



California's County Behavioral Health Safety Net

Who we are: We lead the 58 county and two city behavioral health agencies that serve the needs of uninsured and underinsured Californians from early childhood through to end of life, funded through Medi-Cal and other programs. Along with being agency leaders, we are psychologists, social workers, substance use disorder counselors, peers with lived experience, and therapists with deep knowledge of mental health, addiction, and community needs.

What we do: We provide mobile, field-based, and community-based services as well as specialized outpatient, crisis, acute inpatient, and residential treatment directly and through contracted providers. Our members work with community partners including schools, social services, law enforcement, public health, and hospitals and clinics to provide healing and recovery for our clients.

There is nationwide awareness of increasing behavioral health needs, and across California, an urgency felt by all – especially us – to do more. Nevertheless, stigma remains around mental health and substance abuse needs, particularly for low-income and unhoused Californians. Our county behavioral health agencies have never been fully funded to meet the needs of the community, and those needs have increased tremendously, even for those with private health insurance coverage.

With the passage of SB 855 (Wiener) in 2020, California reinforced its expectation that private insurers will cover mental health and substance use disorder services for those with private healthcare coverage. When privately insured Californians, 70% of the state, are unable to access the services they critically need, they often turn to our mental health care safety net. This puts California taxpayers on the hook for care that is the legal responsibility of private insurers and stretches our safety net of public services.

The state's homelessness crisis is driven by a lack of affordable housing. Affordable housing options are key to ending the suffering we witness on our streets. We have more clients who want housing and treatment than we have available housing options, so often, we offer treatment without housing. Many populations that have faced systemic discrimination and lack a broader safety net are overrepresented in the homeless population, including Black

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Californians, LGBTQ youth, domestic violence survivors and veterans. Three out of 10 Californians experiencing homelessness have a significant mental health need, and two out of 10 have a substance abuse disorder.

Behavioral health treatment that is voluntary is the most effective avenue for healing and recovery. National best practices by the American Society for Addiction Medicine conclude locked, coerced, or other forms of involuntary Substance Use Disorder treatment have not been proven to be effective treatment models. Voluntary, evidence-based treatment is not only more effective for long-term recovery, but prevents additional potential harms.

Workforce issues are challenging the safety net to deliver mental health and substance use disorder services in a time of growing needs. We must address the critical need to invest in a pipeline of mental health providers to adequately serve the needs of all Californians, especially in this time of growing mental health needs. While last year's budget made critical investments in this workforce, that work is far from done.

CARE Court is in the process of being phased-in with the first cohort of 8 counties, representing a majority of California's population, starting in October 2023 and full implementation by December 2024. The counties welcome opportunities to create more support for individuals with schizophrenia spectrum and other psychotic disorders. The counties worked closely with Governor Newsom and the Legislature regarding Care Court and expressed concerns about its focus and impact. The Administration agreed to work with counties regarding long-term funding and funding estimates will be updated in the May Revision. Cohort 1 counties include Glenn, Los Angeles (December 2023), Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne.

The use of Mental Health Services Act (MHSA) funds, passed by voters through a ballot initiative in 2004, requires communities plan together to develop and formulate a three-year spending priorities plan, approved by the County Board of Supervisors. Often, funding that appears to be available has already been committed in a three-year plan, and adjustments to prior year budgets are made in future years, which changes required spending. Funded by a millionaire's tax, a volatile revenue source, along with the imprecision of revenue estimates, creates challenges for planning and spending. According to the California Department of Health Care Services (DHCS), *less than 1 percent of MHSA funds is reverted annually.*

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