California Behavioral Health Planning Council
ADVOCACY • EVALUATION • INCLUSION

CBHPC Public Forum on BHSA – Bay Area (Oakland & Santa Clara)

Six (6) individuals attended the Public Forums held in two Bay Area cities on August 8, 2023, and included individuals who identified as peers, county Mental Health Service Act staff, Behavioral Health Services non-profit agency staff, and a representative from the State Council on Developmental Disabilities.

The main points brought up about **housing** are listed below.

- The overall consensus was that the funding structure is too restrictive and results in a loss of local decision-making and ultimately loss of services.
- Participants referenced recent articles and research that highlighted that programs created to address the homeless issues like "No Place Like Home" are not working so, *"Why are they doing this when we don't know what works?"*
- The 30% requirement for housing interventions is too high and takes away from the services and supports needed for individuals to remain housed.
    - 10% for housing interventions was recommended as an alternative with the additional 20% put towards Behavioral Health Services and Supports
    - Eliminate the requirement to spend 50% of the housing allotment on chronically homeless in encampments.
- The language for who gets housing services is too restrictive/limiting, it should be modified to include;
    - Children and Youth with Severe Emotional Disturbances
    - Adults and Older Adults with Serious Mental Illness
    - Person with Substance Use Disorder

A few quotes from attendees about the Housing Section of SB 326:

"*My general feedback in regard to the housing requirement is that there needs to be flexibility. I don't see how you can give a fixed percentage that capital funding can only be 25%, or that you need to focus 50% of the funding on chronically homeless people, when each county is so incredibly different- rural counties may not have large encampments, maybe it is the urban counties that do.* "- Teresa Yu, San Francisco Behavioral Health Services employee

"*Nonprofits feel that this bill sort of pits the needs of homeless youth or TAY youth against adults and so just making sure there's inclusion there when it comes to the housing language."* Tasha Henneman, Behavioral Health nonprofit employee

"I believe that this is taking away local control and adding more control at the state level. The fact of the matter is that 3% increase for the workforce, giving it to the state and

taking it away from the counties, that is a perfect example of taking local control away from counties." Juan Ibarra, San Francisco Behavioral Health Services employee

"We also strongly believe that the housing funds should be authorized for supportive services. I think for our justification we find that too many supportive housing projects are being constructed here in California, but often with a mandate of ongoing support services, but then there's no funding for those support services; and so, nonprofits, behavioral health nonprofits like ourselves, or health and human services nonprofits, we are already operating on underfunded contracts and so there's just a lot of layers to that. And residents frequently disenroll in services or asked to be removed from those Full Service Partnerships but still need ongoing services to maintain the housing, so that is just an important component that we feel should be considered." Tasha Henneman, Behavioral Health nonprofit employee

The main points about **Full Service Partnerships (FSPs)** in SB 326 include:

- Attendees acknowledged that the substance use disorder population ***does*** need to be included however;
    - SUD without co-occurring mental health is a different population than that which is currently served by the Mental Health Services Act and existing staff are not equipped with the knowledge and training needed to appropriately serve the expanded population.
    - The required services and supports needed for individuals with lived experience of SUD do not exist-*there is nowhere to send them currently*.
- Full Service Partnerships as defined in the new BHSA have an emphasis on the medical model (ACT, FACT) and are not community focused.
- There is already an issue with individuals staying in FSPs too long as there are not enough "step down" services, the BHSA only contributes to this existing issue by taking funds away from services and supports and diverting them to housing.

A few quotes from attendees about the Full Service Partnership Section of SB 326:

"It sounds like counties are being expected to add to populations, substance use populations, chronically homeless encampments, yet reducing our administrative award from 95% to 92% as well as increasing administrative requirements. It just seems like, yes, we are not being given the resources to be able to succeed with this type of program." Teresa Yu, San Francisco Behavioral Health Services employee

The main points about the **Community Planning Process** include:

- The new "Integrated Plan" expands the stakeholders involved without maintaining a Client-Centered focus diminishing the voice of consumers and family members.

- Counties need to be able to tailor programs and services based on their unique community needs with input from those served by MHSA/BHSA.
- Attendees in both locations agree that by separating prevention and early intervention and reducing the amount of services and support funds available to counties, programs, and services that target marginalized communities will be cut including;
    - County-level Anti-Racism in Behavioral Health Services efforts
    - Native American Health Center living in balance program
    - Instituto Familiar de la Raza, Indigena Health and Wellness Collaborative
    - Programs that focus on holistic non-western/medical models of wellness that are proven to be effective for many cultural communities (drumming, weaving, arts)
- The developmental disability community will be impacted if services are cut as a result of restricting of funds as many rely on MHSA services to "fill the gap".

A few quotes from attendees about the Community Planning Process in SB 326:

"We want more flexibility to determine according to our local needs. That is the spirit of MHSA." Juan Ibarra, San Francisco Behavioral Health Services employee

"I just want to talk about our recent efforts in the last three, four years since Jessica Brown joined our team as a director, we have embarked on a very robust equity plan to address anti-racism, anti-white-supremacy, within BHS and we have dove in really deeply. For example, we are doing a fellowship with equity consultants. We have never had equity consultants before. Now we have three different equity consultants to help address anti-racism within BHS. We started in May and it is going to end the middle of September, every Wednesday from 1:00 to 5:00 p.m. We have webinars with Dante King and Robin DiAngelo, and we talk about the 400 years of slavery and how white supremacy has done everything in its power to basically negate Black African American. And so that training is very crucial to address white supremacy, and anti-blackness in our system so that we can be better providers to our community. And so, all that funding is at risk because it fits under this behavioral health services and supports." Teresa Yu, San Francisco Behavioral Health Services employee

"There's a lot of folks with Autism 1 who would not qualify for regional center services who are going to have behavioral health needs.-- There is definitely a need to remember that there are co-occurring, not only for substance abuse but for also developmental disability. There are indications that if you add trauma to the picture, 75% of those with a developmental disability might have some sort of behavioral health need. And there is a need for mental health services for that group that's beyond, I think, what regional centers are able to offer, so you would definitely want to utilize the expertise of other systems that are able to do it, so of course we are concerned about that." David Grady, State Council on Developmental Disabilities