



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 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 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.

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.

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 is currently focused on the upcoming expiration of the 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

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.