CALIFORNIA PSYCHIATRIC ASSOCIATION

CAPITOL INSIGHT

Randall Hagar
Director of Government Affairs

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Throughout the legislative year CPA advocates on what might seem a bewildering array and number of issues on behalf of psychiatrists and their patients. As the 2009 legislative session enters its final four weeks of mostly frenetic action, the list of legislative issues identified by the CPA Government Affairs Committee worthy of the CPA taking a formal position on is quite long - over 50 bills. Not every bill gets the same amount of attention, not all are equally important, many don't survive the legislative process. Some bills are easy to lobby and some soak up what might seem like inordinate amounts of time. The diversity, in retrospect, is also impressive. This year those issues (a selected list) include such diverse subjects as: informed consent and access to care issues for both juveniles who need mental health care in shelters and elders who are in nursing homes who would benefit from psychotropic medications; whistleblower protections for psychiatrists (and others) in state service; rescission reform in health insurance; peer review and quality assurance reforms; adding buprenorphine to the Medi-Cal list of contract drugs; enacting full mental health insurance parity (all DSM disorders including substance use disorders); securing prompt payment to county mental health departments from the state for services rendered; re-entry courts for inmates. The CPA Council has approved several bills for co-sponsorship – a physician health plan to replace the now defunct medical board diversion program for impaired physicians and a managed care bill making it easier for patients to gain access to information about mental health benefits and improve access to mental health services. A more complete description will be available this fall in the next edition of The California Psychiatrist. The complete list is available on the CPA website: www.calpsych.org.

The above abbreviated list does not denote CPA advocacy on state budget items, state regulations, advocacy to administrative agencies and departments or court cases. For instance in the latter category, the CPA co-signed an amicus brief in July to the U.S. Supreme Court with Senator Leland Yee (D – San Francisco) when the federal 9th Circuit Court of Appeals overturned the Senator's violent video bill. The CPA established this bill as a priority bill and lobbied it for three years until CPA succeeded in obtaining the Governor's signature in 2006. The bill was then immediately challenged in court by the video industry who prevailed at the trial court level, and when the Governor appealed, the industry again prevailed with the appellate court. The bill was designed to keep youth under seventeen years of age from being able to purchase video games that depict violent content showing heinous acts of violence committed with depraved indifference. The amicus brief asked the court to review and hopefully overturn the lower court ruling.

Impressive as the range of advocacy is, what you don't see is a description of advocacy in action depicting the labor, struggles, thought and dynamics entailed in advocating for an issue among policy makers in Sacramento. Following on page 2 of Capitol Insight is a brief description – a case study - of the process of lobbying a high priority 2009 CPA issue. Welcome to the daily life of a lobbyist, your CPA lobbyist.

Volume 24 Number 3 Fall 2009 1029 K Street, Suite 28 Sacramento, CA 95814 (916) 442-5196

CPA Advocacy in Action – Correctional Releases – A Case Study

Senate Approves Prisoner Reduction Bill

August 20, 2009.

CPA has been concerned throughout 2009 about the absence of planning at the state level for the mental health treatment in the community of potentially released prisoners. What follows is a case study of CPA advocacy in action.

The issue was discussed in the CPA Government Affairs Committee during meetings and calls from February through July 2009. With the Legislature returning from a summer recess, CPA coordinated a meeting with Corrections officials on behalf of the mental health advocacy community which was attended by lobbyists of over half a dozen of those organizations (including NAMI California). After this meeting CPA staff and the Chair of the CPA Government Affairs Committee (Ron Thurston, MD), and Co-Chairs of the CPA Public Psychiatry Committee (Rod Shaner, MD, and Donald Sharps, MD) on an early Monday morning conference call hammered out details regarding CPA concerns – focused by the CPA Council adopted policy platform issues of access to care, quality of care and patient safety.

The CPA and NAMI California then coordinated on a joint strategy on this issue for two weeks in early August, including meetings with key legislators and staff. Both organizations worked this bill together and sent letters of concern to the legislature. Then, starting very early on the morning of August 20, 2009, the day of debate in the Senate, lobbyists for both CPA and NAMI California visited all 120 offices of the legislature with their respective talking points and briefed staff. Finally, the lobbyists waited at the back door to the Senate floor and broached concerns about the potential releases with various Senators and Senate staff as they emerged on other business or for breaks.

At press time language addressing CPA concerns appeared likely to be inserted in the Assembly version of the bill then not yet voted. That language would require: a pre-release medical plan for all released inmates; prequalification of releasees for federal benefit programs for those who would be eligible; and pre-planning by the Department of Corrections with the county of discharge and communication of details on each inmate's medical and mental health history and condition to county officials.

At press time the Assembly was in recess and the best case scenario is that joint CPA and NAMI California language is included in the Assembly version and that version gains sufficient "AYE" votes for passage, is agreed to by the Senate and is then signed by the Governor. However, Democratic votes necessary to pass the plan in the Assembly were not assured so a vote may be delayed for a week as the Assembly leadership work out the necessary details to ensure passage. While still a work in progress, it was a good day's work for the CPA and NAMI California - and serves as an example of your CPA's advocacy efforts in Sacramento. Your CPA staff work on many issues like this to ensure better conditions for people with mental illness and better conditions for the psychiatrists who treat them. We will keep you posted on this one. Directly below is the text of the letter CPA sent to all legislators early on the morning of August 20, 2009 which got the ball rolling.

IMPORTANT!

Your Help is Needed!

Sign up as a Key Contact!

Form is on the website www.calpsych.org

or call the California Psychiatric Association office at 800-772-4271

August 19, 2009
To: Members of the Legislature
From: Randall Hagar, Director of Government Affairs
Re: Corrections Budget Reduction Concerns – Alternative Custody Options – Possible Impacts on people with a severe mental illness among those proposed to be released.

The California Psychiatric Association (CPA) is very concerned about one component of the CDCR Prison Population and Budget Reduction Package that proposes to achieve $1.2 billion in budget reductions per the recent unallocated budget cut in that amount. The Alternative Custody Option for Lower-Risk Offenders, which is meant to include 1) Inmates with 12 months or less remaining in custody; 2) Elderly inmates; and 3) Medically infirm inmates, we believe, needs further attention. This proposal which would be fully implemented in the 2009-2010 budget year, estimates a reduction to the prison population by 6,300 inmates..

The chief concern of the CPA is that it sees little evidence of effective planning for the release of prisoners with severe and persistent mental illnesses (SPMI) into the community. If the planned released is to be effective in ensuring the safety of the community and the health and safety of those with mental illness who will be released, there are two minimum requirements:

ASSESSMENTS: Comprehensive assessments leading to a comprehensive discharge plan from the prison environment; and,

COMMUNITY SERVICES: Adequate psychiatric treatment as well as social supports and services in the community pursuant to a comprehensive treatment plan.

In addition, the most effective planning will need to take into account the following:

1) Numbers of released inmates with SPMI;
2) Diagnostic profile of released inmates with SPMI;
3) Level of care needs assessment of released inmates with SPMI;
4) A specific inpatient/crisis/emergency plan for released patients;
5) Specific allocation of state hospital beds for the most ill;
6) Collaborative agreements with counties to effect conservatorships for some parolees;
7) Determination of a safe and sustainable rate of release;
8) Specific delineation of the obligation of the Department to pay for necessary community treatments, services and supports for inmates with parolee legal status;
9) Clarification whether or not the Department intends to sever the legal status of any current parolees or released prisoners (end parole status);
10) Specific delineation regarding the Department's obligation to meet the costs of treatment for parole violators remanded to local jails and needing mental health care;
11) Providing integrated substance abuse and mental health programs for the large number of individual who suffer from both disorders who may be released;
12) Provisions for adequate Corrections pharmacy budgets to meet possible increased caseloads at parole outpatient clinics;
13) Ensure the timely availability of Correctional treatment records to health and mental health providers in the community.

Many of these items represent issues for which the Department has historically come under intense criticism. The state of California has a history of hasty and inadequately planned and inadequately resourced releases from institutional care. The consequence is that some of our state's most vulnerable citizens have suffered the consequences and have paid a huge price.

The CPA urges the legislature to fully discuss each of these issues; to seek further information and satisfactory clarifications from the Department; and, not to succumb to pressures to hastily reach convenient solutions at the expense of more sober and thoughtful deliberation. People with mental illnesses, their families and their communities are depending on you.

YOUR CALIFORNIA PSYCHIATRIC ASSOCIATION AT WORK

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Advocacy and Litigation Fund*

- Used to educate legislators and the public, to augment and enhance CPA lobbying efforts and enable legal action on scope of practice, patient safety, and quality of care issues. In particular, this fund plays a major role in opposing psychologists' efforts to practice medicine without a proper medical education.
- Funded with voluntary contributions
- Contributions not tax deductible
- A separate designated fund within the CPA budget

* formerly called Education Fund

Political Action Committee

- Used for campaign contributions to qualified candidates and office holders
- Funded with voluntary contributions
- Contributions not tax deductible
- A separate legal entity with a separate governing board

California Psychiatric Association Advocacy and Litigation Fund (CPA-ALF)

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PLEASE CONSIDER CONTRIBUTING ONE HOUR'S INCOME

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CPA-Alf is dedicated to public education, legislative and legal advocacy. Contributions to the CPPAC (California Psychiatric Political Action Committee) for the purpose of electing qualified candidates to the California Legislature, are collected separately from CPA-ALF due to regulatory requirements.

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