



California Association of Local Behavioral Health Boards and Commissions

February 2026 Rev. 5

www.calbhbc.org/behavioral-health-continuum

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.

1. **Engagement Tools** including peer staff whenever possible.
 - Comprehensive, Culturally Relevant Outreach
 - Shared Decision Making
 - Psychiatric Advance Directives ¹
 - Court-Ordered Care (As a Last Resort) ²
 - Conservatorship (As a Last Resort) ³
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 & Substance Use Disorder
 - 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](#)
[Crisis Care Continuum](#)
[Disaster Prep/Recovery](#)
[Employment](#)
[LGBTQ+](#)
[LPS Act](#)
[Older Adults](#)
[Performance Outcome Data](#)
[Substance Use Disorder](#)
[Suicide Prevention](#)
[Workforce](#)

Full Listing of Issues (30+):

www.calbhbc.org/newsissues

FUNDING

Medi-Cal & Matching Funds

Medi-Cal⁴ (federally known as Medicaid) requires matching funds. Common sources of local matching funds include: [Mental Health Services Act](#) ([Behavioral Health Services Act \(2026\)](#)) funding and [Realignment Funding](#).

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

The [BH-CONNECT](#) initiative is a new five-year Medicaid demonstration that expands coverage of [Evidence-Based Practices](#) available under Medi-Cal, and provides guidance and policies to strengthen behavioral health services statewide.

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 61, CA Department of Health Care Services (DHCS), September 2023

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 \(Previously "In Lieu of Services"\) Policy Guide](#), P. 36, July 2023

Sobering Centers:

[Medi-Cal Community Supports \(Previously "In Lieu of Services"\) Policy Guide](#), P. 56, July 2023

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 crisis care continuum can provide.

Funds administered by local Behavioral Health Agencies include: [Mental Health Services Act \(MHSA\)](#) (Behavioral Health Services Act beginning June 30, 2026) funding (from the Community Services and Supports (CSS) component), and [Realignment Funding](#).

Grants**Infrastructure**

[Behavioral Health Continuum Infrastructure Bond Act](#): 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.

Workforce

[Loan Repayments, Scholarships, & Grants](#), HCAI Funding Opportunities due to BH CONNECT and Proposition 1.

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

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
2. **Court-Ordered Care Related Programs & Legislation:**
 - A. **Community Assistance, Recovery & Empowerment (CARE) Act** focuses on people with schizophrenia spectrum or other psychotic disorders who meet specific criteria – before they get arrested and committed to a State Hospital or become so impaired that they end up in a Lanterman-Petris-Short (LPS) Mental Health Conservatorship. It connects a person in crisis with a court-ordered Care Plan for up to 12 months, with the possibility to extend for an additional 12 months. The CARE Plan includes community-based services and supports that are culturally and linguistically competent, including: short-term stabilization medications, wellness and recovery supports, and connection to social services, including housing. CARE process participants are prioritized for the Behavioral Health Bridge Housing program, which provides \$1.5 billion in funding for housing and housing support services. www.chhs.ca.gov/care-court
 - B. **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 Reports highlighted:

 - **Homelessness** was reduced by 32 percent. (2019-20); by 16 percent (2021-2022)
 - **Hospitalizations** were reduced by a 40 percent (2019-20) change during AOT, as compared to prior to the program. Hospitalizations were reduced by 52 percent in 2021-22.
 - Law enforcement contacts were reduced by a 42 percent change during AOT (2019-20), as compared to prior to the program.; 41 percent reduction in 2021-22.

C. Laura’s Law: [Important Note: Research evidence has shown very little correlation between mental illness and any violent behavior.⁵] 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
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
5. “While an estimated 18.3 percent of Americans suffer from some form of mental illness, only about 4 percent of community violence is attributable to psychopathology per se (Swanson, 1994).” [2016 “Civil Commitment and the Mental Health Care Continuum: Historical Trends and Principles for Law and Practice”](#), SAMHSA, 2019, page 18. Also see [Law Enforcement](#)