



CAPITOL WEEKLY

THE NEWSPAPER OF CALIFORNIA GOVERNMENT AND POLITICS

Opinion: Proposition 63 has cut homelessness, arrests, psychiatric hospitalizations

By **Dr. Larry Poaster** | 01/12/12 12:00 AM PST

Much has been written about the Mental Health Services Act (Proposition 63), with some even claiming that it doesn't help individuals with serious mental illness. These critics use single anecdotes out of context and ignore overwhelming facts. The facts are Prop. 63 services are reducing homelessness, acute psychiatric hospitalizations, arrests and incarcerations, according to a 2011 UCLA report. Even in these difficult budget times, with such great need for services, Prop. 63 is delivering.

Prop. 63 required that priorities are determined by each county, which resulted in an unprecedented planning process that involved millions. Prop. 63 community planning requires active involvement of people with serious mental illness, their family members and people from diverse communities who frequently need services and don't receive them or receive them only after a crisis. Planning participants also include mental health providers and the diverse segments that are affected by mental health: schools, law enforcement, homeless programs, social services, faith communities and countless others. No one knows better than the communities themselves how best to use scarce mental health funds.

Californians voted for Prop. 63 because they wanted to address the needs of individuals with serious mental illness. Roughly 75 percent of the funds are designated for that purpose. The statute requires another 20 percent be used for prevention and early intervention to target individuals at risk of or with serious mental illness. Mental health programs are not "one size fits all" for a reason: The population is incredibly diverse as are their mental health issues. Even with this diversity, one principle holds true: Funds are helping individuals with serious mental illness, just as voters intended.

Through the Prop. 63 community services and supports component, where the majority of money goes, there are full-service partnerships that operate on a "whatever it takes" basis to serve the needs of individuals with serious mental illness. From fully integrated supported housing, to team-based mental health treatment, individuals receive wrap-around services to help them reach their goals and live a life not dominated by mental illness.

Most important, these full-service partnerships work. UC Berkeley Petris Center recently reported on these programs and found that the proportion of individuals with serious mental illness living independently after 12 months of being in a full-service partnership increased by approximately 20 percent, homelessness dropped significantly, the odds of using the emergency room for mental health needs decreased 67 percent and the probability of being arrested was down by 56 percent. Individual counties are seeing similar results. In Los Angeles County, those in a full-service partnership have 69 percent fewer days of homelessness and 76 percent fewer days in prison.

The smaller portion of Prop. 63 funding for prevention and early intervention programs is intended to meet a pressing problem. Studies show that half of all lifetime cases of mental health disorders begin by age 14, three-fourths by age 24; it's estimated that fewer than half of these individuals are identified or treated. Many of these early intervention programs focus on individuals who have a serious mental illness: older adults with depression, young adults with a first episode of serious psychosis, new mothers with postpartum depression, youth exiting the foster care system with symptoms of serious mental illness, refugees with posttraumatic stress and children unable to function in childcare or school because of emotional disturbance. Before Prop. 63, like most of the U.S., California had little opportunity to focus on prevention and early intervention, instead providing services only after people reached a crisis state. This limitation resulted in a "fail first" system rather than "help first."

In addition, people cannot be treated if they don't seek out services. With California being a "majority minority" state, services must be offered in a way that more people can have access to them. The 2003

Surgeon General's Eliminating Disparities in Mental Health report noted that people of color suffer from lack of access, lower quality of services, and poorer outcomes from mental health treatments. Prop. 63 innovation programs that some criticize, such as gardening, are primarily access strategies – in addition to being therapeutic – to engage people who are disconnected and unserved, yet need mental health treatment. It takes creative strategies to get treatment to those with serious mental illness who otherwise will remain cast away.

There are immense challenges to implementing Prop. 63 in a diverse state with different needs, resources, and priorities. There are enormous challenges in an engaged democracy, where passionate people care deeply about mental health treatment. Addressing the real challenges together goes much further than distorting, attacking and dismissing the good work that is being done in communities throughout California.

Copyright ©2012 :: **Contact Us**