

# California Behavioral Health Planning Council

## Legislation Committee Agenda

Thursday, October 21, 2021

1:30 pm to 3:15 pm

**Zoom Meeting Link:**

<https://us02web.zoom.us/j/83548679242?pwd=ZHR3d0RrM3VJMGVJUXNZdDJ2eUhVZz09>

**Join by Phone:**

(669) 900-6833

**Meeting ID:** 835 4867 9242 **Password:** 157006

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|----------------|---|--------------|
| <b>1:30 pm</b> | <b>Welcome and Introductions</b><br><i>Tony Vartan, Chairperson</i>   |              |
| <b>1:35 pm</b> | <b>Approve June 2021 Meeting Minutes</b><br><i>Iris Mojica de Tatum, Chair-Elect</i>  | <b>Tab 1</b> |
| <b>1:40 pm</b> | <b>Year-End Legislative Report</b><br><i>Naomi Ramirez, CBHPC Legislative Coordinator</i>   | <b>Tab 2</b> |
| <b>1:50 pm</b> | <b>Public Comment</b>   |              |
| <b>1:55 pm</b> | <b>County Behavioral Health Directors Association Update</b><br><i>Elia Gallardo, ESQ. Director of Governmental Affairs, CBHDA</i><br><i>Tyler Rinde, Senior Policy Advocate, CBHDA</i> | <b>Tab 3</b> |
| <b>2:30 pm</b> | <b>Break</b>  |              |
| <b>2:35 pm</b> | <b>Review of CBHPC Legislative Process</b><br><i>Naomi Ramirez, CBHPC Legislative Coordinator</i>   | <b>Tab 4</b> |
| <b>2:45 pm</b> | <b>Nomination of Chair-Elect</b><br><i>Naomi Ramirez, CBHPC Staff</i>   | <b>Tab 5</b> |
| <b>2:50 pm</b> | <b>Public Comment</b>   |              |
| <b>2:55 pm</b> | <b>Next Step</b>  |              |
| <b>3:15 pm</b> | <b>Adjourn</b>  |              |

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

### Legislation Committee Members

Tony Vartan, Chairperson	Iris Mojica de Tatum, 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
Gerald White	Angelina Woodberry		Joanna Rodriguez

**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**

Thursday, October 21, 2021

**Agenda Item:** Approve June 2021 Meeting Minutes

**Enclosures:** June 2021 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 2021 meeting.

**Motion:** Accept and approve the June 2021 Legislation Committee Minutes.

# Legislation Committee

Meeting Minutes (DRAFT)  
Quarterly Meeting – June 17, 2021

## Members Present:

Iris Mojica de Tatum, Chair-Elect	Joanna Rodriguez	Angelina Woodberry
Catherine Moore	Barbara Mitchell	Deborah Starkey
Daphne Shaw	Susan Wilson	Noel O'Neill
Karen Baylor	Hector Ramirez	Veronica Kelley

## CBHPC Staff Present:

Jane Adcock, Naomi Ramirez

## Meeting Commenced at 8:30 a.m.

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### Item #1      **Approve April 2021 Draft Meeting Minutes**

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A motion to approve the April 2021 minutes with no amendments or edits was made by Noel O'Neill, and seconded by Catherine Moore. The motion passed with Angelina Woodberry and Veronica Kelly abstaining.

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### Item #2      **Review Proposed Legislation for 2021**

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#### **AB 638** Mental Health Services Act: Early Intervention and Prevention Programs

Catherine Moore moved to support. Veronica Kelley seconded.

Barbara Mitchell expressed her reasons for opposition to AB 638. Barbara stated it takes Mental Health Services Act (MHSA) funds for substance use programs that would otherwise be funded under drug and alcohol funding. She voiced her position to maintain the integrity of MHSA funding. She also provided that the Council's position has always been to maintain the original purpose of MHSA funding.

Veronica Kelley explained her support position stating it is not to back fill drug Medi-Cal prevention dollars. She stated that upon early intervention it is not clear whether they are experiencing substance use disorder or mental illness; early psychosis can look like meth-induced psychosis. Veronica reported the bill would support the initial phases of

assessment and diagnosis with the use of MHSA funds until proper services are determined. She also added that the funding would be part of a match or leveraged to draw down federal dollars. Veronica emphasized that it is not meant to replace SUD funding, rather provide more flexibility. Lastly, she shared that a person's substance use disorder can't be addressed in a solely MHSA program.

Catherine Moore echoed Veronica's statements. Catherine commented that a person's diagnosis can present as a substance use disorder even though largely psychiatric condition, due to self-medicating. She added that until they are cleared of substances, it is more appropriate to diagnose drug-induced psychosis, because there is a better prognosis. Veronica explained that if psychosis doesn't go away without drugs in one's system, it provides an opportunity to move to another possible diagnosis.

*Question:* Noel O'Neill asked Veronica Kelley if the bill is similar to the first-episode psychosis (FEP) effort and if the funds can be used for FEP programs.

*Answer:* Veronica responded that not all counties have FEP programs; and the bill provides flexibility to make clinical decisions and provide more care.

Barbara Mitchell added that Prevention and Early Intervention (PEI) funding is already used for that purpose. Barbara shared that PEI programs are used for people who are dually diagnosed or are in the process of determining their diagnosis. She reiterated that she is not in support of taking money from the MHSA that are used for people that are SUD only.

Veronica Kelley reported that in her county of San Bernardino PEI is not part of their stakeholder plan. She added that not all with SUD have co-occurring serious mental illness (SMI). Veronica stated she does understand concerns using the MHSA as a default SUD system, however county mental health is the default SUD system but isn't being used effectively due to misdiagnosis.

Joanna Rodriguez abstained. Motion passed to support.

### **Public Comment:**

Steve Leoni expressed support of opposition. He shared that at CalAIM meetings, there is a "no wrong door" approach. Steve reported this is an issue that doesn't need fixing due to anticipation of new rules from CalAIM. He supports ensuring seeing these guidelines be met. Steve also expressed concerns that "words live on beyond intent in legislation." Suggested it is too broad for substance use. Oppose unless amended. Restricted to funding co-occurring.

Tyler Rinde of County Behavioral Health Directors Association (CBHDA), voiced his support for AB 638. He stated that under the Diagnostic and Statistical Manual of Mental Disorders (DSM), SUD is assigned as a psychiatric condition. Tyler reported

CBHDA supports a system to transform to address mental health and SUD needs care for whole person and integrated care.

**AB 883** Mental Health Services Act: Local Educational Agencies

Veronica Kelley moved to support. Hector Ramirez seconded.

*Question:* Barbara Mitchell asked why the bill includes “local educational agencies” and if the funds are reverted back to behavioral health system or a local educational agency.

*Answer:* Jane Adcock read aloud bill language to clarify the most updated legislation. Create a plan to determine how reverted funds would be utilized at the local level. The bill would provide school-based mental health services but would prohibit funds to pay for educational-related mental health services.

Barbara Mitchell vocalized opposition to an MHSA formula to use for school based services. She provided that schools already receive 40% of the California budget.

Noel O’Neill voiced from his experience as a county behavioral health director, he is in favor of the plan. He stated it preserves revenue in the county rather another pot of money. Noel added if the behavioral health department allowed revenue to be reverted back to state, he is in favor the funding be used in the community as the law allows.

Catherine Moore echoed Noel’s statements and further suggested that instead of the money going back to state to be distributed to the counties, it would stay in the county. She supports the money being spent based on the needs of the particular county rather the whole state.

Daphne Shaw voiced that while she supports the money remaining in the county, is not in support of the expansion of how it can be used.

Noel O’Neill clarified that the bill does not support funding for IEP services. The bill provides additional wraparound services, the school would pay with their own funds for IEP students.

Uma Zykofsky voiced her support as it allows a plan to use money, because if it is not spent, the money is lost.

Motion passed with no abstentions.

**Public Comment:**

Jane Adcock announced comment from CBHDA in chat feature, stating that in the last two years based on Department of Health Care Services (DHCS) report, less than 1/10th of 1% MHSA funds were reverted and redistributed.

Council member Steve Leoni voiced opposition citing these persons would likely qualify under MHSA anyway and seems unnecessary.

**AB 988** Mental Health: 988 Crisis Hotline

Committee members tabled discussion on this bill due to it changing entirely.

**Public Comment:**

Theresa Comstock of CALBHBC shared that the bill in question has changed and content has been removed. She reported that she provided a link for the updated bill language to in the chat and that the current language is introductory. Suggested it is not the appropriate time to vote on the bill.

Tyler Rinde of CBHDA offered clarification on the status of the bill. Stated it has been gutted of content and just moved out of the assembly appropriations committee. Tyler cited that Telecom opposed it substantially due to size of the fee and what the fee would be utilized for. He reported that Senator Gonzalez has grave concerns on how the bill would impact low income Californians having to pay a fee. Tyler reported it was decided to push the bill through, and the authors and sponsors will determine what will go back in the bill.

**AB 1340** Mental Health Services

Jane Adcock introduced discussion of this bill and explained it will require the State Department of State Hospitals to create a model discharge plan for counties and hospitals to follow when discharging those held under temporary holds or conservatorship. The bill would require county mental health departments to collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or conservatorship and expand the definition of gravely disabled.

Naomi Ramirez announced that Tyler Rinde put in the chat feature that it has become a two year bill and it will not be moving forward this year. It was suggested to postpone taking a position.

Daphne Shaw moved to oppose, remarking a similar bill put forth before. Hector Ramirez seconded.

Noel O'Neill voiced his opposition citing that it is already difficult enough to place people with medical conditions, because there are no beds. He added it puts counties in a precarious position.

Veronica Kelley voiced strong opposition and suggested the bill is really about helping homelessness, by shifting responsibility. She reported that homelessness is a collective responsibility.

Hector Ramirez voiced opposition and shared often it is persons of color in need of services but there are not enough services.

Motion passed with no abstentions.

**Public Comment:**

A member from the public encouraged a vote of opposition citing her alignment with committee member reasons.

**AB 1443** Mental Health: Involuntary Treatment

Jane Adcock updated members that the bill has been updated not to require a county to provide training, but to authorize a county to develop a training.

Veronica Kelley moved to oppose. Hector Ramirez seconded.

Catherine Moore reported counties already have authority to either grant ability to write a hold or to attend a certification class.

Daphne Shaw echoed Veronica and Catherine.

Noel O'Neill voiced concern for persons being placed on a hold when it is not necessary to be hospitalized. Noel also stated that county pays the costs of hospitalizations, and will be especially difficult for small rural counties.

Angelina Woodberry voiced concern and opposition for broadening ways to put persons on an involuntary hold.

Hector Ramirez stated he supports comments from other committee members. Suggested it is too early and to watch for a unified state approach. He voiced that more stakeholders need to be involved to develop a unified method.

Catherine Moore abstained. Motion passed.

**Public Comment:**

Theresa Comstock of CALBHBC reported their organization has not yet taken a position, and is interested in seeing more consistent training and implementation such as 5150 for conserving short term and long term. She emphasized how important training is for psychiatric holds and should be standardized. Suggested the bill could possibly be amended.

**AB 1542** County of Yolo: Secured Residential Treatment Program

Jane Adcock clarified that the Council has opposed the bill with the vote of the Executive Committee due to needing swift action. Jane reported they submitted a letter of opposition, although it is possible for the Council to change its position.

Catherine Moore made motion to support. No second. Motion failed.

Veronica Kelley shared the importance of consumers being an active participant in their recovery and no evidence suggests that the more a person is forced the better the outcome.

Catherine changed her support position after hearing it is not an evidence based treatment, and not proven to be effective.

Catherine moved to oppose. Veronica seconded. Motion passed with no abstentions.

**Public Comment:**

None.

**SB 465 Mental Health**

Daphne Shaw bill announced that the bill has been gutted and no longer concerns children with serious emotional disturbances. Shared that the only language includes giving additional duties to MHSOAC monitoring Mental Health Services Act (MHSA) Full Service Partnerships (FSPs).

Veronica Kelley reported that CBHDA is in support if amended. Veronica clarified current bill language that would direct the MHSOAC to report annually to the Senate and Assembly on outcomes for FSPs to include info on incarceration, housing status, hospitalization and those that leave FSPs and reasons why. She reiterated that these duties are already required by law. Veronica reported that their proposed amendment is to also include a complimentary role that DHCS be included in the FSP data collection; and counties operate as advisors to ensure MHSOAC share info already required by law.

Jane Adcock cited that the Council historically opposes bills for provisions that are already in law and expressed concern that it opens the door for the MHSOAC to request more resources to perform these already mandated duties.

Daphne moved to oppose. Darlene Prettyman seconded.

Susan Wilson reported that she is not voting and not abstaining, due to inadequate information to make a decision.

Veronica Kelley abstained. Motion passed.

**Public Comment:**

Steve Leoni expressed his concern for the maintenance of the MHSA.



Theresa Comstock shared that the bill focuses on performance outcome data which their organization is interested in. Clarified that to her knowledge, MHSOAC is not the one responsible for reporting on FSPs. Theresa reported that Community Services and Supports (CSS) is not under their purview, rather it is under DHCS. She suggested to have a speaker from the Commission at the Legislation Committee meeting to describe why they are in support.

### **SB 648 Care Facilities**

Jane announced that SB 648 is no longer a bill and is now included in the Governor's budget. She reported that a trailer bill will come out and we expect to be notified. Jane stated that the Housing and Homelessness Committee (HHC) is interested in the bill and to advocate for a carve out for persons with serious mental illness. No action taken at this time.

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### **Item #3      Wrap up and Plan for Next Meeting**

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#### **Plan for Next Meeting:**

There was not sufficient time to address this agenda item. Naomi Ramirez will work with the Chairperson and Chair-Elect to plan for October meeting.

Meeting adjourned.

**California Behavioral Health Planning Council  
Legislation Committee  
Thursday, October 21, 2021**

**Agenda Item:** Year-End Legislative Report

**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's legislative activities included in the Year End Legislative Report documents the Council's effort to advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental illness (SMI) and Serious Emotional Disturbances (SED).

**Background/Description:**

The 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 2021 session, this report will be distributed to all Council Members prior to the meeting.

**California Behavioral Health Planning Council  
Legislation Committee  
Thursday, October 21, 2021**

**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 inform the committee on the 2021-22 State Budget and assist the members with identifying areas of focus within the behavioral health constituency. Additionally, this presentation 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:**



The County Behavioral Health Directors Association of California has been invited to highlight key legislation from this session, discuss legislative priorities for upcoming session and to provide an overview the 2021-22 State Budget. Elia Gallardo, ESQ., is responsible for assisting the Executive Director in advancing legislative, budget and administrative priorities for the CBHDA. Tyler Rinde, Senior Policy Advocate, is responsible for the behavioral health policy and legislative work related to crisis services, criminal justice and housing and homelessness.

**California Behavioral Health Planning Council  
Legislation Committee  
Thursday, October 21, 2021**

**Agenda Item:** CBHPC Legislation Process Overview

**Enclosures:** CBHPC Legislation Committee Process Overview  
CBHPC Legislation Process Flow Chart  
[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 Legislation Process and Policy Platform are intended to guide staff and members to effectively advocate for an adequate behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

**Background/Description:**

In an effort to prepare for the upcoming legislative session Naomi Ramirez, CBHPC Legislative Coordinator, will provide a review of the committee's Legislation Process, which was adopted in 2018. The Council's Policy Platform will also be reviewed to assist in the preparation of the committee's discussion on next steps.

For a copy of the CBHPC Legislation Process Flow Chart, please contact [Naomi.Ramirez@cbhpc.dhcs.ca.gov](mailto:Naomi.Ramirez@cbhpc.dhcs.ca.gov).

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

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

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

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

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

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

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

Matrix will have 3 sections. First is bill number and author (link to bill). Second, will be brief summary of bill. Third will be suggested position based on prior positions, Policy

# California Behavioral Health Planning Council

## Legislation Committee

### Legislation Process Overview

Platform, or recommendations from partner organizations. When available, staff will provide a Fact Sheet for each bill under consideration. LC members have the option to request hardcopies of any of the bills under consideration, otherwise electronic access is available for reading of the bill in its entirety, if so desired.

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

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

**California Behavioral Health Planning Council  
Legislation Committee (LC) Meeting**

Thursday, October 21, 2021

**Agenda Item:** Nomination of 2022 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 their work.

**Background/Description:**

Each standing committee shall have a Chairperson and Chair-Elect. Tony Vartan, Chairperson and Iris Mojica de Tatum, Chair-Elect assumed their positions in January 2021. The committee members now have the opportunity to elect for Tony and Iris to continue in their current roles for a second year or may nominate a new Chair-Elect to be submitted to the Officer Team for appointment. If the committee elects a new Chair-Elect they will assume their position in January 2022 and Iris will become the Chairperson at that time.

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
- Participate in the Mentorship Forums when the Council resumes meeting in person.

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