audit did not consider that people have the right to refuse services.
- The waiting list for State Hospital beds has grown by 500%. Most patients are forensic and there is no room for LPS conservatees. State hospitals are further restricted by COVID-19 precautions against overcrowding.
- Counties that opt in to AOT programs must ensure that this will not impact existing programs through reduced funding.
- Determination that MHSA funds were ‘unspent’ did not recognize that much of that funding has been allocated by counties already.

Los Angeles County’s Response to LPS Audit:

Jonathan Sherin, M.D., Ph.D., Director, Los Angeles County Department of Mental Health discussed Los Angeles County’s response to the LPS Audit. He believes that the audit missed the point, it focused mainly on county implementation and did not make an effort to provide a road map to the Legislature for reform of AOT/conservatorship.

- Dr. Sherin said he spent more than 10 hours with auditors but his input was not reflected in the report. LA County proposed these recommendations:
 - Update the definition of grave disability to better protect individuals who are unable to safely live in the community. A humanitarian response is needed where resources for services are provided before involuntary treatment.
 - There is no simple solution for legislative intervention on multiple holds. Living safely is central to the LPS Act, but there is not enough support or a dedicated resource stream. Doctors aren’t compensated, telehealth is not considered.

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Legislation Committee**

- If an individual is refusing care or is un-engageable, a continuum of engagement tools, strategies and resources should be used including housing and SUD treatment. AOT requires an administrative burden for counties.
- One goal is to mitigate the need for temporary conservatorship. Need to identify and dedicate a funding source to improve the surrogate decision-making and case management services by public guardians through Full-Service Partnerships.

Member Questions and Comments:

Noel O’Neill commented that State Hospitals need to develop capacity, but have no fiscal support.

Dr. Sherin responded that there is a need for 4-5 thousand more acute residential beds. The goal is not to institutionalize. The audit team doesn’t understand the mental health system or operations.

Catherine Moore asked about the uniformity/consistency of criteria (for determining grave mental illness): is it adequate, meeting the needs of the target population as intended?

Dr. Sherin asked what are the indicators of living safely? Food, shelter, health care. Just focusing on the danger of suicide is too narrow. We need to help people recover through more engagement.

Catherine commented that limiting criteria to prevent suicide is due to limited resources.

Jane Adcock asked if it was possible for the CBHPC to join in ongoing or future advocacy efforts with the County Behavioral Health Directors Association (CBHDA). The Legislature needs direction towards holistic resource allocation for real solutions, to reduce the number of dis-engaged individuals in the target population.

Vera Calloway observed that Peer Support Specialists, recovered peers who had been conserved, would be effective in engagement efforts.

Dr. Sherin replied that their top legislative priority was Peer Support, it is essential for the transformation of the mental health system. He agrees with using Peers for engagement, he thinks that SB 803 may build a Peer Support system in 3 – 5 years.

Steve Leoni commented that the audit was predicated on compulsory treatment vs voluntary services. Less expensive alternatives are also lacking resources to implement. Alameda County has assigned a Peer Mentor to those discharged from hospitals; it is an effective practice.

Public Comment:

Steve McNally stated that he is a family member from Orange County. He agrees with the leadership focus, that LPS is part of a recovery model. He said that family homes should be made safer as upstream prevention. He thanked Dr. Sherin.

Stephanie Ramos, Cal Voices, stated that she is a caregiver for her sister who was released many times from facilities without services, she had been cared for in private facilities with no continuum of care. Family connection and referrals to resources are needed. She said that we tend to blame the person for failure, rather than the system, and involuntary treatment is seen as punishment.

Dr. Sherin answered that they are re-engineering Full Service Partnerships to be performance based and accountable for outcomes. There needs to be a continuum between hospital acute care and board and care homes. The County is renewing contracts, rewarding incentives.

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Nomination of Chair Elect:

Jane asked if there were any volunteers to be nominated for Chair-Elect for 2021. Iris Mojica de Tatum volunteered to serve as Chair-Elect. Tony Vartan will become Chairperson in January 2021. Jane will submit their names to the Officer Team for confirmation. Gerald White was thanked for his leadership in 2020.

Wrap Up/Next Steps:

The Committee will review new legislation at the January meeting.

Meeting was adjourned at 3:30 pm.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 21, 2021**

Agenda Item: County Behavioral Health Directors Association 2021 Legislative Priorities

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 for Council advocacy for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 21, 2021**

Agenda Item: Governor's Budget FY 2021-22 Highlights

Enclosures: None

How This Agenda Item Relates to Council Mission

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The Governor's Budget is scheduled to be released on January 8, 2021. Staff will provide a brief highlight of items that impact the public behavioral health system for discussion during the meeting.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, January 21, 2021**

Agenda Item: Review Proposed Legislation

Enclosures: Listing of currently proposed legislation

How This Agenda Item Relates to Council Mission

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

The Legislature will convene on January 11, 2021. In December 2020, some bills were already introduced that either impact or involve mental/behavioral health. The Legislation Committee members will discuss the bills and potentially take a position.

California Behavioral Health Planning Council
Legislation Committee
2021 – 22 Introduced Legislation

[SB 14](#) ([Portantino](#) D) Youth mental and behavioral health

- Will ensure that youth absences from school for a mental health issue or appointment will be considered an excused absence in the same fashion absences for physical health ailments or appointments are treated.
- This bill would require the California Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health.
- It would also provide 10th, 11th and 12th graders the opportunity to be trained to recognize the signs and symptoms of a behavioral health issue in their peers.

[AB 32](#) ([Aguiar-Curry](#) D) Telehealth.

- This bill would require the State Department of Health Care Services to indefinitely continue the telehealth flexibilities in place during the COVID-19 pandemic state of emergency.
- The bill would require the department, by January 2022, to convene an advisory group with specified membership to provide input to the department on the development of a revised Medi-Cal telehealth policy that promotes specified principles.
- The bill would require the department, by December 2024, to complete an evaluation to assess the benefits of telehealth in Medi-Cal, including an analysis of improved access for patients, changes in health quality outcomes and utilization, and best practices for the right mix of in-person visits and telehealth. The bill would require the department to report its findings and recommendations from the evaluation to the appropriate policy and fiscal committees of the Legislature no later than July 1, 2025.
- Behavioral health providers have found that offering telehealth has engaged patients in necessary care they would never have received if required to walk into a clinic.

[SB 21](#) ([Glazer](#) D) Specialized license plates: mental health awareness.

- This bill would require the State Department of Education to apply to the DMV to sponsor a mental health awareness license plate program, and would require the DMV to issue the license plates if the State Department of Education meets certain requirements.
- The bill would also establish the Mental Health Awareness Fund in the State Treasury and would require the revenue generated from the license plates to be deposited in the fund for use, upon appropriation by the

Legislature to the State Department of Education, for mental health services in public schools.

[AB 77](#) ([Petrie-Norris](#) D) Substance use disorder treatment services.

- This bill would declare the intent of the Legislature to enact Jarrod's Law, a licensure program for inpatient and outpatient programs providing substance use disorder treatment services, under the administration of the department.
- Placeholder / watch bill