

California Behavioral Health Planning Council

Legislation Committee Agenda

Wednesday, October 17, 2018
Lake Natoma Inn
702 Gold Lake Drive, Folsom, CA 95630
Folsom Room
1:30 pm to 5:00 pm

1:30 pm	Welcome and Introductions <i>Monica Wilson, Chairperson</i>	
1:35 pm	Approve June Meeting Minutes <i>Monica Wilson, Chairperson</i>	Tab 1
1:40 pm	Year-End Legislation Update <i>Naomi Ramirez, Committee Staff</i>	Tab 2
1:50 pm	Nomination of 2019 Committee Chair-Elect <i>Monica Wilson, Chairperson and All Members</i>	Tab 3
2:00 pm	Effective Advocacy on Legislation Presentation <i>Mary Adèr, CBHDA Deputy Director, Legislative Affairs</i>	Tab 4
3:00 pm	Break	
3:15 pm	Committee Charter <i>Monica Wilson, Chairperson and All Members</i>	Tab 5
3:30 pm	Adult Residential Facility Project Discussion <i>Jane Adcock, Executive Officer</i>	Tab 6
4:15 pm	Work Plan Development <i>Monica Wilson, Chairperson and All Members</i>	Tab 7
4:45 pm	Public Comment	
4:50 pm	Wrap Up/Next Steps	
5:00 pm	Adjourn	

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

Legislation Committee Members

Monica Wilson, Chairperson	Darlene Prettyman, Chair-Elect		
Catherine Moore	Barbara Mitchell	Daphne Shaw	Marina Rangel
Gerald White	Simon Vue	Deborah Starkey	Monica Nepomuceno
Noel O'Neill	Patricia Bennett	Raja Mitry	Robert Blackford
Veronica Kelley	Susan Wilson	Gail Nickerson	

If reasonable accommodations are required, please contact the Council at (916) 322-3071, not less than 5 working days prior to the meeting date.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Approve June Meeting Minutes

Enclosures: June 2018 Legislation Committee Meeting Minutes

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

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

Background/Description:

The Committee members are to discuss any necessary edits and vote on the acceptance of the draft minutes presented for the June 2018 meeting.

Motion: Accept and approve the June 2018 Legislation Committee Minutes.

Legislation Committee

June 20, 2018 – Quarterly Meeting Minutes

Committee Members Present:

Monica Wilson	Gail Nickerson
Darlene Prettyman	Patricia Bennett
Gerald White	Noel O’Neill
Barbara Mitchell	Carmen Lee
Daphne Shaw	Monica Nepomuceno
Deborah Starkey	Veronica Kelley
Marina Rangel	Catherine Moore
Raja Mitry	Susan Wilson

Staff Present:

Jane Adcock, Eva Smith

Welcome and Introductions:

This was the first meeting for this committee. Members were welcomed and introductions were completed.

Chairperson and Chair-Elect Discussion:

Darlene Prettyman voiced that she would like to step-down from chair-elect but will serve through the next meeting in October. Monica Wilson will continue to serve as chairperson. The discussion to nominate a chair-elect for 2019 will be revisited at the October meeting.

April Meeting Minutes:

Darlene made the motion to approve the minutes from April 2018 Advocacy meeting (Advocacy transitioned to Legislation), Monica second, minutes were approved with Raja Mitry abstaining.

Overview Discussion of Legislative Process:

Jane Adcock provided committee members an overview of the legislative process including taking positions on bills and how active relationships with partners (Council on Criminal Justice and Behavioral Health - CCJBH, County Behavioral Health Directors Association - CBHDA, CA Association of Social Rehabilitation Agencies - CASRA, and CA Coalition of Community Behavioral Health Agencies - CCBHA, and Mental Health America California – MHAC) help the Council remain informed of bills addressing behavioral health. Jane informed members that in order to take positions on bills in a timely manner, consistent agreed upon processes must be established. Jane discussed the recommended methods including: (1) a matrix of bills for committee consideration. The matrix would include a summary and suggested position. (2) a “Consent Agenda” consisting of a group of bills staff has determined are non-controversial. The consent agenda would include a summary and suggested position. The purpose of the Consent Agenda is to expedite meetings and taking positions on legislation since the bills listed would

not deem much discussion and could be voted on together. Committee members were open to both methods. The full process agreed upon will be documented in a Legislation Process Overview document.

Jane proposed a legislative process overview training for the October meeting - committee members welcomed the idea. Noel O'Neill suggested a trainer from the County Behavioral Health Directors Association (CBHDA) due to experience in Legislature.

Barbara Mitchell advised that committee members (perhaps a small cohort) schedule in-between calls to discuss newly introduced legislation in the case that a timely recommendation is needed.

Jane mentioned that the "flow-chart" that guides establishing positions on legislation in coordination with the Council objectives will be updated and provided at the next meeting in October.

Legislation Priority Areas:

Due to the fact that legislation has and will fall under the new structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patient Rights') the committee discussed and concluded that if legislation does fall under these categories, Legislation committee will take lead and collaborate with other committees as needed.

Current Legislation Discussion:

- AB 2315 – watch
- AB 2413 – watch
- AB 2442 – watch
- AB 2946 – watch
- AB 2965 – watch
- SB 974 – watch
- SB 1152 – motion to oppose with letter

Marina Rangel provided input on SB 1152 due to her professional involvement through the CA Department of Corrections (CDCR) that hospitals have become reluctant to serve persons newly released from prison because they are unable to discharge them to a residence. Marina voiced that hospitals should not be held accountable as there is a larger rooted societal issue – an investment in shelters is needed.

Jane will compose a letter establishing opposition stating the following: lack of funding, hospitals are not responsible for lack of housing, funding provided does not address root issue – lack of shelter/housing.

- SB 1004 – motion to oppose with letter

Committee consensus of opposition was voiced around this legislation including: older adult suicide is not addressed, narrow definition of outreach and engagement, and is unnecessary because laws are already in place for the Mental Health Services Oversight and Accountability Commission (MHSOAC) to direct use of Prevention and Early Intervention (PEI) funding and to use data to report on outcomes.

Jane will compose letter to send to the governor to encourage he sign SB 906, statewide peer certification.

Coordination with Housing and Homelessness Adult Residential Facilities (ARF) Discussion:

The committee proposed to revisit discussion at the October meeting after the Housing and Homelessness Committee meets to address their thoughts on collaboration for the ARF project.

Legislation Committee Charter:

Due to time constraints, this discussion was tabled for the next meeting in October.

New Business:

Schedule conference call in August to prepare October agenda.

Majority of committee members agreed that a pre-determined set meeting time will be best for scheduling conference calls. Staff will send out doodle poll to establish a recurring meeting day/time. The primary purpose of the one-hour call(s) will be to vote on bills that need action *prior* to the next Quarterly Meeting.

Public Comment:

Representative from the LGBTQ Health and Human Services Network/Out for Mental Health Team shared that her organization supports SB 1152 because it collects data (data that demonstrates the problem) and that the hospitals are required to report where a person is being discharged. This representative also voiced her opposition to SB 1004 in alignment with her agency with prominent concern that students on college campuses are prioritized when college campuses already have robust mental health services in place while persons in most need of services are not able to gain access to services in this way.

Representative from UCLA Center for Health Policy Research expressed concern for SB 1004 citing that the bill takes away local stakeholder authority, outreach and engagement is vague and is not inclusive for all age groups, and that there is already regulation from the commission to direct county use of Prevention and Early Intervention (PEI) funding and create outcome data.

Representative from California Association of Local Behavioral Boards and Commissions echoed sentiments from others and reiterated the concern that SB 1004 diminishes local authority.

Meeting Adjourned at 5:00pm

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Year-End Legislation Update

Enclosures: None

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Council's legislative activities included in the Year End Legislative Report document 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 Legislation Report. The committee members will have the opportunity to review report and discuss the outcomes of the legislation.

In order to ensure the inclusion of the most up-to-date information on legislative outcomes for 2018, this report will be distributed to all Council Members at the meeting.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Nomination of 2019 Committee Chair-Elect

Enclosures: None

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The 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. The Chairperson for the Legislation Committee will continue to be Monica Wilson until January 2020. Darlene Prettyman's term as Chair-Elect will end December 31, 2018. The committee members shall nominate a Chair-Elect to be submitted to the Officer Team for appointment. The Appointment will be effective January 1, 2019 and run through January 2020.

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, October 17, 2018**

Agenda Item: Effective Advocacy on Legislation Presentation

Enclosures: None

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The presentation is intended to enable the Legislation Committee to effectively and efficiently carry out its function to advocate for Californians with serious mental illness and to promote a system of services that are accountable, accessible and responsive.

Background/Description:



Mary Adèr, CBHDA Deputy Director, Legislative Affairs will be providing training on the life cycle of legislation, with a focus on effective advocacy and the key times within the cycle that action is crucial to have the biggest impact on the outcome of a bill. She will also be discussing CBHDA's legislative priorities for the upcoming legislative session.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Legislation Committee Charter Discussion

Enclosures: Draft Legislation Committee Charter

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Charter is intended to detail the purpose, primary goals and objectives of the Legislation Committee. The content included in the charter must align with the Council's mission and vision.

Background/Description:

Each committee of the California Behavioral Health Planning Council has a charter, which is a formal document that defines its purpose, processes and principles which guides the work of the committee. This agenda item will provide the Legislation Committee members' time to discuss and develop a charter. A draft charter is enclosed as a starting point.

Motion: To approve the Legislation Committee Charter incorporating any edits discussed.

LEGISLATION COMMITTEE

CHARTER 2018-19

Draft

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

Council Mission Statement: The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

Committee Overview and Purpose:

The purpose of the Legislative Committee (LC) is to address public issues affecting the effectiveness of the state's behavioral health programs and quality of life for persons who are dually diagnosed with serious mental illness/emotional disturbance and substance use disorders. This includes increasing public behavioral health awareness through press and media, partnering with local consumer advocacy agencies for access and improved quality of care, and responding to proposed legislation, rule-making, and budget bills based on the CBHPC Policy Platform.

Mandates:

WIC 5772. The CBHPC shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality behavioral health programs.
- (e) To advise the Legislature, the State Department of Health Care Services, and county boards on behavioral health issues and the policies and priorities that this state should be pursuing in developing its behavioral health system.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the behavioral health system of priorities contained in that plan.
- (k) To assess periodically the effect of the realignment of mental health services and any other important changes in the state's behavioral health system, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.

(l) To suggest rules, regulations, and standards for the administration of this division. (f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

Guiding Principles:

The work of the Council and the LC will promote, reflect and embody the following guiding principles:

- Wellness and Recovery
- Resiliency across the Lifespan
- Advocacy
- Consumer and Family Member Voice
- Cultural Responsiveness

General Committee Operations:

Meeting Times

The LC will meet in-person four times a year, rotating locations in conjunction with the Full Council meetings. At these meetings, the LC meets on Wednesday afternoon from 1:30 pm to 5:00 pm. Meetings, by conference call, may occur in the months between in-person meetings, on an as needed basis.

LC Member Roles and Responsibilities

Regular attendance of committee members is expected in order for the committee to function effectively. If the HHC has difficulty achieving a quorum due to the continued absence of a committee member, the HHC chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the HHC chairperson can request that the Officer Team remove the member from the committee.

The LC Chairperson and Chair-Elect will be nominated by the LC members and appointed by the CBHPC Officer Team. In the Chairperson's absence the Chair-Elect will serve as the Chairperson. The Chairperson and Chair-Elect serve on the Executive Committee which requires attendance and participation in those meetings in addition to HHC meetings. Terms of 1 year will begin with the January in-person meeting and end with the last meeting of the calendar year.

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend meetings and provide input
- Review meeting materials prior to meetings in order to ensure effective meeting outcomes

- Speak at relevant conferences and summits when requested by the Committee Officers
- Develop products such as white papers, opinion papers, and other documents
- Distribute the Committee's white papers and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

Staff Responsibilities

Staff will capture the LC member's decisions and activities in a document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting summary will be distributed to the LC members prior to the next quarterly meeting. Members will review and approve the previous meeting's summary at the following meeting.

Staff will prepare the meeting agendas and materials, including coordinating presenters, at the direction of the LC Chairperson and members. The meeting agenda and materials will be made available to LC members, in hardcopy and/or electronically, not less than 10 calendar days prior to the meeting.

General Principles of Collaboration

The following general operating principles are established to guide the Committee's deliberations:

- The Committee's purpose will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Council's vision.
- To that end, members will:
 - Commit to expending the time, energy and organizational resources necessary to carry out the Committee's Work Plan
 - Be prepared to listen intently to the concerns of others and identify the interests represented
 - Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments
 - Regard disagreements as problems to be solved rather than battles to be won
 - Be prepared to develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations

Committee members will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach

consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.

LC Members:

Chairperson: Monica Wilson	Chairperson-Elect: Darlene Prettyman	
Daphne Shaw	Deborah Starkey	Gerald White
Marina Rangel	Barbara Mitchell	Simon Vue
Susan Wilson	Patricia Bennett	Robert Blackford
Catherine Moore	Veronica Kelley	Gail Nickerson
Monica Nepomuceno	Noel O'Neill	Raja Mitry

LC Staff:

Naomi Ramirez
Naomi.Ramirez@cbhpc.dhcs.ca.gov
(916)322-3071

Eva Smith
Eva.Smith@cbhpc.dhcs.ca.gov
(916)650-6870

consensus on key issues, decisions will be made by majority vote. Minority views will be included in the meeting summary.

LC Members:

Chairperson: Monica Wilson	Chairperson-Elect: Darlene Prettyman	
Daphne Shaw	Deborah Starkey	Gerald White
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Naomi Ramirez
Naomi.Ramirez@cbhpc.dhcs.ca.gov
(916)322-3071

Eva Smith
Eva.Smith@cbhpc.dhcs.ca.gov
(916)650-6870

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Adult Residential Facility (ARF) Project Discussion

Enclosures: [Adult Residential Facilities \(ARFs\): Conclusion and Addendum](#)

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The ARF project seeks to find more accessible and effective solutions for individuals with mental illness that are not able to obtain sustainable community housing options within the appropriate level of care following stays in acute in-patient treatment programs, hospitals, Short-Term Crisis Residential or Transitional Residential Treatment Programs and/or correctional institutions.

Background/Description:

The Advocacy Committee began to explore housing issues experienced by persons with Severe Mental Illness (SMI) in 2016. After many discussions and presentations, the Advocacy Committee's initial effort of highlighting the housing crisis of those with SMI through an issue paper grew into a project. There was interest and involvement from a diverse group of people and organizations wanting to also 'sound the alarm' and work towards some 'resolution.' The final paper produced by the committee was presented to the entire Council and discussed at the General Session meeting April 20, 2018.

With the new committee structure it was proposed that the ARF Project be shared among the Legislation and Housing and Homelessness Committees. A discussion on the project took place in June 2018 during both committee meetings, however determinations on the roles of each committee and the next steps for the project were not made. The Legislation Committee members proposed revisiting the discussion at the October 2018 meeting after the Housing and Homelessness Committee had an opportunity to meet and address their thoughts on collaboration for the ARF project.

**California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 17, 2018**

Agenda Item: Work Plan Development

Enclosures: Committee Legislation Process Overview
Legislation Process Flow Chart
CBHPC Policy Platform

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically competent, and cost-effective. To achieve these ends, the Council educates the public, the behavioral health constituency, and legislators.

The Work Plan is an instrument to guide and monitor the Legislation Committee's activities in its efforts to uphold its duties within the framework of the Planning Council. The bill matrix and consent agenda are tools to communicate efforts to the Council's committees: Housing and Homelessness, Workforce and Employment, Patients' Rights, Systems and Medicaid, and the Executive Committee.

Background/Description:

The work plan discussion is intended to establish the objectives and goals of the Legislation Committee, as well as to map out the necessary tasks to accomplish those goals.

At the June 2018 meeting, the committee decided on the following:

- It was important to establish a consistent process to ensure that the Council takes positions on bills in a timely manner.
 - The overview of the process that was agreed upon and the updated flow chart, which is a visual guide of the updated process, are enclosed.
- LC will revisit the discussion on how they will collaborate with the Housing and Homelessness Committee on the ARF project at the October 2018 meeting.

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 columns. First is bill number and author (link to bill). Second column will be brief summary of bill. Third will be suggested position based on prior positions,

California Behavioral Health Planning Council Legislation Committee Legislation Process Overview

Policy 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 3rd Thursday of February, March, May, July, August, September, November and/or December, as needed from 2:00 pm-3:00 pm. The one-hour meetings will need to have a *minimum* of ten (9) LC members present to achieve a quorum. The primary purpose of the one-hour call(s) will be to vote on bills that need action *prior* to the next Quarterly Meeting.

The Council has to uphold 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 Process

Council Member/Staff Identify Bill

Review Analysis and Positions of Other Organizations

MHA-CA CBHDA CCJBH
 CBHA CASRA CSAC

**Analyze Bill/
Determine Placement**

Consider Information Shared at Meetings

Irregulars Access Coalition
 CCMH MHSA Partners
 Connection Coalition

Place on Consent Agenda

Determine Bill Category

Place on Pending Legislation Matrix

Bill File Sent in Meeting Packet

Bill File Sent in Meeting Packet

LC Makes Decision

LC Makes Decision

Watch

**Support/
Oppose**

**Support/
Oppose**

Watch

Moves to Pending Matrix/No Action

**Support/
Opposition Letter Sent**

Moves to Decided Matrix

**Support/
Opposition Letter Sent**

Moves to Pending Matrix/No Action

Copy of Letter Sent to All Council Members

Copy of Letter Sent to All Council Members

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

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

The statements below are the Council's guiding principles.

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

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

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

The policies below are issues of interest to the Council.

1. Support proposals that advocate for blended funding for programs serving clients with co-occurring disorders that include mental illness.
2. Support proposals that advocate for providing more effective and culturally appropriate services in the criminal and juvenile justice systems for persons with serious mental illnesses and/or children, adolescents, and transition-aged youth with serious emotional disturbances, including clients with co-occurring disorders.
3. Support proposals that specify or ensure that the behavioral health services provided to Assembly Bill 109 (AB109) populations are paid for with AB 109 funding.
4. Support the modification or expansion of curricula for non-mental health professionals to acquire competency in understanding basic behavioral health issues and perspectives of direct

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Consumers across the age spectrum and family members and those from ethnic/racial/cultural populations.

5. Promote the definition of outreach to mean “patient, persistent, understanding, respectful and non-threatening contact” when used in context of engaging hard to reach populations.

6. Support policies, legislation or statewide initiatives that ensure the integrity of processes at the local behavioral health boards and commissions.

7. Support the modification or expansion of curricula for Behavioral Health professionals to fully encompass the concepts of wellness, recovery, resiliency, cultural and linguistic competence, cultural humility, and perspectives of consumers, family members and members of cultural communities.