



## **AGENDA**

January 17, 18, 19, and 20, 2023  
Holiday Inn San Diego Bayside  
4875 North Harbor Drive  
San Diego, CA 92106

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916-701-8211 by January 3, 2023 in order to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

### **COMMITTEE MEETINGS**

#### **Tuesday, January 17, 2023**

2:00pm Performance Outcomes Committee

#### **Wednesday, January 18, 2023**

8:30am Executive Committee

10:30am Patients' Rights Committee

10:30pm Children/Youth Workgroup

12:00pm LUNCH (on your own)

1:30pm Workforce and Employment Committee

1:30pm Legislation Committee

#### **Thursday, January 19, 2023**

8:30am Housing and Homelessness Committee

8:30am Systems and Medicaid Committee

12:15pm Reducing Disparities Work Group (working lunch)

**Thursday, January 19, 2023**

**COUNCIL GENERAL SESSION**

**Bayside Ballroom**

Conference Call (listen only) 1-877-951-3290

Participant Code: 8936702#

- 1:30pm Welcoming Remarks**  
*Noel O’Neill, Chairperson*
- 1:40pm Opening Remarks & Mental Health Block Grant Overview** **Tab M**  
*Luke Bergmann, PhD., Dept. of Behavioral Health, San Diego County*
- 2:10pm Election of 2023 Chairperson-Elect and Changing of the Officer (VOTE)**  
*Nominating Committee Members: Karen Baylor, John Black, Noel O’Neill, Darlene Prettyman, and Susan Wilson*
- 2:20pm Executive Officer Address**  
*Jenny Bayardo, Executive Officer*
- 2:30pm Approval of October Minutes** **Tab N**  
*Deborah Starkey, Chairperson*
- 2:35pm Public Comment**
- 2:40pm Peer Certification Update** **Tab O**  
*Andrea Wagner, Executive Director, California Association of Mental Health Peer Run Organizations*  
*Stephanie Ramos, Education Director, and Dawniell Zavala, Associate Director, Cal Voices*  
*Lucero Robles, LCSW, Director, Quality Assurance and Compliance, California Mental Health Services Authority*  
*Alexandria Simpson, CA Department of Health Care Services*
- 3:30pm Break**
- 3:50pm Council Member Questions for Panelist**  
*Deborah Starkey, Chairperson and All*
- 4:15pm Public Comment**
- 4:35pm CA Association of Local Behavioral Health Boards/Commissions Update**  
*Theresa Comstock, Executive Director*
- 5:00pm Recess**



**Remaining 2023 Council Meetings Schedule**

**April 18-21, 2023** [Holiday Inn Downtown-Arena](#), Sacramento CA

**June 13-16, 2023** [Double Tree](#), Santa Ana CA

**October 17-20, 2023** [Embassy Suites San Francisco Airport](#), SF CA

**California Behavioral Health Planning Council  
General Session  
Thursday, January 19, 2023**

**Agenda Item:** Opening Remarks & Mental Health Block  
Grant (MHBG) Overview

**Enclosures:** None

**Background/Description:**

Invited guest Dr. Luke Bergmann will address the Council with opening remarks followed by a brief overview of San Diego County's Mental Health Block Grant programs.

To facilitate the Council's knowledge about Mental Health Block Grant (MHBG) funding and counties' use of the funds within their systems of care, San Diego County will discuss (3) three main areas:

- 1) How does your county utilize the MHBG funds?
- 2) Describe any specific innovative program(s) the county has implemented and the impact on individuals with Serious Mental Illness and Serious Emotional Disturbance such as programs using First Episode Psychosis (FEP) or Dual Diagnosis (DDX) set-aside funding.
- 3) Tell us about any evidence-based or community-defined practice(s) implemented in your county that have been effective in meeting the needs of your county's population. Can you share any outcomes?

**California Behavioral Health Planning Council  
General Session  
Thursday, January 19, 2023**

**Agenda Item:** Approval of October 2022 Meeting Minutes

**Enclosures:** Draft October 2022 Meeting Minutes

**Background/Description:**

Attached are the draft October 2022 meeting minutes for member review and approval.

**CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL**

**GENERAL SESSION MEETING MINUTES**

**October 20, 2022**

**CBHPC Members Present:**

*Noel O'Neill, Chairperson*  
*Deborah Starkey, Chairperson-Elect*

Karen Baylor  
John Black  
Arden Tucker  
Christine Frey (virtual)  
Hector Ramirez  
Celeste Hunter (virtual)  
Veronica Kelley  
Steve Leoni (virtual)  
Vera Calloway  
Jessica Grove  
Walter Shwe (virtual)  
Angelina Woodberry

Javier Moreno  
Marina Rangel  
Darlene Prettyman  
Catherine Moore  
Monica Caffey (virtual)  
Dale Mueller  
Liz Oseguera (virtual)  
Deborah Pitts (virtual)  
Daphne Shaw  
Tony Vartan  
Vandana Pant  
Susan Wilson  
Uma Zykofsky  
Barbara Mitchell (virtual)

**Staff Present:**

Jenny Bayardo  
Gabriella Sedano  
Eva Smith

Justin Boese  
Ashneek Nanua  
Naomi Ramirez

## **Thursday, October 20, 2022: Council General Session**

### **1. Welcome and Introductions**

Chief of Operations and Acting Executive Officer, Jenny Bayardo welcomed Planning Council members to the meeting. She did a roll call for attendance and stated that a quorum was met.

### **2. Placer County Mental Health Block Grant Overview**

Twylla Abrahamson, Health and Human Services (HHS) Deputy Director for children and families and Amy Haines, Assistant Director for Adult System of Care presented to the Council on their use of Mental Health Block Grant (MHBG) funds. They allocate more funds for children than adults to change the developmental trajectory and give as much to children as possible while still meeting the needs of adults. MHBG has provided Placer County with \$800,000 per year to provide housing resources, mental health services, and substance-use treatment to over 550 residents every year.

MHBG funds are not able to fully fund any one program, so they often braid funding such as Adult Protective Services (APS), Child Welfare Services, and Systems Grants.

#### **Services Provided with MHBG Funding:**

Adult System of Care (ASOC) Programs:

- Collaborative Transitional Housing
- Casa Dewitt Transitional / Bridge Program
- Referrals to housing resources

Children's System of Care (CSOC) Programs:

- Wraparound / Juvenile and Family Treatment Court
- Functional Family Therapy
- Crisis Resolution Center
- Clinician Juvenile Detention Facility and Girls Circle

Placer County also expanded its mental health programs using supplemental funding approved through the American Rescue Plan Act (ARPA), federal funds in the form of grants that counties could apply for additional funds:

- Expanded mobile crisis to reach a larger geographic area
- Additional mobile crisis teams to respond to homes, schools, and the community
- Increased access to perinatal services for underserved women struggling with mental health disorders or co-occurring disorders
- Behavioral health crisis center for short-term respite and linkage to appropriate services

### **3. Approval of June Meeting Minutes**

June meeting minutes were approved by the Council members. Karen Hart abstained.

#### **Public Comment:**

No public comment.

### **4. Department of Health Care Services Update**

Tyler Sadwith, Behavioral Health Deputy Director for the Department of Health Care Services (DHCS), provided department updates to the Council. Tyler reviewed the reorganization in the behavioral health division of DHCS which includes three divisions: Community Services Division, Licensing and Certification, and Medi-Cal Behavioral Health. Tyler presented the vision for DHCS Behavioral Health to simplify and streamline, expand access, advance equity, improve quality, and strengthen oversight for public behavioral health services.

He shared the following allotted funding streams from the Department:

**Medi-Cal:** Federal Financial Participation (FFP), State General Fund (SGF), Realignment

- \$4.8 billion in FY 20-21

#### **Mental Health Services Act**

- \$3 billion in FY 20-21

#### **Prop 64** (adult marijuana tax)

- \$400 million in FY 22-23

#### **Substance Abuse Mental Health Services Administration (SAMHSA)**

- Mental Health Funds = \$186 million in FY22
- Substance Use Disorder Funds = \$305 million in FY22
- State Opioid Response Grant = \$107 million in FY22

Tyler Sadwith discussed how CalAIM is addressing social drivers of health:

#### Justice System:

- Pre-release eligibility and enrollment
- 90-day pre-release services

#### Housing:

- Enhanced Care Management (ECM) and Community Supports (CS)
- Housing and Homelessness Incentive Program (HHIP)
- Behavioral Health Bridge Housing
- Behavioral Health Continuum Infrastructure Program (BHCIP)

DHCS is awaiting approval for the Justice Initiative to provide pre-release services to individuals in the 90 days prior to release from state prison, county jails, and youth correctional facilities is dependent upon CMS approval of the DHCS 1115 Waiver request. Tyler Sadwith shared how DHCS continues to negotiate with CMS on the Justice proposal. CalAIM Justice Involved (JI) Initiatives support JI individuals by providing key services for pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry from prisons, jails, and youth correctional facilities.

### **Launch and Expansion of Enhanced Care Management (ECM):**

#### Population Focus:

- Individuals and Families Experiencing Homelessness
- Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization
- Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
- Individuals Transitioning from Incarceration (some Whole Person Care (WPC) counties)
- Adults Living in the Community and At Risk for Institutionalization and Eligible for Long Term Care (LTC) Institutionalization
- Adults who are Nursing Facility Residents Transitioning to the Community
- Children / Youth Populations of Focus
- Individuals Transitioning from Incarceration
- Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

#### **Pre-Approved DHCS Community Supports:**

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition / Diversion to Assisted Living Facilities
- Community Transition Services / Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals / Medically-Tailored Meals or Medically-Supportive Foods
- Sobering Centers
- Asthma Remediation

## **5. Department of Rehabilitation Employment Services and Update**

Council member Jessica Grove, Deputy Director in the Vocational Rehabilitation Policy and Resources Division, and Diane Shinstock, Health and Human Services Manager, Cooperative Programs, Department of Rehabilitation (DOR) presented to the Council on the services provided by the DOR.

The DOR provides vocational rehabilitation services to individuals with disabilities who have an identified barrier to employment. Services include:

- Obtain employment
- Develop or promote in current job
- Live on their own
- Enjoy a life equal to others

### **Employment Services:**

- Disability and benefit programs
- Job search interview skills
- Resume building
- Job training and tools
- College and textbooks
- Disability equipment
- Support services such as childcare or transportation
- Connections with other people or support groups

### **Service Delivery Models:**

#### Vocational Rehabilitation Employment Division:

- Consumers apply for services directly to the department
- Access for a full array of services depending on need and agreed upon Individual Plan for Employment

#### Cooperative Program Agreements: Develop contracts with providers

- Public agency provides a match to maximize federal funding
- Services provided by County, private non-profit provider, or DOR vendor
- Program participants are identified and referred by county or provider

### **Peer Certifications:**

- Certification may be necessary as part of a career pathway
- Incorporated into Individualized Plan for Employment
- If appropriate, DOR would pay for certification

**Public Comment:**

Question: Patricia, a member of the public asked about outreach for underserved communities.

Response: Presenters reported that they provide presentations to several agencies including wellness centers, libraries and collaborate with faith-based communities.

**6. CA Association of Local Behavioral Health Boards and Commissions Update**

Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards and Commissions (CALBHBC) provided updates to the Council. The organization has a new membership requirement enacted by legislative change for Veterans and/or Veteran’s advocates.

**New Requirement:** One member shall be a veteran or veteran advocate for counties with population of 100,000 or more.

**Veteran Encouragement:** A county shall give strong preference to appointing at least one member to board that is a veteran for counties with population with 100,000 or less.

**Vacancy Notification:** A county shall notify its county veteran’s service officer about vacancies on the board.

**Veteran Advocate Defined:** A parent, a spouse, or adult child of a veteran, or an individual who is part of a veteran’s organization.

Theresa reviewed the organization’s top issues for support and advocacy:

**Access:**

- Unserved and underserved populations
- Children and transitional age youth

**Community Engagement:**

- Increase effectiveness of local community program planning processes
- Increase effectiveness of MHB/Cs to ensure community engagement

**Housing and Homelessness:**

- Supported Housing – Support advocacy for local projects
- Residential Care Facilities

**Workforce:**

- Address California’s workforce shortage at all levels
- Living wage for contractors

- Peer Support (adequacy of wages and funding)

**Public Comment:**

A member of the public, Steve McNally, thanked Theresa for her work with CALBHB/C and the research she gathered that is accessible to the public.

**Friday, October 21, 2022: Council General Session**

**7. Council on Criminal Justice and Behavioral Health (CCJBH)**

Brenda Grealish, Executive Officer for CCJBH presented to the Council and opened with an overview of their organization which recently celebrated their 20<sup>th</sup> anniversary. CCJBH is a 12-member advisory body chaired by the Secretary of California Department of Corrections and Rehabilitation (CDCR). Other members are comprised of Department of State Hospitals (DSH), DHCS, and appointed expert representatives from criminal justice and behavioral health fields. CCJBH serves as a resource to assist and advise the Administration and the Legislature on best practices to reduce the incarceration of youth and adults with mental illness and Substance Use Disorders (SUDs), with a focus on prevention, diversion and reentry strategies. They produce an annual legislative report to serve as a tool documenting the Council’s activities throughout the year, including recommendations for improving the cost-effectiveness of behavioral health and criminal justice programs. In honor of their 20 years in service, they have embarked on several projects to reflect on their past, present, and future. Some of those projects include Brenda participating in the podcast series “CDCR Unlocked,” updating their logo, and producing a commemorative video.

Brenda reviewed CCJBH’s meeting operations. They meet quarterly and have two workgroups: Juvenile Justice and Diversion/Reentry which meet bimonthly. Brenda discussed the Juvenile Justice Workgroup meetings in May and July which discussed collaboration between probation and behavioral health for justice-involved youth and strategies to optimize educational success for justice-involved youth. CCJBH worked with the Office of Youth and Community Restoration and RAND Corporation to develop two advisory boards: Live Experience Advisory Board and a System Representative Advisory Board. The Diversion/Reentry Workgroup held a meeting in May and July which included presentations related to the implementation of SB 317, Community Assistance, Recovery and Empowerment (CARE) Court, and the Governor’s 2022-23 budget related to Incompetent to Stand Trial Workgroup Solutions.

CCJBH developed policy goals in 2019 to be accomplished by 2025 to which they provide annual updates in a report each year:

- **Goal #1:** “The prevalence rate of mental illness and SUDs in jails and prisons should be similar, if not equal to the prevalence rate of mental illness and SUDs in the community.”

- **Goal #2:** “Community based services, particularly residential, are robust enough to meet demand starting with ensuring that those with multiple needs are not left behind due to their numerous and complex challenges.”
- **Goal #3:** “Through consistent dedication to workforce development, quality education and training, and on-going technical assistance, to an array of service providers and partners, Californians benefit from professional having core competencies that provide effective integrated correctional and behavioral health services to achieve recovery and reduced recidivism.”
- **Goal #4:** “Through state leadership to support data-driven practices and policy-making among criminal justice and behavioral health systems, continuity of care and desired public safety and health outcomes improve significantly.”

CCJBH remains actively committed to supporting DHCS’ CalAIM Initiative and is involved in CalAIM workgroups:

- DHCS CalAIM Behavioral Health Workgroup
- DHCS CalAIM Children and Youth Workgroup
- DHCS CalAIM Justice-Involved Workgroup
- DHCS CalAIM Justice-Involved Pre-Release Application Implementation Sub-workgroup

**Medi-Cal Utilization Project (MCUP):** In collaboration with DHCS, CDCR conducted a data project to monitor enrollment into Medi-Cal, including the selection of Medi-Cal Managed Care Plans, as well as access to and utilization of Medi-Cal behavioral health services for people involved in the criminal justice system, especially justice-involved individuals with mental illness and substance use disorders (SUD).

CCJBH is currently working to examine:

- Updated enrollment rates and mental health and SUD service utilization trends from 2018-2021.
- Comparison of enrollment rates and service utilization among demographic groups.
- Comparison of enrollment rates and service utilization BH/JI to the general Medi-Cal population.

**Public Health Meets Public Safety (PHMPS):** A two-year project being conducted through a contract with CSG Justice Center. The project aims to utilize data to track, monitor, and ultimately reduce, the number of adults and young people with behavioral health needs in California’s justice system by marshaling data to inform policy decisions.

- CSG has developed an Open Datasets Inventory website that serves as a compilation of current publicly available data related to justice and behavioral

health systems. CSG has also facilitated two focus groups to capture feedback from CCJBH's Lived Experience Program contractors.

- CSG developed a plan to gather input on the draft PHMPS framework and data visualization and plans to convene stakeholder meetings for fall 2022.

**Lived Experience Project:** CCJBH currently has two projects focused on individuals with lived experience in the behavioral health and criminal justice programs, funded by the MHSAs, which include:

#### Regional Lived Experience Project Contracts

CCJBH entered into contracts with Anti-Recidivism Coalition, Cal Voices, Los Angeles Regional Reentry Partnership, and Transitions Clinic Network to increase local and State advocacy capacity of those with BH/JI lived experience, expand education and training opportunities, promote organizational and community awareness, and improve collaborative efforts and partners at the regional/local level.

- ARC (Central Region): provides workshops, trainings, and services to clients.
- Cal Voices (Superior and Southern Regions): hosts stakeholder convenings, roundtables, and completed the data gathering for their statewide survey.
- TCN (Bay Area Region): developing testimonial videos that highlight the experiences of individuals who have behavioral health needs and are justice involved.
- LAARP (Los Angeles Region): works on issues related to education, integrated health, and employment of individuals with lived experience.

#### California State University, Sacramento (CSUS) Lived Experience Project

In December 2020, CSUS and CCJBH partnered to gather information on how to effectively advance the employment of persons with lived experience in criminal justice and behavioral health.

- **Project Reports:**
  - [Successful Approaches to Employing Individuals with Lived Experience in the Criminal Justice and Behavioral Health Fields](#)
  - [Solutions to Hiring Barriers for Individuals with Lived Experience to Work in the Criminal Justice and Behavioral Health Fields](#)

**Forensic Peer Support (FPS) Specialists:** CCJBH has been meeting with experts from Georgia, Pennsylvania, and Connecticut who have experience implementing the FPS model, to gather information about their training requirements, core competencies, qualifications, and considerations when implementing a certification program for FPS Specialists.

- Plans to compile this information to be an accessible resource across multiple sectors that serve the BH/JI involved population (primary care, behavioral health, criminal justice, housing, social services).

- Participates in bi-weekly Medi-Cal Peer Certification Stakeholder Advisory Council Meetings.
- Tracks best practices for the implementation of a forensic peer support specialty.
- Will participate in CalMHSA's stakeholder engagement process for the Justice Involved Specialty.

### **Housing and Homelessness:**

- CCJBH produced a Housing Policy Brief in 2020: [Improving Housing Outcomes for the Justice-Involved with Behavioral Health Challenges](#)
- CCJBH collaborated with the Council of State Governments (CSG) Justice Center to develop CSG's report: [Reducing Homelessness for People with Behavioral Health Needs Leaving Prisons and Jails](#)
- CCJBH, in partnership with CSG Justice Center, hosted a Housing Report Launch Event in August 2021.
- CCJBH engaged stakeholders to solicit feedback on the U.S. Interagency Council on Homelessness process of updating their Federal and Strategic Plan to Prevent and End Homelessness.
- In collaboration with California Health Care Foundation, CCJBH and CSG hosted a webinar series focused on how key stakeholders across the justice, behavioral health, housing, and other systems can help people successfully transition out of the justice system and into the community by connecting them with housing options that meet their needs.

## **8. Committee Reports**

Susan Wilson, Chairperson for the Performance and Outcomes Committee provided an overview of the committee's role to evaluate the public behavioral health system and provide data and support to the local behavioral health boards. One way this role is fulfilled is the annual Data Notebook:

- 2021 Data Notebook: Racial and Inequities in Behavioral Health (approaching the final draft)
- 2022 Data Notebook: Impact of COVID-19 on Behavioral Health Services (have received responses from the boards and commissions and reviewing the responses)
- 2023 Data Notebook: Stakeholder Engagement (just launched)

Council Chairperson, Noel O'Neill provided an update on the Council's recruitment efforts for an Executive Officer. The position will not be filled until approximately January 7, 2023. He also discussed the Council adopting a community agreement for norms of engagement during Council meetings to ensure productive and respectful meetings. Noel referenced other stakeholder organizations that also use agreements that the Council used as examples to develop their own.

## **9. October Meeting Committee Report Outs**

This agenda item was tabled. The Council instead engaged in a discussion about how some members feel about the proposed community agreement. Perspectives about Council interactions and consumer input at other public meetings focused on behavioral health were also shared.

### **Public Comment:**

Stacy Delgleash from Los Angeles County shared that her local commission, which she chairs, posts the videos of their meetings shortly after they occur. She suggested reaching out to people individually, those that attend the Council meetings frequently and have concerns and input. Stacy stated she has done this for her meetings to be clear on the public input provided at meetings. She said this approach is how she met Council Member, Hector Ramirez, which led to him becoming a valuable asset and mentor for her and the commission.

Meeting Adjourned at 12:00pm

**California Behavioral Health Planning Council**  
**General Session**  
**Thursday, January 19, 2023**

**Agenda Item:** Peer Certification Update

**Enclosures:** [Peer Support Implementation Letter of Recommendation #1](#)  
[Peer Support Implementation Letter of Recommendation #2](#)

**Background/Description:**

The California Behavioral Health Planning Council has advocated alongside several of our partner agencies for over a decade for Peer Specialist Certification. In 2020, SB 803 (Beall) (Beall, Chapter 150, Statutes of 2020) passed finally expanding the behavioral health workforce by allowing the certification of Peer Support Specialists. The Workforce and Employment Committee (WEC) has been tracking efforts to design and implement SB 803 and provided recommendations to the Department of Health Care Services (DHCS). The WEC recommended bringing this topic to the attention of the full Council. This agenda item will include updates from DHCS and California Mental Health Services Authority (CalMHSA). This information will be used by the Council to track, evaluate, and make recommendations on the implementation.

Senate Bill 803 authorized DHCS to request federal approvals to add peer support specialists as a Medi-Cal provider type and peer support services as a distinct Medi-Cal benefit in counties opting to implement the service. Federal approvals were secured through the State Plan Amendment (SPA) process. Effective July 1, 2022, peer support specialist services are an optional Medi-Cal benefit in California that can be implemented within Drug Medi-Cal (DMC). DMC-Organized Delivery System (ODS), and/or the Specialty Mental Health Services delivery systems.

The California Mental Health Services Authority (CalMHSA) is the certifying entity responsible for the certification, examination, and enforcement of professional standards for Medi-Cal Peer Support Specialists in California. CalMHSA will provide the Council with an update regarding their implementation activities for Peer Support Specialist Certification in California.

The Implementation of Peer Specialist Certification impacts many organizations and individuals. This agenda item will also allow time to hear from a few interested organizations who will address the following questions.

1. Now that SB 803 is in its implementation phase, what excites you about this initiative?
2. How is this initiative serving the community you represent?
3. What specific things do you see that are working well?
4. Are there areas where improvements could be made in the future?

**Complaints, Corrective Action, Suspension, Revocation, and Appeals:**

The WEC has concerns that every county may end up with a different process for complaints, corrective action, suspension, revocation, and appeals. We recommend that DHCS develop a statewide process that counties will use to guide their corrective action plans.

Additionally, the committee believes that the process for investigation of complaints and corrective action should be consistent with existing Medical processes and align with the Code of Ethics for Peer Support Specialists. We highly recommend that DHCS include a Peer Support Specialist or Peer Supervisor as a third-party reviewer in the process for complaints, corrective action, suspension, revocation, and appeals at the state and at the local level to ensure a peer-driven process for this unique provider type.

The WEC would like to view a detailed draft of the process in order to provide feedback before this process is implemented.

**Grandfathering:**

The WEC recommends that graduates from formally-established, county-recognized peer training programs be grandfathered-in for certification. Currently-employed peers who have not received training through one of the recognized peer training programs should be granted the option to submit a resume that presents their knowledge, skills, and abilities for evaluation by the certifying body using an established checklist of the required knowledge, skills and abilities of the program. The committee suggests that the evaluation process allow for split approval, which involves provisionally approving the individual for grandfathering-in on the condition that they complete any missing core training requirements within a specific timeframe.

For individuals who do not immediately meet the above grandfathering requirements, the WEC recommends that the timeframe to complete the certification exam should be as generous as possible in order to maximize retention of currently-employed peers in the workforce. This would entail a minimum of 12-18 months to complete the certification with flexibility that allows peers to continue working as they complete the certification process.

Additionally, we ask that DHCS be mindful about barriers to peers seeking certification and request the department to include peers in the creation of the grandfathering requirements. We believe that taking these steps will protect the integrity of the Peer Support Specialist position and ensure that individuals are trained and equipped with the tools and skills necessary to

**California Behavioral Health Planning Council  
General Session  
Thursday, January 19, 2023**

**Agenda Item:** CA Association of Local Behavioral Health Boards  
and Commissions Update

**Enclosures:** [Annual Goals 2023](#)

**Background/Description:**

Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards and Commissions (CALBHBC) will provide an update on recent activities, events, and their annual goals.

CALBHB/C supports the work of California's 59 local mental and behavioral health boards and commissions by providing resources, training, and opportunities for communication and state-wide advocacy. Local boards are responsible for reviewing community mental health needs, services, facilities, and special problems. They serve in an advisory capacity to local governing bodies and local mental and behavioral health directors per California Welfare and Institutions Code Section 5604.2.

**California Behavioral Health Planning Council  
General Session  
Friday, January 20, 2023**

**Agenda Item:** Patients' Rights Overview

**Enclosures:** None

**Background/Description:**

The Officer Team requested a presentation by the Patients' Rights Committee (PRC) to inform the Council's about the roles, duties, and authority of county mental health patients' rights advocates (PRAs). PRC chair-elect Mike Phillips is the Senior Director of Patient Advocacy for the Jewish Family Service of San Diego (JFSSD), which is contracted to provide patients' rights advocacy services in San Diego County.

Mike will present with members of his advocacy team: Lee Laurence, Nellie Klein, Tammy Little, Melissa Hall, and Caley Watrous. The presentation will provide an overview of the broad scope of work for PRAs in an array of behavioral health settings, including:

- LPS hearings, grievance and complaint investigations, and monitoring of LPS facilities.
- Skilled Nursing Facilities
- Board and Cares
- Substance Use Disorder Facilities

The team will present what PRAs do, what issues and concerns they have identified in San Diego County, and what trends they observe in these behavioral health facilities. The presentation will be followed with time for council member questions and discussion.

# Patients' Rights & Patients' Rights Advocacy

Daniel Brzovic

Disability Rights California

August 2013

# Section 1

## Patients' Rights Laws and Regulations

# Rights of all persons with mental illness

## W&IC § 5325.1

- Persons with mental illness have the **same legal rights** and responsibilities **guaranteed all other persons** by the Federal Constitution and laws and the Constitution and laws of the State of California, unless specifically limited by federal or state law or regulations.

# Rights that cannot be denied

## W&IC § 5325.1 (Continued)

- (a) A right to treatment services which promote the potential of the person to function independently. Treatment should be provided in ways that are least restrictive of the personal liberty of the individual.
- (b) A right to dignity, privacy, and humane care.

# Rights that cannot be denied

## W&IC § 5325.1 (Continued)

- (c) A right to be free from harm, including unnecessary or excessive
  - physical restraint,
  - isolation,
  - medication,
  - abuse, or neglect.
- Medication shall not be used as
  - punishment,
  - for the convenience of staff,
  - as a substitute for program, or
  - in quantities that interfere with the treatment program.

# Rights that cannot be denied

## W&IC § 5325.1 (Continued)

- (d) A right to prompt medical care and treatment.
- (e) A right to religious freedom and practice.
- (f) A right to participate in appropriate programs of publicly supported education.
- (g) A right to social interaction and participation in community activities.
- (h) A right to physical exercise and recreational opportunities.
- (i) A right to be free from hazardous procedures.

# No Presumption of Incompetence

## W&IC § 5331

- No person may be presumed to be incompetent because he or she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether such evaluation or treatment was voluntarily or involuntarily received. Any person who leaves a public or private mental health facility following evaluation or treatment for mental disorder or chronic alcoholism, regardless of whether that evaluation or treatment was voluntarily or involuntarily received, shall be given a statement of California law as stated in this paragraph.

# LPS Patients' Rights (Deniable)

- Each person shall have the following rights, a list of which shall be prominently posted in the predominant languages of the community and explained in a language or modality accessible to the patient in all facilities:
  - (a) To wear his or her own clothes;
  - to keep and use his or her own personal possessions including his or her toilet articles; and
  - to keep and be allowed to spend a reasonable sum of his or her own money for canteen expenses and small purchases.
  - (b) To have access to individual storage space for his or her private use.
  - (c) To see visitors each day.

# LPS Patients' Rights (Deniable) W&IC § 5325

- (d) To have reasonable access to telephones, both to make and receive confidential calls or to have such calls made for them.
- (e) To have ready access to letterwriting materials, including stamps, and to mail and receive unopened correspondence.
- (f) To refuse convulsive treatment including, but not limited to, any electroconvulsive treatment, any treatment of the mental condition which depends on the induction of a convulsion by any means, and insulin coma treatment. (Deniable only in accordance with Section 5326.7 procedures.)
- (g) To refuse psychosurgery. (Non-deniable.)
- (h) To see and receive the services of a patient advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services. (Non-deniable.)

# LPS Patients' Rights (Good Cause)

## W&IC § 5326, 9 CCR § 865.2

- Rights may be denied for good cause when the professional person in charge of a facility or his or her designee has good reason to believe:
  - (1) That the exercise of the specific right would be **injurious to the patient/resident**; or
  - (2) That there is evidence that the specific right, if exercised would **seriously infringe on the rights of others**; or
  - (3) That the **institution or facility would suffer serious damage** if the specific right is not denied; and
  - (4) That there is **no less restrictive way** of protecting the interests specified in (1), (2), or (3).

# LPS Patients' Rights (Good Cause)

## W&IC § 5326, 9 CCR § 865.2

### (Continued)

- (b) The reason used to justify the denial of a right to a patient/resident must be related to the specific right denied. A right shall not be withheld or denied as a punitive measure, nor shall a right be considered a privilege to be earned.
- (c) Treatment modalities shall not include denial of any right specified in Section 861 of this article. Waivers signed by the patient/resident or by the responsible relative/guardian/conservator shall not be used as a basis for denying Section 861 rights in any treatment modality.

# Medi-Cal Grievance System

- (a) An MHP shall develop problem resolution processes that enable a beneficiary to resolve a problem or concern about any issue related to the MHP's performance of its duties under this Chapter, including the delivery of specialty mental health services.
- (b) The MHP's beneficiary problem resolution processes shall include:
  - (1) A grievance process;
  - (2) An appeal process; and
  - (3) An expedited appeal process.

# Section 2

## Patients' Rights Advocacy

# Calif. Office of Patients' Rights (COPR) Disability Rights California (DRC)

- (a) The State Department of State Hospitals and the State Department of Health Care Services shall contract with a single nonprofit agency that meets the criteria specified in subdivision (b) of Section 5510 to conduct the activities specified in paragraphs (1) to (4), inclusive. These two state departments shall enter into a memorandum of understanding to ensure the effective management of the contract and the required activities affecting county patients' rights programs:
  - (1) Provide patients' rights advocacy services for, and conduct investigations of alleged or suspected abuse and neglect of, including deaths of, persons with mental disabilities residing in state hospitals.
  - (2) Investigate and take action as appropriate and necessary to resolve complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, and unreasonable denial, or punitive withholding of rights guaranteed under this division that cannot be resolved by county patients' rights advocates.
  - (3) Provide consultation, technical assistance, and support to county patients' rights advocates in accordance with their duties under Section 5520.
  - (4) Conduct program review of patients' rights programs.
- (b) The services shall be provided in coordination with the appropriate mental health patients' rights advocates.

# Calif. Office of Patients' Rights (COPR)

## Disability Rights California (DRC)

- (c)(1) The contractor shall develop a plan to provide patients' rights advocacy services for, and conduct investigations of alleged or suspected abuse and neglect of, including the deaths of, persons with mental disabilities residing in state hospitals.
- (2) The contractor shall develop the plan in consultation with the statewide organization of mental health patients' rights advocates, the statewide organization of mental health clients, and the statewide organization of family members of persons with mental disabilities, and the statewide organization of county mental health directors.
- (3) In order to ensure that persons with mental disabilities have access to high quality advocacy services, the contractor shall establish a grievance procedure and shall advise persons receiving services under the contract of the availability of other advocacy services, including services provided by the protection and advocacy agency specified in Section 4901 and the county patients' rights advocates specified in Section 5520.

# Calif. Office of Patients' Rights (COPR) Disability Rights California (DRC)

- Non-LPS patients shall be informed of and provided with a written procedure for filing complaints or appeals alleging violations of any right(s) contained in Sections 883 and 884. The written procedure shall contain the following information:
  - (a) Notification that any patient who believes a patients' right listed in this Article has been abused, punitively withheld, or unreasonably denied may file a complaint with the Patients' Rights Advocate.
  - (b) The contact name of the Patients' Rights Advocate assigned to address patients' rights complaints, their telephone number and contact times.
  - (c) A statement that the Patients' Rights Advocate shall take action to investigate and address patients' rights complaints within two working days.
  - (d) A statement that if the complainant is not satisfied with the response and/or action taken pursuant to Subsection (c) of this Section, the complainant may, within ten working days, request that the complaint be referred to the facility director for review and response.
  - (e) A statement that the facility director shall take action to review the patients' rights complaint and issue a response within fifteen working days.
  - (f) A statement that if the complainant is not satisfied with the response of the facility director, the complainant may, within thirty working days, request that the complaint be referred to the Office of Patients' Rights for review and response.
  - (g) A statement that if the complainant is not satisfied with the response of the Office of Patients Rights, the complainant may request, within thirty working days, that the complaint may be referred to the director of a department.

# Calif. Office of Patients' Rights (COPR) Disability Rights California (DRC) (Continued)

- Training of county patients' rights advocates shall be provided by the contractor specified in Section 5510 responsible for the provision of protection and advocacy services to persons with mental disabilities. Training shall be directed at ensuring that all county patients' rights advocates possess:
  - (a) Knowledge of the service system, financial entitlements, and service rights of persons receiving mental health services. This knowledge shall include, but need not be limited to, knowledge of available treatment and service resources in order to ensure timely access to treatment and services.
  - (b) Knowledge of patients' rights in institutional and community facilities.
  - (c) Knowledge of civil commitment statutes and procedures.
  - (d) Knowledge of state and federal laws and regulations affecting recipients of mental health services.
  - (e) Ability to work effectively and respectfully with service recipients and providers, public administrators, community groups, and the judicial system.
  - (f) Skill in interviewing and counseling service recipients, including giving information and appropriate referrals.
  - (g) Ability to investigate and assess complaints and screen for legal problems.
  - (h) Knowledge of administrative and judicial due process proceedings in order to provide representation at administrative hearings and to assist in judicial hearings when necessary to carry out the intent of Section 5522 regarding cooperation between advocates and legal representatives.
  - (i) Knowledge of, and commitment to, advocacy ethics and principles.

# Calif. Office of Patients' Rights (COPR) Disability Rights California (DRC) (Continued)

- The patients' rights program shall serve as a liaison between county patients' rights advocates and the State Department of Health Care Services.

# County Patients' Rights Advocates

- Each local mental health director shall appoint, or contract for the services of, one or more county patients' rights advocates. The duties of these advocates shall include, but not be limited to, the following:
  - (a) To receive and investigate complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, unreasonable denial or punitive withholding of rights guaranteed under the provisions of Division 5 (commencing with Section 5000).
  - (b) To monitor mental health facilities, services and programs for compliance with statutory and regulatory patients' rights provisions.
  - (c) To provide training and education about mental health law and patients' rights to mental health providers.
  - (d) To ensure that recipients of mental health services in all licensed health and community care facilities are notified of their rights.
  - (e) To exchange information and cooperate with the patients' rights program.

# County Patients' Rights Advocates (Continued)

- (a) The Patients'/Residents' Advocate shall:
  - (1) Ensure that the rights listed in Section 5325 of the Welfare and Institutions Code and in Section 861 remain posted in all facilities where posting is required pursuant to Section 860.
  - (2) Ensure that all incoming patients/residents are notified of these rights.
  - (3) Assist in training staff of facilities specified in Section 860 regarding patients'/residents' rights.
  - (4) Investigate complaints of patients/residents or their responsible relatives, and, if necessary, act as advocate for patients/residents.
  - (5) Act as advocate in behalf of patients/residents who are unable to register a complaint because of their mental or physical condition.
  - (6) Act as local consultant in the area of patients'/residents' rights.
  - (7) Act as liaison to the Patient Rights Specialist, Department of Health.

# County Patients' Rights Advocates (Continued)

- (a) The list of rights that shall be posted, provided, or explained to the patient/resident pursuant to Section 862 shall contain:
  - (1) Notification that any patient/resident who believes a right of his/hers has been abused, punitively withheld, or unreasonably denied may file a complaint with the Patients'/Residents' Advocate.
  - (2) The name of the Patients'/Residents' Advocate who has been assigned to handle such complaints, his telephone number, and the times during which he may be contacted.
- (b) When a complaint is received by the Patients'/Residents' Advocate he shall, within two working days, take action to investigate and resolve it.
- (c) If the complainant expresses dissatisfaction with the action taken, the matter shall be referred, within five working days, to the local mental health director if the complaint originated in the mental disabilities program or to the regional center director if the complaint originated in the developmental disabilities program.
- (d) If the complaint cannot be satisfactorily resolved by the local mental health director or by the regional center director within ten working days, it shall be referred to the Patients' Rights Specialist, Department of Health, whose responsibility it shall be to make a decision in the case. Appeal from the decision of the Patients' Rights Specialist may be made to the Director of State Department of Health, or his designee.
- (e) This section shall not apply to state mental health hospitals. The complaint procedures for Lanterman-Petris-Short individual patients in state mental health hospitals shall be the same as those that apply to Non-LPS patients as set forth in Title 9, California Code of Regulations Section 885.

# County Patients' Rights Advocates (Continued)

- (a) The Patients' Rights Specialist shall, with the assistance of the Patients'/Residents' Advocate, conduct an annual review of the patients' rights program in each local mental health program and regional center.
- (b) The Patients' Rights Specialist shall submit a report of the annual review to the local mental health director or the regional center director, as appropriate, with a copy to the Mental Disabilities Services Branch Chief, or the Developmental Disabilities Branch Chief, as appropriate.

# Mental Health Planning Council

## Patients' Rights Committee

- There shall be a five-person Patients' Rights Committee formed through the California Mental Health Planning Council. This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, shall advise the Director of Health Care Services and the Director of State Hospitals regarding department policies and practices that affect patients' rights. The committee shall also review the advocacy and patients' rights components of each county mental health plan or performance contract and advise the Director of Health Care Services and the Director of State Hospitals concerning the adequacy of each plan or performance contract in protecting patients' rights. The ad hoc members of the committee shall be persons with substantial experience in establishing and providing independent advocacy services to recipients of mental health services.