

October 31, 2019

Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

RE: Transformation of California’s Mental Health System and MHSA “Refresh”

Dear Governor Newsom,

We thank you for your commitment to make mental health and homelessness public health priorities in California. This letter expresses some of our concerns with the State’s current efforts to transform California’s mental health system, and also offers recommendations, with the ultimate goal of creating a mental health system that works well for all people living with mental health conditions in California.

Founded in 1946, Cal Voices, formerly NorCal MHA, is the oldest, continuously-operating peer run consumer advocacy agency in California. Cal Voices is a 501(c)(3) public benefit organization dedicated to improving the lives of residents in the diverse communities of California through advocacy, education, research, and culturally relevant peer support services. NorCal MHA strongly advocated for California’s Mental Health Services Act (MHSA or Prop. 63), investing hundreds of staff and volunteer hours to promote its passage.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) is charged with supporting stakeholder advocacy throughout California’s Public Mental Health System (PMHS). To this end, the MHSOAC in March 2017 awarded a three-year contract to Cal Voices (formerly NorCal MHA) to perform statewide advocacy on behalf of public mental health clients. Cal Voices’ MHSOAC-funded client advocacy program **is ACCESS California** (or ACCESS for short).

Our historical commitment to advocacy weighs heavily upon us and as such we ask you to make all of your discussions, meetings, and deliberations regarding all upcoming system changes fully transparent and open to the public. Transparency is not only a foundation of the MHSA, it is a foundation of any democratic government. This is evidenced in California by Senate Constitutional Amendment 1 which states in Section 3 (b)(1), “The people have the right of access to information concerning the conduct of the people’s business, and, therefore, the meetings of public bodies and the writings of public officials and agencies shall be open to public scrutiny”¹; and the California Public Records Act, which states ...“the Legislature...finds and declares that access to information concerning the conduct of the

¹ https://www.senate.ca.gov/sites/senate.ca.gov/files/the_constitutions_of_california_and_the_united_states2.pdf

people’s business is a fundamental and necessary right of every person in this state”². To date, the system transformation meetings being held by Dr. Insel, the appointed special advisor to the Governor, have been held behind closed doors with no public access. And while the activities of the Homeless Task Force have been partially made public, there is no dedicated web page or source of information to provide proper meeting notice, and the meetings have not been fully open to the public.³ ***In keeping with the State’s mandate for government transparency, these meetings should be open to the public with proper notice given, and opportunity for public comment.***

Furthermore, while we recognize his medical expertise, Dr. Insel is unfamiliar with California’s PMHS and is conducting his government business through Darrell Steinberg’s private non-profit organization. Darrell Steinberg is Co-Chair of California’s Homelessness Task Force and Dr. Tom Insel is the appointed principal advisor on mental health. In an October 8, 2019 interview with Cal Voices (NorCal MHA), Dr. Insel mentioned that his duties as Principal Advisor are being conducted through the Steinberg Institute. While it is unclear whether the Homeless Task Force activities are also being conducted at the Steinberg Institute, Darrell Steinberg, Tom Insel, and the Steinberg Institute are inextricably entwined, with Insel and Steinberg both serving on the Institute’s Board of Directors.

This is problematic for a number of reasons, most notably the risk of undue influence and the lack of transparency. The Institute is privately funded by interested donors including large number of health plans, hospital associations, a pharmaceutical company, and more. A government appointee conducting such high-level work within an organization with its own interests is very troubling, not to mention too heavily weighted with for profit, private healthcare agencies. This combined with the fact that the State’s business is being conducted behind closed doors within the Steinberg Institute is concerning.

Regarding Darrell Steinberg and his co-chair Mark Ridley-Thomas, you recently stated to reporters, “They’re profoundly influential to me, de facto Cabinet Members, They have complete, universal access to me, more than, I would argue, even Cabinet Members.”⁴ In fact, when asked whether those were cabinet-level positions, you added “To me that’s a distinction that’s insignificant”. In contrast, we feel this is very significant as task forces must follow open public meeting laws, which are currently being avoided.

Second, The Mental Health Services Act (MHSA or the Act) does not need to be redesigned, it needs to be enforced. As ***currently*** written, the MHSA has the ability to truly

² https://leginfo.ca.gov/faces/codes_displayText.xhtml?division=7.&chapter=3.5.&lawCode=GOV&title=1.&article=1.

³ <https://www.sacbee.com/news/politics-government/capitol-alert/article234754707.html>

⁴ <https://www.sacbee.com/news/politics-government/capitol-alert/article234448942.html>

transform California's Public Mental Health System. We strongly believe that the problems with the MHSA relate directly to lack of enforcement. For instance, Dr Insel has stated that he believes the MHSA is "agnostic" about outcomes⁵. This is simply untrue. The Act requires the OAC, in collaboration and consultation with several other entities, to "*design a comprehensive joint plan for a coordinated evaluation of client outcomes...*"⁶. The Act also states that county three year plans, "*shall include reports on the achievement of performance outcomes for services pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840, and Part 4 (commencing with Section 5850) of this division funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the California Mental Health Directors Association*"⁷. And 9 CCR § 3620.10 prescribes outcomes that the counties must collect for every Full Service Partnership client, including, but not limited to: **residential status, education status, employment status, health status, substance abuse issues, all changes in residential, educational, or employment status**. Counties must also update quarterly each client's educational status, sources of financial support, legal issues/designation, health status and substance abuse issues.

When California voters passed Proposition 63, they were promised strict accountability for funds, with an oversight panel that "can cut off funding for programs that are not effective"⁸. This has never happened, and in fact enforcement of the Act has continually been decreased over the years, beginning with the transfer of the Department of Mental Health's duties to the Department of Health Care Services in 2012⁹, and continuing through 2013 with the passage of AB 82. **Instead of refreshing or rewriting the Act, we strongly encourage you to create effective enforcement mechanisms for the Act as it is currently written.**

Third, while we disagree that changes need to be made to the substance of the Act, **any changes that are made must focus on recovery-based systems and services and include a robust Community Planning Process**. While the recovery movement has been ongoing since at least the 1970's, it gained significant momentum with the 2003 President's New Freedom Commission on Mental Health Report highlighting the need for all mental health systems to transform into recovery-oriented mental health systems. Ensuring California's public mental health system establishes a comprehensive recovery orientation is essential to achieving positive outcomes associated with an individual's recovery and improved quality of life. This, in turn, creates the very results that California is currently striving for: increased employment, decreased homelessness, and decreased incarcerations.

⁵ <https://www.youtube.com/watch?v=sviiCq6obck>

⁶ WIC§ 5845(d)(12)

⁷ WIC§ 5848(c)

⁸ <https://drive.google.com/file/d/1In0PLgCH0HzM-Q0qFX7iS4bCZE8OjWLV/view?usp=sharing>

⁹ http://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201120120AB1467

And lastly, meaningful consumer involvement is essential to the success of any recovery-oriented system of care. The people who are receiving services are the ones in the best position to know what services are needed in the community, and also which services are most needed by that individual. Client/consumer stakeholders must be allowed to meaningfully participate at all stages of program development, design, and evaluation.

The Mental Health Services Act was based on highly effective programs and, if properly enforced, it can and will create the recovery-oriented systems transformation that California so desperately needs right now. We look forward to working with you on our shared goal of improving mental health care for all people in California living with or at risk of developing a mental health condition.

Again, we applaud you for your commitment to making mental health a priority in California.

Sincerely,

Susan Gallagher, MMPA
Executive Director