



**BEHAVIORAL HEALTH CONTINUUM — Key components and funding.**

**KEY COMPONENTS**

The following are key components within a behavioral health continuum of care, along with a listing of CALBHB/C issue briefs, addressing specific issues and populations.

**Behavioral Health Continuum**

1. **Engagement Tools** including peer staff whenever possible.
  - Comprehensive, Culturally Relevant Outreach
  - Shared Decision Making
  - Psychiatric Advance Directives <sup>1</sup>
  - Court-Ordered Care (As a Last Resort) <sup>2</sup>
  - Conservatorship (As a Last Resort) <sup>3</sup>
  
2. **Comprehensive Community Services** that are accessible, integrated, recovery-focused, trauma-informed, culturally relevant, have significant use of peer staff, & address:
  - Housing (including Board & Cares)
  - Mental Health
    - Prevention/Early Intervention
    - Psycho-Social Services
    - Peer Support
    - Medication Management
    - Crisis Care
    - Hospitalization (As a last resort.)
  - Physical / Behavioral Health Integration
  - Public Guardians & Conservators
    - Appropriately trained
    - Manageable caseloads
  - Substance Use / Behavioral Health Integrated Services
  - Vocational / Behavioral Health Integrated Services
  
3. **Inter-Agency Collaboration** between crisis care programs, emergency services, hospitals, jails, law enforcement, prisons, schools and behavioral health departments (public & private) that include:
  - Information Sharing
  - Discharge/Aftercare Plans
  - Warm hand-offs

**ISSUE BRIEFS**

- [Board & Cares \(ARFs/RCFEs\)](#)
- [Children & Youth](#)
  - [Integrated School-Based Services](#)
  - [Transitional Age Youth](#)
- [Criminal Justice](#)
- [Disaster Prep/Recovery](#)
- [Employment](#)
- [LGBTQ+](#)
- [Older Adults](#)
- [Performance Outcome Data](#)
- [Suicide Prevention](#)

[www.calbhbc.org/newsissues](http://www.calbhbc.org/newsissues)

## FUNDING

**Medi-Cal**

Medi-Cal<sup>4</sup> (federally known as Medicaid) requires matching funds. Common sources of local matching funds include: [Mental Health Services Act \(MHSA\)](#) funding and [Realignment Funding](#).

Medi-Cal CalAIM's new "[Enhanced Care Management](#)" addresses clinical & nonclinical needs with intensive coordination of health & health-related services.

CalAIM's new "[Community Supports](#)" address social drivers of health.

**Crisis Care Continuum Funding****Crisis Calls:**

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) Toolkit](#) Page 39+

**Crisis Care Coordination:**

[CalAIM Enhanced Care Management Policy Guide](#), Page 48, CA Department of Health Care Services (DHCS), September 2021

**Crisis Stabilization Services & Crisis Residential:**

- [SAMHSA Toolkit](#) , page 40
- [Medi-Cal Provider Billing Manual](#), DHCS
- Children—Medi-Cal [EPSDT](#) (Early Periodic Screening Diagnostic Treatment) services are for Medi-Cal beneficiaries under age 21. Services include mental health and substance use treatment, including assistance with scheduling appointments and arranging transportation for Medi-Cal covered appointments.

**Mobile Crisis:**

The federal match (Medicaid) is 85% starting April 1, 2022 for up to three years. [CHCF](#)

[Substance Abuse and Mental Health Services Administration \(SAMHSA\) Toolkit](#), page 39+

**Respite Services:**

[Medi-Cal Community Supports \(Previously called "In Lieu of Services"\) Policy Guide](#), Page 28+, DHCS, September 2021

**Sobering Centers:**

[Medi-Cal Community Supports \(Previously "In Lieu of Services"\) Policy Guide](#), P. 488

**Private Insurance**

Accessible providers, services and reasonable reimbursement rates reduce the demand on communities to cover health care expenses that should be covered by private insurers.

**Local Funds**

It is in the interest of cities, counties, schools, law enforcement and private hospitals to collaborate and partner with funding due to the shared value that a robust behavioral health continuum can provide.

**Grants****Infrastructure**

[Behavioral Health Continuum Infrastructure](#): Grants to construct, acquire, and rehabilitate real estate assets, or invest in mobile crisis infrastructure, including crisis intervention, Crisis Stabilization, Crisis Residential, Peer Respite and more.

[CCE Capital Expansion Grants](#) are for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities

**Workforce**

[Loan Repayments, Scholarships, & Grants](#), HCAI Funding Opportunities to open in late April, Early May.

[National Rural Recruitment and Retention Network \(3RNet\)](#) Recruit and retain health professionals in rural and underserved areas

See [CALBHB/C Newsletter](#) for current grant listings.

## End Notes:

1. **Psychiatric Advance Directives (PADs)** are legal documents, drafted when a person is well enough to consider preferences for future mental health treatment. PADs allow appointment of a health proxy to interpret preferences in a crisis, and the PAD is used when a person becomes unable to make decisions during a mental health crisis. More at: [www.calbhbc.org/pad](http://www.calbhbc.org/pad)
2. **Assisted Outpatient Treatment (AOT):** Designed to help individuals with mental illness who have a condition known as “anosognosia” (a lack of awareness of their mental illness), specific criteria are required for consideration of AOT, related to a demonstrated history of repeat crises. AOT services are court-ordered, and include AOT status hearings. While medication is not forced, medication outreach is ordered when an individual agrees to medication as part of treatment (it is self-administered.)

CA’s Department of Health Care Services 2018-19 Report highlighted:

- **Hospitalizations were reduced by a 33 percent change** during AOT, as compared to prior to the program. All counties reported a decrease in the number of days hospitalized, frequency of psychiatric hospitalizations, and/or crisis interventions per individual.
- **Law enforcement contacts were reduced by a 43 percent change** during AOT, as compared to prior to the program. Five counties reported all participants avoided law enforcement contact while receiving services. Four of the six counties that reported incarcerations of participants during AOT, noted reductions in the number of days incarcerated per individual.

**Laura’s Law:** [Important Note: Research evidence has shown very little correlation between mental illness and any violent behavior.<sup>6</sup>] Signed into law in 2002, Laura’s Law was adopted by the California Legislature after a man with mental illness fatally shot Laura Wilcox, a 19-year-old volunteer at a Nevada County mental health clinic. The legislation allows each county in the state to decide whether to adopt the provision. To qualify for Laura’s Law, an individual must have a serious mental illness that resulted in a psychiatric hospitalization or incarceration twice in the previous three years or resulted in violent behavior within the past 48 months. 2020 legislation, AB 1976 requires counties to participate in Laura's Law, including implementation of AOT, unless they opt out. [www.calbhbc.org/lauras-law](http://www.calbhbc.org/lauras-law)

3. [CALBHB/C Lanterman Petris Short \(LPS\) Act Issue Brief](#), Page 4
4. [Overview of Funding for Medi-Cal Mental Health Services](#) , 2019 CA Legislative Analysts Office