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Mental health act doomed by initiative origin

By Rose King - Special to The Bee

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Proposition 63, the Mental Health Services Act passed by voters in 2004, may make its mark not as a turning point in California mental health but as a classic illustration of the pitfalls of "ballot box budgeting."

The failure to deliver results for the state's mental health system argues against problem-solving through initiative – no matter the expertise of those crafting the law, or how worthy the cause and well-intentioned the proponents.

As a member of the drafting committee for the measure, with professional and personal experience in mental health reform, I believed the proposal was clear in its intent. Voters thought so too and signed on to a special tax to expand successful programs. The public intended to make good on decades of unfulfilled promises to fund community mental health, taking action where legislators and governors had not.

Almost four years after passage, however, there is little evidence that the system has improved, and an infinitesimal number of clients are getting better treatment. What ails this new law?

For starters, the problem is that too much money is sitting in Sacramento instead of being allocated to counties. Second, there is still no coherent, systematic implementation plan. Third, the state Department of Mental Health decided to direct the major portion of funds to new programs for new clients, instead of raising the standard of treatment in the existing system, which was never adequately funded or staffed.

Proposition 63 funding is stalled by a complicated, expensive, and unnecessary bureaucracy invented by the DMH – starting with 67 pages of requirements for the first application form in 2005. Five different components of the new law are operating independently, each on a different timetable, and all requiring different progress reports.

These problems are politely understated in a June performance audit by the Department of Finance, pointing out to the DMH that approximately \$3.2 billion in new revenue had been collected by March 31, but that the state had distributed only \$726 million to counties. Auditors also noted the wholesale inefficiencies involved in operating without a documented plan, while the DMH reported a \$45 million budget for two years of Proposition 63 administration.

The other major ailment afflicting Proposition 63 – a subject of controversy not yet audited – is the DMH policy creating a parallel, two-tier mental health system, giving priority to funding new programs rather than improving the existing system. DMH progress reports for 2007-08 acknowledge this problem of its own making, but offer no fix and no satisfactory rationale.

Proposition 63 outreach funds recruit new clients for comprehensive services, while clinic waiting rooms remain full of people deprived of needed treatment and budget cuts further restrict services. This troublesome and suspect practice is largely unchallenged.

I believe the initiative process facilitated all this botched implementation. Because there is no paper trail documenting intent, the DMH is licensed to decide the priorities and purpose of Proposition 63. The only test of compliance is the language of the law and ballot arguments.

There are no public records of drafting committee meetings; provisions of the law were not amended in open, public hearings. Debate took place in private, and among stakeholders and prospective proponents. Political ambitions and policy differences escaped the scrutiny of any independent eyes and ears, and principals did not have to contend with news stories about conflict and contrary arguments.

Policy-making by initiative often minimizes accountability for the integrity of programs. Proposition 63 passed with little controversy or visibility, no well-financed opposition, and a simple appeal to fund community mental health. Thus, public expectations were vague, editorial reviews of the complex measure were cursory, and the DMH was not required to meet known objectives. The end result is that the DMH can determine policies, such as the decision to shortchange current programs.

I was provided a recent example of the result when a Sacramento psychiatrist treating a member of my family at a county clinic informed us that he has 800 clients; a follow-up appointment could take five months. County service coordinators have caseloads of at least 130 consumers with serious mental illnesses.

Unfortunately, the appointed Oversight and Accountability Commission created by the the proposition has yet to define an independent role for itself or critique the pace of implementation and DMH strategies. Proper management of the Mental Health Services Act now requires the bright lights of public review in order to meet voter expectations and the promises made in 2004 ballot arguments.

The wasted time and money are nothing less than heartbreaking to everyone anticipating a change for the better. The magnitude of the revenue and lives in jeopardy warrant serious investigation by major news sources.

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