



April 18, 2023

The Honorable Gavin Newsom
 Governor, State of California
 State Capitol
 Sacramento, CA 95814

SUBJECT: FY 2023-24 May Revise Request: CalBridge Behavioral Health Navigator Program

Dear Governor Newsom:

On behalf of the 50 undersigned organizations, we strongly urge you to allocate \$30 million from existing funding sources in your May Revise to support continuity of the CalBridge Behavioral Health Navigator Program. In addition, we are asking for a requirement that the Medi-Cal community health worker benefit be offered in hospital settings.

Background

The CalBridge Behavioral Health Navigator Program mobilizes the state’s emergency departments (EDs) to combat the unprecedented rise in drug overdose deaths and the critical need for better access to mental health services. In 2018, with initial support from State Opioid Response funding, the CA Bridge program was launched in 52 hospitals. Subsequent state appropriations of \$20 million for the Behavioral Health Pilot Project and \$40 million for the CalBridge Behavioral Health Navigator Program

have resulted in 291 of the state's 330 EDs receiving funding and support to address behavioral health needs. This is done with a combination of medication assisted treatment (MAT) and behavioral health navigators, who connect patients to ongoing care in the community.

Impact

According to [UCLA's California State Opioid Response Dashboard](#), the CA Bridge model for ED-based MAT is dramatically more effective in making MAT more accessible than any other delivery strategy. As of March 2023, hospitals using the [CA Bridge model](#) had served 208,596 patients and started 71,445 people on MAT. During the second half of 2022, over 5,000 patients were connected with outpatient mental health services. Every month approximately [7,500 people](#) receive help with substance use disorder at a California ED. Not only do these patients in need receive help immediately, [40% are connected to ongoing treatment](#) in the community. This is a significant outcome given that two of the state's top priorities for Medi-Cal quality measures are follow up after an ED visit for mental health and substance use diagnoses. A peer-reviewed study at Highland Hospital in Oakland, one of the flagship CA Bridge sites, found that compared to patients who were not served by a navigator, those who did were [three times more likely to be in treatment](#) 30 days after their ED visit.

Need

Unfortunately, a statewide funding mechanism to sustain the navigators' services on an ongoing basis has yet to be solidified. Due to concern that the one-time funding for the CalBridge Behavioral Health Navigator Program expires at the end of the fiscal year, several navigators have left their jobs to find work with a more certain future. This is troubling, because with overdose death rates still at twice their 2018 level — and three times the 2018 level in the African American community — we cannot let up on efforts to address this public health emergency. Our two requests are detailed below.

Request #1: Provide a Permanent Funding Source Through Community Health Worker Requirements

The Department of Health Care Services (DHCS) added Community Health Worker (CHW) services as a Medi-Cal benefit, effective July 1, 2022. CHW services — which include addressing mental health conditions and substance use disorders — are provided by a variety of individuals, including navigators and other non-licensed public health workers. CHW services can be provided virtually or in-person in any setting. They include, but are not limited to, outpatient clinics, hospitals, homes, or community settings. While this flexibility in service location is generally helpful to ensure services can be offered to meet people where they are, offering CHW benefits in a hospital setting is currently optional for Medi-Cal managed care plans (MCPs). As a result, the CHW benefit has not proven to be a reliable mechanism for the ongoing support of the behavioral health navigators working in hospital EDs.

We respectfully request that DHCS provide MCPs with more specific direction and/or modify the department's administrative guidance to assure CalBridge behavioral health navigators can be integrated statewide as CHWs in all of California's hospital EDs.

Request #2: Support the Immediate Continuity of the Program

The financial uncertainty of the CalBridge Behavioral Health Navigator Program after this year has led to the voluntary departure of some of the program's most effective navigators. Since we understand the request above related to CHWs may take at least several months to explore and/or finalize, we are writing to respectfully request a one-time appropriation of \$30 million in the 2023-24 state budget

to ensure the continuity of services for all existing behavioral health navigators in the coming year. *We believe one or more of the following existing sources of funding could be utilized to provide \$30 million for this one-time purpose:*

- **Mental Health Services Act (MHSA) State Administrative Funds:** Based on DHCS' most recent report to the Legislature on MHSA revenues and expenditures, it was projected there would be \$63.1 million in excess available funding for state-directed purposes in FY 2022-23 that were not allocated for any other purpose. (See Table 3b on [page 10](#)).
- **Opioid Settlement Funds:** California will receive approximately \$2.05 billion from the Janssen and Distributors Settlement Agreements through 2028, with 15% available to the state for opioid remediation activities. ED) MAT and navigation services are specifically called out as [allowable expenditures](#).
- **Bridge Housing Funds:** The state made \$907.9 million available to counties in the current round of funding for the [Behavioral Health Bridge Housing Program](#), while the total funding appropriated to the program is \$1.5 billion. As such, it appears approximately \$592.1 million may still be available, a portion of which could be directed to support behavioral health navigators. It is clear throughout DHCS' guidelines that every Bridge Housing Program must include "housing navigation" services to be provided. In fact, the assistance behavioral health navigators provide during and after patients' ED visits frequently addresses the housing needs of patients. The Behavioral Health Bridge Housing Program should utilize the pivotal role behavioral health navigators often play in the outreach and engagement of patients in need of immediate housing assistance.
- **Behavioral Health Continuum Infrastructure Program (BHCIP) Funds:** According to the California Health & Human Services Agency, rounds 5 and 6 of [BHCIP](#) are currently in active development, based on an analysis of outstanding gaps in the behavioral health continuum. Since funds from these two rounds, totaling \$980 million, have yet to be expended, some portions could be used to address the need for behavioral health navigator funding on a one-time basis.
- **Funds Set Aside for the Medi-Cal Mobile Crisis Benefit:** In the [DHCS November 2022 Medi-Cal Estimate](#) (Policy Change #194), DHCS estimated it would expend \$10.8 million State General Funds in 2022-23 and \$37.88 million state General Funds in 2023-24 to implement qualifying community-based mobile crisis benefits in the Medi-Cal program. The program is not fully implemented, so there may be available funds that were budgeted for the implementation of this benefit but were not expended within these budgeted time frames. The role behavioral health navigators regularly play in hospital EDs for people experiencing a crisis could make this a compatible use of these unexpended funds.

We appreciate your ongoing commitment to meeting the treatment needs and of Californians living with mental health conditions and substance use disorders. We hope you agree that this request aligns with your goals. Thank you for your consideration. If you have any questions, please contact Serena Clayton, Ph.D., Executive Director, CalBridge, at sclayton@cabridge.org or (510) 388-3178.

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