



CASRA Public Policy Report November 16, 2021

Legislation

Now that the dust has settled on the first year of the current legislative session it's time to look back at trends and try and make some predictions for the year ahead. One thing for sure, behavioral health is front and center in the thinking of many elected representatives/officials. That kind of attention can be both good as well as concerning.

CASRA took official positions on 38 bills (Support 26, Oppose 12)

Many bills that started off the legislative process as policy bills were instead melded into the budget process and were subsumed into far more brief budget trailer language.

The Legislature continued on its course of making it easier to build affordable housing, recognizing that the lack of housing is a primary factor in driving homelessness, which remains the most important political issue in the state. Several bills were passed that made it more difficult for local jurisdictions to avoid doing their share to address the issue.

Parity for behavioral health conditions saw additional gains there may be some more efforts to hold private plans' feet to the fire in the new year.

The Legislature sustained its efforts to decriminalize substances and to remove criminal penalties in exchange for treatment approaches. One very ill-conceived pilot program that would have forced locked substance abuse treatment and was opposed by the entire treatment community was thankfully vetoed by the governor.

The Legislature also continued along its course of placing too much emphasis on mental illness as being one of the primary causes of homelessness and as a result, making it easier to force people into treatment. Although efforts to expand LPS conservatorship criteria to include physical health conditions were stopped in the short-term, the criteria for Laura's Law were loosened. Senator Eggman has said that she would reintroduce LPS legislation in the new year and has even stated that she would place an LPS reform initiative on the 2024 ballot. CASRA is looking to partner with DRC, MHAC and others to present a united front against the further erosion of choice and self-directed care. An all-day hearing on LPS is scheduled for December 15th in Assembly Health.

Important bills to be taken up in the new year:



- AB 988 (Bauer-Kahan) - in Senate - Crisis Services/988 hotline - an incredible opportunity to change the way that crises are handled in the community as well as a chance to move parity forward.
- ??? - Children's Crisis Residential Treatment Programs - Although AB 226 moved through the Legislature without a single no vote, it was ultimately vetoed by the Governor. Another bill will be introduced in the new year.
- SB 293 (Limon) - EPSDT Paperwork Reduction - the bill is currently parked in Appropriations. The Administration/DHCS has indicated that the proposed CalAIM-related documentation changes will make the bill unnecessary, which we hope is the case. If not, a decision can be made as late as July to push forward with the bill. This can serve as a roadmap for the adult side should CalAIM not achieve the desired results with respect to documentation burden reduction.
- AB 852 (Wood) - Nurse Practitioners - scope of practice. Another attempt to allow Nurse Practitioners greater flexibility in practicing without direct supervision from a physician. Important to help address workforce shortages.

State Budget

Initial indications are that California will have an estimated \$31 Billion budget surplus in the coming year, which is an important piece of information to keep in mind as your local county(ies) begin contract talks with you. CASRA, along with our sister organizations have advocated with CBHDA to push counties to use the most recent financial data at their disposal rather on the most pessimistic financial forecasts they can lay their hands on.

As for the \$14B(ish) entering the behavioral health space as result of the 2020-2021 budget - read on.

Agency/Departmental Advocacy

Never has so much money been allocated with so few words attached. This means that the next few months of listening sessions and review/comment opportunities will be all the more important in shaping in implementation.

- **Behavioral Health Continuum Infrastructure Program**
CASRA worked behind the scenes to educate DHCS's consultants as they went about surveying the existing infrastructure landscape. Several CASRA organizations also supplied data as a part of the effort. We will hopefully see a positive impact of these efforts when DHCS' report is released in late November. The report will help guide the state in understanding local need and in reviewing county proposals to draw down the initial \$585M



in funding of the \$2.2B allocated. CASRA organizations are strongly encouraged to be involved at the local level as counties develop their proposal. Rounds #3 & #4 may allow CBOs to apply directly to the state. It should be remembered that a significant portion of the impetus for this infrastructure investment is to pave the way for California to secure a waiver of the Medicaid IMD exclusion, which CASRA opposes.

- **Community Care Expansion Program**

The \$805M targeted at acquisition, construction, and rehabilitation of ARFs and RCFEs is meant to shore up a quickly vanishing part of the continuum of care. Although this does not address the ongoing rate issue, it does provide an opportunity to possibly revisit antiquated regulations in the hope of changing this resource into a 2021 version of what it should be. To that effect, CASRA has partnered with the California Behavioral Health Planning Council to engage DSS/CCL in a dialogue about upping the “care” part of board & care to better address increasing health needs. The initial meeting was promising, and it is hoped that efforts will continue in the Spring. A workgroup of several CASRA organizations was formed to solicit input into this process. RFAs to be released in January 2022.

- **Children’s Mental Health Initiative**

Although many CASRA organizations do not serve children, some do, and almost all serve TAY. The billions that are to be invested in the children’s continuum of care is certainly needed, but it will add additional demand for staffing in an already tight labor market. A coordinated effort will be needed to make sure that we are helping the state and the counties to understand the need to utilize scarce human resources in the most effective and efficient ways possible.

- **Peer Certification**

The celebratory mood associated with passage of the important legislation establishing a peer certification process along with Medi-Cal reimbursement for the distinct service has given way to the more difficult realities associated with implementation. DHCS has convened several listening sessions, and CalMHSA, who was chosen by the counties to serve as the organizing authority for the certification process for the counties who opt into peer certification, has assembled its advisory body. Many questions remain as to who will be authorized to provide training, which has resulted in peer training to come to something of a standstill as the new infrastructure is developed. Key decisions remain regarding this effort including the setting of rates, which will have a profound impact. CASRA is keeping close tabs on this unfolding process and will work with our consumer-run member organizations to make sure that our efforts are well informed and coordinated.

- **CalAIM**

The on again/off again initiative known as CalAIM is most definitely on again. Although many of the start dates for the numerous elements in the broader initiative have been pushed back anywhere from six to twelve months, all the elements were fully funded in this



year's budget. CASRA will participate where possible as a member of the DHCS Behavioral Health Advisory Committee as well as other workgroups within the CalAIM process. It is anticipated that there will be a need for CASRA member organizations to review materials for comment on some very accelerated timetables. Enhanced Care Management, and Community Supports (formerly In Lieu of Services) are potentially important benefits for consumers/clients of CASRA organizations and may also become business opportunities for CASRA organizations. These efforts, along with DHCS's Home and Community Based Services initiative, will require many new health workers to provide these "high-touch" services. The 1915(b) and 1115 negotiations with CMS are reported to be going smoothly, with anticipated approvals coming in the new year for a majority of what was included in the applications.

- **Incompetent to Stand Trial**

California continues to illegally hold hundreds of individuals who have been deemed IST in carceral settings rather than hospitals/treatment settings. The ACLU's lawsuit is not going away, and the State will eventually lose at trial. The counties are struggling to meet the needs of individuals who should be brought back to competence in their home communities. This may offer an opportunity for CASRA organizations, with their flexibility and ingenuity, to offer at least a partial solution while addressing the important needs of a highly marginalized population.

Workforce, Workforce, Workforce

This important topic area, which once again ranks as the most important for CASRA member organizations, is addressed in the Director's Report and will also be a part of the general discussion at the end of the meeting.

Submitted by Chad Costello, Executive Director