

Priority Bill Updates and Behavioral Health Developments

Greetings members!

Thank you to all who sent well wishes to me and my family while I was out on maternity leave. We are all adjusting to the new addition to our family, our 8-week old son, Lincoln Charles Harvey.

As Paul noted in the last member blog, the CBHA policy team has worked hard to advocate for our successful budget proposal for the continuation of the Workforce, Education and Training funds via the Mental Health Services Act. We also lobbied the Legislature to consider our positions on a variety of bills including our top priority bills. The outcomes of these bills is reflected in our new [2018 Behavioral Health Scorecard](#).

The Legislature will be in the interim recess period until December. Most legislators are working in their districts and are preparing their bill packages with their staff. December will mark the first year of the two-year Legislative Session for 2018-2019 at which time legislators will introduce legislation, and CBHA will begin advocating for our legislative and budget proposals. An important factor in our early advocacy efforts is the participation of our members in our annual [Advocacy Day](#) scheduled for January 22-23, 2019. Your support is critical, and we hope many of you will join us!

While I have been on leave, there have been a few important developments that impact the behavioral health arena as outlined below.

Office of the Inspector General Audit

The Office of the Inspector General (OIG) issued a report of California's Specialty Mental Health Services expenditures. The OIG found that California did not always comply with Federal and State requirements when claiming Federal reimbursement for Specialty Mental Health Services (SMHS) expenditures. Of the 500 sampled service lines, 411 complied with requirements. However, 89 service lines did not comply with requirements. For the 89 service lines, the services were not supported by documentation that established medical necessity, the services were not supported by a client plan or progress notes, or no SMHS were provided. The OIG estimated that California claimed at least \$180.6 million in unallowable federal reimbursement. The next step will be for counties to work with DHCS to determine how the funds will be repaid. A copy of the report can be found here: [OIG Audit](#)

MHSA Reversion Funds Report

Another development was the report released by DHCS outlining the amount of MHSA funds that would be reverted to counties. This report was statutorily mandated per AB 114 of 2017. Under the MHSA, funds are distributed to counties for local assistance, and must be spent for their authorized purpose within 3 years or revert to the state to be deposited into the fund and be available for other counties in future years. AB 114 amended the MHSA to allow funds subject to reversion as of July 1, 2017, to be reallocated to the county of origin for the purposes for which they were originally allocated. The report outlining can be found here: [Reversion Report](#)

Five Year Workforce, Education and Training Plan

The Office of Statewide Health Planning and Development's (OSHPD) is statutorily mandated to create a 5-year plan for workforce, education and training initiatives across the state. CBHA has played a key role in providing feedback to OSHPD during the development of the survey, and member agency representatives have participated in focus groups with OSHPD. The survey has been sent to approximately 6000 individuals. OSHPD has requested

our assistance with further disseminating the survey. We encourage you to share the link to the survey with your colleagues. Please click here to access the survey: [OSHDP Five-Year Plan Survey](#)

Propositions on the November Ballot

Have you received your absentee ballot yet? Have you received a flurry of campaign mailers? If so, you have probably seen two propositions that are on the ballot. CBHA's Policy Committee has voted to support *Proposition 1: Veterans and Affordable Housing Bond Act of 2018* and *Proposition 2: No Place Like Home Act of 2018*. The Policy Committee found that both propositions are consistent with our commitment to advocating for the social determinants that impact the health of those who our members serve.

Fall Policy Forum and CBHA Policy Platform

During my first week back from leave, I joined the CBHA family at our annual Fall Policy Forum held in Newport Beach. Over 90 attendees had the opportunity to hear from myriad speakers representing DHCS, California Pan Ethnic Health Network, and the National Council of Behavioral Health. Assemblymember Kamlager-Dove greeted the group and shared about her passion and vision for behavioral health treatment across our state. There was a Children's Mental Health Panel featuring Patrick Garner, Alex Briscoe and Dr. Rhea Boyd. I presented about the opportunities that will avail themselves to us in 2019. The CBHA Board of Directors had a productive retreat, and we ended the meeting with convenings of CBHA's Policy Committee and Sub-committees.

One of the highlights of my presentation was introducing the 2019 policy platform to attendees. Below, please see the priority areas that the Policy Committee and Board of Directors have identified with a brief synopsis of each area. Stay tuned for the finalized 2019 Policy Platform which will be released and posted on our website before the Legislature reconvenes in December.

Policy Priorities:

- **2020 Waivers-** The renewal of the Medicaid Section 1115 Waiver and the 1915(b) Specialty Mental Health Services Consolidation Waiver creates opportunities for CBHA to work with the incoming Administration to shape policy included in the waivers.
- **Workforce-** CBHA is committed to expanding the behavioral health workforce by pursuing myriad strategies including strengthening the pipeline, supporting the expansion of roles by other allied health professionals, and integrating healthcare teams.
- **Payment Reform-** CBHA continues to work at the county level to advocate for appropriate reimbursement rates for services and assist member agencies by advocating for opportunities to reform the payment system to reform the payment system to reflect clinical performance and other outcome-based metrics.
- **Reversion of MHSA funds-** CBHA supports the use of funds for their allocated purposes. CBHA will continue to track the funds that have been reverted to counties.
- **Proposition 64-** The Adult Use of Marijuana Act of 2016 mandates and earmarks specific funds for youth Substance Use Disorder (SUD) treatment and prevention. CBHA believes this mandate is an unprecedented opportunity to invest in our state's youth and fill longstanding and persistent gaps in youth SUD care.
- **System of Care Disparities-** Encourage the State of California and the behavioral health community to further address the disparity of mental health and substance use disorder services in the suburban and rural areas of our state. Also, advocate to the state that a comprehensive and integrated system of care be created where SUDs and mental health are combined e.g. integration of funding siloes.

- Paperwork Reduction- Onerous paperwork requirements reduce the amount of time for professionals to provide services, and the resulting frustration may contribute to staff seeking jobs outside of the public mental health system. State standards must be established to increase treatment capacity and retain a qualified work force.
- School Based Mental Health- CBHA advocates for flexibility in how various funding streams a student is eligible for can work in concert to provide whole person care. CBHA is committed to pursue partnerships that will enable community-based organizations to contract with the CDE to provide needed behavioral health services, and support training of school personnel to recognize behavioral health needs for school aged youth.
- Crisis Care for Youth- CBHA advocates for adequate funding to ensure timely access to crisis services in community-based settings.
- Reduce Disparities in Care for Underserved Communities- CBHA advocates to encourage the State of California and the behavioral health community to further address the disparity of mental health and substance use disorder services among different communities based on culture, race, ethnicity, and age.

We have a busy Legislative season ahead of us, and we are grateful for the members who assist us in achieving our legislative and advocacy goals via their participation on our Policy Committee. If you would like to be involved in shaping the legislative and advocacy efforts of CBHA, please contact me for more information on how to assist the Policy Committee.

In service,

Le Ondra Clark Harvey, Ph.D.