

**California's Mental Health Service Act
A Ten Year \$10 Billion Bait and Switch**

**An investigation by Mental Illness Policy Org and Individual Californians
August 15, 2013**

Author
DJ Jaffe
Executive Director
Mental Illness Policy Org

MENTAL ILLNESS POLICY ORG.
UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA
50 EAST 129 ST., PH7 NEW YORK, NY 10035
OFFICE@MENTALILLNESSPOLICY.ORG

Index

| | |
|--|----|
| Executive Summary | 3 |
| Recommendations | 5 |
| Unmitigated Mission Creep: MHSA fails to stick to the mission of serving individuals with serious mental illness | 6 |
| Prevention and Early Intervention: How up to \$2 billion was diverted to programs that did not serve people with serious mental illness or falsely claimed they prevent mental illness. | 7 |
| Examples of statewide misspending within PEI (and/or Innovation Funds)..... | 10 |
| Examples of county social service programs masquerading as mental illness programs to receive PEI Funds... .. | 13 |
| Full Service Partnerships: \$2.5 billion unaccounted for | 19 |
| Insider Dealing: \$23 million diverted to organizations associated with Oversight Commission | 21 |
| \$9 million going to prevent counties from implementing Laura’s Law..... | 23 |
| The Failed Stakeholder Process | 24 |
| Los Angeles County as Case Study of Failed Stakeholder Process | 25 |

Appendices

| | |
|--|----|
| Appendix A: Prevention and Early Intervention (PEI) Funds must serve seriously ill | 28 |
| Appendix B: Proposed and/or enacted regulations and guidelines being relied on by counties that diverted funds to people without serious mental illness and left people with serious mental illness without services | 29 |
| Appendix C: How AB-100 that diverted \$863 million from intended recipients and provisions in AB-1467 exempted \$50 million annually from helping persons with serious mental illness. | 31 |
| Appendix D: Personal and Professional Contacts for Media | 32 |

Note to Reporters and Good Government Groups:

Most of the problems we found in MHSA accrued to the benefit of community based providers of voluntary “mental health” and social services. Hence, they tend to support what we identified as a major problem: the diversion of funds from people with serious mental illness to those with any mental health problem or social service need. The trade associations for these organizations (MHA, CCCMHA, CalMHSA, etc.) are not likely to find fault with the programs. This, combined with the over \$11 million the Oversight Commission has allocated to PR efforts explains why this problem has gone largely (not completely) unreported.

For that reason, we would suggest you contact experts in *serious* mental illness, versus mental health or social services when attempting to get other perspectives on this report. Experts who do deal with people with serious mental illness (ex: schizophrenia and bipolar disorder) include prison and jail officials; homeless shelter workers and doctors; psychiatric inpatient doctors and nurses; hospitalized, incarcerated or homeless patients; and perhaps most importantly, mothers of children with serious mental illness who have been shut out of care due to the diversion of funds. We have provided contacts for a few of these at the end.

About Mental Illness Policy Org:

Mental Illness Policy Org is an independent, non-profit think tank dedicated exclusively to the study of serious mental illness, not mental health. We provide media, policymakers, and advocates with science based solutions to seemingly intractable problems like violence, incarceration, involuntary commitment and the need for more hospital beds. We have been credited as the driving force behind the adoption of Kendra’s Law in New York and multiple other advancements in the treatment and care of the most seriously ill. We became interested in California because passage of Prop 63--specifically intended to help the most seriously ill, made it the only state with enough money to make a major improvement in how the most seriously ill were treated. Over time, reports came to our office that the funds were being diverted to other purposes. As documented in this report, we investigated and found the reports to be true.

California's Mental Health Service Act A Ten Year \$10 Billion Bait and Switch

An investigation by Mental Illness Policy Org and Individual Californians August 2013

Executive Summary

Background

In November, 2004 voters enacted a 1% tax on millionaires (Prop 63) to establish the Mental Health Services Act (MHSA) fund solely to help people with **serious mental illnesses**.¹ \$10 billion has been raised since inception. Voters also created a Mental Health Services Oversight and Accountability Commission (MHSOAC a/k/a "Oversight Commission") to see the program stuck to its purpose of helping people with serious mental illness.

Primary Findings

Many people with serious mental illness are receiving critical treatment as a result of Prop 63 but billions are being diverted to other purposes:

- \$1-2 Billion of Prevention and Early Intervention (PEI) Funds was intentionally diverted to social service programs masquerading as mental illness programs or falsely claim they prevent serious mental illness.
- \$2.5 billion of the "Full Service Partnership (FSP) funds were spent without oversight of whether the recipients had schizophrenia, bipolar disorder, or the other serious mental illnesses that made them eligible for MHSA funds.
- \$23 million went to organizations directly associated with Oversight Commissioners.
- \$11 million is going to PR firms that make the Oversight Commissioners look good and hide the failure of MHSA to accomplish its mission
- \$9 million is going to organizations working prevent the seriously ill from receiving treatment until after they become violent.
- Up to \$32 million was diverted to TV shows, radio shows, PSAs and other initiatives designed to reach the public without mental illness. Some feature the Senate President Pro Tem.

Additional Findings

- County Behavioral Health Directors chaired meetings that allowed "stakeholder input" to trump the legislative language and voter intent to spend the funds on those with serious mental illness.
- No attempt is made to ensure programs receiving MHSA funds serve people with serious mental illness.²
- MHSA funds are being lavished on studies, reports, and consultants that generate jobs for those who get the contracts, but not services for people with serious mental illness.³
- Millions were diverted to programs intended to 'improve the wellness' of all Californians, rather than provide treatment to Californians with serious mental illnesses.⁴
- Funds failed to expand the capacity of proven existing programs as the legislation required.
- The most important programs to help the most seriously ill (like Laura's Law) are going unfunded.
- The Oversight Commission evaluated counties based on what they said they were going to do rather than on what they did.
- A series of amendments and related legislation introduced by legislators made it less likely MHSA funds will ever reach people with serious mental illness.⁵

¹ The purpose was to "To define serious mental illness among children, adults and seniors as a condition deserving priority attention.

² See the bill as originally passed <http://mentalillnesspolicy.org/states/california/prop63text.pdf> and as amended in 2012 http://mentalillnesspolicy.org/states/california/mhsa/MHSA_Amend-AB1467_July2012.pdf

³ Many of the outcome reports are at <http://www.mhsoac.ca.gov/Evaluations/CSS-Outcomes.aspx>. They do not include any info on the diagnosis of people served.

⁴ Ex. The Oversight Commission put out an RFP for an evaluation to evaluate the evaluations. Neither the original evaluations or the evaluation of the evaluations require evaluation of whether the people being served were seriously mentally ill individuals eligible for services. http://mhsoac.ca.gov/Evaluations/docs/Contracts/RFP_MHSOAC012-015.pdf

⁵ The Oversight Commission itself created an eight page glossy insert for papers throughout the state headlined, "Mental Illness: It Affects Everyone, even though the legislation is not intended to affect everyone. See http://issuu.com/news_review/docs/2013-01-03_mentalillness (accessed 6/23/12).

⁶ Most notably, AB-100 took \$863 million out of the MHSA fund and directed it to fund programs courts had mandated the state to fund. AB 1467 (July 2012) essentially disconnected Innovative Funds (5% of total MHSA funds) from a connection with serious mental illness.

This report will document each of these findings.

Who is responsible for the failure:

The Oversight Commission

The problems with MHSA are not ‘under the radar,’ they are caused by the radar operators. The Oversight Commissioners have become cheerleaders for mission creep and cronyism rather than careful stewards of public funds. The Oversight Commissioners receive funds for their programs, approve distribution of the funds, hire outside evaluators to prove they are doing a good job and PR firms to convince the public all is well.

County Behavioral Health Directors

County behavioral directors--thirty-four of whom recently voted themselves MHSA-funded iPads⁶—have led and let the stakeholder process circumvent the language of the law and intent of the voters. They are funding anything brought to them by stakeholders, rather than limiting funding to serious mental illness programs.

California’s non-profit mental ‘health’ and social service industries

California’s non-profit mental health and social service industries provide an important safety net for many Californians. But in a gold-rush like attempt to garner funds for their own programs, they threw those with serious mental illness under the bus. Non-profits and associations like Disability Rights California, NAMI California, Mental Health America of California, each of which receive over \$3 million and have representation on the Oversight Commission put their own parochial needs ahead of those of people with serious mental illness.

Senate President Pro-Tem Darrell Steinberg and the Legislature

Many of the citizens who contributed information to this report told us the Senate leader’s heart is in the right place and he can be part of the solution. Unfortunately, when we look at the facts, we are forced to conclude that since passage, the Senate President Pro-Tem Steinberg has been part of the problem. He introduced and the legislature passed numerous bills that subverted the intent of voters to use the funds to help the most seriously ill. SB 1467 ensured fewer Innovation Funds reached persons with mental illness.⁷ Provisions he inserted in AB-100 diverted \$836 million of MHSA funds to fund pre-existing state obligations⁸. His opposition to SB 664 made it harder for counties to implement Laura’s Law. His opposition to AB-1265 guaranteed mentally ill prisoners would go untreated upon end of their sentence. SB-364 as proposed made it more dangerous for parents to call authorities to help mentally ill loved ones. We would love to see the Senator resume a leadership role in improving services for people with serious mental illnesses. Recommendations on how to do so are attached.

Conclusion: It is undeniable that some people with serious mental illness are being helped by MHSA, but **unmitigated mission creep has left many of the most seriously mentally ill seriously underserved.** There is an unregulated feeding frenzy going on and Prop 63 is on its way to becoming a **“Ten Year, \$10 Billion Bait and Switch.”**

Someone should go to jail.

⁶ Through CalMHSA, a Joint Power Authority funded with MHSA Prevention funds.

⁷ See Appendix C. How Senate President Pro-Tem Exempted an additional 5% of MHSA funds (Innovative Services Funds) from helping persons with serious mental illness.

⁸ There is a “non-supplantation” clause of Prop 63 (5891) that required the maintenance of funding for previously existing programs so MHSA funds can result in incremental activity. AB-100 used MHSA funds to pay for programs California was already under court order to pay or was otherwise funding. Put another way, \$836 million of MHSA funds were used to lower the budget deficit.

Recommendations

1. Focus Programs on those voters intended: people with the most serious mental illnesses

- Require counties to report and monitor MHSA expenditures *by diagnosis*.
- Eliminate all regulations and guidance that diverted MHSA funds to people without mental illness and inform counties they are no longer operative.
- Eliminate funding of programs that falsely claim they prevent serious mental illness
- Eliminate funding of programs that refuse to accept people with serious mental illness
- Define "Underserved Populations" by diagnosis and severity of their mental illness.
- Eliminate spending on PR, TV shows, PSAs ("Universal Prevention Activities") and spend the money saved on helping people with serious mental illness
- Expand programs that existed prior to Prop 63 that successfully treated people with serious mental illness.
- Require Prevention and Early Intervention (PEI) funds to be spent, as legislatively required, on 'preventing mental illness from becoming severe and disabling', not 'preventing mental illness' (since no one knows how to prevent serious mental illnesses like schizophrenia and bipolar disorder.)
- Eliminate funding of organizations that do not believe mental illness exists or lobby--even with non-MHSA funds--against treatment for those who are so sick they do not recognize their need for treatment.
- Eliminate the ability of County Behavioral Health Directors to lead or follow a stakeholder process that perverts and circumvents intent of legislation. (i.e., use science based rules rather than mob rules to distribute funds)

2. Overhaul the Oversight Commission

- Individuals responsible for distributing or receiving MHSA funds should not be allowed on oversight committees because they have a conflict of interest.
- Prohibit Insider Dealing: No funds should go to programs associated now, or within the last five years with board members of the Oversight Commission.
- Increase percentage of criminal justice representatives on Oversight Commission because they know what community services are needed to prevent arrest and incarceration of the most seriously ill
- Increase representation from inpatient psychiatric hospitals on oversight commission as they know what community services are needed to prevent rehospitalization of the most seriously ill

3. Use legislative and legal process to further voter intent, rather than divert funds to non related programs

- Pass legislation to clarify that individuals under Laura's Law are eligible for MHSA supported services.
- Amend MHSA to allow funding for people with serious mental illness paroled from state prisons
- Overturn AB 1467 which severed Innovative Funds from helping people with serious mental illness
- Refer illegal expenditures to Attorney General

Unmitigated Mission Creep: MHSA fails to stick to the mission of serving individuals with serious mental illness

When campaigning for Proposition 63, Senator Steinberg and mental health trade association head, Rusty Selix promised voters the funds would help people with **serious** mental illness.

*“This measure will provide mental health services to **people who need it most.**” (emphasis added) –Darrell Steinberg March 23, 2004¹*

*“And (voters) didn’t want (Proposition 63) to fund all mental health, only people that had severe mental illness.”
Rusty Selix²*

Proposition 63 Findings and Declarations differentiated between mental illnesses and serious mental illnesses
*“Mental illnesses are extremely common; they affect almost every family in California. They affect people from every background and occur at any age. **In any year, between 5% and 7% of adults have a serious mental illness as do a similar percentage of children — between 5% and 9%.** Therefore, more than two million children, adults and seniors in California are affected by a potentially disabling mental illness every year.*

Proposition 63 made clear it was to help get services to people with serious mental illnesses:

*Purpose and intent: To “define **serious mental illness** among children, adults and seniors as a condition deserving **priority** attention...to reduce the long-term adverse impact on individuals, families and state and local budgets resulting from **untreated serious mental illness**...To expand...programs have already demonstrated their effectiveness in providing ...**medically necessary psychiatric services**, and other services, to individuals **most severely affected** by or at risk of **serious mental illness.**”*

There is little controversy as to who has “serious” mental illness. Proposition 63 and virtually all government agencies and non profits use roughly 5-9% of the population because they all rely on the National Institute of Mental Health (NIMH)³ the pre-eminent research arm of the US Government that addresses these issues. 5-9% is also supported by other research.⁴ NIMH estimates overall 5% have “Serious Mental Illness” and breaks it down by diagnosis as follows:

| | |
|---|---|
| Schizophrenia (NIMH defines <i>all</i> schizophrenia as “severe”) | 1.1% of the population ⁵ |
| The subset of major depression called “severe, major depression” | 2.0% of the population ⁶ |
| The subset of bipolar disorder classified as “severe” | 2.2% of the population ⁷ |
| Total “severe” mental illness by diagnosis: | 5.3% of the population⁸ |

The above are overall figures. Within certain age groups NIMH research shows up to 8% have serious mental illness. This accounts for the 5-9% figure used in the legislation.⁹

In spite of the above, MHSA funds are being used on people who may have any type of mental health problem rather than those with serious mental illness as required by the legislation. Worthy and unworthy social service programs started masquerading as mental health programs to make them eligible for funding. Tutoring, unemployment, bullying initiatives, crime reduction, bad marriages, prostitution, were all defined as mental health issues eligible for funding.

¹ “Campaign for Mental Health” a blog by Darrell Steinberg to pass Proposition 63. The quote is from the very first post after turning in the signatures needed to put the initiative on the ballot. Available at http://campaignformentalhealth.typepad.com/darrell/2004/03/campaign_turns_1.html Accessed 7/19/13.

² “History of Mental Health in California” 4/5/10. UCLA Health Services Research Center Rusty Selix interview available at <http://www.mhac.org/pdf/Rusty-Selix-Interview.pdf>

³ <http://www.nimh.nih.gov>

⁴ 1. United States Public Health Service Office of the Surgeon General (2001). *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service. 2. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration (2002). *National Household Survey on Drug Abuse: Volume I. Summary of National Findings; Prevalence and Treatment of Mental Health Problems*. 3. Kessler, R. C., Berglund, P. A., Bruce, M. L., Koch, J. R., Laska, E. M., Leaf, P. J. et al. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research*, 36, 987-1007.

⁵ NIMH, Schizophrenia. “Schizophrenia is a chronic, severe, and disabling mental disorder characterized by deficits in thought processes, perceptions, and emotional responsiveness. <http://www.nimh.nih.gov/statistics/1SCHIZ.shtml>

⁶ “2.0% of U.S. Population is are classified as “severe”, NIMH “Major Depressive Disorder Among Adults” http://www.nimh.nih.gov/statistics/1MDD_ADULT.shtml

⁷ NIMH “Bipolar Disorder Among Adults” “2.2% of U.S. adult population are classified as “severe””. http://www.nimh.nih.gov/statistics/1BIPOLAR_ADULT.shtml

⁸ “Prevalence of Serious Mental Illness Among U.S. Adults by Age, Sex, and Race in 2008 (NSDUH)” at http://www.nimh.nih.gov/statistics/SMI_AASR.shtml

⁹ California’s definitions can be found at 5600.3

Prevention and Early Intervention: How up to \$2 billion was diverted to programs that did not serve people with serious mental illness or falsely claimed they prevent mental illness.

Case Study: Monterey attempted to use MHSAs PEI funds as intended: to prevent those *with* mental illness from having it become 'severe and disabling'. The Oversight Commission stopped them:

"To be consistent with this (Prevention) definition, MHSAs-funded PEI programs *cannot serve people with a mental health diagnosis*. Several of Monterey County's PEI programs currently target mental health consumers; however, to be consistent with the PEI Guidelines, please clarify that these programs include persons **without a mental health diagnosis**." Letter available at http://mhsaac.ca.gov/Countries/PEI/docs/PEIplans/PEI_Monterey.pdf (Accessed 6/22/13)

Background:

20% of MHSAs Funds-- \$2 billion to date--were earmarked for Prevention and Early Intervention (PEI) Programs.¹⁰ PEI programs are required to operate within the overall intent of Prop 63 which is to give "*serious mental illness*...priority attention." PEI programs were created to "prevent mental illness from becoming **severe and disabling**", "to reduce the duration of **untreated mental illness**, or reduce certain negative outcomes that "result from **untreated mental illness**". Limited other usage is allowed but they must be connected to 'serious' or 'severe' mental illness.

The Prevention and Early Intervention program was not created to "prevent mental illness" because we do not know how. As Senator Darrel Steinberg eloquently stated when campaigning for Prop 63:

"As I've said before, we can't prevent certain mental illnesses, such as schizophrenia and bipolar disorder, but we can prevent them from becoming severe and disabling." –Darrel Steinberg. 4/13/2004¹¹

PEI is designed to help those already with "mental illness" (20% of population)¹² from developing a "serious mental illness" (5-9%).¹³ We do know how to do that. For example, if someone has schizophrenia or bipolar disorder, maintaining them in treatment, often medications, can prevent the disorder from becoming 'severe and disabling'. See *Appendix A* for a more detailed explanation of allowable uses of PEI funds.

Problems

- At least \$1 billion (50% of the PEI funds) was diverted to people without mental illness.
- Approximately \$1 billion is being diverted to programs that falsely claim they 'prevent mental illness'.
- People with the most serious mental illnesses are being excluded from PEI programs.

Oversight Commission guidance encouraged counties to exclude people with mental illness from PEI funded programs. Counties readily agreed. The Oversight Commission's PEI Guidelines provided to counties state "Prevention Programs are expected to focus on individuals 'prior to' diagnosis"¹⁴ In other words: people without mental illness. This was done in spite of the fact the legislation requires the funds to serve people with mental illness not those without. This direction accounts for the bulk of the \$2 billion that was diverted.

The Oversight Commission and counties disguised worthy and unworthy social service programs as mental illness prevention programs in order to make them eligible for MHSAs funding. The Oversight Commission issued and enforced a regulation that defined seven priority population groups as eligible for PEI funds.¹⁵ Only one group was "Individuals experiencing onset of a serious mental illness". The other priority population groups are not required to be individuals experiencing onset of mental illness. They were being prioritized for services based sexual orientation, employment status of parents, presence of parents, whether or not someone in the family ever died, age, criminal history and substance abuse—even in the absence of a mental illness. None of these so-called 'risk factors' cause

¹⁰ WIC 5840

¹¹ Official Weblog of the Campaign for Mental Health, April 13, 2004. Created by Darrel Steinberg to get voters to pass MHSAs. Available at http://digital.library.ucla.edu/websites/2004_996_010/darrell/2004/04/index.html Accessed 6/20/13

¹² Substance Abuse and Mental Health Services Agency (SAMHSA) available at <http://www.samhsa.gov/newsroom/advisories/1211273220.aspx> (Accessed June 14, 2013)

¹³ NIMH and Mental Health Services Act Findings

¹⁴ Minutes of September 22, 2011 MHSOAC Commissioners. Available at http://www.mhsaac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf Accessed 6/24/13.

¹⁵ CCR Title 9 3905 lists 7 priority populations. However, nothing in the reg requires those priority populations to have a mental illness for which treatment is needed to prevent it from becoming severe and disabling.

schizophrenia, or bipolar or other serious mental illnesses. They are at best, social service concerns.

The Oversight Commission forced counties to prioritize those least likely to have a serious mental illness. The Oversight Commission required 51% of PEI funds go to children and youth between age 0 and 25.¹⁶ Serious mental illnesses like schizophrenia rarely manifest themselves before late teens and early twenties. There is no way to predict who will get it until they symptoms manifest. To the extent the funds are being used in prior to late teens, they are not reaching those most likely to develop serious mental illness.¹⁷

The Oversight Commission freed PEI programs from the requirement to measure outcomes.¹⁸

The Oversight Commission freed counties from using the funds as they said they would use them.¹⁹

The Oversight Commission freed counties from having to use evidence based practices.²⁰

Diverting Funds via Regulations:

Officials issued regulations redefining the purpose PEI Funds so they could be spent on people without mental illness.²¹ Some examples:

- 3200.251 redefined the purpose of PEI programs from what voters intended (“preventing mental illness from becoming severe and disabling”) to “prevent serious mental illness” (we don’t know how); “promoting mental health” (making people happier) and “building the resilience of individuals”.
- 3400 (b) illegally separated PEI programs from having the statutory tie to serious mental illness. The first part of the regulation states “Programs and/or services provided with MHSA funds shall: (1) Offer mental health services and/or supports to individuals/clients **with** serious mental illness and/or serious emotional disturbance, and when appropriate their families. But it goes on to state **“The Prevention and Early Intervention component is exempt from this requirement.”** There is nothing in voter intent or legislative language that suggest PEI funds were ‘exempt’ from helping people *with* serious mental illness. This exempted \$2 billion in taxpayer Prevention and Early Intervention funds from serving people with mental illness.
- 3200.305 encouraged counties to spend on so-called “Universal

The science of prevention and early intervention:

Any program that purports to prevent bipolar disorder or schizophrenia by intervening before it is diagnosed is making a false claim. Bad parents, bad grades, bad marriages, bad jobs, bad housing, bullying, and in most cases, loss of loved ones do not cause serious mental illness although they may exacerbate symptoms in those who already have it.

Serious mental illnesses are likely caused by a combination of genes, gene stressors, neuroanatomical differences and chemical imbalances. There is no test to predict who will develop serious mental illness before symptoms materialize making many so-called early intervention programs ineffective.

Schizophrenia usually manifests itself in late teens and early twenties. The illness occurs in 1% of the general population, 10% who have a parent or sibling with the disorder; and 40-65% of those who have an identical twin with the disorder. Problems in utero may trigger the disorder in those genetically predisposed. Diagnosis is made by eliminating other causes and analyzing the effect of the disorder on the individual.

Bipolar disorder often develops in a person's late teens or early adult years. Children with a parent or sibling who has bipolar disorder are four to six times more likely to develop the illness, compared with children who do not have a family history of bipolar disorder.

Improving employment, grades, marriage satisfaction, etc. does not reduce the incidence of serious mental illness and is not a targeted intervention. Targeted interventions would aim at the offspring of those with mental illness, not those without.

¹⁶ http://www.mhsoac.ca.gov/MHsoac_Publications/docs/FactSheet_PEI_121912.pdf Accessed 6/24/13.

¹⁷ Oversight Commissioners quote a figure that half of mental illness begins before age fourteen. But that is not ‘serious mental illness’. MHSA was passed to “define serious mental illness” not all mental health, as a condition deserving priority attention. Serious mental illness usually first becomes manifest in late teens early twenties. Other issues like bad grades, lack of self-esteem, anti-social behavior do present themselves earlier but are outside the scope of MHSA.

¹⁸ The commissioners were told by their own evaluator that there is “no requirement (for counties) to measure outcomes” This allowed a massive diversion to programs that were politically popular regardless of their utility. Minutes of September 22, 2011 MHsoac Commissioners. Available at http://www.mhsoac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf

¹⁹ During the period of this review, the legislation required counties to submit PEI plans to the Oversight Commission for review.

Minutes show that MHsoac review of counties was “based on what counties said they were going to do, rather than actual on the ground assessment”. http://www.mhsoac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf

²⁰ Voters included a specific *legislative finding* that “By expanding programs that have demonstrated their effectiveness, California can save lives and money.” At a MHsoac board meeting, MHsoac Vice-chair Van Horn admitted “there are not a lot of evidence-based practices (being used) in the PEI arena.” He then went on to lower the standards a program has to meet: “PEI Guidelines have requirements that counties must use *some* level of evidence to support the programs that they are proposing. It doesn’t have to be evidence-based practice; it could be a range of evidence.”

²¹ Some of these were promulgated, some not, some lapsed. As will be seen in next section, the direction to not use PEI funds for persons with mental illness was continually and forcefully communicated to counties and was defacto policy regardless of which regulations were in effect.

Prevention Activities.” That “*target the whole population or a subset of the population that does not have a higher risk for developing the symptoms of mental illness.*”²² It takes the most tortured reading of Prop 63 to conclude that voters intended to fund PR campaigns, television shows, newspaper advertising, etc. for people without mental illness.

(See Appendix C for more Regulations that were proposed at various times).

Commissioners kept ineffective programs funded.

1. At an MHSOAC board meeting, “Commissioner Vega pointed out that results from some PEI programs, particularly those involving youth, cannot be known until years later.” This claim is frequently used to justify continuing unproven programs. The reason programs for youth don’t work to “prevent mental illness from becoming severe and disabling” is (1) they are not targeting those most likely to develop serious mental illness (first degree relatives of people with serious mental illness; (2) they are not targeting people with mental illness; and (3) there is not yet a known way to prevent serious mental illness.
2. At an MHSOAC board meeting a Los Angeles FSP Program Manager admitted the L.A. job training program had only increased employment days 4.2 percent and that was mainly due to government creating jobs versus any private sector jobs being created.²³ The program continues to receive funding.

Commissioners intended to (may have) approved expenditures they knew were not allowable by law. Oversight Commission minutes show that the commissioners funded substance abuse programs specifically not included for funding in the final language of the legislation. “MHSOAC Vice-Chair Van Horn commented that ...the reason co-occurring disorders (substance abuse) were not mentioned in the MHSA was because during the Proposition 63 focus groups they were informed that using that language would lead to the defeat of the proposition.” He then went on to state, “**It is clear that co-occurring disorders need to be dealt with at the same level.**”²⁴ In spite of not including this in the legislation, Commissioner Van Horn clearly expressed his intent to fund it.²⁵

Oversight Commissioner and counties fail to address waste and diversion of funds. The Associated Press, San Francisco Chronicle²⁶, as well as our own op-eds²⁷ and letters to the Oversight Commission have attempted to bring the problems in PEI programs to their attention so they could be remedied. The Oversight Commission has ignored the reports, defended the status quo, and in at least one instance threatened a newspaper that was thinking of reporting on the problems with having their advertising pulled.²⁸

County behavioral healthcare directors encourage, lead, and fail to overrule a flawed stakeholder process that diverts funds

Proposition 63 established stakeholder process to advise counties on spending. While county behavioral health commissioner are supposed to consider this input, they allowed participants to prioritize non-evidenced programs; programs that don’t serve people with serious mental illness; and caused programs that help the most seriously ill to go without funding. In many if not most counties, the Behavioral Health Directors actually lead the meetings. (See chapter on “Failed Stakeholder Process”).

See following section for examples.

²² <http://www.preventionearlyintervention.org/go/PromotingWellnessPrevention/UniversalPrevention.aspx>

²³ “Commissioner Poat, Mr. Delgado, and Mr. Refowitz agreed that employment is a challenging need to meet in the whole recovery process. The hiring freeze in Orange County and the overall downturn in the economy have made it harder to find employment for FSP graduates.”

²⁴ Minutes of MHSOAC Board Meeting September 22, 2011. Available at http://www.mhsoac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf Accessed 6/24/12

²⁵ From a policy perspective, we agree with Commissioner Van Horn that funding co-occurring substance abuse in people who have serious mental illness or mental illness that needs treatment to prevent it from becoming severe and disabling, makes sense. But the point for this report, is that it is not allowable, he knew it, yet was still trying to achieve it.

²⁶ <http://www.sfgate.com/opinion/article/Prop-63-Mental-Health-Services-Act-not-as-3688777.php>

²⁷ <http://mentallillnesspolicy.org/states/california/capitalweeklyoped.html>

²⁸ This is the only fact we are making in this report that we will not provide additional documentation for. That is because we want to protect the identity of the reporter. After s/he questioned an MHSA official, MHSA PR operation reached out to the publisher and threatened to pull advertising. The reporter was, according to him/her chastised, and the story killed.

Examples of statewide misspending within PEI (and/or Innovation Funds)

Case Study: According to a reporter at the Orange County Register reported suicide in California is up and the MHSAs suicide prevention program is not working:

“Jenny Qian, a manager in county behavioral services, says thanks to an injection of money from Proposition 63, Orange County has beefed up its suicide programs in the past two years and continues to roll out more programs. Qian tells me by calling what she describes as a local hotline number, 1-877-727-4747, people will find all the local help they need.”

“I called that number and asked for help for someone needing a counselor in the Mission Viejo area. I was informed the person who needs help should call. I pressed and was told they can't help with local counselors because the service is nationwide.” <http://www.ocregister.com/articles/suicide-504805-county-gun.html>

Statewide Prevention and Early Intervention Initiatives (\$129 million)²⁹

MHSA PEI funds are generally given to counties to spend. However, there are two sources of statewide funds.

1. CalMHSA. CalMHSA is a Joint Power Authority created by counties to pool their MHSA funds to execute programs that are more efficiently executed by a statewide entity, rather than by individual counties. These expenditures must still comply with MHSA requirement to serve people with serious mental illness, “prevent mental illness from becoming severe and disabling” or “reduce the duration of untreated serious mental illness. They were still subject to approval by the Oversight Commission. CalMHSA bought 34 Ipads for County Behavioral Health Directors.³⁰
2. Oversight Commission- The Oversight Commission has extensive funds of their own. These are generally used for reports, studies, and research, that create good press for the commission, jobs for those who get the contracts, but have very little to do with providing care to people with serious mental illness. While these come out of administrative funds (rather than PEI) we will discuss them here.

It is often difficult to determine which MHSA funded projects described below were funded from which buckets of money, but the fact that MHSA funds are being used is indisputable.

1. Suicide Prevention wastes up to \$32 million³¹

Background: Suicide is mentioned twice in MHSA. The “Findings and Declarations” declared, “Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government.” and “The (PEI) program shall emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: (1) Suicide.”³² MHSA is only to reduce suicide that results from untreated mental illness. California previously created a “Strategic Plan on Suicide Prevention” (a/k/a “Schwarzenegger Plan³³) that included data and strategies to prevent suicide and noted mental illness was a leading cause of suicide.³⁴

Problems: CalMHSA ignored the research included in the Schwarzenegger Plan and funded non evidenced based suicide programs instead. For example, the Schwarzenegger Plan found kids 10-15 are the lowest suicide risk but CalMHSA focused PEI suicide money on children. Adults, the group with the highest death rates—responsible for 50% of all suicides are not prioritized.

Prop 63 funding is funding ineffective, unproven, mistargeted TV, radio, billboard, print campaign to

²⁹ A description of some of the statewide programs with dollar amounts is at http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2011/Jul/OAC_072811_Tab3_CalMHSA_StatusReport.pdf. Some are annual expenditures. Others may be multi-year.

³⁰ See last page, last paragraph at <http://calmhsa.org/wp-content/uploads/2012/06/CalMHSA-Budget-Package-2012-2013-FINAL.pdf>

³¹ \$129 million was spent on CalMHSA on PEI of which 25% was allocated to suicide (\$32 million). Page three at <http://calmhsa.org/wp-content/uploads/2012/01/CalMHSA-Implementation-Work-Plan-FINAL-11-18-10-POSTED.pdf> \$3 million of this suicide prevention funding went to NAMI, whose former President Ralph Nelson was on MHSAC Board. \$3 million of this went to MHA of SF, whose former Executive Director, Eduardo Vega was on MHSAC board.

³² WIC 5840(d)(1)

³³ <http://www.mhsoac.ca.gov/docs/Suicide-Prevention-Policy-Plan.pdf>

³⁴ “(N)early half of suicide cases involve at least one documented mental health diagnosis. It is estimated that as many as 90 percent of individuals who died by suicide had a diagnosable mental illness or substance abuse disorder. Certain psychiatric diagnoses increase the risk of suicide substantially. Among individuals diagnosed with a major mood disorder (a spectrum that includes major depression and bipolar disorder), up to 20 percent die by suicide. The risk tends to be highest among those who have frequent and severe recurrences of symptoms.”

reduce suicide.³⁵ There is no evidence that media campaigns reduce suicide and some evidence they increase it³⁶. It is also inefficient because they reach the general public versus high risk populations like those with serious mental illness, those who have previously attempted suicide, or the first degree relatives of those who have attempted suicide.³⁷

CalMHSA also uses MHSAs funds for anti-suicide websites like <http://www.yourvoicecounts.org> Your Voice Counts lets Californians vote on what is effective at suicide prevention. It substitutes polling for science in deciding where MHSAs Suicide prevention money should go.

2. Stigma and Discrimination Reduction wastes up to \$48 million³⁸

MHSA eloquently differentiated 'extremely common' mental illnesses from serious mental illnesses and stated the intent of the legislation to help the latter and not the former.³⁹ In spite of this, stigma funds are being spent on those with common illnesses and not those with serious mental illnesses.

- A glossy four-color magazine insert was produced, printed, and distributed statewide in newspapers that is headlined, "Mental Illness Affects Everyone." That was clearly not designed to inform about the much smaller group with 'serious' mental illness⁴⁰.
- A TV commercial in five languages was produced⁴¹:
 - Title "One in Four"*
 - Annrcr: Every year, 1 in 4 Californians experience mental illness.*
 - Mental illness does not discriminate.*
 - It can happen to anyone of any ethnicity, income or gender.*
 - It is a medical condition that affects thinking, feeling, mood, ability to relate to others, daily functioning.*
 - There are many causes including life history particularly stress, trauma, abuse.*
 - If you or someone you know is hurting, get help. Contact your county mental health or behavioral health*

³⁵ The CalMHSA suicide prevention efforts have a \$32 million budget, but we don't know what percentage is being spent on this particular effort. <http://www.prweb.com/releases/prweb2012/12/prweb10229719.htm>

³⁶ The theory behind these campaigns is that they educate people to see warning signs so they can intervene to prevent the suicide. But research shows it doesn't work mainly because suicide is exceedingly uncommon. Per the press release announcing the CalMHSA Suicide Prevention Media Campaign, of the 37.5 million Californians, 3,823 (.01%) took their own lives, and 16,425 (.04%) were hospitalized for self-inflicted injuries. To be effective, all experts agree that suicide prevention efforts should be highly targeted to those populations with higher rates of suicide or attempts. Populations with high rates of suicide include those who have previously attempted suicide and first degree relatives of those who have attempted suicide. It is simply a waste to fund TV campaigns when trying to reach less than 4,000 or 17,000 people.

We researched the professional literature and could not find any scientific evidence media campaigns reduce suicide. There are reputable sources that suggest (without proof) that these campaigns should be used, but in almost all cases they say the campaigns should be targeted at high-risk individuals.

The Suicide Prevention Resource Center does not list any public relations campaigns in their list of "Evidence Based Programs" They do list education and training, but these are targeted to 'gatekeepers', like nurses, doctors, and social workers so they can recognize symptoms. See <http://www.sprc.org/bpr/section-i-evidence-based-programs#sec1listings>

The Schwarzenegger Plan does suggest public education efforts (without citing any source or rationale) but immediately goes on to suggest that targeting gatekeepers is the most important strategy <http://mhsoac.ca.gov/docs/Suicide-Prevention-Policy-Plan.pdf>

There are many studies showing efforts targeted to the public are not supported by research. See *Suicide Prevention Strategies: A systematic review Journal of the American Medical Association* available at <http://jama.jamanetwork.com/article.aspx?articleid=201761> and *Why are we not getting any closer to preventing suicide? DIEGO DE LEO, FRANZCP BJ Psych* available at <http://bjp.rcpsych.org/content/181/5/372.short> *The later sates* "The conflict between political convenience and scientific adequacy in suicide prevention is usually resolved in favor of the former. Thus, strategies targeting the general population instead of high-risk groups (psychiatric patients recently discharged from hospital, suicide attempters, etc.) may be chosen"

We also contacted Dr. Alan Berman Executive Director of the American Association of Suicidology, to triple check our findings. He confirmed that there is no evidence PR campaigns reduce suicide and confirmed the research that they may in fact do harm (have 'untoward' effect).

³⁷ Spending \$32 million to reach 3,832 (est.) individuals results in a per capita expenditure of \$8,370 per suicide prevented.

³⁸ 37.5% of \$129 million per California Mental Health Services Authority Statewide Prevention and Early Intervention Implementation Work Plan page iii at <http://calmhsa.org/wp-content/uploads/2012/01/CalMHSA-Implementation-Work-Plan-FINAL-11-18-10-POSTED.pdf>

³⁹ After noting that mental illnesses are "extremely common" MHSAs findings and declarations went on to state that these people with everyday common mental illnesses are not serious mental ill that MHSAs was intended to help, "In any year, between 5 percent and 7 percent of adults have a serious mental illness as do a similar percentage of children— between 5 percent and 9 percent. " MHSAs funds are intended to 'define *serious mental illness* as a condition deserving priority attention".

⁴⁰ Available at http://issuu.com/news_review/docs/2013-01-03_mentalillness

⁴¹ Available on right side at http://www.mhsoac.ca.gov/Prop63_Website/Prop63_NewWebsite.aspx

department. (MHSOAC Logo)

This PSA does not even mention "serious" mental illness. The PSA misstates the science⁴² and proposes a solution that will not likely work for many of the most of the seriously ill.⁴³

- Five "Mental Health Minutes" (sponsorships) were produced.⁴⁴ Only one mentions serious mental illness.
- **\$11 million in stigma funding was given to a Sacramento public relations firm (Runyon Saltzman & Einhorn).**⁴⁵ Among other tasks, they ran a Facebook group "Good News About Proposition 63". It did not provide any information to help people with mental illness, only puff pieces on how great Prop 63 is. When people started posting info about waste and fraud within Prop 63, rather than look at the site as useful tool to collect such information, they took the page down. The PR firm also writes op-eds extolling the virtues of MHSA⁴⁶ and generates positive news stories.⁴⁷ These efforts have made it very difficult for the truth about Prop 63 to get out to the public. Voters did not pass prop 63 because they felt a dearth of PR firms.
- **\$2.9 million in stigma funding is going to Disabilities Rights California (DRC)⁴⁸ and is being used to oppose Laura's Law⁴⁹** a program that has been proven to help people who are so seriously ill they do not recognize their need for treatment⁵⁰.
- **Approximately \$12 million in stigma funds were given directly to organizations headed by members of the Oversight Commission.** See Insider Dealing chapter for information on approximately \$3 million each in stigma funds given to NAMI, MHSA, and DRC all of which are headed by members of the Oversight Commission.
- **Stigma funds were used to tell newspaper reporters and editors how to write their stories.**⁵¹
- **Stigma funds were used to produce a documentary film for TV.**⁵² When the Sacramento Bee questioned the use of MHSA funds to produce public television shows, the MHSA PR firm stated "it was tremendously successful," pointing to an increase in traffic at a website, ReachOut.com, and viewers of the PBS show". But creating visitors to a website or viewers for a television show was not the purpose of MHSA. Some PSAs in Sacramento now feature the Senate Leader Pro Tem.

⁴² "Serious" mental illness is not caused by "stress, trauma, abuse" like the PSA says. Serious mental illness like schizophrenia is likely due to multiple interrelated genes somehow interacting with external influences like viruses. It may be a disorder incurred in-utero. Bipolar disorder, the other serious mental illness Prop 63 proceeds were intended to help is even more genetically related than schizophrenia. The "one in four" mental illnesses may not "affect...daily functioning" as the PSA says. It is the "serious" mental illnesses (that affect 5-9% of people) that are likely to "affect...daily functioning". Put another way, the author of this report has depression and takes Prozac. It doesn't affect his daily life at all. He's a "1 in 4" not a 5-9%. MHSA was not intended to serve me. The language of the legislation, and materials used to sell it to the public, clearly state Prop 63 is intended to serve the **seriously** ill.

⁴³ Up to 50% of those who have *schizophrenia or bipolar* and are not currently receiving treatment may be so ill they don't recognize they have it. It's called anosognosia. Lack of awareness of illness (a brain so sick it doesn't know it is not working) is the Number One reason people with serious mental illness won't accept treatment. So admonishments to "Get Help" will not work.

⁴⁴ Available on left side at http://www.mhsoac.ca.gov/Prop63_Website/Prop63_NewWebsite.aspx

⁴⁵ <http://www.californiahealthline.org/articles/2011/10/18/agency-doles-out-11-2m-for-mental-health-campaign.aspx>

⁴⁶ <http://www.mhsoac.ca.gov/ArchivedOpinionEditorials.aspx>

⁴⁷ <http://www.mhsoac.ca.gov/ArchivedInTheNews.aspx>

⁴⁸ Oversight Commissioner Eduardo Vega is on the DRC board.

http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2011/Jul/OAC_072811_Tab3_CalMHSA_StatusReport.pdf

⁴⁹ <http://lauras-law.org/states/california/llresultsin2counties.html>

⁵⁰ According to Carla Jacobs of California Treatment Advocacy Coalition, DRC sued Los Angeles to prevent implementation of Laura's Law. For some 2005-2012 DRC anti-Laura's Law activity see <http://lauras-law.org/states/california/p&aopposition.pdf>

⁵¹ At least one editor of one large California Daily was approached by MHSA funded stigma program which wanted her to use their "style guide" to change how she was writing about mental illness, i.e., downplay violence.

⁵² The documentary was called, "A new state of mind: Ending the Stigma of Mental Illness. The Sacramento Bee ran a story on it "Public Eye: State Funding of Mental Health Documentary Questioned" See <http://www.sacbee.com/2013/06/02/5464315/state-funding-of-mental-health.html>. In response to the criticism, the PR firm responded that the documentary was successful because

Examples of county social service programs masquerading as mental illness programs⁵³

Many of the county programs below that came to our attention are admirable, worthy and even important social service programs. But they are not mental illness programs. They are therefore ineligible for MHSA funding. Diverting MHSA funds to these programs is not what voters intended, and leaves those with serious mental illness living untreated at home or homeless, living under lice infected clothing and eating out of dumpsters, while funds intended to help go elsewhere.

- **Butte County** uses MHSA funds for
 - A "Therapeutic Wilderness Experience".⁵⁴
 - Hmong Gardens.⁵⁵ This is a good example of a failed stakeholder process. Butte did a study of the need for housing for people of Hmong ancestry.⁵⁶ Eight people participated. We do not know if any had serious mental illness or if any housing was ever built. But this focus group found that two important services for this housing that is not limited to people with mental illness are "gardens" and a "community room". The researchers aggregated the two to conclude that if they built housing, 58% wanted "community room and garden" and therefore a garden was a service that prevents mental illness from becoming severe and disabling.
 - African American Cultural Center.⁵⁷
 - PR brochures that positioned the county behavioral health director as an effective steward of MHSA funds. They include no financial data on how the money is spent.⁵⁸
- **Contra Costa County** is using MHSA funding
 - To teach parenting skills to parents(\$360,000)⁵⁹
 - for a hip-hop carwash, family activity nights and a homework club.⁶⁰
 - to help the elderly with or without mental illness.⁶¹
 - "New Leaf Collaborative."⁶² This works to improve grades.
 - Native American Health Center⁶³.
 - Lesbian, Gay and Transgender programs. Being lesbian gay or transgender are no longer considered mental illness. There is no evidence that being lesbian gay or transgender makes someone more likely to develop a serious mental illness like schizophrenia and bipolar.⁶⁴

⁵³ These are only the ones we have become aware of, and do not represent a complete list. We did not evaluate every county MHSA plan, only programs that came to our attention.

⁵⁴ We are not aware of any information that shows a Therapeutic Wilderness Experience will prevent mental illness from becoming severe and disabling http://www.mhsoac.ca.gov/Innovation/docs/InnovationPlans/Butte_INN_Approval_Summary.pdf

⁵⁵ <http://www.fresnobee.com/2012/07/30/2929985/fresno-hmong-garden- praised.html#storylink=cpy>

⁵⁶ <http://www.buttecounty.net/Behavioral%20Health/Mental%20Health%20Services%20Act%20-%200Id/~media/County%20Files/Behavioral%20Health/Public%20Internet/MHSA/Housing/HmongFocusGroupDataResults.aspx>

⁵⁷ <http://www.buttecounty.net/Behavioral%20Health/~media/County%20Files/Behavioral%20Health/Public%20Internet/MHSA/Public%20Announcements/12-13%20Annual%20Update%20Narrative%20DRAFT%201.aspx>

and
<http://www.buttecounty.net/Behavioral%20Health/~media/County%20Files/Behavioral%20Health/Public%20Internet/MHSA/Public%20Announcements/BH1213MHSAPlanUpdateplan.aspx>

⁵⁸
<http://www.buttecounty.net/Behavioral%20Health/~media/County%20Files/Behavioral%20Health/Public%20Internet/MHSA/Public%20Announcements/MHSA%20Benefits%20to%20Butte%20County.aspx>

⁵⁹
http://64.166.146.155/agenda_publish.cfm?mt=ALL&get_month=10&get_year=2012&dsp=agm&seq=12398&rev=0&ag=238&ln=23705&nseq=12400&nrev=0&pseq=&prev=#ReturnTo23705

⁶⁰ The "purpose" of the hip-hop car was to help at-risk children learn life skills that will make them productive citizens, by promoting educational and vocational opportunities any by providing training, support and other tools they need to overcome challenging circumstances." That may be worthy, but is outside the purpose and intent of MHSA which is to help people with serious mental illness. http://66.39.42.45/services/mental_health/prop63/pdf/pei_agencies_descriptions.pdf and http://www.contracostatimes.com/top-stories/ci_18356480

⁶¹ http://www.mhsoac.ca.gov/MHSAOC_Publications/docs/PressReleases/2011/PEITrendsReport_05-11-11.pdf

⁶² To "prove" it works the county notes, "Fifty-two students were enrolled in New Leaf last year. Of these, 71% of students improved their attendance; 78% earned the necessary academic credits at or above grade level; and 77% achieved at least 4 out of 6 individual goals." That is likely true. But improving school attendance, helping people get through high school are not the purpose of MHSA. http://library.constantcontact.com/download/get/file/1109615552347-349/CalMHSA_Contra_Costa_FINAL.pdf

⁶³ This is a social service program designed "to reverse the impact of discrimination, strengthen families and build community." But the purpose of MHSA is to help people with mental illness. http://library.constantcontact.com/download/get/file/1109615552347-349/CalMHSA_Contra_Costa_FINAL.pdf

⁶⁴ It would, perhaps, arguably, be appropriate to have specialized (rather than mainstreamed) mental illness services for members of the LGBTG community, but there is no indication the services being provided by the county are for those with mental illness.

- **Fresno County** used MSHA funds for
 - What stakeholders wanted, even when inconsistent with the legislation and it prevents programs for seriously mentally ill from being funded.⁶⁵
 - To expand outpatient services for children who are not seriously emotionally disturbed (\$750,000).
 - Community Garden (\$40,000)⁶⁶

- **Imperial County** used MSHA funds
 - For people experiencing trauma, child or domestic abuse, chronic neglect, enduring deprivation and poverty, homelessness, violence (personal or witnessed), racism and discrimination, intergenerational or historical trauma, the experience of refugees fleeing war and violence, loss of loved ones, and natural and human disasters.⁶⁷

- **King County** spends MSHA funds
 - on children in “stressed families”.⁶⁸
 - on youth reading below grade level.⁶⁹
 - RESTATE. This is an \$800,000 program operated jointly with Tulare County and alternatively describe as a stigma and discrimination reduction program or a suicide prevention program.⁷⁰ It is basically an arts project that lets kids create a PSA. It is based on “Mental Health First Aid, a non-evidence based highly criticized approach.”⁷¹

- **Los Angeles** (Also see “The Failed Stakeholder Process: LA County as Case Study”⁷²) Los Angeles is using MSHA funds for
 - Triple P Parenting Skills⁷³ is being funded on Los Angeles, Shasta, and other counties. It is designed to reduce child abuse. In addition to not being a mental illness program, extensive research has been published showing Triple P is ineffective.⁷⁴

⁶⁵ (Behavioral Health Director) “Thornton said he would like more of the Mental Health Services Act money to treat people with severe mental illness. With county budgets tight, he said, the priorities should be “crisis first, treatment and then early intervention, prevention. Evans said the county plan isn’t perfect, but it is a compromise between what the community wants and what the staff sees as gaps in the system “It’s all a compromise,” she said. The quote appeared in the January 6, 2013 Fresno Bee formerly available at <http://www.fresnobee.com/2013/01/06/3124110/fresno-county-mental-health-projects.html> (accessed 1/7/13)

⁶⁶ “The county would add a seventh community garden to six already in operation at a cost of about \$40,000.” The quote is believed to be from the January 6, 2013 Fresno Bee formerly available at <http://www.fresnobee.com/2013/01/06/3124110/fresno-county-mental-health-projects.html> (accessed 1/7/13) What is especially disturbing is that funding gardens in lieu of services for people with mental illness, had already come under public scrutiny at this time. However the commissioner was not worried about being audited. “Taylor said she wouldn’t be concerned if the state audited the gardens. But that is unlikely to happen, because the state selected three counties to review, and Sacramento County was chosen in the Central Valley, she said.

⁶⁷ “Trauma” is common. Everyone loses a loved one. Funds may not be spent to ‘reduce trauma’ however, they may be spent to treat PTSD if that occurs.

http://www.mhsoac.ca.gov/MHSOAC_Publications/docs/PressReleases/2011/PEITrendsReport_05-11-11.pdf

⁶⁸ http://www.co.kern.ca.us/artman2/kcmh/uploads/1/1MMSA_Update_Cover_12-13post3.pdf

⁶⁹ This was funded with Innovative funds. Innovative Services funds must have a nexus to the overall intent of MSHA to help people with serious mental illness. Few who are reading below grade level will develop a “serious mental illness”. Improving reading does not “prevent mental illness from becoming severe and disabling.” It is a classic example of a worthy social service program masquerading as a mental illness program in order to access funds not intended for them.

http://mhsoac.ca.gov/Counties/Innovation/docs/InnovationPlans/INN_Kings_020911.pdf

⁷⁰ <http://www.sptf.org/english/index.cfm/programs/restate/> and http://www.hanfordsentinel.com/news/local/programs-target-teen-suicide-mental-health/article_bd82bf6e-63f4-11e2-9d10-001a4bcf887a.html

⁷¹ We have seen no evidence it helps persons with serious mental illness, although no doubt the kids enjoy creating the PSAs and the arts departments of the participating schools appreciate the additional funding. The website alludes to the fact that this is part of the Mental Health First Aid USA, a commercially available program distributed by various non-profits. Mental Health First Aid is non-evidence based. Thirty six of the 55 peer reviewed articles on Mental Health First Aid were authored or co-authored by the vendors of the approach. A 2005 study of Mental Health First Aid found “There has not yet been an evaluation of the effects on those who are the recipients of the first aid” and acknowledged, “Perhaps the most important unanswered question is the benefits of being a recipient of MHFA” Mental Health First Aid does not appear on SAMHSA’s National Registry of Evidence Based Practices.

⁷² In other budget documents, LA County claims to have spent \$80 million on housing for seriously mentally ill. We would be interested in, but did not have time to determine, if any of the promised housing was built or- to ascertain the diagnosis of those provided housing. See <http://www.hacla.org/en/cms/7931/>

⁷³ <http://www.redding.com/news/2012/nov/08/shasta-county-child-abuse-rate-climbs-twice-state/>

⁷⁴ Thirty two of the thirty three studies purporting to show it works were by the same people who created the program. A meta study “found no convincing evidence that Triple P interventions work across the whole population or that any benefits are long-term. The ‘evidence’ for it turned out to lack validity. See “Triple P-Positive Parenting programs: the folly of basing social policy on underpowered flawed studies” published in BMC. Available via NIMH at <http://www.ncbi.nlm.nih.gov/pubmed/23324495>. Also see “How evidence-

Case Study: Laura's Law a Good Program Being Funded with PEI Funds in Los Angeles.

While this appendix lists inappropriate spending, we do note that Los Angeles has a tiny pseudo-Laura's Law program being very appropriately funded with MHA funds. LA should expand this program by cutting the misspending identified above. Using their version of Laura's Law, Los Angeles reduced incarceration of people with the most serious mental illnesses 78%; reduced hospitalization 86%; and reduced hospitalization 77% even after discharge from Laura's Law. (<http://lauras-law.org/states/california/lauraslawlosangelesstudy>).

- "emotional recovery" centers, "stigma" campaigns, tuition reimbursement programs, market research, employment offices⁷⁵
- Student 'well-being' massage chairs, Zumba classes, a meditation room and a biofeedback lab (\$230,000)⁷⁶
- Populations that may or may not have mental illness such as Children/youth at risk for school failure and children/youth at risk of or experiencing juvenile justice involvement⁷⁷
- Free Your Mind Radio Show⁷⁸
- Unsuccessful employment training programs⁷⁹
- **Marin County** is using MHA funds for
 - Teen Screen.⁸⁰ Teen screen has proven to be ineffective at reducing teen suicide.⁸¹
 - Triple P Parenting.⁸² See discussion under Los Angeles County for lack of evidence program is effective.
- **Merced County** is using MHA funds for
 - To host a Halloween event at Yosemite Lake, a Multicultural Celebration, Thanksgiving Lunch, Winter Celebration, Cinco de Mayo Celebration, Black History Month, the Hmong Harvest Celebration and... Mental Health Month Picnic at the Lake.⁸³
 - Caring Kids.⁸⁴ It teaches skills to parents of children 0 – 5 years old. Funding the program with mental health dollars is almost offensive because it suggests parents cause mental illness and that by teaching parents skills they will not cause the mental illness.⁸⁵
- **Nevada County** uses MHA funds for

based is an 'evidence-based parenting program'? A PRISMA systematic review and meta-analysis of Triple P." available via NIMH at <http://www.ncbi.nlm.nih.gov/pubmed/23121760>. See meta-study at <http://www.biomedcentral.com/content/pdf/1741-7015-10-130.pdf>⁷⁵ These arguably benefit the least "severely" ill but inarguably don't benefit the most "severely" ill

<http://ceo.lacounty.gov/ccp/mh/pei.htm#GI>! And

<http://lacdmh.lacounty.gov/News/Publications/Enews/Documents/APR1411ENEWS.html>

⁷⁶ http://blogs.laweekly.com/informer/2012/07/california_tax_for_mentally_ill_massage_chairs_zumba_social.php and

http://www.namicalifornia.org/uploads/eng/mh/pei_full_report.pdf

⁷⁷ <http://www.freeyourmindprojects.com/static-pages/about-us/#.UDTo044Zy70>

⁷⁸ It allows recipients of MHA funding to go on radio to say how important their work is. In the promo materials, they readily admit this is for the 'one in four' who have mental health issues, rather than the 5-9% with serious mental illness identified as being a priority population in MHA legislation (who would be hard to reach by radio shows).

⁷⁹ At an MHSOAC board meeting a Los Angeles FSP Program Manager admitted the L.A. job training program had only increased employment days 4.2 percent and that was mainly due to government creating jobs versus any private sector jobs being created. See <http://lacdmh.lacounty.gov/News/Publications/Enews/Documents/APR1411ENEWS.html> and

http://www.mhsoac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf

⁸⁰ <http://www.co.marin.ca.us/depts/HH/main/mh/mh/pei/MHSA%20PEI%20fund%20shift%20to%20Prudent%20Reserve%20June%202012.pdf>

⁸¹ "On 15 November, TeenScreen, a program to detect depression in young people, announced on its website: "The National Center will be winding down its program at the end of this year. The center did not give a reason for the closure of its multimillion dollar project, nor did anyone from TeenScreen respond to inquiries by the BMJ. Critics of the program said that the test had not been proven to reduce suicides and that an analysis by its inventor, David Shaffer, showed that the computer based screening test had a positive predictive value of only 16%. Direct and indirect ties between the drug industry and TeenScreen fueled the concerns of critics that the program would inevitably cause more children, including preschoolers, to be treated with antidepressant drugs."

<http://www.bmj.com/content/345/bmj.e8100>

⁸² <http://www.co.marin.ca.us/depts/HH/main/mh/mh/pei/MHSA%20PEI%20fund%20shift%20to%20Prudent%20Reserve%20June%202012.pdf>

⁸³ http://www.co.merced.ca.us/pdfs/mentalhealth/mh/pei/mh/pei_annual_update_2012_2013.pdf

⁸⁴ <http://blogs.webmd.com/childrens-health/2012/08/study-links>

⁸⁵ The program claims to have made the following positive impacts, not having to do with preventing serious mental illness. "Parents, Child Care Providers, and Teachers have learned new ways to manage children's behavior. Our support groups have helped parents learn new parenting skills. Parents have learned about how children grow. Parents have learned better ways to discipline their children. Parents have learned to share experiences and feelings with other parents. Parents have learned about information on community resources and services. Parents have learned to take better care of themselves. Parents have learned better ways to handle stress. Child Care Providers have learned new ways to promote attachment and bonding."

Case Study: Laura's Law: A good program in Nevada County By using MHSA funds to allow individuals under court orders access to existing programs Nevada County served the most seriously mentally ill and decreased number of Psychiatric Hospital Days 46.7%; number of Incarceration Days 65.1%, number of Homeless Days 61.9%; number of Emergency Interventions 44.1%. Laura's Law implementation saved \$1.81-\$2.52 for ever dollar spent and "receiving services under Laura's Law caused a reduction in *actual* hospital costs of \$213,300 and a reduction in *actual* incarceration costs of \$75,600 (<http://lauras-law.org/states/california/lresultsin2counties.html>)

- **Orange County** is using MHSA funds
 - Wellness Centers specifically for those "who have achieved a high level of recovery," Groups to improve "personalized socialization," relationship building, and exploring educational opportunities.⁸⁶
 - Teen Screen, an ineffective teen suicide program. See Marin County for a discussion of Teen Screen.
 - High end annual report with no data on where the money went.⁸⁷

- **Placer County** received numerous critical comments about their use of MHSA funds for social services masquerading as mental illness programs. They did not address them.⁸⁸ MHSA uses MHSA funds for
 - "Youth Council: What is Success Video Project"⁸⁹.
 - "Ready for Success: Incredible Years", and "Parent Project."⁹⁰ These programs allegedly strengthen parenting competencies but are not related to mental illness. It is now well established that having bad parents does not cause serious mental illnesses like schizophrenia and bipolar disorder.
 - "Positive Indian Parenting"⁹¹
 - "Native Youth Development Program"
 - To "prevent mental illness".⁹² No one knows how to do that.
 - Native Culture Camps
 - "Life Skills Training", a substance abuse prevention program⁹³. Substance abuse programs (except for those with mental illness) were specifically excluded from the MHSA Legislation.⁹⁴
 - "Teaching Pro Social Skills" teaches kids about teasing, embarrassment, and expressing feelings.⁹⁵
 - Adventure Risk Challenge (ARC) a literacy program.⁹⁶
 - "What is Success" Video Project "to send the message to Middle and High School students that everyone has the ability to choose what success means to them and that it is never too late to start working towards your own goals."⁹⁷

- **Riverside County** is using MHSA funds for
 - Parenting Program for Latina mothers (\$2,958,317).⁹⁸

⁸⁶ <http://ochealthinfo.com/docs/newsletters/recoveryconnection/2008-2010-RecoveryConnection.pdf>

⁸⁷ http://ochealthinfo.com/docs/behavioral/mhsa/Resources/Reports/MHSA_5_Year_Booklet_WEB.pdf

⁸⁸ Ex. Dr. Frank Lozano asked for "hard data" for number of individuals seen/program and the results of their time spent under the guidance of Placer Mental Health". He also noted several programs were social services programs. Gayle Smullen of NAMI Placer County reported on the lack of programs for people with serious mental illness, and the preponderance of social service programs for non mentally ill being funded with Placer County MHSA funds. He did not receive an adequate response. Sharen Neal of Placer County NAMI noted that Placer county focused its PEI resources on children, when serious mental illness does not manifest itself until teens and twenties. Focusing on children left those most likely to develop mental illness least likely to be served. The response of Placer County authorities was inadequate, avoided the issue, and frequently blamed the Oversight Commission for the problems by saying they were due to their direction. See last pages of comments at <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁸⁹ Page 11 at <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁹⁰ Page 7 at <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

Note that a large percentage of parents dropped out of the program.

⁹¹ Page 8 at <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁹² <http://www.sierrasun.com/article/20120625/COMMUNITY/120629945/1066&ParentProfile=1051>

⁹³ <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁹⁴ September 22, 2012 MHSOAC Board Minutes, MHSOAC "Commissioner Horn commented that ...the reason co-occurring disorders were not mentioned in the MHSA was because during the Proposition 63 focus groups they were informed that using that language would lead to the defeat of the proposition" He then went on to express the importance of doing it anyway. This program is the result of that thought process. Minutes of MHSOAC Board Meeting September 22, 2011. Available at

http://www.mhsoac.ca.gov/meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf Accessed 6/24/12

⁹⁵ Page 10 at <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁹⁶ <http://www.namicalifornia.org/uploads/eng/mhsa%20full%20report.pdf>

⁹⁷ <http://www.campaignforcommunitywellness.org/wp-content/uploads/2012/12/MHSA12-13AnnualUpdateFINALtoBOS.pdf>

⁹⁸ While a worthy program, there is no evidence that serious mental illness is caused by parents (other than possibly genetically).

Attaching the word 'mood' or "mental" to a program does not turn a program that helps people with mental illness.

http://blogs.laweekly.com/informer/2012/07/california_tax_for_mentally_ill_message_chairs_zumba_social.php

- **Sacramento** is using MHSA Innovation Funds to
 - Provide "culturally sensitive help to all generations" (United Lu-Mien)⁹⁹. Not a mental illness program.¹⁰⁰
 - Reduce Bullying¹⁰¹
 - Reduce Violence¹⁰²
 - Increase Social Connectedness¹⁰³
 - Help 12-26 year olds "to gain positive, proactive, successful life skills"¹⁰⁴
 - "To improve the well being of caregivers" (Del Oro Caregiver Resource Center¹⁰⁵). The caregivers being helped are caregivers for persons with dementia, not mental illness
 - Reduce stigma and promote mental health in population not identified by MHSA¹⁰⁶
 - Capital Adoptive Families¹⁰⁷. This organization supports adoptive parents and does not have the tight nexus to helping people with serious mental illness.
 - "Strengthening Families Project". Within this program are "Quality Child Care Collaborative", "HEARTS for Kids", "Bullying Prevention Education and Training", "Early Violence Intervention Begins With Education" and "Independent Living Program 2.0". When presented at the May Mental Health Board meeting a participant correctly noted these were social services programs and ineligible for MHSA funding. They were told, "when the public hearing were held on these programs, the community wanted them"¹⁰⁸

- **San Bernardino County** is using MHSA Funds to
 - Reduce teen prostitution \$895,000.¹⁰⁹
 - Acupuncture and acupressure, teach art classes, equine therapy, tai-chi and zumba to the general public; and an LGBT prom.¹¹⁰
 - Interagency Youth Resiliency Team.¹¹¹ It "employs former foster and probation youth to serve as mentors to "system involved" youth ages 13 - 21."¹¹²

- **San Diego** is using MHSA funds¹¹³
 - To reduce gang violence
 - Triple P Parenting Program, a program proven unsuccessful at reducing child abuse
 - "Reaching Out", a program for those with Alzheimer's

- **San Francisco** is using MHSA funds
 - for yoga, line dancing and drumming.¹¹⁴
 - 90 minute movie about mental health (not mental illness).¹¹⁵ It was shown at a community center and funded

⁹⁹ <http://www.sacbee.com/2012/11/30/5021702/grants-aid-four-sacramento-county.html>

¹⁰⁰ We could not find the term "mentally" or "mental" used once. This suggests to us the funds will not be used for mentally ill.

¹⁰¹ Page 23 at <http://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2013-14-MHSA-Annual-Update--Sacramento-County.pdf>

¹⁰² Page 27 at <http://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2013-14-MHSA-Annual-Update--Sacramento-County.pdf>

¹⁰³ Page 24 at <http://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2013-14-MHSA-Annual-Update--Sacramento-County.pdf>

¹⁰⁴ Page 27 at <http://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2013-14-MHSA-Annual-Update--Sacramento-County.pdf>

¹⁰⁵ <http://www.sacbee.com/2012/11/30/5021702/grants-aid-four-sacramento-county.html>

¹⁰⁶ Page 28 has a 'mental health promotion' project that features a web site <http://www.stopstigmatasacramento.org>. Note that the site addresses the 1 in four with mental health issues. But MHSA has specific language saying it is not for one in four (25%) of population, it is only for the 9% with the most serious mental illnesses. It also includes info designed to minimize and confuse the public about the incidence of violence. <http://www.dhhs.saccounty.net/BHS/Documents/Reports--Workplans/MHSA-Reports-and-Workplans/RT-2013-14-MHSA-Annual-Update--Sacramento-County.pdf>

¹⁰⁷ <http://www.sacbee.com/2012/11/30/5021702/grants-aid-four-sacramento-county.html>

¹⁰⁸ Reported to us by an attendee who requested anonymity.

¹⁰⁹ <http://www.sbcounty.gov/dbh/Announcements/2010/Innovation%20Plan%20Final%202-8-10.pdf>

¹¹⁰ http://blogs.laweekly.com/informer/2012/07/california_tax_for_mentally_ill_massage_chairs_zumba_socal.php

¹¹¹ <http://www.marketwatch.com/story/foster-youth-prepares-for-adulthood-with-help-from-new-mentor-program-from-emq-familiesfirst-2012-11-18>

¹¹² That is a worthy social service program, but it is not a program that reduces the duration of untreated mental illness or prevents mental illness from becoming severe and disabling. The PR announcement for it does not mention mental illness or mental health (except to state MHSA funds are being used for it) A PowerPoint explaining who IYRT serves is at http://emqff.org/about/docs/FY12_agency-wide_report_pp_final.pdf. Page 8, shows that only 2% of the population they serve have psychotic disorders (serious mental illness)

¹¹³ <http://sandiego.camhsa.org/files/PEI-Prg-Serv-Summ-Current.pdf>

¹¹⁴ http://www.sfdph.org/dph/comupg/oservices/mentalHlth/MHSA/FY11_12AnnualPlanUpdate_03012011.pdf

by MHA/SF, a large recipient of MHSA funds. MHA/SF Exec. Dir. Is on the Oversight Commission. While videos and movies are fun to make it is hard to see how making these movies should trump delivering services to people with mental illness.

- **San Luis Obispo County** uses MHSA funds for
 - employment programs ¹¹⁶
 - To help “Tens of thousands” rather than people with serious mental illness. ¹¹⁷
- **Shasta County** is using MHSA funds for
 - A Gatekeeper program to improve services for the elderly. ¹¹⁸
 - Triple P Parenting program. See “Los Angeles” County above for information showing Triple P has no scientific basis and is unproven. Shasta is a good example of how the stakeholder process was used to gain funding for this program in spite of its lack of efficacy. ¹¹⁹
 - Reducing “Adverse Childhood Experiences” ¹²⁰
- **Stanislaus County** is using MHSA funds for
 - “Arts for Freedom” ¹²¹ an art show for people who want to display their art.
 - Stanislaus considered a good program, but we don’t know if they ever followed through on it. *“Stanislaus County officials are talking with local hospitals about forming crisis teams to stabilize patients who are considering suicide or having psychotic symptoms. The units with staff able to prescribe medication would choose people with the best chances of being stabilized, so they can return home and not be admitted to Doctors Behavioral Health Center on Claus Road.”* ¹²²
- **Tehema County is using MHSA funds for**
 - Teen Screen, an ineffective program designed to reduce teen suicide ¹²³
 - Drumming Circles ¹²⁴
- **Tulare County** used MHSA funds for
 - farming webinar for dairy farmers who, due to the current economic state, are experiencing a downturn in milk prices. ¹²⁵
 - RESTATE. This is an \$800,000 program operated jointly with King County and alternatively describe as a stigma and discrimination reduction program or a suicide prevention program. See discussion under King County on this being an ineffective non-evidenced based program that seems to move MHSA funds from helping persons with mental illness to funding school art departments.

¹¹⁵ <http://www.mentalhealthsf.org/programs/solve/>

¹¹⁶ They are not for people who have mental illness, but are for “Transitional Age Youths” (TAYs) The County justifies the expenditures by claiming the groups are underserved in the County; they are likely to have experienced numerous traumatic events and be vulnerable to developing mental illness, substance abuse, *domestic violence, homelessness, criminal activity, and unemployment*. Trauma (losing a loved one, seeing something untoward) happens to many people and rarely ever results in a mental illness.

http://www.mhsoac.ca.gov/MHsoac_Publications/docs/PressReleases/2011/PEITrendsReport_05-11-11.pdf

¹¹⁷ The director of Behavioral Health in SLO claims MHSA is helping tens of thousands in her county.

<http://www.sanluisobispo.com/2011/07/12/1680175/viewpoint-our-mentally-ill-deserve.html>

¹¹⁸ <http://www.redding.com/news/2012/nov/07/senior-living-gatekeeper-program-keeps-eye-out/>

¹¹⁹ Shasta County claims that Triple P got on the list of funded programs because “During MHSA’s stakeholder input process, community members ranked children and youth in stressed families as the #1 population to work with in preventing mental illness”. It is true that reducing stress in families of people with mental illness can improve the course of outcome. However, there is no science that says stress causes mental illness, or reducing stress in families of people without mental illness lowers the incidence of mental illness. This is a worthy social service program masquerading as a mental health program to access MHSA

funds. http://media.redding.com/media/static/Annual_Report_7th_FINAL.pdf. See description of Triple P under LA County.

¹²⁰ <http://www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/ShastaPEIPlan.pdf> and

http://media.redding.com/media/static/Annual_Report_7th_FINAL.pdf

¹²¹ http://www.stanislausmhsa.com/pdf/public/INN%20Project%20Brief%20Descriptions%20Posted_8.25.11.pdf and

<http://www.modbee.com/2012/04/25/2173965/county-promotes-mental-health.html>

¹²² <http://www.modbee.com/2012/11/11/2451993/stanislaus-county-mental-health.html> We don’t know if this was ever implemented or if merely exists in press release form.

¹²³ http://www.mhsoac.ca.gov/Counties/PEI/docs/PEIplans/PEI_Tehama_Final_2-1-10.pdf. See Marin County for Teen Screen discussion.

¹²⁴ <http://www.namicalifornia.org/uploads/eng/mhsa%20full%20report.pdf>

¹²⁵ http://www.mhsoac.ca.gov/MHsoac_Publications/docs/PressReleases/2011/PEITrendsReport_05-11-11.pdf (Page 14)

Full Service Partnerships: \$2.5 billion unaccounted for

Background: MHSA was intended to expand successful existing programs.¹²⁶ Full Service Partnerships (FSP) were not an existing program and do not appear in California law or MHSA legislation. After Proposition 63 passed, the California Department of Mental Health created a broad definition of them:

“the collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.”¹²⁷

FSPs are colloquially described as “doing whatever it takes”, albeit only for voluntary patients. As a result of direction to spend money on FSPs,¹²⁸ \$2.5 billion went to FSPs instead of existing programs that had already proven their effectiveness.¹²⁹ FSPs are serving some people with serious mental illness and doing a good job. FSPs are only voluntary, and therefore exclude many of the most seriously ill, like those who are psychotic. No information is collected or reported on the diagnosis of those being served. It is unclear how many of the individuals in FSPs have serious mental illnesses like schizophrenia or bipolar disorder or if FSPs are better than the existing programs that failed to receive funding as a result of the prioritization of FSPs.

Problems

1. Zero oversight to ensure people enrolled in FSPs have schizophrenia, bipolar disorder or other serious mental illness.

The Oversight Commission collects extensive information on age, ethnicity, sexual orientation of FSP enrollees, but not diagnosis.¹³⁰ Thus, there is no way to know whether the \$2.5 billion FSP initiative is serving people with serious mental illness as required by the legislation.

Partially in response to growing public concerns, MHSOAC did contract with UCLA, a large recipient of MHSA funds for a report on FSPs.¹³¹

- Before releasing the report, at the request of the commission and others, the UCLA authors amended the supposedly independent report to “focus on positive outcomes”.¹³²
- The report intentionally and knowingly overstated cost savings from incarceration by allocating fixed costs (which do not change due to number of people served) to each patient and calculating it as savings.¹³³
- In order to “prove” FSPs save money, the UCLA authors added ‘physical health’ savings--a welcome, secondary, but not primary goal of MHSA, and a goal that can be readily achieved by serving people with physical illnesses rather than serious mental illnesses.
- The report recommended more studies be conducted the result of which would send more money to programs associated with the commissioners.
- The UCLA report did not include any information of diagnosis of participants.
- The UCLA report did not reveal the multiple regulations that make many of the most seriously mentally ill ineligible for FSP services or that FSPs were only serving those well enough to volunteer.

¹²⁶ “The legislature found “By expanding programs that have demonstrated their effectiveness, California can save lives and money” (Findings and Declarations (f)). The Purpose and Intent of the law was “To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California”

¹²⁷ Emergency regulation in Cal. Admin. Code tit. 9, § 3200.130

¹²⁸ Because FSPs were an unproven new program it might have been appropriate to spend Innovative Funds on them. 5% of MHSA funds are set aside for Innovative New Programs. Instead, massive general funding was mandated to be used. See direction at <http://www.dmh.ca.gov/DMHDocs/docs/letters05/05-05CSS.pdf>

¹²⁹ MHSOAC allocated 51% of all CSS funds which are 50% of all MHSA funds to them, making FSPs the largest MHSA expenditure. If MHSA raised \$10 billion since inception, \$2.5 billion were spent on FSPs.

¹³⁰ Diagnosis information would be available via MediCal or anonymized questionnaires.

¹³¹ “Full Service Partnerships: California’s Commitment to Support Children and Transition-Age Youth with Serious Emotional Disturbance and Adults and Older Adults with Serious Mental Illness” prepared by UCLA Center for Healthier Children, Youth and Families (10/31/12). Available at

http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf

¹³² See page 4 of UCLA Report.

¹³³ See discussion by Commissioner Brown (who represents law enforcement on the commission) starting on page 16 of November 2012 Oversight Commission Board meeting minutes. Among other comments, Commissioner Brown noted the use of fixed versus variable costs and correctly stated, “(T)hat that is not an accurate measure of cost savings and may taint the rest of the report in terms of what savings are achieved. This report will be open to criticism regarding the types of cost savings indicated. Additionally, there is a disparity where Los Angeles used a figure of over \$1,000 a day when every other county used a figure substantially lower.”

“Available at http://mhsoac.ca.gov/Meetings/docs/Meetings/2013/OAC_012413_Tab1_Minutes111512.pdf

Oversight Commissioners used the UCLA report to declare their stewardship of FSP programs a success.

2. FSPs exclude many of the most seriously ill. They only serve those well enough to recognize they are ill.

Regulations were issued that required MHSA funded programs to be designed for voluntary patients only.¹³⁴ This made the most seriously ill ineligible for FSPs. Up to 40% of those with bipolar disorder and 50% of those with schizophrenia are so ill, they don't know they are ill (anosognosia).¹³⁵ For example, a homeless person yelling they are the Messiah, or screaming the FBI planted a transmitter in their head would not likely be well enough to volunteer for services. These individuals are excluded from FSPs. Doing 'whatever it takes', should extend to helping people who lack awareness of their illness.¹³⁶ See Appendix D flow charts show the steps programs are skipping when determining if someone qualifies for MHSA-funded support.¹³⁷

4. To fund FSPs, programs that that help people with serious mental illness who are homeless were left unfunded.

Proponents of Full Service Partnerships claim FSPs are referred to in MHSA because the Finding and Declarations reference AB 34 programs.¹³⁸ The population served by AB 34 Existing Systems of Care programs are "**severely mentally ill** adults who are **homeless, recently released from a county jail or state prison**, or otherwise at risk of homelessness or incarceration."¹³⁹ There is no indication FSPs are serving the same population as AB-34 programs. In fact, since 2007, "the proportion of prison inmates with mental illnesses has grown from 19 percent in 2007 to 26 percent now".¹⁴⁰

AB 34 programs reduced the number of consumers hospitalized, 42.3%; number of hospital admissions, 28.4%; number of hospital days, 55.8%; number of consumers incarcerated, 58.3%; number of incarcerations, 45.9%; number of incarceration days, 72.1%; number of consumers who were homeless, 73%; and many other barometers of success.¹⁴¹ They deserve equal or better funding than FSPs.

4. The FSP model may help higher functioning get housing but is least successful at helping people with schizophrenia and bipolar disorder get housing—the two most serious mental illnesses.¹⁴²

Conclusion:

\$2.5 billion is spent on FSPs without any oversight of whether they are serving eligible individuals. FSPs exclude many of the most seriously ill.

¹³⁴ CCR Title 9 Regulation 3400(b)

(b) Programs and/or services provided with MHSA funds shall... (2) be designed for voluntary participation" While the regulation went on to state, "No person shall be denied access based solely on his/her voluntary or involuntary status" the use of MHSA funds to prevent implementation of Laura's Law has obviated that option.

¹³⁵ See anosognosia at <http://mentalillnesspolicy.org/medical/anosognosia-studies.html>

¹³⁶ One way around this conundrum would be for counties to implement Laura's Law.

¹³⁷ Flow charts: Impact of the Full Service Partnership Programs on Independent Living. Nicholas C. Petris Center on Health Care Markets and Consumer Welfare School of Public Health University of California, Berkeley May 2010

¹³⁸ Findings and Declarations (b): A recent innovative approach, begun under Assembly Bill 34 in 1999, was recognized in 2003 as a model program by the President's Commission on Mental Health¹³⁸. This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come.

¹³⁹ Legislative analysis at [http://www.leginfo.ca.gov/pub/99-00/bill/asm/ab_0001-0050/ab_34_cfa_19990816_185010_sen_comm.html](http://www.leginfo.ca.gov/pub/99-00/bill/asm/ab_0001-0050/ab_0001-0050_ab_34_cfa_19990816_185010_sen_comm.html)

¹⁴⁰ Associated Press. California Mental Health Dollars Bypass Mentally Ill, July 28, 2012 as published in Sacramento Bee.

¹⁴¹ <http://www.homebaseccc.org/PDFs/CATenYearPlan/CAHighlightOutreach.pdf>

¹⁴² Schizophrenia and bipolar disorder are two of the most serious mental illnesses. The housing initiatives funded by MHSA help people with those disorders the least. "The Impact of the Full Service Partnership Programs on Independent Living found "not having schizophrenia or bipolar disorder" led to increased likelihood of independent living." Nicholas C. Petris Center on Health Care Markets and Consumer Welfare School of Public Health University of California, Berkeley. "The Impact of the Full Service Partnership Programs on Independent Living: A Markov Analysis of Residential Transitions" Petris Report # 2010-3. Available at http://www.dmh.ca.gov/Prop_63/MHSA/Publications/docs/3_Petris_Residential_Report_Final.pdf

Insider Dealing: \$23 million diverted to organizations associated with Oversight Commission

Summary

Over \$23 million in Mental Health Services Act (MHSA) funds are going to organizations currently or formerly run by those responsible for oversight of the expenditures. This may be a violation of California's conflict-of-interest laws and raises questions about whether MHSA funds are being spent appropriately. Some of the funds are being used to prevent people with serious mental illness from receiving treatment.

Background

Proposition 63 established the MHSA fund to provide services to individuals with "serious mental illness" and prevent those "with mental illness" from having it become "severe and disabling". Proposition 63 also established the Mental Health Services Oversight and Accountability Commission (Oversight Commission) to approve certain MHSA expenditures which are distributed by the Oversight Commission directly; or presented to them for approval as part of county mental health plans or via the California Mental Health Services Authority (CalMHSA), a Joint Power Authority that pools the resources of individual counties.

Methodology

We examined the 2011 "Prevention and Early Intervention" (PEI) component of MHSA which represents 20% of overall MHSA funds. We did not look for potential insider dealing in the other 80% or in prior years. To determine who received PEI funds we examined the 2011 CalMHSA Funding Report which includes PEI grants by dollar amounts¹⁴³ and a list of PEI programs funded by MHSA which does not include dollar amounts.¹⁴⁴ We then went to the websites of the organizations that received the funds to determine who sat on their boards of directors and in key staff positions. Finally, we compared the boards and staff of fund recipients with the names of those who serve the oversight commission.¹⁴⁵

Findings

Rusty Selix - \$5.92 million

Mr. Selix is on the MHSOAC Mental Health Funding and Policy Committee and Evaluation Committee¹⁴⁶. During the period of the study, he was Executive Director of Mental Health America of California (MHAC)¹⁴⁷ MHSOAC commissioners approved one grant for \$3 million and another for \$2.92 million to MHA of San Francisco a chapter of MHAC. Other chapters of MHAC that had their grants approved by oversight commissioners include MHA Orange County (two grants); MHA LA (2 grants); MHA of SLO; and MHA Sutter-Yuba.

Mr. Selix is Executive Director of the California Council of Community Mental Health Agencies (CCCMHA).¹⁴⁸ CCCMHA members receive MHSA funds. (See Richard Van Horn, below.) Mr. Selix received \$681,758 in compensation from CCCMHA (per CCCMHA 2010 990 IRS form).

Richard Van Horn - \$11 million

During the period of our study, Mr. Van Horn was the MHSOAC Vice-Chair¹⁴⁹ and on the board of California Council of Community Mental Health Agencies (CCCMHA) a trade association representing providers of community mental "health" services.¹⁵⁰ Rusty Selix is Executive Director and received \$681,758 in compensation. MHSOAC commissioners approved \$2 million to go to CCCMHA member Didi Hirsch Psychiatric Services. They approved \$9 million to be split between CCCMHA members Transitions Mental Health Association, Kings View Corporation and others. The MHSOAC commissioners approved grants for the following CCCMHA members: Anka Behavioral Health; Bonita House (2 grants); Buckelew Programs; Chamberlain's Mental Health Services; Edgewood Center for Children and Families; EMQ Families First (3 grants); Fred Finch Youth Center (2 grants); La Clinica de La Raza; Pacific Clinics (3 grants); Rubicon Programs; San Fernando Valley Community Mental Health Center; Seneca Center; Social Model Recovery Systems; and Tulare Youth Service Bureau.

Mr. Van Horn has also been President and Chief Executive Officer (CEO) of the Mental Health America of

¹⁴³ http://www.mhsoac.ca.gov/Meetings/docs/Meetings/2011/Jul/OAC_072811_Tab3_CalMHSA_StatusReport.pdf Accessed 7/23/13

¹⁴⁴ http://www.namicalifornia.org/uploads/eng/mhsoac_full_report.pdf Accessed 7/23/13

¹⁴⁵ While many of these grants were given out by counties and CalMHSA, all were required to be reviewed and approved by the Oversight Commissioners. In addition, counties and CalMHSA, are dependent on the commission to approve other grants they make which would give them an incentive to curry favor with the oversight commissioners.

¹⁴⁶ http://www.mhsoac.ca.gov/Committees/docs/Charters/2012/MHFPC_Charter_2012.pdf

¹⁴⁷ http://www.mhac.org/advocacy/key_leaders.cfm Accessed 7/23/13

¹⁴⁸ <http://www.cccmha.org/aboutus.html> Accessed 7/23/13

¹⁴⁹ http://www.mhsoac.ca.gov/About_MHSOAC/Commissioner_Bios.aspx Accessed 7/23/13.

¹⁵⁰ <http://www.cccmha.org/ourMembers.html>

Los Angeles¹⁵¹ which received at least two grants. MHALA paid Mr. Van Horn \$111,175 (per 2009 990 IRS form) Mr. Van Horn is a member of the board of the Mental Health Association of California (See grants listed under Selix).

Eduardo Vega - \$2.9 million

During the period of this report, Mr. Vega was an MHSOAC Commissioner. He is on the board of directors of Disability Rights California¹⁵² a special interest law firm active in preventing counties from using Laura's Law, to help persons with serious mental illness¹⁵³. DRC received a \$2.9 million grant approved by Mr. Vega and the other commissioners. Mr. Vega has served as the Executive Director of the Mental Health Association of San Francisco¹⁵⁴ that received two grants each in the \$3 million range for a total of almost \$6 million. Previously, he served as Associate Director of Project Return. Project Return received a MHSA grant.

Ralph Nelson Jr., M.D. - \$3 million

Dr. Nelson is an MHSOAC Commissioner.¹⁵⁵ During the period of this report, he was president of the National Alliance on Mental Illness in California. NAMI CA received a \$3 million grant of MHSA funds. Local chapters of NAMI that received MHSA funding include NAMI Sonoma and NAMI Orange County. Other NAMI chapters run programs benefiting from MHSA funds including NAMI Butte; NAMI Riverside (2 programs); NAMI San Diego (3 projects); NAMI San Mateo (2 projects); NAMI Santa Cruz; NAMI Sonoma; NAMI Stanislaus (4 projects); NAMI Ventura (2 programs;) and NAMI Amador (3 programs).

Delphine Brody and Sally Zinman - \$1.5 million

During the period of this report, Delphine Brody and Sally Zinman were on numerous Oversight Commission committees.¹⁵⁶ Ms. Zinman founded and Ms. Brody was Director of Public Policy for the California Network of Mental Health Clients¹⁵⁷. The Commissioners approved a grant of \$1.5 million to CNMHC.

Mr. Selix,¹⁵⁸ Mr. Vega,¹⁵⁹ Mr. Nelson, Ms. Brody, Ms. Zinman and their organizations have all lobbied against treatment for people with the most serious mental illnesses who are so ill they are not aware they are ill. They have played a role in preventing counties from implementing Laura's Law which helps prevent people with serious mental illness from becoming violent.

¹⁵¹ <http://www.mhala.org/board-volunteers.htm> Accessed 7/23/13

¹⁵² http://www.disabilityrightsca.org/about/board_bios.htm Accessed 7/23/13.

¹⁵³ <http://www.disabilityrightsca.org/OPR/PRAT2012/AB1421.pdf> Accessed 7/23/13.

¹⁵⁴ <http://www.mentalhealthsf.org/about-us/staff/> Accessed 7/23/13.

¹⁵⁵ http://www.mhsoac.ca.gov/About_MHSOAC/Commissioner_Bios.aspx. Accessed 7/23/13.

¹⁵⁶ http://www.mhsoac.ca.gov/Announcements/docs/AnnouncementsEvents/OAC_2011MHSOACCommitteeMembers.pdf Accessed 7/23/13

¹⁵⁷ http://www.mhsoac.ca.gov/Announcements/docs/AnnouncementsEvents/OAC_2011MHSOACCommitteeMembers.pdf Accessed 7/23/13

¹⁵⁸ http://www.pbs.org/newshour/bb/health/july-dec12/lauraslaw_12-26.html Accessed 7/12/13

¹⁵⁹ http://www.pbs.org/newshour/bb/health/july-dec12/lauraslaw_12-26.html Accessed 7/12/13

\$9 million going to prevent counties from implementing Laura's Law

Background: Laura's Law allows courts to order--after extensive due process- very narrowly defined individuals who have serious mental illness and a past history of violence, dangerous behavior or needless hospitalizations to stay in treatment as a condition of staying in the community. It is only available "in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to himself or herself, or to others"¹ Laura's Law helps the most seriously ill patients. Many are so ill, they don't know they are ill and therefore refuse voluntary services.²

- After implementing Laura's Law with MHA funds, Nevada County Psychiatric Hospital Days decreased 46.7 percent; number of Incarceration Days decreased 65.1 percent, number of Homeless Days decreased 61.9 percent; number of Emergency Interventions decreased 44.1 percent. Laura's Law saved \$1.81-\$2.52 for every dollar spent. "Receiving services under Laura's Law caused a reduction in *actual* hospital costs of \$213,300 and *actual* incarceration costs of \$75,600".³
- In Los Angeles using MHA funds to implement Laura's Law reduced incarceration 78 percent; reduced hospitalization 86 percent and cut taxpayer costs 40 percent.⁴ Similar results have been achieved in the other states that use it. Research shows 80% of those with serious mental illness who have actually received these types of services say they help them get well and stay well.⁵ Laura's Law requires non-profit mental health organizations to accept the most seriously ill into their programs.

Problems:

Commissioners gave \$9 million in MHA funds to organizations --including their own- that are working to prevent counties from providing Laura's Law services to individuals with serious mental illness who could benefit from them.⁶

Disability Rights California – Eduardo Vega \$3 million

During the period of our investigation, Disability Rights California received a \$2.9 million in MHA funds (via CalMHA) ostensibly to "address stigma and discrimination by examining laws, policies, and practices". DRC threatens counties that are considering implementing Laura's Law⁷, lobbies in favor of legislation to make Laura's Law difficult to use⁸, and spreads disinformation on Laura's Law⁹. Eduardo Vega was an Oversight Commissioner and board member of Disability Rights California.

California Network of Mental Health Clients – Sally Zinman/Delphine Brody \$1.5 million

During the period of our investigation, under the guise of "reducing stigma", \$1,539,225 was given to California Network of Mental Health Clients, an organization that worked vigorously to prevent implementation of Laura's Law.¹⁰ Two individuals associated with the Oversight Commission, Sally Zinman and Delphine Brody, were in CNMHC leadership positions.¹¹ In addition to using the funds to support their work in opposing Laura's Law, funds were diverted by other CNMHC employees to personal use.¹²

Mental Health America (MHA) Associations – \$3 million (MHA/CA) and \$2.9 million (MHA/SF)

Multiple grants went to MHA/CA and subsidiaries in San Francisco, LA and elsewhere. Rusty Selix (ED, MHA/CA) and Eduardo Vega (MHA/SF) regularly lobby against Laura's Law.¹³

¹ Section 5346(a)(8). Extensive information on Laura's Law is available at <http://lauras-law.org>, a project of Mental Illness Policy Org.

² See Anosognosia at <http://mentalillnesspolicy.org/medical/anosognosia-studies.html>

³ "The Nevada County Experienced", Michael Heggarty, <http://lauras-law.org/states/california/nevada-aot-heggarty-8.pptx.pdf>

⁴ County of Los Angeles. "Outpatient Treatment Program Outcomes Report" April 1, 2010 – December 31, 2010. And Michael D. Antonovich, Los Angeles County Fifth District Supervisor, Los Angeles Daily News, December 12, 2011

⁵ <http://lauras-law.org/aot/consumers-like-aot.html>

⁶ Most of this money is distributed via CalMHA, which pools county MHA funds for statewide efforts. CalMHA expenditures are approved by Oversight Commissioners. Read "MHA can Fund Laura's Law" at <http://lauras-law.org/states/california/ok2usemhsa4ll.pdf>

⁷ <http://lauras-law.org/states/california/p&aopposition.pdf>

⁸ <http://www.sfgate.com/opinion/openforum/article/Laura-s-Law-is-ineffective-3433801.php>

⁹ <http://lauras-law.org/states/california/disability-advocates-sacbee.html>

¹⁰ See http://www.californiaclients.org/policy/policy_arguements.cfm Accessed 7/13/12

¹¹ Ms. Zinman founded and Ms. Brody was Director of Public Policy for the California Network of Mental Health Clients. In addition, Delphine Brody is on the MHSOAC Services Committee and Sally Zinman is on the Client and Family Leadership Committee.

http://www.mhsoac.ca.gov/Announcements/docs/AnnouncementsEvents/OAC_2011MHSOACCommitteeMembers.pdf and <http://www.californiaclients.org/>

¹² <http://www.sacbee.com/2012/11/11/4976722/3-million-in-state-contracts-yanked.html>

¹³ http://www.pbs.org/newshour/bb/health/july-dec12/lauraslaw_12-26.html

The Failed Stakeholder Process

Background

MHSA legislation codifies a stakeholder process to provide input to county MHSA plans¹⁴

Problems: In every county we looked into, we found the stakeholder process was fatally flawed and in most counties the process led by the county behavioral health director. The stakeholder groups were primarily composed of representatives and clients of social service and mental 'health' programs that do not serve people with serious mental illness and wanted funding for their own favored programs.

1. Professionals with experience treating and caring for the most seriously mentally ill were not part of the stakeholder process. i.e, police, sheriffs, corrections, district attorneys, inpatient doctors, inpatient nurses, doctors at homeless shelters, and others who treat the seriously ill individuals who are shunned by mental 'health' providers.
2. Stakeholders were allowed to prioritize programs that lacked evidence of efficacy or were known to be ineffective.
3. A billion dollar feeding frenzy erupted as programs tried to get MHSA funds for their own programs.
4. County behavioral health directors blindly accepted stakeholder input, even when inconsistent with the legislation.

Results:

1. Social Service programs that don't serve seriously mentally ill were prioritized for funding.
2. Programs received funding in spite of lack of evidence they work or known evidence they don't.
3. Programs that serve people with serious mental illness went unfunded.

Case Study: Fresno County allowed stakeholder input to trump helping people with serious mental illness:

The director of behavioral health services in Fresno County said "(H)e would like more of the Mental Health Services Act money to treat people with severe mental illness. With county budgets tight, he said, the priorities should be "crisis first, treatment and then early intervention, prevention. Evans said the county plan isn't perfect, but it is a compromise between what the community wants and what the staff sees as gaps in the system "It's all a compromise," she said.

(Fresno Bee, January 6, 2013)

Case Study: Sacramento County allowed stakeholder input to trump helping people with serious mental illness.

At a Sacramento County Mental Health Board Meeting in May 2013 attendants were told about PEI "Strengthening Families Project". Within this program are Quality Child Care Collaborative, HEARTS for Kids, Bullying Prevention Education and Training, Early Violence Intervention Begins With Education and Independent Living Program 2.0. Someone noted these were social services programs and ineligible for MHSA funding. They were told, "when the public hearing were held on these programs, the community wanted them"

Case Study: Butte County allowed stakeholder input to trump helping people with serious mental illness.

Butte County's failed stakeholder process led to the funding Hmong Gardens. Butte did a study of the need for housing for people of Hmong ancestry. Eight people participated. We do not know if any had serious mental illness or if any housing was ever built. But this 'study' found that two important services for this housing that is not limited to people with mental illness are "gardens" and a "community room". The researchers aggregated the two to conclude that if they built housing, 58% wanted "community room and garden" and therefore a garden was a service that prevents mental illness from becoming severe and disabling and was included in the PEI Plan (See discussion of Butte under county misspending chapter).

¹⁴ WIC 5848 (a) Each three-year program and expenditure plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness, families of children, adults and seniors with severe mental illness, providers of services, law enforcement agencies, education, social services agencies, veterans, representatives from veterans organizations, providers of alcohol and drug services, health care organizations, and other important interests. Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations. A draft plan and update shall be prepared and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the draft plans."

Los Angeles County as Case Study of Failed Stakeholder Process

LA County stakeholders were primarily those who provide social services to people without serious mental illness LA conducted an extensive, expensive stakeholder input process that included social service and 'mental health' groups who were vying for MHSAs funding for their social service programs.¹⁵ The stakeholder process included a

- A 100 member "Stakeholder Delegate Group" representing various special interests seeking funding.
- A 29 member Ad hoc "Plan to Plan Advisory Group" that included representatives of those seeking funding;
- A 28 member Ad hoc "Guidelines Advisory Group" largely comprised of those seeking funding;
- A 25 member ad hoc "PEI Plan Development Advisory Group", largely comprised of those seeking funding; and
- A 150 member "Service Area PEI Ad Hoc Steering Committee" many representing programs seeking funding.

LA County excluded stakeholders with the most expertise in serious mental illness.

- There was no input from persons with mental illness who are in inpatient units
- There was no input from mentally ill patients who live in jails or prisons. About 30% of LA County prisoners have serious mental illness. LA County Jail is the largest psychiatric facility in the state. There are 3 times as many Californians with mental illness in jails than hospitals.¹⁶
- We are unaware of any attempts to seek input persons with mental illness who live in shelters or are homeless.

We believe the failure to solicit and prioritize input from the most seriously ill and those who know most about the population the legislation states "deserve priority attention" led to a plan that made eligible individuals ineligible and diverted the funds to other.

LA County Behavioral Health Department misinterpreted the legislation and failed to reject stakeholder recommendations that were outside the law.

The Home Page¹⁷ for the Los Angeles County Prevention and Early Intervention (PEI) Plan¹⁸ states

*The Los Angeles County Prevention and Early Intervention (PEI) Plan focuses on prevention and early intervention services, education, support, and outreach to help inform and identify individuals and their families who may be affected by **some level of mental health issue**" (emphasis added).*

That is incorrect. PEI funding is limited to those with mental "illness" or "serious mental illness" not "some level of mental health issue."¹⁹ This misinformation is repeated in the 2009-2010 Plan.²⁰ This is not just nomenclature; there is a significant difference between those "who may be affected by some level of mental health issue" (i.e., can be made happier), and

¹⁵ To develop their Community Support Service (CSS) plan, LA County conducted a needs and strengths assessment with over 2000 people, conducted workgroup, and community engagement meetings involving over 11,000 participants, and conducted 17 meetings with an average participation of over 200 people; in addition to the public hearing on September 20, 2005 which drew over 400 people. While community input is to be commended, the result of that input can not be allowed to supersede the law. (See 9/25/05 letter and attachments from Marvin Southard, LA County MH Director to Board of Supervisors) which set the framework for all future CSS spending. Available at

http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Documents/Approval%20for%20Submission%20of%20the%20MHSAs%20Community%20Services%20and%20Supports%20to%20the%20State%20Dept%20of%20MH_101105.pdf .

¹⁶ The doctors, social workers, parole and correction officials who work there are much more informed as to what persons with serious mental illness need, but in spite of that, were not consulted and prioritized.

¹⁷ http://dmh.lacounty.gov/wps/portal/dmh/lut/p/b1/vZLdjoIwEIWfhQfYzJTys16ibUFjQaAu0huDycYoKJv9Y-Xpt9wZE_Fms52rzjmd801S0FASJNS3PUo82IA-V9-HffV5aM9VM9y1t-WIGCYit0MqApXzRIW8csha2cZQXulJSJnRneVsKhzTpDD-uoByOowwLrxzAnyEUIAeiUHp3ug3kCGO68MSMA4YR-3pFUoD6t_DmEQeKNigs82PI7d5X_fZsU9_Pt6DTu14JxmnMYSXOX4RydYk78VK1W4Sq0wq3vVETsiLShkg7IIIqfUozP_PMPdPwxag9027M5-vmMFJN8vLU51FHXkeqgss6xfMabNu/dl4/d5/L2dJQSEvUU3QS80SmtFL1o2X0UwMDBHT0ZTMkcZrKEwSUVEM1ROUDQxOTY0/

¹⁸ Described starting on Page 6 of Prevention and Early Intervention Plan for Los Angeles County, 8/17/2009. Available at http://lacdmh.lacounty.gov/News/Board_Correspondence/Adopted_Board_Letters/Documents/Approval%20for%20Submission%20of%20the%20MHSAs%20Community%20Services%20and%20Supports%20to%20the%20State%20Dept%20of%20MH_101105.pdf

¹⁹ WIC 5840.

²⁰ "PEI focuses on evidence- based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Providing mental health education, outreach and early identification (prior to diagnosis) can mitigate costly negative long-term outcomes for mental health consumers and their families." http://file.lacounty.gov/dmh/cms1_159376.pdf

those who have serious mental illnesses like schizophrenia and treatment resistant bipolar disorder. The funds are legislatively required to help the later, not the former.²¹

LA County Mental Health Department Plan relied on guidance from the California Department of Mental Health and MHSOAC that was contrary to statute, rather than relying on the statute itself²²

LA County justifies the part of their plan that uses funds to ‘encourage a state of well being’ and target a population group ‘not identified on the basis of risk’, by quoting direction from the Oversight Commission:

*Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. **Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances. Universal Prevention targets the general public or a whole population group that has not been identified on the basis of individual risks.***

MHSA is to help people with serious mental illness, not improve ‘well being’ or ‘target the general population’.

The LA County Plan justifies withdrawing services from people with serious mental illness by quoting direction from the Oversight Commission stating:

*Early Intervention is directed toward individuals and families for whom a **short duration** (usually less than one year), relatively **low-intensity intervention** is appropriate to measurably improve a **mental health problem** or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services, or to prevent a mental health problem from getting worse.²³*

The LA plan, seems to suggest that PEI funds must be withdrawn once a person is identified. This direction from the former California Dept. of Mental Health and Oversight Commission is not true. To prevent “mental illness from becoming severe and disabling” often requires on-going treatment. By limiting PEI funding to short term, low intensity programs, they have essentially excluded those who face lifelong disability.

LA County Behavioral Health Department fails to report data by diagnosis or require a diagnosis so it can not know if it’s programs are serving people “with mental illness” or “serious mental illness” as required by law.

In order to know if a program is targeting those with mental illness or preventing mental illness from becoming severe and disabling, officials would have to collect data on the

- 1 diagnosis of people being served,
2. diagnosis of the mental illness the program is ‘preventing’
3. Diagnosis of the mental illness that they reduced duration of

This information is not collected or provided by the county.

Los Angeles’ failed stakeholder process led to a failed spending plan.

The failed stakeholder process led to failed spending. For example, while serious mental illnesses are most likely to strike in late teens early twenties, LA allocated 60% of funds to Transition Age Youth.²⁴ Less than 3% of individuals in LA County PEI were the most seriously ill individuals with psychotic disorders.²⁵ Rather than focusing on the most seriously

²¹ This distinction is very clear from the first “Findings and Declarations”. The legislation notes that “Mental illnesses are extremely common; they affect almost every family in California. They affect people from every background and occur at any age.” But then the legislation goes on to talk about “serious” mental illness: “In any year, between 5% and 7% of adults have a serious mental illness as do a similar percentage of children — between 5% and 9%. Therefore, more than two million children, adults and seniors in California are affected by a potentially disabling mental illness every year. People who become disabled by mental illness deserve the same guarantee of care already extended to those who face other kinds of disabilities.”. The “Intent” of the legislation is then clearly defined: “To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services...” (emphasis added)

²² On page two of the LA County PEI Plan they note that “On September 25, 2007 SDMH (State Dept. of Mental Health) released the Prevention and Early Intervention Guidelines” Many of these guidelines and regulations were contrary to the legislation and had the effect of (a) preventing those the funds were intended to serve from gaining access and (b) diverting those funds to organizations that used them to provide services to ineligible populations.

²³ Page five at http://file.lacounty.gov/dmh/cms1_179197.pdf

²⁴ http://file.lacounty.gov/dmh/cms1_179197.pdf

²⁵ Page 101 Table 4 County Plan at http://file.lacounty.gov/dmh/cms1_179197.pdf

ill, LA focus is “clients at higher levels of recovery.”²⁶ We could not find a single program that was designed specifically to help people with psychotic disorders or help the homeless who are at risk of becoming psychotic because they can’t get medicine.

Incarceration of children went up.²⁷ This is surprising because one of the programs, “Incredible Youth” (\$200K) is supposed to decrease incarceration.

\$2,393,926 of funding for “at risk” families is likely wasted.²⁸ They are social service programs that purport to help people ‘at risk’ of mental illness. There are no known factors that put people at risk of “serious” mental illness (other than having a parent with it, which is a genetic issue). There are issues, like losing a family member or job that do put people at risk of being sad, being depressed, but not of the most serious mental illnesses like schizophrenia and bipolar disorder that MHSAs were intended to prioritize.

\$2,899,231 of Trauma Recovery spending are likely wasted²⁹. Trauma is not a mental illness. Almost everyone experiences trauma of some degree of severity (losing a loved one, having an accident, witnessing something horrible). PTSD is a mental illness. Severe traumatic events (being held prisoner, war, etc.) might cause trauma disorder. But these services are likely going to people who experienced the rights of passage we all experience: knowing someone who died, failing a grade in school, breaking up with a boy/girlfriend, not paying rent, etc. For example, “Incredible Years” is a crime prevention initiative aimed at aggressive youth.

Many of the other programs Los Angeles is spending on are social service programs masquerading as mental illness programs: Reflective Parenting, Strengthening Families, Positive Parenting, Brief Strategic Family Therapy, Loving Intervention for Family Enrichment Program, Multidimensional Family Therapy Program and Promoting Alternative Thinking Strategies.

CONCLUSION

Flawed process led to massive mission creep. A stakeholder driven “gold rush” that excluded experts who work with the seriously mentally ill resulted in funding programs not directly related to the purpose of PEI or MHSAs.

²⁶ Page 30. Also see page 88 for stats on how well this group “who are at higher levels of recovery” are doing.

²⁷ Page 80. Authorities blamed a “coding error”.

²⁸ Page 120 column six of LA County Plan available at http://file.lacounty.gov/dmh/cms1_179197.pdf

²⁹ Page 120 column seven of LA County Plan available at http://file.lacounty.gov/dmh/cms1_179197.pdf

Appendix A: Prevention and Early Intervention (PEI) Funds must serve seriously ill

Legislative Language

(a) The State Department of Mental Health shall establish a program designed to **prevent mental illnesses from becoming severe and disabling**. The program shall emphasize improving timely access to services for underserved populations.

(b) The program shall include the following components:

(1) Outreach to families, employers, primary care health care providers, and others to recognize the early signs of **potentially severe and disabling mental illnesses**.

(2) Access and linkage to medically necessary care provided by county mental health programs for children **with severe mental illness**, as defined in Section 5600.3, and for adults and seniors **with severe mental illness**, as defined in Section 5600.3, as early in the onset of these conditions as practicable.

(3) Reduction in stigma associated with either being diagnosed **with** a mental illness or seeking mental health services.

(4) Reduction in discrimination against people **with mental illness**.

Discussion: The purpose is "to prevent mental illness from becoming severe and disabling". It is not "to prevent mental illness" (which we don't know how to do) or "improve mental health". Outreach may only be to "recognize the early signs of potentially severe and disabling mental illnesses" not to recognize the signs of poor mental health, bad grades, potential unemployment. The outreach must be narrowly targeted. The responsibility to provide "access and linkage" is only to provide access and linkage "to medically necessary care" and even then, it is only for people who are already "with severe mental illness". It does not prioritize "access and linkage" to non-medical care, or to people without "severe mental illness". Stigma activities are limited to those that affect 'being diagnosed with mental illness' or seeking services. The bulk of misdirected PEI funds are being driven through the 'stigma' requirement. CalMHSA, MHSAC, county behavioral directors justify massive spending that does not focus on 'serious mental illness' by saying it 'reduces stigma' or discrimination. Most of that spending is unjustified and little of it is being done 'cost-effectively'

(c) The program shall include mental health services similar to those provided under other programs effective in preventing mental illnesses from **becoming severe**, and shall also include components similar to programs that have been successful in reducing the duration of untreated **severe mental illnesses** and assisting people in quickly regaining productive lives.

Discussion: This does allow funds to be used for people with "mental illness" (20% of population) versus 5-9% who have "serious mental illness". However, the funds may only be expended to prevent that mental illness "from becoming severe". It also allows funding to reduce the duration of "untreated severe mental illness" (i.e., provide treatment). MHSAC, county behavioral health directors, CalMHSA, MHA and others have read the last phrase "assisting people in quickly regaining productive lives" as freeing them from the responsibility to spend the money only on those with 'severe mental illness'

(d) The program shall emphasize strategies to reduce the following negative outcomes that may result from **untreated** mental illness: (1) Suicide. (2) Incarcerations. (3) School failure or dropout. (4) Unemployment. (5) Prolonged suffering. (6) Homelessness. (7) Removal of children from their homes.

*Discussion: This paragraph allows funding to reduce 1-7 **only insofar as they result from "untreated mental illness"**. Both conditions must be met: 1. Untreated mental illness and 2. One of the seven outcomes. MHSAC, CA DMH, county behavioral health directors, MHA, NAMI, and others have used this provision to provide services that reduce the seven bullet points to people **without** mental illness.*

(e) In consultation with mental health stakeholders, the department shall revise the program elements in Section 5840 applicable to all county mental health programs in future years to reflect what is learned about the **most effective** prevention and intervention programs for children, adults, and seniors.

Discussion: Many of the "most effective programs" for people with serious mental illness are not receiving funding. The best known would be Assisted Outpatient Treatment (Laura's Law). The Department of Justice and all research shows it reaches those with "serious mental illness" and reduces arrest, incarceration, homelessness, suicide, suffering and other outcomes.

Appendix B: Proposed and/or enacted regulations and guidelines being relied on by counties that diverted funds to people without serious mental illness and left people with serious mental illness without services¹

| Proposed and enacted CCR Title 9 Regulations that diverted funds from seriously mentally ill | How the regulation diverts funds |
|--|--|
| <p>3400(b) Programs and/or services provided with MHSA funds shall:</p> <p>(1) Offer mental health services and/or supports to individuals/clients with serious mental illness and/or serious emotional disturbance, and when appropriate their families.</p> <p>(A) The Prevention and Early Intervention component is exempt from this requirement.</p> <p>...</p> <p>(d) The County is not obligated to use MHSA funding to fund court mandates.</p> | <p>This exempted Prevention and Early Intervention (PEI) programs from having a tie to serious mental illness.</p> <p>Nothing in MHSA precludes the use of MHSA funds for Laura's Law recipients, yet 3400(d) suggests they don't have to.</p> |
| <p>3610 (f) The County shall not provide MHSA funded services to individuals incarcerated in state/federal prisons or for parolees from state/federal prisons.</p> | <p>The legislation precludes support for those paroled from state prisons. This reg goes further and prevents funds from helping parolees from federal prisons.</p> |

The following regulations diverted PEI funds away from the intended purpose of the funds.²

| | |
|--|--|
| <p>Section 3930. (d) PEI funds may not be used for the following:</p> <p>(1) Individualized treatment, recovery, and support services for those who have been diagnosed with a serious mental illness or serious emotional disturbance, unless the client or individual has been identified by a provider as experiencing first onset of serious mental illness/emotional disturbance.</p> | <p>This reg specifically prevents funds from reaching those "who have been diagnosed with a serious mental illness". Yet the PEI legislation requires funds to be used to "prevent mental illness from becoming severe and disabling". The effect of this legislation is to prevent people with mental illness from receiving services.</p> |
| <p>Section 3905. (a) The following are Priority Populations for Prevention and Early Intervention programs:</p> <p>(1) Racial/ethnic populations and other unserved/underserved cultural populations, including lesbian/gay/bisexual/transgender populations.</p> <p>(2) Individuals experiencing onset of a serious mental illness or severe emotional disturbance, as defined in the Diagnostic and Statistical Manual of Mental Disorders.</p> <p>(3) Children and youth and transition age youth in stressed families such as families affected by unemployment, homelessness, substance abuse, violence, depression or other mental illness, absence of care-giving adults, or out-of-home placement.</p> <p>(4) Individuals exposed to traumatic events or prolonged traumatic conditions, including but not limited to grief, loss, and isolation.</p> <p>(5) Children and youth and transition age youth at risk of school failure.</p> <p>(6) Children and youth and transition age youth at risk of or experiencing involvement in the juvenile justice system.</p> <p>(7) Individuals experiencing co-occurring substance abuse issues.</p> | <p>This regulation severed funding from a requirement to help people with serious mental illness by creating new 'priority populations' who were not required to have a mental illness or be at risk (ex. the first degree relative of someone with mental illness).</p> <p>It diverted funds to employment programs, substance abuse programs, grief programs, tutoring programs, crime prevention programs and substance abuse programs for people without mental illness. It prioritized the youngest while serious mental illness does not materialize until late teens and early twenties.</p> |
| <p>Section 3200.251. "Prevention and Early Intervention" means ... (1) <i>prevent serious mental illness/emotional disturbance by promoting mental health, reducing mental health risk factors and/or building the resilience of individuals, and/or</i></p> <p>(2) <i>intervene to address a mental health problem early in its emergence.</i></p> | <p>The first part of this reg misstates the purpose of the legislation to "prevent serious mental illness" (No one knows how) "promoting mental health" (make people happier) and "reducing mental health risk factors" (versus serious mental illness) and "building the resilience of individuals".</p> <p>Paragraph (2) limits funds to 'mental health problems early in emergence versus people with serious mental illness whenever they need help. For example, one of the best ways to prevent mental illness from becoming severe and disabling is to ensure treatment. That may be needed early or late in the emergence of the illness.</p> |

¹ <http://www.oal.ca.gov/CCR.htm> click on CCR, click online on next page, click on List of CCR titles on next page, click on Title 9. CA Office of Admin Law says that is how to get them and they are official. Accessed 8/27/2012. Some of the regulations discussed here were promulgated, some merely given as direction, some promulgated and allowed to lapse. However, all are being relied on by counties when determining spending priorities.

² They are still on MHSAOC and CADMH websites and counties are still relying on them, although some seem to have expired, lapsed or never been promulgated.

| | |
|--|---|
| <p>Section 3920 (b) Prevention programs shall be designed to reduce risk factors or stressors and build protective factors and skills prior to the diagnosis of a mental illness and shall include one or both of the following:</p> <p>Section 3200.259. "Selective Prevention Activity" means a prevention activity within a PEI program that targets individuals or a subgroup whose risk of developing mental illness is significantly higher than average, such as older adults who have lost a spouse or young children whose mothers have postpartum depression.</p> <p>Section 3200.305. "Universal Prevention Activity" means a prevention activity within a PEI program that targets the general public, or a population group that has not been identified on the basis of individual risk, such as an activity that educates school-aged children and youth on mental illnesses.</p> | <p>3920(b) <i>requires</i> the expenditure of MHSA funds on people "prior" to diagnosis. There is no language that suggests PEI funds were meant for those without any mental illness at all. It also suggest that there are known 'protective factors' and 'skills' that can prevent serious mental illnesses like schizophrenia and bipolar. We are not aware of any. Using MHSA funds to lower risk factors in populations without mental illness is perhaps one of the most inefficient, less productive, most wasteful uses of MHSA funds. The primary risk factor of developing serious mental illness is being born to someone with serious mental illness.</p> <p>"Selective Prevention Activity" allows expenditure for people <i>at risk of developing any mental illness</i>, rather than limiting it to those with "serious mental illness" or to preventing mental illness from progressing to 'serious mental illness". We are not aware of research that schizophrenia or bipolar rates are increased by normal rights of passage like losing a spouse. (Although they can exacerbate symptoms in those already diagnosed). High risk should be those with one or two parents with serious mental illness. They are not mentioned in the reg.</p> <p>"Universal Prevention" diverts funds to the public who have "not been identified on the basis of individual risk". The program was meant to help people at risk, not those who have "not" been identified as being at risk. It basically diverts funds to PR firms.³</p> |
| <p>Section 3920. (c) Early Intervention programs shall target individuals exhibiting signs of a potential mental health problem, and/or their families, to address the individual's mental health problem early in its emergence.</p> <p>(1) Services shall not exceed one year, unless the individual receiving the service is identified as experiencing first onset of serious mental illness with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders criteria for a psychotic disorder, in which case, an intervention shall not exceed five years.</p> <p>(g) PEI programs shall serve individuals and populations in non-traditional mental health settings such as primary healthcare clinics, schools, and family resource centers; unless a traditional mental health setting enhances access to quality services and outcomes for unserved/underserved populations.</p> | <p>3920(c) diverts funds away from "serious mental illness" or even "mental illness" to people exhibiting signs of a <i>potential</i> mental <i>health</i> problem." In fact, it diverts funds even further away to cover "their families".</p> <p>3920(c)(1) requires stopping services for individuals experiencing onset of serious mental illness after one year if they are not psychotic and after five years if they are. The services needed to prevent mental illness from becoming severe and disabling may be long-term life long services. This reg prohibits that expenditure contrary to the legislation.</p> <p>3920(g) pushes for services to be outside where mentally ill people are: i.e. mental health settings.</p> |
| <p>Section 3950. (a) The County shall participate in the Department's accountability, evaluation and improvement activities for the Prevention and Early Intervention (PEI) component as follows:</p> <p>(1) Submit the PEI Program Accountability and Evaluation Report as required in section 3570 and the Local Outcome Evaluation of a PEI Program Report as required in section 3515, unless exempt per section 3515, subdivision (g).</p> <p>(2) Participate in on-site reviews conducted by Department.</p> <p>(3) Complete surveys conducted by the Department.</p> | <p>3950 requires "evaluation" by MHAOC. That is a good thing. But minutes from the oversight committee show the Oversight Commission evaluates "based on what counties said they were going to do, rather than actual on-the-ground assessment."⁴</p> |

³ Universal Prevention Activity is the most egregious blatant attempt to divert PEI funds to unintended uses. It diverts funds from helping individuals to creating brochures, radio programs, and other activities aimed at the public. People who are "not identified on the basis of individual risk". MHSAOC defines it on their web site as "*one of the categories of prevention funded by the California Mental Health Services Act (MHSA). Universal prevention programs target the whole population or a subset of the population that does not have a higher risk for developing the symptoms of mental illness*" There is nothing in Prop 63, that suggests the funds were meant other than for people with mental illness.

<http://www.preventionearlyintervention.org/go/PromotingWellnessPrevention/UniversalPrevention.aspx>

⁴ Oversight Commission Minutes http://mhsoac.ca.gov/Meetings/docs/PriorMeetingMinutes/2011/MinutesApproved_Sept2011.pdf

Appendix C: How AB-100 that diverted \$863 million from intended recipients and provisions in AB-1467 exempted \$50 million annually from helping persons with serious mental illness.

The content that diverted funds in both these bills was proposed by the Senate Leader Pro Tem Darrell Steinberg¹.

AB 100²

California had preexisting responsibilities to serve people with serious mental illness, some of which were mandated by courts. For example, to special education students. When passing Proposition 63, voters included a provision stating the funds shall not be used to supplant other state funding³. In other words, the funds should be used to increase capacity not fund already funded initiatives. In 2011, legislators passed AB 100 with provisions inserted by Senator Steinberg. It modified the MHSA non-supplantation provision to allow the state to divert about \$836 million of funds raised by MHSA to satisfy the other commitments the state had. This was done as a 'clarifying' amendment to allow passage with a 51% vote rather than a two-thirds vote required to overturn voter enacted legislation.

This amendment used MHSA funds to be used to lower the deficit, rather than expand services.

AB 1467⁴

When Proposition 63 was originally passed, voters allocated 5% of MHSA funds for Innovative Services

"To expand the kinds of successful, innovative service programs for children, adults and seniors...(that) 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.**" The programs would be approved by the Oversight Commission and were "(1) To increase access to underserved groups. (2) To increase the quality of services, including better outcomes. (3) To promote interagency collaboration. (4) To increase access to services."⁵

In July 2012, AB1467 added new language that greatly expanded the allowable uses of these funds. The legislation severed the tie of Innovative Funds from helping "**individuals most severely affected by or at risk of serious mental illness**" to doing almost anything for anyone. In part, new language stated

"An innovative project may affect **virtually any aspect of mental health practices** or assess a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenges, including, but not limited to, any of the following:

- (1) Administrative, governance, and organizational practices, processes, or procedures.
- (2) Advocacy.
- (3) Education and training for service providers, including nontraditional mental health practitioners.
- (4) Outreach, capacity building, and community development.
- (5) System development.
- (6) Public education efforts.
- (7) Research.
- (8) Services and interventions, including prevention, early intervention, and treatment.

It freed funds for advertising, yoga, advocacy, community development, almost anything.

This amendment was passed with a simple majority, rather than the 2/3rds vote that should have been required. This was accomplished by defining it as a 'clarifying' amendment rather than what it really was: an amendment that changed a voter initiative.

This amendment diverted funds from people with serious mental illness.

¹ They have 'AB' numbers because the Pro Tem's language was attached to bills already in process.

² http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_0051-0100/ab_100_cfa_20110315_103004_sen_floor.html

³ There is a "non-supplantation" clause of Prop 63 that requires the maintenance of funding for previously existing programs so MHSA funds can result in incremental activity. "5891. The funding established pursuant to this act shall be utilized to expand mental health services. These funds shall not be used to supplant existing state or county funds utilized to provide mental health services. The state shall continue to provide financial support for mental health programs with not less than the same entitlements, amounts of allocations from the General Fund and formula distributions of dedicated funds as provided in the last fiscal year..."

⁴ http://www.leginfo.ca.gov/pub/11-12/bill/asm/ab_1451-1500/ab_1467_cfa_20120613_164453_sen_comm.html

⁵ WIC 5830

Appendix D: Personal and Professional Contacts for Media

Contact DJ Jaffe at Mental Illness Policy Org for a copy of Appendix D

<http://mentalillnesspolicy.org>

<http://lauras-law.org>

<http://kendras-law.org>

MENTAL ILLNESS POLICY ORG.
UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA
50 EAST 129 ST., PH7 NEW YORK, NY 10035
OFFICE@MENTALILLNESSPOLICY.ORG