



STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

September 7, 2023

MARA MADRIGAL-WEISS
Chair

MAYRA E. ALVAREZ
Vice Chair

TOBY EWING
Executive Director

VIA EMAIL

The Honorable Susan Eggman
California State Senate
1021 O St., Suite 8530
Sacramento CA 95814

Re: Senate Bill 326 - SUPPORT

Dear Senator Eggman:

I am writing to express the Commission's support for your Senate Bill 326, regarding reforms to the Mental Health Services Act (MHSA) and California's behavioral health system. The Commission very much appreciates the time you and your staff committed to working with the Commission, as well as the opportunity to engage Secretary Ghaly and the team from the Health and Human Services Agency throughout the bill process. I particularly want to express appreciation for the many hours Deputy Secretary Stephanie Welch spent presenting the Governor's Modernization Plan to the Commission and engaging our staff to discuss the Commission's concerns throughout the legislation's development.

As you know, the Commission was formed by the passage of the MHSA and it is charged with the dual responsibilities of promoting transformational change, and ensuring public accountability that the mental health needs of Californians are being met.

The MHSA calls for improved outcomes in housing, justice involvement, education, employment, child welfare, suicide, and suffering. Every Californian is aware of our collective failure to meet housing needs, and too many families are living through the nightmares associated with unaddressed substance use disorders, psychosis, and suicide. Despite years of efforts to promote criminal justice diversion and ensure no one must resort to a jail or prison sentence as a means to accessing behavioral health care, the unfortunate reality is that calling law enforcement remains a primary strategy to respond to a behavioral health need.

The Governor's reform proposal, as represented in your legislation, powerfully communicates that the state and counties have not ensured adequate access to behavioral health care. The Governor's proposal also calls for robust attention on prevention and early intervention opportunities. It seeks improved outcomes through Full Service Partnerships, that provide

vital services intended to address homelessness, justice involvement, and hospitalizations. Further, it clarifies that Behavioral Health Services Act (BHSA) funding can and should be used to address substance use disorder needs. The proposal, if enacted and effectively implemented, will drive improved planning, service integration, and accountability. Paired with the many fiscal reforms underway, SB 326 should result in more funding to support behavioral health needs, and, most importantly, better outcomes.

After careful deliberations, the Commission voted on September 5, 2023 to support SB 326 and to share our concerns that this legislation will result in improved public outcomes only through sustained attention on the following opportunities.

Community Engagement. Successful responses to community behavioral health needs must begin with robust community engagement to ensure that policy and programmatic decisions are grounded in public trust and reflective of community needs. As Secretary Ghaly so eloquently wrote in a recent opinion piece, public agencies must co-create service delivery systems with the people being served. SB 326 grants considerable discretion to the state and local agencies in the design of behavioral health programs – as it should. To ensure that discretion is responsive to community needs, implementation should be informed by California’s diverse communities. The Commission looks forward to working with your office and the Administration to ensure that implementation of the BHSA is grounded in robust community engagement.

Disparities. As the state implements the Behavioral Health Services Act, utmost attention should be placed on addressing disparities experienced by California’s diverse communities. The state must establish a collective goal of achieving equity for the communities most impacted by unmet mental health needs, including native communities, Black, Latino, AAPI, LGBTQ+, veterans, and others. Behavioral health disparities are driven by trauma, economic inequality, a history of racism and violence toward select segments of our communities, but also by a behavioral health system that itself reinforces inequitable access to care, often with a bias toward the criminal justice system as an access point for our most vulnerable residents. BHSA implementation efforts, from stigma reduction, programmatic design, funding, and accountability strategies, must be designed and implemented through an equity lens.

Prevention. The emphasis in the behavioral health reform proposal is on care delivery and early intervention, and that is necessary. Yet California cannot afford to spend its way toward meeting unaddressed behavioral health needs. To achieve wellbeing throughout California’s communities, the state and local agencies must prioritize prevention beyond the investments in the BHSA. California also must recognize that prevention does not always require a

behavioral health dollar to be effective. Consistent with the Commission’s recent work on [prevention and early intervention](#), more work needs to be done to leverage the opportunities represented by our schools and workplaces, our parks and play areas, libraries, and other community resources. Most importantly, California needs to leverage the private and social sectors, including partners in faith communities, to achieve prevention goals.

School Mental Health. As a follow-up to SB 326, the state needs to establish or at least clarify leadership and accountability for sustaining attention on school mental health after the Child and Youth Behavioral Health Initiative (CYBHI) sunsets. Your partnership with the Governor in bringing forward this historic set of reforms to California’s behavioral health system is far reaching, but it has not adequately addressed ongoing opportunities to fully leverage California’s local education agencies to meet the behavioral health needs of students and their families. The Commission strongly urges the Governor and Legislature to ensure that the progress launched with the CYBHI, and extended with the BHSA, does not neglect the very real need for sustained leadership on school behavioral health.

Accountability. Any reboot of California’s mental health system requires enhanced accountability to ensure the promises made to the clients and families served, as well as to the taxpayers who are footing the bill, will be kept. Accountability strategies must focus on ensuring that reforms result in enhanced public trust of California’s behavioral health system and its capacity to get the job done.

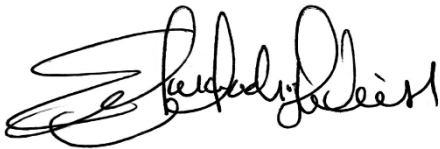
Enhancing Peer Strategies. California’s peer community is ready to step up to address the state’s behavioral health workforce needs with cost-effective approaches to care. However, the state and local agencies have been slow to embrace peers as service providers. Successful behavioral health reforms will require the state and local agencies to improve public understanding of the value of peer providers, expand peer training resources, bolster financing strategies that support peer services, and design prevention, early intervention and care delivery standards that are built around the roles of peers.

Implementation must assess and address risks. As outlined in the Commission’s July 25, 2023 bill analysis, implementing the reforms envisioned in SB 326 will take time. Reforms must carefully balance the need to address homelessness and gaps in SUD treatment without sacrificing the strengths of our existing systems of care. The implementation timelines included in the Act, when paired with discretion granted to implementing state agencies, should allow a transition that ensures essential community service providers do not face undue fiscal or programmatic risks.

Reforms to California’s behavioral health system will be successful when we have eliminated stigma, there is broad public understanding and support for prevention and early intervention, and reliance on involuntary care is unnecessary. We look forward to working with you, others in the Legislature, and the Administration to ensure success.

If you have questions regarding the Commission’s support or its concerns, please contact Toby Ewing, the Commission’s Executive Director, at toby.ewing@mhsoc.ca.gov.

Respectfully,

A handwritten signature in black ink, appearing to read "Mara Madrigal-Weiss". The signature is fluid and cursive, with the first name "Mara" being particularly prominent.

Mara Madrigal-Weiss, Chair