

**COUNTY OF MARIN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF COMMUNITY MENTAL HEALTH**

**PUBLIC HEARINGS
ON MENTAL HEALTH SERVICES ACT PLAN
FOR MARIN COUNTY**

**SAN RAFAEL CITY HALL
THURSDAY, JANUARY 19, 2006, 7:00 – 9:00 PM**

**MANZANITA CENTER, MARIN CITY
SATURDAY, JANUARY 21, 2006, 1:30 – 3:00 PM**

DRAFT – FOR DISCUSSION ONLY

I. Welcome and Opening Remarks

Robin Mullin, Chair of the Marin County Mental Health Board, welcomed the participants and explained the basic concept of Mental Health Services Act (MHSA) and the Community Services and Supports component. She introduced the Mental Health Board members present, invited people to apply to join the Mental Health Board and then asked Bruce Gurganus, Director of Marin County Community Mental Health Services, to provide a review of the Mental Health Services Act and Marin County's Community Services and Supports (CSS) planning process. Mr. Gurganus told participants about the availability of interpreters in Spanish and Vietnamese. He talked about the purpose of the two public hearings: to obtain community feedback to Marin County's MHSA draft CSS Plan before it is sent to the Board of Supervisors for approval and then to the California Department of Mental Health for funding.

II. Public Comment

Please note: A summary of each comment of community members is stated and then the name of the community member is in parentheses. Comments have been organized by topic for the purposes of this summary and are separated by comments made at the January 19, 2006 hearing in San Rafael and the January 21, 2006 hearing in Marin City.

San Rafael Public Hearing Feedback – January 19, 2006

Transition Age Youth

- Outreach to disenfranchised youth, especially in gangs. Most of the youth involved in gangs have mental illness and have no support. Many are immigrants and are undocumented. Most gang members start as children and become young adults. The proposed transition age youth programs are exciting. Will the Plan reach those at the edge of society: have they been included in the planning process and are they at the table? The Youth Leadership Institute (YLI) has experience with this group. *(Alexandra Vila)*
- Include peer-led research in the evaluation. Use some of the evaluation money to include consumers. *(Alexandra Vila)*
- The County should staff the proposed transition age youth program. The County has the expertise with this age group. The County is responsible for all potential clients regardless of severity. Subcontracting this work may lead to underserving those clients with the greatest need. *(Patty Campbell)*
- Marin needs to develop more resources for wellness and independent living skills for transition age youth. They need alternatives in education, employment, life skills, safety, etc. *(Kate Gillespie)*

Outreach and Underserved Populations

- Marin needs more services and outreach for the homeless mentally ill. Homeless people with mental illness who exhibit symptoms are labeled as having bad behavior and can be kicked out of shelters. Many are not able to advocate for themselves. *(Hilarie Kane)*
- One of the main categories that MHSA was supposed to focus on is homelessness. It is not addressed in the Plan. *(Kate Blackwell)*
- Working people without insurance who make too much money to qualify for community mental health services but cannot afford private providers and prescriptions are disenfranchised. Marin needs more low cost mental health services. *(Maria Morvic?)*
- The Plan does not adequately address the issue of the uninsured and underinsured, people who are not eligible for government-sponsored services. *(Stacy Scott)*
- It is good to see that so many people are speaking for themselves. There are people isolated in their own homes who do not have this opportunity and who cannot speak for themselves. Marin needs to provide outreach for these people. *(Roberta English)*

Consumer Empowerment

- Marin needs client-run, client-driven programs. Sometimes when clients are going through their treatment programs, they become separated from each other. They are being analyzed; there is nothing in their treatment plan about friends; they are just one person surrounded by a bureaucracy. They become isolated in the medical model. In their willingness to go along with the system, they sometimes get nonvoluntary treatments, forced medications, restraints. Consumer options are not explored. Sometimes consumers need voluntary treatment, which is working in

many communities. Thank you to the board for including self-help centers in the funding proposals. Nothing about us without us. *(Kevin Gladstone)*

- The planning process in Marin has been disappointing, as it has been throughout the state. There has been limited client participation. Surveys could have included all clients. Of all the focus groups conducted only two were for consumers, at Enterprise and the Clozapine Group. The Steering Committee included a token members of consumers, who were selected by CMHS rather than by consumers. When there were complaints, CMHS expanded the group, but again selected more consumers. There were so few clients, they were intimidated. Often there was only one client in a subgroup. Contra Costa County has an active Consumer Involvement Group, who pick who goes where, what conferences, etc. *(Maya Gladstern)*
- It should be easier for clients to participate in the Enterprise activities programs. The rules are becoming strict; they should be more flexible. Nothing about us without us. *(Steve Harris)*
- I am very excited about this discussion about consumer empowerment. Imagine how our world would be if everything operated on the premise “Nothing about us without us.” I want to see this sprout. *(Alan Carr)*

Family Involvement

- The STAR program includes support groups for families, which is praiseworthy. When family members are incarcerated and mentally ill, it is devastating. If the client agrees, integrate families into the treatment team and do not isolate family members “on the other side of the fence.” *(M* G*)*
- In the system plan requirements, there is mention of including families at all levels of the process and system. The client slogan should be true for families, who are also impacted by mental illness. *(M* G*)*
- The whole move toward wellness should involve families. Because their lives are wrapped around this issue, they want to help, if not their own family, other families. *(Kate Blackwell)*

Enterprise Resource Center Location Issues

- It is important that the center be in a convenient location for its clients. A survey conducted with 45 clients over seven days showed what consumers at Enterprise think about its location. The results were given to the Mental Health Board and CMHS previously. About two-thirds live in San Rafael, 83% prefer downtown San Rafael as the location. Many want it to be close to the central bus lines. *(Steve Harris)*
- It is essential to obtain input from consumers, who know what works: an intimate setting, good location. Consumers are aware that money will play a role. Enterprise consumers should be on the selection committee to select the site. *(Steve Harris)*
- Client empowerment needs to move beyond concept. The County is unilaterally planning to move the location of the Enterprise Resource Center from downtown San Rafael to the canal district. Clients need to have a significant and meaningful say in the final decision. *(Patty Campbell)*

- On Saturday afternoons Enterprise clients have fun arts and crafts sessions. On January 7, they went to a gallery and then went out for Indian food all on foot. Being right in downtown is advantageous. *(Maya Gladstern)*
- How can the powers that be consider buying a building without including staff, let alone clients in the process? Consumers are adults who want to be part of the process and deserve to be part of the process. It is part of dignity and respect. This is 2006, not the 1950s. Just because mental health consumers have chemical imbalances doesn't mean they have frontal lobotomies. There is still such a stigma. Everyone who is a human being deserves dignity, respect and love and that is part of "Nothing about us without us." *(Hilarie Kane)*
- Enterprise needs to be located along the main bus route. If services are not close they are not available. *(Kate Blackwell)*

Staffing, Employment and Training

- Proposed training from the one-time funding request needs to be required for all staff regardless of employer. Whether staff work for contractors or the County, all need to be receiving the same training when it comes to essential best practices and other treatment innovations that benefit clients and their families. *(Patty Campbell)*
- Clients should have meaningful job opportunities. Clients who work as peer providers need to be provided a supported work environment. Peer providers employed by Enterprise do not have the necessary level of support and supervision needed to succeed. The County is better suited to be the employer of peer providers. *(Patty Campbell)*
- Evidence-based practices include vocational training. The growing trend toward vocational services is important. The way vocational training programs are described in the Plan, it looks like they are tucked into other services, rather than receiving the attention they deserve. *(Randi Seidner)*
- There is a strong mention of wellness and recovery in the Plan. It is exciting that there will be opportunities to provide training to consumers and family members. It has been shown that employment in the community is an important, if not essential, outcome for consumers. It is instrumental in helping them be contributing members of society. It is a concern that the Plan wraps employment services under other services. They should reach all populations. *(Jonathan Kabat)*
- Professional development as described in the Plan is good, but should include parents. *(Kate Blackwell)*

Plan Gaps

- The draft Plan requests that one-time funds be used for housing. The Plan gives no budget details about this housing. A budget for appropriate housing that meets the needs of all of the full service partnership proposals in the draft Plan must be clearly defined. *(Patty Campbell)*
- The crisis unit should be expanded, although CMHS cannot use the funds for that purpose. Perhaps the concern about inadequate support of crisis services is partly met by the 24/7 emphasis of the new programs. *(Dan Biettel)*
- There should be a family advocate. Many people get no services at all. Just navigating the system is a formidable task with mental illness as an issue. Once a

family member has been admitted to a facility, it is very difficult to make changes: family members walk on eggshells with the providers as well as with the consumer. (Wendy Dunn)

- The budget lacks required details. The Department of Mental Health requires staffing details to justify requested funding levels. The draft Plan does not have these details. Furthermore the Plan presents a one-time funding request for a wellness center, training and housing, but without any budget. (Patty Campbell)
- I am concerned that the draft Plan does not offer any new, creative and innovative approaches. It seems that it is simply duplication of services; creating another “silo” of services without any infrastructure. This county seems complacent to continue this practice. We need to look at services currently offered and help everyone work collaboratively. (Anonymous)
- I suggest a strong outreach program to engage people with mental illness. Marin needs housing first and foremost for people. How can any of these services be offered to people when they do not have adequate housing? How will this draft Plan be rewritten in such a short time. (Anonymous)
- The Plan indicates that some services have already been contracted out (Buckelew). This seems to be a narrow approach and the risk is run for this agency to “cream” and not serve the most needy. (Anonymous)
- Conduct outreach and true Assertive Case Management with housing. (Anonymous)
- Promote the integration of mental health and substance abuse services. Marin County lacks a program that can do this. This group is underserved and needs more support. (Peggy Teuscher)
- Physical health issues for people with mental illness are a real concern, including high blood pressure, obesity, smoking. Public-partnerships would be beneficial to allow people can join a gym such as the Jewish Community Center or the YMCA. (Stacy Scott)
- Smoking cessation is important for people with mental illness. A much higher percentage of mental health clients smoke and they smoke more. There are more deaths to smoking among people with mental illness than to suicide. The harm reduction model needs to be expanded. (Amy Rogers)
- How does the Plan measure the outcomes and leverage technology and how will we hold people accountable? Long term benefits are important to measure, for example, job placement vs. job retention. (Jonathan Kabat)
 - **County Response (Bruce Gurganus(BG)):** The California Department of Mental Health is working on this with a committee. They are looking at measures such as: are people getting housing, medical care, jobs, staying out of jail. This will be reported on both a local and state level.

Cultural Competence

- Developing cultural competence requires new approaches. The draft Plan repeatedly says “significant efforts” will be made to recruit direct service staff of color. The draft Plan should spell out how the efforts will be developed and who will be responsible for oversight and what the consequences are for failing. (Patty Campbell)

- Marin needs more services for the Vietnamese community. Current County staff can only serve 39 clients. *(Trang Nguyen)*
- Marin needs Vietnamese speaking staff for transition age youth and children. This person could help parents be integrated in school; to help with family crisis (domestic violence, divorce, death). There is a huge gap between parents and their children born here in terms of acculturation. This often leads to a lack of respect for parents. Parents are less involved in children's activities in schools. *(Trang Nguyen)*
- Marin needs more outreach and advocacy to get people to the mental health system, especially among immigrant families. *(Trang Nguyen)*
- Make adult position for Vietnamese clients full-time. *(Trang Nguyen)*
- Create a support group or field trips or outings for Vietnamese clients. *(Trang Nguyen)*

Process Issues

- The Request for Proposal (RFP) process should be public. The MHSA planning process allowed for a variety of stakeholder voices to be heard. The steering committee process should be used as well for reviewing RFPs related to MHSA. *(Patty Campbell)*
- The process is not over yet. The Mental Health Board is really the community's representation to the County. It is not over or too late. The more specific the feedback, the better. *(Jonathan Gurish)*

Other Comments

Consumer Concerns

- Nothing about us without us. *(Marie Tanneyhill)*
- Nothing about us without us. *(Leah Fagundes)*
- I am inspired by how many people want to be empowered. *(Alexandra Vila)*
- I wish I had been invited to participate in MHSA process when it started, but I was ignored, as many of us were. *(Maya Gladstern)*
- Seven clients were sponsored by CMHS to attend the statewide meeting of the California Network of Mental Health Clients' meeting this month. We met Assemblymember Darrell Steinberg, a major proponent of Prop. 63, Dr. Stephen Mayberg, Chief of the California Department of Mental Health, and Jerry Doyle from MHSA's Oversight and Accountability Commission. We were invited to give them our feedback directly. *(Maya Gladstern)*
- I think the mechanical part of the system – doctors who have tremendous case loads, time and money issues – are problems for empowerment. *(Steve Harris)*
- I do not expect even trained providers to fully understand consumers' day-to-day experience. Our experience is different. A lot of the frustration is coming from that. I would urge everyone to proceed in this process with openness and trust. Everyone is doing this with good intentions. There is no effort to shut consumers out of the process. *(Stacy Scott)*
- While there are counties that do better in terms of wellness and recovery, Marin is an improvement over other counties. *(Kate Blackwell)*

- I was glad to learn about the two women who helped to start the mental health client movement. If these two women weren't radical, I would not be sitting here today on the Mental Health Board. Those doors had to be kicked open for me. I am grateful that they were. *(Kim Denn)*
- I believe you have to shake it up and that politeness does not get one anywhere. It makes people uncomfortable. *(Hilarie Kane)*

Appreciations

- Thank you to Bruce for putting this together. *(Steve Harris)*
- I congratulate everyone for doing an excellent job deciding how to spend this windfall. This is the most exciting turnaround in the movement I have seen. *(Dan Barthel)*
- This Plan does not include all the programs CMHS provides nor is it a complete description of what CMHS does. The Plan is a great vertical and horizontal expansion of the services. It is an inspiring development and I am sure it will be implemented in the best fashion. *(Nancy Takahashi)*
- Thank you to everyone who came. *(Stacy Scott)*

Other Feedback

- CSS requirements are very complicated. *(Steve Harris)*
- The MHSA does not provide a lot of money for this Plan. The community could do many things together without any money: create internships, community gatherings, etc. *(Wendy Dunn)*
- Please make sure that people who are discharged from hospitals with psychiatric medications are monitored so that they continue to take their medications and have them refilled when necessary. *(Mary Bell)*

Marin City Public Hearing, January 21, 2006

Questions about CMHS Presentation about MHSA Draft Plan

- Are any of these transition age youth services going to be available through the schools? It is important to reach children before they get to juvenile hall. *(Robert Fisher)*
 - **CMHS Response (BG):** Yes. Many of these youth attend school, including the continuation schools where they will receive services. In addition, County staff will be working in the schools.
- What is being bought with funding for the Children's System of Care (CSOC)? *(Don Evans)*
 - **CMHS Response (BG):** The budget will include three County positions and a contract with Matrix for its Family Partners to work with families.

- The transition age youth full service partnership that is part of the juvenile justice system does not list other funding sources while the others do. Why is that? (*Maya Gladstern*)
 - **CMHS Response (BG):** People who go to juvenile hall or jail lose their Medi-Cal. After they are out, CMHS may be able to claim some Medi-Cal funding.
- What evidence-based practices are included? (*Patricia Murray*)
 - **CMHS Response (BG):** One example is cognitive behavioral therapy, which may be better than medications for depression. CMHS is training its staff and Family Service Agency staff.
- What does \$60,000 for housing provide? (*Don Evans*)
 - **CMHS Response (BG):** This funding buys about three more beds.

Comments and Feedback

Concerns and Collaboration with Marin City

- Marin City now has a clinic directly across from the Recreation Center that is currently funded by local people. Kaiser is supposed to help furnish it. People are looking for a place for mental health services in Southern Marin. But a doctor has been serving the medical needs of people who are underinsured or uninsured for five years, often without reimbursement. He is also a psychiatrist. If the County is looking for a person, there is one already. Marin City has not had a mental health clinic or any type of health clinic since 1960. We have not had services here for a long time. (*Robert Fisher*)
- The partnership that is forming with the community and CMHS is important. Marin City needs day treatment and peer programs. The community is in the planning phase for a primary care and mental health services clinic in Marin City. Let's all work together to serve the community. (*Terrie Green*)
- The model for child development, peer counseling and therapeutic day care may not work for Marin City families; a new model may be needed. Clients in Marin City do not partake in peer programs. It would behoove CMHS to find out why. This is probably also true for people of color in the Canal. (*Liz Burns*)
- In a therapeutic day care in southern Marin, children only receive services if they have speech and language issues, not emotional issues. There are no services if they have these issues as small children. This lack leads to school failure. It is heartbreaking to identify a child who cannot get the services he/she needs. Who decides what the services will be and where they will be? (*Liz Burns*)
 - **CMHS Response (BG):** CMHS will issue an RFP for an organization to provide culturally competent, accessible services in southern Marin. The provider will have to be a certified Medi-Cal provider so that Medi-Cal can be used for some services and MHSa can fund the uninsured or services not reimbursed by Medi-Cal, including early intervention. This will be part

of the RFP process. The Mental Health Board and the community will make these decisions.

- Sausalito's school district is spending a lot of money on IEP services but does not have mental health services for its students. The County should offer Marin STEPS II Good Health's mental health program in the school. It is said that Marin City's children are being served, but there is no evidence locally. The district spends money to send children as far away as Palo Alto to get the services they need. *(Robert Fisher)*

Outreach and Underserved Populations

- Most people do not know where to go to get services. It is important to reach out to educate parents about services. Marin City's children are not being referred to CMHS. By the time Marin City's children are 13 or 14, they access services, but in the juvenile justice system. Parents want their children to receive services, and the parents need them as well. The community has many people who are seriously mentally ill. But it is important to hire the right people. *(Terrie Green)*
- This is an opportunity to expand services and to serve underserved populations. This is the most important thing about MHSA. *(Jay Zlotnick)*
- There does not seem to be an emphasis on children under 16 in the draft Plan. *(Liz Burns)*
- Transition age youth housing: time and again young people complain that they are housed with much older clients. Housing for transition age youth needs to be specific to their age group. *(M* G*)*

Consumer Empowerment and Enterprise Resource Center Location Issues

- Please note that the nonprofit organizations serving mental health clients in Marin do not have clients on their Boards of Directors. When the County contracts out for services, clients lose their vote. *(Maya Gladstern)*
- Clients need to select consumer representatives. The users are the ones to talk to about where the site should be. *(Maya Gladstern)*
- Marin Network of Mental Health Clients (MNMHC) is concerned about page 85 of the draft Plan. Steve Harris conducted a survey among Enterprise clients, described above. Current Enterprise clients do not want to move from central San Rafael. While it is not certain that those surveyed are representative of all mental health clients in Marin, it did include people from Bolinas and Marin City. *(Maya Gladstern)*

Family Involvement

- Marin needs a family advocate. Once this advocate position is filled, it could be available to the southern Marin community. Family advocates help families of adult clients of mental health services so that families can get help for their family member. Families often feel out of the loop because of confidentiality and need to make sure services are maintained. *(Roberta English)*
- NAMI offers a free Family to Family educational course. *(Roberta English)*
- Steps II Good Health is training teams to train parents to advocate for themselves. *(Terrie Green)*

Staffing, Employment and Training

- It is good to hear questions about who is going to be doing the work and whether they will they be paid adequately. (*Jay Zlotnick*)
- Should Enterprise staff be hired by County? It is not certain. It seems that in a county mental health system, staff can work at the County and at nonprofits. (*Jay Zlotnick*)
- The issue about Enterprise peer providers is that they are paid by CAM, but supervised by CMHS staff. This is a situation set up for people to fall through the cracks. They may be paid by one agency while they are not able to provide the services their supervisor from the other agency asked them to do. (*Maya Gladstern*)
- There is a long history of starting programs without paying staff enough and then working them hard. Steps II Good Health wants to train users to become clinicians. (*Terrie Green*)
- It is the experience of many providers that to hire therapists of color, they must be paid well, as they are in demand. (*Liz Burns*)
- The Family Service Agency (FSA) has been unsuccessful in hiring an African American therapist or enough Spanish-speaking interns, because the agency does not pay interns, although its training program is excellent. Interns of color can earn \$25 per hour in other counties. FSA pays its licensed therapists \$20 per hour with no benefits. If the agency could offer even \$15 per hour for interns, it could make a difference, given its training program. (*Marian Price*)
- In the Bay Area, the biggest employer of clinicians is Kaiser. Psychologist assistants (interns) are making \$46,000 (\$22 per hour), psychologists make \$52,000 (\$25 per hour) in San Francisco and San Mateo. (*Don Evans*)
- Good wages and benefits need to be a priority for staffing the new southern Marin service site. This new site must not be used as a source of cheap labor for providing cheap labor. (*Don Evans*)

System Transformation

- SEIU is encouraged by the Plan and its expanded services. The MHSA specifically states that an intended purpose of the law is to transform the California public mental health system. While the Marin County draft Plan proposes new services, little to no discussion exists within the Plan that addresses system transformation. During the stakeholder planning process, some parties suggested that the State shortchanged the county in terms of MHSA funding, making transformation unrealistic. SEIU disagrees. Simply adding more services without serious and honest evaluation of the existing system will do little in the long run to transform the mental health system of Marin. For example, it takes little or no money to change the structure of the County's mental health department from its current restrictive "silo" structure of age-based teams into a more porous staff structure that would facilitate communication to enhance best practices and services for consumers across age group lines. An honest evaluation of the current delivery system of both the County department and the service contractors would yield many more ways to foster transformation without significant funds. Transformation has to begin with the will of the management of the County to change their current approaches. This takes

courage and political strength. Making excuses and pointing fingers will never change the current system. *(Don Evans)*

- In the future, when there will be the opportunity for innovative programs, these programs should not have to be evidence-based, but rather creative ideas. Return to the true concept of asylum, as a safe place for people to go. Consider brand new ideas. *(Maya Gladstern)*

Plan Gaps

- Once the Plan is approved by DMH, the subsequent RFP process for related services should follow the model of the MHSA stakeholder committee. All RFPs should be reviewed by public stakeholders. *(Don Evans)*
- The stakeholder planning process had various problems in the initial stages. Many stakeholders submitted a letter to the department, the steering committee and DMH defining concerns. Many of the concerns raised in the community letter were addressed. However, SEIU is concerned in particular about the following issues related to process that still remain. The draft Plan lacks required details. The Department of Mental Health requires staffing details to justify requested funding levels (DMH Submission Guidelines #4). The draft Plan does not have these details. Furthermore, the plan presents a one-time funding request for a wellness center, training and housing but without any budget. The lack of these budget details is unacceptable and could jeopardize DMH approval of the Plan. Despite attempts by SEIU to get this information through requests to CMHS and the Board of Supervisors, these budgets have not been made public. This draft Plan must not be finalized without a chance for the public to review and question the budget details. *(Don Evans)*
- The draft Plan requests that one-time funds be used for housing. The Plan give no budget details nor plans about the type of housing for this proposal. A budget for appropriate housing that meets the needs of all the Full Service Partnership proposals in the draft Plan must be clearly defined and available for public comment before submittal to DMH for approval. *(Don Evans)*

Physical and Mental Health Collaboration

- The Plan does not mention physical health issues, for example smoking is an issue. People addicted to nicotine cannot put their minds to anything else. *(Patricia Murray)*
- In terms of physical and mental health issues: Is Marin Community Clinic involved in the planning or programs? *(Janice Wright)*
 - **CMHS Response (BG):** John Severson from the Coastal Health Alliance was on the Steering Committee. CMHS is neighbors with Marin Community Clinic, which offers a medical clinic at CMHS every Wednesday.
- Steps II Good Health is working with Kaiser to address both physical and mental health. *(Terrie Green)*
- A program in Boston in 1979 introduced whole foods into a psychiatric and a geriatrics ward and after only one month found that the people with the most gross symptoms showed an amazing change: they became peaceful. CMHS is not in a position to offer whole foods to clients, which could improve both their physical

health and their chemical imbalances, but very simple things could be put in place to educate clients. (*Patricia Murray*)

STAR Program

- The Plan for transition age youth includes the wraparound process (page 50). Why is wraparound not used in the STAR program and STAR court program? Many of the participants are in the transition age youth age group. This program needs active family involvement, including wraparound. (*M* G**)
- Clients as STAR team members: what happens is that the clients become co-opted into the system and come to represent the authority of the team, which in its worst consequences requires incarceration. So, while providing jobs for the clients, the actual clients of the STAR program seem to resent their peer counselors as much as they do the rest of the staff. To truly involve the STAR clients means giving them a greater voice in the program, one they can raise without fear. At least one client was incarcerated for four days, one day for each appointment he missed. He is forgetful and the medications make it worse. Is this really an effective use of jail funds and does such drastic behavior modification work for the mentally ill? It seems excessive and contributes to fear and resentment among the clients. These types of consequences are the norm, not unusual ones. (*M* G**)
- Page 66 has many good words about being strength-based, hope-inspiring, etc. What will change in the STAR program to make these words ring true? The current case managers have no time to really coach members. The services are autocratic, not collaborative. What will change? (*M* G**)
- The only changes to the STAR program are outlined on page 67: addition of a part-time peer case manager, 24/7 support and family education, which should really be wraparound. How can STAR offer 24/7 support when the only staff addition appears to be a part-time peer counselor? Right now the case managers do not return family members' phone calls, nor does the Director. If they are so busy now, how can they provide 24/7 support without additional staff? (*M* G**)
- Apparently the MHSA funds are to be used to keep the STAR program going at its current level (50 clients, 20 STAR Court) and the funds will be used in lieu of the bridge funding used when the grant went dry. How are these funds being used to improve or change the program rather than just keeping the same program? There might actually be less support with the introduction of the 24/7 support as the case managers are stretched thin. (*M* G**)
- Re page 64: "The Judicial Officer is the primary spokesperson for the STAR Court and the arbiter of any disagreements..." Where is the voice of mental health and recovery? Is the psychiatrist and/or therapist an active member of the team? Too often punitive legal aspects take precedence over health and wellness. The rewards (such as movie tickets) and punishments (jail time) are used as positive and negative consequences in an oppressive criminal justice arena. The voice and presence of the healers need to be stronger than the voice and presence of the law so that hope, strength, recovery and wellness are the focus rather than just getting out. (*M* G**)
- The STAR program needs long-term program evaluation. Please follow up on graduates to see if jail time and hospitalization are reduced. Also compare policies

and procedures with other mental health courts that have been successful nationwide. There is much to praise STAR about but no firm evidence-based data are available. Is this another case of Marin's tendency to self-congratulate? (M* G*)

- **County Response (Supervisor Susan Adams and BG):** When the STAR program began it was a research study in which some clients were put in the STAR program and others had services as usual. They followed clients a year later (until the funding was ended) and found tremendous changes for the better for STAR participants. When the funding was cut and CMHS was unable to offer stipends for evaluation interviews, people did not come back and confidentiality requirements prevented the department from contacting clients.
- Page 66 contains a perfect description of a perfect program. It would be great for STAR to match this description. What are the “comprehensive assessments that will address the strengths that clients and their families can bring...”? Is this a new aspect of the program? What kinds of comprehensive assessments are included? (M* G*)
- To meet the glowing words of page 66, the STAR program could use more funds to get more staff, but probably as important or more is the attitude change: a real belief that collaboration with clients is good, that recovery is possible and that the clients are not just going to revert when the handcuffs are removed. Call it leadership, charisma or excellent coaching: it is missing due to lack of funds or training or something. (M* G*)
- The STAR program has helped people and they are thankful. It is not all bad at all. It would be good to see it live up to the words on page 66 because it could be so much better. (M* G*)

Process Issues

- Can CMHS highlight what the changes will be in the new draft, so that they can be easily identified? (Don Evans)

Other Feedback and Comments

Appreciations

- This meeting has been conducted very well, especially with the issues posted on butcher paper. (Don Evans)

Other:

- Check out www.mindfreedom.org, which has the goals of freedom of choice and offering of alternative therapies. (Patricia Murray)
- Thank you to everyone for coming and talking. It is important for people to come together for this issue. That is how change is made. One of the themes of MHSA is to bring families and consumers together for recovery. We are learning how to do this. The mix of County and nonprofits is a rich mix. We have to make sure we are working well together as a team. The compensation in the nonprofit is poor statewide. It is a challenge to recruit and retain professional staff of color in the

county. We need to do a better job of showing that we are sensitive to the issues and we embrace our diversity and makes us stronger. In terms of lack of budget specificity, especially southern Marin: this is a wonderful opportunity for the program to be tailored with the growing programs to ensure it is addressing the needs of the community. If there were a template, it would be government coming in and telling the community what to do. Marin County wants to create a proposal that brings the experience of the community. Evaluation is important: we have to have a way of knowing whether we are moving forward and moving in the direction we thought we were moving. The STAR program is a star in the state, in terms of its quantification of its success. We all know that families must advocate for their family members, in physical as well as mental health issues. We all have to work together as advocates. We are not always going to agree but we must have forums where we can talk candidly and respectfully and improve the system. *(Larry Meredith, Director of Marin Health and Human Services)*