



## CBHPC Public Forum on BHSA – Culver City, Los Angeles, CA

Twenty-two (22) members of the public showed up in Culver City, CA on August 14, 2023, to discuss the Behavioral Health Modernization Act (SB 326). Attendees included individuals who identified as peers/consumers, family members, peer providers, and County Mental Health employees.

Community organizations represented included:

- Torres Martinez Tribal TANF
- Los Angeles Unified School District
- God's Promise Society
- Children's Institute
- Safe Passages
- California Reducing Disparities Project
- Orange County Behavioral Health Advisory Board
- NAMI Greater Los Angeles
- Project Return (PSN)
- The Self-Help and Recovery Exchange (SHARE!)

The main points about **housing** are:

- Attendees oppose the Behavioral Health Services Act (SB 326) as written as they agree it will “take away services” needed in their community due to the 30% dedicated to housing.
- If the Act is passed, housing interventions must be paired with supportive services.

A quote about the Housing Section of SB 326:

*“We are concerned that anything to do with housing, we would like it to be connected with supportive services. And also, we are concerned about the reduction in Prevention and Early Intervention funding at the cost of increased housing--- also that people are diagnosed with mental illness.” Traute Winters- Executive Director for the National Alliance on Mental Illness (NAMI) Greater LA County*

The main points discussed around **Full Service Partnerships** were:

- The community supports treating individuals with lived experience of substance use with a co-occurring mental health condition.
- Persons with lived experience of substance use only **should not** be included in Full Service Partnerships under the proposed BHSA.
- There was a shared concern about the loss of peer services due to the shifting of funds and emphasis on medical billing.

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

*“My understanding and our implementation of the Mental Health Services Act funding is that it is recovery-oriented and person-driven. So ideally, the person should plan what their recovery looks like. And if they want to be connected to services for substance use, there should be an ability to do that. That does not need to have a carveout that is specific, that funds substance use for people in services. They can be connected to those services without taking money away from MHSA. And we can still use MHSA to be person-driven so that everybody is in charge of their own recovery.”* Jason Robison- Peer, Family Member, Peer Services Provider

*“I am very concerned about my fellow peers not getting the correct services that they need. When I looked at the numbers, 46% reduction in CSS funding, then a 5% reduction in innovation. ---I come from a program where we have had innovations like a peer respite house. That peer respite house has helped people keep their homes, it has kept people out of the hospitals, it has given them dignity, it has given them tools to sustain their recovery.--There are lots of fellow peers who do not feel comfortable in traditional clinical service areas but they do feel comfortable with people who say, yeah, I've been there, I've done that, let's sit down and talk about it. Come to our group, let's do Zumba together. --- And that's where the peer support services come in and give people a lifeline. Fill the gap, give them the support they need. I am so worried about the loss of peer services.”* Anna Littleford- Person with Lived Experience & Peer Service Provider

*“I really hope we find a way to make sure that MHSA dollars continue to fund the full scope of peer services, not just peer services as they can be billed to Medi-Cal.”* Jason Robison- Peer, Family Member, Peer Services Provider

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

- The current community planning process in the MHSA was not implemented effectively and some counties did not spend as much money as they could/should have.
- The Integrated Plan process should maintain a focus on persons with lived experience of mental illness who do not or cannot access traditional clinical services.

A few quotes from attendees about the community impacts of SB 326:

*“So, community planning is a big thing. This Act (MHSA) as written is pretty simple, it just never was implemented the way it was written. ---We could spend up to 5% by statute.”* Steve McNally- Family Member, Orange County

*“It is pretty clear, even according to the Legislative Analyst's Office, that if this bill passes as it is, PEI (Prevention and Early Intervention) funding will be completely decimated, right. We represent 40 nonprofits throughout California, but there's hundreds of us, and that's thousands and thousands of people. Again, if this passes, and it kind of feels like it is, right, in its current state, there's going to be a massive reduction in these services and a massive reduction in services that really help save lives, like real mission-critical stuff. So, we are deeply concerned, and I know you all are too.”* Diego Bravo- California Reducing Disparities Project, and Safe Passages