



March 23, 2023

Tyler Sadwith
Deputy Director
Behavioral Health Department of Health Care Services

RE: Psychiatric Residential Treatment Facility Trailer Bill Draft: Concerns

Dear Deputy Director Sadwith,

The California Alliance of Child and Family Services was the proud sponsor of AB 2317 (Ramos, Statutes of 2022), and we enjoyed the partnership and support of this Administration and in particular, the Department of Health Care Services in the successful passage of this bill. We negotiated through the Administration's technical assistance, and we were in agreement with the amended language that was sent to the Governor for consideration.

We were surprised, then, to receive notice through the California Budget process in January that there would be additional AB 2317 language proposed in the budget trailer bill process following the signing of the bill.

We have concerns with how the Department has redefined the interdisciplinary team in particular, and as currently crafted, will make these programs untenable to staff. We respectfully submit the enclosed changes to the DHCS trailer bill. The Psychiatric Residential Treatment Facility (PRTF) is a level of care that is desperately needed in California, and the needs of our Medi-Cal youth grow literally by the day. As we work to stand up this new licensure category in California, we absolutely must get the staffing right, or we will end up with no support for youth in this crisis continuum of care and no programs applying.

While we understand that the Department simply went back to the CMS PRTF federal regulations and lifted that language, we strongly believe that we must use California's Medi-Cal framework for staffing in California. We must consider who is working and billing within our specialty mental health system and our workforce shortages. We believe with these modest amendments, we will maintain the integrity of these programs, provide high quality services, and be able to staff the programs and stand them up in California.

Following is a summary of the CA Alliance proposed amendments:

Section (h) (1) describes the interdisciplinary team. We are concerned with the deletion of the nurse practitioner throughout as well as a continued reference to a psychologist with a master's degree (pls note this does not exist in California). We respectfully recommend that the language include the option for a mental health professional who has a master's or doctorate degree in

psychology, marriage and family therapy, social work, or counseling and who has been licensed/registered/waivered by the state.

Section (h) (2) (a) describes additional options for the interdisciplinary team composition. We are also concerned here regarding the use of the term psychiatric social worker. In some counties this is only a **job classification title** used by some human resources departments, **not** a professional degree or licensure, and therefore is confusing. Therefore, we are recommending this be changed to, “A mental health professional who has a master’s degree in psychology, marriage and family therapy, social work, or counseling and who has been licensed/registered by the state.”

We strongly recommend the continued inclusion of Licensed Vocational Nurses in **Section (h) (2) (B)**. Nurses are incredibly difficult to find and recruit into the public behavioral health system, and LVNs are incredibly valuable team members.

The interdisciplinary team draft language repeats starting in **Section 44485 (3) (A)**, so our recommendations are identical in this section.

Lastly, we would like to point out that in **Section 1 (a)(4)(d), (e), (g) and (i)**, the language describes an individual plan of care. This is contrary to documentation reform under CalAIM and should be revised to be more flexible (e.g. a plan in a progress note). **Section 3 (g)(2) and (3)** also contains references to the individual plan of care that we recommend adjusting to align with CalAIM documentation reform. We have noted those concerns in the enclosed trailer bill mock-up.

We want to reiterate that AB 2317 fills a life-saving gap for youth in crisis, and we are grateful to this Administration for all of the support to get this far. However, we must fulfill promise of AB 2317, and ensure the staffing reflects the reality of California’s Medi-Cal program.

We look forward to discussing these changes further with the Administration.

Sincerely,



Christine Stoner-Mertz
California Alliance of Child and Family Services



Michelle Cabrera
Executive Director
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