

Strategic Advocacy Framework: Handcuffs Aren't Housing

*Combatting the "Coercion Pipeline" in California's Behavioral Health Services Act (BHSA)
Transition*

I. Background and Issue Education (The Narrative)

The Coercion Pipeline: The "Closed Loop" Model

The current legislative landscape, defined by **Proposition 1**, the **CARE Act**, and **SB 43**, has fundamentally reorganized California's behavioral health architecture. This framework identifies a "Closed Loop" coercion pipeline that systematically moves individuals from community settings into institutionalized force:

1. **Step 1: Lowering the Bar.** Legislative shifts have expanded the definition of "Gravely Disabled," lowering the threshold for forced institutionalization based on misdemeanors.
2. **Step 2: Locking the Exit.** New mandates strip away "Diversion" eligibility, preventing justice-involved individuals from transitioning into community-based care.
3. **Step 3: The Coercion Trap.** CARE Court and Assisted Outpatient Treatment (AOT) are weaponized as mandates, prioritizing state-ordered intervention over voluntary recovery.
4. **Step 4: The Result.** A revolving door of institutionalization where locked wards are treated as the only "solution" for homelessness, eroding civil liberties.

The Racial Justice Crisis & Fiscal Reality

- **Systemic Bias:** Black and Brown Californians are disproportionately diagnosed with schizophrenia (3-4x higher than white counterparts), a diagnosis used as the "legal key" to unlock forced treatment.
- **Racial Erasure:** By "exporting" marginalized individuals into psychiatric hospitals and jails, the state participates in the systematic "cleansing" of public spaces.

- **The Funding Cliff:** These shifts coincide with projected **30-50% cuts** to voluntary services as MHSA funds are reallocated to the BHSA mandate.

II. SMART Advocacy Objectives

To ensure a results-oriented approach, this campaign focuses on specific, measurable goals:

- **Goal 1:** Retain 100% of peer-run and voluntary service funding in the upcoming County Integrated Plan.
- **Goal 2:** Secure formal commitments from local Boards of Supervisors to prioritize "Housing First" models over locked-ward expansion.
- **Goal 3:** Track and report the impact of CARE Court implementation on local community-based resource availability.

III. Stakeholder Mapping: Decision Makers

| Stakeholder Group | Primary Target | Key Interest |
|-------------------|-----------------------------------|--|
| County Board | Chair of the Board of Supervisors | Budgetary impact, public safety optics, and voter sentiment. |
| BH Directors | County Behavioral Health Director | Meeting state mandates (Prop 1) and administrative compliance. |

| Stakeholder Group | Primary Target | Key Interest |
|-------------------|---|---|
| Community Leaders | Peer Organizations & Lived-Experience Advocates | Preserving civil liberties and the "Innovation" value of the original MHSA. |

IV. Messaging and Power Statements (The Script)

Consistent messaging is vital for statewide mobilization. Advocates should personalize these statements for different audiences:

"California cannot claim to be a sanctuary for civil rights while adopting dehumanizing tactics of mass institutionalization. We demand homes, not handcuffs."

"Stop using anecdotes to justify state force. The data is clear: peer-led, voluntary services lead to higher stability. Protect the funding for services that work."

"By making it easier to lock people up while gutting diversion, you are choosing to prioritize a coercion pipeline over community-based support."

V. Mobilization & Action Items

The "Tuesday Rule" Protocol

1. **Locate the Agenda:** Visit the [County Directory](#) to find the Board of Supervisors calendar. Search for "Behavioral Health Budgets" or "Integrated Plan."

2. **The Tuesday Rule:** Most Boards meet on Tuesday mornings. Show up to provide public comment during sessions related to Health and Social Services.
3. **The "Ask":** Explicitly demand that the Board protects 100% of funding for voluntary, peer-led services in the BHSA rollout.

Sample Letter to Lawmakers

RE: Opposition to Coercive Funding Shifts in [County Name]

Dear Supervisor [Name],

I am writing to express grave concern regarding the projected 30-50% cuts to voluntary services under the BHSA. Peer-led recovery is the backbone of our community and has a proven track record of creating stability.

I urge you to utilize local Innovation reserves to maintain 100% funding for these programs and reject the expansion of coercive practices. We need homes, not handcuffs.

Sincerely,

[Your Name]

VI. Visual and Media Assets (The Branding)

Professional branding ensures credibility across digital platforms:

- **Design Standards:** Utilize high-contrast typography and consistent color schemes for accessibility (WCAG 2.1 compliance).
- **Social Media Kit:** Assets are provided in multiple formats (Square for Instagram, Landscape for LinkedIn/X).
- **Impactful Storytelling:** Prioritize images and testimonials from individuals who have thrived in peer-led recovery to counter "dry" statistics.

VII. Evaluation Plan: Measuring Success

| KPI Category | Metric | Target |
|--------------------|--|----------------------------|
| Legislative | Formal letters submitted to public record. | Minimum 50 per county. |
| Funding | Percentage of peer-funding preserved. | 100% Retention. |
| Media | Mentions of "Homes, Not Handcuffs" in local press. | 5-10 strategic placements. |