

CHA Key Messages

It's Time for California to Turn the Tide on Mental Illness and Substance Use Disorders

- 1. California's behavioral health crisis has pushed our health care system to the breaking point.**
 - An estimated one in four adults experiences a mental health disorder in any given year. Unfortunately, only one-third of Californians who experience mental illness are getting treatment.
 - According to the 2018 California Future Health Workforce Commission report, emergency department visits resulting in inpatient psychiatric admissions increased 30% between 2010 and 2015.
- 2. This problem was not created overnight.**
 - Behavioral health care in California is fragmented. California has 58 counties and nearly five dozen different behavioral health delivery systems, with no core set of mental health and substance use disorder services delivered in every county.
 - The state lacks a comprehensive resource directory of behavioral health providers in every community. Without a list of potential provider partners, hospitals cannot appropriately refer patients with chronic mental illness or substance use disorders to appropriate resources to receive long-term care.
 - Behavioral health is not treated the same as physical health when it comes to insurance coverage and reimbursement; payments are lower and the number of treatments is capped, disincentivizing providers to grow capacity. For example, California has one psychiatric bed per 5,900 people, compared to the national rate of one bed per 5,100 people. Mental health insurance parity laws often go unenforced.
- 3. Hospitals embrace the significant role we play in helping address this crisis.**
 - Our nurses, therapists, social workers, and others know firsthand the challenges people with behavioral health conditions face and the challenges in getting them the treatment they need and deserve.
 - Many hospitals employ advanced screening techniques, partner with community-based service providers, and have invested in specialized staff to help treat patients with behavioral health conditions.

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- Day in and day out, hospitals provide emergency care to thousands of people with behavioral health conditions. While EDs are a safety net, they should not be the first or only option for chronic illnesses like mental health and substance use disorders.
- 4. There is no “easy fix,” and this problem deserves a thoughtful approach and a sense of shared responsibility across all stakeholders.**
- The momentum is strong to face this crisis head-on. Gov. Gavin Newsom is committed to behavioral health. California’s hospitals have joined with NAMI California on a statewide campaign to destigmatize behavioral health conditions, and there is an appetite for effective, serious policy solutions.
 - Over the years, piecemeal legislation has not addressed the fundamental problems with the behavioral health care delivery system. Minor “fixes” have been ineffective and inefficient, causing more fragmentation, higher costs and additional frustration.
 - California’s county-by-county system of behavioral health care must be reformed to include a standardized set of core services.
 - Additional solutions could include payment reform, reallocation of existing resources, more outpatient and community-based services, and an ample supply of behavioral health professionals.

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