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.
   • Only one-third of Californians who experience mental illness are getting treatment.
   • The annual health care costs for those with a behavioral health condition are about 3.5 times higher than the costs for people without such a condition.

2. 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 services delivered in every county.
   • Behavioral health reimbursement is lower than care for physical health, and the number of treatments is capped, disincentivizing providers to grow capacity.

3. Hospitals embrace the essential role they play in helping address this crisis.
   • Our nurses, therapists, and others know firsthand the obstacles people with behavioral health conditions face and the challenges in getting them the treatment they deserve.
   • Many hospitals employ advanced screenings, partner with community-based providers, and have invested in specialized staff to treat patients with behavioral health conditions.
   • While EDs are a safety net — providing care to tens of thousands of people with a mental health or substance use disorder — they should not be the first or only option for those with chronic illnesses.

4. COVID-19 has exacerbated behavioral health challenges by creating new obstacles for those already suffering and increasing the ranks of those who need care.
   • Nationwide, the number of adults reporting anxiety or depression nearly quadrupled between early 2019 and July 2020. In California, 44% of adults reported symptoms associated with generalized anxiety or major depression.
   • The Centers for Disease Control and Prevention found that 13.3% of adults are experiencing new or increased substance use to manage stress.

5. This problem deserves a thoughtful approach and a sense of shared responsibility.
   • Piecemeal legislation has not addressed the fundamental problems with the behavioral health care delivery system — creating more fragmentation, higher costs, and frustration.
   • California’s county-based system must be reformed to include standardized, core services. In addition, the state needs a comprehensive resource directory of behavioral health providers in every community so hospitals can refer patients to the right resources for long-term care.
• A comprehensive and integrated crisis network is the first line of defense in preventing tragedies of public and patient safety, civil rights, extraordinary and unacceptable loss of lives, and waste of resources. There is a better way, but this requires leadership on a statewide basis to develop an effective crisis care system that saves lives and dollars. The state should create a new position within the administration to evaluate and implement a cohesive crisis care delivery system.