

NAMI CALIFORNIA

The State's Voice on Mental Illness

February 17, 2010

Chairman Andrew Poat
Mental Health Services Oversight
and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811

Via email to: MHSOAC@dmh.ca.gov

Re: Stakeholder Participation

Dear Chairman Poat,

NAMI California appreciated the opportunity to be present and participate in the Stakeholder Workshop on January 29, 2010, which included thoughtful discussion of how stakeholder involvement in the MHSA can be improved at all levels and sustained on a long-term basis. The tone of the meeting was respectful and inclusive. We look forward to receiving the minutes of the meeting, which may serve the valuable purpose of pooling a number of thoughtful ideas together for immediate or future action.

Collaboration

Before outlining NAMI California's suggestions for improvement of this process, it is helpful to revisit the Mission Statement of the MHSOAC as a framework for this discussion:

*The MHSOAC provides the vision and leadership, **in collaboration with clients, their family members and underserved communities**, to ensure an enhanced continuum of care for individuals at risk for and living with serious mental illness and their families by holding public systems accountable and by providing oversight, eliminating disparities, promoting mental wellness, supporting recovery and resiliency resulting in positive outcomes in California's community based mental health system. (Emphasis added.)*

The above Mission Statement illuminates the key importance of clients and family members of all California communities to this process. Although the word collaboration often loses meaning through overuse, it is important to recognize that clients and family members are in partnership with the MHSOAC – in helping to provide oversight and requiring accountability from the public mental health system. NAMI California appreciates the Commission's mindfulness of the value of this partnership in its interactions with client and family member partners.

The example of the Client and Family Leadership Committee's proposals to improve public comment cannot be more relevant to moving forward together in partnership as a community. The treatment of these carefully reviewed proposals is relevant to the success of the stakeholder process and has the ability to determine the future effectiveness of client and family member involvement in MHSOAC proceedings.

Question re Separate Structure for Government and Stakeholder Advocacy Organizations

One of the motions put forth by the Client and Family Leadership Committee was that of developing a separate structure for government and stakeholder advocacy organizations (including CMHDA, CMHPC, CIMH, NAMI, REMHDCCO, CNMHC, etc.) to provide public comment through a separate agenda item. While it is unclear how the procedure would be envisioned through this motion, NAMI California is in support of a motion that would increase the participation of representatives of client and family stakeholders through a separate structure, but not prevent their participation in time allocated for public comment.

The Chair has asked each individual who attended the January 29 Stakeholder Workshop to report on the qualities that define an advocacy organization. While this may be helpful in separating organizations from individuals, there are other aspects, such as type of organization (governmental or grassroots), that may be central to the question at hand. The wording of this motion should be clarified to specify its intended outcome. Calling for a separate structure for organizations may be intended to serve the purposes of expediency or effectiveness. However, if this precludes client and family and other grassroots advocacy organizations from also participating in general public comment, this procedure would serve to inhibit the stakeholder input carried forth by these organizations.

Process Improvement

As discussed in the Stakeholder Workshop of January 29, the MHSOAC stakeholder process needs to be strengthened. There is a need for mechanisms within this large public system for clients and family members of all cultural backgrounds – whether unserved, underserved, or inappropriately served – to be able to report on what good, bad, lacking, or misguided in the services being offered.

Bringing diverse voices to the forefront is not easy. First, we cannot ignore the stigma surrounding receiving, or having the need to receive, mental health services. To offer stakeholder input is to acknowledge one's condition in a very public way. Beyond that, however, there must be a structure in place to enable people to speak out without fear. The following outline is an attempt at an inclusive structure for reporting and moving information through the system through a variety of channels, beginning with the local level:

1. County outreach offices and workers, including but not limited to peer and family advocates, should be equipped with the resources to enable inclusive, effective, and continuous stakeholder involvement by:
 - a. Actively researching organizations and agencies within each county who represent or can report on the interests of unserved, underserved, and inappropriately served clients and family members. This is not limited to organizations explicitly dealing with mental health, but includes other agencies addressing social justice issues including poverty, education, ethnicity, culture, and all marginalized groups.
 - b. Engaging unserved, underserved, and inappropriately served populations where they are, rather than expecting them to be aware of and attend institutional stakeholder proceedings. Community stakeholder advocates may be called on to help in this process.

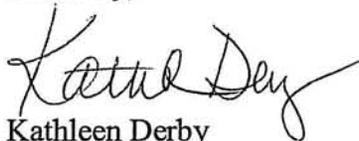
c. Facilitating productive communication

- Between county administration and representative community organizations and agencies – developing relationships and flexible venues for participation.
- Between clients and family members and community organizations and agencies – soliciting information on representative organizations for distribution/posting to clients and family members and actively providing clients and family members with information about community groups who can provide them with support, education, and advocacy.
- Among representative organizations – keeping and expanding inventory of involved groups and posting so that community partners may interact and provide more inclusive support for clients and family members.
- Between outreach workers and unserved, underserved, and inappropriately served clients and family members in the community – providing training for outreach workers, including peer and family advocates, which direct them to more effectively engage community members.
- Between outreach workers and county administration – ensuring that these channels of communication are open, protected, and valued within each county system.
- Between county administration and the MHSOAC – providing and supporting the channels which allow stakeholder input to make it to the level of statewide oversight.

2. In the area of Statewide Projects, statewide community representatives and advocacy organizations (expanding to those representing marginalized groups not previously included) should be included in the development of the portion of the MOU or other agreement between the CalMHSA JPA, the MHSOAC and DMH that outlines the specific processes for stakeholder involvement, including:
- a. Prioritizing elements highlighted in Strategic Plans for Statewide Projects;
 - b. Providing input on Requests for Proposals for programs to be implemented; and
 - c. Preventing conflicts of interest, among other stakeholder concerns.

We hope you find the above contributions helpful to this process. We look forward to continuing discussion of the ways in which we may help facilitate diverse stakeholder participation.

Sincerely,



Kathleen Derby
MHSA Policy Coordinator

cc: MHSOAC Commissioners
Beverly Whitcomb, Acting Executive Director
Trula LaCalle, NAMI California, Executive Director
MHSA Partners Forum Participants