



# CALIFORNIA NETWORK OF MENTAL HEALTH CLIENTS

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The California Network of Mental Health Clients appreciates the opportunity to brief the Mental Health Services Oversight and Accountability Commission on several of our top MHSA policy issues and recommendations.

**1. Issue: Client and family involvement in the MHSA is not only vital to an effective and inclusive stakeholder process, but is required by the Act. However, we have received widespread reports of lack of meaningful stakeholder input into county MHSA planning processes.** Mental health clients in many counties have reported a lack of stakeholder inclusion in the local MHSA planning process, and cite many barriers to participation. These are just two examples of the many reports we have received:

- In a small county in northern California a client reports that the MHSA steering committee, which had only one consumer representative to begin with, was quietly de-commissioned following the CSS Community Program Planning. There appear to be no plans to convene a new stakeholder body and no information has been made available to mental health board, clients or other stakeholders. In addition, during the 30-day public comment period for their draft CSS Program Expansion Plan, clients with limited access to the Internet were told that the plan could be viewed at the main clinic; however, the staff was unable to produce the document for public review.
- In a medium-sized bay area county, several clients have reported that the Workforce Education and Training Plan was developed by county officials, without adequate client or family member input. Little attention was given to client or family input even after the fact, and the plan was then hastily submitted to the DMH over the objections of clients and family members, who had asked for more time to provide input. A survey of stakeholder responses was left out of the plan. In addition, public hearings on MHSA plans are held at the county mental health headquarters, in a remote location that is difficult to access by public transit or by foot, despite stakeholder requests that they should be held in a central location.

**Recommendation:** Start-up problems with stakeholder processes have been widely reported across the state since the inception of the MHSA. However, we are now well into implementation of the Act, and by all indicators the stakeholder processes are appearing to become even less robust in many counties. CNMHC recommends that the OAC immediately undertake leadership of a quality improvement process with these goals:

- 1) Understanding and disseminating county planning processes that result in a high degree of stakeholder satisfaction,
- 2) Training of stakeholder and county leaders together in facilitation and process techniques that result in successful planning processes, and
- 3) Sanctions of poor county planning processes that are inconsistent with the requirements of the Act.

**2. Issue: The lack of quality control in the stakeholder process results in wide variability in the quality of plans, and there appears to be widespread reluctance to reject poor quality plans.** Clients report a lack of quality assurance in review processes of the plans once they are developed. This problem seems to be especially widespread with county Workforce, Education and Training plans.

**Recommendation:** We are past the initial phase of the MHSA when the difficulty of managing the process resulted in collegial approval of plans even when their quality was below acceptable standards. We support a strengths-based approach that provides technical assistance and supports to counties who have difficulty developing quality plans, however, it is essential for those agencies charged with approval of plans to reject plans that fail to meet quality standards.

**3. Issue: There have been escalating reports around the state of injuries and deaths of mental health clients as a result of excessive force by law enforcement officers. In Sonoma County alone, at least four people who were in mental distress have been killed in the past year, but no community dialogue or collaboration have taken place to prevent such tragedies from being repeated..**

**Recommendation:** In response to the growing number of client deaths at the hands of law enforcement, we recommend that the OAC convene an Ad Hoc Task Force to examine tragedies resulting from confrontations between police and mental health clients, focused on developing strategies for prevention. This work should include as an essential component a statewide and community dialogue that gives mental health clients and families the opportunity to discuss their first-person experiences of encounters with law enforcement. The work of the Task Force should provide stakeholders with the opportunity to recommend strategies that embrace the MHSA values of wellness, recovery, resiliency, cultural and linguistic competency, as well as client- and family-driven services, and should examine prevention practices, mutual support for clients and families, peer-run crisis respite centers, and effective, client-led training for law enforcement agencies. Such training should include education in stigma and discrimination, active listening techniques, de-escalation, appropriate response protocols, and eliminating the unnecessary use of deadly force.