



## Proposed Behavioral Health Services Act Public Forums Summary

The California Behavioral Health Planning Council held public forums in response to the Governor's modernization proposal with a focus on current Senate Bill 326 (Eggman), which proposes to transform the current Mental Health Services Act (MHSA). Council Members with extensive expertise in the public behavioral health system identified areas of interest to the Council that align with our policy priorities and the current work of the Council. These categories included housing, Full Service Partnerships (FSPs), and stakeholder engagement through the community planning process.

Attendees were encouraged to familiarize themselves with the bill prior to the forums. At the public forums, a brief overview of the bill was provided with a focus on defined areas of funding Full Service Partnerships (FSPs), and the Integrated Plan which replaces the current community planning process. Each event included one (1) full hour where attendees were able to voice their opinions on aspects of the bill identified by the Council.

### Public Forum Attendance Summary:

There were seven public forums held statewide between August 1, and August 14, 2023. We had one virtual meeting and six in-person events in the following locations: Stockton, Oakland, Santa Clara, Sacramento, Bakersfield, and Los Angeles. CBHPC staff partnered with county staff, local non-profits, and statewide peer advocacy groups to promote the forums.

During the two-week period in which the public forums were held, 324 people attended. Attendees included behavioral health consumers, former consumers of services who identify as peers, Peer Support Specialists, family members, local Community-Based Organizations, County Board of Supervisors, County Administrators, Local Education Board Commissioners, and County Behavioral Health Services Directors. Summaries for each event are posted on the California Behavioral Health Planning Council's website.



*Photo: Jenny Bayardo-CBHPC Executive Officer, Jason Robison-Chief Program Officer, S.H.A.R.E! & Council Staff*

### What We Heard:

People who came to the forums were appreciative of the opportunity to provide input although they feel the administration should be soliciting input from persons served by the MHSA in advance of suggesting major systemwide changes. Every location stressed the importance of including persons with lived experience of mental illness and children with Severe Emotional Disturbance (SED) and their families in decisions made about the public mental health services provided. This high-level summary is not all-inclusive, see individual summaries for more detail.

### Common Housing-Related Themes:

- There was consensus statewide that the proposed 30% dedicated to housing is “too high” and “too restrictive”, negatively impacting current core services. Most attendees in all counties we visited expressed they would oppose the BHSA as written at the time of the forums. Counties need more flexibility.
- Several communities suggested that the additional requirement to spend 50% of the designated housing funds on “chronically homeless” persons in encampments should be eliminated.
- The federal definition of “chronically homeless” should not be used as it is difficult to document, too restrictive, and leaves out individuals that could benefit from the proposed housing interventions.
- There was agreement statewide that housing interventions must include support services that should be included as allowable expenses in the housing allotment.

### Common Service-Related Themes:

- Support for the inclusion of individuals with lived experience of substance use disorder (SUD) in the population served by the BHSA varied by county.
- There is general support for the inclusion of substance use treatment for persons with co-occurring Serious Mental Illness (SMI).
- When communities supported the expansion of the population served by Full Service Partnerships to include individuals with lived experience of substance use without co-occurring mental illness, the following conditions applied:
  - More funding should be provided by the state.
  - The expansion must not impact other services currently funded by MHSA.
  - Training and technical assistance are needed as the SUD-only population is different than the population currently served.

### Common Community Planning and Engagement Themes:

- The BHSA must maintain the authentic community engagement outlined in the current MHSA and continue to be consumer-centered.
- The county Integrated Plans and state advisory bodies/committees created by the BHSA should include strong consumer and family member representation.
- Counties must engage persons with lived experience in the planning process and have the flexibility in funding to be able to make local decisions about services.

The California Behavioral Health Planning Council used the information gathered to inform the [letter of concern](#) sent to the Assembly Health Committee on August 16, 2023. In addition, written summaries for each event, posted to the Council website, were shared with the administration. The Executive Officer of the CBHPC engaged in discussions with the Department of Health Care Services and the Health and Human Service Agency regarding the behavioral communities’ feedback on the BHSA proposal. The Council will continue to engage the community as part of our ongoing evaluation and advocacy efforts.