



California State Association of Counties

County Behavioral Health

Counties play a vital role in California's public behavioral health system, providing a continuum of services to low-income clients with severe behavioral health needs.

“Behavioral Health” is a term that includes the prevention, diagnosis, and treatment of both mental health and substance use disorders, stressors, and symptoms. In California, specialty mental health and substance use disorder (SUD) services are “carved out” of the Medi-Cal managed care program. Counties have the responsibility for providing care, treatment and administration of specialty mental health and substance use disorder programs for low-income Californians who qualify for Medi-Cal through county behavioral health plans.

Each county has a Mental Health Plan (MHP), which is responsible for providing or arranging Specialty Mental Health Services (SMHS) to Medi-Cal beneficiaries within their county. SMHS are a variety of services covered by Medi-Cal and provided by county MHPs and agencies that contract with them. These services are generally more intensive than the non-specialty mental health services covered by a managed care plan (MCP).

SMHS are Medi-Cal entitlement services for adults and children that meet eligibility criteria, including functional impairment and clinical needs. Counties also provide specialty SUD services through the Drug Medi-Cal (DMC) program or the Drug Medi-Cal Organized Delivery System (DMC-ODS) program.

Despite a “carve out” for behavioral health services in Medi-Cal, Medi-Cal MCPs still play a major role in the larger public behavioral health system. MCPs are responsible for providing non-specialty mental health services to clients with mild to moderate mental health needs. As an individual's acuity may shift over time, MCPs and counties must coordinate to ensure beneficiaries receive the appropriate level of care and services. Under the Bronzan-McCorquodale Act (1991 Realignment) counties agreed to serve as the broader safety net for individuals with significant mental health challenges throughout the lifespan, to the extent that resources are available. (WIC 5600.3)

Populations Served

Medi-Cal Entitlement

- Medi-Cal beneficiaries with complex or severe behavioral health needs
- All foster and homeless youth regardless of severity

To the Extent Resources Are Available:

- Individuals without insurance
- Individuals with commercial insurance who are underinsured or inappropriately served
- Individuals involuntarily detained or conserved under the Lanterman-Petris-Short (LPS) Act
- Children and youth in schools
- Justice-Involved populations
- People experiencing or at risk of homelessness

Services Provided

Prevention and Early Intervention Services, including, but not limited to:

- Crisis and Warm Lines
- Suicide and Overdose Prevention and Awareness
- Outreach and Engagement
- Community Defined Evidence Practices
- Wellness and Drop-In Centers
- Crisis Services

Medi-Cal Specialty Mental Health Services, including, but not limited to:

- Crisis intervention and stabilization
- Inpatient and outpatient services
- Client assessment, plan development, and case management

Rehabilitation Medi-Cal SMHS (continued):

- Medication support
- Individual and group therapy
- Mobile Crisis Services
- Peer Support Specialist Services

Medi-Cal Substance Use Disorder Services, including, but not limited to:

















- Outpatient and intensive outpatient treatment
- Adult, youth, and perinatal residential treatment
- Medication assisted treatment (MAT)
- Withdrawal management
- Opioid treatment programs
- Contingency Management
- Mobile Crisis Services
- Peer Support Specialist Services

Funding Sources for County Behavioral Health

For the vast majority of Medi-Cal services, counties are required to provide the non-federal share to draw down federal financial participation. To do this, counties receive three primary sources of state funding (1991 Realignment, 2011 Realignment and the Behavioral Health Services Act (previously Mental Health Services Act)). These funding streams are not tied to caseload or need, and similar to other health and social services programs, community needs for county behavioral health services continue to outpace funding available. Despite limited resources to fund the entitlement and various county behavioral health mandates, counties braid and blend the various funding sources listed below to provide care and support programs in their communities, including:

- **Federal Funds:** Medi-Cal federal financial participation, federal grants (i.e., Substance Abuse and Mental Health Services Administration, National Institute of Mental Health).
- **Behavioral Health Services Act (BHSA) Revenue:** Previously Mental Health Services Act (MHSA)
- **1991 and 2011 Realignment**
- **State General Fund:** One-time or short-term grants
- **Local Funds:** County General Fund (Property taxes, sales taxes, opioid settlement funds, local bonds, etc.)

Recent Major Initiatives Impacting County Behavioral Health: Programs and Requirements

<p>Behavioral Health Transformation (Proposition 1)</p> 	<p>California Advancing and Innovating Medi-Cal (CalAIM) Recovery and Empowerment</p> 	<p>Community Assistance, Recovery and Empowerment (CARE) Act</p> 	<p>Conservatorship Reform (SB 43, 2023)</p> 
<p>Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration</p> 	<p>988 Suicide and Crisis Hotline and the Behavioral Health Crisis Continuum</p> 	<p>Healthcare Minimum Wage (SB 525, 2023)</p> 	<p>Behavioral Health Continuum Infrastructure Program (BHCIP) and Bond BHCIP</p> 
<p>Homekey+</p> 	<p>Medi-Cal Transitional Rent</p> 	<p>Children and Youth Behavioral Health Initiative (CYBHI)</p> 	<p>Behavioral Health Bridge Housing</p> 
<p>Community Care Expansion and Preservation</p> 	<p>LPS Reporting and Discharge Planning (SB 929 and AB 2242)</p> 	<p>Contingency Management</p> 	<p>Opioid Settlement Funds</p> 

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