

## **Douglas Dunn Proposition 1 Agenda Outline & Slides Verbiage**

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### **Slide 3— Proposition 1-- High Level Summary**

This slide lays out the High Level changes and focus of Proposition 1:

- Renaming the Mental Health Services Act (MHSA) the Behavioral Health Services Act (BHSA). State tax remains at 1% for millionaires.
- Collapsing the current MHSA 5 Categories of funding in 3 BHSA Categories without increasing funding
- \$6.3B housing bond to cover the full spectrum of care beds badly needed throughout CA and in Contra Costa County.
- Through the Housing Bond, creating 27,000 Outpatient Treatment slots, primarily for Substance Use Disorder treatment.

Most important, focus county Behavioral Health Departments and other Service Providers to properly serve the severely mentally ill persons in their county. .

### **Slides 4 & 5 Proposition 1 Key Points**

#### **Slide 4**

This slide and the following one “lays out” the “high level” financial changes the Behavioral Health Services Acts (BHSA) will impose by July 1, 2026 on county Behavioral Health Departments and other Service Providers if approved by voters on March 5, 2024.

## **Douglas Dunn Proposition 1 Agenda Outline & Slides Verbiage (cont'd)**

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#### **Slide 5**

This slide, a direct continuation of slide 4, “lays out” at a high level how current MHSA categories of funding will be “folded in” to the BHSA if approved by voters at the March 5, 2024 primary election. Assemblymember Dr, Juaquin Ambrula (MD) (D-San Juaquin County) was the “driving force: behind focusing major BHSA funding on housing and especially children and Transition Age Youth (TAY) programs.

**Slide 5 (cont'd)**

This slide also highlights the key important financial and client care points of Proposition 1. The Housing Bond is most important because it will provide funding for building or refurbishing desperately needed community based, sub-acute (LPS civil locked facility) beds for adults. It will also provide funding for building desperately needed acute level (psychiatric ward) beds for children, adolescents, and adults as well as community based unlocked step-up and step-down care facilities throughout the state.

The refurbishing of existing facilities or the building of new ones will follow a very similar competitive bid process to that used in the 6 rounds of the \$2.25B Behavioral Health Continuum of Care (BHCIP) approved by the 2021-2022 session of the state legislature and signed by Gov. Newsom.

**Slide 6—Contra Costa Behavioral Health Services Budget**

This is a representative Contra Costa Behavioral Health Services (CCBHS) budget based on the 2022-2023 fiscal year. It lays out the major “buckets” of funding for county Behavioral Health Services funding.

**Slide 7—CC County MHSA/BHSA Budget Categories**

This slide shows how Proposition 1 proposes to “fold” the current funding of MHSA Categories into the new proposed BHSA Categories without increasing the tax and therefore, funding of existing MHSA programs into the new BHSA. CCBHS has attempted to get around this problem by putting as much funding as possible in the approved 2023-2026 MHSA Three Year Plan as possible. This will, hopefully, help alleviate the problem of funding existing MHSA programs for the next 3-5 years.

**Slide 8—Housing Needs: Contra Costa County**

This slide is based on 2022-2023 Contra Costa Behavioral Health Services (CCBHS) and Martinez Detention Facility (MDF) County Data. It shows the yearly dollars involved in the treatment and care of 1,200-1,500 “high need” persons) in FSP, AOT, LPS Conservatorship, or county jail who need housing when they complete these programs or are discharged from State Hospitals or IMD Mental Health Rehabilitation Centers (MHRCs).

In addition, per annual Point In Time (PIT) counts conducted each January by the Health, Housing, and Homeless (H3) division, at least 2,000-2,500 persons are homeless or at extreme risk of homeless (“couch surfing”) daily in Contra Costa County. At least 50% of these persons have a severe mental illness and co-occurring Substance Use Disorder. **This is especially the population Proposition 1 seeks to reach and serve in Contra Costa County.**

Because of the human “log jam” portrayed on this slide, severely mentally ill persons that are “gravely disabled” often have to be involuntarily hospitalized on at least 5150 and 5250 LPS Holds 3 separate times within 12 months in order to be considered for an LPS Conservatorship due to:

- The legal standard of “clear and convincing evidence” (proof of multiple lengthy involuntary hospitalizations within the 12 previous months) to show the need for such a Conservatorship.
- Current severe lack of locked Institute of Mental Diseases (IMD) Mental Health Rehabilitation Center (MHRC) housing and beds.

**Slide 8—Housing Needs: Contra Costa County-cont'd)**

The critical lack of such housing has been driven by the long-standing federal IMD Medicaid (Medi-Cal) Reimbursement Exclusion for persons 21-64 years of age. Per the next slide (Slide 9), the Proposition 1 Housing Bond partially gets around this issue by providing at least \$1.5B statewide for locked MHRC facility housing.

**Slide 9—Prop. 1 Bond Measure Dollars for Statewide Housing Categories**

This slide breaks out the “buckets” of for the different classifications of homeless or “at risk” of homeless per Chapter 4., Proposition 1 as laid out on pages 102-105 of the March 5, 2024 State Primary Voters Guide.

As NOTED, all rounds of funding will be via the previous BHCIP competitive bid process authorized by the 2022-2023 state budget for 6 previous rounds of Behavioral Health Services funding. Very briefly, this will consist of successive rounds of bids for housing and treatment services over several years. This process will require much continuing advocacy for appropriate levels of sub-acute (LPS Conservatorship) locked facility housing. This means strongly advocating with our county based state legislators to really “put the pressure” on the Dept. of Health Care Services (DHCS) leaders in charge of “grading” the county Behavioral Health competitive housing bid submissions. Here’s why:

From this writer’s experience interacting with Dept. of Health Care Services (DHCS) leaders via Zoom meetings, they are very biased against considering funding any locked facility care housing and treatment services as they are also under constant “lawsuit threat pressure” from groups such as Disability Rights-CA and Cal Voices. From this writer’s experience with them, this is because they largely come from the Social Rehabilitation School of Psychology which largely ignores the fact that many of our severely mentally ill (SMI)/challenged loved ones have the SMI illness “gravely disabling” symptom of Anosognosia or brain based lack of awareness that they live with a significant mental illness and often co-occurring Substance Use Disorder (SUD). This “gravely disabling” symptom often prevents them from realizing what they need to do to remain stable and have a relatively full and meaningful life and is a major reason for their “revolving door” from the psychiatric ward to the streets or jail and back or worse, death. .

**Slide 10—Prop. 1 Housing Bond Beds & Outpatient Treatment Slots Statewide**

This slide breaks down the Proposition 1 Housing bond statewide classifications into actual beds and Outpatient Treatment slots (primarily Substance Use Disorders—SUD). The source is the California Public and Policy Center website.

**Slide 11—Prop. 1 Housing Effects on Contra Costa County**

This slide shows the very approximate level of dollars and beds available from Proposition 1, if the voters pass it. This is very preliminarily based on Contra Costa County’s 2.4% of California’s population + its Medi-Cal population. I’m aware that most state funding in the past for this county has been largely based on this 2.4% population + county Medi-Cal Population factors. One has to directly ask local and state Behavioral Health decision makers to obtain other formula factors also used in calculating the complete formula for the funding of housing and beds involved per category in this county.

**Slide 11—Prop. 1 Housing Effects on Contra Costa County (cont'd)**

Historically, Contra Costa Behavioral Health Services (CCBHS) has, despite their best efforts, performed only marginally in these competitive bid processes. However, in the recent Round 5 of the BHCIP process, CCBHS leadership did hire a very knowledgeable consultant to write the CCBHS bid proposals for an MHRC and an Adult Residential Care Facility (ARDF), both in west county, as well as an adult Crisis Residential Facility (CRF) on the border of central and east county. As a result, CCBHS, through much community advocacy, was successful in getting the DHCS to approve its consultant written competitive bid to refurbish a building in west county for use as a 45 bed legally time limited locked Mental Health Rehabilitation Center (MHRC).

Through community advocacy with each Board of Supervisors member and their staff designated to handle behavioral health issues, County Behavioral Health leadership must be convinced to:

- Continue to pay consultants with the top notch “wordsmithing” skill set to properly write grant proposals that will succeed at the CA Dept. of Health Care Services (DHCS) ultra-competitive bid scrutiny and be fully funded.

Also, like many state DHCS leaders, some of the most caring county Behavioral Health leaders and staff may have had a hard time understanding:

- Anosognosia (lack of insight) and our loved ones desperate need of additional sub-acute care (LPS Conservatorship) locked facility housing beyond the 45 bed west county facility recently approved by the DHCS.
- This need is greatly exacerbated by the Dept. of State Hospitals (DSH) “purchasing” locked facility Mental Health Rehabilitation Centers (MHRCs) beds throughout the state to house and care for persons judicially adjudicated Incompetent to Stand Trial (IST). County Behavioral Health Services (BHS) departments, had, like CCBHS previously purchased these beds for LPS Conservatorship clients.
- This DSH caused bed competition is very negatively affecting all counties Behavioral Health Services (BHS) depts., including CCBHS.
- This is despite the \$9M DSH is scheduled to provide CCBHS to house and care for up to 100 persons adjudicated IST who live in this county.
- This means we really need even more such housing (sub-acute) for this county.

**Slide 12—Prop.1 Ongoing Issues, If Passed by Voters**

This slide lays out:

- The understandable financial issues involved with treatment services for persons served by existing Mental Health Services Act (MHSA) funding and the 30 year pay back period involved with this bond.
- How the state govt. wants county behavioral health systems to get around this problem by focusing on “Braided” Medi-Cal funding. This means maximizing Medi-Cal funding as much as possible thru the best possible “match” of state provided (BHSA and Realignment) and local funding to federal dollars in order to provide funding for treatment and services. CCBHS already does a great job of utilizing this type of funding.
- How CCBHS is getting around the stress on funding for current MHSA Core services by maximizing housing funding as much as possible for existing MHSA funded programs.

This writer, through involvement with the MHSA funded NAMI Contra Costa Family Volunteer Support Network, has seen firsthand, the desperate need for the housing and treatment services that avoid the criminal justice system, homelessness and death, esp. for families of loved ones in the various, Black, Indigenous Persons of Color (BIPOC) communities of this county.

**Slide 12—Prop.1 Ongoing Issues, If Passed by Voters (cont'd)**

In particular, this writer has worked with over 100 families of loved ones throughout the county who are so mentally compromised that they either do not understand the criminal charges against themselves and/or cannot rationally work with their defense counsel, usually a Public Defender, to present a defense against these charges. The legal systems call this Incompetent to Stand Trial (IST) or Incompetent to Adjudicate (IA). In my involvement, 65 or nearly 2/3 of these families are of color with young males in this county who either are at serious risk of IST or have been judicially adjudged IST.

The desperate “human log jam” housing situation, illustrated by this county’s growing IST population, speaks “volumes” of the need that Proposition 1 housing and treatment and services dollars will provide.

**Slide 13—Appendix: Acronyms and Phrases**

This appendix explains the key Acronyms and Phrases used in this presentation.

- Acute Level of Care—Refers to the locked Psychiatric Ward level of care for children (ages 0-11), adolescents (ages 12-17), and adults (ages 18 and above)
- AOD—Alcohol and Other Drugs: Behavioral Health portion of county Mental Health dept.
- BHSA—if approved by voters at the March 5, 2024 Primary election, would rename the Mental Health Services Act (MHSA) the Behavioral Health Services Act (BHSA).
- CCBHS—Contra Costa Behavioral Health Services
- IMD—Institute of Mental Diseases (civil locked facility)
  - MHRC—Mental Health Rehabilitation Center (civil locked care facility)
- Sub-acute level of care—civil law locked services and care facility for persons on an LPS (Mental Health) Conservatorship. They are placed in an IMD MHRC.
- Community based care—unlocked state licensed and unlicensed care. housing, services and treatment for mentally ill persons needing it.
- TAY—Transition Age Youth (State: Ages 16-25)
- CCBHS—Contra Costa Behavioral Health Services
- WIC—Welfare & Institutions Code