



February 18, 2020

Via Facsimile (916) 319-2197
The Honorable Jim Wood, Chair, Committee on Health
California State Assembly
State Capitol, Room 6005
Sacramento, CA 94249-0012

RE: AB 1938 (Eggman) – Mental Health Services Act: Inpatient Treatment Funding – OPPOSE

Dear Chair Wood,

Mental Health America of Los Angeles (MHALA) would like to express its strong opposition to AB 1938 (Eggman) and the diversion of Mental Health Services Act funding to pay for involuntary and/or institutional care. As an agency that was one of the principal funders and campaign organizers of the Yes On 63 effort, we view this attempted redirection of the revenues generated from the Proposition as in opposition to our organizational values and principles as well as the core values and principles of the Mental Health Services Act.

We too have heard the increasingly desperate call across California for “more mental health beds”, but what is lacking is any reasonable, knowledgeable discussion about what type of beds are actually needed. The assumption made by many, including the assumption that seems to be at the core of AB 1938, is that the best and only way to address this need is by building and paying for more involuntary, institutionally based care. This is an ill-informed and backwards looking way of trying to address what is admittedly a very complex problem. In addition to being an ineffective solution, it is also a more costly one.

Los Angeles, like the vast majority of counties in California, lacks a full continuum of voluntary services, especially when it comes to assisting those who find themselves in crisis. Vitaly important and voluntary crisis level services such as crisis residential programs, peer respite options and mental health urgent care centers are either non-existent or woefully lacking. It is this dearth of options that unnecessarily forces the public mental health system to overly rely on locked, involuntary beds in acute psychiatric hospitals, IMDs, psychiatric health facilities, mental health rehabilitation centers and skilled nursing facilities. Without alternatives to divert or release those who find themselves in crisis, every crisis begins to feel like it can only be addressed in an involuntary/institutional fashion.

To put it bluntly, California has no idea how many involuntary/institutional beds it actually needs because it doesn't have the system needed by those it serves. Making it easier to fund involuntary/institutional care will not bring us one step closer to the system needed and deserved by Californians; it will instead be a giant leap backwards.

As a provider of voluntary, client-centered and recovery-focused services, MHALA's decades of experience tells us that involuntary/institutional care rarely, if ever yields positive results and that voluntary, client-centered support is the best way to help people reach their rightful place in the community. The MHSA was designed to support the transformation of the outdated mental health system to a system based upon the principles of voluntary participation, informed choices and the explicit collaboration between service providers and service recipients. This was and must remain the core focus of the Mental Health Services Act. We urge you and your fellow Committee Members to vote nay when the bill comes before you.

Sincerely yours,

A handwritten signature in black ink that reads "Christina Miller".

Christina Miller, Ph.D.
President & CEO

cc: Members, Assembly Committee on Health