

## **CCMH Minutes | March 21, 2017**

### **10:00–10:05 Welcome and Introductions**

#### **Joseph Robinson, President, CCMH**

Chad Costello, filling in for Joseph Robinson, called the meeting to order at 10:21 am. Introductions were made.

### **10:05–10:10 Approval of January Meeting Minutes**

#### **Amanda Levy, Secretary, CCMH**

Shaw moves, Curtis seconds to approve the January minutes. Motion approved.

### **10:10–10:15 Treasurer's Report**

#### **Carol Neidenberg, Treasurer, CCMH**

Costello presented the balance sheet.

### **10:15–10:30 CCMH De-Criminalization Workgroup Discussion**

#### **Stephanie Welch, Executive Officer**

#### **Council on Criminally Ill Offenders**

A bill list was presented. A call took place in February to discuss CCMH letter and building on priorities identified in February CCMH letter (letter was distributed).

Workgroup might create an infographic on bail reform and how they would impact people with behavioral health issues.

Barlow moves, Hagar seconds to have the committee develop an infographic on Priority Item #1 to provide to exec committee for approval, then to full coalition to identify areas to use.

### **10:30-11:15 Present Focus/Future Planning**

#### **Mary Adè, Deputy Director, Legislative Affairs**

#### **California Behavioral Health Directors Association**

Affordable Care Act-President Trump is working votes in Congress and looks like there are votes to pass the American Health Care Act on Thursday March 23rd. \$880 billion cuts to Medicaid in 10 years. 14 million lose insurance in first year. \$600 billion tax cut to high earners.

60 year old making \$24K now pays \$1700, would have to pay \$14K.

CBHDA will be participating in Assembly and Senate hearings this week.

### **11:15-11:30 CCMH Parity Workgroup Discussion**

#### **Randall Hagar, Director of Government Affairs**

#### **California Psychiatric Association**

MH Parity and Addiction Equity Act will stay intact for foreseeable future. The ACA applied parity to new populations (small business and individual markets).

Approx 4 million will lose protections in CA.

DMHC has hired a Medical Director and they will be looking at reimbursement parity between medical and mental health.

**11:30-12:00 Roundtable- Legislation**

SB 374 (Newman) Mental Health Parity-SUPPORT

SB 10 (Hertzberg) and AB 42 (Bonta) Bail Reform-SUPPORT

SB 8 (Beall) Diversion-SUPPORT

SB 222 (Hernandez) Maintain Medi-Cal Benefits while incarcerated-SUPPORT

AB 346 (Daly and Brough) Low and Moderate Income Housing Asset  
Fund/Affordable Housing-SUPPORT

SB 2 (Atkins) Affordable Housing-Real Estate Fee-SUPPORT

AB 1188 (Nazarian) Loan Repayment-SUPPORT (3 absentions)

AB 501 (Ridley-Thomas) Children's Crisis Residential Centers-SUPPORT (3  
abstentions)

**12:30–1:15 Parity Enforcement Update**  
**Wendy Rae Hill and Sheirin Ghoddoucy**  
**California Department of Insurance (CDI)**

Wendy Rae Hill from DOI presented on SB 374 (Newman) and the work in mental health policy from CDI.

CDI is headed by an elected constitutional officer, currently Dave Jones. After election, CDI looked at state regulations/laws vs. federal laws to determine what could be saved without costing additional funding. The discovered if ACA enforcement goes away with new healthcare plan, then CDI could not enforce federal law in the state. In 2014, DMHC put language in budget trailer bill to enforce federal law. SB 374 gives the same authority to CDI. Mental health parity enforcement comes through individual complaints and yearly reviews. The bill will be heard in Senate Health Committee on Wednesday March 29<sup>th</sup>. Grant money stays with CDI. Department website has robust consumer help tools. Discussion of change in CDI leadership at 2018 election.

**1:15–1:30 CCMH Housing Workgroup Discussion**  
**Chad Costello, Public Policy Director, MHA-LA**

Cleanup old info on website  
No Place Like Home (NPLH) initiative is a priority(?). Recommend stakeholders to initiative. Produce materials regarding stakeholders, Paul Curtis noted at risk and homeless youth not represented and can provide info. New PP to be presented at Thu mtg. Coalition members to attend mtg. Include folks with behavioral issues. (Adcock) Speaker appoints 2 positions (Chad)

**1:30–2:15 Potential ACA Repeal- Implications for MH/SUD Services**  
**Diane Cummins, Special Advisor to the Governor**  
**Department of Finance**

Cloud of uncertainty at fed level. No discussion at fine grained level re. mental health. Opioid epidemic faces devastating impact. Substance abuse and mental health (SA & MH) issues is a bi-partisan issue which is a good thing. NCSL trying analyze, but revisions are a problem. AB 109 was a hook into getting SA and MH programs

Gov is in DC talking about other issues but hoping he will discuss SA&MH as well.

Budget issue at state level 5.8 billion loss in projected revenue.

Took money off the table that wasn't spent vs existing programs.

Revenues will be important (small cloud issue)

New competition for revenue

New budget proposal has 626 million of cost from state to county level

Good news SA&MH has strong interest from Gov on down (because of AB109)

Sherriff's are important stakeholders, don't want to give up \$ nor do they want to be MH providers.

County level can spend on system, (678(?) program) to keep people out of jail.

Easy to innovate when there is money. Hard to innovate for savings. There are holes, something missing... incompetent to stand trial has been as high as 500 people. Where did they come from?

Lack of beds for crisis intervention, lack of residential beds.

State would like to partner with counties, but not sure what that would look like

No state beds for juveniles who are incompetent for trial.

Look for the money and partner with orgs.

Produce more inpatient psychiatric beds. Public/private partnerships way to go.

Expand facilities open up beds. Possibility of models for private companies, build

100 bed facility? Napa to build new jail, talk of doing joint facility for MH folks.

They needed 20 year guarantee of beds filled.

Siting is an issue. Lots of community opposition. How to overcome that resistance when contractor has a good track record with other facilities, i.e. no complaints/problems.

State property could be used with conditional permit but build time is way to long.

Revisit splitting roles(?) on Prop13 to generate funds? Been discussed a lot, but always falls apart. Lots of issues with varying prop values door to door. Heavy lift, big wakeup call

Use Prop 47 similar to 678 for county level funding? Not as much savings as might be expected.

Rational behind transfer of MH services to CDCR? Initially court liked state hosp, but now they think CDCR is the answer. Problem is waitlist of people trying to get into the program. Goal is seamless admin of program.

Growing sense of awareness with courts that it's very hard to use MH defense for criminal acts by non criminals. What are alternatives? Why can't I sentence directly to a hospital? Steinberg program worked, look to that as a model.

Hoped Prop63 might have been solution. More and more people have been arrested 15 times or more. More can be done to divert those people. We know better what works.

Medicate IST patient's pre-trial to help them prior to trial/sentencing.

Kern County facility for IST should be budget proposal. (triage center)

**Now**

**2:15–2:45 Roundtable- Legislation, Member Announcements**

Chad asked for motion to sponsor \$10,000 MHMD, Jane Adcock advocated raising the amount but moved by Randall seconded by Dasphne Erin abstained

2<sup>nd</sup> motion for finance committee for Exec Cmte to review budget and add \$2500 (max) to MHMD sponsorship pending review by finance committee. Moved by Randall seconded by Kellen. Passed (Stephanie abstained)

Next meeting May 23<sup>rd</sup>.

**2:45–3:00 New Business and Next Meeting**

Adjourned at 2:30pm