

Examples of statewide misspending within California's Mental Health Services Act Prevention and Early Intervention (PEI) Programs and/or Innovation Programs

The 2004 Mental Health Services Act was supposed to provide services for people with serious mental illness. In 2013, the state auditor found the Oversight Commissioners failed to oversee the program and therefore the auditor could not determine if the funds were spent appropriately or not. A report by Mental Illness Policy Org (MHSA: California's 10 year, \$10 billion Bait and Switch) found massive misspending. Following are examples of some of that misspending. See the complete report for more examples.

Case Study: According to a reporter at the Orange County Register reported suicide in California is up and the MHSA 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)¹

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.²
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 million³

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."⁴ 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 Plan"⁵) that included data and strategies to prevent suicide and noted mental illness was a leading cause of suicide.⁶

¹ 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.

² See last page, last paragraph at <http://calmhsa.org/wp-content/uploads/2012/06/CalMHSA-Budget-Package-2012-2013-FINAL.pdf>

³ \$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 MHSAOC Board. \$3 million of this went to MHA of SF, whose former Executive Director, Eduardo Vega was on MHSAOC board.

⁴ WIC 5840(d)(1)

⁵ <http://www.mhsoac.ca.gov/docs/Suicide-Prevention-Policy-Plan.pdf>

⁶ "(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

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 reduce suicide.⁷ There is no evidence that media campaigns reduce suicide and some evidence they increase it⁸. 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.⁹

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

2. Stigma and Discrimination Reduction wastes up to \$48 million¹⁰

MHPA eloquently differentiated 'extremely common' mental illnesses from serious mental illnesses and stated the intent of the legislation to help the later and not the former.¹¹ 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 illness¹².

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."

⁷ 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>

⁸ 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).

⁹ Spending \$32 million to reach 3,832 (est.) individuals results in a per capita expenditure of \$8,370 per suicide prevented.

¹⁰ 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>

¹¹ After noting that mental illnesses are "extremely common" MHPA findings and declarations went on to state that these people with everyday common mental illnesses are not serious mental ill that MHPA 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. " MHPA funds are intended to 'define *serious mental illness* as a condition deserving priority attention".

¹² Available at http://issuu.com/news_review/docs/2013-01-03_mentalillness

- A TV commercial in five languages was produced¹³:

Title "One in Four"

Anncr: 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 department. (MHSOAC Logo)

This PSA does not even mention "serious" mental illness. The PSA misstates the science¹⁴ and proposes a solution that will not likely work for many of the most of the seriously ill.¹⁵

- Five "Mental Health Minutes" (sponsorships) were produced.¹⁶ Only one mentions serious mental illness.
- **\$11 million in stigma funding was given to a Sacramento public relations firm (Runyon Saltzman & Einhorn).**¹⁷ 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 MHSA¹⁸ and generates positive news stories.¹⁹ 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)²⁰ and is being used to oppose Laura's Law²¹** a program that has been proven to help people who are so seriously ill they do not recognize their need for treatment²².
- **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.**²³
- **Stigma funds were used to produce a documentary film for TV.**²⁴ 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

¹³ Available on right side at http://www.mhsoac.ca.gov/Prop63_Website/Prop63_NewWebsite.aspx

¹⁴ "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.

¹⁵ 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.

¹⁶ Available on left side at http://www.mhsoac.ca.gov/Prop63_Website/Prop63_NewWebsite.aspx

¹⁷ <http://www.californiahealthline.org/articles/2011/10/18/agency-does-out-11-2m-for-mental-health-campaign.aspx>

¹⁸ <http://www.mhsoac.ca.gov/ArchivedOpinionEditorials.aspx>

¹⁹ <http://www.mhsoac.ca.gov/ArchivedInTheNews.aspx>

²⁰ 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

²¹ <http://lauras-law.org/states/california/llresultsin2counties.html>

²² 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>

²³ 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.

²⁴ 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 more people visited the website.

MHSA. Some PSAs in Sacramento now feature the Senate Leader Pro Tem.

This is an excerpt from Mental Illness Policy Org report on misspending in California's Mental Health Services Act. The full report is at http://mentalillnesspolicy.org/states/california/mhsa/mhsa_prop63_bait&switchsummary.html