Implementing Proposition 63, the Mental Health Service Act,

With Vision and Purpose

By Mark Ragins, MD

Proposition 63, the Mental Health Service Act, has been hailed as the most important mental health act in California since deinstitutionalization. It provides a breathtakingly large expansion of mental health service funding. Its promoters intend to 'fulfill the promise of care' for the thousands of people released from state hospitals and 'complete our mental health system'. Excitement and hope abound.

Funding for Innovation: Since our mental health system has long suffered from severe under funding, hands will be extended everywhere begging for needed funds. There are many people who support our current mental health system. They believe that we don't need to change the system; we need to fund it adequately. They will point to months long waiting lists at clinics, staff with caseloads in the hundreds, extremely short hospital stays and no bed availability, lack of long term care beds, closure of state hospitals, day treatments and residential care facilities, and over crowded emergency rooms. They will urge that the new moneys be spent there. Unfortunately for them, that is not what this act mandates. This act states that "the funding shall only cover portions of the costs of services that cannot be paid for with other funds" and describes its "purpose and intent…to expand the kind of successful, innovative service programs for children, adults and seniors begun in California", specifically citing the AB34 programs. Nonetheless, it will be difficult to push aside hands from so many truly needy, existing programs.

Administration for Innovation: It is clear that this act is not designed to create more 'business as usual'. It establishes an intertwined system of administrative oversight, training, adult and children systems of care, prevention, and innovative programs clearly designed to promote ongoing innovation and improvement of services. The Prevention and Early Intervention Programs specifically includes "the department shall revise the program …in future years to reflect what is learned." The Education and Training Program includes "curriculum to train and retrain staff". Overall there is a planfulness to prop 63 with ongoing cycles of reevaluation, learning, applying new learning, and improving programs. If successful, an administrative structure would be created that promotes ongoing program evolution and improvement. That would be a very different administrative structure than we have today. Administrative change will be deceptively difficult, because existing mental health administrations have so many other pressing goals (e.g. risk management, budgeting predictability, ease of auditability for outside funders, and ease of administration) that will continue to work against program innovation and evolution.

Social and Political Responsibility: This act promotes a sense of social responsibility for mental health programs. Just as people with mental illness are no longer hidden away and shielded from their social responsibilities, neither is the mental health system. This act mandates us to actively reduce our consumers' "incarcerations", "school failures", "unemployment", and "homelessness". It expects us to potentially save "hundreds of millions of dollars annually on a statewide basis from reduced costs of state prison and county jail operations, medical care, homeless shelters, and social services programs". The Oversight and Accountability Commission it establishes includes only one mental health professional and no mental health administrators. It is filled with 'outsiders' representing various social and political interests. If programs expect to gain funding from this Commission, they will need to embrace social responsibility. It would behoove us to create local coalitions, planning committees, and advisory boards that similarly reflect social and political interests.

This act also promotes an increased responsibility to the individuals we serve and their families. Not content with the traditional medical model, doctor-patient responsibility, it mandates we go further. It goes beyond the illness-reduction responsibilities to reduce "suicide" and "prolonged suffering", to the more global "reduce the long-term adverse impacts on individuals, families". It also mandates "cultural competency".

Quality of Life Focused Services: Our goal needs to be not just the treatment of the symptoms of mental illness, but improving the lives of people living with mental illnesses. Prop 63 repeatedly emphasizes the inclusion of both medical services and support services. It allocates funds, "to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs". In general the 'uncovered services' are the support services. These services often consist of the individualized attention people with severe mental illnesses need to utilize other programs that are too hard for them to use without help. A few examples: Many people need a payee to use their SSI checks to get food, clothing, and shelter. Social Security doesn't provide payees and, mental health treatment funds don't cover money management services. Similarly, most people with severe mental illness lose their section 8 certificates and therefore their housing without extra support. Prop 63 funds would pay for these essential support services. A lofty goal like "assisting people in quickly regaining productive lives" requires both treatment services and supportive services.

This requires a power shift from the present system where treatment services are 'medically necessary' and funded, and support services are nice, elective add-ons if all the medical needs are met and extra, unrestricted funds exist. This is not to say that treatment services will diminish. In fact enrolling people in AB34 programs routinely substantially increase their treatment services. Prop 63 anticipates this increase and funds education and training programs "in order to increase the supply of professional staff and the other staff". But, it is saying that it's just as legitimate to hire a restaurant manager to do employment training as a psychiatrist to prescribe medications, or a money manager to teach budgeting and pay bills as a psychologist to do group therapy. All of these roles will be needed to "save lives".

Quality of Life Outcome Measurement: The AB34 programs have been collecting quality of life outcomes since their inception. Their ability to document powerful effectiveness, especially in decreased homelessness, incarceration and hospitalization and increased employment, has been instrumental in their ongoing funding and the political support for these programs. Measurement breeds accountability. The AB34 outcome measurement tools are a tested, feasible starting point for including individualized outcome measurements in all programs funded by prop 63. Funding contracts should include quality of life outcome data collection costs.

Integrated Services: In order for people with severe illness to effectively use a variety of treatment and support services by they need to be offered within a single program. Past efforts to create a 'system of care' that consisted of a range of specialized service agencies collaborating to various degrees has resulted in "for too many Californians with mental illness, the mental health services and supports they need remain frightened, disconnected and often inadequate, frustrating the opportunity for recovery." This act promotes the "innovative approach" of AB34 creating an "integrated services" system with "a full range of integrated services to treat the whole person". While it may be effective for programs to specialize in working with people with special, underserved needs, it is rarely effective to force people to go to multiple agencies to get all the specialized services they need.

Increased Consumer and Family Roles: This act frees consumers and their families from the highly restricted roles of 'patients' and 'collaterals' they have in traditional services. They are included in the local planning processes. They are included in the Oversight and Accountability Commission. They are included in the education and training program. This act actively and concretely promotes the 'nothing about up without us' viewpoint. Being this inclusive is a true challenge and learning experience.

Probably most powerful in this regard is this act's mandate to include "promotion of the employment of mental health consumer and family members in the mental health system". No single experience is a stronger stigma reducer, 'us vs. them' barrier breaker, or 'humanizer' than working alongside consumers and family members. No single experience is more likely to change the entire mental health culture. To achieve this outcome they need to be hired not in special separate consumer-run programs, and not as special separate consumer of family member staff, but as our peers and teammates.

Recovery Vision and Culture: One of the most potentially controversial mandates of this act is that "Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers. To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination." Many people will mistakenly understand this section as a political statement included to gain support of the consumer movement, without practical programmatic implications; words to be sprinkled on government documents without meaning.

Unless we truly incorporate the Recovery Vision in our programs we will not succeed. The most successful innovative programs have created a new culture, a recovery culture. The traditional treatment culture may have been successful in the

asylums and university hospitals where it was developed, but it is ill suited to our present needs. The major goals of this act - reaching out to underserved populations, employment, inclusion of consumers and their families, social responsibility and outcomes, integration of treatment an support services, reduction in stigma – can not be addressed effectively within the traditional treatment culture, and they can be achieved within a recovery culture. In other words, the Recovery Vision is the tool that can finally make the dream of deinstitutionalization a proud reality.

Cultural change is difficult. Almost by definition culture is the things we take for granted, that we assume have to be the way they've always been, that we pass on from generation to generation in so many ways. It's unreasonable to expect programs to change their cultures just because it would be more effective. There's too much inertia and too much vested interest in the existing culture. In addition, the present infrastructure of our mental health system supports the tradition treatment culture, not the recovery culture. In numerous ways, from funding mechanisms to administrative priorities, from service fragmentation to staff hiring patterns, from training programs to paperwork requirements, recovery is systematically undermined. It will require intensive, intentional efforts to build recovery cultures. It will require many inspiring voices.

The true opportunity that the Mental Health Services Act gives us is the combination of new funds to establish new programs along with a new infrastructure designed to promote recovery. We might not have such a golden opportunity again. We must implement this act with vision and purpose.