

CRDP Webinar

Mental Health Policy and Systems

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Agenda

- 1. community-defined evidence practices in CA law today**
- 2. What is lacking in California law**
- 3. Demystifying policy process**
- 4. Stages of policy change**
 1. Policy identification process
 2. Policy development process
 3. Political process
- 5. Examples of policy change**
- 6. Contact information**

The Mental Health Services Act only mention community-defined evidence practices twice!

5840.5. It is the intent of the Legislature that this chapter achieve all of the following:

(b) Increase the number of PEI programs and systems, **including those utilizing community-defined practices**, that focus on reducing disparities for unserved, underserved, and inappropriately served racial, ethnic, and cultural communities.

5840.6 For purposes of this chapter, the following definitions shall apply:

“Youth outreach and engagement” means strategies that target secondary school and transition age youth...Outreach and engagement may include, but is not limited to, all of the following:

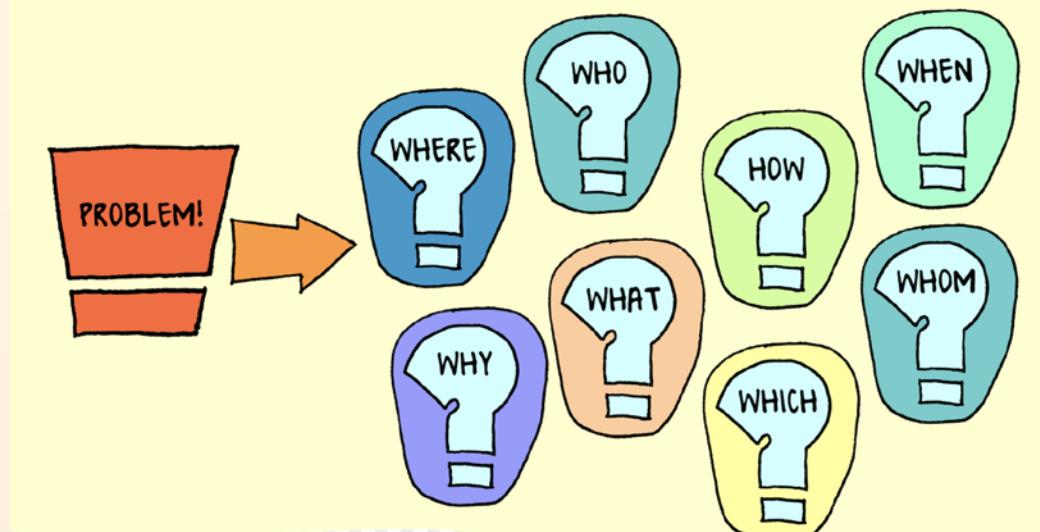
(4) **Participating in evidence-based and community-defined best practice programs** for mental health services.

Q: Where is the statuary language in California that set aside the \$60 million for the California Reducing Disparities Project? Does that language live somewhere in California law? If yes, where? Where is the paper for that?

What is lacking in the law:

- **Basic Definition:** “e.g. community-defined evidence practices are.....”
- **Standards:** “Programs that meeting the following characteristics can be defined as a community-defined evidence practice....”
- **Funding Mechanism:** “X dollars will be allocated to the development of community-defined practices....
- **Accountability:** “X department will be required to return funds should they not provide community-defined practices as a service

At face value, community-defined evidence practices do not have the local, state or federal law or budget “on its side.”



We need to fix this!

Our policymaking system is broken because our political system is broken.

Solution Looking for a Problem

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**"My team has created a very innovative solution,
but we're still looking for a problem to go with it."**

As a result, policy and budget work reflect the same broken principles.

- nothing to do with the value of the policy
- Advocacy resources are key
- It is oftentimes easier to get piecemeal work done
- Policy proposals must be in both written and verbal form
- Policy proposals must follow inflexible deadlines and timelines

Policy identification process:

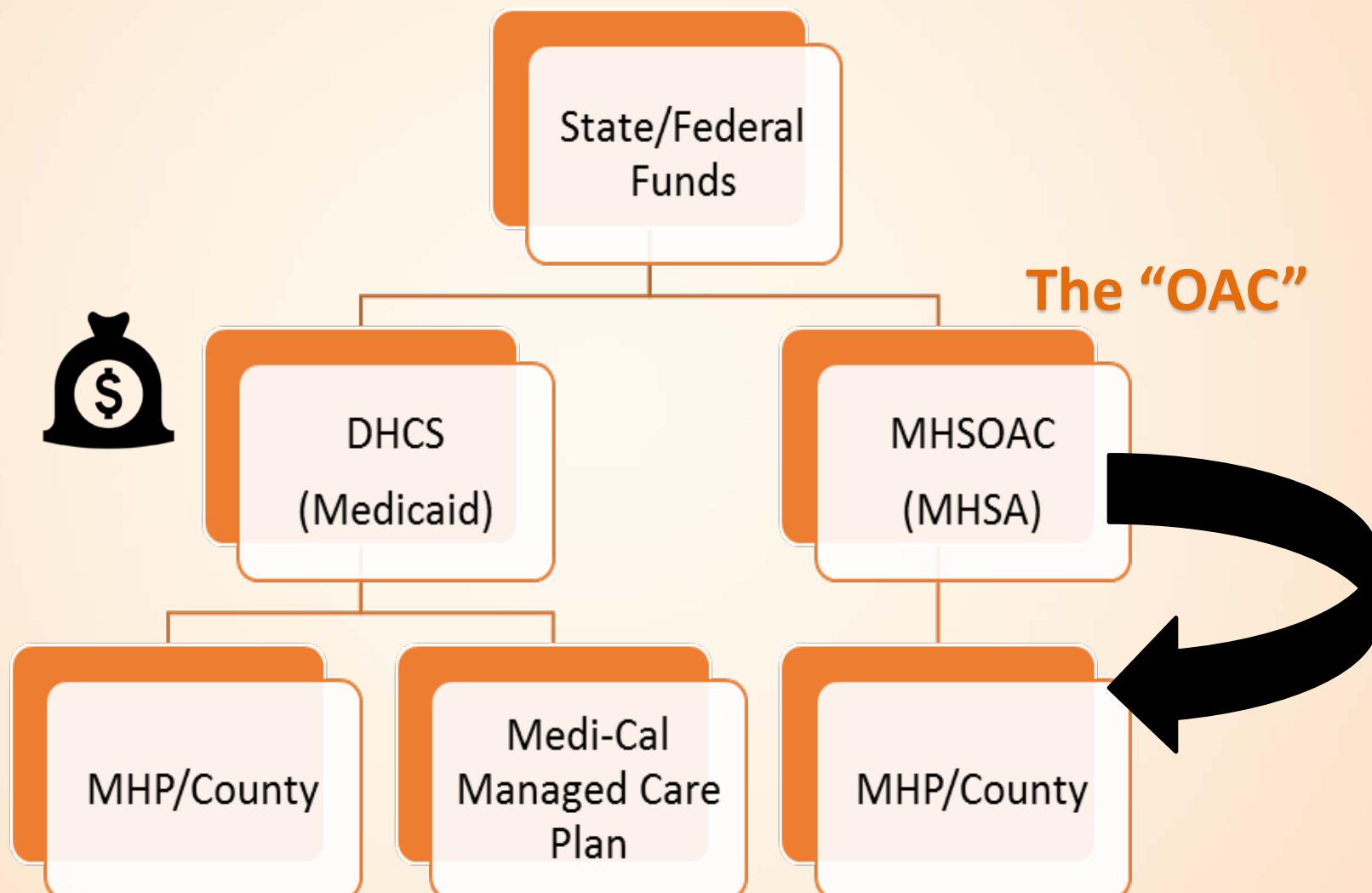
- What is the problem? Are you trying to address any of the following in your proposal?
 - Definition of CDEP
 - Standards of CDEP
 - Funding of CDEP
 - Barriers to CDEP integration
- Is this problem experienced by communities across communities of color and LGBTQ communities?
- Is this problem experienced by communities across districts or counties?
- Do you have authentic voices?

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Policy development process:

- Which state agency is responsible for addressing this problem?
- Have you discussed any policy proposals with the implementing agency? What feedback did they provide? Did you address the feedback?
- Is this a budget proposal or a policy proposal?
- Do you have local examples?
- Statewide precedent? What previous legislation has been run on the subject? Did that legislation pass or fail? And why.
- How expensive is this proposal?
- Are you asking for one-time money or ongoing money? What is the price tag of your policy proposal?

Oversight Structure



Fiscal responsibility implies a government pursues the appropriate level of government spending

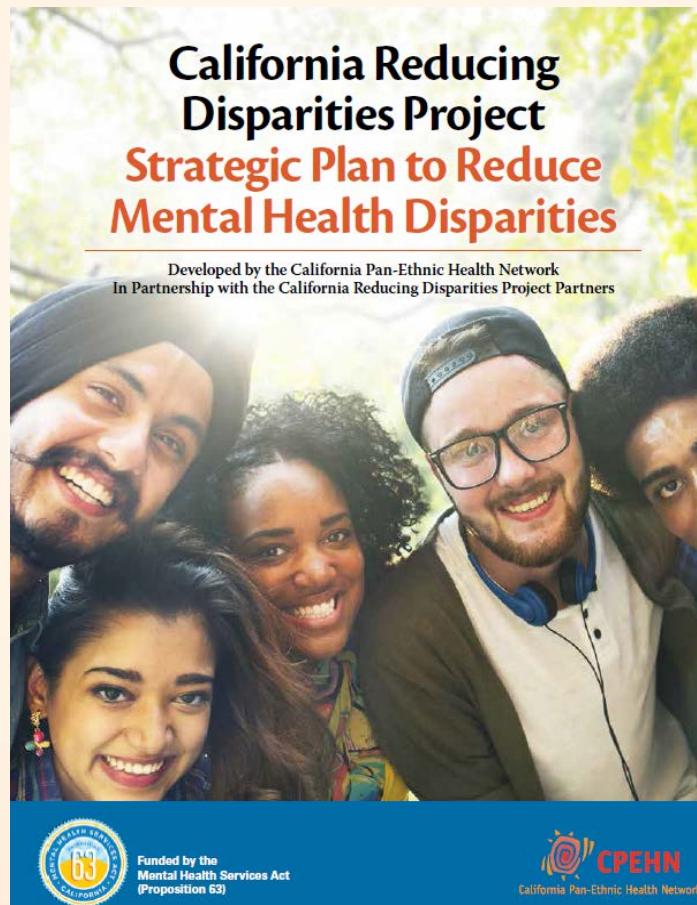
Political process:

- Is there a political will or appetite? Has the issue been discussed in the media or news?
- Can you identify the specific assembly or senate districts this problem occurs? Can you identify it in multiple districts?
- Do you have friends in high places? Do you have friends in decision-making places? Locally or statewide?

Political process:

- **Local Examples:** Are there local examples in counties that have moved money to address the needs of specific populations? Are there local examples in counties that have moved money to build the capacity of community-based organizations?
- **Statewide Precedent:** Has there been previous legislation on the issue that is currently enacted? Has there been previous legislation enacted on, for example, community-defined evidence practices. The Mental Health Services Act, for all its provisions and language, only mention community-defined practices once in statute!
- **Political Appetite:** State Departments or Elected Officials show appetite to change our mental health delivery system, mental health disparities, or addressing mental health disparities.

Examples of policy change



Big Idea: Fund CDEPs.

Policy Proposal: If Medi-Cal managed care plans do not reduce mental health disparities, so called “savings” should be reinvested in community initiatives like CDEPs.

Political Appetite: Growing. Despite the fact that Medi-Cal managed care plans are responsible for most mental health needs, most consumers are aware of county mental health services.

Statewide Precedent: Yes. The Mental Health Services Act Reversion Requirements.

CRDP Strategic Report Strategy 9: Ensure Culturally, Linguistically and LGBTQ Competence Services.

Big Idea: Develop Workforce Standards for Community-Defined Evidence Practices

Policy Proposal: Establish a statewide reimbursement mechanism to allow other qualified mental health professionals who do not have a social work or medical license to provide care.

Political Appetite? Yes. Senator Jim Beall (D-San Jose) sponsored legislation. Mayor Steinberg of Sacramento County supported the legislation. Look up whole else!

Statewide Precedent? Yes. SB 803 was recently passed to authorize the development of statewide standards and reimbursement of peers.

CRDP Strategic Report Strategy 4: Ensure Ancillary Services are Eligible for Reimbursement

Big Idea: Remove Barriers to CDEP Integration

Policy Proposal: build capacity of counties to become public facing technical assistance providers; and provide mentorship, training and technical assistance to small and mid size community-based organizations interested in becoming contractors.

Political Appetite? Yes. Los Angeles County Board of Supervisor passed motion to fund capacity building project.

Statewide Precedent? Yes. State Department of Public Health will develop regional technical assistance hubs.

CRDP Strategic Report Strategy 25: Develop New Community/County Partnerships.

Big Idea: Fund CDEPs

Policy Proposal: DHCS should allow all community-defined evidence practices to be eligible for Medi-Cal reimbursement.

Political Appetite? Not sure.

Statewide Precedent? Yes. The Department of Health Care Services is proposing to allow for specific cultural practices for American Indian/ Alaska Native communities and reimbursement for the workforce of traditional healers and natural helpers

CRDP Strategic Report Strategy 9: Ensure Culturally, Linguistically and LGBTQ Competence Services.

Thank you! For more info:

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