Highlights from 2018

Tom Renfree, Interim Executive Director
Tyler Rinde, Legislative Analyst
The Role of CBHDA

• Legislative Advocacy for Members
• Keep Members Informed
• Convene, Connect & Engage Members
Two CBHDA Sponsored Bills Signed Into California State Law

• SB 688 (Moorlach) Mental Health Services Act: revenue and expenditure reports.
  • Requires the Mental Health Services Act Annual Revenue and Expenditures Report to comply with generally accepted accounting principles (GAAP) and to be submitted electronically in a machine-readable format to the Department of Health Care Services.

• AB 2861 (Salas) Medi-Cal: telehealth: substance use disorders.
  • Authorizes Medi-Cal reimbursement for substance use disorder individual counseling services provided via telehealth by a Licensed Practitioner of Healing Arts and Certified Substance Use Disorder Counselors, in accordance with California’s Medicaid State Plan.
Our Influence on Legislation

• Published the 2nd Annual CBHDA Legislative Score Card
• Screened over 200 bills, tracked over 150, and 72 were enacted
• Took positions on over 60 bills (wrote letters, met with sponsors and capitol staff, testified at numerous hearings for each bill, negotiated amendments)
CBHDA State Budget Advocacy

• Secured $148 million in state General Funds to help pay for one of the biggest historical expansions of substance use disorder treatment in California, under the Drug Medi-Cal Organized Delivery System Waiver;

• Reduced by $50 million the counties’ exposure for repayments of federal Medicaid funds by successfully advocating with DHCS that disallowed claims identified in a federal Office of the Inspector General (OIG) draft audit report on Medi-Cal Specialty Mental Health be re-reviewed. As a result, the OIG’s recommendation of federal funds to be repaid by California shrank from $230 million to $180 million;
CBHDA State Budget Advocacy

• Helped to shape the Governor’s budget proposals for Homeless Mentally Ill Outreach and Treatment ($50 million), and Incompetent to Stand Trial diversion program ($100 million).

• Reduced counties’ administrative burden for implementing the EPSDT Performance Outcomes System by convincing DHCS to reduce the frequency of clinicians needed to administer the Child & Adolescent Needs & Strengths (CANS) and by extending the implementation date;
CBHDA State Budget Advocacy

• Helped secure $10 million to sustain Workforce, Education, and Training stipends for psychiatric nurse practitioners, clinical psychologists, and social workers in public mental health services;

• Reduced county fiscal liability for new state and federal changes by advocating that State General Funds be provided for implementation under Proposition 30, including Continuum of Care Reform and Federal Medicaid Managed Care regulations;
Questions?

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