

California Association of Social Rehabilitation Agencies

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Comments on Draft Program and Expenditure Requirements for Mental Health Services Act -- Community Services and Supports

The Mental Health Services Act declares that the mental health service delivery system should be based on a vision of recovery. A vision that emphasizes hope, empowerment, respect, social connections, personal responsibility and self-determination. The Act has codified into law the message and values which, for years, CASRA programs have worked hard to bring to the mainstream of mental health policy and practice. People can and do recover from mental illness.

Despite 30 years of evidence to the contrary, many mental health systems continue to be based upon a belief that persons with mental illnesses suffer from life-long disabling illnesses for which the best that can be hoped for is control of symptoms. This has resulted in over-use of emergency rooms and hospital-based acute care on the one hand, and long-term, custodial care settings, on the other.

The passage of the Mental Health Services Act provides an opportunity to use a significant amount of resources to accomplish several tasks that have escaped the California mental health system. The first is to establish that the goal of mental health services is to improve the lives of people living with mental illness not just treat the symptoms of mental illness. As the long-term studies have shown "the possible causes of chronicity may be viewed as having less to do with the disorder and more to do with a myriad of environmental and other social factors interacting with the person and the illness" (Harding, Zubin, & Strauss, 1987, p. 483).

The second is to articulate a more uniform set of agreed upon services based upon rehabilitation and recovery-oriented practice. Implementing successful models of services, now only available in some communities, in all communities.

Key to Transformation: Using Prop 63 Funds Strategically Developing Effective Alternatives to Psychiatric Hospitalization (Crisis residential programs)

The most important potential for the Prop 63 funds lies in the ability to use this new money to develop resources, at the acute and institutional end of the service spectrum. Thus allowing the redirection of local resources that are disproportionately spent in high cost hospital treatment or IMDs (Institutes for Mental Disease) towards a system of effective alternatives.

While Prop 63 represents a significant new resource for mental health systems, the total state-wide funding is still a relatively small percentage of the overall budget for local mental health services. One of the most effective ways to utilize local Prop 63 as a transformative influence, is to develop local alternatives to institutional treatment that will allow for less acute inpatient, less state hospital, less IMD utilization, and less jail incarceration. *This, in turn, allows local mental health systems to utilize funds that would otherwise be targeted for institutional placements for the development of community alternatives and a broad array of supportive housing, education and employment; peer support and client-run services.*

In other words, use the Prop 63 funds strategically to leverage the local dollars and State resource being spent in high-cost settings or in non-Medi-Cal reimbursable institutions (IMDs and free-standing psychiatric facilities) by developing community-based treatment alternatives to these institutions (crisis and transitional residential treatment programs.) This will allow the system to expand rehabilitation and recovery options at the community level. This approach can turn each dollar of Prop 63 funding into 2 or 3 dollars of available local resources.

Recommendation: The County plans should include in their mission, a statement about reducing or eliminating the use of hospital and other institutional care settings. As part of system transformation funding, require Counties to address how they propose to develop (or enhance) their capacity to provide alternatives to hospital-based acute or long-term care. At minimum, list crisis residential treatment as a key component in a crisis response system.

Incorporate quality-of-life outcome data and cost data into program monitoring and accountability.

Measurement breeds accountability. The AB 2034 outcome measurement tools are a tested, feasible starting point for including outcome measurements in all programs funded by Proposition 63.

CASRA Strongly Opposes the Use of MHSA Funds to Develop Involuntary Outpatient Programs

The MHSA is meant to support the transformation of the mental health system to one based upon the principles of voluntary participation, informed choices and explicit collaboration between service provider and service recipient. Attempts to develop involuntary outpatient programs are a violation of the spirit of the Act and of the promise made to mental health consumers in seeking their support for Proposition 63.

Recovery and therapeutic relationships cannot thrive in an environment of coercion.

The MHSA is specifically designed to address the lack of voluntary, community-based rehabilitation and recovery-oriented services.

Support Employment

Interviews with mental health consumers have consistently indicated that between 60-70% want to work. Yet less than 1% actually do. A primary barrier to employment is a lack of support from mental health providers and a lack of accurate information provided to consumers.

Recommendation: County plans should explicitly support employment in their mission statements, outcomes and services. The plan should include how employment goals will be supported at the management level as well as at the service level. They should include an assessment of the availability of employment services (vocational/education) and employment supports (mental health). CASRA defines employment as work for which commensurate wages are paid and which provide opportunities for career development and growth. As in all other areas, integrated services at the management and service levels are desirable.

Specific Comments on Draft Plan

Use the term Intensive Community Services instead of ACT.

In California, we have evolved beyond the basic principles of ACT to address the over-emphasis on medication compliance and other coercive aspects of the traditional ACT model, and inadequate attention paid to employment. Intensive Community Services provide goal-oriented, systematic support through assessment, goal planning, linkages, coordination and advocacy.

It emphasizes:

- ❑ the needs, goals and preferences of the person served.
- ❑ the development of a service plan in collaboration with the person served.
- ❑ evaluation of consumer-level outcomes across all major domains
- ❑ outreach and support to enhance participation in the development of a service plan.
- ❑ support and training in activities of daily living
- ❑ support and training in the development and use of personal and community resources
- ❑ accompaniment to activity sites and/or assistance in arranging for transportation
- ❑ collaboration
- ❑ coordination and assistance in obtaining resources necessary to meet basic needs

Summary - Attributes of a Recovery-Oriented System

- ❑ Consumer involvement at all levels of service provision and governance

- ❑ High rates of employment/school
- ❑ High rates of independent living
- ❑ High rates of self-sufficiency
- ❑ High rates of social support and community participation
- ❑ Low use of involuntary treatment
- ❑ Low levels of persons living in institutional settings (short- or long-term)
- ❑ Low levels of persons living in custodial care settings
- ❑ Low hospitalization rates
- ❑ Low use of guardianship/conservatorship