How to participate using Mentimeter:

- Use your smart phone or tablet
- Or open a new browser on your computer
1. Grab your phone
2. Go to www.menti.com
3. Enter the code and vote!
House Rules

✓ Be kind and courteous
✓ Listen attentively and with an open mind
✓ Speak honestly
✓ Share the space
✓ Learning leaves, but names stay
✓ Step up, step back
✓ Reserve the right to change your mind

***This webinar is being recorded.***
What county are you joining us from?
Please identify your role: (Check all that apply)

- Family Member/ Parent/ Caregiver
- Consumer/ Peer
- NAMI Affiliate
- Community-based Organization
- Licensed Mental Health Provider/ MSW/MFT
- County Representative
- County Behavioral Health Director
- Student
- Clinician/ Medical Provider?
- Other
- Decline to state
Welcome from NAMI CA

Jessica Cruz, MPH, CEO
GOALS FOR THE DAY

1. Who We Are
2. The Role of County Boards of Supervisors In Behavioral Health (BH)
3. Key Areas of Importance
4. How We Can Work Together
5. Discussion and Questions
WHO ARE WE?

58 Counties

- From Alpine with a little more than 1,200 people, to Los Angeles with a population of more than 10 million

- Representing rural, suburban and urban areas

- Diverse in every way; demographically, geographically, politically and economically, with many common concerns
CSAC: THE ORGANIZATION

Formed in 1895, with the primary purpose to represent county government before the California Legislature, state agencies and departments, the federal government, and the public.

Vision: CSAC serves as the effective advocate and unified voice of California’s 58 Counties.

Mission: To serve California Counties by developing and equipping county leaders to better serve their communities; effectively advocating and partnering with state and federal governments for appropriate policies, laws and funding; and communicating the value of critical work being accomplished by county government.
CSAC Legislative Services has 14 staff covering five policy areas: Administration of Justice; Agriculture, Environment and Natural Resources; Government, Finance and Administration; Health and Human Services; and Housing, Land Use and Transportation.

Health and Behavioral Health Team:

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WHAT IS A COUNTY?

A Subdivision of the State

- Responsible for the governance and policies and programs that cross the boundaries of cities, towns, and unincorporated areas
- Counties are required to provide countywide programs, such as health and human services and the operation of jails, which differs from municipalities/cities
- Counties contract with the state to provide specialty behavioral health and other services since local government is closest to the people being served
- Governed by 5-member elected nonpartisan Board of Supervisors (with the exception of San Francisco County)
SACRAMENTO COUNTY ORGANIZATION CHART
Have you ever engaged with your local county boards (mental health, board of sups etc.)?
WHAT IS THE ROLE OF THE COUNTY BOARD IN BEHAVIORAL HEALTH?

- Boards are responsible for overseeing the budgeting and managing of the funding streams to provide services to ALL residents.
- Boards are responsible for the operation of county behavioral health through the Medi-Cal Specialty Mental Health Plans and Drug Medi-Cal.
- Boards appoint the members of local mental health boards and commissions. Additionally, one supervisor sits on each local health board as a member.
- Boards are also responsible for collaborating with community based organizations, health plans, schools, and other local stakeholders.

Supervisors Aim To Work With All!
BEHAVIORAL HEALTH FUNDING STREAMS

1991 REALIGNMENT

2011 REALIGNMENT

MENTAL HEALTH SERVICES ACT (MHSA)

MEDI-CAL FEDERAL FUNDS

OTHER (LOCAL GENERAL FUNDS, PHILANTHROPY, ETC.)
KEY AREAS OF IMPORTANCE

- COVID-19 Impacts and the strain on funding streams
- MHSA uses and flexibilities
- Co-Occurring Disorders
- Housing Continuum
- Involuntary treatment: Assisted Outpatient Treatment (AOT) and Conservatorship
COVID-19 IMPACTS AND THE STRAIN ON FUNDING STREAMS

- There is no escape from the many BH stressors during COVID
  - Unemployment
  - Physical Illness
  - Lack of social interaction

- Telehealth infrastructure

- Decrease in federal funding due to the current Medi-Cal payment structure that bills by the service

- The state’s steep decline in revenues will have a direct impact on the available funding that will go towards safety net programs such as BH.
  - Realignment and MHSA funding comes from state taxes (vehicle license fee, sales tax, millionaires tax)
A CSAC State Advocacy Priority was to receive State General Fund dollars for the revenue shortfall, which would directly impact county behavioral health services.

The Administration and Legislature agreed to $1 billion in state funding assist with the increasing demands for the services while revenues decline. $250 million of the $1 billion is linked to California’s receipt of additional federal funding.

**Realignment Backfill**

- Human Services: $463.5 million
- Behavioral Health: $231.3 million
- Public Health: $127.4 million
- Public Safety: $177.8 million
MHSA USES AND FLEXIBILITIES

CSAC Members Developed Key Priorities For MHSA Moving Forward:

- Develop Statewide Accountability Outcome Measures
- Increase Transparency
- Provide Flexibility To Enhance Focus on Core Priorities
- Incorporate Substance Use Disorder Services
- Sustaining Funding for Local Services
- Right-Size Reserves
- Amplify Innovation
Are you currently involved in efforts addressing SUD in mental health?

- Yes
- No
**CO-OCCURRING DISORDERS**

- Mental Health + Substance Use Disorder = Behavioral Health

- CSAC Members have highlighted the need to bolster SUD treatment services in order to meet BH needs in local jurisdictions.

  - There is a severe specialized workforce shortage in BH overall, but particularly when it comes to dual diagnosis. It is a challenge that both the Legislature and local jurisdictions have tried to advocate for.
Have you or a loved experienced homelessness or housing challenges as a result of mental/behavioral health issues?
BH services and funding have a direct nexus to both homelessness and housing:

- Homeless Outreach
- Whole Person Care
- Inpatient Facilities
- Permanent Supportive Housing
- Board and Cares!
  - Adult Residential Facilities (ARFs) or Residential Care Facilities for the Elderly (RCFEs), are commonly referred to as Board and Cares, and are of particular concern.
  - The Board and Cares are critical to keeping individuals in local communities
  - Facilities are reporting that the generally high operating costs are part of the issue behind closures.
  - SB 1259 (Hurtado) seeks to establish a taskforce for the purpose of evaluating the needs of the adults living in these facilities and how the operators can meet these needs.
Are you familiar with Assisted Outpatient Treatment (AOT) and/or LPS conservatorship?

Yes

No
IN VOLUNTARY TREATMENT: AOT AND CONSERVATORSHIP

Involuntary treatment continues to be a controversial subject:

- Lanterman-Petris-Short (LPS) Act lays out the rules on treatment and placement of a person, who due to a mental disorder, poses harm to their self or others, or is gravely disabled.
- Recent Audit Findings
- Conservatorship is looked to as the solution to many of the statewide concerns with individuals living with mental illness and addiction on the streets.
  - Funding mechanism
  - Placement Issues
- Assisted Outpatient Treatment (Laura’s Law)
  - Current Legislation AB 1976 (Eggman) to expand Laura’s law statewide

The Idea of expanding involuntary treatment in many cases shows that the continuum is not meeting Californians’ complex needs – services, interventions, case management/wraparound, availability of housing, and spectrum of services
STAKEHOLDER ADVICE & BOARD ENGAGEMENT

• Identify the BH Advocate(s) on the County Board

• Identify local organizations that have existing collaboration is key (all stakeholders: county, health plans, CBOs, Criminal Justice, etc.)

• Legislation and Information Hearings – Engage in these debates! Key tip: view bill committee analyses to understand bill and learn about previous legislation and arguments on both sides.

• BH has a wide array of stakeholders and avenues to get involved, and NAMI is a trusted regional and statewide voice. Counties welcome your local and statewide participation!!!
Discussion and Questions
Q & A Session

- Type in the questions/chat box.
  - Be kind and courteous
  - Listen attentively and with an open mind
  - Speak honestly
  - Share the space
  - Step up, step back
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***This is a Recorded Webinar.
TOWN HALL MEETING SERIES

September 3, 2020 2pm-3:30pm
The Department of Managed Health Care (DMHC)
The Department of Managed Health Care (DMHC) is the primary agency overseeing managed health care in California. The DMHC works to protect consumers’ health care rights and ensure a stable health care delivery system by enforcing access to treatment. The department licenses health service plans, enforces the state laws and regulations that govern these plans, and educates the public.

September 15, 2020 2pm-3:30pm
The California Pan-Ethnic Health Network (CPEHN)
CPEHN is a statewide advocacy organization that works with partners in diverse communities to end health disparities and ensure that all Californians have access to quality health care and can live healthy lives. CPEHN monitors, analyzes, and informs health policies affecting the health of communities of color. For over 20 years, CPEHN’s most significant strengths have been the quality and commitment of our stakeholders, and our strategic role in facilitating cross-cultural dialogue and collaboration. We believe the most effective policy solutions are generated with community participation and a deep understanding of California’s diversity.

September 29, 2020 2pm-3:30pm
The California Alliance of Child and Family Services (CACFS)
The California Alliance of Children and Family Services (CACFS) is a public policy, advocacy and training organization with nearly 150 nonprofit community-based organizations that provide a broad array of services to children, youth and families throughout California. In addition to providing traditional behavioral health services, Alliance members are providing family resources centers, in-home wraparound services, school based mental health programming, and mobile crisis intervention services in many communities. The Alliance’s Catalyst Center (www.catalyst-center) also serves as training and technical assistance arm, and is developing a database of mental health and social services available throughout California. Finally, the Catalyst Center offers a provider Helpline (1-833-9Calfam) that assists organizations and professionals to identify needed resources in their community.

To register for each Zoom meeting, please visit:
https://namica.org/townhall/

For questions, please email angela@namica.org

Links
→ Evaluation for CSAC Townhall: https://www.surveymonkey.com/r/CSACtownhall
→ Register for Future Townhalls: https://namica.org/townhall/
Thank you!

Questions?

If you would like to continue in today’s conversation, or have a question we were not able to address on the call. Please reach out to:

Angela Brand
angela@namica.org