

# ***Misaligned: California's Local Public Safety Funding Doesn't Meet Today's Needs***

## ***March 2023***

### **Appendix**

In this appendix, we describe our methods for compiling and analyzing county allocations, as well as the limitations of the data and their impacts on our analyses.

During our review, we encountered a number of data limitations and had to make a number of subjective decisions to guide our methods. Although these constraints limit the precision of our estimates, we believe that the estimates still provide useful insight into how counties allocate AB 109 Public Safety Realignment funding. Furthermore, the data challenges we encountered highlight the need to improve the tracking and reporting of fiscal data.

We compiled our data on county allocations from the 2022 CCP [annual report](#)<sup>1</sup> from the BSCC. In this document, each county reported disaggregated information in three ways.

- First, in the **FY 2020-21 and 2021-22 Allocations** section, counties reported overall 2021-22 funding allocations. For example, the overall AB 109 allocation for Alameda County is \$77,313,096 for FY 2021-22. This data is reported according to high-level categories - typically the name of the county department or broader categories such as "Program Services," but in some cases according to specific program names. Some category names are widely used across counties (such as "Probation Department"), but others differ between counties. Even in these high-level categories, meaningful variation in naming strategies exists. For example, some counties report funding specifically allocated to a department of behavioral health, while others rather report funding allocated to a broader health and human services agency category. For example, Orange County reports \$18,935,430 allocated to its Health Care Agency. Some counties also report funding allocations from reserves or funding carried over from prior fiscal years in this section, but do not specify the agencies or departments that are funded through these categories.
- Second, in the **FY 20-21 and 21-22 Allocations to Public Agencies for Programs & Services** and **FY 20-21 and 21-22 Allocations to Non-Public Agencies for Programs & Services** sections, counties reported funding allocations broken down by public entities and non-public entities (typically community-based organizations). This data is reported according to specific program names which vary widely across counties and in many cases do not reveal the service provider or the nature of services provided. In addition, we understand that some of the entities in this section may be funded with the reserves or carry-over funding reported in the prior section or from prior years. This makes it difficult to determine which specific agencies or departments fund the public and non-public programs described.

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<sup>1</sup> <https://www.bscc.ca.gov/wp-content/uploads/2022-CCP-Report-10-Final-8.12.22.pdf>

- Third, in the **Optional Questions** section, 41 out of 58 counties (about 71 percent) included narrative descriptions of select behavioral health programs. Counties were also asked to respond to the following question:

“We would like to better understand your county’s capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?”

While some county responses to this question do provide information on services available, the level of detail in responses varies widely. For example, some counties decline to respond to this question and some provide very little information in response. In addition, no counties provided quantified funding information useful for compiling estimates of spending. Furthermore, in response to this question, some counties describe programs and services provided through their local behavioral health department or health care agency, but do not specify if these programs are funded with AB 109 Public Safety Realignment Funding or with other funding for behavioral health services. These issues make it difficult to assess and compare spending information across counties.

We elected to base our estimates on the overall funding allocations so that we could consider allocations across counties with as much consistency as possible. When compiling our data we:

- Reflected any line item in the topline section with a behavioral health-related name (such as “Department of Behavioral Health” or “Alcohol & Other Drug Services”) as a behavioral health allocation. For example, Los Angeles County reports \$44,286,000 allocated to Mental Health for FY 2021-22.
- Reflected any line item with a health-related name (such as “Health and Human Services Agency,” “Health Services,” or “Treatment Services”) as a health allocation. For example, Los Angeles County reports \$47,582,000 allocated to Health Services.
- Reflected any line item with a public health-related name (such as “Department of Public Health” or “Public Health”) as a public health allocation. For example, Los Angeles County reports \$10,906,000 allocated to Public Health for FY 2021-22.
- Reflected \$0 of allocation for behavioral health, health, or public health in counties without line items related to these areas. For example, we reflected \$0 of allocation for Alpine County for FY 2021-22.

We produced two funding estimates, one for behavioral health allocations and one for overall health allocations (defined as the sum total of behavioral health, health, and public health spending). Since many counties report allocations in broader health or public health categories without a line item for behavioral health, a substantial amount of funding for behavioral health services may be reflected in these broader categories. We produced the aggregate health estimates to capture these funds. However, since we could not parse out the exact portion dedicated to behavioral health, the aggregate estimates may overestimate the amount of funding allocated to behavioral health.

We acknowledge that there may be funding for behavioral health services reflected in other line items that we did not compile. For example, broader “Program Services” line items may include funding for behavioral health programs. In addition, we understand that county probation departments may fund behavioral health programs that are operated separately from county behavioral health, health, or public health entities and that there may be behavioral health programs funded with reserve or carry-over funding that cannot be tied to specific agencies or departments using the report. This funding is not reflected in our estimates, which may underestimate the amount of funding allocated for behavioral health.

The data used in this brief and described above, as well as additional fiscal years of county allocation data from 2017-18 to 2020-21, are all available [here](#) for public use.