February 21, 2012

Members of Senate and Assembly Health Subcommittees

Members of Senate and Assembly Budget Subcommittees

RE: Joint Senate and Assembly Health Policy and Budget Subcommittees
February 21, 2012

Dear Senators and Assemblymembers:

The California Association of Social Rehabilitation Agencies (CASRA) is a statewide association of private, not-for-profit, public benefit corporations that provide services to clients of the California public mental health system. We have sponsored or been involved in the development of legislative initiatives in California since the late 1970’s beginning with the Community Residential Treatment Systems Act (AB 3052: 1978). The CRTS was the first attempt in the nation to articulate the goals, values and principles of a community-based system of services that was based upon the promise of growth and recovery. The legislation outlined and funded the development of small, social model, residential treatment programs to serve as alternatives to their institutional counterparts e.g. hospitals, nursing facilities, etc.

The restructuring of the behavioral health system in California provides opportunities to improve treatment outcomes and increase efficiency.

One clear way to accomplish this is to increase the use of crisis and transitional residential treatment programs which are critical to addressing the high cost of hospital and other institutional 24-hour care. As developed in California, crisis residential programs cost about $350 per day and serve individuals who would otherwise be hospitalized. Transitional programs provide a behavioral healthcare analog to a physical rehabilitation 24-hour service.

In addition, the recent mental health and substance use needs assessment submitted to the Department of Health Care Services on January 30th found that mental health rehabilitation had an average expenditure per user rate of $1,060 while psychiatric hospitalization had an average expenditure per user rate of $20,937.

Clearly the increased utilization of psychiatric rehabilitation services, from alternatives to institutional and 24-hour care to intensive community services including supportive housing, education and employment, peer support and self help will reduce emergency room use and hospitalization, homelessness and incarceration while enhancing community tenure, increasing employment and ability of those with a mental illness to self-manage their disability.

Please contact me if I can provide additional information. Thank you in advance for your consideration of our testimony.
Sincerely,

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