

MENTAL ILLNESS F.A.C.T.S.

A Partnership for Family And Consumer True Stories
Phone: 916-456-8103 Email: mentallillnessfacts@gmail.com

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TO: Senate and Assembly Members of the California Budget and Health Committees

FROM: Advocates for Mental Illness FACTS –Family and Consumer True Stories

RE: Hearing on Restructuring Behavioral Health System in California, February 21, 2012

Governor Jerry Brown’s message in the “State of the State 2012” concludes with a guiding principle for establishing a California mental health system that is client-effective and cost-efficient. ***“It is one thing to pass a law and quite another to implement it and make it work. As I see it, that’s my job as governor and chief executive: make the operations of government work—efficiently, honestly and in the people’s interest.”***

We urge the Legislature to **restore integrity to the Mental Health Services Act**, which has operated with disregard for efficiency, honesty, and the people’s interest—wasting money and costing lives. Department of Mental Health Regulations do not comply with the declared purpose and intent of the MHSA. DMH Requirements distort provisions of the law and discriminate against the vast majority of consumers by denying access to MHSA programs.

State Leaders must enforce legal compliance with MHSA provisions before “Realignment” to counties. Voters enacted the MHSA in 2004, relying upon the Legislative Analyst’s statement that revenue would improve existing county systems of care and create new programs to prevent serious mental illnesses from becoming severe and disabling. But the state violated the contract with voters and corrupted the purpose and intent of the law. **The willful violations, discrimination, and corruption of purpose are the sources of massive waste and inefficiencies—**money intended to raise the standard of mental health services is consumed by complex state and local bureaucracies, and by an industry of private contractors for services and products of no benefit in the treatment of serious mental illnesses.

Examples of results can be seen here in California’s Capitol, where a few hundred consumers are now fully served, thousands are denied services altogether and end up in crisis at hospital emergency rooms or jails, and other thousands are assigned to clinics with a painful poverty of resources and no capacity to provide appropriate and healing treatment.

While **Sacramento County was allocated more than \$220 million in MHSA funds**, the Sacramento Crisis Center was closed, a clinic psychiatrist treating seriously emotionally disturbed children has a caseload of 600 clients, and another respected Children and Family Treatment Center was closed. In the adult system, a psychiatrist treating a young family member told us that he had 800 clients, and Service Coordinators attempt to serve a caseload of at least 150 consumers with serious mental illnesses. In 2009, 4,500 clients were purged from the Sacramento Mental Health system and told not to return for doctor visits or medications. **The success stories you hear exclude the daily tragedy in the lives of the vast majority** of hundreds of thousands of consumers poorly served with no respect for their serious illness.

STEPS TO MHSA COMPLIANCE AND INTEGRITY

STOP MAKING POLICY AND SPENDING MONEY without a strategic plan and a clear understanding of serious mental illnesses and appropriate services. The absence of clear goals invites **waste, corruption of purpose, and exploitation by special interests.**

STOP operating without knowledge of current conditions, vital service gaps, and spending priorities. Restore integrity by producing a public baseline study of each county system to measure county compliance with the MHSA—determine consumer needs and county capacity to fulfill needs. **Determine consumer needs and county capacity to fulfill needs.**

1. Report Facts of System Quality in Each County:

- Conduct baseline study to publish report of “Systems of Care” quality in each county and establish terms of county compliance with MHSA and Performance contracts.
- Support uniform, minimum standards of treatment for serious mental illnesses (W&I codes) and enforce “Purpose and Intent” of MHSA provisions enacted by voters.
- Report county progress toward model “Systems of Care” and ensure transparent, accessible fiscal and program information.

2. Comply with MHSA law:

- Issue DMH Requirements for Integrated County Plans to comply with intent of law and incorporate all components of MHSA within existing county Systems of Care.
- Eliminate DMH regulations that violate MHSA law, create a two-tier system of categorical MHSA programs, and defy purpose of prevention/intervention.

3. Produce a Public Implementation Plan:

- Ensure broad public understanding of steps toward a fully integrated health system.
- Eliminate state and county waste on contracts, consultants, and bureaucracies, which do not benefit consumers and give the appearance of widespread conflicts-of-interest.
- Incorporate integrity into the stakeholder system, which is indifferent to reality of system quality and completely dominated by special interests.

State leaders must inform the public of the quality of services, and measure system progress and service gaps. Today no state agency reports conditions to elected officials or the public.

SEE FACEBOOK.COM/MENTALILLNESSFACTS Family And Consumer True Stories

mentalillnessfacts@gmail.com **Partners in Advocacy Rose King and Teresa Pasquini**

WHAT WENT WRONG? Why are people with mental illnesses still underserved? The state failed in efficiency, honesty, and the people’s interest as a result of DMH violations of law, the invention of a fragmented, categorical system, and ad-hoc policymaking that invites conflicts of interest, special interest influences, and a stakeholder process lacking ethics and authenticity.

The Legislature has the resources to audit, investigate, and determine the true story of MHSA.

MENTAL HEALTH SERVICES ACT – Government Violated Law and System Declined.

1. The state and counties funded 1,500 new mental health programs in seven years with \$7 Billion to recruit new clients and serve less than 10% of consumers.
2. The state and counties violated clear intent of MHSA law and did not improve existing mental health systems serving 90% of consumers in substandard programs.
3. The Oversight and Accountability Commission guidelines defy purpose of Prevention/Early Intervention funds intended to prevent severe disability and promote recovery.
4. Illegal regulations deny prevention services to consumers with serious mental illnesses, funding is misused by county officials for political constituencies, special interests, and programs unrelated to serious mental illness.
5. The state has never implemented MHSA provisions requiring integrated mental health systems—essential to continuum of care, efficiency, and maximum consumer benefits.
6. The stakeholder process is a costly charade dominated by local and state special interests paid to participate; access and impact are denied to consumers, families, and front-line providers.
7. Extravagant state contracts are questionable in benefits and purpose, including the Education Initiative, Anti-Stigma Campaign, Disparities Project, Suicide Prevention. Contracts funded by prevention monies have no foundation in science, academic research, or any cited body of knowledge. There is a demonstrated need for services, but no evidence that funded services are appropriate, effective, desired by recipients, or in demand by consumers and/or families.
8. Service contracts for training, consulting, conference management, and contracts cited above are granted to special interests, absent independent review, often absent evidence of demand or benefit, and have the appearance of conflicts of interest.
9. DMH regulations are contrived to exclude essential services to consumers who may be under conservatorships, committed to locked facilities such as IMD’s, or may be in need of services in ACT or AOT programs.
10. MHSA regulations, policies, and politics create a barrier to funding programs that guarantee linkage to services for consumers released from jails, hospitals, locked facilities, and out of county placements. There are virtually no efforts to emphasize transition programs to promote release, recovery, independence for consumers under civil commitments or conservatorships.

Ensure Integrity with a Published “Systems of Care” Quality Report in Each County.

Minimum standards should be fully funded, consumers released from hospitals, jails, and IMD’s should be directly linked to support systems, appropriate “System of Care” services should be available at a consumer’s first indication of need, and continuum of care must be recognized as central to functional system. An independent, major overhaul of state DMH regulations is essential to comply with MHSA law and end discrimination.

Thank you for your consideration. Partners in Advocacy Rose King and Teresa Pasquini for Mental Illness FACTS—FAMILY AND CONSUMER TRUE STORIES.

SEE OUR FINDINGS AND PURPOSE: [facebook.com/mentalillnessfacts](https://www.facebook.com/mentalillnessfacts)

MENTAL HEALTH SERVICES ACT “PURPOSE AND INTENT” ATTACHED.

MENTAL HEALTH SERVICES ACT

SECTION 3.

Purpose and Intent.

The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows:

(a) To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.

(b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

(c) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.

(d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.

(e) To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.

ENACTED BY VOTERS NOVEMBER 2004