



California Council of Community
Behavioral Health Agencies

CBHA POLICY PLATFORM 2020

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 our priority policy areas and additional goals.

PRIORITY POLICY AREAS

1) 2020 Waivers

The year 2020 marks 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 policy included in the waivers.

2) 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 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 11th 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, substance use counselors and primary care providers. This team approach is a critical component of providing patients with whole person care.

CBHA recognizes that technology can be utilized to address 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.

3) 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 others 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 assists member agencies by advocating for appropriate county reimbursement rates for services and equitable contracts.

4) Proposition 64

The Adult Use of Marijuana Act (AUMA) approved by voters on November 2016 mandates and earmarks specific funds for youth Substance Use Disorder (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 on how the funds should be allocated. The Governor has proposed that most funds be focused on prevention.

5) 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 encourages trained and licensed staff to seek jobs outside of publicly funded mental health settings. Statewide standards must be established to increase treatment capacity and retain a qualified work force.

6) School Based Mental Health (SBMH)

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, the CACFS, and other education advocates to pursue partnerships that will enable community-based organizations to contract with the CDE or local educational agencies (LEAs) 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 school hours and the school year.

7) 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 substance use disorder services in the suburban and rural areas of our state. Strategies include highlighting the issues SUDs providers face. CBHA will 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).

8) 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.

9) 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 Department(s) 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.

10) Reduce Racial, Ethnic, and Other Cultural Barriers

CBHA will continue 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, age, sexual orientation, and gender identity. We will establish key partnerships to assist in addressing the impact of immigration on vulnerable populations. CBHA will provide input on the Governor's Master Plan on Aging.

ADDITIONAL GOALS

11) Opioid Epidemic

Opioid abuse and addiction to opioids has 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.

12) Criminal Justice

Incarcerated and formerly incarcerated populations experience unique challenges that impact their behavioral health. CBHA will partner with stakeholders to promote 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 with 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.

13) Homelessness Epidemic

One in four homeless people in the United States live in California. 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 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.