

Janet King  
May 10, 2016  
Public Comment

Dear Little Hoover Commissioners,

Thank you for your commitment in reducing disparities in marginalized communities in CA by holding the hearing in September 2014 and producing the report "Promises Still to Keep: A Decade of the Mental Health Services Act" in January 2015. I was there at the hearing in September 2014 and was quoted in the report. Thank you for your thorough investigation, well researched and thought out report. As an employee of Native American Health Center in Oakland and a steering committee member of the Racial Ethnic Mental Health Disparities Coalition (REMHDCO) I am very grateful for the advocacy the LHC brought to reinvigorating the spirit of the Mental Health Services Act to change the mental health system in CA so Californians are served in culturally competent ways with an emphasis on prevention and early intervention (PEI). As my colleagues expressed in September 2014 the MHSA holds great promise to reduce disparities so the underserved, not served and inappropriately served get meaningful services in a timely manner and in the least restricted environments to prevent and reduce the severity of mental health challenges. Myself and other staff at Native American Health Center researched and wrote "Native Vision" the Native American population report of the California Reducing Disparities Project which was funded with MHSA PEI money through the Office of Health Equity (OHE) of the CA Department of Public Health. I care very deeply about the success of the MHSA to change our system of care from a fail first culture only after severity of mental illness has settled in to a "help first" approach eliminating the negative outcomes of suicide, incarceration, school failure or dropping out, unemployment, homelessness and removal of children from homes.

I support all of the recommendations given in the report "Promises to Keep: A Decade of the Mental Health Services Act" and have gone to the Mental Health Services Oversight and Accountability Commission (MHSOAC) meetings to express this sentiment. One thing I have noticed at recent MHSOAC meetings is that not all of the commissioners and especially the most recently seated commissioners do not seem to have a working knowledge and background of the history of the MHSA or the transactions that have taken place prior to their appointment. Some were unfamiliar with the terms and concepts being used while doing their best to understand and act with the information that was presented to them. I am not sure what kind of training is given to newly seated commissioners but hope that it is adequate so they are making decisions with a full understanding of the impact and implications of their decisions. I hope that their training and orientation is done in a neutral fashion so the biases or perspectives of already seated commissioners are not transferred as fact. Perhaps groups like REMHDCO, League of United Latino American Citizens, California Association Mental Health Peer Run Organizations or offices like OHE can play a role in the orientation of newly appointed commissioners. I think it would be great for their training and orientation to come from diverse voices in CA so new commissioners are exposed to many perspectives affecting the diverse stakeholders in CA.

Sincerely,

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