



## 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:

- Many county stakeholder processes have become inactive, despite on-going MHSA planning needs.
- Too few clients are appointed to steering committees.
- When clients are chosen for leadership roles, they are often picked by county officials rather than selected by their peers.
- Unresolved power differentials exist that prevent true collaboration.
- Plans are often pre-developed by county staff, rather than on collaboration with stakeholders.
- Clients' and family members' input is often ignored.
- Language access barriers often prevent clients and family members from participating.
- Tokenism in client participation is evident in many counties.
- Public access to MHSA Plans is often limited.
- Clients often have difficulty accessing meetings held in remote locations.

**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:

- a. Understanding and disseminating county planning processes that result in a high degree of stakeholder satisfaction.
- b. Training of stakeholder and county leaders together in facilitation and process techniques that result in successful planning processes.
- c. 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.

- 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, and cultural and linguistic competency, as well as client- and family-driven services, and should examine prevention practices, including 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.