



Highlights from 2017

County Behavioral Health Directors Association of California

The Role of CBHDA

Legislative Advocacy for
Members

Keep Members
Informed

Convene, Connect &
Engage Members

Two CBHDA Co-Sponsored Bills Signed Into California State Law

- **AB 727 (Nazarian) Mental Health Services Act Housing Assistance**
 - Authorizes counties to spend Mental Health Services Act funding on rental assistance outside of a Full-Service Partnership.
- **AB 395 (Bocanegra) Substance Use Disorder Treatment**
 - Requires Drug Medi-Cal claims from providers and counties to be submitted to the DHCS within a six-month timeframe and updates laws governing medication-assisted treatment.

Published the 1st Behavioral Health Legislative Score Card in California

Reviewed over 200 bills, tracked 150, and 60 were enacted

Took positions on over 30 bills (wrote letters, met with sponsors and capitol staff, testified at numerous hearings for each bill, negotiated amendments)

Testified at five hearings since the election on the future of the Affordable Care Act, including in Fresno and Bakersfield.

Our Influence on Legislation

CBHDA State Budget Advocacy

- No claw-back of county **MHSA** funds for reversion prior to 2017-18 (over \$100 million).
 - Extend reversion to 5 years for small counties
 - Restart reversion clock for Innovation, upon OAC approval of county Innovation plans
- IHSS fund shift mitigation for **1991 Realignment**
 - Freeze **IMD** rates (no annual 3.5% increase)
 - Exempt cities of Berkeley and Tri-City Mental Health from the 1991 Realignment fund shift

CBHDA State Budget Advocacy

- \$662 million for **Drug Medi-Cal ODS Waiver**
 - \$142 million State General Fund
 - \$520 million Federal Financial Participation
- \$45 million in federal **Cures Act** Opioid Targeted Response Grants
 - Medication-assisted treatment via 15 narcotic treatment “hubs” in association with related “spokes” that are approved to prescribe

CBHDA State Budget Advocacy

- Prop. 30 State General Funds for county MHP costs to implement federal managed care rule, Continuum of Care Reform
- \$17 million for county Children's Crisis Services SB 82 Grants
- \$68 million for county Community Infrastructure Grants (offender behavioral health re-entry services)

Substance Abuse Prevention & Treatment

*Chairs: Veronica
Kelley, David
Sackman*

Reviewed, analyzed, and worked on legislative language for several bills. Co-sponsored AB 395.

Provided input on SB 323, adding Drug Medi-Cal and Specialty MH to services FQHCs and rural health clinics may provide under contracts with counties.

Bi-weekly conference calls with 35-50 participants and 4 in-person meetings with 60+ participants covering a range of SUD issues

Collaborated with DHCS on ODS implementation, managed care rule, parity compliance, the county of responsibility transition, voluntary inpatient detox benefit, SUD treatment for California youth

County of Responsibility flowchart to help counties navigate scenarios created by county of responsibility transition

Formed a clinical subcommittee to inform the design of the new ODS EQRO process

Participated in planning for groundbreaking statewide conference on Adolescent Early Intervention and SUD Treatment

Children's System of Care

*Chairs: Terry
Rooney, William
Arroyo*

Influenced Continuum of Care Reform (CCR) implementation

Input on AB 1299 state guidance

Specialized training on SUD for youth, DHCS SUD Youth Advisory Group

Reviews and provides input on legislation for CBHDA

Legislative Committee

*Chairs: Bill Walker,
Yvonnia Brown*

Strong command of complex issues, considering competing and political perspectives.

Provides substantive and strategic guidance to ensure CBHDA's voice and perspective is heard in the Capitol environment.

Screened 150 bills, reviewed several dozen bills in detail, supported and opposed several dozen bills

Played a central role along with CSAC and county affiliates in opposition to AB 1250 which would end county behavioral health contracting.

Provided substantial input to managed care final rule bills, AB 205 and SB 171 and successfully advocated for use of telehealth and on alternative access standards.