

**NAMI Placer County... Placer County's Voice on Mental Illness**  
P.O. Box 7706....Auburn, California 94604.... (916) 554-0554)....www.namipc.org

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7 July 2007

Attn: Lauren O'Brien at Steamline@impact.com  
Placer County Steering Committee for MHSA

On June 29, 2007 several people attended the meeting and were expecting to vote on the proposed plan listed as "Recommendation 2". At the end of this meeting those people were told that the vote was done last month under the term "could you live with that?" Though miscommunication in May's meeting, they did not realize that term constituted the "VOTE".

On the 27 April 2007 Campaign for Community Wellness Steering meeting **three of the four break-out groups voted for a "Jail program"** not "a voice for the jail system". **Two of the four said "No" to additional Triage services, at this time"**. Somehow through miscommunications "triage" was added above a "jail program" and that is not listening to the voice of the people. This was pointed out to the community and all in the May meeting.

We wish a revote on whether to add the "Jail program" back in and remove "Triage" to the Community Wellness committee, as there are problems with one of the items in the plan.

Expanded Triage Services - \$132,000 (15% of funds).

NAMI-PC deals with many people who are having trouble with this part of the plan.

On 11 June 2007 NAMI-PC held a public meeting at the Auburn Public Library which included members, clients, Maureen Bauman and public. A "jail program" was a top priority at the meeting. Other things to keep in mind that were discussed were: "transportation, housing, depletion of services".

Things to be aware of are:

1. Last year the Mental Health Board was informed at about 48% of the inmates at all times at the Placer Jail have some sort of mental illness.
2. Many inmates are diagnosed with mental illness in the jail system for the first time.
3. Placer County Mental Health Dept. does not treat those in our jails
4. Trying to protect client legal rights is very time consuming for our legal system, if inmates can't understand the charges.
5. There are "no tracking" and/or "mental health services" for these inmates when released. Although many times the courts requires that as part of their release/plea bargains.
6. Many inmates re-offend and end up back in the legal system because they don't know how to get Mental Health services.

7. Some were taken in when they are in a psychotic state. When released might need housing & clothing and someone to help them with an out-the-door process with referral to services.
8. "Jails" are now becoming the "New Mental Health Hospitals".

A "jail program" would most likely be a better use of funds at this time instead of the "Expanded Triage Services" - \$132,000 (15% of funds).

Because there are about six different pots of money "triage" could be looked at again after they correct some of their problems.

**"Triage" is NOT working from the service level and has problems?**

1. Many people including A.C.C.E.S.S. know that they are in the process of re-defining or re-organizing the crisis and intake part of that department again.
2. Although we need that service, **the problems don't lie with the clients and lower end services from that department. It's more internal and scheduling at the higher level of care where it having problems.**
3. The term used "same day/next day" doesn't mean "same day/next day". Because of demand these time slots are mostly **"scheduled appointments"** that could be weeks away.
4. This currently is a scheduled half-day (Fridays) appointments.
5. Not enough Doctor's time and higher qualified crisis staff to handle clients that do not meet criteria for 5150. Therefore the re-admittance back to the hospitals keeps reoccurring before these clients are able to get help.
6. Creating "family member positions and adding staff or family/consumer will NOT HELP these people.
7. Would also like to see it include the "out the door for PHF clients" also.

Further comments:

Break-out groups when discussing programs should also priorities the programs they feel they need the most.

This committee and public should see all letters of "concern" to see what the public is talking and thinking about. As this committee should be the **"voice of the PEOPLE"**.

Public groups who meet to discuss MHSA and programs should be invited to this committee. To tell in their own words what they want and need, not county interrupting what was discussed.

There is a lack of understanding to where to address these "letters of concerns" from the public. Should they send to Placer Mental Health, Sacramento MHSA committee, the newspaper, or to this committee for review and discussion?

This committee should take more of a stand with politics in letter writing and talking to people like our Placer Board of Supervisor's, Mental Health Advisory Broad, regarding services and what this county needs to make the system work better.

Placer County is growing each year in double digits of growth and population, we need to start looking at future care of Mental Health Services in this county. **We have lost so many programs in the last four to five years.** Crime rates will increase if we don't use this money wisely. Mental Health Services are cheaper than Justice/Legal System Care. It's just a shift of money from one service to another. If you don't use money wisely it will cost more for this county later by being forced to fund other government programs to deal with these issues.

Nami-PC Board

Cc: Lori Hokerson