California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

August 16, 2023

Honorable Jim Wood, Chair

Assembly Health Committee

1020 N Street, Room 390

Sacramento, California 95814

RE: SB 326 (Eggman) The Behavioral Health Services Act (BHSA): CONCERNS

Dear Assemblymember Wood:

The California Behavioral Health Planning Council (CBHPC) is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of California on behavioral health services. The CBHPC is mandated in Public Law 103-321 to exist as a condition of Mental Health Block Grant Funds received by the state. The CBHPC also has the statutory authority to review, evaluate and advocate for persons with Serious Mental Illness (SMI) and youth with Severe Emotional Disturbances (SED) in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with the Council's Policy Platform and our vision of a behavioral health system that makes it possible for individuals to lead full and purposeful lives.

The California Behavioral Health Planning Council recognizes the need to update components of the Mental Health Services Act (MHSA) in order to address critical issues and include lessons learned over the past 20 years. We generally support the inclusion of Substance Use Disorder (SUD) treatment and the inclusion of individuals with lived experience of substance use disorder in the population served by the proposed Behavioral Health Services Act (BHSA) to better integrate services. We appreciate the focus on current behavioral health workforce issues and support the idea of dedicating funds to the growth and development of a diversified workforce that meets the needs of those served by the MHSA.

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

The Council has long advocated for housing and housing supports for individuals with lived experience of serious mental illness (SMI) in California as it is a key component of recovery. We appreciate the administration's attempt to find additional funding sources to address California's Housing problem.

The Council is unable to take an official position on SB 326 at this time without amended language. Due to our Bagley-Keene requirements, there is not sufficient time to hold a meeting prior to the Assembly Health Committee commenting deadline. We do have concerns about the current proposal and suggested amendments in the MHSA redesign proposal as outlined in SB 326. Although the CBHPC has not taken an official support or oppose position, the CBHPC has recently engaged individuals with lived experience of mental illness and substance use disorders, family members, service providers, and local officials through seven listening sessions across the state with more than 300 attendees, to obtain feedback on this proposal. Many in our communities throughout the state expressed serious concerns about the proposed changes and the impact on the current services provided under the MHSA.

Recommendation about timing:

The Council supports the request of Disability Rights and other peer and family member advocates, in agreement with the Legislative Analyst's Office (LAO) report, to delay the Behavioral Health Services Act (BHSA) proposal to the November 2024 Ballot

Rationale: The California Behavioral Health Planning Council (Council) is responsible for advocating for adults with lived experience of serious mental illness and children with lived experience of severe emotional disturbance. This community has come to rely on us to bring their concerns to the administration. We have heard from consumers of California's behavioral health services and their family members that they do not feel "heard" or "understood" as a result of the process used to develop the proposed changes to the MHSA. Persons who utilize these services and their advocates were not engaged in the development of the proposed changes and once language was released in June 2023, following the first public announcement in March, there was not sufficient time for the behavioral health community to digest and comment on the significant proposed changes to the Mental Health Services Act, and other

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

laws governing the delivery of mental health and substance use disorder services. In addition, there are many issues and concerns that need to be addressed in the proposed bill and more information is needed to fully understand the impact this bill will have on core services. We agree that this proposal needs more examination, and public review/input, and therefore should be delayed as requested by peer advocates and members of the public.

> *"If we could provide any input on how this could have been done, delay it. That's essentially it, like delay it. I understand we understand that it's trying to get onto a March ballot. That is so soon, that's less than six months. Why does it need to move so fast? Concerning how much time it took to actually create this thing with how many amendments and how vast these changes are, why are we moving so quickly?"* Avery Hulog-Vicente, Advocacy Coordinator, CAMHPRO

Recommendation about the Council's Role in the BHSA:

We recommend the California Behavioral Health Planning Council be added to the existing Advisory Board, the Compliance Advisory Committee, and the No Place like Home Advisory Committee.

Rationale: The Council is mandated in Welfare and Institutions Code §5772(a)(b) to (1) advocate for effective, quality mental health and substance use disorder programs, (2) to review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, and (3) to report to the Legislature, the Department of Health Care Services (DHCS), local boards, and local programs.

Including the Council in BHSA advisory committees ensures state resources are used appropriately and advisory groups work collaboratively toward the same goal without establishing new advisory committees that compete with or have no connection to already existing bodies doing similar work.

Services must continue to be driven by consumers/clients, family members, and those with lived experience. The mission, vision, and guiding principles of the Council are consistent with this and allow us to

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

assist with ensuring there is a continued focus on consumer and family-member-centered services in the implementation of the BHSA.

Recommendations about housing funds:

The percentage set aside for housing should be reduced to a range of 15%-20% which allows counties to determine funding levels within the required range.

There should not be an additional mandate within the housing allotment for the chronically homeless.

The Council recommends finding additional funding sources to address homelessness and the current housing crisis outside of the MHSA/BHSA.

Eliminate "strict" restrictions for funding in the designated funding categories such as 50% on "Chronically homeless" and a 25% cap for capital development projects and instead require counties to prioritize certain populations and programs allowing counties to tailor services based on their community needs.

The proposed BHSA-restricted housing funds used for housing interventions must be attached to support services to help tenants retain housing. These housing support services should be considered part of the mandated use of the housing funds if the BHSA is approved.

Add language to the BHSA to allow for exemptions for small counties and rural counties that may not be able to meet the housing spending requirements.

The administration should consider allowing counties with verifiable low percentages of chronically homeless individuals more flexibility with their use of housing funds to serve more unhoused individuals.

Rationale: The Mental Health Services Act is a volatile funding source that has already had years with reduced allotments distributed to counties due to low revenues. We are concerned that the proposed restructuring of the funding will reduce the funds available for Behavioral Health Services and Supports (formerly Community Services and Supports), which will result in counties having to make very difficult decisions about their

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

existing programs. We are especially concerned that the restructuring of funding may lead to eliminating services in rural or rural parts of counties, increasing health disparities and inequities in these communities where services are already limited. In addition, the reduction in this category of funding comes with an expanded population to be served including individuals with lived experience of substance use disorder and individuals qualified for housing services including the chronically homeless and veterans. *We are greatly concerned that expanding the population served for existing services with an overall decrease in funding will strain the system*. This proposal does not only expand the population served but also expands the services required to be provided such as housing interventions and specified services. It also diverts local funding away from services to address the statewide behavioral health workforce shortage. This proposal vastly increases who is served and what must be funded with lower overall funding levels.

The Council is concerned about the rigidity of the proposed funding allocations. The proposed percentages do not allow the flexibility counties need to implement programs and services to address their community's specific needs. Shifting funds away from community services and supports (Behavioral Supports and Services) may result in a loss of services, including outpatient services, crisis response, peer services, wellness centers, and outreach. Californians with lived experience of serious mental illness have come to rely on the core services provided by the MHSA to establish and maintain their recovery. These core services are a pillar of housing stability for already vulnerable populations, and any loss of services should be avoided. Specifically, we are concerned about the impact on services for youth.

We are concerned that diverting 30% of the overall services funding to housing will impact the ability of counties to fund essential support services. We are also concerned about the proposal to restrict 50% of the designated housing funding to individuals who meet the federal definition of chronically homeless as this definition excludes many individuals with significant mental health and substance use conditions. Each county's housing needs are different, and some counties have greater needs in other areas.

In addition, if the interventions work as expected, over time there will be fewer chronically homeless individuals, and counties will be unable to

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

meet the required spending amounts resulting in a loss of funds and services to Californians. As far as we know, there is no data to support or evidence to suggest that requiring counties to spend 30% on housing will result in fewer chronically homeless individuals with serious mental illness. According to The California Statewide Study of People Experiencing Homelessness published in June by UCSF, individuals with significant behavioral health conditions are overrepresented in the population of individuals who are unhoused, and our currently unhoused population require access to more low-barrier behavioral health services. In fact, the behavioral health community is concerned that the life-saving services currently provided by counties will be eliminated and that the services and supports needed to help keep an individual housed may no longer be available. We have heard from the community served by the MHSA at our Public Forums that housing interventions if funded, should include housing services and supports and that housing should not be funded by eliminating funding for essential services.

As noted in a listening session:

> *"There needs to be adequate funding for services to support the housing. It is not enough to simply build housing and then leave it unclear who is going to provide the appropriate supports for that housing, especially supports that are intensive like onsite case management, and property management and structured activities and medication management, which are often needed services needed to support the most severely impaired of the people with severe mental illness. So, I have concerns about that and I do not believe that the funding for services should be sacrificed in favor of capital development, I believe there needs to be a balance between those things."* - Consumer & Family Member, Sacramento Co

To prevent the loss of services to individuals currently accessing programs funded by the MHSA, we propose a reduced amount to be designated to Housing and no requirements to designate any specific amount of funding for "chronically homeless persons." There are already multiple federal funding sources restricted to housing for "chronically homeless persons", including veterans, and many housing projects have difficulty filling those designated slots. In addition, this definition limits individuals served as it is very difficult to document chronically homeless individuals and most homeless youth would not fit this definition.

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

> *"I think that is a mistake to require 50% of the funding to go to chronically homeless. First of all, in Kern County, we have almost eliminated chronically homeless individuals or very close to that. And then in addition we have people who are very high needs, who we have to jump through about three or four different hoops, and it takes a long time to actually verify chronicity and homelessness if we follow HUD's guidelines. --I don't have a problem with focusing on encampments. But I think it would be a mistake to use the term chronically homeless in the funding." Jim Wheeler,* Executive Director of Flood Ministries

Recommendations about Consumer and Family Member involvement:

The voice of Consumers and Family members should be increased in the Integrated Plan process to ensure they are at least equal to other stakeholders.

Consumer and family member slots on the Oversight and Accountability Commission should be increased to maintain the current consumer/family voice.

Rationale: The current Mental Health Services Act emphasizes consumer and family member voice. This process is replaced in the BHSA by a broader "Integrated Plan" that includes a wider range of stakeholders such as Managed Care Plans, law enforcement, education, social services, and many other partners. The voice of consumers and family members may be limited by this expansion as the new planning process lacks the previous emphasis on consumers and family members. In addition, there are representatives added to the Oversight and Accountability Commission dampening the consumer voice on this advisory body.

Support for Workforce Development: The Council appreciates the focus on behavioral health workforce needs, particularly those segments of the workforce who are trained to use their lived experience to support the recovery of others, such as certified Peer Support Specialists. We recommend language that ensures the state-directed workforce funding prioritize the inclusion of peers at all levels of employment prioritizing financial support and incentives to peers pursuing careers outside of peer support specialist positions. *We need persons with lived experience present at every level of our continuum of care*.

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

There is also a need to continue using non-certified peers who may desire more flexible employment opportunities. We have heard concerns from peers that the "overemphasis" on Medi-Cal billing combined with the reduction in funds available in the proposed Behavioral Health Services and Supports allotments may result in fewer employment opportunities for non-certified peers. Employment is a key component of an individual's recovery, and the Council does not want to see a loss of employment opportunities for peers who are uninterested or unable to transition to Medi-Cal Certified Peer Support Specialist positions. The inability of counties to fund the non-Medi-Cal Certified Peer Specialist could lead to the closure of the Wellness Centers which are a vital resource to the consumer in recovery.

Support for Community-Defined Evidence Practices (CDEPS):

The Council supports the inclusion of Community Defined Evidence-Based Practices (CDEPs) in approved services delivered statewide as Evidence-Based Practices alone are not always sufficient for the diverse populations represented in California. We find value in growing, supporting, and championing CDEPs in order to reduce disparities and support this as a goal of the BHSA. However, these services must be developed by affected communities at the local level. We encourage revisions to ensure that CDEPs continue to be developed and prioritized locally, rather than at the state level.

We are concerned that not having funds set aside for these types of programs may result in the reduction or elimination of these "non-required" services. The communities that benefit from CDEPs many times tend to be silent spectators who may not actively advocate for their needs but benefit greatly from CDEPs.

Thank you for your dedication to improving the public behavioral health system. Summaries from the public forums are posted to the Council's public forum page as they are finalized.

If you have any questions regarding the public forums or our recommendations please contact our Executive Officer, Jenny Bayardo, at Jenny.Bayardo@cbhpc.dhcs.ca.gov or by phone at (916) 750-3778.

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Deborah Starkey

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA 95899-7413

PHONE:
(916) 701-8211

FAX:
(916) 319-8030

MS 2706

Sincerely,

[redacted]

Deborah Starkey
Chairperson

CC: Honorable Susan Eggman, Senator, 5th Senate District
Honorable Members of the Assembly Health Committee
Judy Babcock, Assembly Health Committee
Tyler Sadwith, DHCS
Angela Pontes, Office of Governor Newsom
Stephanie Welch, CalHHS
Reyes Diaz, Senate Health Committee