**Appendix A:** Public Comment for Mendocino County MHSA Three Year Plan for FY 17/18-19/20

MHSA 3-Year Plan Public Comment 11/02

1. **Comment:** I appreciate all the effort that has gone into the creation of this document.
2. **Comment:** You have knowledge of the state and county issues which I am not as familiar with, as a family member I am dependent on the agency to really go in and prepare the document.
3. **Facilitating community collaboration, usually the family is not included in the budget process, and should be. Can consumers and family members be added to the budget planning process? (pg. 7)**
    a. We will look into the possibility of adding a process to our planning that includes more budget discussion that includes family and consumers to gather feedback.
4. **In regards to the To Create Individual and Family Driven Program bullet point, is there a practical way to do this where all are included? (pg.7)**
    a. Regarding the individual program planning, consumers who are identified as Full Service Partners are able to identify family and other natural supports that are their partners in wellness and can be contributors to their care plans.
    b. Regarding program planning within MHSA programs, the MHSA team along with stakeholders is continuously testing strategies to improve client and family member participation. Strategies that we have implemented thus far include adjusting the time of day the meetings are held to include lunch or end of day, providing snacks, holding stakeholder planning activities at consumer friendly environments, and adding consumer-focused events that are less formal and more socially focused. We recognize that we are not getting the amount of attendance that we would like at these meetings and we are continuing to work on strategies to improve.
5. **In regards to the Adopt a Wellness, Recovery, and Resilience Focus bullet point, this is currently based on medication, which can takes away a person's ambition and self-esteem, in what ways can we change that mode? (pg. 7)**
    a. Client Care Plans are designed to be client driven and use goals that are identified by the client, such as more holistic methods to treatment, if the client identifies holistic goals, the treatment team will honor those choices.
6. **In regards to the To Facilitate Integrated Service Experience bullet point, how can we get more outreach workers? (pg.7)**
    a. We are constantly working on expanding outreach; Prevention and Early Intervention has a category for programs that are specifically for Outreach Programs for Increasing Recognition of Signs of Mental Illness. See page 46-

48. In addition, the Wellness Centers are constantly trying new strategies to increase outreach and access to Wellness Centers.

7. **In regards to the To Design Outcomes Based Programs bullet point, there is a lack of Job training or placement for any real opportunity, if we were designing outcome based programs, how can we provide a portion of mental health clients' with tax paying jobs while still maintaining their benefits? (pg. 7)**
    a. Manzanita Services Wellness Center provides vocational training in conjunction with Buckelew and these services are available for all Manzanita consumers. Additionally, Full Service Partnerships data collection includes regularly reviewing consumers employment status and whether employment is a consumer goal.
8. **Regarding the diagram at the top of page 8, where can doctor, medical, and family education be integrated into the diagram? (pg. 8)**
    a. Education for medical providers and family can be integrated throughout the diagram. Prevention or Early Intervention programs may provide education as a strategy of recognizing and responding to early signs of mental illness. In addition, Community Services and Supports treatment providers may educate family and medical providers on specific consumer treatment and recovery supports.
9. **Comment:** With the Innovation program, we need to increase the quality of services for the next project. (pg. 8)
10. **There was a great effort to get information from stakeholders, but how can we have an equally great effort for clients and family to be a part of the process? (pg. 9)**
    a. The MHSA team, along with stakeholders, is continuously testing strategies to improve client and family member participation. Strategies that we have implemented thus far include adjusting the time of day the meetings are held, to include lunch or end of day, providing snacks, holding stakeholder planning activities at consumer friendly environments, and adding consumer-focused events that are less formal and more socially focused. We recognize that we are not getting the amount of attendance that we would like at these meetings that we are continuing to work on improvements.
11. **I strongly suggest that we have professional education for doctors and teachers about mental health issues and recovery, including exercise, diet, basic nutrition, meditation training, or anything that could be suggested to a troubled student/patient, how can that happen? (pg. 10)**
    a. We can explore with our Outreach Programs for Increasing Recognition of Early Signs of Mental Illness providers how to offer education for medical providers and educators.

12. **I very much liked the senior peer counseling program, how can that be expanded to all adults? In particular, adult populations have a tendency to feel left out (can't work computers, cell phone, etc.), they feel isolated. I would like to see it go down to age 21. (pg. 45)**
    a. The peer provider model is currently implemented by the Resource and Wellness Center providers. We see the value in this type of service provision and it is an important part of what goes into consideration when planning and preparing for future projects. A new program that is funded within this 3-Year Plan is the NAMI Peer to Peer program, which incorporates these types of programs.
13. **We have a fairly active suicide prevention program, but I think high school teachers have a special training usually, how can we offer courses for teachers and students to help with suicide prevention starting at 9th grade and make it required?**
    a. We offer Suicide Alertness For Everyone (SAFE) Talk and the Applied Suicide Intervention Skills Training (ASIST), which are both available for students 16 and older, as well as the educators, upon request. The potential for a required suicide education course would be a decision of the individual school districts for that particular area.
14. **Comment:** I appreciate all the efforts towards getting more housing, and there was mention of trying to pair roommates so that they could get an apartment together. Getting a regular apartment and having support to do that is great thing.
15. **Comment:** I don't know how someone with SSI can get a job and still keep the SSI and Medi-Cal.
16. **Can there be a cooperative business setup, where the earnings would go to the cooperative and participating individuals could draw on it for special needs?**
    a. The Fort Bragg Hospitality Wellness and Resource Center is in the process of developing a cooperative business that would also provide employment training. We will discuss your suggestion in the context of this project proposal.
17. **Comment:** I suggest incentivizing people to attend the public feedback meetings, preferably using money.
18. **Comment:** I would like to see more socializing activities (movies, ice cream socials, etc.) at the provider's locations during the weekends.
19. **Comment:** I have reviewed the 3 yr. plan for MHSA and have concerns about PEI and the Round Valley Family Resource Center, Native Connections funding. It states on page 48 C. Round Valley Family Resource Center Native Connections #2. Services Provided- It does not state that ASIST can and will be provided as part of the suicide alertness trainings as Frank Tuttle and myself are ASIST Facilitators and #3. Program Goals- To increase knowledge of mental illness and to reduce the effects of mental

illness. The staff at the FRC and Native Connections are not mental health therapists nor are any of them counselors, the concern that I have is that they may be viewed as something they are not.

20. **Comment:** There are a lot of good ideas for the 3 year plan, but it is overwhelming for this reader to follow. It would be easier to read in an outline format.
21. **The Quality Improvement Meetings section, states that the QIC meets two times a month, but only "periodically" assess client care and fiscal outcomes. What are they meeting about if they only periodically review services and costs?**
    a. The Quality Improvement Committee (QIC) meeting is a bimonthly meeting, which in this case means every other month, to assess client care and fiscal outcomes. QIC monitors and evaluates the quality of the specialty mental health services being provided. QIC also reviews Mendocino County BHRS progress towards goals that are set annually in the Quality Improvement Work Plan.
22. **Comment:** I strongly suggest that the plan is simplified, not so wordy, perhaps a synopsis of the plan so that it can be printed in local newspapers in the county which would include the Spanish language newspaper.

    Also, the radio stations, English and Spanish in Mendocino County should also be included to announce the review of the annual MHSA.

    The Community Planning Forum, the ones I have attended, the attendees have been the contractors and subcontractors that attended. I would not define them as "the community"

23. **It sounds like the "programs" are monitoring and evaluating the "programs". Doesn't the QIC monitor and evaluate?**
    a. MHSA and Administrative Service Organizations (ASO) evaluate the data that the MHSA programs provide to assess program efficacy, quality, consumer satisfaction, and to ensure MHSA requirements are being met. QIC monitors and evaluates the quality of the specialty mental health services being provided . MHSA programs do not require the same level of medical necessity as specialty mental health program.
24. **Comment:** "No wrong door". I would like to see "no doors". I continue to meet on the streets many people who I have known for years who suffer from mental illness and who are not receiving services. This brings up the concept of outreach. Outreach defined as mental health staff going into the community to work for people who are on the streets and who are suffering from a chronic mental illness.

25. **Comment:** In the Recovery Oriented Consumer Driven Services section on page 26, this section makes me thinks that staff want to develop an avenue for consumers to take for their recovery.
26. **Comment:** The following is CASRA definition of wellness and recovery

    **Wellness**

    The concept of wellness is a positive approach to life and health that maximizes the individual's potential. It implies a movement toward health rather than away from illness. Wellness implies balance, harmony and health. The mind body connection is emphasized and the person is empowered by choice.

    **Recovery**

    The concept of recovery is rooted in the simple, yet profound, realization that people who have been diagnosed with mental illness are human beings."
    Pat Deegan, Ph.D.

    The concept of recovery has been defined primarily through the writings of people who have been diagnosed with a mental illness. Pat Deegan and Esso Leete were among the first to write about their experiences and their belief that recovery is possible. They defined recovery as a deeply personal, non-linear experience, which begins with acceptance of the illness and occurs as the individual develops a new sense of self, which incorporates the reality of having a severe mental illness. Professionals such as William Anthony. Ph.D define recovery as a deeply personal and unique process whereby individuals with psychiatric disabilities change their life goals, attitudes and feelings by incorporating the illness.

27. **Comment:** The full service partners' program evaluation needs to have better measurements; numbers. How many have graduated and to what have they graduated to, how many returned to hospitals, found housing, lost housing, became employed and the individual cost of each partner.
28. **Comment:** Thank you and to your staff who worked so hard on the three-year MHSA plan. I request that funding be considered to increase prevention and intervention services for young children and for families with young children. In the current Three-Year MHSA plan, there are little prevention/intervention dollars being spent on those first critical years between 0-5. Early intervention and investment is a key in healthy, thriving communities and our children deserve nothing less.

    I understand at this time there were not enough funds available for the Positive

Parenting Program, or Triple P. Triple P has been recognized by the American Academy of Pediatrics (AAP) and the Substance Abuse and Mental Health Services Administration (SAMSHA) as an effective, evidence-based practice that reduces the incidence of mental health issues arising or becoming worse. This is just one reason why we feel it is an appropriate use of MHSA funds. It was explained that when the fiscal policy is considered in 2018, that there would potentially be funds available at that time.

Since 2007, FIRST 5 Mendocino has invested over $2.4 million to train over 1,200 people in Triple P. Our grant funding has allowed us to offer these trainings at no cost to our community. Some providers use the tool in their agencies but many providers are unable to use this with families because there is no compensation for them to do so. We are in a situation where we have individuals trained but they are not using it and families are not benefiting from it except for the groups that FIRST 5 Mendocino's two staff and three contracted facilitators are able to offer. Funds are needed to compensate more facilitators to do groups with parents to discuss important issues such as how to engage positively with their child and how to build a strong nurturing parent-child bond. This is critical for the child's healthy social-emotional development and for the parent's mental and emotional well-being.

We realize that locally, MHSA funds have been identified for higher level mental health needs after the first psychotic break. Our proposal is to get ahead of this by preventing the first psychotic break by easing parent and child stress. Prevention will save our county money. It is imperative that we make sure young children, ages 0-5, in Mendocino County are healthy and that we address all aspects of their development including their mental health and their caregiver's mental health. Although FIRST 5 Mendocino is doing our part to address mental health needs for young children, we have identified a need for additional resources to further this work.

I appreciate the opportunity to provide this public comment and I trust that when the fiscal revision policy Is written, that Triple P will be well considered and funded. I look forward to reviewing the final MHSA version and continually contributing any help I can offer in providing supportive evidence for Triple P throughout Mendocino County.

29. **Comment:** I always look forward to hearing you, and I thank you for all of the fantastic information you send to me.

    Something caught my eye as I was reading the report. RACE is a social construct - it is not based on reality. There is no biological nor genetic marker to differentiate

people. Yes, there are different cultures, hence ethnicities, but that is all. For our government to continue polarizing people based on something man-made and erroneous is harmful. IT IS NOT YOU. I AM SIMPLY SHARING THIS INFO. WITH YOU.

What Scientists Mean When They Say 'Race' Is Not Genetic | HuffPosthttp://www.huffingtonpost.com/entry/race-is-not-biological_us_56b8db83e4b04f9b57da89ed

Thank you.