

Public Comments on the Annual Update Plan & Responses:

Questions:

1. Is there any intention to include Laura's Law in the MHSA plan?

Answer: Yes. Please Refer to Page 51 of the Annual Update in CSS, Programs that Cross the Lifespan: number 5: AB 1421 Assisted Outpatient (a.k.a. Laura's Law). Assisted Outpatient Treatment is the treatment model that includes wraparound services, crisis support, linkage to counseling, medical appointments and other support services, transitional/permanent housing resources, and other life skills, educational finances and support needs to minimize risk for incarceration, hospitalization, and other forms of institutionalization. The Assisted Outpatient Treatment will be provided through Full Service Partnership designations.

2. How will Laura's Law be funded without defunding or affecting current MHSA programs?

Answer: AB 1421 (a.k.a Laura's Law) will be funded from the CSS MHSA Fiscal Year 15/16 funds. No other programs will be defunded or affected.

3. Why does MHSA keep ignoring the Latino population especially in adult services?

Answer: MHSA has repeatedly reached out to Latino organizations over the past several years in an attempt to improve services to the Latino Community. We have moved several of our Community Planning Process Meetings to outlying communities to make it easier for all stakeholders from those areas to have their voices heard. Targeted outreach attempts include inviting Latino agency leads to MHSA meetings, attending Latino service agency board meetings, and offering Promotora and El Rotofolio trainings to targeted Latino service agencies in Spanish. The Mental Health Plan also provides all brochures, signs and forms in Spanish. Mendocino County Behavioral Health and Recovery Services and Mental Health Plan Providers recruitment for staff that are bilingual and/or bi-cultural. The Mental Health Plan has several providers who are bilingual and provide services to Latino consumers.

4. Why is the public hearing held after the draft instead of incorporating the public comments into development of the draft?

Answer: The Annual Update is a review and adjustment to the three year plan structure. The intent of the Community Planning Process is that information contributing to the plan is collected from MHSA stakeholders throughout the year through a number of Community Planning Processes, such as MHSA Forums (See pages 9-13 for a complete list).

5. Regarding Transitional Age Youth – Why wasn't there more money added to Children's Services when [the Administrative Service Organizations service ages] switched to [from 0-21 to 0-25] TAY? It seems there should have been since this is such a difficult population to work with.

Answer: Additional MHSa funds and other funding were given to the Children Administrative Service Organization for TAY.

6. Regarding: Pg. 53, Workforce Education & Training please clarify on each bullet point:

Answer: The Workforce Education and Training Component is regularly discussed, specifically how funds are to be expended, with the WET Subcommittee/workgroup. This component is constantly refined by that group. The language in the 3 year plan and this annual update is the overarching framework and guidelines from which the subcommittee works. The language is generalized in order to allow for flexibility to respond to stakeholder input throughout the year(s).

- Regarding: "Provide treatment, prevention and early intervention services that are culturally and linguistically responsive to diverse and dynamic needs." How many people are you going to treat?

Answer: This will depend on how the subcommittee/workgroup decides to divide the funds available, and how many people we can serve with those funds.

- Regarding: "Promote wellness and recovery and resilience and other positive behavioral health, mental health, substance use, and primary care outcomes." How will you measure these?

Answer: This will depend on what the subcommittee/workgroup decides is the appropriate measurement tool.

- Regarding: "Work collaboratively to deliver individualized, strengths-based, consumer and family driven services. " What are you considering evidence based practices and measurements?

Answer: This will depend on what the subcommittee/workgroup decides are the appropriate evidence based practices.

- Regarding: "Use effective, innovative, community identified and evidence based practices.- Consistently." Please describe how evidence is measured and with whom you are collaborating with?

Answer: The measurement tool will be determined by the subcommittee/work group. The

WET subcommittee/workgroup is made up of interested MHSA stakeholders. The MHSA team has reached out to several employment, educational, and other stakeholders including but not limited to: Mendocino Community College, Ukiah Valley Association for Habilitation (UVAH), Mendocino Private Industry Council (MPIC), SELPA, Mendocino Community Office of Education, various Mendocino County School Districts, Nuestra Casa, Nuestra Alianza, Round Valley Tribal Health, Pinoleville Vocational Rehabilitation, Consolidated Tribal Health Project, Redwood Valley Little River Band of Pomo Indians, First 5, Action Network, Redwood Quality Management Company, Ortner Management Group, Mendocino County Youth Project, etc.

- Regarding: “Conduct outreach to and engagement with un-served, underserved, and inappropriately served populations.” Regarding the underserved, how is this measured, and identify who these people are?

Answer: The underserved are defined in broad terms by MHSA, and in more specific terms for our county by the feedback collected during the various Community Planning Process activities such as MHSA forums (see pages 9-13 for a complete list).

- Regarding: “Promote inter-professional care by working across disciplines.” How will this be done and which of the disciplines will be used?

Answer: This will depend on what the subcommittee/workgroup determines the primary workforce areas that are addressed with our WET funds.

7. Regarding Pg. 54, please clarify Workforce Education & Training Coordination & Support “Objective” numeric points:

Answer: The Workforce Education and Training Component is regularly discussed, specifically how funds are to be expended, with the WET Subcommittee/workgroup. This component is being constantly refined by that group. The language in the 3 year plan and this annual update is the overarching framework and guidelines from which the subcommittee works.

Regarding: 1. “Provide ongoing development and operation of workforce programs. Please specify the measurement and development?”

Answer: The WET subcommittee meets regularly; one of the topics of discussion is what programs and the type of development, on which to expend WET funds.

Regarding: 2. “Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service.” How will this be measured?

Answer: The WET subcommittee meets regularly, and one of the topics of discussion is what measurement tools will be used.

Regarding: 3. “Develop cultural competence of staff throughout the mental health system.” What do you mean by this?

Answer: Throughout our MHSA plan and annual update the term cultural competence refers to an increased capacity to respond to cultural and linguistic differences, in particular but not exclusively, of the groups that have been identified in our Cultural Competency Plan as having been underserved or having health care disparities.

Regarding: 4. “Increase capacity and capability for the provision of clinical supervision (mentoring, coaching, etc.)” Are you going to be hiring bilingual and bicultural staff to supervise this staff?

Answer: Mendocino County Mental Health Plan Providers recruit for bilingual and bicultural staff members in all positions.

Regarding: 5. “Improve coordination of training efforts through the mental health system.” How will this be done and how will it be measured?

Answer: The WET subcommittee meets regularly to discuss outcomes, measurement tools, types of training and development on which to expend WET funds.

Regarding: 6. “Coordinate continuing education and ongoing training opportunities for workforce to ensure professional skills, in particular with Mendocino County Schools and educational programs.” Please describe how many trainings and what the trainings will be?

Answer: The WET subcommittee meets regularly and one of the topics is the type of training and development on which to expend WET funds. There are no fixed trainings at this time other than the Cultural Competence Training Facilitated by Consolidated Tribal Health. The types and number of trainings will be influenced by the prioritizations of the WET subcommittee.

Regarding: 8. “Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.” How would outreach to high school and community college students regarding available mental health career, educational requirements and resources, and 4-year

university transfer requirements be done? Shouldn't it be done by counselors in schools and colleges?

Answer: Some of the outreach will be done to counselors in the schools, both high school and college levels. Some of the outreach may be directly to students and teachers.

Regarding 16: "Oversee all activities of Workforce Development Program and Scholarship program." How are you going to oversee all activities of Workforce Development Program and Scholarship Program?

Answer: By meeting regularly with the WET Subcommittee, the MHSA team will continue to gather stakeholder input on WET programs and scholarships. The MHSA team will oversee, in coordination with the subcommittee, the distribution of WET funds and the administration of measurement and outcome tools.

8. Regarding Pg. 56, Work Force Education & Training Cultural Competency and Sensitivity: Please expand on the outreach efforts to effectively recruit culturally and linguistically diverse individuals.

Answer: Outreach efforts have included expanding notification of recruitments to both smaller local communities and larger further communities in an attempt to increase the number of qualified bilingual and bicultural applicants. Most MHSA providers offer a pay differential for bilingual providers that use their language skills in the course of their duties. All MHSA providers recruit for bilingual and bicultural staff in all positions.

Regarding: "a.) Please expand on the curricula to improve cross cultural communication, including self-awareness." How do you develop curriculum if you are not part of the school district?

Answer: The curriculum referenced here would pertain to Workforce Education and Training efforts. This would include Trainings provided by WET, as well as collaborative efforts with local schools and colleges. The WET stakeholder group includes a representative from Mendocino Community College, and discussions about creating curriculum that address specific cultural groups needs have already begun.

Regarding: b. Please expand on "the curricula to improve cross cultural communication, including self-awareness. How do you develop curriculum if you are not part of the school districts?"

Answer: The curriculum referenced here would pertain to Workforce Education and Training efforts. This would include trainings provided by WET, as well as collaborative efforts with local schools and colleges. The WET stakeholder group includes a representative from Mendocino Community College and discussions about creating

curriculum that address specific cultural group needs have already begun.

Regarding: “c. Issues related to Special populations” – Can you include consumers with mental health issues?

Answer: We are happy to add consumers with mental health issues as a special population into the examples provided.

Regarding: “d. Spirituality Initiative.” – What did you mean by this?

Answer: The Spirituality Initiative is a California Institute for Behavioral Health Solutions (CIBHS) initiative launched in 2008 with the goal of increasing aware of the role of spirituality in mental health recovery and multicultural competency, as well as encouraging collaboration among faith –based organization, and mental health service providers and other stakeholders in combating stigma and reducing disparities. The inclusion of the Spirituality Initiative is for the purpose of ensuring that WET education and training includes spirituality and faith-based resources as one of the education and training objectives.

9. Regarding Pg. 17, Under “Continuing Needs – Transportation from rural communities for mental health services.” Are bus passes the only resource being considered for therapy in the outlying areas for Latinos?

Answer: No. Individuals that are participating in MHSA supported programs have a number of transportation resources available to them such as transportation via a care manager or other supports, attempting to expand service delivery to rural communities (through MHSA and other services such as the Mobile Outreach and Prevention Services project), and bus passes. We have also communicated with the Mendocino Transit Authority around transportation issues.

10. Regarding Pg. 18, Under “Continuing Needs – Peer Counseling for youth and older adults in the North County is stated ‘to be explored’.” What does this mean? How does the County plan to meet the needs of the Latinos in the outlying districts?

Answer: Senior Peer Counseling has expanded to Gualala in the last fiscal year. There have been discussions with the Senior Peer Counselor providers about expanding north beyond Willits. Action Network and Redwood Community Services provide MHSA services to individual within the Pt. Arena and Gualala area. Laytonville Health Start provides MHSA services to individuals in Laytonville. Tapestry Family Services provides MHSA services in Covelo. Additionally, the Transitional Aged Youth Resource Center has been working on an expansion to Fort Bragg. The MHSA plan is generalized so that there is room for flexibility to meet the needs of stakeholder input throughout the year(s).

11. Nuestra Alianza submitted a revised proposal today requesting MHSA funds, (thought that Stacey Cryer has a copy). Will this proposal be evaluated at this time?

Answer: Yes this proposal will be evaluated.

12. Regarding Pg. 25, Middle population “All mental health providers continue to recruit....” This is not something I am aware of. How is recruiting happening? Is it happening?

Answer: Yes. Recruitments happen when there are vacancies for a position. Mendocino County positions recruit with a pay differential for qualified candidates that are bilingual and will be using their language skills in the course of their duties. Mendocino County advertises positions in the local newspapers, other newspapers like the Press Democrat, and on the County Website. The Administrative Service Organizations advertise positions in the local newspapers, other newspapers, online and on their websites.

13. The Latino population is growing faster than the needs are being met. What is the rate of improvement of serving Latino needs from 5 years ago to current?

Answer: In 2010 11.68% (248) of the clients served identified themselves as Hispanic.

As of June 4, 2015 for fiscal year 14/15 clients served who identified themselves as Hispanic are as follows:

Behavioral Health and Recovery Services: 8.99% (39)

Ortner Management Group: 5.33% (29)

Redwood Quality Management Company: 25.72% (249)

14. How come we don't want to serve Latinos?

Answer: It is always a goal of MHSA programs to serve underserved populations, in particular those underserved cultural groups that have been noted to have behavioral health care disparities in our community. The following MHSA agencies provide services to Latinos: Action Network, Redwood Community Services, Mendocino County Youth Project, Tapestry Family Services, Arbor Youth Resource Center, Manzanita Services, Mendocino Coast Hospitality Center, Mendocino County AIDS/Viral Hepatitis Network, Laytonville Healthy Start Family Resource Center, Integrated Care Management Solutions, Redwood Creek, Senior Peer Counseling, and Mendocino County Behavioral Health and Recovery Services.

15. Why is this document in draft form?

Answer: The MHSA Plan and Annual Updates are in draft form until they have gone through

the approval process which includes the 30 day public review and public comment, approval of the Mental Health Advisory Board, and finally the Board of Supervisors. Changes that need to be made following those reviews are incorporated before the document is finalized and submitted to the Mental Health Services Oversight and Accountability Commission.

16. What is the next phase after this public comment hearing?

Answer: The questions and comments will be written and responded to. The draft will be reviewed by the Mental Health Advisory Board. If approved, it will be submitted to the Board of Supervisors. If approved, it will be submitted to the Mental Health Services Oversight and Accountability Commission. If at any point substantive changes need to be made to the plan, it will be put forth in an additional Public Review and Public Comment Process, and the approval process will begin again.

17. What is the MHSA relationship with the school districts?

Answer: MHSA Service Providers through Prevention and Early Intervention have relationships with various School Districts (See Prevention Collaboration Pages 54-55.) Additionally, the Workforce Education and Training subcommittee has invited and plans to develop relationships with school districts around education and training and career opportunities in the mental health field. Finally, Prevention and Early Intervention have also offered suicide prevention trainings to the school districts through our Suicide Prevention Collaboration.

18. Please clarify in regards to the proposed budget by Nuestra Alianza that Tom Woodhouse encouraged them to resubmit due to Grant funding disappearing, thus the agency will disappear or be significantly diminished if not support by MHSA. Will the increased proposed budget be considered?

Answer: The increased proposed budget from Nuestra Alianza will be reviewed and considered.

Comments:

1. Pg. 9 Mendocino College should be listed as a stakeholder.
2. Pg. 18 Needs: "outreach and education" The college is funding a training for Native Americans and Latinos through a HRSA grant for the Human Service Worker Program.

3. Pg. 28. "Recovery Oriented Consumer driven Services, maybe there should be an objective to increase the capacity/skills of peers to work with one another effectively.
4. Pg. 5, Population by age categories does not add up. The total states it adds up to 18.8, but actual calculation is 18.9.
5. Workforce Education & Training – point 12. "Ensure that consumers, family members and underserved and underrepresented populations are included as both trainers and participants." The statement seems to repeat number 8. Provide outreach to high school and community college students regarding available mental health careers, educational requirements and resources, and 4-year university transfer requirements.
6. Workforce Education & Training – point 13. "Enhance collaboration with community based organizations (CBO)." The statement seems to repeat number 7. Partner with outside community organizations on workforce development opportunities.
7. The plan feels vague and redundant throughout.
8. Nuestra Alianza/Willits has provided 42,747 in services last year, and has been in existence for 15 years. Supporters: Gerry Gonzalez, Willits Unified School District, Tom Woodhouse, Madstrong Strong and Hollis Madrigal. Nuestra Alianza grows to find ways to provide services for Latino community in Willits. They have provided culturally competent bilingual counseling services for 6 years, but that funding is now gone. If they are not funded by MHSA that service will no longer be provided. The county will not be able to use these services to meet their mandates if not funded by MHSA. They are ready to increase services with the help of MHSA funding. They are aware that we need to provide those services in a culturally appropriate way and in Spanish and they can accommodate that. They would like to work together with us.
9. Nuestra Alianza did submit a proposal earlier this year, however, they are resubmitting a new one today, (thought that Stacy Cryer has a copy).
10. Working as a therapist the past 25 years in all settings and agencies noticed the Latino population covers 20% of Willits and 50% of Anderson Valley. The need for bilingual services has increased and needs have increased.
11. Regarding the Willits, Covelo and Laytonville Latino needs: the population has never been clearly defined.
12. In the report it states repeatedly that we are aware that we are underserving and that access to services is a problem. It makes sense to place more of the help where the population is located. The goal on pg. 61 makes sense to provide services where the need is.

13. I want to state, the Latino population is underserved. But, finding those services in Latino Agencies is minimal or nil. There is a contradiction between the need documented and where funding is spent.
14. Thank you for holding this public comment hearing.
15. I think that part of the reason we are not reaching Latinos is the difference in their culture, and that it is difficult for Latinos to ask for help, and it is 10 times as hard when you don't understand the language, especially if you have to travel to services.
16. I would like to point out the difference between bilingual and bicultural. Bilingual can be just translation. Bicultural is really about an understanding of where people are coming from.
17. My son is the coach of the Willits Soccer team for the last 10 years and has his raised awareness of that Latino community. It is heartbreaking that we are not able to help them more.
18. Focusing here on Latino needs, but there are also needs for Native Americans who have similar challenges and needs with a longer history, and to learn the lesson from both of those cultures.
19. A couple of years ago a focus group with Nuestra Casa was held. The focus group showed: A lot of people don't know about mental illness and are willing to learn about it. Acculturation is going to have a huge impact on this community as young people come of age.
20. I would hope that the Workforce Education & Training program could be expanded effectively with young people as that would address mental health needs of having self-worth and life skills.

