



MENTAL HEALTH CONSUMER CONCERNS, INC.
Empowerment, Confidence, Success



January 15, 2013

Mary Nejedly Piepho, Chair, Contra Costa Board of Supervisors
Members of the Board: John Gioia, Candace Anderson, Karen Mitchoff,
Federal Glover

Mental Health Issues [1/15/2013]

I come before you again with my favorite quotation from Oliver Wendell Holmes: "Reasonable minds may differ," with the recognition and understanding of the difficulty of your elected positions. I myself am an active voting constituent of Supervisor Mitchoff. Although I work for Mental Health Consumer Concerns, Inc. as the Director of Patients' Rights, this is not a public comment on item #SD.3, but rather my own public comment [#SD.1]

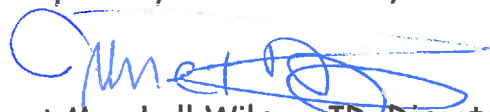
1. Connecticut: in the aftermath of December 14 and the horrific deaths, trauma and grief resulting from that day, I want to reassure you about those diagnosed "mentally ill," [like myself and my brother, who is in another county]. Garbrille Gifford's husband, Mark Kelly, has said that the mentally ill must "be identified and treated;" well, as it is said in Spanish, "Soy yo" or "It is I." We did not do those acts; had no part of them; were taking our medication and compliant with mental health services at the time. I was working more than full time; my brother was maintaining in his board and care home. And please be aware that both state and federal firearms prohibitions are in effect and are enforced, for those diagnosed and treated. It's time for people to stop running out to buy more guns and assault weapons, and realize the protections which are already in place, and also realize that there are trigger-happy folks who may have no psychiatric diagnosis and may cause the problem. Also please know that mental health

clients are more often the victims of crime rather than the perpetrators of it.

2. Conservatorship office: I would like to ask you on the Board of Supervisors WHO IS RUNNING THE CONSERVATORSHIP/PUBLIC GUARDIAN'S OFFICE??? I know, but this person's name will not pass my lips today; you SHOULD know; and this person should receive the training required of deputy conservators. This issue is affecting my clients in a very negative way, including the denial of services, and this may come to your attention in the future. I am hoping that whoever is appointed to be the Mental Health Director will follow up on this concern.

3. MHSA: Money is not accounted for [\$14-20 million]; and more than \$153 million has been received by Contra Costa County with precious little new resources I can offer my clients aside from MHCC's Wellness & Recovery Centers. An audit has been requested by a committee of the Mental Health Commission, which consists of your appointees and which I support. This tax on millionaire's earned income approved by the electorate in 2004 [Proposition 63] is to be used strictly for mental health programs and services. To divert it to other uses [such as, for example, state prison realignment] is illegal. A plan has been approved and the funds are not forthcoming from Contra Costa County. The Act was a response to years of inadequate funding for community mental health following then-Governor Ronald Reagan's drastic emptying of the state hospitals. Copies of the Findings and Declarations, and the Purpose and Intent of the Act are enclosed.

I truly wish you the best in your decisions today.



Janet Marshall Wilson, JD, Director of Patients' Rights [Contra Costa County]

Mental Health Consumer Concerns, Inc.

Enc: Mental Health Services Act, Section 2 [Findings & Declarations] and Section 3 [Purpose and Intent]

Department of Mental Health

MENTAL HEALTH SERVICES ACT

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 multi-million 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.

SECTION 4. Part 3.6 (commencing with Section 5840) of the Welfare and Institutions Code

PART 3.6 PREVENTION AND EARLY INTERVENTION PROGRAMS

Section 5840. Program establishment; components; mental health services provided; preventive strategies; future revision of program elements

- (a) The State Department of Mental Health shall establish a program designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations.
- (b) The program shall include the following components:
 - (1) Outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.
 - (2) Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, as defined in Section 5600.3, and for adults and seniors with severe mental illness, as defined in Section 5600.3, as early in the onset of these conditions as practicable.
 - (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.