

Save the Behavioral Health Community Advocacy Program

Reject the Governor's May Revision Proposal to Eliminate \$6.7 Million in Ongoing Funding for the Community Advocacy Program at the California Behavioral Health Commission



What is the Community Advocacy Program?

The Behavioral Health Services Act (BHSA), formerly the Mental Health Services Act (MHSA) passed in 2004, is pioneering in its requirement that transparent and collaborative processes be used to determine behavioral health needs, priorities, and services at both the state and local level. Welfare & Institutions Code (WIC) Section 5892(d) requires that the BHSA "include funds to assist consumers and family members to ensure the appropriate state and county agencies give full consideration to concerns about quality, the structure of service delivery, or access to services." **The Community Advocacy Program (CAP) is the mechanism through which California ensures that the billions of taxpayer dollars for local behavioral health programs align with the needs of local residents and have impact on the behavioral health crisis.**

The CAP has been particularly instrumental in helping smaller organizations build capacity to advocate for their communities. **It allows local communities to meaningfully partner with counties to implement some of the most far-reaching behavioral health reforms in state history.** The dollars provide extremely modest support to community-based organizations that provide education about the behavioral health system and opportunities to align county resources with the needs and priorities of historically underserved communities include communities of color, veterans, immigrants and refugees, and LGBTQ+ communities.

What is the Impact of this Proposal?

This proposal would **eliminate the primary mechanism for community participation in behavioral health planning during an important period of BHSA/Proposition 1 implementation.** Without this program, counties will be unable to understand and meet local community needs, and the very people Proposition 1 is intended to help will remain unserved by the behavioral health system. BIPOC communities, immigrants, and refugees are already facing compounding harm from federal policy attacks and state budget cuts, and **eliminating community advocacy infrastructure will significantly deepen existing inequities.**

How Does the Community Advocacy Program Benefit Californians?

CPEHN is one of dozens of statewide organizations that have received competitive contracts to facilitate community engagement and directly support local organizations. Over the past five years, **CPEHN has distributed over \$1.2M to 37 community-based organizations to engage over 3,000 residents in helping to shape and ensure the success of California's behavioral health transformation efforts.** Without these funds, most of these organizations and their constituents would not have a voice in the design of behavioral health delivery systems and deeply entrenched racial disparities in behavioral health would continue unchanged. CPEHN also provides training, technical assistance, research and data analysis, and policy development to ensure racial equity in behavioral health transformation. Specific examples are included below.

Engaging Native Communities and Fighting for Access to Care:

The Bakersfield American Indian Health Project (BAIHP) serves about 6,800 American Indians and Alaska Natives in California's Central Valley, 90% of whom are insured by Medi-Cal. BAIHP provides comprehensive behavioral health services, including individual, couple, family and group counseling for mental health needs and substance abuse disorders, and is key to ensuring American Indian/Alaska Native (AI/AN) tribal communities are at the table to inform Kern County's Behavioral Health Services Act (BHSA) Integrated Plan. As federal Medicaid cuts threaten to devastate clinics like this one, CAP funding is essential to ensuring Native communities have a voice in shaping the behavioral health systems they depend on.



Photo: BAIHP's CEO speaks to the New York Times about health and behavioral health services

Partnering with Border Communities and Counties

For East African refugees and immigrants in San Diego, many who are navigating a foreign healthcare system in a new language, United Women of East Africa (UWEAST) has become a bridge to behavioral health care. Through CAP support, UWEAST has built the capacity to host community listening sessions on health care access and behavioral health, train interns as advocates, and connect community members to services and legal support when navigating the behavioral health system. Their partnership with CPEHN has produced a San Diego health care landscape analysis to shape future local and statewide policy, ensuring that the voices of East African refugees and immigrants are heard where decisions about their care are made.

Supporting Refugees in Turbulent Times:

Immigrant and refugee communities carry the weight of war, torture, and trauma, and yet, access to culturally aligned, in-language behavioral health care remains out of reach for many. The Center for Empowering Refugees and Immigrants (CERI) provides intergenerational, holistic mental health services to these communities in the Bay Area, while using CAP support to build the advocacy infrastructure to fight for systemic change. In April, CERI shared lived experiences of refugees at the state Capitol to inform policy discussions related to health and behavioral health care: *"Cutting funding for programs... would not just reduce services, it would take our lifelines."*



Photo: Refugee community leaders bring lived experience to state policymakers

Ensuring Language Access and Serving Asian Communities:

Asian American and Pacific Islander (API) communities face significant and often overlooked behavioral health disparities, yet cultural stigma and language barriers keep many from seeking care. Pacific Asian Counseling Services (PACSLA) connects underserved API communities in Los Angeles to outpatient therapy, case management, psychiatry, rehabilitation services, and early intervention programs that would otherwise be out of reach, delivering services in over eight languages, including Cantonese, Mandarin, Korean, Khmer, Tagalog, and Vietnamese. Through CAP support, PACSLA works closely with Vital Access Care Foundation (VACF) partners to reach Vietnamese communities across LA and Orange Counties with culturally responsive, in-language behavioral health support, extending the reach of culturally grounded care to Vietnamese communities who might otherwise fall through the gaps.

Healing Trauma for System Involved Youth:

Restorative Justice for Oakland Youth (RJOY) has worked within CAP for several years, holding healing circles to bring forth the *"voices on the margins that we're not hearing from"* and meet the needs of formerly incarcerated individuals, Black women and children, and transgender people of color. Their work improves the accessibility, effectiveness, and cultural competency of county behavioral health services by training providers in topics including the impact of childhood trauma and how to build resiliency, Black mental health and African spirituality, emotional self-awareness and male vulnerability, connecting with queer youth, Black geriatric mental health, restorative trauma healing, and storytelling as medicine.

Reaching Farmworkers and Indigenous Families:

Mixteco and Zapoteco speaking Mexican Indigenous farmworker communities in California's Central Coast have almost no access to in-language mental health support. The Mixteco Indígena Community Organizing Project (MICOP) addresses this directly, providing language access for indigenous speakers navigating Ventura County Behavioral Health Services and taking an intergenerational approach to healing whole families through culturally grounded modalities, including their community-defined evidence practices program, Living with Love. Through CAP support, MICOP has mobilized Latinx and Indigenous farmworker communities through annual Indigenous Knowledge Conferences, bringing together community members, scholars, and advocates to explore indigenous approaches to healing while navigating contemporary challenges, ensuring that indigenous knowledge and community-defined approaches to healing are not left behind as California transforms its behavioral health system.

Our Ask

We urge the Legislature to **reject this cut and restore the \$6.7 million Commission for Behavioral Health Community Advocacy Program** in the final state budget. At a time when BHSA implementation depends on strong community partnership, eliminating this program would undermine the foundation of equitable behavioral health reform in California.

For questions, please reach out to our Sr. Legislative Advocate, Omar Altamimi, at oaltamimi@cpehn.org.