

California Mental Health Planning Council

Advocacy Committee REVISED AGENDA

Thursday, January 21, 2016

Crowne Plaza
2270 Hotel Circle North
San Diego, CA 92108

**ROOM: Peacock I
8:30a.m. to 12:00p.m.**

Time	Topic	Facilitator/Presenter	Tab
8:30 a.m.	Welcome, Introductions and Changing of Officers	Adam Nelson, Chair	
8:35	Agenda Review	Darlene Prettyman, Chairperson	
8:37	Approval of October and November Minutes	Darlene Prettyman, Chairperson	A
8:40	Council Requests/New Business	All	
8:45	2016 Legislative Platform Revisions	All	B
9:45	Break	Adam Nelson	
10:00	Lynda Kaufmann, Director of Gov't and Public Affairs, Psynergy Programs, Inc. re: IMDs and other locked residential care		C
10:45	Next Steps – Work Plan Discussion	Darlene Prettyman	D
11:15	Legislative Issues/Updates: AB 59 and \$2B Bond for Housing proposal	All	E
11:40	Public Comment	Darlene Prettyman	
11:45	Develop Report-Out	Darlene Prettyman	
11:50	WWW/ Plan for Future Meetings	Committee Staff	
11:55	Plus/Delta	Darlene Prettyman	
Noon	Adjourn		

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

Committee Roster:

Chair: Darlene Prettyman

Chair-Elect: Maya Petties

Members:	Nadine Ford	Carmen Lee	Adam Nelson
	Barbara Mitchell	Linda Naranjo	
	Arden Tucker	Daphne Shaw	
	Monica Wilson	Steve Leoni	Staff: vacant

If reasonable accommodations are required, please contact the CMHPC at (916) 323-4501 no less than 5 working days prior to the meeting date.

E TAB SECTION

DATE OF MEETING 1/21/16

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 12/14/15

AGENDA ITEM:	Legislative Issues/Updates
ENCLOSURES:	AB 59 Sacramento Bee Article re: Proposed \$2B Bond for Housing

BACKGROUND/DESCRIPTION:

Advocacy Committee will discuss these two items and determine possible action.

AMENDED IN ASSEMBLY JANUARY 06, 2016

AMENDED IN ASSEMBLY JANUARY 04, 2016

AMENDED IN ASSEMBLY APRIL 20, 2015

AMENDED IN ASSEMBLY APRIL 06, 2015

AMENDED IN ASSEMBLY MARCH 09, 2015

CALIFORNIA LEGISLATURE—2015-2016 REGULAR SESSION

Assembly Bill No. 59

Introduced by Assembly Member Waldron (Coauthors: Assembly Members Gallagher, Kim, Lackey, Mathis, and Olsen) (Coauthors: Senators Anderson, Hall, and Huff)

December 09, 2014

An act to amend Sections 5348 and 5349.5 of the Welfare and Institutions Code, relating to mental health services, and making an appropriation thereof.

LEGISLATIVE COUNSEL'S DIGEST

AB 59, as amended, Waldron. Mental health services: assisted outpatient treatment.

Existing law, the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2017, grants each county authority to offer certain assisted outpatient treatment services for their residents by adoption of a resolution or through the county budget process and by making a finding that no mental health program, as specified, may be reduced as a result of implementation. Under that law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process that are client-directed and employ psychosocial rehabilitation and recovery principles. Existing law authorizes participating counties to pay for the services provided that moneys distributed to the counties from various continuously appropriated funds, including the Local Revenue Fund and the Mental Health Services Fund when included in a county plan, as specified. Existing law requires the State Department of Health Care Services to submit a report and evaluation of all counties implementing any component of these provisions to the Governor and the Legislature by July 1, 2015.

This bill would extend the operation of the program until January 1, 2022, and would delete that reporting requirement. By extending the authorization to pay for the services using moneys from various continuously appropriated funds, the bill would make an appropriation.

Existing law requires a county that operates an assisted outpatient treatment program pursuant to these provisions to provide data to the department, and requires the department to report to the Legislature on or before May 1 of each year based on that data, as specified.

This bill would additionally require the department to report that information to the Governor.

DIGEST KEY

Vote: MAJORITY APPROPRIATION: YES Fiscal Committee: YES Local Program: NO

BILL TEXT

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

Section 5348 of the Welfare and Institutions Code is amended to read:

5348.

(a) For purposes of subdivision € of Section 5346, a county that chooses to provide assisted outpatient treatment services pursuant to this article shall offer assisted outpatient treatment services including, but not limited to, all of the following:

(1) Community-based, mobile, multidisciplinary, highly trained mental health teams that use high staff-to-client ratios of no more than 10 clients per team member for those subject to court-ordered services pursuant to Section 5346.

(2) A service planning and delivery process that includes the following:

(A) Determination of the numbers of persons to be served and the programs and services that will be provided to meet their needs. The local director of mental health shall consult with the sheriff, the police chief, the probation officer, the mental health board, contract agencies, and family, client, ethnic, and citizen constituency groups as determined by the director.

(B) Plans for services, including outreach to families whose severely mentally ill adult is living with them, design of mental health services, coordination and access to medications, psychiatric and psychological services, substance abuses services, supportive housing or other housing assistance, vocational rehabilitation, and veterans' services. Plans shall also contain evaluation strategies, which shall consider cultural, linguistic, gender, age, and special needs of minorities and those based on any characteristic listed or defined in Section 11135 of the Government Code in the target populations. Provision shall be made for staff with the cultural background and linguistic skills necessary to remove barriers to mental health services as a result of having limited-English-speaking ability and cultural differences. Recipients of outreach services may include families, the public, primary care physicians, and others who are likely to come into contact with individuals who may be suffering from an untreated severe mental illness who would be likely to become homeless if the illness continued to be untreated for a substantial period of time. Outreach to adults may include adults voluntarily or involuntarily hospitalized as a result of a severe mental illness.

(C) Provision for services to meet the needs of person who are physically disabled.

(D) Provision for services to meet the special needs of older adults.

(E) Provision for family support and consultation services, parenting support and consultation services, and peer support or self-help group support, if appropriate.

(F) Provision for services to be client-directed and that employ psychosocial rehabilitation and recovery principles.

(G) Provision for psychiatric and psychological services that are integrated with other services and for psychiatric and psychological collaboration in overall service planning.

(H) Provision for services specifically directed to seriously mentally ill young adults 25 years of age or younger who are homeless or at significant risk of becoming homeless. These provisions may include continuation of services that still would be received through other funds had eligibility not been terminated as a result of age.

(I) Services reflecting special needs of women from diverse cultural backgrounds, including supportive housing that accepts children, personal services coordinator therapeutic treatment, and substance treatment programs that address gender-specific trauma and abuse in the lives of person with mental illness, and vocational rehabilitation programs that offer job training programs free of gender bias and sensitive to the needs of women.

(J) Provision for housing for clients that is immediate, transitional, permanent, or all of these.

(K) Provision for clients who have been suffering from an untreated severe mental illness for less than one year, and who do not require the full range of services, but are at risk of becoming homeless unless a comprehensive individual and family support services plan is implemented. These clients shall be served in a manner that is designed to meet their needs.

(3) Each client shall have a clearly designated mental health personal services coordinator who may be part of a multidisciplinary treatment team who is responsible for providing or assuring needed services. Responsibilities include complete assessment of the client's needs, development of the client's personal services plan, linkage with all appropriate community services, monitoring of the quality and follow through of services, and necessary advocacy to ensure each client receive those services that are agreed to in the personal services plan. Each client shall participate in the development of his or her personal services plan, and responsible staff shall consult with the designated conservator, if one has been appointed, and, with the consent of the client, shall consult with the family and other significant person as appropriate.

(4) The individual personal services plan shall ensure that person subject to assisted outpatient treatment programs receive age-appropriate, gender-appropriate, and culturally appropriate services, to the extent feasible , that are designated to enable recipients to:

(A) Live in the most independent, least restrictive housing feasible in the local community, and, for clients with children, to live in a supportive housing environment that strives for reunification with their children or assists clients in maintaining custody of their children as is appropriate.

(B) Engage in the highest level of work or productive activity appropriate to their abilities and experience.

(C) Create and maintain a support system consisting of friends, family, and participation in community activities.

(D) Access an appropriate level of academic education or vocational training.

(E) Obtain an adequate income.

(F) Self-manage their illnesses and exert as much control as possible over both the day-to-day and long-term decisions that affect their lives.

(G) Access necessary physical health care and maintain the best possible physical health.

(H) Reduce or eliminate serious antisocial or criminal behavior, and thereby reduce or eliminate their contact with the criminal justice system.

(I) Reduce or eliminate the distress caused by the symptoms of mental illness.

(J) Have freedom from dangerous addictive substances.

(5) The individual personal services plan shall describe the service array that meets the requirements of paragraph (4), and to the extent applicable to the individual, the requirements of paragraph (2).

(b) A County that provides assisted outpatient treatment services pursuant to this article also shall offer the same services on a voluntary basis.

(c) Involuntary medication shall not be allowed absent a separate order by the court pursuant to Sections 5332 to 5336, inclusive.

(d) A county that operates an assisted outpatient treatment program pursuant to this article shall provide data to the State Department of Health Care Services and, based on the data, the department shall report to the Governor and the Legislature on or before May 1 of each year regarding the services the county provides pursuant to this article. The report shall include, at a minimum, and evaluation of the effectiveness of the strategies employed by each program operated pursuant to this article in reducing homelessness and hospitalization of persons in the program and in reducing involvement with local law enforcement by person in the program. The evaluation and report shall also include any other measures identified by the department regarding persons in the program and all of the following, based on information that is available:

(1) The number of person served by the program and, of those, the number who are able to maintain housing and the number who maintain contact with the treatment system.

(2) The number of person in the program with contacts with local law enforcement, and the extent to which local and state incarceration of person in the program has been reduced or avoided.

(3) The number of person in the program participating in employment services programs, including competitive employment.

(4) The days of hospitalization of persons in the program that have been reduced or avoided.

(5) Adherence to prescribed treatment by persons in the program.

(6) Other indicators of successful engagement, if any, by persons in the program.

(7) Victimization of persons in the program.

(8) Violent behavior of persons in the program.

(9) Substance abuse by person in the program.

(10) Type, intensity, and frequency of treatment of persons in the program.

(11) Extent to which enforcement mechanisms are used by the program, when applicable.

(12) Social functioning of persons in the program.

(13) Skills in independent living of persons in the program.

(14) Satisfaction with the program services both by those receiving them and by their families, when relevant.

SEC. 2.

Section 5349.5 of the Welfare and Institutions Code is amended to read:

5349.5

This article shall remain in effect only until January 1, 2022, and as of that date is repealed, unless a later enacted statute, that is enacted before January 1, 2022, deletes or extends that date.

SacBee Article

In an opening to this year's budget negotiations at the Capitol, Senate Democrats on Monday proposed a \$2 billion bond to build homes for homeless people with mental illnesses.

The measure would be funded by Proposition 63, the existing, 1 percent income tax on Californians earning \$1 million or more per year to pay for mental health services.

Senate President Pro Tem Kevin de León said at a news conference in Los Angeles that the money could fund construction of at least 10,000 housing units statewide.

The proposal comes before Gov. Jerry Brown releases his annual budget plan this week. Brown, a relatively moderate Democrat, has clashed with lawmakers of his own party in previous years over funding for social services.

In addition to the \$2 billion bond, de León, D-Los Angeles, said he will push for \$200 million in general fund revenue over four years to pay for rent subsidies for homeless people and will seek to increase in the Supplemental Security Income/State Supplementary Payment grants that help low-income seniors and people with disabilities. The measure would not have to go on the ballot, but would part of the budget negotiations with Brown.

His predecessor, Darrell Steinberg, the Sacramento Democrat who wrote Proposition 63, called the housing plan "the boldest proposal to reduce homelessness in a generation, if not longer."

De León cast the proposal as a bipartisan effort. He and Steinberg were joined in Los Angeles by two Republican senators, Bob Huff and John Moorlach.

Huff, of San Dimas, said, "We're trying to do something about a persistent problem."

Nearly 30,000 chronically homeless people live in California, more than one-third of the nation's total chronically homeless population, according to federal estimates.

Senate Democrats estimate annual debt service on a \$2 billion bond would require about \$130 million of about \$1.8 billion in annual Proposition 63 revenue.

Proposition 63, passed by California voters in 2004, has been hailed by mental health advocates as an irreplaceable source of funding, while facing persistent criticism about oversight. Last year, the Little Hoover Commission faulted the state for bureaucratic and technological shortcomings it said made it difficult, if not impossible, to analyze the effectiveness of spending under the measure.

In a separate report in 2013, state Auditor Elaine Howle said that because of minimal oversight, California has "little current assurance" that funds directed to counties have been used effectively.

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