

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

1. Community Member #1

I want to raise the voice of consumers and family members that with those updated funds, the department should arrange for more stipends for consumers and family members because this afternoon I saw two consumers who were very excited and very happy. Thank you.

MHD Comment: While this comment is not specifically directed to the Annual Update or the Innovation Plan, it is relevant to both. MHD is modifying the ECCAC (Ethnic Community Advisory Committee) family and consumer member program in FY11 (CSS and PEI funded) and will include this as part of a major FY11 priority of the MHD which is to restructure and enhance Consumer and Family advocacy and involvement throughout the mental health system. The MHD acknowledges that the area of system-wide family involvement has not developed as planned and will make this a top priority for FY11 now that new division managers are in place and they are committed to this effort. With respect to the Innovation Plan, Projects #2 (Peer Run TAY Inn), #7 (Mental Health / Law Enforcement Post-Crisis Intervention) and #8 (Interactive Video Scenarios Training) include provisions for hiring family/consumers.

MHD Related Modifications to Plan: The MHD proposes to work through MHB committees and the full MHB and stakeholders to refine Innovation plans to include specifically defined innovation aims and success measures, to each plan. Specific success measures for those elements which include consumers and family member perspectives will be included.

1. Community Member #2

With consumers and family throughout the bay area and Santa Clara County we've been paying attention to Innovation and 8 work plans. We've been very excited about innovations and we will wait to see the results. On the other hand, we see how the funds are allocated in these work plans. As part of the mental health staff, I wear two hats. I work for the Consumer Affairs Program and I also work for Family Affairs. We understand that next year there have been some cuts in the budget and we only can wear one hat next year and we won't be able to provide services and work for too many programs like we did this year.

With appreciation we would like to say "Thanks" to those people who are funding the money into these programs for the consumer to have a chance to work and provide some service back to the community and the recovery and wellness process. On the other hand, the Zephyr area is functioning very well. We had an art gallery show which was successful and we invited all of the consumers and family members contributing all of their art work based on what they think about recovery and wellness. That's part of the

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

work we do and with our thanks and appreciation to those people on the Mental Health Board spending time and your effort to work and to help us.

Thanks to all of you at the Mental Health Board who are sacrificing your time and effort and part of your heart to be here for us. As a consumer I am really thankful. You understand us and you are fighting hard to represent our voice to the Mental Health Department.

I would like to comment that consumers would like more opportunities to be available to us, like full-time jobs. No discrimination and not only be able to work for 10 hours and no benefits. Also, we would ask that with good feeling that you work on these projects so that we will benefit from them.

MHD Response: *The MHD has not reduced the budget or changed the roles of ECCAC members for FY11. Budgets from past year unspent allocations have been exhausted and for the coming year only FY11 funds will be available for ECCAC CSS program contracts. There will be additional funding available through PEI Plan implementation and Innovation Plans upon state approval.*

In addition, the MHD has reorganized the management and oversight of the stipend contracts so that the MHD provides direct oversight of the program. The inclusion of positions for consumers and family members is included in the CSS Plan. The positions were originally intended to be Community Workers with special consumer and family qualifications. Unfortunately budget reductions resulted in 20+ newly created Community Worker positions being frozen for Community Worker staff that were being laid off from other County departments. The Mental Health Department was compelled to delete these MHSA funded positions (to have these positions filled with staff who did not have consumer and family member experience would have not been in compliance with the objectives of the approved MHSA plan). Therefore, MHD redirected the budget for the positions and established stipends for consumers and family members. Approximately 100 consumers and family members will be on board in the coming year.

In addition, the MHD is in the process of developing a county employee classification for consumer/family member positions. This process has taken well over a year to complete due to vacancies in essential management positions, and because the positions must be approved through the County Employee Services Agency and labor organizations before the new positions are formally added to the County Salary Ordinance.

MHD Related Modifications to Plan: *While no additional modifications are proposed to be made to the MHSA plans as a result of this comment, as acknowledged under the response to the previous comment, the MHD is committed to fully implement Consumer and Family Affairs system-wide in FY11.*

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

3. Community Member #3

I am member of Grace Baptist Church and we have a group called PACT (People Acting in Community Together.) There are 23 churches in Santa Clara County who are members. I'm also a member of the Correctional Institutions Chaplaincy and I go out Elmwood and conduct a bible study with a senior group. I'm also on the Advisory Board with the police board training and I'm on the stakeholder group [Stakeholder Leadership Committee] with Prop 63.

I participated in a least three of the different Innovation project work groups and I understand your frustration with lack of detail. I also understand your frustration with lack of participation because the first meeting I went to had three people and two of them worked for the county.

I have a burning need to see something done with guys getting out of prison with mental problems and the children. All of these issues are important. Some of them had to be massaged to a point where they weren't recognizable when they were finished because they weren't innovative; they weren't new. They were already put into practice someplace else. So they had to be changed in ways that they didn't look like how they started out.

I know all the people that came to the meetings had their heart in what was going on. Some of these things don't look quite like what I would like to see, but they are a beginning. From what I understand the innovation are pilot projects where you start something and you evaluate it. If it doesn't work, you get rid of it and you do something else. That's what this whole thing is all about and I want something to go forward.

I really appreciate all the criticisms because they are things that I've thought about. But sometimes it's hard to get all the flesh on the bones because sometimes you have 30 people at one meeting and then a different group of people at another meeting. It's difficult to get participation and follow through. So I commend everybody who worked on them.

I would have like to see some other things happening. But this is what we have got. So I want to go forward and do it in a constructive way so that we can have a good outcome or know why we don't have a good outcome and then work on something that is going to get a better outcome.

MHD Response: Significant efforts were undertaken to obtain input from the public and mental health stakeholders to: a) review and prioritize the innovation suggestions as submitted by system stakeholders; and b) to shape the suggestions selected by a public stakeholder process for development into Innovation Plans that were endorsed by stakeholders and met State Innovation Guidelines. The Mental Health Department posted notices for specific plan input sessions and subsequently facilitated 15 sessions to receive input regarding Innovation project proposals. One session was held for each project with

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

additional sessions being held for projects that had significant questions, concerns or disagreements from stakeholders. Innovation public input meetings had an average of 11 attendants per session; however, some meetings had few attendees. The process was definitely challenging as there were many different views and interests that were championed during the meetings. MHD staff was tasked with taking all the input and writing final draft plans which were then posted for public comment. The fact that there were very few public comments submitted is assumed to be because those who had the interest in specific plans had participated in the input sessions.

MHD Related Modifications to Plan: *As stated in response to #1, the MHD acknowledges that there is concern about the details of each of the proposed Innovation plans and proposes to work with the full MHB, through MHB committees (or another process proposed by the MHB), and with the inclusion of stakeholders, over the next three months to address concerns expressed by the MHB in the MHSA Annual Update and Innovation Plan Public Forum. This is proposed as a result of the concerns expressed by the MHB at the Public Hearing. The MHD will submit the Annual Update and the Innovation Plan(s) to the Board of Supervisors for its approval to forward the State following this process. A second 30-day posting and Public Hearing may be held.*

4. Victor Ojakian:

I want to ask a few things more for clarification than anything else and to ask that some of what I am about to ask not be taken wrong either.

I have a question. Because in CSS we talk about a 24 hour drop in program and under the TAY category and then for item "2" in Innovative Project we talk about a Peer Run TAY Inn. What is the substantive difference between these two things?

I like the Innovative Project. It reminds me of an innovative project in Humboldt County where they have a peer run self help operation going on and it seems to have had some success. I heard a number of participants had participated in that when I attended a conference speaking about how helpful it has been for them so I think it's a great project.

In the CSS we talk about the Urgent Care Center and we talk about how emergency mental health needs. We didn't do any revisions for the CSS plans that we are sending to the state. Should we have because it sounds like we are curbing some of the hours there? Does this modification need to be explicitly included in the updated CSS plan?

Staff should explain something about how they have to tailor Innovative projects because they are under some constraints by the State. I know that one of the state employees has given us some direction and that's why they put parameters around projects. To be honest with you at one stage I thought about talking with that staff person because sometimes staff say something and then when you really grill them you get a different answer. But

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

we should understand that there are some constraints that staff are under in developing projects.

People commented about the dot process. Dots were weighted. For the SLC members, dots were bigger than the dots for other folks. In my experience, I've never found anyone who liked the process. When I was on the City Council we tried different things different ways and regardless we always had people upset. I didn't hear anybody say what the process should have been and again I'm not sure we could suggest another process that wouldn't upset another group of people. But maybe people should mention what other process they should have.

I have some problems with some of the Innovation projects. Some of them I don't have problems with. I think Early Screening, quite honestly, it's an innovation and I'd like to see it happen. I found myself in the Suicide Prevention focusing on the very young and very old. What I have found is that it's the group in the middle that has the highest number of deaths. Everybody is looking the other way.

In our suicide work, we tried to involve the business community. I tried some different ways to put pressure. I know some of the people and other leaders wouldn't do a thing.

To me it's tough to talk about projects which you should include and projects which you should exclude because each has an issue.

I think we are going to have a mobile crisis unit beyond younger people. We've all beat each other up enough about this but somewhere it's going to happen. I have a personal commitment to make it happen. People like Jackie know my feeling about that because I prefer a professional person especially in a first break than somebody else responding. That isn't to say something bad about police officers.

I have a problem with the Merging the Old with the New - it's just too far of a stretch for me. But if people have a different process they thought should be done separate from whether it's being heard or not - it should be on the record. If you have some other Innovative projects that you think we should have - put it on the record.

The only other comment relates to what Tito said. For whatever reason, I thought we did a great job in the suicide prevention public forum. We had this room packed. We had four translators corresponding to the languages that people brought up. It was very effective. We had a group of Vietnamese, non-English speaking, who had their own sub-group. We got a lot of interesting information out of that. I was very pleased with that because they felt like there was an opportunity for them to contribute - so they did.

We need to look at ourselves as a Board how we can help further some of these things that we think are needed. For example, for the Family, Children, and Adolescent sub-committee, I have been thinking about ways to attract more people to participate.

MHD Response:

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

*Regarding the **TAY Plan questions**, the Community Services and Support (CSS) Plan currently funds 24 hour crisis services for transition age youth with a drop-in center provided during daytime hours and a mobile crisis response during the night-time hours. The services provided through the CSS Plan are designed to address discrete crisis episodes. In contrast, the proposed Innovation Peer-Run Transition Age Youth Inn will provide shelter care for up to two months to youth in crisis, with the goal of helping them stabilize in a safe environment led by peer mentors.*

*Regarding **changes to plans**, operational changes to services under an approved MHSA program (aka work plan) do not constitute a change that needs to be approved by DMH. And it is true that the MHD is committed to establishing a 24-hour mobile crisis service and will be exploring how such a service can be established through use of existing resources.*

*Regarding the **method used for selection of INN projects**, the process did not afford more weight to SLC stakeholders than to other stakeholders. Colors differentiated the selections of SLC members and the members of the general public who participated so that all involved could see how SLC members voted as contrasted with attendees from general public. The intent of this differentiation was to support the principle that has been stressed throughout the MHSA planning process, which is, that SLC members are there to consider the perspective of all stakeholders, as well as to represent their own constituents.*

***MHD Related Modifications to Plan:** No additional modifications are proposed to be made to the MHSA plans as a result of these comments, however, as acknowledged under the responses to the previous comments, the MHD is committed to addressing concerns raised by MHB members in the Public Hearing.*

5. Ronald Henninger

I have some kind of general comments. I make these with some regret. I ask myself “why we are here tonight?” Probably the main reason is that the law has dictated this meeting and that also that this is the way the county is spending \$3.3 million dollars.

Unfortunately what happened last year when we had this meeting for PEI plans we produced 15-20 pages of comments and what changes came from these comments were basically very little – at least nothing of substance. The concerns that had been expressed from the meeting were poorly answered if addressed at all. So what has changed in the anticipation I have for tonight’s meeting is basically very similar. I doubt that any of the comments make it into the documents. So why did I waste time reading the documents and preparing the comments? To stand up for patients who are receiving sub-standard care or no care because the money is being spent wastefully.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

Also I'm afraid that Prop 63 could be taken away from the mental health department. I feel that planning development in the presentation of the county's Innovation Plans could be used as a perfect advertising campaign for anyone wanting to show what a waste of money Prop 63 is.

The Adults with Co-Occurring Mental Health and Autism or Developmental Disabilities project in Exhibit C, page 2 under project implementation the number one bullet states that after funding a needs assessment will be conducted I just question when we fund things and then do a needs assessment. I think a needs assessment needed to be done prior to being funded.

Also there is no clear pathway for a collection of outcomes and data for all or at least most of the projects. It seems that most will be developed after projects have already started. This was a concern at last year's hearing. It seems that little has been done to improve the deficiency. Most projects seem to indicate and state that outcomes will be developed as the project goes on with the project team meeting to evaluate progress. This almost ensures that these projects won't be successful. Some of the projects list "quality of life" as outcome measures that will be used to evaluate the effectiveness of the projects. My question is why the validated quality of life forms already in existence are not being used? We will be evaluating the quality of life by asking questions put together by people who are running the study. There are many condition specific forms for quality of life already in existence.

By having people place dots to choose projects that were brought forward it gives the appearance that people who will benefit are allowed to select their own projects. These choices are based on financial gain not merit.

Why was a selection process not done by a committee reading all the submissions so that projects were chosen on merit not on who happened to have the most friends or employees at the meeting or the best sounding title? Other than the answer that it was voted on, what is the explanation as to why this process was used?

Again, the concern that I have and the reason I am pointing this out is that there is no advertising consultant no matter what they would be paid that could give the anti-proposition 63 group better talking points of how this money is being wasted and should be used by the State in another way.

The points that I want to reiterate here are:

Who funds projects and then sees if there is a need?

Who funds projects without a clear way to evaluate what is being tested is better than what has been done in the past?

Who uses popularity contests to select projects where \$3.3 million dollars will be spent instead of a more scientific approach?

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

Who allows people who will benefit the most to select projects to be done?

I brought up the dot thing. I would like to see a systematic approach to evaluation of all proposals and not just a few. In getting the packet, I thought there were some very good proposals put forth in the 140. I just think there should be a much better systematic approach to evaluating these projects across the board prior to choosing any of them.

You have done a tremendous amount of work. But some of the detail is lacking. Even with universal screening, it doesn't give a plan as to what will take place afterwards. How many children will this help? How many children will get services? Some of these issues need to be addressed before I can say this is a tremendous proposal.

I want to see how this fits in with the overall system of the county.

As a Board member, I am willing to put in time to give you my feedback. But the feedback has to show some effect.

MHD Response:

*Regarding the question about needs assessment and the proposal regarding **Adults with Developmental disabilities, including autism**, in developing this project, Mental Health Department staff confirmed that according to the National Institutes of Mental Health, individuals with autism often suffer from multiple and severe mental and emotional problems and that research is needed to identify effective treatments.*

As part of a preliminary review, MHD staff also learned that the state mental health specialty service guidelines, which apply to county and contract agency operated mental health programs, specifically exclude Autism and Developmental Disabilities as qualifying primary diagnoses for reimbursement. As a result, many outpatient mental health programs do not systematically record the Autism/Developmental Disability condition even if they are serving an individual with a co-occurring qualifying mental health diagnosis. While there is no question that there are a significant number of individuals in Santa Clara County with co-morbid conditions, their prevalence and the percentage of those who are receiving mental health treatment, is not well understood. In addition, given the dramatic increase in the diagnosis of autism, those with a specific interest in the mental health needs of the population of individuals with autism, have proposed this project. The MHD has proposed the project commence with a limited needs assessment in order to inform the prevalence and problems affecting this population.

The primary aim of the project is not the completion of a needs assessment; rather it is to identify and apply a new or synthesized treatment approach in order to provide relief to the population diagnosed with these co-morbid conditions.

*Regarding the concern that there is **no clear pathway for the identification of outcome measures** for all projects, MHD acknowledges this concern. Innovation guidelines require that projects have identified outcome measures to study the efficacy of new approaches/models being tested. MHD staff are working with the Learning Partnership*

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

Decision Support staff with evaluation expertise to develop learning questions and specific data indicators to measure the success of the projects. The outcomes to be measured along with data indicators will be in place prior to initiation of services on all Innovation projects. Mental Health Board members along with stakeholders will have an opportunity to participate in Learning Communities tied to each project, whose members will review data and analysis from the projects and make recommendations to the mental health department on a quarterly basis.

*Regarding **quality of life** as an outcome measure, in all instances in which Innovation projects contain language to improve quality of life for individuals being served as a desired outcome, specific data indicators will be identified.*

*Regarding the **selection of Innovation projects being flawed**, the potential Innovation projects were identified and selected through an open and public process and endorsed by the Stakeholder Leadership Committee. The principle underlying the process was that all suggestions are legitimate and that all who participate or have an interest in the mental health system and have ideas were invited to submit their ideas. With the goal of ensuring maximum inclusion of stakeholders and Stakeholder Leadership Committee members in the selection process for Innovation projects, Mental Health Administration staff called for the public to submit innovative ideas and invited stakeholders to prioritize and vote on ideas. The Mental Health Administration made it very clear that ideas were not “owned” by the person who submitted the suggestion, which is why all names of those submitting ideas were removed for the vetting and voting process. The selection process itself was innovative, and as such, has offered an opportunity to improve upon that process in future planning efforts. As the MHD has indicated to the MHB, we are committed to taking the time to address concerns raised by the MHB during the Public Hearing regarding the proposed Innovation plans and will not submit the plans to the Board of Supervisors until all concerns have been adequately addressed.*

*Regarding **connection of projects with the current system of care**, results from Innovation projects will be used to inform current county system of care services in the mental health system of care and how learning from the projects will be used to inform and/or modify services in the future. The Innovation project plans will include a summary of how projects fit into the existing work and services of the county.*

*Regarding the **Early Childhood Universal Screening project** not providing enough detail about follow-up that will be provided after children are screened, staffing for the project includes a new position for a full-time mental health clinician to follow-up with children identified through screening to link them with appropriate evaluations and services.*

MHD Related Modifications to Plan: *As indicated above, the Innovation project plans will include a succinct articulation of how projects fit into the existing work and services of the county. Each project will also have an added aim statement and a statement of success measures as well as preliminary outcome measures identified for evaluation of projects. A budget narrative that includes specific staffing required for project implementation will also be added to the work plans. In addition, as indicated, each plan*

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

will have an advisory Learning Community whose members will review data and analysis from the projects and make recommendations to the mental health department on a quarterly basis. In addition, each plan, once approved by the State Oversight and Accountability Committee will have a detailed implementation plan completed, which will outline specific steps for selecting and funding each specific project provider in accordance with County procurement processes.

6. Cheryl Crose

I have to agree with Ron's statement there and also I agree that individual projects that were selected - for Silicon Valley - this is merely mediocre. This is not something that would put us on the map or is something that would be beneficial for the consumers. These plans don't reflect the creativity that this valley offers and frankly the consumers are owed a lot more than what is being presented today.

MHD Response: *The suggestions for the specific plans were the result of an open process where people were invited to submit ideas for innovative projects. Although the MHD did identify four focus areas, there were no additional criteria beyond the State provided Innovation criteria. This may be one of the issues to consider changing in future Innovation planning.*

The MHD believes that the current plans represent a creative slate of Innovation projects when compared with other counties. The projects are largely designed to increase access and engagement for consumers who have been historically underserved and to try out new approaches to reduce stigma and take into account the cultural attributes and strengths of our consumers.

Related Modifications to Plan: *As indicated other responses above, the MHD is ready to address any concerns or flaws in the current plans, and if need be to set aside proposals that upon further consideration by public stakeholders are not deemed to be of the quality that is desired by a consensus of stakeholders, including the Mental Health Board members. For this reason, the MHD is proposing to delay forwarding the current Innovation plans to the Board of Supervisors until questions and concerns are publicly addressed.*

7. Tito A. Cortez

I worked on Strategy # 7 in the Minority Advisory sub-committee of the Board. I'm hoping that before my term expires that I will experience public hearings in languages other than English.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

Staff have to work with criteria attached to dollars from Sacramento and federal dollars in developing projects. We have mandates and guidelines to work with. What I would like to see in the future is that we talk about parameters from the very beginning.

We should be here as a partnership. It begins with all of us.

***MHD Response:** The Mental Health Department agrees with these comments and recognizes the value conducting public meetings in additional languages to encourage full participation of members of the public who are not conversant in English. We would like to see the MHB and its committees more involved in the MHSA planning process and playing a greater role in facilitating the public conversations that have been occurring throughout the last five years of MHSA planning.*

***MHD Related Modifications to Plan:** As stated, the MHD stands ready to work on improving the specific Innovation Plans and the overall MHSA planning process in such a way that MHB members feel a more direct role in the process. One way that might occur is to have the Mental Health Board Chair, or an identified MHB member, co-chair the MHSA Stakeholder Leadership Committee in the coming year.*

8. Jacqueline S. Gutierrez

I helped with Prop 63 and I spent hours and hours collecting signatures and I never dreamed that the money going to Prop 63 is going to salaries, that is going to consultants, that is going to contract agencies.

I am very disillusioned that we are supposed to be advocates for consumers and families. I don't see that the Mental Health Board has any clout with the Mental Health Department. There is no communication.

The plans that I personally have a lot do with is the Merging the Old with the New. It was a waste of time. It was self-motivated by a certain few and what we wanted was never discussed. It was changed all the time.

I have to say that we have to do something for the elderly. Very little is being done for them. They can still be isolated.

And as for the work plan for the Law Enforcement Post Crisis, I think this is ridiculous.

You are decreasing the 24 hour Urgent Care, which to me I can see is the only MHSA funding that was good quality and now you are compromising the quality and safety of care to consumers and their families. The \$1.3 million that are counting on us to help them we are not going to help them because of money because of budget and I know there is more money.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

It's really sad I will kill myself to pay for COBRA for my son. He will not be in the County because I don't feel the county has anything to offer and I have felt this for the one year being on this Board. This is so wrong that nobody has compassion other than the Board. Nobody has the empathy that we as parents who have someone with a mentally ill son or daughter, husband or wife or grandma or grandpa. They don't know what they are feeling either but there has to be an advocate for the mentally ill. I feel that the Board could do it if our hands weren't tied.

I disagree with law enforcement being first responders. The police departments, most of them, don't have a good reputation. I've seen it first hand. They shoot and ask later. It isn't right. This isn't going to pass.

And the other thing about the video. What the heck is that going to do? That's not going to do anything. Put money into that?

I do agree with the Peer-Run TAY Inn. I think that will be okay and Early Childhood.

And I'm glad that finally Autism is getting with mental illness. They still need to get Autism and dementia with mental illness and the multi-cultural.

Other than those, I'm just really disillusioned.

MHD Response: *The MHSA has made a tremendous positive impact on the current system and it is very concerning that the value of the programs that have been funded is not visible to the important body of the MHB. In two years, the capacity of the system has grown by 4,000, meaning that 4,000 additional people with serious mental illness are being served through an array of MHSA-funded services, for example: 1) Full Service Partnerships provide a broad range of treatment and support to individuals of all age groups who have demonstrated a need for intensive services; 2) new services for uninsured individuals ensure that many of the most vulnerable County residents do not go without care; 3) the Treatment Court, Family Wellness Court and Evans Lane offer recovery-oriented, consumer- and family-driven services to those coming out of the criminal justice system; 4) thousands of very young children who are being connected with needed services through KidConnections; and, 5) Mental Health Urgent Care is helping to reduce utilization of emergency psychiatric services. Despite drastic budget cuts, which eliminated \$78 million from the MHD over the past 10 years, the system has not turned services away to those that have been served in the past.*

Regarding the Merging the Old with the New project and the public input process for plan development, this project was a great challenge because there was not consensus among people who came to input sessions; and the plan drifted significantly from the original suggestion that was voted upon by members. On two separate occasions, stakeholders were given the opportunity to start over on an INN project targeting Older Adults. In both instances, stakeholders voted to continue refining the existing project.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

The project is designed to test an approach of intervention that is focused on the elder and a significant person in their lives. The proposed project aligns with Mental Health Services Act general standards that are required for Innovation projects in that it encourages community collaboration by expanding linkages for referrals of older adults to the program to agencies and groups that are not mental health-related and reduces stigma associated with seeking mental health services by not requiring that older adults who are served fall into a specific diagnostic criteria. The project is designed to test whether utilizing a traditional strength of older adults as the holders of cultural knowledge and values, rather than a clinical treatment approach or diagnostic approach, is effective in reducing isolation and its negative impacts.

Regarding the displeasure with the Mental Health/Law Enforcement Post-Crisis Intervention plan, this project offers the mental health community of stakeholders an opportunity to learn about how we can better serve clients in crisis providing follow up services following police response events, by asking consumers and their family members directly about what they need and then directing them to services. The desired outcome is to avoid repeat police responses after the police have responded to a call initially; and to insure that follow up and linkage are improved.

Regarding Mental Health Urgent Care, and why hours of operation are being reduced from 24 hours per day at the facility, an analysis was conducted to determine when the clinic is most heavily visited and to direct resources accordingly. The night shift at Urgent Care is being cut back because of the cost of maintaining the staffing during those hours when only 1-2 clients are receiving service. The need for emergency, crisis and urgent care response will continue to be evaluated in the coming year and changes and redirection of resources will be made to accommodate needs in a way that maximizes the resources of the system.

Regarding police as first responders to consumers with mental health crises the law is clear that mental health professionals are not first responders in the event of public safety emergencies. Unfortunately too many mental health crises rise to the level of a 911 call. Once that occurs, mental health may be utilized by police to provide crisis intervention, consultation and linkage to services. Our objective should be to continue working with the public and police to encourage the use of mental health professionals as crises are developing, which is where drop- in services, urgent care, and mobile crisis services can be very effective. Both mental health and law enforcement stakeholders agree that exclusive utilization of law enforcement officers to respond to mental health consumers in crisis is inadequate.

Unfortunately, the crisis mobile response team model does not meet the requirements for Innovation projects because it is not a new approach. Mobile crisis response teams are underway in many cities and counties across the country. State guidelines for funding of Innovation projects stipulate that approaches that have been successful in one community will not be funded.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

To address the concern that an exclusive law enforcement response to consumers in mental health crisis is inadequate, the proposed Mental Health Law Enforcement Post-Crisis intervention project aims to reduce follow-up police responses to consumers and family members by more effective engagement into services.

Regarding the Interactive Video Scenario Training project, through technological innovation, the Interactive Video Scenario Training project has the potential to dramatically increase the number of law enforcement officers who are exposed to scenarios related to mental health consumers in crisis and consider alternative ways of responding to them. This model is very effective in teaching individuals who work in high stress situations that require split-second decisions that could be life-saving.

MHD Related Modifications to Plan: The MHD is committed to have concerns raised by MHB members addressed through further meetings facilitated by MHB. The MHD looks forward to the process the MHB recommends to achieve this.

9. Charles Pontious

I thank you for coming. I thank you for your advocacy. It is the involvement of the community that really makes the system work. All of us are doing our part by being members of the Mental Health Board and I know that all of you are doing your part by various volunteer agencies. Whatever disagreements we have, I would like to thank you on a professional level.

I was not part of the MHSA cause, so it's difficult for me to be overly critical. I would like to say quite honestly after reading this, had I seen what the money was spent for, I would not have voted for it. It's interesting for the Mental Health Board going to meetings where we see basic services being cut on a daily level and then we see basically a \$43 million dollar slush fund which is obscured by forms. (1) I know a little bit about technology and I would have liked to have delved deeper into that. I can't believe that so much money is being spent on Technology projects. I wouldn't be able to spend that much money at work without a lot more explanation of what the money is for and detailed budgetary cost comparisons. That's probably beyond the scope of the Mental Health Board so that's why I was hesitant to make the comparisons. But I would like to say that regarding the Technology projects, I don't feel this is enough information. For example, \$13,000,000 for one project and \$3,000,000 for a data warehouse project. I have done that before and I just can't imagine what those dollars are going for.

The Valley Medical Center served the underserved. I'm here to tell you that those with private insurance are just as underserved as those with no insurance. In fact, I believe that those with private insurance are mistakenly considered to be privileged. I am here to tell you that when we hear health care debates that those with private insurance have found that they have no voice in this nameless bureaucracy that has no care for their welfare. And you guys are the people that do care. I truly believe that no matter how much we

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

criticize you that you have to understand that your service in the community is about all there is.

The difficulty in this for one is that while I really value serving the underserved, the programs are all couched in that and then they are aimed at particular ethnic groups. The programs are not really serving the underserved; they are serving the community. That is probably appropriate considering your charter but I just wanted to be a voice for all those with private insurance that find themselves at Valley Medical Center because they have no place else to go. These are programs for people on public assistance and I believe that puts a stress on you. I believe that unless something gets done through health care reform to somehow bridge the gap to compensate you for the people you serve who should be under the private health insurance net, you are never going to have enough money.

I would also guarantee you that were the voters to see what this money is being spent for; you would not have the money you have. I honestly believe that.

As well meaning as some of these projects are and as well meaning as they were in 2004, we are in a different climate now. We are in a very severe time where we are cutting back 24 hour urgent care and yet producing videos for people. It just doesn't seem right.

There isn't anything wrong with preserving money for innovation programs just as you need to preserve some bandwidth for high speed packets. Innovation will never happen unless you set aside money for it.

In summation, I would like to say that if you want real input on where the money is spent, I can give you a lot more input on what it would take to provide that. A lot of work went into preparing these reports; but it's nothing I would make decisions on. It looks like application material for the state, not for a review board.

In general I think some of these projects are really guided in the right place with the budget scenarios we need to focus on obvious ones that need to be cut.

The thing I like most about the other comments is to get outcome-based measurement.

I think the extent to which we are running this like a business, we would all be the better off. At any time money could be taken from one part of the business and given to another.

MHD Response: *Regarding the CSS, WET and PEI Annual Update, the Annual Update was prepared to meet State requirements for identifying changes to existing programs (aka Work Plans), proposing new programs or eliminating programs. Details for each existing program can be found in the original program submission. Initial CSS, PEI, WET and TN plans are posted on the MHD website. Each plan was developed through an extensive community planning process and publicly vetted with stakeholders. In addition, MHB members may request budget details for each program and service funded by the MHSA. The MHD is willing and has made staff available to answer questions in detail.*

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

Regarding the TN Projects, the approved TN projects are intended to support the entire public mental health system (County and contractors). Sheila Yuter (MHD) and Sue Clements (HSS Information Services) are the project leads and are available to answer questions. There was an extensive planning process and public input meetings held to complete the plan. An executive summary of the plan can be found on the county website.

Regarding serving individuals with private insurance, the MHD acknowledges that some individuals with private insurance remain “underserved” or inappropriately served, and that an effective community response to mental health needs is challenging.

Regarding the funding of Innovation projects when other services are being cut due to the challenging budget climate, the Mental Health Services Act stipulates that approximately 5% of each county’s ongoing planning estimates are to be set aside for projects that meet the State’s INN guidelines. This allocation cannot be changed without changes to State regulations. Counties are given the option to apply or not apply; however if a county does not apply for the funds this results in a net funding loss of 5% for total MHSA funds available to the county. In addition, all INN funds will revert to the State if not expended within three years of issuance.

Regarding the format for information provided by the Mental Health Department to the Board for review the MHD is open to input about alternative formats that board members would find helpful.

Regarding the comment that the projects should have outcome-based measurement, the MHD is committed to working with the Board and community stakeholders for inclusion of outcome measures with specific data indicators in all Innovation projects to be in place prior to initiation of project services.

MHD Related Modifications to Plan:

As indicated above, the Innovation project plans will include a succinct articulation of how projects fit into the existing work and services of the county. Each project will also have an added aim statement and a statement of success measures as well as outcome measures identified for evaluation of projects.

10. Wesley K. Mukoyama

I've just returned from a 36 day road trip. I've come to see that Schwarzenegger is trying to cut out mental health all together. I read in the paper that Sacramento County is going to close its outpatient services so everyone is going to go to the emergency room. I believe that a certain part of mental health care should be run like a business - yes it should be accountable. However, business if run on review bringing in money and you

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

don't do that always with the critically mentally ill. You have to have a public policy to help those people whether it brings in money or not.

We should have outcomes. We should be accountable. But you can't have money for outcomes if you don't have inputs.

I must say that I am disappointed with the Innovation program. I agree with Jackie. However we have to work with what we get.

I think the emergence of the older adult or people over 65 is greater than you think. It's about time mental health started thinking about older adults. By 2020, if we don't do anything about depression in older adults, it will be the number one killer of older adults.

This Innovation program, Merging the Old with the New doesn't really touch that. We have to focus on a growing population that will flood our emergency rooms with illnesses compounded by depression. We have to teach families how to distinguish between depression and dementia. If we don't do that from the mental health department, we're in trouble.

Yes, we can run like a business but we have to think about the people that Schwarzenegger is writing off. We have a public obligation to take care of these people who can't help themselves. Mental Health is just one of the departments that has to help that.

I know some people have called us Santa Clause County. But that hasn't been the case ever since I have served on the Board. How can you provide tremendous outcomes when you are constantly facing cuts?

I think there needs to be better communication between staff and the Board. I am also frustrated at times that there is always a timeline that is coming from outside the county.

However, I think the process with dots - there should be some consultants saying these are innovative projects, not just last minute ideas from people. Also, you can't always communicate in public. Sometimes you need to talk to people directly and through e-mail.

MHD Response: Regarding the statement that projects should have outcome measures, each project will also have an added aim statement and a statement of success measures as well as outcome measures identified for evaluation of projects.

Regarding the inclusion of older adults in mental health planning, the MHD agrees that increased attention on this growing population is needed.

Regarding the concern that the Merging the Old with the New project for older adults does not address issues of significant concern for older adults, the MHD has recently become aware of a Stanford research project in which guided autobiography writing is

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

being studied as potential therapy for prevention of dementia and age-related cognitive decline. The MHD is exploring the possibility of enlisting aging research experts in the program development and evaluation of the Merging the Old with the New, which includes guided storytelling and other cultural practices.

Regarding the need for communication between MHD and Mental Health Board members, the MHD wholeheartedly agrees and looks forward to the opportunity to beginning a process of discussion and collaboration to improve Innovation projects.

Regarding the comment that consultants should inform the process of determining whether proposed projects are Innovative, the MHD has engaged in ongoing consultation with an Office of Accountability Commission consultant, who is an experienced psychologist hired specifically to advise OAC as well as counties. Upon request, it is possible to invite the consultant to attend a MHB meeting in order to respond to specific questions the MHB members may have.

MHD Related Modifications to Plan: *The MHD is committed to have concerns raised by MHB members addressed through further meetings facilitated by the MHB. The MHD looks forward to the process the MHB recommends to achieve this.*

Also in response to concerns expressed about accountability of projects, the Innovation plans will include a succinct articulation of how projects fit into the existing work and services of the county. Each project will also have an added aim statement and a statement of success measures as well as outcome measures identified for evaluation of projects.

11. Hilbert Morales

I think the health care system is the victim of some success. I would remind the public that in the 1900's by the time you were 49 you were dead. In 2010, I'm 81; I should have been dead 30 years ago. A lot of this has to do with the fact that with increased dollars and applied technology the ability of health care professionals, including mental health professionals, has enabled individuals to live a longer life in wellness and productivity.

My one suggestion is that a line item be added to each program with the purpose of identifying those resources which are to be used to inform our county's constituents that these programs exist and what may be done to access these programs and their professionals. This information needs to be disseminated through mainstream media as well as media which targets and serves out ethnic communities.

MHD Response: *The MHD acknowledges the need for communication about the system and the availability of resources. Many of the MHSA plans include strategies to engage*

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

the public in services, particularly among underserved populations. Nonetheless, there continues to be a shortage of strategies to communicate and advertise services.

MHD Related Modifications to Plan: *The MHD recommends that each INN Plan incorporate a feasible communication strategy that identifies how potential service recipients will be informed and engaged in projects.*

12. Julianna Brooks

I will have been on the Mental Health Board for a year in June. Part of the sadness for me is the empty chairs in this room. The fact that there is such a huge need in this county - what are we doing to get the word out?

The other thing that makes me sad and feel extremely powerless is that there are committed public servants on this Board and I feel like we have absolutely no effective change to what's happening to the services of this county. I have a full-time job and a child that I love. I'm not doing this for any other reason other than that I believe it's my responsibility as a community to give back and give service. That's why I chose social work as a profession. That's what it saddens me that there doesn't seem to be any willingness on the part of the public employees in this room to actually accept and be willing to take direction in a working partnership from people who are here not just by law but one are here because they feel passionate and have something to give. They have expertise and experience. To me there is nothing sadder.

I want to say about the plan, our emphasis should be on serving this community wherever this community need is. When we are talking about funding innovative programs some of which are written like grass roots projects for \$3.3 million dollars and we are talking about cutting Urgent Care services to the community and we don't have people to don't have people to speak in all the languages of all the people that are in need of services, this is a shame. Shame on all of us for this plan.

I appreciate the time every public employee puts in to their work. I'm asking that we really look at what we are doing here and look at some real partnership and move this forward from a place of cutting out comments which is no one's right in a public forum - to listen to what the community needs. That's an innovative thought right there. - let that drive us.

Let's not spend hundreds of thousands of dollars on a research project comparing consumer driven versus what we are doing now. Why don't we just take a little piece of that and compare it and then decide what is effective and what is worth funding and then fund it? This is practical use of public dollars.

The good news is that we are in a good place this year. We are not looking at cuts as a department. That's great. The bad news is that we are producing a plan like this.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

***MHD Response:** The MHD acknowledges that MHB members feel disconnected from the MHSA plans under consideration. In addition, it is acknowledged that volunteer MHB members do not have the time to attend numerous meetings and/or to spend excessive hours reading documents. The challenge of communicating efficiently and sufficiently has been daunting given the size and complexity of the system; as well as the new planning efforts that have been underway for the past several years. The MHD will continue to discuss how knowledge and information exchange can best be facilitated between the Department and the MHB.*

***MHD Related Modifications to Plan:** The MHD proposes to delay the submission of Innovation plans so that each of the eight projects can be further discussed with Mental Health Board members and other stakeholders and potentially revised or even removed from submission. The initial process used for development of this particular MHSA component was intended for to invite all potential stakeholders to provide suggestions for Innovative projects. The MHD disagrees that this process will favor those who would benefit financially, as funds for most projects will be administered through county procurement policies. The project that received the most votes was the Multi-Cultural Center, which was championed by consumers and family members and strongly endorsed by stakeholders*

13. Carol Irwin

So we have come full circle now and I make the final comments. Where is the public? Where is the public? Why are they not here? Do you know why they are not here? Because they know that if they come it doesn't matter that they've come because no one is going to change the plan.

I've been doing this for a number of years now and it makes me sick because I am devoted and dedicated and I see a vision for this county and what I am looking at here is an abomination. This is an abomination. If you were my students in school I would give you an F. I'm sorry we deserve more than this.

We need to hire our consumers full-time.

We need to include families.

We need to have plans that have detail; that have a process that's clear and that results in consumers getting well.

It's about people getting well. And the buzz word wellness. I don't want to hear that word because your idea of wellness is a buzz word. There's absolutely nothing behind that. When you have smoking in your clinics, people that are 200 pounds overweight, you have meals that are highly saturated in fat. Please do not tell me that these programs are wellness.

**Summary of Comments to MHSA FY11 Annual Update and Innovation Plans
Public Hearing - May 18, 2010**

We wanted an Urgent Care Crisis mobile unit to help families in the middle of the night when their kids are ready to kill themselves. And what did we get? A video. Please give me a break.

When will you wake up? Where is the public? When will you contact the press? How do they know what you are doing with these plans?

Then you are going to go to the Board of Supervisors and say the Mental Health Board approved these plans and now you are going to approve them and then you go to the State and then you get your money and then we get this.

I am sorry for being emotional but I have seen what these illnesses do and it isn't pretty. So I'll try to contain myself and move forward with the rest of the meeting. And I apologize. It would be nice to know that you would listen to the Mental Health Board and work with us instead of working behind us to get rid of us.

MHD Response: *The MHD acknowledges the dissatisfaction and frustration that the MHB members have expressed about Innovation plans and previous plans. Regarding low public turnout at the hearing, the MHD acknowledges the need for stakeholders and MHB members to dialog and share perspectives directly with each other. The Mental Health Department is committed to administering Innovation projects in order to learn how to better serve the people we care for in the public mental health system of care.*

MHD Related Modifications to Plan: *The MHD proposes to delay the submission of Innovation plans so that each of the eight projects can be further discussed with Mental Health Board members and other stakeholders and potentially revised or even removed from submission. The MHD is committed to have concerns raised by MHB members addressed through further meetings, facilitated by the MHB, with stakeholders who have been involved in Innovation project planning and other interested members of the public. The MHD looks forward to the process the MHB recommends to achieve this and stands ready to accommodate MHB needs for this process.*