California Hospital Association

June 15, 2022

The Honorable Jim Wood, DDS
Chair, Assembly Health Committee
1020 N St., Room 390
Sacramento, CA 95814

SUBJECT: SB 1154 (Eggman) — SUPPORT IF AMENDED

Dear Assembly Member Wood:

Hospitals across California embrace the essential role they play in caring for individuals with mental health and substance use disorders. Behavioral health needs across the nation have only been exacerbated by the COVID-19 public health emergency. As demonstrated by the California Department of Health Care Services' (DHCS) recent report, "Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications," California has a serious gap between the supply of behavioral health providers and the growing demand for care. For instance, residents in 24 counties have no access to a local inpatient facility, and even in those counties with inpatient psychiatric bed capacity, more than 40% need additional beds.

While SB 1154 does not directly address the lack of behavioral health facilities and treatment beds in our state, the California Hospital Association (CHA) appreciates the author's ambitious goal to make it easier to find the treatment beds that are available. The bill would require the California Department of Public Health (CDPH), in consultation with stakeholders, DHCS, and the California Department of Social Services (CDSS), to develop a real-time, internet-based database that would collect, aggregate, and display information about beds in several types of behavioral health facilities.

Today, it is extremely challenging for policymakers, providers, clients, and family members to easily identify what and whether inpatient or residential behavioral health care treatment is available in each county or region of the state. While the California Health and Human Services Agency Open Data Portal can be used to search for and generate lists of various licensed facilities, it is not designed as a treatment locator and can be complex to navigate. Adding to the complexity for the public and providers looking for available care is the fact that different types of treatment facilities are licensed, certified, and/or regulated by one of at least three different state agencies (CDPH, DHCS, or CDSS).

Based on experiences in other states that developed bed registries, we believe it will be a great challenge for California to develop a real-time database that can be used to identify available treatment beds. Due to the shortage of treatment facilities in our state, vacant treatment beds turn over extremely quickly. Additionally, if a searchable database identified a bed as "open" for a particular type of treatment and age

group, critical attributes of the facility and its staffing must be scrutinized to ensure a particular facility can adequately meet a particular patient's needs. However, we are aware that a small number of technology vendors, such as XFERALL, have had some recent success in this area, and understand that California can learn from them as it develops its bed database or registry development.

CHA appreciates Senator Eggman's office's consideration in responding to our concerns and amending SB 1154 to require stakeholders to inform the development of the database. Additionally, we appreciate that the bill does not place the burden on the facilities themselves to develop the capacity to track bed availability. These factors have enabled us to reach a position of support, if amended, on the bill.

We respectfully request the bill to be amended to require DHCS to pursue available federal funds for the development and operation of the database envisioned in SB 1154, which would ensure adequate resources are provided to achieve this substantial undertaking. In particular, the Centers for Medicare & Medicaid Services' (CMS) "Medicaid Information Technology Architecture (MITA) 3.0" makes substantial federal reimbursement available to states for the creation of a registry that is frequently updated with qualified providers. Specifically, development by the state of this capability could be reimbursed under MITA 3.0 at 90% of the development costs and 75% of the operational costs. (See CMS' MITA 3.0 web page and June 2018 State Medicaid Director Letter #18-006, "Leveraging Medicaid Technology to Address the Opioid Crisis".)

With this amendment, CHA could support SB 1154. If you have questions, please contact me at Leah@LeahBarros.com or (916) 521-6878.

Sincerely,

Leah Barros
Consulting Lobbyist, California Hospital Association

cc: The Honorable Susan Talamantes Eggman
The Honorable Members of the Assembly Health Committee
Judith Babcock, Consultant, Senate Health Committee
Gino Folchi, Consultant, Assembly Republican Caucus