

**California Behavioral Health Planning Council
Legislation Committee Agenda**

Wednesday, October 19, 2022

1:30 pm to 5:00 pm

Courtyard Sacramento Midtown

4422 Y Street, Sacramento, California, 95817

Orchid Room

| | | |
|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions <i>Tony Vartan, Chairperson</i> | |
| 1:35 pm | Review and Approve Meeting Minutes <i>Veronica Kelley, Chair-Elect</i> | Tab 1 |
| 1:40 pm | CBHPC Year-End Legislative Report <i>Naomi Ramirez, CBHPC Legislative Coordinator</i> | Tab 2 |
| 2:00 pm | Discussion with Senator Eggman (Invited) | Tab 3 |
| 2:25 pm | Public Comment | |
| 2:30 pm | Discussion with Assemblymember Ramos (Invited) | Tab 4 |
| 2:55 pm | Public Comment | |
| 3:00 pm | Break | |
| 3:15 pm | CBHPC Legislative Approach <i>Tony Vartan, Chairperson and Veronica Kelley, Chair-Elect</i> | Tab 5 |
| 4:00 pm | CBHPC Policy Platform Review <i>Tony Vartan, Chairperson and Naomi Ramirez, CBHPC Legislative Coordinator</i> | Tab 6 |
| 4:45 pm | Nomination of Chair-Elect <i>Naomi Ramirez, CBHPC Staff</i> | Tab 7 |
| 4:55 pm | Public Comment | |
| 5:00 pm | Adjourn | |

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

Legislation Committee Members

| | | | |
|--------------------------|------------------------------|--------------------|------------------|
| Tony Vartan, Chairperson | Veronica Kelley, Chair-Elect | | |
| Barbara Mitchell | Daphne Shaw | Marina Rangel | Karen Baylor |
| Deborah Starkey | Darlene Prettyman | Susan Wilson | Monica Caffey |
| Noel O'Neill | Hector Ramirez | Angelina Woodberry | Joanna Rodriguez |
| Uma Zykofsky | Catherine Moore | Steve Leoni | |

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, October 19, 2022

Agenda Item: Review and Approve Meeting Minutes

Enclosures: June 15, 2022 Legislation Committee Meeting Minutes
July 7, 2022 Care Court Meeting Minutes
August 18, 2022 Care Court Meeting Minutes
September 1, 2022 Care Court 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 2022 Quarterly Meeting and the Care Court Update Meetings that occurred in July, August and September.

Motion: Accept and approve the June 2022, July 2022, August 2022 and September 2022 Legislation Committee Minutes.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

Wednesday, June 15, 2022
1:30 pm to 5:00 pm
The Mission Inn
3649 Mission Inn Avenue, Riverside, CA 92501
Santa Barbara Room

Members Present:

| | | |
|--------------------------|------------------------------|--------------|
| Tony Vartan, Chairperson | Veronica Kelley, Chair-Elect | |
| Catherine Moore | Deborah Starkey | Uma Zykofsky |
| Daphne Shaw | Marina Rangel | Karen Baylor |
| Susan Wilson | Angelina Woodberry | Steve Leoni |
| Barbara Mitchell | Monica Caffey | Noel O'Neill |
| Vandana Pant | | |

Meeting Commenced at 1:30 p.m.

Item #1 Approve April 2022 and May 2022 Meeting Minutes

A motion to approve the April 2022 minutes was made by Catherine Moore and seconded by Noel O'Neill. Steve Leoni and Vandana Pant abstained. The motion passed.

A motion to approve the May 2022 minutes was made by Catherine Moore and seconded by Monica Caffey. Vandana Pant abstained. The motion passed.

Item #2 State Budget Update

Gail Gronert, new Director of Strategic Initiatives for the County Behavioral Health Directors Association of California (CBHDA), provided an overview of the Governors 2022 May Revise. Gail acknowledged that June 15 is the deadline for the legislature to vote on the budget; however, they were able to pass it two days early. The budget has not yet been sent to the Governor, but once it is, the Governor will have 12 days to respond. The following highlights were shared:

- California has a record \$97.5B budget surplus.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

- The state collected \$55B more in taxes than officials expected, which is \$3B over the Gann limit.

The May Revise includes:

- \$18.1 billion in direct relief to millions of Californians to help offset rising costs (gas relief).
- First time ever realignment based funding increase.
 - These fund sources are projected to increase by 11.5 percent from 2020-21 to 2021-22 and increase by 5percent from 2021-22 to 2022-23.
- Funding for Care Court:
 - Supporter Program—\$10 million General Fund ongoing to the Department of Aging for the CARE Court Supporter Program to help the participant understand, consider, and communicate decisions by providing the tools to make self-directed choices to the greatest extent possible.
 - Training and Technical Assistance—\$15.2 million General Fund in 2022-23, \$1.1 million General Fund annually between 2023-24 and 2026-27, and \$1.3 million General Fund annually ongoing for the Department of Health Care Services to provide training and technical assistance to counties, data collection, and evaluation.
 - Judicial Branch—\$39.5 million General Fund in 2022-23 and \$37.7 million ongoing for the Judicial Branch to conduct CARE Court hearings and provide resources for self-help centers.
- \$29.1 million for substance use disorder provider workforce training at the Department of Health Care Services, for a total of \$51.1 million for this program.
- \$3.1 billion General Fund in 2022-23 for the SSI/SSP program.
 - A 5.9-percent federal SSI cost-of-living adjustment and 24-percent SSP increase took effect on January 1, 2022, bringing the maximum SSI/SSP grant levels to \$1,040 per month for individuals and \$1,766 per month for couples.

Item #3 **Care Court Update**

The committee discussed Senate Bill 1338, as amended June 16, 2022. Key amendments discussed were:

- MHSA funds may be used to provide services to individuals under a CARE agreement or a CARE plan.
- Requires the court to appoint counsel and a CARE supporter for the respondent, unless the respondent has their own or chooses not to have a CARE supporter.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

- The respondent can accept, decline, or choose their own voluntary, unpaid CARE supporter.
- Optional training to be made available for volunteer CARE supporters.

Barbara Mitchell recommended sending a thank you letter to Assembly member Kalra for listening to the concerns of the community and being the only no vote in the Assembly Judiciary Committee.

The committee continues to oppose CARE Court for the following reasons:

- Adamantly oppose the use of MHSA funds for CARE Court.
- The sanctions on the counties outline in the legislation.
- The housing concepts in the legislation do not match state law.
- Concerns regarding the supporter role.

The committee decided to schedule in-between meetings until the end of the legislative session to ensure members stay updates on any amendments to CARE Court.

Item #4 Legislation Committee Position List Review

Naomi Ramirez, Legislative Coordinator, reviewed the committee’s current legislative position list and provided updates on the status of the bills that are still active. The committee did not take any additional positions or change any of their positions.

Item #5 CBHPC Legislative Approach

Tony Vartan, Chairperson, led a discussion on the committee’s legislative approach and pointed out that the committee took over 30 positions in 2022. He also reviewed the positions the committee can take on legislation and recommended that members consider the approach they would like to take in the coming session to improve the Council’s relationships and have the most impact.

Item #6 Next Steps

Committee Chairperson Tony Vartan committed to setting aside time on the agenda for the October 2022 meeting to discuss the approach the committee would like to take in the upcoming legislative session.

**California Behavioral Health Planning Council
Legislation Committee**

**Senate Bill 1338: Community Assistance, Recovery, and Empowerment (CARE) Court
Update Meeting Summary (DRAFT)**

Thursday, July 7, 2022
1:00 pm to 2:00 pm
Zoom

Members Present:

Tony Vartan, Chairperson

Deborah Starkey

Uma Zykofsky

Daphne Shaw

Karen Baylor

Susan Wilson

Steve Leoni

Barbara Mitchell

Monica Caffey

Noel O'Neill

Meeting Commenced at 1:00 p.m.

Item #1 Care Court Update

- Naomi Ramirez, Legislative Coordinator, provided an update on SB 1338-CARE Court. The committee was informed that SB 1338 passed the Assembly Health committee and was amended June 30th. The bill has been referred to the Assembly Appropriations committee and a hearing has been set for August 3rd.

The following amendments were highlighted during the discussion:

- The bill would establish the CARE Act Accountability Fund in the State Treasury to receive the fines collected under the Act, which would be used, upon appropriation, by the State Department of Health Care Services, to support local government efforts that will serve individuals who have schizophrenia or other psychotic disorders who experience or are at risk of homelessness, criminal justice involvement, hospitalization, or conservatorship.
- A first cohort of counties, representing at least one-half of the population of the state, shall begin no later than July 1, 2023, with additional funding provided to support the earlier implementation date.
- A second cohort of counties, representing the remaining population of the state, shall begin no later than July 1, 2024.
- The respondent is allowed to have a supporter, rather than being offered a supporter.

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Legislation Committee**

**Senate Bill 1338: Community Assistance, Recovery, and Empowerment (CARE) Court
Update Meeting Summary (DRAFT)**

- If the respondent has not retained legal counsel and does not plan to retain legal counsel, whether or not the respondent lacks or appears to lack legal capacity, the court shall, before the time of the initial hearing, appoint a qualified legal services project.
 - If no legal services project has agreed to accept these appointments, a public defender to represent the respondent for all purposes related to this part, including appeals.

The committee remains in opposition of the legislation with the same concerns expressed at the June Legislation Committee Meeting. The committee will meet again in two weeks if there is an update, otherwise the meeting will be cancelled.

**California Behavioral Health Planning Council
Legislation Committee**

**Senate Bill 1338: Community Assistance, Recovery, and Empowerment
(CARE) Court Update Meeting Summary (DRAFT)**

Thursday, August 18, 2022
1:00 pm to 2:00 pm

Members Present:

| | | |
|------------------------------|------------------|----------------|
| Veronica Kelley, Chair-Elect | Monica Caffey | Daphne Shaw |
| Deborah Starkey | Barbara Mitchell | Hector Ramirez |

Staff Present:

Jenny Bayardo, Chief of Operations
Eva Smith

Meeting Commenced at 1:00 p.m.

CARE Court Update

Veronica Kelley, Chair-Elect for the Legislation Committee, presented to committee members as part of ongoing status updates of the high priority bill, SB 1338: Community Assistance, Recovery and Empowerment Act (CARE) Court. She shared some of the key amendments of this bill from August 15, 2022. She announced that due to the negotiation process, she is limited in what she can share.

Veronica reported that “subject to appropriations” was removed and that the Mental Health Services Act (MHSA) will be the source of funding, but funding has yet to be distributed. She also reported that per the bill language, too often behavioral health services are provided after an arrest, conservatorship, or institution. Under this new bill, services can only be provided under a care agreement/care plan. Persons who are incompetent to stand trial (IST) can also be referred to CARE Court.

Veronica shared that the CARE Court process will be implemented in cohorts. All counties must adhere to the implementation goal and be on board by 2025. The first cohort must represent at least 50% of the state. San Francisco and Stanislaus Counties have agreed to be in the first cohort. The bill was amended from a start date of July 2023 to October 2023. Veronica reported that in the negotiation process that she was an active participant in, she and the county behavioral health directors negotiated \$160 million for sustainable funding, including \$160 million start-up funds. Their second ask

**California Behavioral Health Planning Council
Legislation Committee**

**Senate Bill 1338: Community Assistance, Recovery, and Empowerment
(CARE) Court Update Meeting Summary (DRAFT)**

was reduced to \$100 million. The counter offer was \$33 million and most will be to develop data processing reporting.

Petitioner Details:

Veronica reported that if the petitioner is other than the director of county behavioral health, a petition can still be filed, but the court will assign a county behavioral health provider.

- Petition criteria: must be 18 years of age or older, have a serious mental illness (cannot be due to medical condition, must be primarily psychiatric).
- Allotted petitioners: spouse, parent, sibling, child, director of hospital or designee, director of public or charitable organization, licensed behavioral health clinician seen in last 30 days, first responder, public guardian, director of Adult Protective Services (APS), behavioral health director, director of California Indian tribe.
- Judicial counsel tasked to develop form for intake and process.
- Affidavit signed by licensed behavioral health person, and must meet criteria, and have seen them within 60 days.
- Stabilization medications may not be forcibly administered.

Barbara Mitchell expressed concern for the large population of homeless persons that have psychosis due to methamphetamine use, since they would not qualify for CARE Court.

Meeting Adjourned at 2:00 p.m.

**California Behavioral Health Planning Council
Legislation Committee**

**Senate Bill 1338: Community Assistance, Recovery, and Empowerment
(CARE) Court Update Meeting Summary (DRAFT)**

Thursday, September 1, 2022
1:00 pm to 2:00 pm

Members Present:

| | | |
|------------------------------|------------------|--------------------|
| Veronica Kelley, Chair-Elect | Susan Wilson | Daphne Shaw |
| Deborah Starkey | Barbara Mitchell | Angelina Woodberry |
| Noel O'Neill | | |

Staff Present:

Jenny Bayardo, Chief of Operations
Naomi Ramirez
Eva Smith

Meeting Commenced at 1:00 p.m.

CARE Court Update

Veronica Kelley, Chair-Elect for the Legislation Committee, presented to committee members as part of ongoing status updates of the high priority bill, SB 1338: Community Assistance, Recovery and Empowerment Act (CARE) Court. Veronica reported that SB 1338 passed through the legislature and is approaching the Governor's desk to be signed within 30 days.

Veronica shared that the bill, AB 179 includes the trailer bill language for additional funding. This bill has moved forward in a phased approach. Seven counties will go in the first cohort: Glenn, Orange, Stanislaus, San Francisco, Riverside, San Diego, and Tuolumne Counties. She reported that the goal of the phased approach was so that 51% of the state population could be implemented in the first cohort.

Veronica reviewed funding allocation which includes \$57 million in new state funding for start-up costs. The first cohort will receive \$26 million and \$31 million for the second cohort. She explained that there is a statutory commitment that CARE court will become operative only upon consultation with county stakeholders and that state finance

**California Behavioral Health Planning Council
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**Senate Bill 1338: Community Assistance, Recovery, and Empowerment
(CARE) Court Update Meeting Summary (DRAFT)**

assistance will be needed for counties to do this. Veronica reported she is involved in ongoing discussions with the Department of Finance.

Veronica reviewed some amendments which include:

- Extending time for county behavioral health agencies to submit evaluations,
- Given indemnity,
- Presiding judge will be engaged on possible sanctions,
- Health plans will reimburse counties for member evaluation costs,
- County Behavioral Health Director is petitioner and anyone can file (parent, law enforcement),
- Process for identifying native persons so they can have tribal representation
- Persons who are incompetent to stand trial (IST), could be removed from 1370 proceedings and sent to CARE Court.

Veronica reported that she is meeting with the first cohort of counties to learn what they are planning to do.

Committee members engaged in discussion expressing various concerns including implementation challenges, ineffective costs, acquiring accurate data and anticipation of poor outcomes.

Veronica also provided reporting requirements: number of petitions, appearances, and hearings, demographics, housing status, veteran status, services ordered, provided, and accepted, housing placement, and one year follow-up.

Veronica Kelley provided California State Association of Counties (CSAC) webpage information that provides statewide CARE Court concerns. [CSAC webpage](#)

Staff, Naomi Ramirez, asked members if they want to write an opposition letter to the Governor.

Committee members agreed that it is not worthwhile at this stage and it is best to advocate for improvements.

Barbara Mitchell suggested having a fact sheet of the CARE Court amendments as a hand-out for the upcoming Quarterly meeting.

Members agreed to develop this document to keep Council members apprised on the intricacies of this new bill.

Meeting Adjourned at 2:00 p.m.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, October 19, 2022

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 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 Year-End Legislative Report documents the Council's legislative activities. During this agenda item, committee members will have an opportunity to review the report, discuss the outcomes of the legislation, and discuss 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 2022 session, this report will be distributed to all Council Members closer to the meeting.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, October 19, 2022

Agenda Item: Discussion with Senator Eggman

Enclosures: None

Background/Description:



Senator Eggman is invited to inform the committee on her legislative priorities for the 2023-2024 session. Senator Eggman was elected to the State Senate in November of 2020, serving the 5th Senate District which is comprised of San Joaquin County, a significant portion of Stanislaus County and the Sacramento County community of Galt.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, October 19, 2022

Agenda Item: Discussion with Assemblymember Ramos

Enclosures: None

Background/Description:



Assemblymember Ramos is invited to inform the committee on his legislative priorities for the 2023-2024 session. Assemblymember Ramos is a lifelong resident of the San Manuel Indian Reservation in San Bernardino County. He was elected to represent the residents of the 40th District in the California State Assembly on November 6, 2018. His district includes the cities of Highland, Loma Linda, Rancho Cucamonga, Redlands, and San Bernardino.

**California Behavioral Health Planning Council
Legislation Committee**

Wednesday, October 19, 2022

Agenda Item: CBHPC Legislative Approach

Enclosures: CBHPC Legislative Process Overview
November 2022 Tracker

How This Agenda Item Relates to Council Mission

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

The positions on legislation, taken by the Legislative Committee, lead the Council's advocacy effort to achieve an effective behavioral health system and assist in educating the public, the behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

Tony Vartan, Committee Chairperson, and Veronica Kelley, Chair-Elect will facilitate a discussion of the committee's approach for the upcoming legislative session and the Council's process for advocacy. The Council's current Legislative Process Overview is included to assist with the discussion and to provide an opportunity for review and revisions, if necessary. The November Tracker is also included to help familiarize the committee with the current members of the legislature.

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 Legislation Committee 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 Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee 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 Legislation Committee 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 Legislation Committee meeting, staff will prepare a matrix of the bills for consideration and position decision by the Legislation Committee. This matrix will be the "Pending Legislation".

California Behavioral Health Planning Council Legislation Committee Legislation Process Overview

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, Policy Platform, or recommendations from partner organizations. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation Committee 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 Legislation Committee 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 Legislation Committee took an oppose position, at staff discretion, it may return to the “Pending Legislation” matrix for reconsideration by the Legislation Committee.
3. To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee 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 Legislation Committee 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 Legislation Committee 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 Legislation Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation Committee must be notified so staff can include it on matrix.
5. The Legislation Committee 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 nine (9) Legislation Committee 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.

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

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

California Behavioral Health Planning Council
Legislation Committee

Wednesday, October 19, 2022

Agenda Item: Review of the CBHPC Policy Platform

Enclosures: 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 CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends effectively, the Council utilizes a Legislative Platform that directs the policy considerations during the legislative session. Additionally, the Council's Platform educates the public, the behavioral health constituency, and legislators on the Council's perspective on various issues.

Background/Description:

The platform was developed to be utilized by staff to identify bills to bring to the committee for discussion and potential positions. The Policy Platform also informs the public of who the Council is and what we stand for. The committee spent time at the April, June, and October 2019 meetings revising the Council's long-standing Policy Platform and adopted the final version in January 2020. During the process, members decided that the Policy Platform should be organized in a format that clearly defines the Council's values in key areas. Since the Council had just reorganized with new committees the document was developed around the new committee's areas of focus. Since that time, these committees have evolved and some of the overviews provided do not fully encompass the focus of their work.

In July 2022, the Workforce and Employment Committee (WEC) requested that the LC consider revisions to their section of the document. The proposed revisions, as well as proposed revisions from the Systems and Medicaid Committee (SMC), are included in the enclosed Policy Platform. Proposed new language is designated by underline and proposed deletion is designated with cross-out.

During this agenda item, members will have an opportunity to review and discuss the proposed revisions and make any other recommendations necessary to bring the document up to date.



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 Department of Health Care Access and Information (HCAI) ~~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 HCAI ~~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 and substance use disorders, as well as advocating for an adequate supply of and funding for behavioral health professionals across various provider types to ensure a robust and equitable workforce that meets the diverse needs of individuals served in the PBHS. Additionally, the WEC tracks, participates, and comments on workforce initiatives created by DHCS, CalHHS, advocacy groups, educational institutions, and other partner organizations which may include legislation on bills related to the public behavioral health workforce in California.

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.
3. To ensure an adequate supply of and funding for behavioral health professionals to meet the level of need for consumers served in the PBHS so that individuals have timely access to high-quality, culturally-responsive, and equitable health care services in California.

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 SMC is ~~currently~~ focused on ~~the upcoming expiration of the~~ Medicaid reform and transformation of California's public behavioral health system. The

SMC is currently tracking California's Medicaid Infrastructure via the CalAIM 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
- Aging

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 (LC) Meeting**

Wednesday, October 19, 2022

Agenda Item: Nomination of 2023 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, assumed his position in January 2021 and the end of his two-year term is approaching in January 2023. The committee members now have the opportunity to elect a new Chair-Elect, to replace Veronica Kelley when she becomes the Chairperson of the committee in January 2023.

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.