



April 13, 2009

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



California Alliance
OF CHILD AND FAMILY SERVICES

RE: April MHSOAC Agenda and Adoption of the MOU

Dear Chairman Poat:



On behalf of the Community Partners, we appreciate the Commission’s decision to delay the vote on the MOU at the March MHSOAC meeting.



Community Partner representatives have been meeting weekly since the March MHSOAC meeting to evaluate the Draft MOU. The consensus is that this document is flawed in its current content and in its developmental process: MHSA stakeholders have not been participants to this undertaking.

Please refer to the OSAE report, page 11, under Observation 3: Undefined Roles and Responsibilities of MHSA Entities:



“The MHSA identifies the implementation participants – DMH, OAC, Mental Health Planning Council, counties and stakeholder community groups – but the responsibilities of each are loosely defined.”



“Recommendations:

- 1. Work collaboratively with each entity to come to an agreement on the roles and responsibilities. Ensure consistency and functionality with the MHSA.*
- 2. Develop regulations that define role and responsibilities of each entity involved in the MHSA and communicate roles and responsibilities to affected parties.”*

R E M H D C O

Racial & Ethnic Mental Health Disparities Coalition

Accompanying this cover letter are edits/comments to the Draft MOU from Community Partner representatives. Due to time constraints and the need to get our comments to the MHSOAC by noon on Monday, April 13, 2009, **these represent only preliminary thoughts/responses and in no way are submitted as final or complete revisions to the document.**

Per this letter, the Community Partners are making the following requests of the Commission:

1. Vote **NOT** to accept the current Draft MOU.
2. Reopen MOU negotiation.
3. Make MHSA Stakeholders a “Party” to the MOU.
4. Include MHSA Stakeholder representatives in the MOU workgroup going forward.
5. Work with all Parties to the MOU to determine a “reasonable timeline” for completion.
6. Ensure that the next iteration of the MOU is written in the “spirit” of the MHSA and delineates the collaboration required to transform California’s mental health system.

We’ve all had the opportunity through the MHSA to share a vision of what “transformation” and “transparency” can look like. We don’t want to lose that vision in the promulgation of a document that reads all too much like “business as usual” and retreat from the progress we’ve made collectively so far.

We hope that the Commission will accept this letter and its requests with the understanding that Community Stakeholders are acting out of energy, passion, commitment and hope for the improvement of the entire public mental health system; and in the confidence that, together, we can continue to make that improvement happen.

Thank you in advance.

Sincerely,



Dede Ranahan
For the Community Partners

Rusty Selix, Mental Health Association in California
Fran Edelstein, California Alliance of Child and Family Services
Gwen Lewis-Reid, California Network of Mental Health Clients
Betty Dahlquist, The California Association of Social Rehabilitation Agencies
Dede Ranahan, NAMI California
Diane Shively, United Advocates for Children and Families
Stacie Hiramoto, Racial & Ethnic Mental Health Disparities Coalition

cc: Larry Poaster, Mental Health Services Oversight and Accountability Commission
Sheri Whitt, Mental Health Services Oversight and Accountability Commission
Stephen Mayberg, California Department of Mental Health
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Pat Ryan, California Mental Health Directors Association
Ann Arneill-Py, California Mental Health Planning Council