SB 966 (Limón) Increasing Behavioral Health Access
CHC Talking Points

April 11, 2022

COMMUNITY HEALTH CENTER BACKGROUND

- Today, more than 1,300 community health centers serve the state of California, and provide comprehensive, high-quality care to 7.2 million people – or 1 in 5 Californians.
- Community health centers provide the full spectrum of care, from primary care to dental to behavioral health care and a variety of enabling and wraparound services.
- In many rural communities throughout California, community health centers serve as the only source of medical and wellness care for middle and working-class families in the region.

THE PROBLEM

- California's current behavioral health workforce meets only little more than 26 percent of its need. These behavioral health professionals are not distributed evenly across the state, and the workforce does not reflect neither the racial/ethnic diversity nor the gender composition of the state's population.

- Community health centers face many barriers in recruiting licensed behavioral health workforce due to our billing structure, and these historic challenges include lack of multi-lingual and diverse candidates, open vacancies that are unable to be filled for years, prolonged length of onboarding licensed providers, and lack of integrated care training.

- Due to the behavioral health workforce shortage, 1 in 6 Californians live with a mental illness, but only a third of them receive treatment.

- The consequences of this shortage are only going to intensify during the coming years. Levels of anxiety, depression, and suicides continue to skyrocket – accelerated by the COVID-19 pandemic. Unfortunately for Black, Indigenous, and People of Color, the pandemic has had a more adverse impact on them and their mental health. Roughly 4 in 10 Black, Latino, or mixed-race individuals report symptoms of anxiety or depression at above-average rates.

- Brain health affects virtually every major budget and policy issue addressed by government: criminal justice, housing and homelessness, the plight of veterans, children, and education and more. But policy changes and financial investments will only go so far without addressing the underlying issue of supply and demand for health care.

- Bottom line: If we fail to address the behavioral health workforce shortage, we will fall short in our attempt to meet the needs of the most vulnerable among us.

THE SOLUTION: SB 966

- SB 966 would allow FQHCs and RHCs to recruit, bill and retain Associate Clinical Social Workers and Associate & Marriage Family Therapists (ASW/AMFTs), continuing the flexibilities afforded during the COVID-19 public health emergency. Health centers utilizing ASW/AMFTs during COVID-19 have greatly increased access to California's most vulnerable patients, diversified their workforce to provide culturally and linguistically responsive care, and helped meet the increased patient demand for mental health services. California already recognizes ASW/AMFTs as billable providers in specialty settings. Allowing health centers to access the same behavioral health workforce will make sure they can continue to serve California's safety-net without interrupting continuity of care for patients finally receiving treatment.

- SB 966 would also remove the current administrative barrier to utilizing Licensed Marriage & Family Therapists (LMFTs), ensuring that health centers are not disadvantaged when trying to bring in California's largest workforce. According to January 2022 data from the Board of Behavioral Sciences, the majority of active behavioral health providers are LMFTs.