

### Little Hoover commission Comments

- 1) The clients of Mental Health should be protected from retaliation when they speak out or advocate against the Mental Health Department. Many fear retaliation if they go to the Mental Health Board or other advocate organizations or register a complaint after going through the Mental Health process. They fear the Mental Health Department will be refused or be removed from MH services, this has actually happened.
- 2) There should be a state department that will defend those with Mental Health disparities and MH department clients. A State Department for those clients or those with Mental Health disparities can contact with their complaints. They should be protected and not fear of retaliation from the county MH Department.
- 3) There are some organizations, but some are reluctant to help or they have to be employed by the county. If the State had a department, the counties would be less reluctant to violate the state regulations and give those with MH disparities and MH clients some power, leveling out the playing field. A State department that the county clients can get defended, since some of the counties will cover up complaints, if the complaints or grievances go through the MH county grievance system.
- 4) A case in point; a MH client came before the MH board with a grievance about one of the MH staff member made a sexual to her and others. At the second MH board meeting a MH staff employee told the client and the board that if the client thinks she has a case take him to court, then the MH employee said that he will be protected by the MH staff, union and a county lawyer. There was closed session by the MH department and some MH board members to verify credence to her grievance. There was and transferred to the County Human Resource Department. HR verifies the grievance and asked some of clients if this was true and HR contracted a lawyer (mediator) to investigate this issue. The lawyer told the one of the interviewee that he asked questioned the MH staff employees and they told the lawyer, it was not true and the client was off her meds or other reasons. The clients that testified were discredited or prejudice against that MH employee. The results of the investigation were given the county HR for review. The County HR wrote the client that MH staff employee admitted to saying the sexual statement, but meant it as a derogative statement and no action taken against that county employee. There is a no excuse policy in our county for sexual harassment. After this the client that presented the grievance was retaliated against her

by the county MH staff. In fear of losing her medication treatment plan didn't proceed any farther with her grievance. So the MH health clients need to be protected with an agency with more or equal authority as the counties. I have heard this continuously; I have asked clients to file a grievance or go before the MH board and report that issue (those that are serious, not mundane issues) their response are they fear retaliation. The above issue may have been bias as it was a county employee that judged another county employee. This should have been instigated and judged by an outside agency with no connection to the county.

- 5) The county compliant process system that reviews these complaints may have a conflict of interest to protect the county employee.
- 6) There should be a more productive method of the way MHSA funding is distributed more impartially among the MH department and the Community Partners. In my county, the county does the allocations of MHSA funds and most of those funds go to the MH department for their programs. The MH department allocates a thousand or more per clients for MH department programs, while the community partners get a couple hundred. Some of the MH department program don't comply with the new revised State Regulations, but because they are a county agency will not be questioned. If questioned about a program that does not comply with the new state regulation, the MHSA coordinator employed by the MH department doesn't answer that comment. Some of programs are the MHSA coordinator programs, which may be also a conflict of interest. There should be guidelines that restrict the MHSA coordinators from having a MH program to avoid conflict of interest. The allocations of MHSA funds need to be dispersed in a method the counties don't have all the power over the funding. If the county departments don't receive most of the funding, the funds could reach more of the community and create more programs that can help those with MH Disparities in the community.
- 7) The MH Board should have more authority, than being an advisory board. If the MH board questions some MH county department program, there should be a written 30 day response without being ignored. Especially at the time the MHSA grant is being evaluated. If those evaluations and recommendations by the public or MH board are not given a written response, that policy should not go before the Board of Supervisors.

- 8) The county MH department programs should not declassify Prevention and Early Intervention programs that help those mild to moderate mental health disparities that help clients from becoming severe to CSS status. When this happens the County MH Department can collect Medical funds for the department. So those with mild to moderate cannot receive treatment, because the guidelines have changed and need to meet the severe MH illness criteria. This leaves Mild to Moderate without County MH Department services since this not a revenue program. So the County MH Department will not assess new clients as they are not reimbursable.
- 9) I believe the funding is there to treat people with MH Disparities if the Counties uses that funding for that purpose and not for administrative funds.