

Pete LaFollette, Ventura County
May 10, 2016
Public Comment

MHSOAC as a government entity is not a neutral source. They do not source stats, data from consumer or stakeholders with direct experience. This policy formation continues the status quo funding stream without transparency. working in a silo. My experience seated with the MHSOAC agency Service Committee is that OAC obfuscate MHSA services delivery, making it incomprehensibly difficult to understand and know where and who the billion\$ of dollars are actually reaching. The systems delivery are a very tangled web of where the funding is actually received, how they are not promoting recovery models, how they are not including stakeholder process, how there is no treatment of severely mentally ill, how tech and data driven business outcomes disregard MHSA law and eliminate broad stakeholder oversight.

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OPEN LETTER TO SENATE SELECT COMMITTEE on MENTAL HEALTH

My history with the Mental Health Oversight and Accountability Commission (MHSOAC) goes back to 2012 where I sat on the Services Committee for two years. My experience with then culture of OAC was they were doing me a favor by letting me attend. At the final term meeting, the majority of the committee members were requesting linkage to other OAC committees and outcomes, better access to the OAC Commission, more established and improved continuity between all committees, open lines of communications, and more collaborative less defensive process and more inclusion at all times. These policies continues the status quo, prevent stakeholder engagement and progress, are both in need of restructuring and are repressive to MHSA stakeholders, which illustrates broad frustration in the lack of progress of the services act. Committee membership outvoted and out participated OAC staff on the policy and procedure discussion and by virtue of process, request more access to and inclusion in all meetings and outcomes. A fellow committee member, when asked about the recent staff changes at OAC-most have left, replied things are now getting worse, of the repression of systems outcome. All Committee meetings were cancelled the end of the 2015, The Commission meeting was cancelled- the OAC Commission resembles an entrenched closed system. The current director of the OAC office shared they are getting push-back from OAC Committee members to this shut down. The general OAC decision structure was top down autocratic.

- Then Commissioner Richard VanHorn spoke at lengthy policy debate with commission on their direction. He portrayed himself as leading the commission as in a football game or construction project- he mentioned competitive bids, that he used to contract \$9 million construction projects. When asked about policy backtracking to establish positive outcomes: "You do not change halfway through the game." An Insensitive inappropriate approach irrelevant to mental health recovery or even treatment. In meeting protocol he practiced bullying tactics, upon calling for vote, rushed the process, and attempted leading commission to a vote. -May 2014 OAC meeting there was a Public Comment on how difficult for members of the public to access MHSOAC meeting through building lobby, that only the most determined can pass security. Chair Richard Van Horn responded that "Bureaucracy's can he hard to crack." This comment from the Chairman was very revealing and a Freudian slip.

My experience seated with the MHSOAC agency Service Committee is that they obfuscate MHSA services delivery, making it incomprehensibly difficult to understand and know where and who the billion\$ of dollars are actually reaching. The systems delivery are a very tangled web of where the funding is actually received, how they are not promoting recovery models, how they are not including stakeholder process, how there is no treatment of severely mentally ill, how tech and data driven business outcomes disregard MHSA law and eliminate broad stakeholder oversight and OAC Committee linkage to OAC Commission meetings.

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ADDENUM

Commissioner Gordon,OAC
Hi David,

I did not get to speak with you RE this at Services meeting. At the recent OAC Commission meeting, the chair explained how committee member findings go to commissioners who include reject in motions. This precludes stakeholder process since only one seated Commissioner is a consumer with mh background. Also Commissioner chair comments on taking compliance back to county oversight for advisory board review: resulting in oversight being decentralized which removes oversight of state funding.

Part of meaningful input into decisions is education. The MHSA design was legislated to have MH recovery model working along side and augmenting medical treatment which continues to be given short shrift and failing outcome, and needs to be provided the same emphasis and classification as CA HCS and federal reform trends towards prevention and wellness along with the resources and funding to make this a practical reality given the public tax expense of non-recovery- disability, substance abuse, rehabilitation, incarceration, hospitalization, institutionalization, long list of atrophy. I suggest broader scope of purpose.