

POSITION PAPER

To be voted on at the Summer Conference, July 16 & 17, 1982

1. We believe that mental health is a state responsibility. We believe the state has responsibility and accountability for major funding, monitoring, research, evaluation & setting guidelines and standards as presented in the California Model .
2. We believe that if the state no longer views mental health as being its responsibility, there will be a "next step" that would mean reduced funding such as matching percentages currently used in Short-Doyle.
3. We believe that shifting of total responsibility for mental health to the local level will destroy the checks and balances system currently represented by advisory boards which has taken years to create.
4. We believe that shifting the total responsibility for mental health services to the local level will bring wide disparity of services between the counties. Counties providing adequate services would attract large numbers of mentally ill persons and the county services would be overwhelmed.
5. We believe that if the state continued to provide the current 90% of the Short-Doyle funding but shifted the total operation and accountability responsibilities to local levels there would be temptations to include other human services for use of these funds, to the detriment of the mentally ill.
6. We believe that political pressures at the local level would make it even more difficult to establish community residential care and treatment facilities for the mentally ill.
7. We believe that many community mental health facilities do not want to treat or care for the difficult patients--the chronically mentally ill. We believe that if given a choice they would leave the destiny of the chronically mentally ill to the streets and the jails. This would ultimately severely impact the State Hospitals and reverse the policy established by the legislature to treat patients at the local level.
8. We believe that mental health needs would not fare well if they have to compete for funding with other health and human service programs at the local level.
9. We believe that transferring total mental health responsibilities from the state to the local level would result in utter chaos, to the detriment of the mentally ill.

NOTE: Approved by C.A.F.M.D.
Adopted by the Organization of Mental Health Advisory Boards