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Prop 1: Mental Health Care and Addiction Treatment Reform & Bonds to Build Places for Treatment and Supportive Housing

Although California has a critical need to resource better mental health and addiction services and to address our crisis of homelessness, the League of Women Voters of California opposes Proposition 1 for a number of important reasons. While the additional housing resources offered through Prop 1 are sorely needed, they do not outweigh its flaws.

The bond portion of the measure was rushed through the legislature with last-minute amendments that opened the door to funding involuntary treatment in locked facilities. The rushed nature of these amendments precluded substantive debate and ignored arguments from diverse community-based organizations and health care and civil rights advocates. These groups contend that community-based care is more effective than institutionalization and that incentivizing institutionalization will both lead to worse health outcomes and curtail individual liberties.

Furthermore, Prop 1 does not increase the overall funding for mental health services for counties - the bond money is to build treatment units and supportive housing. Under the changes this measure makes to the Mental Health Services Act, more of the money received by counties must be used for intensive support services and for housing of a certain group of patients. This reallocation reduces the funds available for other mental health services that counties currently offer to patients and has the overall effect of reducing counties' ability to set priorities based on local needs for mental health services. Any variances that may allow counties to spend more or less on specific categories would increase their administrative costs and do not erase the lack of flexibility they would have to meet specific needs.

Finally, budgetary decisions should be made by the legislature, not by earmarking funds through ballot initiatives. Earmarking restricts the counties and the state from redirecting funds to alternative models of care that may arise in the future, or to other emerging and essential needs.

VOTE NO ON PROP 1