



CBHPC Public Forum on BHSA – Bakersfield

Forty-eight (48) individuals attended the Public Forum held in Bakersfield on August 10, 2023. Attendees included behavioral health consumers, family members, Kern County's Chief Administrative Officer, Kern County Probation Department, Kern & Fresno County Behavioral Health Services Staff, and representatives from mental health and substance use providers. Community organizations represented included:

- First 5 Kern County
- Good Samaritan Hospital
- City of Bakersfield
- Aegis Treatment Centers LLC
- Kern County Network for Children and the Dream Center
- Child Welfare Services
- Flood Ministries
- Child Guidance Clinic

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

- The 30% proposed for housing is “too big” and “too restrictive” which will negatively impact services.
- Overall, attendees support the use of MHSA/BHSA funds for housing interventions and capital but not at the expense of other services and supports.
- Increasing housing will result in cutting FSP services which mostly likely will increase health disparities and inequities in rural parts of the county, such as Ridgecrest and Taft.
- Attendees also believe the funding should be used to cover housing supportive services and not just interventions.
- The Federal definition of homelessness should not be used, as it is often too difficult to document and leaves out the homeless population in Kern that could be served by the BHSA, including individuals who were hospitalized and unhoused youth. The Federal definition also excludes women who seek housing after escaping abuse.
- Kern County has almost eliminated chronic homelessness for individuals, so spending down the 30% may be difficult and result in a loss of funding for the county.

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

“I would support additional use under the category for capital development, but not at the expense of decreasing funding from other programs. I think the housing bucket right now is very restrictive, it is too big, the impacts it is going to have on our other services. And housing without housing supportive services is not going to be a meaningful intervention for the intent and aim of this purpose.” - Stacy Kuwahara, Behavioral Health Director for Kern Behavioral Health and Recovery Services (BHRS)

"I oppose the change as it is currently written, for the reasons already mentioned. And I also strongly oppose it being based on the federal definition of chronically homeless, which we find to be very difficult to document. We know that we serve people who are chronically homeless, who are left out of services because of the federal definition."
- Lynn Corse, Family Member & Kern BHRS Staff

"If you look at the categories FSP (Full Service Partnerships) and PEI (Prevention and Early Intervention), those are where the majority of the services that serve foster youth in Kern County are paid through. And so, what we are doing is we are decreasing services to our most vulnerable population to move that money over to housing. So, I would have to echo that I feel like we are robbing from this area to serve another area, and without some additional funding I just cannot support this bill." - Maria Bermudez, Assistant Director Child Welfare Services of Kern County

"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

"I think one of the things we haven't talked about yet is our rural communities. We are the third largest county in the state, we are over 8,000 square miles. So, when we are talking about cutting these funding buckets, you are looking at that even further when you are talking about breaking that amongst the rural communities like the Kern River Valley, Lake Isabella, and Mojave. So, when you are talking about chronicity, that is going to be even harder there. Housing subsidies, we already know we have a hard time fulfilling those in the rural communities. They don't want to come to Bakersfield, they want to stay in the community where they are from, so realizing that. That that is not just a unique situation for us, we know that there are other counties that are going to have a similar situation." - Amanda Ruiz, Kern County Administrative Office

"I think what happens is as this funding gets more restrictive and smaller it will increase the very people that are trying to be addressed by this change, right? I think this will noticeably impact our ability to do outreach and provide direct services to those that are in homelessness, struggling with mental health and substance use issues. These restrictions are taking a significant amount of resources away." - Jim Zervis, Chief Administrative Officer for Kern County

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

- The concept of including individuals with lived experience of SUD only in FSP services under BHSA is generally supported, however, more funding is needed.
- Expanding services to the substance use population while restricting a large amount of the county's funds to be spent on housing does not seem feasible.

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

“We have worked many, many years to get the collaboration that we have in this county going. And we have worked very hard on getting the funding that carries us through and affects all of our families. And I am also a family member. So, although substance abuse, I think is something that has been missing for a long time, it needs a different funding stream. And what the housing is going to take from the MHSA funds is going to directly affect my family, my job, and my community, so I am just very opposed to it.”

“Certainly, substance abuse is important, and it needs to be addressed, but I do not feel that we should decrease the funds for MHSA for full-service partnerships that will definitely impact, significantly impact the care and treatment that we give to our foster youth.” - Linda Hoyle, Executive Director, Child Guidance Clinic

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

- Behavioral health consumers in small cities and rural areas are left out of the Integrated Plans/community planning process.
- This legislation removes persons receiving services from the planning process and gives more control to “high-level” managed care plans.
- Counties need to be able to listen to their communities and include the people served by the Act and their families, giving persons with lived experience a greater voice.

A few quotes from attendees about the Integrated Plan and community planning:

“The bill emphasizes that the five most populous cities in a given county should be given priority in the BHSA plan. In Fresno County and I am sure many other counties across the state that will really leave a large portion of our communities out of the planning. So, we want to make sure that we are able to incorporate and value just as much the input of our communities that are not our five most populous cities. I think there are two or three counties that don't have any incorporated cities. So just the need for us to be able to actually have that voice lifted up in our plan is really high and we would like to see that reflected in this bill.” - Erinn Chan-Golston, MHSA Coordinator for Fresno County

“We have extensive stakeholder engagement in Kern County and already include our behavioral health board in and have stakeholder feedback and stakeholder reporting. And so, my concern is right now we are really including our community, our providers, our partners, and our local people that are receiving services and our family members. What this change in legislation is doing is actually taking those people out of it and putting high-level managed care plans in directing our care. And it is really taking the people who are receiving services, the family members, and those that actually know what is needed in the community, out of that process, and so I am very concerned about the changes in the stakeholder feedback.” - Robin Taylor, Deputy Director, BHRS