Public Comment – MHSOAC 04/23/20 Meeting: Reaction MHSOAC Letter to Governor Newsom

I offer this public comment to provoke thought not to make anyone feel shamed or disrespected. To shape policy and maximize available funds; present simple Yes/No Action statements where people can be directed quickly. Some are so obvious to be absurd, yet help is needed.

I anticipate the directness may upset some of the commissioners and staff, but I must be true to myself. My intention is not to offend but make the letter more compelling and urgent. These are my personal opinions and not the opinions representing the Orange County Mental Health Board

Keep what you like and toss the rest.

MHSOAC Meeting Reaction:

My son has a severe mental illness, receives SSI, and takes advantage of county programs. I do not see how what happened yesterday supports the most vulnerable defined as anyone diagnosed with a severe mental illness. I say all because there is no parity; this is troublesome as a more significant part of the market is private insurance.

I was disappointed that at yesterday's meeting, the MHSOAC and **Commissioners offered no discussion, no recommendation, and no position on the myriad of MHSA Flexibility scenarios**.

Reading between the lines of the MHSOAC letter, **the MHSOAC does not agree with a 100% CSS allocation, as identified by the Steinberg Institute.** Some PEI must be available to address suicide at all ages and to leverage mental health and education funds to achieve student, family, and teacher wellbeing.

I am very concerned that the MHSOAC did not reject "suspending AB 1352 signed by the Governor and voted unanimously in the Assembly (79-0) and Senate (40-0). **The intention is to grant the Mental Health Board's autonomy to act, review, and report independently to the Board of Supervisors.** ("shall requirements at end of this document)

If the public cannot expect representation from the MHSOAC and the local Behavioral Health Boards/Commissions, then where do we go?

As a Mental Health Board Member, **I understand how difficult to nearly impossible to implement and deliver on the shall requirements in Section 5604.2 (from talking to others this appears systemic across the state)**

Sadly, MHSA "what ifs" would be less, if implemented to code. Please let the community back in, right the working relationships, and eliminate "the loudest voice in the room" to steer the ship without being data drive.

- MHSA might know "California and Local Community Needs" driven by data, "Service Outcomes," and "High Public Awareness" by annually spending up to $100 million/year for the community planning process (up to 5%).
- MHSA might have increased earlier mental health service delivery by implementing reversion?
- We might have addressed housing, without No Place Like Home Legislation turned Proposition. The result was losing $800 million in mental health services, to handle the bond expense. Our county had already allocated @ $70 million to housing before Prop 2. MHSA Refresh, as a proposition, can have many unintended consequences.

The remainder discusses my thoughts:

- Letter Presentation
- Letter Information
- AB 1353- Revised MHSA Statue Section 5604.2 "**The local mental health board shall do all of the following."**

Public Comment – MHSOAC 04/23/20 Meeting: Reaction MHSOAC Letter to Governor Newsom

Letter Presentation:

Information is excellent but hidden. Compared to the MHSA Flexibility Proposals sent to the Governor, this letter is not easy to read, to see the "ASK" and retain information. The message lacks simple directresses, urgency, and pure clarity. I believe the lack of directness negatively impacts reader decision making and quick implementation.

Letter Information:

- When compared to the MHSA Flexibility Proposals, the letter provides no simple direction on "How," "Why," and "When" to address the anticipated all/most mental health budget streams, including MHSA, which are impacted by tax revenue.
    - **Governor Newsom's Intercession is urgently needed to eliminate territorial and matrix management obstacles negatively impacting public needs**
        - **Children and Family Mental Health:** California Dept of Education and Department of Healthcare Services must leverage existing dollars to achieve PEI outcomes: Service Delivery, Suicide reduction:
        - **Homeless:** Expand No Place Like Home to include Board and Cares now. Be careful, spending $200-$400 thousand per unit.
        - **Service Delivery:** MediCal Cal Optima and Health Care Agency efforts must be coordinated with a lead agency identifies by segments:
        - **Mental Health Parity:** Private insurance subscribers are the larger part of the market; in many cases, MediCal offers similar benefits, and you qualify for county services. Getting PEARLS and other services expanded to the private insurance market would lower homeless and healthcare costs.
    - **California Department of Health Care Services and the Department of Finance must provide financial guidance:**
        - Determine MHSA cash on hand
        - Forecast (-10%. -25%)
        - Confirm the @ $225 million discussed on page __ in the state audit has been found and included in the amounts
    - **Counties must provide expenditure and revenue reports now, not 12/31/20.**
        - By the 20th of the month, the prior months' report showing expenditures and outcomes is contractually due to the Health Care Agency (possibly other counties use a similar. July 19-February 20 Actuals and the Remainder "Planned" will provide a good indication.
    - **MHSOAC must create a statewide view for decision making:**
        - **Show Unspent Prior Fiscal Year Funds** from FY 20-23- Three Year MHSA Expenditure "Funding Summary Format" used in all/most counties(page 220 in my county's FY20-23plan).
        - **Show Flexible funds**: By fiscal year, the future obligations and one- time budgets authorized but not spent: another potential funds source.
        - **Show Federal Funds Participation (FFP)** from the prior year RERs: the matching FFP varies dramatically as a % of CSS and PEI expenditures.
    - **Department of Health Care Services must direct counties to establish a 90 day (at a minimum) fixed plan to address July 1, 2020, start.**
        - Use a budget, including total unspent funds, soft future obligations, and a gloomy forecast for future MHSA receipts.
        - Protect existing mental health relationships (provider/consumer)

    …….Ran out of time and energy……..

AB 1352: Please connect me with a Mental Health Board implementing Section 5604.2. Los Angeles is possibly the closet with access to a staff of approximately five people.

AB 1352 implementation signed by Governor Newsom and approved unanimously by the California Assembly (79-0) and Senate (40-0). **The intention is to grant the Mental Health Board's autonomy to act, review, and report independently to the Board of Supervisors.**

Approved by Governor on October 02, 2019. Filed with Secretary of State on October 02, 2019.
SEC. 4. Section 5604.2 of the Welfare and Institutions Code is **amended to read: 5604.2.**
(a) The local mental health board shall do all of the following:

(1) **Review and evaluate the community's public mental health needs, services, facilities, and special problems** in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

(2) **Review any county agreements entered into pursuant to Section 5650**. The local mental health board may make recommendations to the governing body regarding concerns identified within these agreements.

(3) **Advise the governing body and the local mental health director as to any aspect of the local mental health program**. Local mental health boards may request assistance from the local patients' rights advocates when reviewing and advising on mental health evaluations or services provided in public facilities with limited access.

(4) **Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process**. Involvement shall include individuals with lived experience of mental illness and their families, community members, advocacy organizations, and mental health professionals. It shall also include other professionals that interact with individuals living with mental illnesses on a daily basis, such as education, emergency services, employment, health care, housing, law enforcement, local business owners, social services, seniors, transportation, and veterans.

(5) **Submit an annual report to the governing body** on the needs and performance of the county's mental health system.

(6) **Review and make recommendations on applicants for the appointment of a local director of mental health services.** The board shall be included in the selection process prior to the vote of the governing body.

(7) **Review and comment on the county's performance outcome data** and communicate its findings to the California Behavioral Health Planning Council.

(8) **This part does not limit the ability of the governing body** to transfer additional duties or authority to a mental health board.

(b) **It is the intent of the Legislature** that, as part of its duties pursuant to subdivision **(a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.**