



National Alliance on Mental Illness
Via Email & For Distribution to MHSOAC Commissioners

July 25, 2011

Commissioner Larry Poaster
Mental Health Services Oversight
and Accountability Commission
1300 17th Street, Suite 1000
Sacramento, CA 95811

Re: MHSOAC DRAFT Policy Paper & Logic Model re Principles
to Support Reorganized State Mental Health Administration

Dear Commissioner Poaster,

NAMI California would like to express gratitude to the MHSOAC for drafting a set of sound principles that will hopefully provide direction to our state around the reorganization of our Mental Health Administration. We are, however, concerned that this document was not circulated to one or more MHSOAC Committee in advance of this week's Commission Meeting. In reviewing both the Draft Policy Paper and the Logic Model, we have determined that some revisions to the language would be helpful in outlining priorities for the reorganization process. Many of the following suggested changes attempt to clarify issues of significance to clients and family members regarding our involvement in the Mental Health Services Act on the state and local levels including planning, implementation, evaluation and continuous quality improvement. I hope to make this letter brief. If you have further questions about the following suggestions, please do not hesitate to contact us.

Suggested Revisions to Draft Policy Paper

All items below should be revised to include underlined and/or bold language where indicated:

Item 1 – *“The State* should continue to collect county data including data about community planning processes to support ongoing evaluation of California’s mental health system.”*

Item 2 – *“Some functions important to this principle include appropriate preparation and public distribution of clear and understandable county fiscal reports...”*

Item 3 – *“Some functions important to this principle include producing data on this outcome and tracking the stigma and discrimination reduction efforts, and supporting employment throughout the mental health system of people with lived experience of mental illness and their family members in order to achieve significant gains in reducing stigma and discrimination within the mental health system.”*

Item 4 – *“The State should ensure that the perspectives of people with serious mental illness and their family members are significantly factored into MHSA public Mental Health Services decisions and recommendations.”*

Item 5 – *“Some functions important to this principle include producing disaggregated data on this outcome, and tracking reducing disparities efforts, supporting the continuing work and directives of the Office of Multicultural Services, and supporting the current efforts and future implementation of the recommendations of the California Reducing Disparities Project.”*

Item 6 – *“At times, this includes the availability of and access to training and technical assistance not only to county mental health departments but also to key system partners, which will often call for expertise and perspectives provided by clients and family members in addition to diverse community stakeholders.”*

Item 7 – *“Each discipline should be fully realized without being diminished by another, incorporating essential MHSA values of recovery and resiliency, stigma and discrimination reduction, reduction of disparities, and client and family involvement and leadership in program planning, implementation, evaluation, and overall system change.”*

Suggested Revisions to MHSOAC Logic Model

All items below should be revised to include underlined and/or bold language where indicated:

Column 4 – Oversight and Accountability Outcomes

Outcomes of Strategy 1, bullet 4 – *“Policies maximize counties’ flexibility to respond to community stakeholders and minimize bureaucratic requirements.”*

Outcomes of Strategy 2, bullet 1 – *“Accurate information about the number and diverse characteristics of individuals receiving public mental health services;”*

Outcomes of Strategy 3, bullet 1 – *“Counties, including their community partners and contractors, have the necessary knowledge, skills, and resources to plan, implement, evaluate, and improve services, including the resources to prioritize client and family involvement and employment, which is necessary to effect system change.”*

Outcomes of Strategy 3, bullet 3 – *“Diverse clients and family members express satisfaction with public planning processes and effective implementation of mental health programs and that meet their own goals for recovery and well being.”*

Outcomes of Strategy 4, bullet 1 – *“The use of MHSA funds...”*

Outcomes of Strategy 4, bullet 3 – *“Issue resolution process is responsive, collaborative, and effective, and includes state level oversight that prioritizes client and family member empowerment.”*

Outcomes of Strategy 4, bullet 4 – *“Critical issues related to performance of a county mental health program are resolved fairly and efficiently in ways that promote quality improvement and protection of client and family stakeholders’ rights and privacy.”*

Outcomes of Strategy 5, bullet 5 – *“Evaluations use methods and measures that are consistent with MHSA standards and are meaningful and, relevant to stakeholders, including reports that are appropriately conveyed and easily accessed by the public.”*

Commissioner Poaster
July 25, 2011
Page 3

Outcomes of Strategy 7, bullet 2 – *“Californians understand that mental health is essential to overall health and that people with mental illness recover, are resilient, and contribute productively to communities.”*

Outcomes of Strategy 7, bullet 3 – *“California residents include, respect, and support people with mental illness and their families, and providers continue to seek their expertise to achieve continuous quality improvement.”*

Column 5 – Mental Health/System Outcomes

Here some items on the logic model are in bold and others are not. Q: Do bolded items indicate emphasis or more importance? If so, an explanation may be necessary.

All Outcomes, All bullets – *“...resulting from untreated, inadequately treated, or inappropriately treated mental illness...”*

(Important to emphasize because people with mental health conditions have historically been poorly or ineffectively treated, so “treatment” alone is not the goal.)

Program/System Outcomes, bullet 1 – *“~~The number of individuals receiving public mental health services increases.~~”* Rather than this wording, possibly: *“Increased outreach and increased effective services to those needing and desiring public mental health services.”*

Program/System Outcomes, bullet 6 – *“Services promote recovery, resiliency, and tools to improve quality of life.”*

Program/System Outcomes, bullet 7 – *“Increased consumer-operated services and family support.”*

Program/System Outcomes, bullet 10 – *“MHSAs programs reflect and develop best practices, including community defined evidence.”*

Individual/Family Outcomes, New Bullet – *“Outlook on life situation improves, including individual’s assessment of worth, quality of life, coping strategies, and independent living skills.”*

Respectfully submitted,
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