

Report to Council

Government Affairs Committee

September 8, 2022

DRAFT 2022-09-07

GAC meeting of July 12, 2022

1. **Welcome and Introductions:** The Co-chair welcomed members to the committee, and the appointments of Laura Halpin to the CSAP GAC committee and Emily Wood as incoming chair of the CSAP GAC committee was noted with satisfaction by all.
2. **Federal and APA Issues:**
 1. **Updates:** The committee did not discuss the updates, as the SCPS Federal Rep had an excused absence. It should be noted that at the CSAP Board, APA state government affairs liaison Erin Philips discussed APA work in several key areas of federal activity. She highlighted reactions to recent Supreme Court rulings effecting firearm possession and abortion access, including mental health implications. Parity issues were also discussed at the CSAP Board. No actions were taken.
3. **CSAP GAC (CGAC) Meeting of June 16, 2022:** SCPS GAC (SGAC) reps to CSAP GAC (CGAC) (Reba Bindra, Laura Halpin, Zeb Little, Rod Shaner, and Emily Wood) attended CGAC on June 16, 2022, and gave report to SGAC. Key parts of the CGAC agenda were:
 1. **Expansion of the CSAP GAC:** With CCPS joining CSAP, the CGAC now expands to a maximum of 5 members from each DB. Thus far, SCPS is the only DB to have all five positions filled. As the CGAC votes recommendation by majority of representatives attending, and not by strength, there is strong incentive to ensure that DBs make efforts to ensure full participation by their CGAC reps.
 2. **CSAP Consent Bill List:** Survey of consent bills and watch list. No new positions or altered positions.
 3. **Updates on the CARE Court Initiative (SB 1338):** CGAC considered the SCPS motion to take a support if amended position and voted to recommend modifying the position to support and amend. This keeps CSAP closely involved with the shaping of a bill that is almost certain to ultimately pass and has major implications for mental health policy and funding.

Motion I: (moot) That SCPS Council support a change in position on SB 1338 from Support if Amended to Support and Amend.

4. **The LPS Bills Matrix (Eggman bills).** The status of these bills and associated amendments remain fluid, but there is now little hope that the bills will be heard

in the Assembly Judiciary Committee due to the opposition of its Chairman, Assembly Person Stone. While some of the language in these important bills may yet appear via gut and amend processes, the bills may be reintroduced next year when the Judiciary Committee will have a new Chair. CGAC will continue to closely monitor the status of the matrix.

5. **AB 852 (Wood) Health care practitioners:** This bill, which requires pharmacies to accept all prescribing software that meets certain standards, rather than requiring proprietary software, has now been stripped of its scope expansion provisions for Nurse Practitioners. CSAP has therefore changed its position from Oppose to Watch.

Motion II: (moot) That SCPS Council support a change in position on AB 852 from Oppose to Watch.

6. **AB 988 (Bauer-Kahan) Mental health: 988 crisis hotline:** The bill is gaining support and fast-tracked, as the required federal start date is July 16. The key next steps will be budget related, especially regarding the availability of state funding to assist Counties in implementation of 988 services following crisis calls.
 7. **SB 1337 (McGuire) Coordinated Care Initiative:** (CSAP-sponsored) The bill was defeated. There was discussion regarding opinions among statewide advocates that CSAP might take a more active role in working with APA next year to shape a successor coordinated care bill that is more closely shaped to California needs and politics and includes a broader stakeholder group in its design.
4. **CSAP Board Meeting 6/02/022 Advocacy Issues Report** SCPS CSAP Board members Zeb Little and Rod Shaner summarized the Board discussions.
 1. **Introduction of CCPS Board Members:** The new CCPS Board members were warmly welcomed. They are Abdolreza Saadabadi President, and Mina Hah, Immediate Past President. The SGAC discussed the necessity of maintaining a close working relationship with CCPS, given our similar status and the likelihood of some initial uncertainty by some in CCPS regarding the wisdom of joining CSAP.
 2. **Approval of Consent Bills and watch list:** No new positions beyond those already discussed.
 3. **Passed motion on SB 1338:** As previously noted.
 4. **Subcommittee to create CSAP Policy Platform:** The CSAP Board passed a motion to request CGAC form a subcommittee to develop a CSAP Policy platform. SCPS GAC discussed the evolution of the current policy platforms of the district

branches and formed a consensus to support a motion by SCPS reps to the CGAC to provide a robust and inclusive subcommittee composed of at least two members of each DB to facilitate DB collaboration, the development of a structured format for platform organization, and structured syntax for policy platforms, and a thorough review of draft content. **(See attachment 1: SCPS CSAP Motion on Policy Platform).**

5. **Rotation of CSAP Board Chair, vice-Chair and CSAP GAC Chair:** The CSAP Board voted to extend the current term of service to September 1, start the next annual terms on that date, for purposes of avoiding a change in leadership at the same time as overall DB leadership changes annually.
 6. **Communications between CSAP and APA and CMA:** The CSAP Board discussed the evolving role of CSAP as the APA state association and its role and representation at CMA. SCPS GAC discussed the need for proposing specific communication and voted to support SCPS Board reps in crafting a CSAP motion specifying the essential content of CSAP communications to APA and CMA. **(See attachment 2: SCPS CSAP Motion on CSAP communications to APA and CMA).**
5. **SCPS Advocacy Issues:** The committee discussed the ongoing work by the DCC to develop a motion for SCPS Council and/or EC to endorse Karen Bass for Mayor of Los Angeles, including the rationale. The committee also discussed presentation of a motion at CSAP GAC to consider CSAP policies regarding endorsement of candidates, including those that may be running for regional governance positions, recognizing that such positions, especially in populous counties, may have statewide significance.

GAC meeting of September 6, 2022

1. **Welcome and Introductions:** The Co-chair welcomed members to the committee, and updated agenda reviewed and accepted.
2. **Federal and APA Issues:**
 1. **Updates:** The committee did not discuss the updates, as the SCPS Federal Rep had an excused absence.

3. **CSAP GAC (CGAC) Meetings of 7/21/2022 and 8/18/2022:** (Reba Bindra, Laura Halpin, Zeb Little, Rod Shaner, and Emily Wood). CGAC reps reported on CGAC agendas and discussions, including:

1. **Legislative fate of Mental Health Bills this session:**

LPS Matrix (CSAP sponsored bills related to LPS)

Passed

[SB 929](#) (Eggman) Requires state and counties to cooperate to provide standardized data concerning community mental health services availability, quality, and access.

[SB 970](#) (Eggman) Requires better data collection related to MHSA

[SB 1035](#) (Eggman) Permits court to evaluate evidence concerning medication adherence during AOT hearing.

[SB 1227](#) (Eggman) Permits additional 30 days of involuntary hospitalization in cases in which patient might improve and not need conservatorship.

[SB 1238](#) (Eggman) Sets up machinery to produce regional government projections of behavioral health service available and project future needs.

Failed:

[SB 965](#) (Eggman) Would have required that court accept medical record as evidence in conservatorship hearings.

[SB 1154](#) (Eggman) Would have set up real time database for psychiatric bed availability statewide.

[SB 1416](#) (Eggman) Would have added serious medical conditions to grave disability criteria.

Other Bills of High Interest to SCPS 2021-2022 Legislative Session

Passed

AB 852 (Wood D) Health care practitioners: electronic prescriptions. Requires pharmacy systems to accept standardized prescription software in addition to any proprietary systems.

AB 988 (Bauer-Kahan) Requires state to set up machinery for 988 mental health hotline for mental health emergencies as required by Federal law

SB 225 (Weiner) Requires HMOs to provide follow up appointments within 10 business days unless there is explicit clinical determination that the timeframe is not appropriate.

SB 1338 (Umbert and Eggman) Sets up machinery for a heavily funded (\$20+ million) new court process for hearings concerning treatment recommendations for severely mentally ill individuals which will direct pilot counties (Orange, Riverside, San Diego, San Francisco, and Stanislaus) to provide specified resources and subjects of hearings to comply to avoid potential consequences.

Failed

SB 57 (Wiener) Passed but vetoed by Governor. Would have set up so-called “safe injection sites” in model counties in which specified individuals could inject illicit drugs under medical supervision.

Other MH Bills of Note

AB 2242 (Santiago D) Mental health services. Passed. This bill, on or before December 1, 2023, would require the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. The bill would require the model care coordination plan and process to outline who would be on the care team and how the communication would occur to coordinate care. Among other components, the bill would require the model care coordination plan to require that an individual exiting a temporary hold or a conservatorship be provided with a detailed plan that includes a scheduled first appointment with the health plan, the mental health plan, a primary care provider, or another appropriate provider to whom the person has been referred. The bill would require facilities designated by the counties for evaluation and treatment of involuntarily committed patients to implement the care coordination plan by August 1, 2024.

2. Future Questions for CSAP GAC consideration for reintroduction of failed LPS Matrix Bills:

1. How do we do a better job of addressing public concerns about possible curtailment of civil liberties due to involuntary care?
2. How do we most effectively emphasize the rights of people with severe mental illness to get treatment, even when they cannot understand their critical needs?
3. How do we ensure that adequate funding is provided for county and private health systems to treat those that will now have better access to treatment?
4. For outpatient mental health providers who are worried that their programs might suffer if resources are shifted to more acute treatment settings, how do we better explain the enduring need for a full continuum of care as more people recover?

3. SCPS GAC input to CGAC regarding key legislative focus areas for next legislative session:

1. Develop and refine quality standards for telemental health services
2. Improve managed care formulary practices, especially prior authorization
3. Improve statewide treatment systems for of neurodevelopmental disorders, with focus on restructuring CA Department of Developmental Services (DDS) and its regional center operations and improving integration with physical and behavioral healthcare.
4. Examine nonmedical documentation requirements placed upon psychiatrists at state and local levels with goal of improving efficiency, reducing unnecessary and uncompensated requirements, and standardizing formats.
5. Clarify standards of care for treatment of ADHD, with special focus on the interface between high quality care and state and local regulations designed to curtail mis-prescribing, misuse, and diversion of ADHD medications.
6. Create stronger state and local regulations pertaining to behavioral healthcare for justice-involved individuals.

4. Formation of CSAP GAC subcommittee on drafting new CSAP Policy Platform. The potential role of the SCPS GAC in helping to coordinate SCPS input to CSAP regarding ongoing development of the new CSAP Policy Platform was discussed and consensus was that SGAC might play a useful role in helping to inform SCPS Council discussion. The Committee voted to make the following motion containing the following elements at SCPS Council.

MOTION III: See attachment I

4. **CSAP Board Meeting 6/02/022 Advocacy Issues Report** SCPS CSAP Board members Zeb Little and Rod Shaner summarized the Board discussions.
 1. APA letter to CMA regarding CSAP
Informational: Implications
 2. CSAP Communications with CMA
Informational: Implications and possible actions.
 3. CSAP Bylaws Update
Informational: Planning next steps

SCPS Advocacy Issue:

The Committee discussed the treatment of justice-involved individuals in LA County and recent concerns regarding DHS ODR programs and consider possible alliances with NAMI and other groups to ensure good psychiatric oversight and care for this population. (See dropbox LA Times Article)

Other business:

6. Next Meeting: October 11, 2022

Dropbox:

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APA letter [CSAP Letter 8.5.2288.pdf](#)

LA Times article on ODR

Attachment I: SCPS GAC Motion at Council regarding CSAP Motion on Construction of CSAP Policy Platform

2022-09-08

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Motion III: That SCPS Council

1. Approve submission by SCPS CSAP Board members of the following resolution for potential adoption by the CSAP Board
2. Notify the CSAP Board that the SCPS Council is satisfied would be satisfied with a draft interim CSAP High-Level Policy Platform that approximates the one in Attachment II, should it be recommended by the CSAP GAC, with the understanding that such acceptance is not binding on future SCPS acceptance of policy planks in the future complete CSAP Policy Platform.

RESOLUTION:

Whereas,

CSAP Board has tasked the CSAP GAC with forming a subcommittee to revise the structure and content of the draft CSAP Policy Platform (draft platform); and

Whereas,

The initial stages of work by the CSAP GAC, consisting of organizing high-level planks of the policy platform is well-underway and consists of setting forth basic positions for which strong consensus likely already exists among the CSAP component DBs; and

Whereas,

Completion of a fully developed platform with sufficient detail to provide comprehensive guidance for potential CSAP positions on emergent issues and legislation will take several more weeks; and

Whereas,

The fully developed policy platform will likely contain some elements that may require thoughtful analysis and discussion among each of the component CSAP DBs and the CSAP Board before it can be responsibly adopted; and

Whereas,

The process of completing and vetting and achieving consensus among the DBs of the fully developed policy platform would likely take substantially more time than achieving consensus of the already-developed high-level policy platform planks; and

Whereas,

An interim CSAP Policy Platform, while not necessarily fully detailed, would be extremely useful to have quickly as an aid in CSAP communication with lawmakers and other stakeholders already planning legislation for introduction in the 2023-2024 legislative session;

Therefore,

Be it resolved that:

1. The CSAP Board shall send the draft initial high-level planks for the new policy platform to the component DBs with a request for each to consider an expedited approval for use of these planks as an interim CSAP High Level Policy Platform for purposes of facilitating communication with legislators and other stakeholders during the initial stages of legislation development during the 2023-2024 legislative session, emphasizing the process of crafting bills is already underway.
2. The CSAP Board shall recognize that approval of the interim CSAP High Level Policy Platform by any DB does not bind that DB to approving either these planks or associated lower-level planks in the future draft of the fully developed CSAP Policy Platform.
3. The CSAP Board shall recognize that approval of the complete CSAP Policy Platform will occur only after sufficient time for each CSAP DB to thoughtfully analyze each component plank at every level, engage in inter-DB discussions as necessary, and produce a final document that represents maximum consensus.

Attachment II: **Potential** Draft Interim CSAP High-Level Policy Platform

1. **Support Universal and Timely Access to and Appropriate Coverage of Behavioral Health Care**
 - 1.1. Support Equity, justice, and inclusion in provision of behavioral health care
 - 1.2. Support Parity of mental health and substance use care with medical health care
 - 1.3. Support Increased capacity for delivery of behavioral health care
 - 1.4. Support ~~Adequate support~~ proper resources and direction for public behavioral health systems
 - 1.5. Support changes in the Lanterman-Petris-Short Act that recognize right to care.
2. **Support Integration and Continuity of Behavioral Health Care**
 - 2.1. Support robust inclusion of Psychiatry in Behavioral Health Care
 - 2.2. Support Behavioral Health Care Integration
 - 2.3. Support robust Behavioral Health Crisis Response capacity
 - 2.4. Support effective public oversight of Health care service plans and insurers
 - 2.5. Support effective and high-quality behavioral health care for Children & Adolescents
 - 2.6. Support effective and high-quality behavioral health care for ~~Carcerally-~~ involved individuals.
 - 2.7. Support constructive public policies related to Substance Use
3. **Support Evidence-based Treatment, Best Practices, and Research in Behavioral Health Care**
 - 3.1. Support Evidence-Based Treatment
 - 3.2. Support Patient-Centered Care
 - 3.3. Support policies that recognize the Social determinants of health
 - 3.4. Support policies that decrease the potential for Gun violence
 - 3.5. Support policies that recognize the behavioral health impact of Law Enforcement operations and Incarceration
4. **Support Strengthening and Sustaining the Behavioral Health Workforce**
 - 4.1. Support Behavioral health workforce expansion

4.2. Support development of Technology that promotes high quality behavioral health care and protects privacy.

4.3. Support policies that protect and enhance Professional practice