

## Understanding and Averting Imminent Change in County Funding Priorities

*Summarized by Thomas T. Thomas*

FASMI (Families Advocating for the Seriously Mentally Ill) is a local county organization dedicated to improving services for our loved ones with a mental illness. At the May 27 informational meeting, leaders **Katy Polony**, **Alison Monroe**, and others shared the changes they envision happening in the county under the provisions of Proposition 1. They discussed efforts to counter and deal with the major cuts proposed by Alameda County Behavioral Health Care staff under the new guidelines.

Budget cuts are taking place at the federal, state, and county level, Monroe said, including in the Alameda Health System and at the clinic level. At the federal level, Medicaid and California's version of it, MediCal, as well as California Care, the state's version of the Affordable Care Act, are all seeing reductions. Most of these come in the form of revised residency and documentation requirements. Changes in eligibility impact local services, because many hospitals are still required to treat patients regardless of their insurance status, and the loss of funding has a ripple effect. Also, Medicaid money drives the funding of many local programs, such as for non-police crisis responders.

"We need to fight the federal cuts," Monroe said, "because for a better society we need people to be alive and well."

Alameda County mental health services will be subject to \$30 to \$50 million in cuts in the fiscal 2027 budget starting July 1. The Alameda Health System will draw on [Measure W](#), which passed in 2020 but was held up by court challenges until recently. Still, the county anticipates cuts to services, and exactly what will be cut and when is not transparent. The fight is still ongoing.

What is known is that the Family Education and Resource Center (FERC), various wellness centers, the mental health group serving the Chinese community, the four NAMI chapters in the county, and the land trust for supportive housing will not receive funding in the fiscal 2027 budget.

Complicating the situation is [Proposition 1](#), which passed in 2024 and replaces many features of the Mental Health Services Act of 2004 with the Behavioral Health Services Act. This shifts the focus of mental health care to treatment of people with the most significant needs and adds substance abuse and housing interventions. Its funding remains the same as the MHSA at 1% surcharge on incomes over \$1 million per year.

"And our facilities and infrastructure for serious mental illness are still too tiny," Monroe said.

One bright spot in all this is the [Behavioral Health Continuum Infrastructure Program](#) (BHCIP), funded under the California Department of Health Care Services. The program will be building an 80-bed facility in Hayward.

At this meeting, several members also discussed their difficulties in getting their loved one treatment for serious mental illness and keeping them in treatment. Katy Polony and others offered these guidelines.

First, be sure to fill out an [AB 1424 form](#), which records family experiences with the person for use by health care providers. It won't help you get a police officer to execute a 5150 hold, because they are most concerned with what is happening *right now* and whether the person is an immediate danger to self or others. But once the person is under treatment, the form can be used to advocate for more care. It also lets providers see what other treatment the person has had outside of county-provided services.

Second, if you feel your loved one needs to be hospitalized, call the [Mobile Crisis Team](#) (510-891-5600). They only operate during business hours Monday to Friday, but they will come out to evaluate and take the time to ask for information. And it helps if you can show a pattern of behavior from previous hospitalizations. Other emergency services include the Community Assessment and Transport Team, which operates 24/7.

Once your loved one is in the hospital under an involuntary hold, the system is designed to provide time limits and hearings to ensure their wishes are considered. If the person wants to be released, you can tell the providers that you will not take them home, that they will not be safe, and you will not be safe. It helps to have a prior restraining order in this case. But too often there is no place for them to go for treatment. And too many mental health providers still believe that the individual, regardless of their mental state, should be able to make their own decisions.