General Newsletter Blog
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Budget Subcommittees led by very knowledgeable MDs interested in behavioral health

Each year there is one main hearing in the budget subcommittee in each house focused almost exclusively on our issues. The hearings this year were on March 30th in the Senate and April 3rd in the Assembly. I have been a lobbyist for behavioral health for more than 30 years, and I don't recall there ever being a time when both hearings were chaired by physicians. Dr. Richard Pan is a pediatrician who chairs the Senate budget subcommittee on Health and Human Services. Karen Baylor, Deputy Director for Behavioral Health at the Department of Health Care Services, (and formerly Behavioral Health Director of San Luis Obispo County) commented, "I could tell you more than you'll ever want to know about our public behavioral health services system." Dr. Pan responded that he would take her up on that offer, and showed continued interest by asking detailed questions about nearly every issue, wanting to truly understand our challenges and opportunities.

School and primary care prevention and early intervention

Dr. Pan has regularly expressed strong interest in prevention and early intervention, particularly in schools and primary care. These are two of the cornerstones of prevention and early intervention. He shares CCCBHA's goal of making it a routine part of every primary care visit to screen for behavioral health conditions and when there is a need, making sure there is a warm handoff to a behavioral health professional who can provide an immediate initial assessment and begin a treatment program. Similarly, he attended the Oversight Commission's initial School Mental Health forum. We also hope that it will become a standard practice of schools to have a mechanism to identify students' social or emotional behavioral health challenges at the earliest opportunity and offer them on-campus clinical support.

Studies show that school and primary care comprehensive programs for behavioral health pay for themselves in generating savings for health systems and schools which more than offset the added behavioral health costs, especially when school-based programs include EPSDT or commercial insurance funded providers.

Now is our time to develop alternative crisis systems to divert people from jails and hospitals

Assembly Member Dr. Joaquin Arambula is an emergency room physician and chairs the Assembly Budget Subcommittee on Health and Human Services. In presenting to him on the need to restore funding for the Children's Crisis Care System facilities, which are an alternative to emergency rooms, I commented how humbling it was to present this to an emergency room physician who probably understands this issue better than I ever could.

After the hearing I spoke to him and told him that my top priority in the remaining years of my career was to completely end the pattern of police taking people to the emergency room or jails. I stated that in most cases they did this simply because these were the only places that would take everyone.

We now know that there are alternatives. They are expensive to establish in the short term but they clearly save money for cities, counties, and the state in the long run in both healthcare and criminal justice.

I noted that SB 82 started the funding for these programs and they were able to get it through because Darrell Steinberg was the President Pro Tem of the Senate. He responded that he wants to become our next champion and sounded as committed as CCCBHA is to creating an alternative system of addressing the needs of people in crisis due to behavioral health challenges. I am encouraged by their leadership which builds on the unprecedented interest among counties in changing this paradigm.

It is not just the behavioral health directors. It is also the sheriffs and other County leaders who are attending conferences, such as the National Association of Counties (NACo) and The Council of State Governments (CSG) Stepping Up initiative and the Words to Deeds conference, both of which are focused on bringing criminal justice system and behavioral health system leaders together to develop new partnerships.

There ought to be a way to get some sort of accelerated financing to advance these projects and put in place crisis stabilization, mobile crisis outreach, crisis residential, detox, sobering centers, minor medical clearance and the other elements necessary for an alternative system. We need to be able to take it to scale in each county so that law enforcement can rely on its capacity to be available 24-7 for everyone whose behavioral health crisis lends itself to treatment in the community rather than a jail or hospital.

Funding can't just come from behavioral health dollars and shouldn't just come from County funds. Cities and the State need to be financial partners. We should be able to finance this the same way that we finance new jails, hospitals or major renovations or expansions. I believe we now have the critical mass of political support to be able to say that these alternative crisis care systems should be a high priority and a necessity that have the same sense of importance. In fact, they should have a greater sense of importance since they produce better results, are more humane and less costly. Moreover, everyone agrees that it is the right thing to do.

Local or state bond measures or equitable participation in one-time funding, that would otherwise go to expanding prisons, jails or hospitals, seem like important potential financial tools. I will continue to work with the CCCBHA staff and members and encourage everyone to participate in state and local partnerships and workgroups to develop solid commitments and detailed financing proposals that will establish these alternative systems in every county.

What is the state role in workforce now that the one time MHSA funding is ending?

At the Assembly budget hearing, there was a lengthy discussion on behavioral health workforce. I requested this discussion on behalf of CCCBHA noting that the MHSA was written to shift the responsibility for workforce strategy from a state set-aside to County MHSA plans and programs.

I commented that when we wrote Proposition 63, we didn't know how big the workforce problem would remain after the initial set aside money was spent, so we left it up to County plans. However, it seems that, if anything, the workforce problems are even worse now than they were 12 years ago. Also, it is not just a problem for the public mental health system. Commercial plans are under pressure to expand their networks of outpatient providers. Other government programs, including prisons, jails and the VA, have dramatically expanded their behavioral health care services. All of this creates added

competition for a very inadequate supply of workers. Clearly, big parts of the solution include peers and technology, which reduces the pressure on having so much of the work done by licensed clinicians.

I added that this is the one funding category of the act for which no state regulations have yet been written. On behalf of CCCBHA I made a budget request to provide additional state funding to develop the policies that can inform those future guidelines. It will require work by the Department of Health Care Services and the Office of Statewide Health Planning and Development (OSHPD) and probably the Mental Health Planning Council.

At the hearing, I stated that I do not know what the best next step is, except that the only unacceptable action was to do nothing. This issue will be addressed again at a future budget hearing. We are hoping that by that time there will be a consensus on how to move forward.