



**California Association of Local Behavioral Health
Boards and Commissions**

Behavioral Health Continuum

The California Association of Local Behavioral Health Boards/Commissions supports the work of CA's 59 local mental/behavioral health boards & commissions.

www.CALBHBC.org

CALBHB/C Presentation Behavioral Health Continuum:

Foundational Elements & Sustainable Funding for Local Communities

1. Engagement Tools, including peer staff whenever possible:

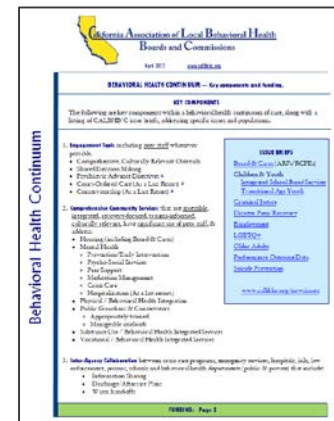
- Comprehensive Outreach
- Shared Decision Making
- Psychiatric Advance Directives
- Court-Ordered Treatment (As a Last Resort)
- Conservatorship (As a Last Resort)

2. Comprehensive Community Services that are accessible, integrated, recovery-focused, trauma-informed, culturally relevant, and have significant use of peer staff.

3. Inter-Agency Collaboration that includes:

- Information Sharing
- Discharge/Aftercare Plans
- Warm Hand-Offs

More information: [Behavioral Health Continuum](#) Document



Behavioral Health Continuum: Sustainable Funding for Local Communities

1. Medi-Cal / CalAIM

- Matched with Mental Health Services Act (MHSA) and Realignment Funds
- CalAIM new “Enhanced Care Management”
- CalAIM new “Community Supports”

2. Crisis Care Continuum Funding

3. Private Insurance

4. Local Funds

5. Grants

See: [Behavioral Health Continuum](#) Document Page 2

BEHAVIORAL HEALTH CONTINUUM		FUNDING	Page 2
Medi-Cal Medi-Cal (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: <ul style="list-style-type: none">SAMHSA Toolkit, page 40Medi-Cal Provider Billing Manual, DHCSChildren—Medi-Cal EPDIT (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 appointment. 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 (RRNet) Recruit and retain health professionals in rural and underserved areas See CALRBH/C Newsletter for current grant listings.	

CALBHB/C Issue Briefs

[Board & Care \(ARF\)](#)

[Children & Youth & TAY](#)

[Criminal Justice](#)

[Crisis Care Continuum](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Suicide Prevention](#)

Also see: www.calbhbc.org/newsissues

The image shows the cover of an issue brief from the California Association of Local Behavioral Health Boards and Commissions. The title is 'CHILDREN & YOUTH — Schools as Centers of Wellness'. The cover includes a map of California, the organization's logo, and a schoolhouse icon. The text on the cover provides an overview of the issue, stating that integrated school-based mental health (MH) programs are important but currently underfunded. It lists key local components such as All Ages, Barriers, Educators, Families, Prevention & Early Intervention, Racial/Ethnic/Cultural, Trauma-Informed Care, and Youth. The cover also includes sections for Statewide Solutions, Funding, Performance Outcome Data, Technical Assistance, and Workforce. The date is November 2020, and the website is www.calbhbc.org.

California Association of Local Behavioral Health Boards and Commissions

November 2020 www.facebook.com/CALBHBC www.calbhbc.org

CHILDREN & YOUTH — Schools as Centers of Wellness ¹

Integrated school-based mental health (MH) programs for children and youth have a profound and positive impact on individuals, families and communities.

Yet currently, the vast majority of California's students do not receive the services and supports they need. 75% of CA principals report students' emotional and mental health were a moderate or severe problem. 2/3 of teachers report they are unequipped to address students' mental health needs. Up to one in five children—20%—have a diagnosable mental health condition. Approximately 1 in 3 students feel chronically sad and hopeless. Suicide is the second leading cause of death for youth. Unmet trauma and mental health needs are strongly associated with barriers to learning, and by extension, the school-to prison pipeline.

STATEWIDE SOLUTIONS

Funding
Scale—Ramp up funding to allow CA's mental health system to integrate at scale with CA's educational system.

Sustain

- Identify long-term funding solutions
- Communicate sustainable funding and braiding mechanisms of MHS, Medi-Cal, LEA BOP, SMAA, ERMHS, LCFE, private insurance, and First 5 funds.
- Technical assistance for CA's 59 MH agencies.

Performance Outcome Data ²
Establish, collect & report. Suggested outcome data:

- School-based Wellness (Attendance, Grades, Classroom Behavior)
- Standardized Screening/Assessment
- Reporting by Self/Family
- Track culture/race/ethnicity/LGBTQ and age.
- Report trends for very small counties.

Technical Assistance
Communicate successful strategies and programs.

Workforce:
School psychologists, counselors, social workers and nurses are the foundation for school mental health. CA's Office of Statewide Health Planning (OSHPD) should work to identify and allocate funding to address school-based workforce needs. ³

KEY LOCAL COMPONENTS

All Ages - Integrate mental health programs within schools (K-12) and early learning programs (0-5).

Barriers - Address barriers of parental consent, referrals, transportation, appointment wait times and privacy concerns.

Educators - Attend to educator well-being to reduce stress, burnout and attrition.

Families - Connect, communicate, involve and build trust among parents, schools and teachers.

Prevention & Early Intervention - Page 2.

Racial/Ethnic/Cultural - Programs and services that address racial, ethnic and cultural needs (including LGBTQ).

Trauma-Informed Care - Ensure trauma-informed practices, including training for: staff, families and youth.

Youth should be integral to planning and implementation, including peer programs.

Models & Strategies on Page 2

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ISSUE BRIEF: Children & Youth