



CBHPC Public Forum on BHSA – Virtual, Zoom

Two hundred five (205) individuals attended the virtual meeting on August 1, 2023, and included individuals who identified as peers/consumers, providers, advocates, mental health service providers, and individuals from community-based organizations statewide.

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

- It is unclear to the general public what exactly the new housing funding is to be spent on and more specifics/clarification from the administration is needed.
- In regard to the required 30% for housing, there is concern that there is no exemption for counties based on county-specific needs.
- Attendees understand more housing is needed and support the idea of including housing interventions, just **not** at the expense of the vital services currently funded by the MHSA.
- Some individuals expressed they could support the allotments for housing interventions **if** they did NOT result in the loss of services and were:
 - Person-centered
 - Connected to services
 - Well-defined
 - Attached to more funding
- Multiple individuals expressed that the “person-centered” approach unique to the MHSA is not reflected in this added section.
- There was agreement that housing interventions must be paired with services if the MHSA funding is to be used and housing efforts are to be successful.
- The proposed restructuring of the funds limits already existing services, resulting in defunding of programs and services like youth services, community outreach services, peer-run programs, and programs and services tailored to communities of color.

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

“It [BHSA] doesn’t meet the standards of what the MHSA I believe is for and the restructuring is limiting already existing services, which will damage our communities and it doesn’t get to the root of homelessness. And it really doesn’t solve the problem, it just makes it look like we are doing something about it.” - Trista Ochoa, Behavioral Health Services, San Luis Obispo, CA

“I am also concerned that 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.” - Patricia Wentzel, Consumer & Family Member, Sacramento Co

“Taking mental health dollars away from services in order to help people who are on the streets for any number of reasons, is inherently flawed. And it sticks to a stigma that is existent right now in the broader discussion that somehow mental health is the reason that people are out there and that's just not true. Having been one of those people myself that was chronically homeless for over 10 years, it was never my mental illness or mental health concerns that kept me out there, it was a variety of other reasons.” - Andrea Wagner, CHAMPRO

“Personally, I am highly against this bill--This does not address the root causes of homelessness and encampments. This is honestly just addressing like the top layer of the actual problem in itself and that this money should not be coming from the Mental Health Services Act that I work directly in.” - Maileen, Peer Support Specialist, Alameda County

“The health equity initiatives that may be defunded include Diversity and Equity Council, African American Community Initiative, Chinese Health Initiative, Filipino Mental Health Initiative, the Latino Collaborative, Native and Indigenous People’s Initiative, Pacific Islander Initiative, Pride Initiative and Spirituality Initiative. Other prevention and early intervention programs that may be impacted are Parent Project, Mental Health First Aid, and Digital Storytelling. Through the MHSA funding we have been able to help provide programs free of cost to community members, in particular to communities of color who might not have access or experience quality care in receiving access in care.” – Brittany Afu, Pacific Islander Initiative, Behavioral Health and Recovery Services, Office of Diversity and Equity, San Mateo County

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

- Individuals believe Full Service Partnerships work!
- Attendees overwhelmingly support the inclusion of substance use treatment as part of the services included.
- There is support for the expansion of the population served by FSPs to include individuals with lived experience of substance use without co-occurring Serious Mental Illness (SMI).
- The main concern is, can the current MHSA funds really support this expansion, when the amount of funds available for FSPs is reduced in the BHSA by diverting funds as outlined in the restructuring of the funding?
- Full Service Partnerships may not be appropriate for the children and youth served as it “does not keep them whole”.

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

“I support the adding on of SUD [Substance Use Disorder] services. I think that that should be across the board. They should be accessible at all times. I think that the supportive services should include SUD and the mental health should be in collaboration with it due to the co-occurring disorders. And I think it's in a right direction.” - Amber Gray, Behavioral Health Commission Clerk, San Francisco, CA

“I am concerned about adding SUD treatment without increasing the funds available for services because our mental health services already with our current levels of funding are unable to meet our community's mental health needs and I am very, very concerned about the reduction in funding for PEI [Prevention and Early Intervention] services.” - Sarah Marxer, Peer Support Specialist, Peers Envisioning and Engaging in Recovery Services, Alameda County, CA

“I strongly support integrated care, number one. But I truly believe as a person with lived experience and one who was unhoused for 21 years, drank and used drugs for 21 years, utilized mental health services for over 20 years, that it all goes together---What is important is to have adequate and appropriate services. If we don't have adequate and appropriate services in order to address one's underlying issues as to why we drink and use in the first place then, you know, what can we say. But I strongly believe, strongly, strongly, I am counting on you to support.” – Reba

“I do believe that the entire adult system of care is at risk right now because we won't be able to provide services in the recovery-oriented way that we have become more closely aligned with. We are still not there, even with MHSA, for a recovery-oriented system, but we have certainly made strides. Where we have peer support, we have community health workers, we are outreaching to those communities, those underserved communities and the BIPOC communities, the LGBTQ+ communities. MHSA has really, really closed some of the gaps for us, getting folks from those communities into community-based services. So to me, all of that will go away. Anything that is not leveraged with Medi-Cal dollars, anything that is little, that we do extra, anything that is more recovery-oriented, anything that is more culturally competent, anything that is just not readily leveraged with Medi-Cal dollars in a very formulated way is likely to be cut. And so I think all of those communities should be very concerned that their services will be cut.” -Susan Gallagher, Family Member, CalVoices

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

- Attendees expressed great disappointment overall in the lack of consumer and family input in the development of the changes proposed in SB 326.
- The broadening of the planning process to include a much wider net of stakeholders, such as Med-Cal Managed Care plans, hospitals, law enforcement, and others:
 - results in a loss of focus on consumer-centered services
 - dampens the voice of marginalized communities
 - changes the nature of the spirit in which the original MHSA was created
- The emphasis on consumer/peer and family voices is not present in the proposal.
- Marginalized communities like the LGBTQ community and communities of color are hurt by this proposal as funding for the programs that serve them will be cut.

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

“When the administration proposed to split PEI into two categories, splitting off prevention from early intervention, we have no, the reason hasn’t been given to us [...] It is going to make it very hard for these community-based organizations that are serving racial and ethnic communities as well as LGBT communities. It is going to make it very difficult for their programs to be funded because they are both prevention and early intervention. So that is very concerning, especially since most of these programs with their community defined evidence-based practices won’t be able to be paid by Medi-Cal.” - Rebecca Gonzales, National Association of Social Workers, California Chapter

“What I would like to say about this bill is that it really is setting up the most vulnerable populations to fight among themselves for services. It is creating a bucket that really is undefined and has a bunch of programs. Like, basically, it is written in a way to confuse us. And I just really feel like it is going to negatively impact both communities of color and the LGBTQ community and anyone who is seeking services outside of the mainstream medical model. And it is negatively impacting people who are houseless. It is a lose-lose for everyone in California who is marginalized.” – Kivi Nemi, Recipient of Services