

# MENTAL ILLNESS POLICY ORG.

UNBIASED INFORMATION FOR POLICYMAKERS + MEDIA  
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We are a 501(c)3 focused on improving services for the most seriously ill and thank you for paying attention to MHSA. We have [summarized](#) and we have [extensively documented](#) problems at MHSA and would love to talk to you about our findings. They are detailed but fall under three umbrellas.

**1. MHSOAC, CalMHSA and County Behavioral Health Directors have allowed ‘stakeholder input’ to trump the legislative requirement that funds serve people with severe mental illness.** The State Auditor, Little Hoover Commission, Rand, and Steinberg Institute have all issued reports without addressing the core issue of whether the funds (PEI, FSP, etc.) are serving eligible individuals.

- Here is the argument as to who must be served  
<http://mentalillnesspolicy.org/states/california/mhsa/mhsa-prop63-mission-creep.html>
- Here are examples of funds going to ineligible individuals:  
<http://mentalillnesspolicy.org/states/california/mhsa/mhsa-prop63.baitswitch.fullreport.pdf>

**The regulatory process, stakeholder process and legislative process have been used to circumvent the original Prop 63 requirement that the funds go to "evidence-based programs".** ([see list on page 21](#)) Regulators redefined evidence so anything that has ‘consensus’ (i.e, stakeholders want to fund), qualifies as being ‘evidence-based’ ([Page 28-29 here](#)) Regulators told Monterrey County that PEI funds cannot be used for persons with mental illness ([Page 7 here](#)). The [legislative process has also been used to divert funds](#) as will an upcoming bill to allow MHSA funds to securitize housing for people with or without severe mental illness. “Evidence-based” must be narrowly defined as (1) “independently” proven to (2) improve a meaningful outcome (ex, reduce incarceration), in (3) eligible individuals. As a result of ignoring this requirement, MHSA funds are spent on [social services masquerading as mental health programs](#) and [suicide programs and awareness programs that are having no impact](#).

- Our comments on the latest regulations:  
<http://mentalillnesspolicy.org/states/california/mhsa/JoyTorrescomments2mhsaRsgs.pdf>
- Our comments on previous regulations
- <http://mentalillnesspolicy.org/states/california/mhsa/changepeiregulations.pdf>

**3. Conflicts of Interest. The people who give out the money, are the same as those who receive the money, contract for evaluations to determine they are doing a good job, and distribute public relations funds to convince the public all is well.** Except for the Little Hoover Commission and State Auditor, there has been no independent oversight, and both those organizations did not address the core issue of

whether the funds are meeting the legislative requirement to deliver evidence based services to people who are eligible, and only those who are eligible. There is [extensive insider-dealing](#) where funds go to organizations associated with those on the Oversight Commission. [Funds are going to public relations](#), in spite of zero evidence that helps people with mental illness. The purpose of those funds is to convince the public all is well. Because there is no independent oversight, MHSOAC was able to contract with Rand for a report, but told them at a board meeting to 'focus on positive' findings and to ignore concerns that alleged savings were overstated(1). A more recent [MHSA funded Rand report](#) was [twisted by CalMHSA](#) and others to claim with a straight face that seeing an MHSA funded stigma movie saved California \$1.5 billion, a finding that strains credulity. (2) There is a parade of gamed-studies and reports designed to convince the public that all is well.

## Solution

We proposed [three solutions](#) designed to fix the two biggest problems: funds are being diverted to non-evidence based programs and are serving ineligible individuals. We also wrote Gov. Brown urging him to fill MHSOAC positions with independent appointees from outside the mental health field, as, albeit arguably, the legislation requires. There can be no solution, until those who give out the funds, oversee the funds, commission reports on the use funds are independent.

We hope you keep this in mind during your follow up review. I would be glad to discuss these issues with you.

Sincerely,

DJ Jaffe  
Executive Director

(1) I am having difficulty locating those minutes but can look further if needed

(2) The researchers coded anyone with mild to moderate problems who went to either a physician or a psychiatrist--**before (!) or after** watching the stigma movie or hearing the stigma tag line, as having gotten help as a result of the stigma movie or tag line.