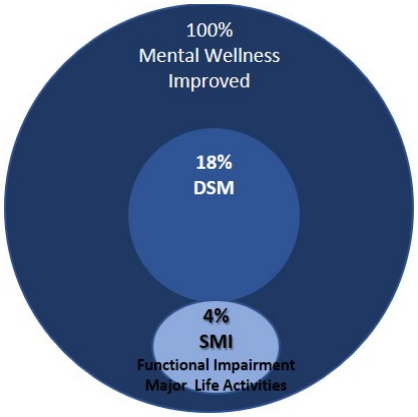


To: Mental Health Services Oversight and Accountability Commission

From: Californians advocating for the Seriously Mentally Ill (SMI)

Date: October 20, 2020

RE: Proposed Changes to the MHSOAC's Rules of Procedure: MissionStatement and 2.4 Contract Authority

The signatures below represent concerned ***Californians Advocating for the Seriously Mentally Ill***, family members, professionals and consumers who focus on advocacy of 4% of those with mental illness depicted in the embedded chart: **SMI**

Along with NAMI California, we wish to express our strong opposition to the proposed changes to the Mission Statement and to section 2.4 Contract Authority.

Mission Statement

MISSION

The Mental Health Services Oversight and Accountability Commission works through partnerships to catalyze transformational change across systems and ensure everyone who needs mental health care has access to and receives effective and culturally competent care.

~~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.~~

As family members and stakeholders, we believe the proposed changes completely eliminates collaboration, and removes the intent of MHSA funding for those with serious mental illness. The current Mission Statement incorporates the only groups eligible for MHSA services: "individuals at risk for and living with serious mental illness and their families." The proposed mission statement omits them entirely, substituting people who are NOT eligible for MHSA services, contrary to the intent of the voters in Prop. 63/MHSA. This is unacceptable.

2.4 Contract Authority. Pursuant to the MHSOAC Resolution adopted on March 24, 2011,

A. The Executive Director has the authority to take all actions necessary to enter into contracts on the Commission's behalf ~~of the MHSOAC~~ in the amount of ~~$100,000~~ $200,000 or less and to enter into Interagency Agreements in the amount of ~~$200,000~~ $400,000 or less. ~~The Executive Director may delegate to subordinates any of the authority delegated to the Executive Director by the MHSOAC. Within 24 hours of such delegation the Executive Director shall notify the MHSOAC Chair and Vice Chair.~~

B. The Executive Director, with the consent of the Chair and Vice Chair, has the authority to take all actions necessary to enter into contracts on the Commission's behalf in the amount of $500,000 or less and to enter into Interagency Agreements in the amount of $750,000 or less.

We believe increasing Executive Director authorization over contracts undermines the transparency of the Commission's actions and minimizes stakeholder collaboration. The voice of individuals living with severe mental illness and their family members must continue to be considered when making decisions regarding the taxpayer revenues provided from the Mental Health Services Act.

Respectfully,

Linda Mayo, NAMI & MHSA Stakeholder Stanislaus County, mother of SMI

Kartar Diamond, Orange County, SMI Advocate

Mark Gale, NAMI Greater Los Angeles County, Criminal Justice Chair

Shelley Hoffman, SMI Advocate, Caregiver Support Group Facilitator

Dale Milfay, mother of SMI San Francisco, outreach coordinator for Northern Ca. Committee on Psych Resources

Jeffrey Hayden, President/CEO of Hayden Consultation Services, Inc.Committee Member, Advocacy Steering Committee, National Alliance on Mental Illness (NAMI) – Ventura County

Lauren Rettagliata, SMI Advocate, Contra Costa County, Housing That Heals

Teresa Pasquini, SMI Advocate, Contra Costa County, Housing That Heals

Lois Loofbourrow, SMI Advocate

Fred Martin, Jr., SMI Advocate

Alison Morantz, James and Nancy Kelso Professor of Law, Stanford Law School

Wade Brynelson

Nancy Brynelson,Retired, CSU Center for the Advancement of Reading and Writing

Susan Levi, NAMI SFV VP

Lynne Gibbs, Chair, NAMI SBCO Public Policy Committee, and a mental health California advocate

Linda L. Mimms, M.A. Public Policy, Duke University, California Advocates,
Serious Mental Illness/Brain Disorders Advocate,
NSSC (National Shattering Silence Coalition),
SARDAA (Schizophrenia and Related Disorders Alliance of America),
NAMI (National Alliance on Mental Illness)

Rhonda Allen, SMI Advocate, NAMI Stanislaus
lease add my name to this letter, thank you

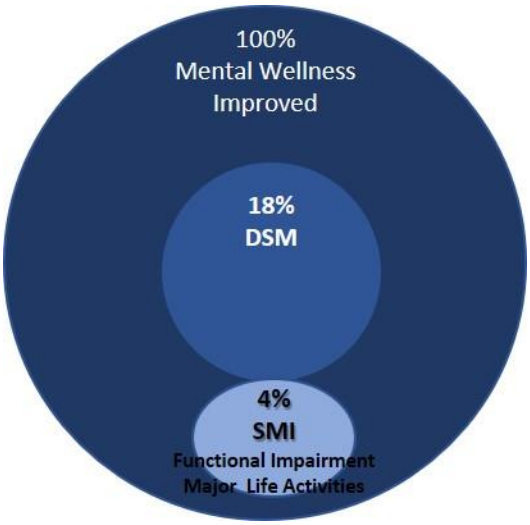
Carol Stanchfield, MS, LMFT Director of ACT & AOT Services, TPCP

Virginia A. Garr
SMI advocate, NAMI member, and member of American Foundation for Suicide Prevention

Anna Penido, Los Angeles
(mother of 2 young men with SMI)

Cheryl Perkins, SMI Advocate

Patricia Fontana-Narell
Family Advocate, Voices of Mothers



To: Members of the Mental Health Services Act Oversight and Accountability Commission, its Executive Director, and its counsel

Governor Gavin Newsom

October 22, 2020

We, the undersigned, are members of ***California Advocates for the Seriously Mentally Ill***, a group of family members, professionals and consumers who advocate for the seriously/severely mentally ill ("SMI"), the population in the smallest circle in the graphic. We speak only for ourselves, though we believe most or all other members would join us.

We join but wish to expand upon NAMI-California's objections to the proposed change in the MHSOAC Mission Statement. (We understand from NAMI that the Commission has not yet adopted the proposed Mission Statement, though it is already up on the MHSOAC website, labelled as such. This should never have occurred.)

While we agree with NAMI that dropping any emphasis on families is inappropriate, we have a more fundamental objection: **the previous Mission Statement incorporates the only groups eligible for MHSA services: "individuals at risk for and living with serious mental illness and their families." The proposed mission statement omits them entirely, substituting instead people who are *NOT* eligible for MHSA services, contrary to the intent of the voters in Prop. 63/MHSA. See Purpose and Intent provisions, attached.**

The above graphic illustrates this fundamental problem with the proposed change. It places MHSOAC in the one area of the above graphic that the MHSA does *not* address: "mental wellness improved." Nothing in MHSA authorizes MHSOAC to address the "mental wellness" of the public. Rather, the Voters allocated more than 70% of MHSA money to the 4% for whom we advocate, the seriously/severely mentally ill. By statute, that 4% is thus the focus of MHSOAC, and should therefore be the focus of the Mission Statement. The group addressed in the PEI (prevention and early intervention) provisions in MHSA is a subset of the 18% in the graphic: those with a DSM diagnosis—a mental illness—who are *at risk of* becoming severely mentally ill. All that is very clearly laid out in the attached Purpose and Intent provisions, and precisely delineated in the text of MHSA itself.

In sum, MHSOAC does not have authority to ignore the law they are charged with overseeing in its Mission Statement. It must therefore be amended.

Respectfully,

Mary Ann Bernard, NAMI member, former counsel to mental hospitals in another state, and co-plaintiff and counsel in *Bernard v California Health Facilities Finance Authority et al*, (3d Appellate District, pending)

Rose King, a recognized drafter of the Mental Health Services Act on behalf of NAMI, advocate, mother and grandmother to SMI individuals, and co-plaintiff in *Bernard v California Health Facilities Finance Authority et al* (3d Appellate District, pending)

Alison Morantz, James and Nancy Kelso Professor of Law, Stanford Law School

Fawn Dessy, DESSY & DESSY, Bakersfield

Gail Evangeueldi, Los Angeles Founder and Director, LPS Conservatorship Mentoring Program

Linda Mayo, NAMI & MHSA Stakeholder Stanislaus County, mother of SMI

Mark Gale, NAMI Greater Los Angeles County, Criminal Justice Chair

Shelley Hoffman, SMI Advocate, Caregiver Support Group Facilitator

Dale Milfay, mother of SMI San Francisco, outreach coordinator for Northern Ca. Committee on Psych Resources

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Wade Brynelson and Nancy Brynelson, Retired, CSU Center for the Advancement of Reading and Writing

Susan Levi, NAMI SFV VP

Lynne Gibbs, Chair, NAMI SBCO Public Policy Committee, and a mental health California advocate

Linda L. Mimms, M.A. Public Policy, Duke University, California Advocates,Serious Mental Illness/Brain Disorders Advocate ,NSSC (National Shattering Silence Coalition),SARDAA (Schizophrenia and Related Disorders Alliance of America),NAMI (National Alliance on Mental Illness)

Rhonda Allen, SMI Advocate, NAMI Stanislaus

Carol Stanchfield, MS, LMFT Director of ACT & AOT Services, Turning Point Community Services

Virginia A. Garr, SMI advocate, NAMI member, and member of American Foundation for Suicide Prevention

Anna Penido, Los Angeles (mother of 2 young men with SMI)

Cheryl Perkins, SMI Advocate

Patricia Fontana-Narell Family Advocate, Voices of Mothers

Candy Dewitt, SMI Advocate

James Randall, SMI Advocate

Don Casebolt, SMI Advocate

Joe Williamson, SMI Advocate, San Francisco

Karter Diamond, SMI Advocate

Kim Mai, SMI Advocate, Contra Costa County

Dale Milfay, SMI Advocate, San Francisco

Shiela Ganz, SMI Advocate

SECTION 1. Title This Act shall be known and may be cited as the "Mental Health Services Act."

SECTION 2. Findings and Declarations The people of the State of California hereby find and declare all of the following:

(a) Mental illnesses are extremely common; they affect almost every family in California. They affect people from every background and occur at any age. In any year, between 5% and 7% of adults have a serious mental illness as do a similar percentage of children — between 5% and 9%. Therefore, more than two million children, adults and seniors in California are affected by a potentially disabling mental illness every year. People who become disabled by mental illness deserve the same guarantee of care already extended to those who face other kinds of disabilities.

(b) Failure to provide timely treatment can destroy individuals and families. No parent should have to give up custody of a child and no adult or senior should have to become disabled or homeless to get mental health services as too often happens now. No individual or family should have to suffer inadequate or insufficient treatment due to language or cultural barriers to care. Lives can be devastated and families can be financially ruined by the costs of care. Yet, for too many Californians with mental illness, the mental health services and supports they need remain fragmented, disconnected and often inadequate, frustrating the opportunity for recovery.

(c) Untreated mental illness is the leading cause of disability and suicide and imposes high costs on state and local government. Many people left untreated or with insufficient care see their mental illness worsen. Children left untreated often become unable to learn or participate in a normal school environment. Adults lose their ability to work and be independent; many become homeless and are subject to frequent hospitalizations or jail. State and county governments are forced to pay billions of dollars each year in emergency medical care, long-term nursing home care, unemployment, housing, and law enforcement, including juvenile justice, jail and prison costs.

(d) In a cost cutting move 30 years ago, California drastically cut back its services in state hospitals for people with severe mental illness. Thousands ended up on the streets homeless and incapable of caring for themselves. Today thousands of suffering people remain on our streets because they are afflicted with untreated severe mental illness. We can and should offer these people the care they need to lead more productive lives.

(e) With effective treatment and support, recovery from mental illness is feasible for most people. The State of California has developed effective models of providing services to children, adults and seniors with serious mental illness. A recent innovative approach, begun under Assembly Bill 34 in 1999, was recognized in 2003 as a model program by the President's Commission on Mental Health. This program combines prevention services with a full range of integrated services to treat the whole person, with the goal of self sufficiency for those who may have otherwise faced homelessness or dependence on the state for years to come. Other innovations address services to other underserved populations such as traumatized youth and isolated seniors. These successful programs, including prevention, emphasize client-centered, family focused and community-based services that are culturally and linguistically competent and are provided in an integrated services system.

(f) By expanding programs that have demonstrated their effectiveness, California can save lives and money. Early diagnosis and adequate treatment provided in an integrated service system is very

effective; and by preventing disability, it also saves money. Cutting mental health services wastes lives and costs more. California can do a better job saving lives and saving money by making a firm commitment to providing timely, adequate mental health services.

(g) To provide an equitable way to fund these expanded services while protecting other vital state services from being cut, very high-income individuals should pay an additional one percent of that portion of their annual income that exceeds one million dollars ($1,000,000). About 1/10 of one percent of Californians have incomes in excess of one million dollars ($1,000,000). They have an average pre-tax income of nearly five million dollars ($5,000,000). The additional tax paid pursuant to this represents only a small fraction of the amount of tax reduction they are realizing through recent changes in the federal income tax law and only a small portion of what they save on property taxes by living in California as compared to the property taxes they would be paying on multimillion dollar homes in other states.

SECTION 3. Purpose and Intent. The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows:

(a) To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.

(b) To reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness.

(c) To expand the kinds of successful, innovative service programs for children, adults and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or at risk of serious mental illness.

(d) To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals' or families' insurance programs.

(e) To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices subject to local and state oversight to ensure accountability to taxpayers and to the public.