

**California Network of
Mental Health
Clients**

**Position Paper on the
Implementation of the Mental Health
Services Act**

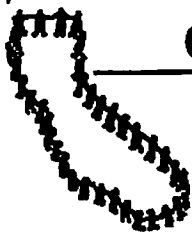
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Date: September 20, 2004
To: The Mental Health Community of California
From: CNMHC Mental Health Services Act Work Group
Re: Implementation of the Mental Health Services Act

The membership of the California Network of Mental Health Clients (CNMHC) voted support for the Mental Health Services Act to be the highest public policy priority for 2004. In order to accomplish that goal, we have organized a CNMHC Mental Health Services Act Work Group, made up of two members from each of the five regions of the state, plus California Network staff.

One of the major areas we are working on is the implementation of the Act, if it should pass. We understand and support the fact that the major organizations that will be responsible for implementing the Act are beginning to do preliminary planning (the Department of Mental Health, California Mental Health Directors' Association, California Institute for Mental Health, and the California Mental Health Planning Council). Team California Clients recognizes that it is extremely important for the four organizations to understand our client perspective on what areas are most important for transforming the mental health system and the leadership role clients should take in this transformation.

Attached is our initial working position paper which highlights four areas:

- 1) Consumer-Operated programs
- 2) Clients Involvement in implementing the act at the state and local level,
- 3) Hiring of Consumers in the Mental Health Workforce
- 4) State and local campaigns to address discrimination and stigma.

Our position paper outlines recommendations in each of these areas and quotes the section of the Act that supports the recommendation.

We want to emphasize that these are our initial ideas. We are looking forward to working in collaboration with the four organizations, family members, mental health providers and concerned citizens on the successful implementation of this act. Please direct any feedback, questions, or concerns for improving this paper to Sally Zinman, Executive Directive, California Network of Mental Health Clients.

= Unified For Choice and Freedom =

CNMHC Position Paper on the Implementation of the Mental Health Services Act

Overarching Concern:

The Mental Health Services Act was voted by clients (at the Client Forum 2003) as their highest public policy priority. However, this vote followed a spirited public comment voicing concern that the Act's implementation may not comply with its intent. Would it be used to support the "same old, same old" that hasn't worked and has disempowered clients? Can we guarantee the integrity of the implementation and, if so, how?

Clients continue to support the Mental Health Services Act. The Act ties a new stream of funding to special kinds of model services that deal with the array of social and rehabilitative needs of people with mental disabilities and to a way of delivering the services that values consumer choice, self-determination, and recovery. The language of the Mental Health Services Act does not support the disappointing former methods of doing mental health business, but holds the promise of transforming the kinds of services, their availability, and the way they are delivered in California. The Act supports a mental health system visualized by the President's New Freedom Commission Report (July, 2003) in which "*Consumers of mental health services must stand at the center of the system of care. Consumers needs must drive the care and services that are provided.*"

Moreover, the services supported by the Mental Health Services Act are voluntary. In Assembly Member Steinberg's (the author of the Mental Health Services Act) own words, "The services funded by the AB 34 programs are not forced or involuntary, and the services funded by the initiative will not be forced or involuntary. "(from www.campaignformentalhealth.org Web Log, June 6, 2004.) The CNMHC membership has long supported the position that "*Public policy needs to move in the direction of a totally voluntary community-based mental health system that safeguards human dignity and respects individual autonomy.*" (Privileges to Rights: People Labeled with Psychiatric Disabilities Speak for Themselves, National Commission on Disability January 20, 2000.) The availability of client respectful voluntary services that value individual autonomy will dramatically reduce the use of forced treatment.

Consumer values are overtly stated in Section 7, 5813.5 (d) of the Mental Health Services Act:

(d) Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers.

(1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer's individual needs.

Nevertheless, along with continued support for the Act given its compatibility with consumer values, the concerns continue. **What authority will the CA DMH demonstrate to force Counties to comply with the Act? How can we ensure that Counties will not use these new funds to back-fill old systems (that are being cut in the current budgetary crises)? Will the implementation be accountable to the Act?**

The devil is not in the details of the Mental Health Services Act; the devil will be in its implementation. The CNMHC offers the following recommendations with the goal of ensuring the implementation of the letter and spirit of the Mental Health Services Act.

Overarching Recommendation

Overarching all of the CNMHC's recommendations is the essential involvement of consumers in every aspect of the implementation of the Mental Health Services Act; starting with its planning, moving on to its execution, then to the oversight and evaluation. Clients must participate through contracting (both directly and indirectly) with the CNMHC, consumer staffing of the CA DMH, Planning Council, and Oversight and Accountability Council, both in-house and out-sourced, and volunteer client citizen involvement in State and local planning, oversight, and evaluation bodies. Clients should particularly have maximum participation in four categories: Consumer-Operated Programs; Stakeholder Involvement; Consumers in the Workplace; and reduction in Stigma and Discrimination.

The California Department of Mental Health (CA DMH) should directly or indirectly contract with the CNMHC to assist in implementing all of the consumer related aspects of the Mental Health Services Act, specifically (but not limited to) consumer operated programs, the meaningful and effective involvement of consumers in the implementation of the Act, the hiring of consumers in the mental health workforce as well as training of that workforce, and the reduction of stigma and discrimination campaigns. The CNMHC has applied for a SAMHSA Statewide Network Grant to create a California Self-Help Technical Assistance and Support Center. This Center will support the development of self-help and peer support groups through assessment, technical assistance, and promotion. With this technical assistance Center as a foundation, the CNMHC will be well situated to expand and to provide the leadership for consumer activities and effective consumer participation throughout the State.

Following are recommendations specific to Consumer-Operated Programs, Client Involvement at every level of the Mental Health Services Act implementation, Consumers in the Workplace, and Stigma and Discrimination. These recommendations are the initial responses of a CNMHC Proposition 63 work group study of the law. As this group and other clients from around the State study the law, additional recommendations will follow, and some here may be revised. These recommendations model the kinds of concerns and responses that will occur as clients take their rightful place as primary participants in the implementation of the Mental Health Services Act. These recommendations represent consumer interests and perspectives. They are not intended to be exclusive of other stakeholder groups. On the contrary, the CNMHC looks forward to working with all of the other mental health stakeholder groups, in general on the overall implementation of Proposition 63, and in particular on specific activities based on the interests and expertise of the various stakeholder groups.

Consumer-Operated Programs Recommendations

CNMHC recommends that:

1. The Department of Mental Health direct, as a local plan requirement, that each County will have, as a section of its plan, a description of how it will utilize consumer-operated programs in the implementation of 2034 programs. The Mental Health Services Act cross-references Welfare and Institutions Code 5806 when it describes how the Department of Mental Health shall distribute funds for adults and older adults. Within 5806 (a) (5) is specific reference to provision for peer support or self-help group support where appropriate for the individual.

5813.5 (d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers.

(1) To promote concepts key to the recovery of individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

2. The Department of Mental Health require that local mental health programs spend a base of 33% of innovative program funds on consumer-operated programs. Client-run services are emerging best practices and fulfill the purposes of Innovative Programs as defined in Section 5830 (a). Based on individual and group self-determination and choice, these programs are a model for totally voluntary programs. Dealing with the expressed needs of people with mental disabilities, and concretely helping them fulfill these real life needs, they model social and rehabilitative services. Based on the underlying philosophy of peer support and that the best helpers are those who have experienced similar problems, voluntary programs model a non-medical model approach to helping. Studies suggest (and what self-helpers have anecdotally known) that self-help programs serve persons who: will not or cannot use traditional services; may be homeless or at risk of being homeless; have had hurtful or ineffective experiences in traditional programs; have not had access to traditional services. Studies also suggest that self-help programs excel in outcome measurements of increased empowerment and self-esteem.

5830. (a) The innovative programs shall have the following purposes:

1. To increase access to underserved groups.

2. To increase the quality of services, including better outcomes.

4. To increase access to services.

2. The Department of Mental Health contract with the CNMHC to implement consumer-operated programs throughout the state, including; assessment, training and technical assistance, promotion, and evaluation of consumer-operated programs.

Note: The California Network of Mental Health Clients Implementation Team will develop a list of innovative programs, with special emphasis on consumer-run innovative programs such as: 1. Drop-In Centers, 2. Consumer-Run Supportive Housing, 3. Consumer-run Board and Care homes, 4. Consumer-Run Crisis Hostels, 5. Warm Lines, 6. Consumer-Run Outreach Programs, 7. Consumer-Run Benefits and Advocacy Services, and 8. Self-Directed Care.

Client Involvement At Every level in the Mental Health Services Act Recommendations

CNMHC recommends that:

1. The Department of Mental Health, the Mental Health Planning Council and the Oversight and Accountability commission hire as staff mental health clients to implement the sections of the act that are of utmost importance to consumers, including but not limited to consumer-operated programs, hiring of consumers in the mental health workforce, campaigns to address discrimination and stigma, and meaningful consumer involvement in the implementation of the act. In hiring of consumer staff, the California Network of Mental Health Clients recommends that the Department of MH, the Planning Council and the Commission contract with the California Network of Mental Health Clients to hire the staff that will then be assigned to respective assignments.
2. The Department of Mental Health contract with CNMHC through its Technical Assistance and Support Center to assist the Department in implementing the consumer-operated programs, CADS campaigns, hiring of consumers in the mental health workforce and the meaningful involvement of consumers in the implementation of the act.

5892 (d) Prior to making the allocation pursuant to subdivisions (a), (b) and (c), the department shall also provide funds for the costs for itself, the Mental Health Planning Council, and the Accountability Commission to implement all duties pursuant to the programs set forth in this section. The administrative costs shall include costs to assist consumers and family members to assure the appropriate state and county agencies give full consideration to concerns about quality, structure of service delivery, or access to services.

5892 (e) In 2004-05, funds shall be allocated as follows: 4. 5% for state implementation in the manner specified in subdivision (d).

SECTION 17

Notwithstanding any other provision of law to the contrary, the Department shall begin implementing the provisions of this act immediately on its effective date, and shall have the authority to immediately make any necessary expenditures, and to hire staff for that purpose.

5847 (a) Each county mental health program shall prepare and submit a three-year plan, which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission. The plan and update shall include all the following:

(1) A program for prevention and early intervention in accordance with Part 3.6;

(4) A program for innovations in accordance with Part 3.2;

(6) Identification of shortages in personnel to provide services pursuant to the above programs and the additional assistance needed from the Education and Training Programs established pursuant to Part 3.1

3. Each County program develop and implement a plan that includes consumer-operated programs, campaigns to address discrimination and stigma, consumers as part of the

mental health workforce, including hiring consumers to help implement the local plan and ensure meaningful consumer involvement.

4. Each County use funds from the act to hire consumers for implementation.

5892 (c) The allocations pursuant to subdivisions (a) and (b) shall include funding for annual planning costs pursuant to Section 5848. The total of such costs shall not exceed the total of 5% of annual revenues received for the fund. The planning costs shall include funds for the county mental health programs to pay for the costs of consumers, family members and other stakeholders to participate in the planning process, and for the planning and implementation required for private provider contracts to be significantly expanded to provide additional services pursuant to Parts 3 and 4.

5. Department of Mental Health reports include evaluations on how local mental health authorities implement their plans and adhere to the goals and purposes of the act, including 5813.5 (d) (1) through (4). In carrying out the evaluation, the Department of Mental Health hire consumers as part of the evaluation team.

5813.5 (d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers.

(1) To promote concepts key to the recovery of individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.

(2) To promote consumer-operated services as a way to support recovery.

(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.

(4) To plan for each consumer's individual needs.

6. In utilizing performance outcomes to determine if counties are meeting the requirements of the act, outcomes measures are determined using consumer involvement. The outcome measures will be determined based on what consumers want and need.

5848 (c) The Department shall establish requirements for the content of the plans. The plans shall include reports on the achievement of performance outcomes for services pursuant to Parts 3, 3.6 and 4 funded by Mental Health Services Fund and established by the department.

7. In making appointments to fill the categories of two persons with a severe mental illness, the Governor selects persons nominated by the California Network of Mental Health Clients.

5845 (a) The Commission shall consist of 16 voting members as follows:

(1) Two persons with a severe mental illness. ... In making appointments the Governor shall seek individuals who have had personal or family experience of mental illness.

8. Recommend that the Commission have a technical advisory committee made up of consumers that reflect the ethnic and geographical perspectives of California's diverse consumer culture, staffed by a consumer.

5845 (d) In carrying out its duties and its responsibilities, the Commission may do all the following:

(2) Establish technical advisory committees, such as a consumer and family member advisory committee.

5846 (c) The Commission shall ensure that the perspective and participation of members and others suffering from severe mental illness, and their family members is a significant factor in all of its decisions and recommendations.

9. The Department of Mental Health have stringent requirements for the content of the county plans and will develop regulations that will ensure that the counties will be required to have consumer-operated programs, campaigns to address stigma and discrimination, consumers employed in the workforce and meaningful consumer involvement in the implementation of the act.

5848 (c) The Department shall establish requirements for the content of the plans.

5898 The Department will develop regulations as necessary for the Department or designated local agencies to implement this Act.

10. Department of Mental Health require each county to have a consumer advisory committee to advise on the development and implementation of the local plan.

5848 (a) Each plan and update shall be developed with local stakeholders including adults and seniors with severe mental illness.

11. On the passage of the Mental Health Services Act on November 2, 2004, the Department of Mental Health convene within 90 days a consumer stakeholder group to develop an action plan for the implementation of the Network's recommendations. This stakeholder group will reflect the ethnic and geographical diversity of California's client population, the majority of the members of the committee will be members of and recommended by the California Network of Mental Health Clients.

12. The DMH in a timely manner provide to Counties and stakeholder groups a summary of the Act, highlighting its underlying values of recovery and consumer choice and meaningful participation.

Consumers in the Workplace Recommendations

CNMHC recommends that:

1. The Department of Mental Health identify the employing of consumers as a major statewide need that will be reflected in the local plan requirements and regulations, including contracting with consumers to deliver services in rural areas.

5820.c The Department shall identify the total statewide needs for each professional and other occupational category and develop a 5-year education and training development plan.

2. The Department of Mental Health contract with the CNMHC to provide technical assistance to counties to fulfill its requirements of employing consumers in the mental health workforce. The CNMHC will collaborate with such groups as the California

Coalition of Consumer/Survivors in Mental Health Management, (CCC/S) who have experience and expertise on this issue. Technical assistance shall include:

- 1) Training consumers to work in mental health;
- 2) Developing positions for the consumer workers;
- 3) Supporting consumers once they are hired.

3. The Department of Mental Health's 5-Year Education and Development Plan include the employing of consumers in consumer-operated programs, as well as County and Contractor operated programs, including such specialty positions as patients' rights advocates.

4. Consumers working as mental health providers be major recipients of available scholarships and stipends. Scholarships and stipends will be offered to consumers in a variety of educational opportunities including Associates; Bachelors; Masters, or Doctorate Degree, as well as non-traditional educational opportunities such as Certified Psychosocial Rehabilitation Practitioner (CPRP); Certification in Alcohol and Drug Studies (CAADAC); Mental Health Recovery Educator (MHRE or WRAP Trainer).

5. Plan for Loan Forgiveness and Scholarship Programs offered by Education and Training Program Funds have as its highest priority low-income individuals and persons in entry-level positions.

6. CNMHC recommends that a base of 33% of all scholarship and stipend program monies go to consumers.

7. CNMHC recommends that each County develops and implements a consumer-provider training program using existing consumer-developed curriculums as models.

5822 The Department of Mental Health shall include in the 5-year plan (g) Promotion of the employment of mental health consumers and family members in the mental health system.

(h) Promotion of the meaningful inclusion of mental health consumers and family members in incorporating their viewpoint and experiences in the training and education programs in subdivisions (a) through (f).

8. To fulfill the intent of 5822 (g) and (h), we recommend that the Department of Mental Health and the Planning Council hire staff that have consumer experience.

5821 (a) The Mental Health Planning Council shall advise the Department of Mental Health on Education and Training Policy Development and provide oversight for the Department's Education and Training Plan Development.

(b) The Department of Mental Health shall work with the California Mental Health Planning Council so that the Council staff is increased appropriately to fulfill its duties required by Sections 5820 and 5821.

9. The Department of Mental Health and/or the Planning Council form a consumer oversight committee to implement the hiring of consumers in the workforce. This committee should be staffed by consumers contracted by the Department of Mental

Health and/or the Planning Council and employed by the California Network of Mental Health Clients. The composition of the committee should include representatives of CNMHC and local consumers with experience in consumer workforce development.

10. In training consumers to be mental health providers, innovative approaches such as on-the-job training be utilized.

11. The employment of consumers take place at all levels throughout the mental health system of care, including: management, administrative, direct service. County hiring plans will include a wide variety of work schedules: full-time, part-time, volunteers, job-sharing, etc.

Stigma and Discrimination Recommendations

PART 3.6 PREVENTION AND EARLY INTERVENTION PROGRAMS

5840 (a) The Department of Mental Health shall establish a program designed to prevent mental illnesses from becoming severe and disabling. (b) The program shall include the following components:

- (1) Outreach to families, employers, primary health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.*
- (2) ----*
- (3) Reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services.*
- (4) Reduction in discrimination against people with mental illness.*

CNMHC recommends that:

1. In Section 5840 (b) (1), one the major groups for outreach needs to be persons with mental health issues.

2. The Department of Mental Health have as a local plan requirement, that each County will report, as a section of its plan, how it will actively combat stigma and discrimination.

3. The Department of Mental Health make available to local mental health programs and interested stakeholders current information and research on effective strategies for combating stigma and discrimination, including national material from the Center for Mental Health Services ADS Center, and state and local efforts including the California Network of Mental Health Clients Bay Area Regional Project on Stigma and Discrimination, and Stamp Out Stigma of San Mateo.

4. The Department of Mental Health identify a minimum percentage of funds from Prevention and Early Intervention Program Revenue that will be spent on Campaigns to Address Discrimination and Stigma. The CNMHC recommends 20% of the Prevention and Early Intervention Program allocation for this effort.

5. In consultation with mental health stakeholders and the Oversight and Accountability Commission, the Department of Mental Health develop a strategic plan on how Sigma and Discrimination will be addressed.

5844 (e) In consultation with mental health stakeholders, the Department shall revise the program elements in Section 5840 applicable to all County mental health programs in future years, to reflect what is learned about the most effective prevention and intervention programs for children, adults, and seniors.

5845 (d) In carrying out its duties and responsibilities, the Commission may do all of the following: ... (5) Develop strategies to overcome stigma and accomplish all other objectives of Part 3.2 and 3.6.

6. The Department of Mental Health, in developing this strategic plan, incorporate the current state of the art knowledge on the most effective strategies including the approaches of Contact, Education and Protest, researched by Patrick Corrigan and supported by the Center for Mental Health Services ADS Center.

7. The Department of Mental Health contract with CIMH and CNMHC to assist the Department in carrying out its duties to address discrimination and stigma.