



# CBHA POLICY PLATFORM 2021

CBHA is a statewide association of mental health and substance use disorder non-profit community agencies. We believe that Californians deserve a comprehensive, community-based behavioral health system that is adequately funded. We value outcome based, data driven, and culturally responsive approaches to service provision. We work strategically and collaboratively to pursue public policy initiatives that create system change for communities across our state. We support the integration of behavioral health, physical health, housing, education and vocational rehabilitation services for children, youth, adults and older adults.

Our Policy Platform provides a snapshot of policy areas that impact the operations of our eclectic member agencies.

## POLICY AREAS:

### **1) COVID-19 Response**

The COVID-19 pandemic shocked our country and threatens the sustainability of our member agencies to provide services to the most vulnerable populations in the state. The stress on our communities is overwhelming, but our member agencies have stepped up and responded to the increasing behavioral health needs of children, youth, young adults, adults, older adults and families.

Unfortunately, the pandemic response has created a looming local funding crisis for many of our member agencies. With local revenues plummeting, many jurisdictions are targeting cuts to general funds and MHSA contracts. Safety net and behavioral health services are at risk at a time our community is suffering and needs our help even more.

CBHA mobilized quickly to provide advocacy and financial assistance to members, and continues to work with allies to fight for the needs of our agencies and the clients they serve. CBHA will continue to advocate for access to all available funding streams for our members at the state and federal level, and assist providers in strategizing for diverse and sustainable funding opportunities. CBHA will also advocate that behavioral health workers be recognized as essential personnel, akin to first responders, and will support behavioral health providers receiving adequate personal protective equipment.

### **2) Race and Social Equity Efforts**

CBHA recognizes the impact of health disparities on the communities they serve. In particular, racial and ethnically diverse communities continue to suffer from behavioral health conditions at disproportionate rates when compared to their white counterparts, yet receive a lower standard of care. In addition, these communities also suffer from decades of historical trauma which exacerbates stigma that in turn impacts their willingness to participate in treatment. CBHA is exploring ways to address these disparities through its innovative projects spearheaded by its Race and Social Equity Task Force (RSET).

### **3) Waivers**

The year 2020 marked the expiration of two important waivers: 1) The Medicaid Section 1115 Waiver and 2) the 1915(b) Medi-Cal Specialty Mental Health Services Waiver. The renewal of these waivers creates opportunities for CBHA, in collaboration with other partners in the behavioral health community, to work with the Administration to shape the policies included in the waivers.

#### **4) Behavioral Health Workforce**

Expanding the behavioral health workforce, which includes recruiting, training and retaining staff, is a top priority for CBHA. There has been an increasing demand for services in both the mental health and substance use disorder(SUD) fields. CBHA members statewide constantly struggle to fill open positions at all levels, but it is especially difficult recruiting licensed clinicians and psychiatrists.

In recognition of the challenges cultivating an adequate workforce, CBHA supports efforts to bolster the behavioral health workforce. CBHA played a central role in crafting language for Proposition 63 which set aside 10 years of funding for Workforce, Education and Training (WET) programs throughout the state. CBHA sponsored a 2019 budget request to continue the WET program funding for an 11<sup>th</sup> year, which resulted in 10 million dollars being allocated for this purpose. In 2020, CBHA partnered with the California Behavioral Health Planning Council and the California Association of Marriage and Family Therapists to request 70 million dollars to fund the new 5-Year Plan drafted by the Office of Statewide Health Planning and Development (OSHPD). This resulted in approximately 73 million dollars being allocated for the 5-Year Plan.

We also support strengthening the behavioral health pipeline by providing education and training opportunities at the primary school, high school and college levels. CBHA supports the expansion of roles for peers and other allied health professionals such as psychiatric nurse practitioners. Lastly, we promote an integrated team approach to healthcare including psychiatric mental health nurse practitioners, mental health clinicians, psychologists, psychiatrists, SUD counselors and primary care providers. This team approach is a critical component of providing patients with whole person care.

#### **5) Technology & Telehealth**

CBHA recognizes that technology is an essential tool for addressing barriers to accessing care. This may include telehealth to expedite service provision and address workforce issues, and applications to track data and treatment outcomes. We also advocate for better interoperability between electronic health record systems. CBHA will collaborate with companies in the private sector to inform innovative public/private partnerships.

#### **6) Payment Reform**

States, health plans and providers are developing value-based models to pay for Medi-Cal behavioral health care services. CBHA has led a payment reform learning collaborative project and will continue partnering with other stakeholders to explore payment models that reward high-quality and cost-effective care, reform the payment system to reflect clinical performance and other outcome-based metrics and advocate for these changes to state agencies. CBHA will continue to assist member agencies by advocating for appropriate county reimbursement rates for services and equitable contracts as it pursues advocacy for greater payment reform efforts.

#### **7) School Based Mental Health**

Prevention and early intervention is a key tenet of best practice in the delivery of behavioral health care services. 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 work with the California Department of Education (CDE), Mental Health Services Oversight and Accountability Commission and other education advocates to pursue partnerships that will enable community-based organizations to contract with the CDE or local educational agencies to provide needed behavioral health services and support training of school personnel to recognize behavioral health needs for school aged youth. These services should also include a focus on providing treatment for substance use disorders. Our members understand that school-based services are offered as part of a comprehensive array of services. School

based services should be offered on campus or outside of the school setting throughout the calendar year since students have mental health crises and needs outside of traditional school hours and the school year.

#### **8) Paperwork Reduction**

In 2016, CBHA commissioned a study of documentation requirements in the state and compared the requirements to other states. Varying county-mandated documentation requirements result in California having an average of 20 minutes needed to document each therapy/treatment visit, which is four times the average of other states included in the study. Not only does this reduce the amount of time for professionals to provide services, the frustration associated with excessive documentation results in trained and licensed staff pursuing jobs outside of publicly funded mental health settings. Statewide standards must be established to increase treatment capacity and retain a qualified work force which CBHA will continue to advocate for.

#### **9) Proposition 64**

The Adult Use of Marijuana Act (AUMA) approved by voters on November 2016 mandates and earmarks specific funds for youth SUD treatment and prevention. There is no comprehensive system of care for children, youth, and young adults who need help dealing with alcohol and drug problems. CBHA and our partners in this effort believe this mandate is an unprecedented opportunity to invest in our state's youth and fill longstanding and persistent gaps in youth SUD care by creating that system of treatment. CBHA, in collaboration with the California Consortium of Addiction Programs and Professionals (CCAPP) and California Association of Alcohol and Drug Program Executives (CAADPE), has developed a series of recommendations supporting use of the funds to assist with the provision of SUD treatment services.

#### **10) Older Adults**

Older adults are losing their jobs at a higher rate than younger adults for the first time in modern history in California. The likelihood of regaining pre-pandemic employment levels may be unlikely due to age discrimination. Moreover, older adults are becoming homeless at alarming rates. CBHA will support member agencies in addressing behavioral health needs unique to older adults. CBHA will continue its work to educate the community about the unique behavioral health of older adults as a member of the Governor's Master Plan for Aging Stakeholder Advisory Committee.

#### **11) Homelessness Epidemic**

California is experiencing a homelessness epidemic where one in four people are homeless. This crisis has been exacerbated by the pandemic that has had a debilitating impact on the high-risk homeless population in California. With shelter populations increasing, and capacity decreasing, social distancing is difficult. The state funded Project Roomkey has benefited communities by paying for homeless families and high-risk COVID positive individuals to move into hotels temporarily, but support is not permanent.

As the homelessness epidemic is correlated to poor behavioral health, and frequent use of emergency psychiatric services, CBHA will monitor the progress of the Governor's Homelessness Task Force. CBHA will advocate for state funding to continue to fund needed shelter during the pandemic. CBHA will also identify ways that professionals across sectors including: case managers, social workers, community outreach specialists, housing authorities, developers, law enforcement professionals, healthcare and mental health practitioners, can identify challenges and consider next steps in tackling homelessness across California.

#### **12) System of Care Disparities**

CBHA will continue to encourage the State of California and the behavioral health community to further address the disparity of mental health and SUD services in the suburban and rural areas of our state. Strategies include highlighting the issues SUD providers face. CBHA will also advocate that a comprehensive and integrated system of care be created where SUD and mental health treatment are combined (e.g. integration of funding siloes). CBHA will continue to monitor and advise policy makers and enforcers about the implementation of SB 855 (Wiener), which updates, strengthens and enforces parity regulations.

### **13) Crisis Care for Youth**

The absence of sufficient and cost-effective community-based crisis services represents a substantial gap in the continuum of mental health care available in California. This is especially true for children and youth where accessing crisis services may be their first introduction to the state's mental health system. Adequate and flexible cost-based funding to ensure timely access to such services is critical to improving the full continuum of crisis care services in community-based settings. Services include mobile crisis intervention and assessment, crisis stabilization, comprehensive home-based assessments, and in-home behavioral services. Positive outcomes from such approaches could include reduced reliance on psychiatric hospitalization and result in substantial cost savings.

### **14) Continuum of Care Reform**

CBHA staff continues to work with partners to address the behavioral health needs of children within the foster care and juvenile justice systems including participating as key stakeholders in various workgroups convened by state agencies. DSS and other children advocates are focused on addressing barriers to Continuum of Care Reform implementation, offering technical assistance to community-based organizations and counties, and increasing the number of qualified resource families so that more children will achieve permanency in community-based setting. While much of the focus has been on foster youth, more attention needs to be placed on cross system youth or referrals from probation departments who have acute behaviors and needs and may not be well suited for Short-Term Residential Therapeutic Program settings.

CBHA will monitor the impact of the Family First Prevention Services Act, which aims to provide enhanced support to children and families and prevent foster care placements by changing the way that Title IV-E funds are spent, reimbursement for group care placements, and regulations for qualified residential treatment programs. In addition, CBHA will monitor use of Title IV-E and IV-B funds for prevention activities such as in-home support services that could be contracted out to CBOs.

Transition-age youth or Youth and Young Adults (YYA) are included in the MHSA because they are a distinct population from children and adults. Recent studies show YYA identify employment, education and housing equal to their behavioral health needs during the pandemic. The development of personal relationships and independent living skills has been impacted as many young people move back home to shelter-in-place and support their families. Listening to YYA voices is important for developing services tailored to their needs. CBHA will encourage member agencies to continue to support young adult development.

### **15) Opioid Epidemic**

Opioid abuse and addiction to opioids have significantly impacted patients and the healthcare delivery system nationwide. In 2017, the United States Health and Human Services Agency declared the opioid crisis a public health emergency. CBHA will continue to position itself to assist in combatting the epidemic by supporting clinical best practices and advocating for policy reform that will assist in decreasing abuse and addiction.

## **16) Criminal Justice**

Incarcerated and formerly incarcerated populations experience unique challenges that impact their behavioral health. With the Governor's recommended dissolution of the Department of Juvenile Justice, youth and young adults will need assistance with re-entry back to local communities. CBHA will partner with stakeholders to promote all incarcerated individuals' transition into the community by promoting access to behavioral healthcare, including medically assisted treatment, prior to and after release. CBHA will also work to educate families of these individuals and communities about resources that will prepare the community to offer assistance to those who are formerly incarcerated and are suffering with a behavioral health issue or disorder.