March 22, 2020

Dr. Mark Ghaly, Secretary
California Health and Human Services Agency
1600 Ninth Street, Room 460
Sacramento, CA 95814

Dr. Bradley P. Gilbert, Director
California Department of Health Care Services
1501 Capitol Avenue
P.O. Box 997413, MS 0000
Sacramento, CA 95899-7413

Re: County and Community Based Organizations Request COVID-19 Relief Funding to Ensure Critical Behavioral Health Safety Net Infrastructure

Dear Secretary Ghaly and Director Gilbert:

The County Behavioral Health Directors Association (CBHDA), California Council of Community Behavioral Health Agencies (CBHA), and the California Alliance of Child and Family Services (Alliance) are appreciative of the swift efforts on the part of the Administration and the Department of Health Care Services (DHCS) to respond to the unfolding COVID-19 public health crisis. We write to request the Administration take immediate action to salvage critical public behavioral health safety net infrastructure by requesting emergency relief funding available pursuant to Senate Bill 89 (Committee on Budget and Fiscal Review, Chapter 2, Statutes of 2020) as many of the effects of this pandemic are already threatening the core public behavioral health safety net which will be crucial during and after this crisis to ensure Californians have somewhere to turn for their mental health and substance use disorder needs.

Our organizations understand the high value that both Californians and this Administration place on our communities’ behavioral health needs. We saw that prioritization reflected in your formation of a Behavioral Health Task Force, the visionary CalAIM proposal and subsequent time and substantial effort the Administration has invested, as well as in the Governor’s recent State of the State Address. We know that the Newsom Administration is committed to doing what is right by Californians, and especially its Medi-Cal beneficiaries with mental health and substance use disorder needs.
As part of the crisis response, our organizations have worked closely with your Administration to prioritize the welfare of our public behavioral health safety net, by isolating those clients and providers who are sick and migrating as many of our services to phone and telehealth alternatives as possible to protect lives and allow for life-saving services to continue despite shelter-in-place mitigation efforts.

As a direct result of the public health emergency caused by the rapid spread of COVID-19, many providers of behavioral health services for children, adolescents, adults and older adults are experiencing significant service disruptions that are impacting cash flow and threatening the safety net of services for our clients. For example, throughout the state, providers with already thin margins are at immediate risk of closure due to the inability to bill when no services are rendered to clients or frontline workers isolated due to their illness. If we allow these providers to close during this early stage of the crisis, we will not have the necessary service capacity when it is most needed. We are particularly concerned about the potential to lose much of our residential substance use treatment provider capacity.

To compound the already devastating effects of COVID-19 by allowing for the loss of this public safety net infrastructure would be a mistake. We believe that in the days and weeks ahead more Californians will require behavioral health services and supports as a result of the immense individual and collective trauma we will all experience. In addition, with the significant economic impacts related to COVID-19, we, like the rest of the state, expect a significant decline in public behavioral health revenues, which are reliant on millionaires, sales and vehicle license fee taxes. MHSA funds are also not allowed to be used to save our substance use disorder residential treatment core infrastructure.

To address this crisis, our organizations request establishment of a $100 million dollar county and community-based behavioral health emergency relief fund to allow counties to access, administer and manage immediate funding to stabilize the public behavioral health safety net where funding is not already available, allowable, or sufficiently flexible, which would include preserving core infrastructure and COVID-19 emergency response needs. This amount represents one tenth of the $1 billion in possible funding for COVID-19 response under Senate Bill 89. Our system is arguably already in a dire situation with some providers unable to sustain services, and the risk of vulnerable clients being discharged to an already strained public safety net.

We also request any support the state can provide in directing personal protection equipment to our county behavioral health safety net, including its frontline providers. County and community-based behavioral health workers are key components of the critical infrastructure which continues to operate throughout this crisis. As we have moved more services to mobile and home-based services, we fear that many of our staff and contracted providers are working without the essential safety protection necessary to protect the workforce and our clients.
We appreciate your leadership in this moment and consideration of these requests. Together, our associations represent all California counties and over 200 nonprofit community-based organizations which serve individuals across the lifespan in the mental health, substance use disorder, child welfare, juvenile justice and education systems throughout California. The critical safety net services our collective members provide are an essential part of the health and well-being of thousands of clients in California. We must underscore, however, the urgency of this funding request. We will lose providers within days, if not weeks, if we do not work together to find an expedited solution and welcome the opportunity to discuss these requests with you at your earliest convenience.

Respectfully,

Michelle Doty Cabrera
Executive Director
CBHDA

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