

Darrell Steinberg talks about how he became interested in improving California's public mental health system...

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So it continued. And then I got into politics, and I was on the city council in Sacramento and got very interested and involved in issues relating to homelessness. In 1997, in my second term, the city decided, against my better judgment and my vote, to file a lawsuit against Loaves and Fishes, which is the single largest provider of homeless services within the greater Sacramento region. The issue was the over-concentration of homeless services in the downtown area.

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But it was an inspiration for me to recognize for the underlying cause of homelessness, and that was the well-worn and well-known story about the state's promise in the mid-sixties when deinstitutionalizing the state mental hospitals, that we would build a decent system of community mental health care.

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INTERVIEWEE: DARRELL STEINBERG

INTERVIEWER: Howard Padwa

DATE: April 6, 2010

I. Interest in Disability Issues; Seeing the Connections between Homelessness and Mental Illness

HOWARD PADWA: This is Howard Padwa here on April 6, 2010, doing an oral history interview with Senate President Pro Tem Darrell Steinberg and his staffers, Kiyomi Burchill and Alicia Trost. So, Senator Steinberg, for starters, could you tell me a little bit about what it was about mental health that attracted you when you first entered public service.

DARRELL STEINBERG: I had a long-standing interest in disability issues. My first two years of undergraduate work I went to UC Berkeley and was in the dorm complex that housed the Center for Independent Living, a nationally recognized pioneer in terms of mainstreaming people with physical disabilities into the university system. I became friends with a couple of people who were severely physically disabled but who had very bright minds, and I just was -- I don't know what the word is -- touched, moved by their inspiration.

And when I got to law school that continued at UC Davis. Davis prided itself, correctly, on being one of the first law schools to consistently admit students with physical disabilities. One of my closest friends was completely blind since birth, and then a couple of students who were quadriplegic, at least three students, two of whom I became very good friends with. And I ended up getting a part-time job as a tutor for civil procedure in my second year and had these students as my tutees.

We ended up pre-ADA [Americans with Disabilities Act of 1990] having -- I ended up leading a huge fight to build a disability access lift in the law schools and courtrooms, which was inaccessible to my friends. They were shuttled off into small classrooms to do their trial lawyer experience, while able-bodied people were in the moot courtroom with the jury box.

HP: So separate and not equal.

DS: Separate and not equal. So we led an effort with them to build a lift in the law school. But the law school said that they wanted to do it and they just didn't have the money. I was patient for awhile, and after a time I went to the university's vice-chancellor of campus-wide administration and asked them when they could expect the money. He told me that they had in fact offered the law school money but it had turned it down because they didn't want to change the aesthetic look of the courtroom. I said, "did you put that in writing?" He said, "yes." I said, "can I have a copy of the letter?" I got the letter. It was on the front page of the Davis paper, and within a couple of months that lift was built.

So I always had this interest in disability work. As a young attorney with CSEA, the [California] State Employees Association, I represented a number of people with both

physical and mental disabilities, and mental illness. [There was] one very unforgettable case of a guy who was a printer in the state printing plant who had severe mental illness, in part due to some tragedy involving the death of his young son. And I ended up taking on his case after he was fired, essentially for his problems, and ended up getting him reinstated after a five-year battle.

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But it was an inspiration for me to recognize for the underlying cause of homelessness, and that was the well-worn and well-known story about the state's promise in the mid-sixties when deinstitutionalizing the state mental hospitals, that we would build a decent system of community mental health care.

II. AB 34, AB 2034, and the Politics of Mental Health Legislation; The Decision to Become a Champion for the Mental Health System

About that time, a whole series of events led to the opportunity for me to run for the [California State] Assembly in 1998. I decided that this is the issue that I wanted to take on, and I campaigned throughout the district talking about this, about building a mental health system. When I was fortunate enough to win the primary, and I was running in a safe Democratic seat in June of 1998, I decided to use the summertime to figure out, you know, "what do I do? What do we do?"

I met with Rusty Selix [Executive Director of the California Council of Community Mental Health Agencies and Mental Health America in California], who's the hero in the battle here. Didn't know Rusty, really. We had a mutual friend, but I didn't know him. We sat down and I said, "I want to do something to end homelessness, especially around people living with mental illness." He said, "I have some ideas." And together we worked on a bill over the summertime, before I got elected.

HP: Wow. So even before you got started.

DS: Yeah. On December the 7th, 1998, I got sworn in and I introduced AB [California Assembly Bill] 34 [a piece of 1999 legislation that authorized the expansion of Integrated Service Agencies across the state]. The rest is history.

HP: In terms of ideas of what AB 34 would look like, how did you work on crafting it?

DS: Well, I was a brand new legislator, and not an expert, but there were certain principles that were important to me. One is that we put together an approach that would include outreach to people, because unless there is that connection out on the streets when people are living out there. I mean, certainly the Soloist [movie inspired by the story of musician Nathaniel Ayers, a homeless musician who participated in these outreach programs] is a great story of what AB 34 and Prop 63 [Proposition 63, the Mental Health Services Act, MHSA, approved by California voters in 2004] are all about. You can't succeed because people aren't going to just walk into clinics, so outreach was crucial. Breaking down sort of the barriers around governmental funding.

HP: What were the barriers in the way?

DS: Well, money is siloed. You know, you can use this pot of federal money to deal with substance abuse. You can use this chunk of federal money maybe to deal with housing. Maybe there's a SAMHSA [Substance Abuse and Mental Health Services Administration] grant that will provide some services for the mental health issues. You've got Workforce Development Act dollars for employment. You've got somebody in need of public transportation? Well, jeez, there may be a subsidized program. But for somebody whose life has spiraled in a way that has led them to the street, to ask somebody to parse those various systems --

HP: They'd spend so much time waiting on line --

DS: It's ridiculous. I mean, people who are not homeless and able bodied and of sound mind and are healthy have a hard time doing that, right?

HP: Right.

DS: I can't stand calling the phone company (laughs) or dealing with an HMO. I mean, it's just --

HP: So adding that burden to people who already have gone through so much--

DS: Right. So the principle was that you've got to have a pot of money to use for whatever it takes, and it needs to be case management driven so that there's somebody who can help somebody who's fallen on the hardest of hard times in life to help them maneuver through these various systems.

So we started out with a bill that was grandiose in its infancy. It called for \$350 million worth of funding, which turns out was not a lot of money, considering what we've now done with Prop 63. But by the end, through a lot of help -- from John Burton [California State Senator, 1996-2004 and President Pro Tem at the time], Antonio Villaraigosa [California Assemblyman, Assembly Speaker at the time], Sharon Davis [then the First Lady of California]. As a freshman [in the Assembly] I was able to just pound on enough doors to get a ten million dollar appropriation and get the bill signed. This was one of the two years of my legislative tenure where the state actually had a significant surplus. Hard to remember. (laughs)

HP: So there was actually money to go around.

DS: There was money. And timing is everything. If my cycle had been different and I had been elected in 2000 instead of 1998, none of this would have ever happened, because there wouldn't have been the money. I would never have had a bill signed. So you never would have gotten from AB 34 to AB 2034 [2000 legislation that expanded AB 34 programs] to the Mental Health Services Act. So timing's important.

HP: Timing's important. Now, as someone just entering politics at the state level, was it risky to make this your baby when you first started?

DS: One of the stories I've talked about is the advice I got from a predecessor of mine. He said the key to success in a term-limited legislature is to focus on a couple of things that matter, and they ought to be things that aren't high on the political pop charts. I remember in 1998 that HMO reform was a big issue, and I remember my freshman colleagues, a lot of them scrambling, asking people "can I be a co-author, a principal co-author? Can I author the bill? Can I author a piece of it?" It really stuck with me that while being a part of high profile things are important, certainly my life now has changed a bit in terms of what I do now.

But at the time I was really focused on trying to carve out my own niche, even if it was something that was not sexy (chuckles) -- that's the word, you know, "political pop chart" and "sexy," whatever -- that wasn't capturing a lot of public attention because for a legislator, especially in a state like this which is so big and difficult to get your arms around, the satisfaction, for me, is being able to carve out in the area that I can lead on and put my head and heart into and actually make something happen. That's the fun of it.

HP: And something very meaningful as well.

DS: Well, it had to be meaningful, right. It had to be big, meaningful, but under-attended too. Mental health fit that description, so I really put my heart and soul into it.

HP: And was there any opposition, or were there any difficulties in your works towards AB 34?

DS: The Church of Scientology was a foe from the very beginning. And, you know, the issue was always money. In year one it was ten million. We were able to work very closely with the Department of Mental Health to procure an effective evaluation by May of the following year. The bill was signed in -- I may be off here a little bit -- October of 1999, and the Department, to its credit, got the programs in three counties up and running very fast.

So by May of the next year -- May is very important because that's the month when the so-called May revision [of the state budget] comes out -- we were able to demonstrate significant changed outcomes in a positive way for the thousand people who either had not been in the system before or had less intensive services, and who had the benefit of the AB 34 model for at least five or six months.

The results, even in that short time, were dramatic. We used that to fight for a big increase. Year two we were still in good shape and we were able to get up to fifty-five million a year, which allowed us to expand to over thirty counties and serve five thousand people a year. That money stayed until -- when was it -- my first year in the

Senate I think, even despite other recessions and bad budget times when things really got bad again, and Prop 63 had passed. The Governor felt --

HP: AB 2034 was cut.

DS: AB 2034 -- that he could cut it. We fought it like hell, and it's still up in the courts, I think. Still up in the appellate court? We lost in the trial court, but I think it's up in the appellate court.

So that foundation, and then further evaluations every year that demonstrated the effectiveness of the approach, which is -- call it whatever you want, integrated services, whatever it takes, outreach, case management. Sort of common sense to me that if you look out for the whole person and don't just see them as a slot in a program, but you actually try to understand what led to their falling through the cracks. And you can pull them back up through the cracks. And with the right kind of support, the program, AB 2034 saved a lot of lives.

HP: When you talk about outcomes, what were the outcomes that showed it was effective?

DS: Days of homelessness, days of hospitalization, increased employment.

Alicia Trost: In just four months.

DS: In just four months, but then the numbers continued consistently year after year as the program built to scale.

III. Constructing Proposition 63; The Campaign for the MHSA

DS: But what Rusty and I decided, of course, around 2003 was that we weren't satisfied with just five thousand people being helped, that it was a whole system [that needed to be improved]. There was no money going into prevention and children's services, and a whole host of unmet need. We decided that we wanted to take this success and see if we could convince the voters to expand even more dramatically.

HP: So, tell me a little bit about how you worked on (a) crafting the initiative [the MHSA], and then (b) getting the voters to approve it.

DS: Well, the idea -- it's hard to remember exactly what sort of the first inspiration or inkling was. I think Rusty actually credits Rose King [former legislative assistant for the Lieutenant Governor who was interested in issues surrounding mental health] with talking about it first, which may very well be true. What happened was, after a year or two, for me I kind of then got into other things. Foster care, AB 680 [a 2002 bill concerning taxes], big regional planning bill, I became chair of the Appropriations Committee in the Assembly. So, you know, you start doing other things.

And then, in year four, in the beginning of year five for me, Rusty and I kind of reconnected again, and we started talking about, "okay, what are we going to do with this great work?" [the AB 34 and AB 2034 programs] I mean, it's one of the great success stories. It was seen as a national model for addressing the issue of

homelessness and mental illness. In a series of meetings we decided "let's see if we could put together an initiative."

I remember what I did was -- my job was to raise about eighty thousand dollars (chuckles) to do some research, some focus groups and some polling. And then I had a chief of staff at the time, Andrea Jackson, who was then my right hand on mental health issues. She was my representative at a big long table -- they called them the "irregulars" was their own nickname for all the mental health groups that met consistently to bemoan the woeful state of the system -- but now it was to try to build something.

So over the course of a number of months, between the research that we did -- and I attended some of the focus groups myself, and the Drafting Committee -- we worked towards drafting an initiative. Our research showed us that if we were focused on the plight of the homeless and the mentally ill, and if we recognized the true fact which the polling showed -- which is that most people had a personal experience with mental illness, in their family, among close friends, among co-workers, and that this isn't just about quote "those people" who we don't know.

HP: It's not just them, it's us.

DS: But it's about us. Absolutely. The one controversy, if you will, or difficult decision point, was that I was in a weird spot because I was chair of the Appropriations Committee, and ballot box budgeting is often considered rightfully one of the woes of California's budget system. We're tied up in knots with the initiative process. So there was some discussion and some desire to say, "let's not put forward a funding source because then you attract a natural constituency of opposition. Let's just provide for the entitlement for the program. [thus legally mandating services be provided]" And I wouldn't do that because I felt that that would be irresponsible because then all you'd be doing is saying, "well, we want this piece of the pie," and then you'd have to cut somewhere else in order to do it.

HP: And you'd have to fight for it.

DS: Well, it's not just fight for it, but you can only cut up the existing pie without new revenue so many ways. So great, we'd have a big victory to expand mental health services, but then we'd undoubtedly be cutting foster care or education or in-home supportive services. And I couldn't do that.

So I insisted that we have a revenue source. And the revenue source that polled best, and understandably, was tax on million dollar earners, which was another criticism, if you will, by some of those opposed to the campaign. I always say two things about it. Number one, it's fair, because million dollar earners had gained greatly from the Bush tax cuts. In fact, we cited many times that if you compare the take-home pay of million dollar plus earners after the passage of Prop 63, it was greater than pre-2002, when Bush and the Congress passed the federal tax cuts. So to me it was fair, and it was politically doable, because there wasn't an organized constituency. It wasn't like we tried to impose a tax on alcohol or a tax or fee on tobacco, which would have aroused a huge industry.

HP: So the general anti-tax sentiment didn't really come up in opposition?

DS: No. It was an issue. I mean, you think if you tax millionaires to fund help for the homeless you'd get 80 percent. We ended up with 53 percent of the vote, so there was plenty of anti-tax sentiment.

IV. MHSA Implementation and Outcomes; On Stigma; Thoughts on the Future of the Mental Health System

HP: Okay. Great. Now, tell me about your work -- you were on the Oversight and Accountability Commission [Mental Health Services Oversight and Accountability Commission, an oversight body created by the MHSA], correct?

DS: I was.

HP: Tell me about your work with that. What did you find in terms of implementation [of the MHSA]?

DS: Well, I was out of office. It was during my two year interregnum, or whatever you call it. So I wanted to chair it because I felt like I could get the Commission and the Act off to a good start. And I think we did. The implementation has been frustrating to some degree. It hasn't gone as fast as I would like it to. And in some ways -- Kiyomi and I were talking earlier this morning -- Prop 63 has been an absolute godsend and saving grace for people living with mental illness in California. But in some ways, the original intent was to build upon the existing core services that everyone agreed were insufficient.

But even those services have ebbed away because of budget cuts. So Prop 63 has been, on the one hand -- it hasn't been a replacement, because the Act doesn't allow that. It has provided a new and more effective model and is helping thousands of people, but there are still thousands of people who were getting help, at least some degree of help if not the intensive services, who aren't getting anything now. It's hard to get your head around all of that, right?

HP: Yeah.

DS: And yet, I know that we're looking forward to a series of comprehensive evaluations that we believe will show the same results as we showed with the AB 34 and AB 2034 model, and that over time -- I mean, the one thing I would say about this Act is that, absent the voters deciding it isn't worth it, which I don't think they ever will, in fact they rejected an effort to take two years worth of the money last year, something that I reluctantly supported, actually because of the budget crisis. The voters said no to that.

So the beauty of Prop 63, the Mental Health Services Act, is that it's a funding source that will repeat itself every year. And if we can build back some of that core funding and continue to grow and evolve the Full Service Partnerships [intensive services funded by the MHSA], the prevention, the innovation, the housing, which is another source of great pride. I insisted that we use a piece of this money, more than a piece -- hundreds of millions of dollars -- to be a leverage piece for supportive housing for the homeless and mentally ill. Now we're seeing -- I don't know what the number is, but the goal over time are thousands of units. I'm attending my third groundbreaking, I think sometime next month, of a project in Sacramento County that's at least partially funded and instigated by the Mental Health Services Act.

So I have no doubt that the Act is helping thousands of people. It's just happening in the context of this horrific budget, and I don't think that the Act itself has yet gotten its due. I think it's existence and what it's doing has not yet seeped into the consciousness of the voters, certainly, or people, in part because it's juxtaposed with this awful budget situation. But as with anything in life, to be successful you have to have the long view, and the long view is that this money keeps coming, that we're building the right models, thousands of people are being helped, there are more people that need help, and that this Act should be the catalyst and the impetus to provide more people.

HP: Now, beyond the question of homelessness and the people served by the Full Service Partnerships, tell me a little bit about some of the other aspects of the Act and what it's accomplished.

DS: Well, housing, which we talked about. We can get you the numbers on that. You know, 20 percent of the money every year is to be set aside for prevention and early intervention, and this is one that I think will have the longest term impact once it gets off the ground. It's been a little slow.

There has been a little difficulty, really, between the state and the counties in terms of deciding who's in charge of these statewide approaches. Because while the bulk of the money ultimately rightfully goes to the counties to fund county-funded programs, mostly with nonprofits. We felt very strongly, and I still feel very strongly, that there need to be some statewide approaches, on suicide prevention, on stigma and discrimination reduction, around educating people about mental illness. If you take 20 percent every year of say a base of a billion dollars, you're talking about \$200 million dollars to do a lot of good things.

Suicide on college campuses and in society is a huge issue. I mean, the number of families that this impacts is -- you can imagine the most terrific tragedy. An eighteen-year-old, a nineteen-year-old going off to college has the future ahead of them, and they are living with an undiagnosed or under-diagnosed mental health problem and they end up killing themselves because there's not an outlet, there isn't a place on campus, there isn't help. So over time, I want to see those dollars put to use on college campuses. I want to see those dollars put to use on the high school campuses to educate, to destigmatize mental illness. There's a lot of great models out there. Stigma and discrimination reduction is huge because to demystify mental illness, to destigmatize it, means that more people will seek help when they need it.

Now you still have the issue of, you know, it's hush-hush. It is. It can be potentially embarrassing. That's not right. Nobody's embarrassed when they walk in with a cast on their arm because they had a skiing accident. Or you come on in and say, "jeez, I had a kidney problem," or something. But you don't come in to your workplace and talk openly about, "jeez, I'm living with depression and I had to do the following three things." It shouldn't be that way, right?

HP: Right.

DS: And I think we made some progress, significant progress actually, on stigma and discrimination reduction, but we have a long way to go.

HP: Right. Okay. Well, I know we need to wrap up so I'm just going to finish with one last question. What are you most optimistic about in the future of mental health here in California, and what are you most worried about?

DS: I'm most optimistic about the fact that we have created a template, for not only the state but for the country, to build a mental health system that focuses on prevention and that focuses on caring for the whole person. And that over time we are going to fulfill the promise made in the sixties to provide quality, decent, mental health services for everybody who needs them.

What I'm most concerned about, I'm most concerned about funding, because MHSA is a piece of the mental health finance picture, a big piece. But if it only subsumes the core mental health budget and is a mere replacement for what would otherwise be spent, we won't have achieved our goals. So we have to be fighting on many different paths and many different tracks in order to fill that promise. And we will. We will. There'll be better days ahead.

But for me personally, it's a touchstone. I think about it, I talk about it, and I want to kind of get re-invigorated back into the issue, re-involve myself in the issue.