



CBHPC Public Forum on BHSA – Sacramento

Ten (10) individuals attended the Public Forum held in Sacramento on August 9, 2023. Attendees included consumers, consumer-related advocates, local mental health board members, and Children’s advocates. Community organizations represented included:

- California Association of Local Behavioral Health Boards and Commissions
- California Association of Mental Health Peer Run Organizations
- Sacramento County Behavioral Health
- California Alliance of Children & Family Services
- California Association of Veterans Service Agency

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

- The BHSA does not allow for housing support services to be funded under the required 30%- housing supports are crucial in keeping individuals housed.
- There was a consensus among attendees that the funding requirements and restrictions may have a negative impact on support services offered by counties.
- Some felt that this bill actually “*pits two very worthy needs against each other*” by taking funds from mental health services to fund housing.
- The use of the federal definition of “chronically homeless” may actually limit who can be served and should be reconsidered/removed.

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

“Adding funding for capital development will help meet the urgent need for additional housing in our community, which has a 3% vacancy rate, and almost no affordable housing in addition to a 3% vacancy rate, so opposing it on its face is not a reasonable position to take. But failing to fund the services that make it possible for that housing to produce the desired effects for more than a few months would seem to critically undercut the value of providing that housing.” Patricia Wentzel, Consumer & Family Member

“I think this legislation is extraordinarily complex and the interrelationship between housing and supportive services in mental health services is very complex. We have been supporting and have supported AB 531, which complicates things for us, because it incorporates the Veterans Housing and Homeless Prevention Program in AB 531, a housing program that we helped create many years ago and want to have re-funded. And so the answer from our perspective is, yes, we are supportive of the housing part of it, but with the same kind of caveats that you all mentioned about how it might impact the availability of funding, especially for supportive services, and I agree, it is unclear right now.” Chuck Helget, California Association of Veteran Service Agencies

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

- Individuals support including persons with lived experience of SUD, however;
 - The population served is greatly expanded with no additional funding.
 - Expanding the population served while also decreasing the funds available for FSPs and prevention and early intervention will result in the loss of programs valued by the community.
- Children & Youth are not prioritized in Full Service Partnerships as outlined.

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

“The proposed cap of 5% on prevention programs could diminish the potential funding for CDEPs (Community Defined Evidence Practices) and these are programs that are really valued by BIPOC (Black, Indigenous, People of Color) communities, LGBTQ (Lesbian, Gay, Bisexual, Trans, and Queer) communities, and consumer communities. I wanted to provide an example of a program just to really paint the picture of why this is really difficult to manage. ---They create these programs that are designed by the people they intend to serve. And they have this crochet circle that is open and really is attended by a lot of Lao immigrant communities’ women. And in this circle it is not just a crochet circle--in these spaces they have created this circle of trust and safety where they can purge and discuss their traumas, their experiences, their challenges of living as an immigrant person or living as a woman or living with the challenges they have with their families, that they would not otherwise feel safe sharing that. And it is because this is not labeled as a mental health service or a Medi-Cal service that they feel safe entering these spaces. That is destigmatizing alone.” Avery Hulog-Vicente, Advocacy Coordinator

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

- The authentic community engagement of the original act is not present in the proposed Behavioral Health Services Act (SB 326).
- The Integrated Plan that replaces the previous Community Planning Process dilutes the voice of behavioral health stakeholders, consumers, family members, and other people who have a direct stake in behavioral health services.
- Engaging the community in the planning process results in programs that meet their needs and result in positive outcomes, this practice should continue.
- The vote should be delayed to November 2024 ballot to allow community input.

Relevant Quote about SB 326:

“At the heart of the MHSA, it was created on authentic community engagement and that was integral in the advocacy and the creation and the passage of the MHSA. These last few months, these last few weeks have been really upsetting for the consumer community that I have been engaging with--So if we could provide any input, 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? -Avery Hulog-Vicente, Advocacy Coordinator CHAMPRO