



Behavioral Health

Expansion of Early Mental Health Intervention Programs to Preschool Children - (State)

Issue: Mental health intervention programs for preschool children are currently being provided through County-funded sources or not being provided at all.

Action: Support AB 1133, 2-year bill, which would extend eligibility and services to preschool children.

Background: Existing early mental health intervention programs do not include preschool children, providing a gap in valuable care that is not being reimbursed through Medi-Cal or other state funding.

Specialty Mental Health Services for Foster Children - (State)

Issue: Foster children who are placed outside of their county of original jurisdiction face delays and discontinuity in mental health care

Action: Support AB 1299, 2-year bill, which would requires that mental health services be provided in a timely manner consistent with the child's needs and EPSDT program standards

Background: Delays and discontinuity in mental health services for children produce preventable increased costs to the mental health and juvenile justice systems and reduce progress and wellness outcomes for foster children.

Criminal History Information - (State)

Issue: Local criminal justice agencies have no requirement to furnish summary criminal history information about alcohol and substance abuse or mental health issues to city and county health services personnel working to provide assessment, treatment, rehabilitation or other healthcare services

Action: Support SB 512, 2 year bill, that would require local criminal justice agencies to provide information to city and county health services personnel.

Background: County staffs who conduct outreach, assessment, and treatment services do not have the benefit of information that is held by local criminal justice agencies that would assist in those efforts and provide an increased contact rate and effectiveness in linkage individuals to community resources.

Affordable Housing - (State)

Issue: Housing for homeless individuals with severe and persistent mental illness is facilitated through the concurrent development of affordable housing targeted at low and very low income households.

Action: Support introduction of new legislation to offset objections expressed by Governor in veto of AB 35.

Background: Legislation vetoed by the Governor (AB 35) would have increased the allocation of housing tax credits for the production of affordable housing by \$ 100 million for 5 years; affordable housing is an essential component of the continuum of housing needed to reduce homelessness for individuals with severe and persistent mental illness. The County has a successful program in providing 105 units of permanent supportive housing for homeless and at-risk individuals with severe and persistent mental illness that are located in affordable housing communities.

Medicaid Expansion (Federal)

Issue: The standard of mental health care and most treatment protocols require the coordination of the care that is provided for physical and mental health conditions. A majority of the County's mental health consumers are Medicaid (Medi-Cal) eligible but their specific care and the coordinated care are not always considered Medicaid reimbursable. Expanded eligibility of care would allow more of the County's mental health costs to be recoverable through Medi-Cal reimbursements.

Action: Support budgetary action that would increase coverage and regulatory reform that would expand access to care and services for Medicaid eligible beneficiaries, including integrative treatment of mental health and physical health conditions

Background: Medicaid is the single most important financing source of mental health services in the U.S., covering nearly 27% of all mental health care and nearly half of the public mental health spending.

School-Based Mental Health Services (Federal)

Issue: Funding and resource limitations limit the reach of County-funded mental health screenings and interventions in public schools. Existing regulations do not promote effective Medicaid reimbursement for care delivered in school settings.

Action: Support Mental Health In Schools Act (HR 1211 / S. 1588) which would provide resources for suicide prevention, improve integration of mental healthcare and physical healthcare in Medicaid, provide funding for interventions in school settings and remove the 190-day lifetime limit on inpatient psychiatric treatment in Medicare.

Background: School settings are important and cost-effective locations for screening and early detection of mental health conditions and establishing linkages to the community mental health system that will reduce barriers for individuals and families to access services.

Access to Mental Health Treatments and inclusion of Expanded Psychiatric Medications under Medicare Part D (Federal)

Issue: Individuals with severe mental illness are often considered to be disabled by professional standards of care but are found to be ineligible for disability related SSI and SSDI benefits, which passes the costs of that care and related supports through to the County-funded system of care.

Action: Support regulatory reform that would adjust the diagnostic criteria used by the SSA to match those accepted in the medical professional field, and either providing basic training on mental health conditions to SSA claims reviewers and/or hiring special claim evaluators with education in mental health to improve access to disability benefits.

Background: Medicare and Medicaid beneficiaries are frequently denied access to treatments and services prescribed by a qualified professional and approved by the FDA and the NIMH based on cost/formulary limitations/provider restrictions.