## Integration of Substance Use Disorder (SUD) into the Commission's Portfolio

## **Item Goals**

- How can the Commission integrate SUD into our portfolio, including grants, advocacy contracts, legislation, and policy and data?
- What should committees consider when trying to implement SUD into the Commission's work?
- Establish differences in treatment, licensing, and stakeholders between SUD and mental health.

## **Behavioral Health Landscape**

- The passage of Proposition 1 in 2024 revised the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA), expanding its scope to include treatment for SUD.
- BHSA funding targets adult and child populations with a range of behavioral health needs - including SUD - with an emphasis on individuals chronically homeless or at risk of homelessness, involved in or at risk of entering the justice system, reentering the community from prison or jail, in the child welfare system, at risk of conservatorship, or at risk of institutionalization.
- Under Proposition 1, the Behavioral Health Infrastructure Bond will create a \$6.38 billion general obligation bond to support treatment and residential care facilities and supportive housing for those suffering from severe behavioral health issues, including SUD.

## **Relevant Commission Work**

- In January 2024, the Commission authorized the expenditure of \$20 million in Mental Health Wellness Act (MHWA) funds for the Medication Assisted Treatment (MAT) Pilot program, a prescriber cost-sharing program aimed at expanding integrated medical services (IMS) in residential facilities, and to increase access to low-barrier telehealth medical services within a financially sustainable model.
- Prior to the passage of Proposition 1, the Commission had one seat dedicated to SUD. The Commission now has six seats dedicated to SUD, with expert voices ranging from a physician to peers and family members with lived experience.