

Policy At A Glance:

Behavioral Health Provisions in AB 133

A critical objective of Assembly Bill (AB) 133 is to expand behavioral health services and support via infrastructure and non-infrastructure initiatives. This policy brief will focus on two essential behavioral health provisions that aim to transform and enhance the behavioral health system in California.

Introduction

On July 27, 2021, Governor Gavin Newsom signed California Assembly Bill 133 (AB 133) into law.¹ AB 133 is a voluminous health trailer bill developed to transform and enhance the health care system in California. The behavioral health arm of this bill addresses the behavioral health needs of children, youth, individuals who are homeless, and individuals who are struggling with serious behavioral health issues. Moreover, this bill aims to help Californians recover from the devastating behavioral, mental, financial, and physical impacts of the coronavirus pandemic by addressing the exacerbated health inequities.

The following behavioral health provisions will be covered in this policy brief:

1. The Children and Youth Behavioral Health Initiative
2. The Behavioral Health Continuum Infrastructure Program

Behavioral Health Policies Enacted in California

- 2004** **Mental Health Services Act**
This Act expanded and transformed California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues and their families.²
- 2015** **SB 11**
This bill provided additional mental health training for law enforcement officers.³
- 2019** **AB 577**
This bill expanded coverage of services by health plans for maternal mental health conditions.¹¹
- 2021** **AB 133**
A portion of this bill transforms California's behavioral health system.¹

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Children and Youth Behavioral Health Initiative

AB 133 establishes the Children and Youth Behavioral Health Initiative to transform California's behavioral health system into an innovative and prevention-focused system where routine screening, support, and services are granted to all children and youth 25 years of age and younger. This transformative effort will be implemented and managed by the California Health and Human Services Agency (CHHS) and its applicable departments.¹

The initiative includes the following components:⁴

1. A virtual platform for behavioral health services and support
2. School-linked partnership, capacity, and infrastructure grants to support behavioral health services occurring in school settings
3. Incentive payments to qualified Medi-Cal managed care plans to implement interventions aimed to increase access to child and youth behavioral health services and supports
4. The development and maintenance of a statewide fee schedule for school-linked substance use disorder and outpatient mental health treatment
5. Expansion and development of evidence-based behavioral health programs
6. Funding for targeted entities serving individuals 25 years of age and younger through the Behavioral Health Continuum Infrastructure Program (described on page 3)
7. A comprehensive public education and social change campaign that is culturally and linguistically appropriate
8. Investments in behavioral health education, workforce, and training
9. Funding for targeted entities serving individuals 25 years of age and younger through the Mental Health Services Act (MHSA)

What is the California Comeback Plan?

In July 2021, Governor Gavin Newsom established the California Comeback Plan by signing several senate and assembly bills into law. The California Comeback Plan allocates \$100 Billion to create new initiatives and provides transformative investments to accelerate the recovery of California from the coronavirus pandemic and tackle persistent challenges, such as homelessness, wildfires, climate change, and disparities in education and opportunity.⁵



Behavioral Health Continuum Infrastructure Program (BH-CIP)

Impetus for BH-CIP

The coronavirus pandemic accelerated the increasing rates of suicide, mental illnesses, overdose deaths, and substance use disorders.⁹ To exacerbate matters, a majority of Californians with a behavioral health condition reported that they were not receiving treatment.⁹ Furthermore, there is a disparity in the number of inpatient psychiatric patient beds available. For example, the inpatient psychiatric bed capacity in California is 21 beds per 100,000 people whereas experts estimate that a capacity of 50 beds per 100,000 people is necessary to meet the need across the state.⁹

Goals of BH-CIP

To address and improve the infrastructural issues of California's behavioral health system, AB 133 authorizes the Department of Health Care Services (DHCS) to establish the Behavioral Health Continuum Infrastructure Program to award competitive grants to entities to expand behavioral health infrastructure capacity. Furthermore, BH-CIP aims to expand and provide services (including behavioral health treatment) to those who are without homes who also struggle with serious behavioral health issues by increasing the number of behavioral health facilities available to the homeless population across California.⁸



Behavioral Health Competitive Grants

The DHCS is authorized to award competitive grants to qualified county and tribal entities to do the following: purchase, build, and rehabilitate housing or invest in mobile services to expand comprehensive behavioral services.

These competitive grants would expand the capacity for the following:¹

1. Short-term crisis stabilization treatment
2. Acute and subacute care treatment
3. Crisis residential treatment
4. Community-based mental health residential treatment
5. Peer respite treatment
6. Mobile crisis treatment
7. Other rehabilitation and treatment options for a behavioral health disorder

In addition, grant recipients are required to maintain a long-term commitment to operating the facility for at least 30 years and commit to own and operate the behavioral treatment facility among other requirements.¹

Conclusion

With an intention to transform and enhance California's healthcare system, Governor Gavin Newsom signed AB 133 into law. The behavioral health components of AB 133 will help to continue the substantial gains that resulted from previous behavioral health policies enacted in California. Moreover, AB 133 goes further by focusing on prevention as well as expansion of infrastructural support for behavioral health. As the Children and Youth Behavioral Health Initiative and the Behavioral Health Continuum Infrastructure Program become operational, it would be interesting to see their effects over time. Although AB 133 is a step in the right direction, more structural and systemic level solutions need to be implemented in the future to address the unparalleled health inequities facing vulnerable populations in California.

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Did you know?

The Medi-Cal program aims to promote better access to services for beneficiaries through the integration of behavioral and physical health.¹⁰



LOMA LINDA UNIVERSITY
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Institute for Health Policy and Leadership

11209 Anderson Street
Loma Linda, CA 92354
Phone: 909-558-7022
Fax: 909-558-5638
IHPL.llu.edu

Questions?

Please contact Queen-Ivive C. Egiebor, BS, MPH, Doctoral Graduate Assistant at the Institute for Health Policy & Leadership (iegiebor@students.llu.edu).