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California Civil Liberties Advocacy
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Tuesday, March 19, 2019

Senator Jim Beall
California State Capitol
Room 2082
Sacramento, CA 95814

RE: Support for Senate Bill 12 (Beall)

Dear Senator Beall:

The California Civil Liberties Advocacy is writing to express **support** for Senate Bill 12 (Beall). If enacted, SB 12 will require the Mental Health Services Oversight and Accountability Commission to administer an “Integrated Youth Mental Health Program” for purposes of establishing local centers to provide integrated youth mental health services, provided funds are made available for that purpose.

In the past, mental health has been an area of public policy where civil liberties proponents have inadvertently caused almost as much harm as they have good in attempting to bring about progressive reforms. It may be safe to assume that such advocates are at least partly responsible for the decline of mental health services—first in California, then in the United States as a whole—by arguing that involuntary treatment violated an individual’s due process and equal protection rights.

“Deinstitutionalization” (as it was then called) was originally intended to make available a more humane path to community-based mental health services. But unfortunately, the political powers of the time exploited the opportunity to cut spending by shutting down mental institutions over time, and then failing to establish adequate services in their stead.ⁱ The first substantive change in California came with the Lanterman-Petris-Short Act in 1967, which allowed the state to release patients from mental hospitals and limited its right to detain those suffering from mental illnesses.ⁱⁱ Between that time and 1971, three public mental hospitals closed. Though the intent of the state legislature was for the resultant savings to be distributed to community-based programs, Governor Ronald Reagan vetoed the transfer of the funds — first in 1972 and again in 1973.ⁱ Some estimate that about 92% of the people who would have been placed

“Indifference to personal liberty is but the precursor of the state’s hostility to it.”

— Justice Kennedy, U.S. Supreme Court

in mental hospitals in the years before those changes, were then part of the general population in 1994.ⁱⁱ

An unforeseen consequence of this “deinstitutionalization” was that “[t]he shift from state to local services was unexpectedly accompanied by a sharp increase in the population of the mentally ill within California’s criminal justice system,” with more than 30,000 seriously mentally ill prisoners housed in state prisons, effectively “making CDCR the de facto mental health treatment provider in the state.”ⁱ The irony is that civil liberties advocates who fought against the involuntary confinement of the mentally ill contributed to their entry into the criminal justice system. “It should be noted that LPS [the Lanterman-Petris-Short Act] was signed by Governor Reagan in California but only after pressure from groups like the ACLU stepped in and sued on behalf of patients who were being involuntarily hospitalized.”ⁱⁱⁱ Far worse than involuntary commitment, incarceration severely hinders an individual’s liberty by restricting movement, placing such ones in a situation with high levels of danger, and effectively barring personal privacy.ⁱ Thus it is very important not only to reverse this disturbing trend, but to carefully implement public policy which makes funding available for community-based mental health services as originally intended so many decades ago.

One way that mental health services may be made available in a community setting is by implementing more substantive services that cater to California’s youth. At least one in about thirteen children has some kind of emotional disturbance that limits participation in daily activities, yet many (if not most) youths are never treated.^{iv} Two-thirds of adolescents with major depressive episodes did not get treatment, and low-income families are even less likely to obtain treatment.^{iv}

The Stanford Medicine Department of Psychiatry and Behavioral Sciences is working on a new program for national implementation of the “Headspace” model first developed in Australia. According to Stanford Medicine, “The headspace model . . . creates stand-alone, integrated care sites for young people ages 12-25 to access early mental health supports, along with school support and web-based connectivity. These programs improve young people’s mental, social, and emotional wellbeing through the provision of high quality, integrated, age-appropriate care for teenagers, young adults, and their families who are facing early life challenges—whether they are issues like relationship breakups, bullying, sexual orientation, depression, anxiety, or other mild-moderate health conditions. headspace [sic] approaches youth wellness in a comprehensive and youth-friendly way, reaching them in clinical sites, online, and in schools.”^v

When fully implemented, such sites become an independent place for local youths' own mental and physical healthcare and will serve all young people who seek help and support, regardless of whether or not they have insurance and regardless of their immigration status. By establishing the Integrated Youth Mental Health Program and providing the requisite funding, SB 12 helps correct the mistakes of the past, which the CCLA believes will work not only for the benefit of the individuals, but also for the good of society at large. A free and prosperous society thrives when its people have healthy minds.

For all of the abovementioned reasons, the CCLA strongly **supports** SB 12.

Very truly yours,



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Cc: Senate Health Committee
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ⁱ Steinberg, et al., When did prisons become acceptable mental healthcare facilities? in Stanford Law School Three Strikes Project (2015) p. 1 (hereafter Steinberg).

ⁱⁱ Karasch, Where Involuntary Commitment, Civil Liberties, and the Right to Mental Health Care Collide: An Overview of California's Mental Illness System (2003) 54 Hastings L.J. 493, at 496.

ⁱⁱⁱ Pickett, Mentally ill hidden by liberal 'good intentions', revealed by public tragedy, Washington Times (Jan. 10, 2011) <<http://www.washingtontimes.com/blog/watercooler/2011/jan/10/loughners-illness-protected-liberal-privacy-laws/>> [as of Mar. 27, 2016].

^{iv} Mental Health in California: For Too Many, Care Not There, California Health Care Almanac (2018), <https://www.chcf.org/wp-content/uploads/2018/03/MentalHealthCalifornia2018.pdf> (last visited Mar 18, 2019).

^v Headspace, Standford Medicine (2019), <https://med.stanford.edu/psychiatry/special-initiatives/headspace.html> (last visited Mar 19, 2019).