

Mental Health America of California 2016 Public Policy Priorities

Improve Stakeholder Process

1. Seek amendments to the Mental Health Services Act (MHSA) to ensure that annual MHSA and other system expenditures

- a) are developed through a stakeholder process, and
- b) reviewed in a public meeting with public notice at the state and county levels, and
- c) include transparency of relevant budget data, and
- d) include meaningful responses to stakeholder concerns at all stages of the process.

2. Reducing Disparities

- a) Support state and local advocacy for
 - i) comprehensive and culturally appropriate mental health services, and
 - ii) diverse consumer and family participation in county efforts.
- b) Advocate for experts in reducing disparities and cultural competence to be “at the table” in state and county decision-making.

3. Transition Age Youth

- a) Advocate for Transition Age Youth to be “at the table” in state and county decision-making.

4. Explore and publicize the new avenues for advocacy at the state level given the changes in DHCS and integration of care.

5. Develop recommendations on improvements to local mental health boards.

6. Compile fund and utilization data that enables affiliates to compare their county to others.

Housing

1. Support legislation directing a portion of MHSA funds above those needed to maintain current services to

- a) to increasing housing opportunities for people who are experiencing homelessness or who are at risk of homelessness, and

b) restore homeless outreach programs.

2. Support strategies to

a) increase funding for all housing programs, and

b) direct more of the funding from those programs to people who are experiencing homelessness or who are at risk of homelessness, and

c) urge cities and counties with inclusionary housing programs to also set aside funds from those programs to address the needs of

i) people who are experiencing homelessness, and

ii) people who have disabilities whose sole income is from disability benefits.

Crisis Services Reform

1. Support legislation and other actions necessary to fully develop a non-hospital system of crisis care so that people requiring mental health crisis care are able to avoid emergency rooms unless they have a medical emergency.

This primary crisis care system would become the primary mental health crisis care system, and would include

- crisis stabilization
- mobile crisis outreach
- crisis residential
- peer respite, and
- in-home supports.

2. Support legislation to ensure that private health plans either establish such systems or reimburse the public mental health system when their enrollees access such care.

College Student Mental Health

1. Support the establishment of comprehensive plans to address college student mental health for all types of college students, including

- Students at community colleges
- Students at vocational schools
- Transition age youth
- Veterans

with services that include

a) online resources and live virtual service delivery, and

b) on- campus supports, and

c) community supports.

Criminal Justice and Juvenile Justice

1. Develop specific recommendations on program content with the Board of State and Community Corrections and Department of Corrections.
2. Support legislature regarding Proposition 47 funds to incentivize counties to develop pre-arrest diversion programs.

Prevention and Early Intervention – B4Stage4¹

MHAC supports policy actions and efforts that create and enhance mental health supports, services and programs before there is a crisis.

1. Support actions by the legislature and the Mental Health Services Oversight and Accountability Commission (MHSOAC) for continuation of statewide PEI programs through the Office of Health Equity of the CA Department of Public Health and the California Mental Health Services Authority (CalMHSA).
2. Advocate for the expansion of comprehensive school-based, workplace-based, primary care-based and online approaches to prevention and early intervention.
3. Support combining funding from diverse funding sources based upon savings in healthcare, productivity losses, disability costs, child welfare and criminal justice for the purpose of prevention and early intervention.
4. Support policy actions, efforts and funding to align policy related to prevention and early intervention in schools, workplaces, and healthcare.
5. Support expansion of early psychosis programs that include specialized services.
6. Support strategies to increase

¹ What is B4Stage4? If we are faced with cancer, heart disease, or diabetes, we don't wait years to treat them. We start long before Stage 4. We begin with prevention and when people are in the first stage of those diseases, and have a persistent cough, high blood pressure, or high blood sugar, we try immediately to reverse these symptoms. This is what we should be doing when people have serious mental illnesses. When people first begin to experience symptoms such as loss of sleep, feeling tired for no reason, feeling low, feeling anxious, or hearing voices, we should act. These early symptoms might not ever become serious. Like a cough, they often go away on their own, and are nothing to fear. However, when they do not go away, it typically takes ten years from the time they first appear until someone gets a correct diagnosis and proper treatment. Intervening as early as possible preserves education, employment, social supports, housing – and brain power! It also costs less than the all-too-common revolving door of incarceration, hospitalization, and homelessness. For more information visit Mental Health America National's website at <http://www.mentalhealthamerica.net/b4stage4>.

- a) awareness and help-seeking actions among people aged 15-25, and
- b) capacity for effective action by gatekeepers and others in a position to act including
 - primary care
 - families
 - schools
 - crisis response teams
 - media.

7. Support expansion and evaluation of multi-tiered school programs to

- a) ensure that they appropriately address cultural and ethnic disparities,
- b) include training on cultural competency, and
- c) involve community members in developing the programs.

8. Support legislation and other strategies to ensure that everyone entering the public or private health care systems are screened for behavioral health conditions as part of the same visit. For those who screen positive, there is

- a) access to co-located behavioral health evaluation and follow up, or
- b) a telehealth evaluation and follow up.

9. Support funding to sustain and expand workplace mental health programs.

10. Support the implementation of the PEI regulations that were developed by the MHSOAC and approved by the Office of Administrative Law, especially in the collection of

- disaggregated data, and
- information regarding duration of untreated mental illness, and
- timeliness of care.

Reducing Disparities

1. Support affiliates in advocating for

- a) comprehensive and culturally appropriate mental health services, and
- b) participation by representatives of racial, ethnic, and cultural communities in county efforts including programs for utilization of community health workers (Alameda County model).

2. Raise awareness among that programs to reduce disparities and include cultural communities also include the LGBTQ communities.

3. Support the funding of additional Strategic Planning Workgroups (SPWs) for the CRDP that include underserved populations not covered by the current SPWs such as

- Middle Eastern communities
- Arabic-speaking communities
- Slavic/Russian-speaking communities.

4. Support funding for development of local reducing disparities coalitions with support for these groups through REMHDCO.

5. Support securing a Commissioner on the MHSOAC who has both expertise and commitment to reducing disparities, especially for racial and ethnic communities. This can be accomplished by

- a) support of AB 253 (Hernandez), and
- b) support for an appointment in an existing commission seat.

Workforce

1. Support the continuation of statewide workforce expansion programs.
2. Support the continued planning for workforce needs and funding dedicated to meet those needs.
3. Promote engagement with community health workers (Promotores, Navigators, Cultural Brokers, etc.) to work in diverse communities.
4. Promote the use of community health workers (Promotores, Navigators, Cultural Brokers, etc.) in community mental health, funded by County Behavioral Health Departments. The ideal model is Alameda County Behavioral Health's program funded with MHSA PEI funds.

Children's Entitlements

1. Collaborate with other advocacy organizations to address the needs of children who require mental health services by supporting
 - b) that allocation of growth funds for EPSDT from 2011 realignment incentivizes counties to fully serve all SED children, and
 - c) increasing the number of children from underserved communities who receive outpatient services.

Insurance

1. Advocate for and monitor the full implementation of parity including

a) enforcement of parity regulations, and

b) education of health plans regarding the meaning of parity for mental health services with coverage of all levels and types of care, so that no one with private insurance is forced to use publicly funded services.