

California Mental Health Planning Council

Advocacy Committee

Wednesday, November 18, 2015

1501 Capitol Avenue  
Suite 3001  
Sacramento, Ca 95630  
Conference Call Capability

Dial 1-877-580-9104 participant code 2763421  
12:00 p.m. to 1:00 p.m.

Time	Topic	Facilitator/Presenter	Tab
12:00pm	Welcome and Introductions	Adam Nelson, Chair	
12:05	Agenda Review	Adam Nelson	
12:10	Election of 2015 Chair Elect	All	A
12:20	Review Legislative Platform Changes	Adam Nelson and All	B
12:45	Public Comment	Adam Nelson	
12:50	Plan for Future Meetings	Adam Nelson and All	C
1:00	Adjourn	Adam Nelson	

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

**Committee Members:**

**Chair: Adam Nelson**

**Chair-Elect: tbd**

<b>Members:</b>	Nadine Ford	Carmen Lee	Steve Leoni
	Barbara Mitchell	Maya Petties	Darlene Prettyman
	John Ryan	Daphne Shaw	
	Monica Wilson	Arden Tucker	<b>Staff:</b> Erica Canaan

**If reasonable accommodations are required, please contact the CMHPC at (916) 323-4501 not less than 5 working days prior to the meeting date.**

California Mental Health Planning Council

**A TAB SECTION**

**DATE OF MEETING 11/18/15**

**MATERIAL  
PREPARED BY: Adcock**

**DATE MATERIAL  
PREPARED 10/19/15**

<b>AGENDA ITEM:</b>	Election of 2015 Chair Elect
<b>ENCLOSURES:</b>	

**BACKGROUND/DESCRIPTION:**

The current Chair Elect unexpectedly had to step down from the Council. At the October Advocacy Committee meeting, it was suggested that Maya Petties serve as the Chair Elect in 2016 to take office in January 2017. Darlene Prettyman has agreed to step in as the 2015 Chair Elect that will take office in January 2016 subject to appointment by the Officer team. A vote to nominate Darlene and Maya is to be held in order to submit their names to the Officer Team for appointment.

California Mental Health Planning Council

**B TAB SECTION**

**DATE OF MEETING 11/18/15**

**MATERIAL PREPARED BY:** Adcock

**DATE MATERIAL PREPARED 10/19/15**

<b>AGENDA ITEM:</b>	Review Legislative Platform Changes
<b>ENCLOSURES:</b>	2016 Legislative Platform in track changes

**BACKGROUND/DESCRIPTION:**

Several changes to the current Legislative Platform were proposed. It was agreed the changes would be done in 'track changes' to allow committee members to easily see them for discussion/edit in order to arrive at a final proposal to be presented to the Council members in January for approval.

# CALIFORNIA MENTAL HEALTH PLANNING COUNCIL

## LEGISLATIVE PLATFORM

January

~~\*2015\*~~ ~~(\*\*)~~ ~~2016~~ ~~(\*\*)~~

### Mandatory Planks

- Support any proposal that embodies the principles of the *Mental Health Master Plan*.
- Support policies that reduce and eliminate stigma and discrimination.
- Support any proposal that addresses the human resources problem in the public mental health \*/substance use disorders (SUD)\* system with specific emphasis on increasing cultural diversity and promoting the employment of consumers and family members.
- Support any proposal that augments mental health \*/SUD\* funding, consistent with the principles of least restrictive care and adequate access, and oppose any cuts.
- Support legislation that safeguards mental health \*/SUD\* insurance parity and ensures quality mental health \*/SUD\* services in health care reform
- Support expanding affordable housing and affordable supportive housing.
- Actively advocate for the development of housing subsidies and resources so that housing is affordable to people living on SSI.
- Support expanding employment options for people with psychiatric \*/SUD\* disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
- Support any proposal to lower costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
- Support any initiatives that reduce ~~(\*\*)~~ ~~or eliminate~~ ~~(\*\*)~~ the use of seclusion and restraint.
- Support adequate funding for evaluation of mental health \*/SUD\* services.
- Support initiatives that maintain or improve access to mental health \*/SUD\* services, particularly to underserved populations, and maintain or improve quality of ~~(\*\*)~~ ~~mental health~~ ~~(\*\*)~~ services.
- Oppose all bills related to “NIMBYism” and restrictions on housing and siting facilities for providing mental health \*/SUD\* services.
- Support initiatives that provide comprehensive health care and improved quality of life for people living with mental illness \*/SUD\*, and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
- Oppose any legislation that adversely affects the principles and practices of the Mental Health Services Act.
- Support policy that enhances the quality of the stakeholder process, improves the participation of consumers and family members, and fully represents the racial/cultural demography of the targeted population.
- Support any policy that requires the coordination of data and evaluation processes at all levels of mental health \*/SUD\* services.

- \*Support any policy that promotes services to be delivered in the least restrictive setting possible.\*
- \*Support any policy or legislation that promotes the mission, training and resources for local behavioral health boards and commissions.\*

### **Discretionary Planks (Require Deliberation & Discussion)**

- Support any proposal that advocates for blended funding for programs serving clients with co-occurring disorders that include mental illness.
- Support any proposal that advocates for providing more services in the criminal and juvenile justice systems for persons with serious mental illnesses or children, adolescents, and transition-aged youth with serious emotional disturbances, including clients with co-occurring disorders.
- Support any proposal that specifies or ensures that the mental health services provided to AB109 populations are paid for with AB 109 funding.
- Support the modification or expansion of curricula for non-mental health professionals to acquire competency in understanding basic mental health issues and perspectives of direct consumers and family members.
- Promote the definition of outreach to mean “patient, persistent, and non-threatening contact” when used in context of engaging hard to reach populations.
- \*Support any policy, legislation or statewide initiative that ensures the integrity of processes at the local behavioral health boards and commissions.\*

C   TAB SECTION

DATE OF MEETING 11/18/15

MATERIAL  
PREPARED BY: Adcock

DATE MATERIAL  
PREPARED 11/19/15

<b>AGENDA ITEM:</b>	Plan for Future Meetings
<b>ENCLOSURES:</b>	Draft Committee Work Plan

**BACKGROUND/DESCRIPTION:**

Advocacy Committee is working to develop a work plan. A draft is included for discussion, time permitting.

# ADVOCACY COMMITTEE WORKPLAN 2015-16

<b>Goal 1:</b>	<b>Rationale</b>	<b>Measure(s) of Success</b>	<b>Target Audience</b>
Describe overall goal here	Why is this needed?	How will we know if it is accomplished?	Who is this meant for?
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Leads</b>
How will we know we are on the right track?	How do we get ON the track?	What gets done by when?	By whom?

<b>Goal 2:</b>	<b>Rationale</b>	<b>Measure(s) of Success</b>	<b>Target Audience</b>
Describe overall goal here	Why is this needed?	How will we know if it is accomplished?	Who is this meant for?
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Leads</b>
How will we know we are on the right track?	How do we get ON the track?	What gets done by when?	By whom?

<i>Example:</i>	<b>Rationale (s)</b>	<b>Measure(s) of Success/Products</b>	<b>Target Audience</b>
<p>Describe overall goal here</p> <p><b>Demonstrate that MHSAs have made a positive difference in counties for persons living with serious and persistent mental illness</b></p>	<p><b>Why is this needed?</b></p> <p><b><u>Federal Public Law (PL) 106-310-</u></b> Advocate for adults with serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems</p> <p>Monitor, review, and evaluate annually the allocation and adequacy of mental health services within the State.</p> <p><b><u>WIC 5772</u></b></p> <p>(1) To advocate for effective, quality mental health programs.</p> <p>(2) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.</p> <p>(5) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.</p> <p><b>To counter the perception that MHSAs are not having a positive impact.</b></p>	<p><b>How will we know if it is accomplished?</b></p>	<p><b>Who is this meant for?</b></p> <p><b>Legislators</b></p> <p><b>County Behavioral Health</b></p> <p><b>County Boards of Supervisors</b></p>
<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Leads</b>
How will we know we are on the right track?	How do we get ON the track?	What gets done by when?	By whom?