



California  
Behavioral Health  
Planning Council

ADVOCACY • EVALUATION • INCLUSION

## 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 behavioral 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 behavioral health and substance use disorder systems.

### MISSION

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

### VISION

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A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

### GUIDING PRINCIPLES

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**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.

**Persons with Lived Experience 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

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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 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 CBHPC's perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the CBHPC takes.

The perspective of the CBHPC on overarching behavioral health issues as well as priority policy areas are outlined in the sections below.

## OVERARCHING BEHAVIORAL HEALTH PRINCIPLES

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1. Reduce and eliminate stigma and discrimination.
2. Augment behavioral health funding, consistent with the principles of least restrictive quality evidence-based care and easy, timely access to services for all Californians eligible for care in the public behavioral health system.
3. Promote appropriate services to be delivered in the least restrictive setting possible.
4. Support the mission, training and resources for local behavioral health boards and commissions.
5. Encourage a stakeholder process that fully embraces the participation and voice of persons with lived experience of serious mental illness and substance use disorders, family members, and providers, and fully represents the diversity and inclusion of persons served by the California public behavioral health system.
6. Monitor and advise on the implementation of the Behavioral Health Services Act, and advocate for further engagement of persons with lived experience and family members in the decision-making process.
7. Advocate for policies that result in long-term and sustainable funding.

## PRIORITY POLICY AREAS

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### PATIENT RIGHTS

The CBHPC 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 behavioral health system provider sites.

Furthermore, the Patient's Rights Committee (PRC) intends to monitor the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act and evaluate its cost-effectiveness.

## **SUPPORT**

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1. Consistent application of Welfare and Institutions Code (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 Behavioral 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 Patients' Rights Advocates.
6. Whistleblower protections for all Patients' Rights Advocates.

## **BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION**

The CBHPC is mandated in state law to review and report on the public behavioral 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 behavioral health policy development and priorities. This duty includes the following:

- Reviewing, assessing, and making recommendations regarding all components of the behavioral health and substance use disorder systems.
- Reviewing and approving performance indicators.
- Reviewing and reporting annually on the performance of behavioral 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 (POC) 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 in data and supporting the work of the CBHPC.

## **SUPPORT**

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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 health/substance use disorder services.

## HOUSING AND HOMELESSNESS

The CBHPC actively engages with stakeholder organizations to influence policy and ensure access to programs by unhoused individuals who are served by the public behavioral health system. The CBHPC 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 unhoused.

The Housing and Homelessness Committee (HHC) intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and address the state's unhoused 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), California Interagency Council on Homelessness (CAL ICH) and Behavioral Health Services Act (BHSA) Housing Programs. Additionally, the committee is leading the CBHPC'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. Lowering costs to build and operate affordable housing by eliminating unnecessary building and zoning restrictions and removal of barriers imposed by the California Environmental Quality Act (CEQA).
3. 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.
4. Expanding affordable housing and affordable supportive housing.
5. 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 Institutions Code provide the CBHPC with specific responsibilities to advise the Department of Health Care Access and Information (HCAI) on education and training policy development and to provide oversight for the development of the Five-Year Workforce Education and Training Development (WET) Plan, as well as review and approval authority of the final plan.

The Workforce and Employment Committee (WEC) works closely with HCAI staff to provide input, feedback, and guidance and acts as the conduit for presenting information to the full CBHPC 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. Additionally, the WEC tracks, participates, and comments on workforce initiatives created by the Department of Health Care Services (DHCS), California Health and Human Services Agency (CalHHS), advocacy groups, educational institutions, and other partner organizations.

## **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 persons with lived experience and family members.
3. Ensure an adequate supply of and funding for behavioral health professionals to provide timely access to high-quality, culturally responsive, and equitable health care services for individuals living with serious mental illness and substance use disorders served in the public behavioral health system.
4. Support programs providing stipends, loan forgiveness and other incentives and scholarships for persons committed to working in the public behavioral health system.

## **BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE**

The CBHPC 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 Systems and Medicaid Committee (SMC) is focused on 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
- Social Services
- Housing

## **SUPPORT**

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1. Promote the integration of mental health, substance use disorders and physical health care services.
2. Safeguard legal requirements for behavioral health care parity and advocate for the improvement of behavioral health treatments to full parity with all other healthcare.
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 improve 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.

## **Substance Use Disorders**

The CBHPC is committed to fostering a healthier California by supporting activities focused on prevention of substance use, overdose reduction, and expanded access to a full continuum of care for individuals at risk of developing or who have developed a substance use disorder. The Council supports efforts to reach the 95% of individuals who currently need care but do not receive it now. We advocate for a comprehensive integrated system that delivers whole person care for substance use disorder treatment and recovery services for all Californians. Prioritizing the closure of equity gaps, CBHPC aims to ensure unbiased and equal access to high-quality treatment and established connections between individuals and personalized services, with a lessened emphasis on incarceration.

## **SUPPORT**

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1. Advance strategies that prevent the development of substance use-related problems through community-based education, awareness campaigns, and evidence-based prevention programs.
2. Ensure expanded access to a comprehensive continuum of care for individuals with substance use disorders, encompassing prevention, early intervention, treatment, recovery support, low barrier access to care including harm reduction services.
3. Promote the use of evidenced based practices (EDPs) and community-defined evidence practices (CDEPs) to increase access to medications for addiction treatment.
4. Policies and practices aimed at reducing overdose incidents and fatalities through preventive measures, naloxone distribution, and training.
5. Advance principles of equity in treatment access and quality to eliminate disparities and ensure that all Californians, regardless of demographic or socioeconomic factors, have equal access to effective substance use disorder care.
6. Destigmatize substance use disorders and improve treatment access by removing unnecessary barriers and policy requirements not typical in general healthcare.
7. A multi-strategic approach to address the shortage of trained professionals in the substance use disorder (SUD) workforce ensuring the sustainability of the delivery system.
8. Secure and protect full and permanent funding for the substance use disorder (SUD) delivery system, prioritizing allocating new funding rather than diverting existing funding away from other essential Behavioral Health services.