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Opinion: Proposition 63 succeeding in counties across the state

By **Anne Bakar** | 09/22/11 12:00 AM PST

California is facing substantial changes in how mental health services are organized. Gov. Brown has proposed restructuring the state departments responsible for administering mental health funds and programs, including possible elimination of the Department of Mental Health. These changes – using funds from the Mental Health Services Act (MHSA) – will have a far-reaching and long-lasting impact. The health of thousands of people with mental illness is at risk.

In spite of the doom-and-gloom scenario portrayed by some ("In California's System of Care for the Mentally Ill, Leadership is Lacking", Capitol Weekly, Aug. 25), there have been substantial MHSA successes. Many counties have created thriving public-private partnerships and have launched programs that coordinate efforts among law enforcement, jails, hospitals, community programs, and private-sector direct-services mental health organizations.

For example, since 2007 Telecare Corporation has served, on average, 3,300 clients per year through 20 MHSA-funded community-based programs in San Diego, Orange, San Bernardino, Los Angeles, Santa Barbara, Ventura, Stanislaus, Sacramento, San Mateo, Yolo and Sonoma counties. Since the inception of these programs, in partnership with county mental health services departments, there has been a:

- 74 percent decrease in hospital days
- 72 percent decrease in jail days
- 61 percent decrease in homeless days
- 48 percent fewer emergency interventions
- 47 percent increase in independent living days

Behind the statistics, as impressive as they might be, are real lives that have been transformed and that attest to the wisdom underlying the MHSA:

"Joan," a Bay Area resident, was in a locked psychiatric program. After making substantial progress, she was ready to transition back to the community. However, she had been convicted of arson before she sought psychiatric treatment, and that history scares most potential landlords. Fortunately, an MHSA-funded program helped her with housing for herself, partner, and new baby. This family now has their own apartment. She and her partner have not been rehospitalized and are thriving.

"Leroy" lived in a hole. More precisely, a hole that used to house the underground fuel tank at a local abandoned gas

station. Disruptive and unable to manage his condition, homelessness was a way of life for him. Today, however, the impact of an MHSA-funded program has enabled Leroy to live in an apartment of his own – with a bed and clothes, a dresser and food in the 'fridge.

There are thousands of similar success stories across the state in counties that are partnering with dozens of private or non-profit mental health organizations, thanks to MHSA funding. Researchers publishing in a peer reviewed journal last year reported that among San Diego County's MHSA "Full Service Partnership" (FSP) clients, homelessness declined by 68 percent, jail days declined by 77 percent, the probability of using the ER declined by 20 percent, and the probability of using inpatient services declined by 11 percent.

Echoing these findings, as yet unpublished findings from a statewide study of FSPs by the U.C. Berkeley School of Public Health found significant reductions in ER use and homelessness combined with significant increases in independent living.

Mental health advocates are rightfully concerned about the persistent fragmentation in the current system and the slow implementation of some components of the MHSA. However, this landmark legislation infused critically needed funds into a woefully underfunded system and generated transformational programs and recovery initiatives. Attacking it is shortsighted.

Instead, advocacy must be focused on securing the dedicated mental health funds that may be now at risk given both agency changes at the state level and the potential threats that could emerge as a result of health reform, such as provisions that consolidate physical and mental health funding and would put vital mental health services at risk.

Yes, California's mental health system must address persistent needs: early intervention, integration of services, avoidance of the criminal justice system, de-stigmatizing severe mental illness, and sustaining community services. But the path to solving these issues is building on the strengths of the MHSA, rather than attacking it at a time when so many other system changes threaten the state's mental health safety net.

Our experience is similar to that of many other providers who have used MHSA funding to develop successful services. The promise of MHSA, the so-called "millionaire's tax," may not be fully realized yet. But to the thousands of consumers who have benefitted from this wealth, it is money well spent.