



# Mendocino County Health & Human Services Agency

*Healthy People, Healthy Communities*

**Tammy Moss Chandler, Director**

Anne Molgaard, Chief Operations Officer



Behavioral Health & Recovery Services  
MHSA 3 Year Plan Update Public Comments, Questions & Responses

## Attachment C: Public Comment

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1. Q: Page 28- The description of the MHSA Housing Program doesn't include amount of money, it should include a number. I know the idea is to leverage the money through the use of tax credits, and I believe the leveraging would go to construction, but also have a percentage for service provision – I believe it's approx. \$450, 000. Does the service provision amount get leveraged in addition to the construction funds?

A: Note: Fiscal amounts are not included in the narrative portion of the plan (Page 28). Fiscal amounts are included in the Budget Summaries at the end of the plan. In the process of leveraging the funds Rural Community Housing Development has calculated leveraging the entire MHSA amount, however any of these calculations would be hypothetical as funds must be set aside for Capitalized Operating Subsidy Reserves. Approximately 1.3 Million dollars is dedicated to the MHSA Housing Project, 1/3 of which must be used for Capitalized Operating Subsidy Reserve (COSR), which is designed to last a minimum of 15 years of supporting costs coming from MHSA.

### MHSA Housing Funds

Capital Funds = \$861,500

Capitalized Operating Subsidy Reserve = \$430,800

Discretionary Funds (Interest) = \$49,867.85

2. Q: Part of the outreach services goes to Native Tribal communities - is that the only way of outreach going through Consolidated Tribal Health?

A: No. There are a number of outreach services through both Community Services and Supports and Prevention and Early Intervention that serve Native Americans. The Community Services and Supports program described as Therapeutic Services to Tribal and Latino Communities (P30) includes MHSA funds to Consolidated Tribal Health, Action Network, and Youth Project.

3. Q: If Consolidated is the only outreach service provider, where are those representatives that are receiving funds? Why are they not present at the hearing?

A: All providers of MHSA services are notified of MHSA Community Planning Process events; the Public Comment Hearing included, and are invited to attend. The MHSA team will make a more concerted effort to improve provider attendance at future events, as it is agreed that this Public Comment Hearing was poorly attended.

4. Q: Pg. 27 regarding Behavioral Health Court (BHC): Full Service Partnership slots – who determines FSPs? ASOs? Other Party?

A: Full Service Partnerships are determined by the Access Centers and by the Full Service Partnership service providers. In FY 15/16 this includes: Integrated Care Management Solutions, Redwood Quality Management Company, Redwood Community Services, Tapestry, Youth Project, Manzanita Services, Mendocino Coast Hospitality Center, and Mendocino County AIDS and Viral Hepatitis Network.

Referrals to Behavioral Health Court are determined and made by any of the Behavioral Health Court (BHC) agencies. Once the Referral form is completed it is delivered to the Therapeutic Courts Coordinator, to be disseminated to the District Attorney, Public Defender and Judge. Unless ruled out as not an appropriate referral by the District Attorney, the potential participant is discussed in pre-court among the participating agencies. If approved, a Care Manager is assigned and medical necessity for specialty mental health services is assessed. Clients referred to BHC, are served with outreach and engagement services, until it is determined whether enrolling in Full Service Partnerships is necessary. Full Service Partnership determination is based on Full Service Partnership criteria, which is based on risks for higher levels of care, combined with prioritizing criteria. The number of “slots” has been determined by the available funds and historical utilization.

5. Regardless of who determines the FSP slots, there are multiple funding streams for Behavioral Health Court. Who is coordinating funds so there isn’t duplication, and ensuring that the MHSA funds to BHC are maximized?

A: Mental Health Services Act and the Justice Assistance Grant are the two sources of funding to Behavioral Health Court. Specialty mental health services to BHC are also funded through Medi-Cal and EPSDT. Mental Health Services Act funds go to client care needs related to Full Service Partnership and FSP outreach and engagement needs and services not funded through Medi-Cal and EPSDT. Justice Assistance Grant funds go toward costs associated with tracking and collecting data, and some special treatment expenses.

6. Q: Does there need to be a determination of a SPMI (severe and persistent mental illness) in order to qualify for Behavioral Health Court (BHC) and FSP?

A: Yes. Referrals to Behavioral Health Court and Full Services Partnerships can be made prior to establishment of whether an individual qualifies for specialty mental health services (through medical necessity with severe mental illness or severe emotional disturbance for youth), but part of the assessment is to determine criteria for those that are fully enrolled in either program. The outreach and engagement component of Community Services and Supports is to provide services to those who may not meet full criteria for SPMI.

7. Q: Pg. 29 Re: AOT: Implemented Jan 1, 2016, one year pilot project. Is that true? Can the starting date be later for duration of one year pilot project, that is mutually agreed upon, for when the pilot reflective of when the program began receiving referrals?

A: Yes, the starting date of the AOT program was January 1, 2016. Preliminary trainings and meetings occurred in November and December of 2015 in preparation of January 1<sup>st</sup> implementation. The program was implemented and ready to receive clients as of January 1, with the first clients referred in March of 2016.

8. Comment: I participated heavily in the development of the MHSA process in its development phase. The large purpose was to get MH clients involved in provision of MH services. During the early implementation, dozens of clients were participating in meetings. Currently (this meeting) there are at most 6 participants.
9. Comment: The MHSA program has deflated Client Empowerment.
10. Comment: My understanding is that the existing programs before MHSA that used to be funded were wiped out. (Crisis Center, PHF, Outlying services to Native Americans). Mental Health Clients were offered Hope through MHSA, and no longer have Hope. I think there is a lot of disappointment in the MH services. Clients want to see improvement, I don't see evidence that knowledge of programs exists. Very active Jail program.
11. Comment: Important conversations need to occur regarding Trauma of Treatment. Feel this topic is readily ignored by the professional community in Mendocino County- based on the poor quality of services in Mental Health.
12. Comment: Look into Trieste, Italy - revolutionary treatment on MH services there. Programs that replicate what are occurring there is a suggestion.
13. Comment: Suggestion that Alternatives, a conference FOR MH clients, 4th week of September in San Diego, funded by states and federal government, in empowering and enfranchising MH clients. County should provide means for clients to attend; it is very expensive, but an opportunity to show dollars going to MHSA clients. 19<sup>th</sup> through 23<sup>rd</sup> of September. 2 commenters supported these statements. Title of Alternatives, 30 years looking back - it is a landmark conference. Historically sending clients.
14. Q: Regarding the money situation:
  - a. The estimated funds for 16/17, what is the total of MHSA expenditures (pg. 51)?

A: Total MHSA expenditures for Fiscal Year 16/17 are \$4,510,834.
  - b. Total new budget for the coming year, where are we in the expenditures?

A: The above is the total new budget for MHSA FY 16/17. We have not expended any funds to date.

- c. How much of the budget is coming from Indian Health Services? (Indian Health Services provides money to the county for MH services to schools and jails to care for natives in jail, how much of those funds go to MH for those services.)

A: Neither Mendocino County Mental Health nor MHSA receive any funds from Indian Health Services.

15. Q: Why aren't Behavioral Health Board meetings set at consumer venues such as Willits, etc.? Forums have been doing that.

A: The Behavioral Health Advisory Board did meet at a Wellness Center in Fiscal Year 15/16- Hospitality Center on the Coast. It was a very successful meeting with many consumers present. It is a goal to increase meetings at consumer friendly venues and Wellness Centers. The BHAB has Brown Act regulations that frame some location restrictions, and the venue must be large enough for the Board and consumers. The BHAB is open to additional suggestions of meeting venues. The schedule is set in December and once set is fixed related to Brown Act requirements.

16. Comment: Food should be served at meetings for clients.

17. Comment: The draft needs to state that there has been a poor participation rate of consumers, in spite of great efforts to move around the county. Advertisements are not on the radio.

18. Q: Pg. 19 regarding goals, Can the goals be prioritized? Why isn't housing on the top of the list?

A: These goals are overarching, and have not been ranked or prioritized in the past. Goals result from stakeholder feedback, it is not always possible to prioritize, as different stakeholders have different priorities. This update is the final update for the MHSA Three year plan for Fiscal years 14/15 through 16/17. We can rank or prioritize goals in the development of the next three year plan, based on stakeholder feedback, and will explore methods to prioritize goals identified through the Community Planning Process.

19. Q: Regarding integrating with Primary care, Pg. 19, can there be funding sent to educate primary care providers regarding diagnosis, and referral possibilities, in addition schools etc.?

A: MHSA has facilitated trainings of primary care, as well as schools, depending on the topic. For example; Applied Suicide Intervention Skills Training (ASIST), Safe Talk, and Suicide Prevention in Primary Care. In addition, Mendocino County Mental Health requires our Administrative Service Organizations to provide education to the community including, medical providers, schools, and other community partners regarding services available, qualifying medical necessity, and referral processes and contacts.

20. Q: Pg. 21 Quality Improvement section - Can this be focused on consumer quality of life rather than cost effectiveness of an overworked staff?

A: The Quality Improvement Section of the Goals is intended to be focused on quality consumer services, hence the focus on outcome measures, productivity, data driven care, and training. These goals are to ensure that we have ways to measure, track, and monitor progress of consumer quality of life. The section of Recovery Oriented Consumer Driven Services outlines improvement to Consumer quality of life. In that section we outline that the consumer drives and decides what areas of care are needed to improve quality of life as defined by the individual.

21. Q: Pg. 22 and the discussion of forensic treatment with community partners: Why isn't family reintegration included in that section (with training)?

A: Family is included in establishing relationships with natural and influential community members. We can attempt to make that more clear. Training of consumers and family members is outlined in more detail in the Workforce Education and Training Section.

22. Q: P 24 & 25: Regarding TAY (Transition Aged Youth), FSP (Full Service Partnership) and Clinical services, statements of priority being focused on Latino and Native American populations. Why is that? Why can't these funding services not be based on a percentage of the total Native American and Latino population? (Concern it may mean that with limited services-Concern being non-Latino or native clients may not be served - "this is coming from a Native person")

A: One of the overarching tenets of Mental Health Services Act is to provide services to the underserved, in particular underserved cultural groups. Native Americans and Latinos have been identified by several years of stakeholder meetings as our underserved cultural populations. The prioritization of these services to underserved groups should not mean that individuals from the dominant culture or cultures that are not recognized as underserved are excluded from services. The expectation is that specialty mental health services are providing the bulk of the services needed, MHSA services are above and beyond to help fill the gaps and reach those that were not being served (or sufficiently served) by the primary services, without additional MHSA supportive services.

23. Q: Pg. 30: Regarding MHSA Housing: Why isn't apartment rental help and support included so someone can rent an apartment in the general population?

A: This funding is very specifically for the establishment of new permanent supported housing units for MHSA clients. Apartment rental help and support can be facilitated through other MHSA funding, in particular Full Service Partnership supports, provided that it is short term "whatever it takes" support, and ultimately the client can sustain independently.

24. Q: Pg. 38: WET objectives: Why aren't training for doctors, physician's assistants, Law enforcement, teachers, also included?

A: While the groups listed above are not explicitly listed, they are included in Objective 2. Promote the integration of wellness, recovery, and resiliency concepts throughout the mental health delivery systems at all levels of service, and Objective 7 Partner with outside community organizations on workforce development opportunities. Workforce Education and Training objectives to Community Partners are outlined in more detail on page 41 under Community Partnerships and Collaborations.

25. Q: Follow up question to Q. 24: What kind of training? And how do we send referrals for training, especially for the education of family?

A: Workforce Education and Training funds will be used to provide Training to the providers, consumers, family members, and the public.

Training opportunities made available through the use of MHSA funds, are sent to stakeholders through an email list serve, are posted at MHSA service providers, are posted on the MHSA website, and Public Service Announcements are sent to local media outlets.

26. Q: P 52: funding for community services and supports: In general why aren't these categories broken down into further categories- subcategories? C: Don't understand how you can ask the BHAB to approve something with such large amounts for "adult programs". It makes it too difficult to comment without a specific budget- for all amounts.

A: The Form that is used is what is required by the State. Mendocino County MHSA is working on ways to provide more detail in future Plans. However it is challenging to attach detailed amounts of dollars to programs during the plan process as all of the amounts are estimated based on Budget estimates, as well as because the agreements with ASOs have not yet been finalized by the time the plan is drafted. Additionally, setting fixed amounts limits flexibility during the year. Mendocino County MHSA has begun our planning process earlier each year to improve the amount of detail included in the plan, however, beginning too early limits the amount of consumer feedback and detailed budget information we have available.

27. Q: Pg. 52: For Non-Full Service Partnerships, why are the funds for Children & Family more amounts though for smaller number served? Why aren't the numbers served included for all categories?

A: The Children and Family do not receive more funds than other amounts listed. You are likely looking at Column C which relates to Estimated Medi-Cal FFP. This is not an MHSA amount, but an alternate funding source (billable services) for the same population. Children and Youth Reimbursements are at a higher rate.

The target numbers of FSP's served are included in the program component of the plan.

28. Q: Pg. 52: Re: Across the Lifespan, why can't more money be put in that section for housing?

A: Full Service Partnership Programs do have flexible spending amounts for Full Service Partnerships that are used by programs for housing. These funds are spent based on client

need, and so are not dictated by MHSA. Additionally when MHSA Housing is developed, the housing will be targeted for FSP/MHSA clients, please refer to question 1 for more details.

29. Q: Pg. 54: WET programs, Scholarship Assistance (#3) 140 Thousand: Do we know those that receive scholarship that they stay in the County after 3 years? In other words, is it an effective program that is worth the money?

A: WET funds have not been spent on scholarship assistance to date. We are in the planning and development phase with Mendocino Community College to make those scholarships available. We do intend to obtain commitment to work in the community when granting scholarships.

30. Comment: Capital Facilities and Technology Needs (CFTN): Note that I hope with the funds identified, that the EHR moving forward will make it better for client care. The burden of no EHR has made it difficult for adult service providers. Manzanita services as a peer run service organization with family and client staff, without an EHR, the agency has had undue burden providing necessary and essential client services. I have hope that by including this, the work can change to being focused from movement of records to supporting quality of life of our people, that it will provide a foundation to provide a seamless transition to more people.

31. Comment: Support for the above comment.

32. Q: Are any of the CFTN funds available to Manzanita Services or Hospitality Center?

A: Not directly. The CFTN funds are being spent on upgrading the Electronic Health Record system of the County as well as its capacity to interface with the Administrative Service Organization Electronic Health Records. In this way, the benefits will be directly accessible to direct service providers such as Manzanita Services and Hospitality Center.

33. Comment: Clarification of Forum Schedule Pg. 57: Manzanita Services Ukiah, Address is 410 Jones, Suite C-1. And there is no West in the Jones address.

34. Q Pg. 29 - Therapeutic services to Tribal and Latino community, services to remote communities provided by MH providers, who are the MH providers. Who are those providers?

A: Mental Health Providers includes any Mental Health Plan Providers (providers of specialty mental health services billing Medi-Cal) and Mental Health Services Act Providers. Specific providers are not named to allow for flexibility within the MHSA three year planning process. Specific providers serving the tribal and Latino communities in the remote areas include but are not limited to: Consolidated Tribal Health Project, Action Network, Laytonville Healthy Start Family Resource Center, Nuestra Alianza, Youth Project, and Tapestry Family Services.

35. Comment: Throughout whole plan, bi cultural and bi lingual providers are referenced that way.

36. Q: Throughout the plan discuss bicultural and bilingually trained staff. What training is offered to make qualify bi-culturally and bilingually trained?

A: The terms bi-cultural and bilingual are emphasized in the plan, as a way to emphasize that culturally appropriate services are prioritized and expected to be provided, and that services are expected to be provided in the preferred language of the consumer for MHSA services. This is not a specific training of all staff. MHSA providers are expected to have a cultural competency training at least once per year. Program staff are indicated as bilingual if they are fluent in a second language. MHSA service providers provide lists of the cultural and linguistic capacities of their staff to MHSA at least twice per year. MSHA makes at least two cultural competency trainings available to the provider and the community each year. Refer to the Mendocino County Cultural Competence Plan for a more comprehensive list of trainings. The plan is available on the Mendocino County Mental Health Webpage: <https://www.co.mendocino.ca.us/hhsa/bhrs/cdc.htm>.

37. Q: Pg. 30: Written documents for all services available in English & Spanish, as threshold languages. Does it occur a lot that we don't have bilingual providers available?

A: All services can be translated through a translation service if a bilingual provider is not available. There should never be a situation in which a phone translator is not available. We do recognize that providing the service in the language preferred is best practice, and so MHSA emphasizes prioritizing bilingual providers when possible. Some treatment providers have more bilingual providers than others. The specialty mental health system is conducting a performance improvement project around services to Latinos, and we hope to use the information from that project to inform improvements in serving the Spanish/Latino community. Service providers report they generally have bilingual providers available, and have not had to use the language line more than a handful of times. Providers employ bilingual intake specialists and receptionists to ensure that Spanish language needs are met.

38. Q: Pg. 40: WET: regarding the objective to provide training to those in the Public Mental Health system on topics including the list of 5 topics: How are we identifying partner agencies, consumers and family members to participate in these trainings?

A: Training notices are sent out to all MHSA stakeholders. Stakeholders include those parties listed on pages 8-9 of this document, as well as any individual that participates in a Forum and provides their contact information. In FY 16/17, following suggestions from the Community Planning Process, we will be sending out letters to community agencies, asking for updated contact information and recommitment to the MHSA stakeholder process.

39. Q: Regarding budgeting from the past: I need more detail about what actually happens to the funds. Of the total funds expended, what percentage is spent on salary for staff?

A: 3.4% of total MHSA funds is projected to be spent for Fiscal Year 16/17 to be spent on Salaries & Benefits. This percentage has been consistent for the last three years.



40. Q: We've been told there will be expanded services through wellness centers on the coast and Manzanita. Are any MHSA moneys reallocated to those expanded services, and will they be identified in this plan? Since it hasn't occurred yet, I would like to know what the expanded amounts are and where is it coming from?

A: MHSA allotments are not changing significantly this fiscal year to Mendocino County or to direct service providers. However with the Mental Health Services transition from two ASOs to one in FY 16/17, there are expected to be administrative savings to the providers as well as increased Medi-Cal billing opportunities through the "no wrong door" access model that are expected to increase services in the locations mentioned via the integrated care coordination model.

41. Q: Re: PEI: Pg. 35, Section 3, Stigma and Discrimination Reduction: SB 330 Alex Padilla, provided funding for curricula in state schools K-12 on Mental Health Education, currently these funds are held up in the State. Can our County MH (Jenine) go to school office of education to find out what the holdup is in release of those funds?

A: This is not MHSA funding, so we are not directly involved in conversations about the release and use of said funds. The question will be forwarded to the Behavioral Health Director. MHSA Stigma and Discrimination Reduction programs are mandated through PEI based on regulation changes in October 2015, and so regardless of the outcome of SB330 there will be MHSA programs in this category.

42. Q: At recent BHAB meeting in Covelo, members of the public addressed MHSA allocation, would like to confirm that primary funding for Round Valley is solely through Innovation funds that has been stalled for years. What funding is allocated for Round Valley and Yuki Trails? Seems as though that area is not receiving funds for services, though a priority is for Native Americans.

A: At the time of the Public Hearing no MHSA funding had been allocated to Round Valley and Yuki Trails. The MHSA plan for FY 15/16 intended for MHSA funds to be allocated to at least one of those programs, but through miscommunication had not. That is being rectified in in conversations about funding for FY 16/17.

Separately, the Innovation project has been in development for the past 2 years of this Three Year Plan. Previous attempts at an approved Innovation project had been unsuccessful. The challenge with the Innovation Project, is that in order to be approved the project must develop a new mental health service delivery that is innovative in the State of California. The funds are intended as a learning project for the all California Counties. The community stakeholders want to develop projects that are innovative to our community. The result of the difference between State approval and stakeholder direction has been a delay in an approved project. We are continuing to refine the project proposed by the Round Valley community to meet Oversight and Accountability Commission criteria for an innovative project. It is our aim to have the project submitted for approval by the end of June 2016.

43. Comment: Regarding 3 Year Plan - I feel community is lacking an understanding of how funds are matched and coordinated by other funding streams to maximize resources and to further the goals of the MHSA 3 Year Plan.

44. Comment: BHAB will be conducting training in August around the complicated of MH funding & financing. That will be publicized to the public, and consumers, as that is recognized as a gap.

45. Q: Can matching and coordinating funds be reflected in MHSA budget summaries?

A: Estimates for additional funding, when available, is included in the Community Services and Supports Table on page 52, columns C-F.

46. Q: Would like to see MHSA plan reflect intent of how programs can become sustainable, so monies in future can be allocated to further expand client care and recovery based programs.

A: We agree that MHSA funds should not be the sole source of funding for any project. The intent of the Integrated Care Coordination Service Model is that MHSA funds are to support parts of programs that are not able to be funded in other ways, in ways that increase the Recovery focused, consumer driven, family/natural support oriented, and reduction in negative consequences of SMI.

47. Comment: When I started with the Mental Health Advisory Board, and did the MHSA report, and it was easier when the cost of each funding streams was included in the topic. Money budgeted for was included in each topic/components.

48. Can we provide additional sub-funding attached to CSS programs: would look be connected to the narrative?

A: Yes, but not as a part of the MHSA Annual Plan Update. Contract agreements are not yet finalized between Mendocino County and the Administrative Service Organizations (ASOs), nor between the ASOs and their subcontractors.

49. Q: In 14/15 Innovation chart didn't have anything included. This time we do not have an innovation chart for budgeting. I know that we have spent funds toward the creation of the implementation plan, and am wondering how close we are to approaching Innovation allotment.

A: Regulations do not outline allowable administrative costs. County administration costs have been kept below 15% and are reported in the Revenue and Expense reports. Innovation funds are received yearly, the 5% of our total MHSA funds go into Innovation. We have not yet been approved for an innovation project, so the majority of our Innovation funds have not been spent.

50. Q: P 13: Need assessments: why can't the collection of needs assessments be by surveyors to all consumers, including those isolated at home and homeless or in jail? Could we have payed surveyors go out to consumers isolated at home to identify what our needs are. The attendance at the public hearing is a poor showing, and is not representative enough, to be making so many important decisions on.

A: We can take the suggestion that all MHSA recipients be surveyed under consideration for FY 16/17 and the suggestion of funding surveyors to go into isolated consumer homes and jails into consideration in planning for the new Three Year plan.

Currently, MHSA providers are expected to support consumers to attend Community Planning Process events such as MHSA Forums and advocate for themselves. MHSA Forums are held as often as possible in consumer friendly, MHSA funded venues. We have better attendance at MHSA Forums and Community Planning Process Events. We will consider having the Public Comment Hearing in those venues as well.

51. Comment: In an effort to gain information, the means of collecting information needs to be user friendly. There's often poor attendance because, it's painful, and not a welcoming format for clients to want to participate. Effort from individuals, especially in North County, is monumental. Should be more effortless, and client centered. Not a nurturing process and we need to develop one.

52. Comment: The Survey for MHSA Housing was *not* user friendly. Many clients wanted to have feedback, Manzanita made an effort and MHSA made an effort to try to collect the feedback. It was immensely complicated when you have to train us in how to fill out the survey and as a result I feel the data is skewed. We need to invest in ways to make it possible to get that accurate information.

53. Comment: When you lose morale and hope you don't get the feedback you need, because they don't feel their input will be used.

54. Comment: Support for above comments, more experienced people had been in MH client movement, and were asking; will the promise of MHSA be kept? The promise was not kept, that MH county funds would not be stripped from MHSA, you have clients with lifetime of history to distrust authorities, and now MHAB. It is not user friendly to not provide food or coffee, but not even water.

55. Q: Most of clients have less than 10k a year, to get here, without recompense, support of way to get here today. What will be offered for coming here today? What will I get? Nothing is expected, and I'm more positive than most clients.

A: Your Questions and comments will be responded to and included in the Plan update. Stakeholders and clients do not have to be present at the Public Comment Hearing for their

questions and comments to be included. Questions and Comments can be emailed, phoned, mailed, written and dropped off, or communicated in other ways.

56. Comment: When providing service and support, time is of the essence. Asking a community to wait 10-12 years, we don't have 10-12 years.

57. Q: Can the answerers to these questions and the comments be sent out and posted around the county in a timely fashion (within a month)? Such as wellness centers, libraries, clinics, Hopland, Covelo, etc.

A: Yes. The Questions and Comments will be posted as a separate document on the MHSA Website: <https://www.co.mendocino.ca.us/hhsa/mhsa.htm>, as well as emailed to stakeholders. The responses will be included in the final draft of the Annual Plan Update which will be presented to the Behavioral Health Advisory Board on June 18, 2016 for approval. If approved by the Behavioral Health Advisory Board, the Plan will be submitted to the Board of Supervisors for approval on July 12, 2016.

58. Q: Do I have to go to Consolidated or other providers of Native American services, to get the info from meeting for information? On what they have done? How does information get out to tribal community members, what door to go through, how go to in order to access services? Clarification is needed (comment added that this question is coming from a Tribal Member).

A: You should not need to go to Consolidated Tribal Health or other Native American service providers for meeting information. Mental Health Services Act (MHSA) Meeting information is posted on the MHSA website, emailed to all stakeholders that have provided email addresses, posted by MHSA providers in public spaces, Public Service Announcements are sent to media outlets, including radio and newspaper, to share information about all Mental Health and MHSA public meetings. MHSA providers follow the "no wrong door" philosophy that a consumer in need should be able to go to any service provider and be assisted in getting access to the services needed and appropriate. MHSA will continue to work with our providers on increasing awareness of what services are available.

59. Question: Are MHSA Full Service Partnership funds are they capitated?

A: Yes. Our allocation is a limited amount but the distribution is determined by the plan. There is not a capitated amount per individual Full Service Partner; however, there is an allocated and budgeted total amount for Full Service Partnerships.

60. Comment: Regarding the Behavioral Health Court Calendar, I would like to see data coming from the Behavioral Health Court calendar.

61. Comments: Submitted by Laytonville Mental Health Coalition. See below:

To: Robin Meloche, MHSA Coordinator  
Behavior Health and Recovery Services

From: Jayma Spence, on behalf of the Laytonville Mental Health Coalition

May 22, 2016

Dear Robin;

I hope this finds you well. I am writing on behalf of our Laytonville Mental Health Coalition, a group of Laytonville citizens working together to enhance mental health services in our community. As you know, our Coalition is made up of representatives from the local school district, local health center, Family Resource Center, NAMI Mendocino, parents, and various professionals who serve on local boards and/or provide services to our community.

We are responding to the “MHSA Annual Plan Update for Fiscal Year 2016-17.” Throughout the year we have been invited to and appreciate the opportunity to be stakeholders in the process. While our group appreciates the information contained in the MHSA update, we would like to note our comments:

For roughly the past year, Laytonville had virtually no mental health services available for adults, due to our local health center lacking a provider. The Family Resource Center is able to refer adults to crisis or to outside services (this is assuming the client is able to receive transportation to these services). Our Coalition was surprised to read on page 27 that Laytonville is included in the “Adult Wellness and Recovery Centers” section. While Laytonville Healthy Start Family Resource Center certainly is able to provide referral and information to adults seeking mental health services, it is not a site that provides mental health services to adults, nor does it receive funding to do so. In fact, the community of Laytonville is lacking “SPMI” services for adults with mental health issues or who are experiencing crisis. Too many times, adults under crisis are either transported by Sheriff’s Deputies or to Howard Hospital. Thankfully, the Long Valley Health Center recently hired a LCSW and is able to provide mental health services to adults, notably, without funding provided by the County.

Noted on page 14, under the section “Transition Age Youth Needs”, Laytonville was listed for several planned items and/or services that were administered in FY 14-15. It would be helpful to our Coalition to know the agency that is currently providing these services and where these services are taking place, since it is not noted.

On page 15, under the section “Across the Life Span Needs”, Laytonville was listed as needing an outpatient clinic to provide drug treatment once a week. Our Coalition would like to know what is “SUDT” and where does the “dual diagnosis program” exist? Laytonville has a serious need for substance abuse service providers. The Long Valley Health Center (the only provider of care in Laytonville) is the most appropriate place for these types of services to take place. The Health Center has identified the need to establish a Medi-Cal billing program for substance abuse treatment services. Standard mental health services to adults and families along with special areas of need of substance abuse and SPMI are not currently provided at Long Valley Health Center. Long Valley Health Center would like to know how to link with SPMI

services, and would like to have an on-site substance abuse counselor. Would County Behavioral Health be able to provide information on how a program like this could be funded under MHSA?

Our Coalition supports any type of mobile outreach to Laytonville and to the North County; is there a solid plan to address this need in the MHSA plan?

Due to unfortunate community tragedies, we continue to seek additional funding for prevention and early intervention. We appreciate Redwood Quality Management Company working with our Family Resource Center to establish a small MHSA/PEI contract. Laytonville continues to host the NAMI Mendocino support group for family members and those dealing with a loved one experiencing a mental health disorder. However, these services are just providing a small drop in a big bucket.

While our community has done a fair job in advocating for services to our area, we recognize that Laytonville, along with the North County, appears to not be getting much of the MHSA pie. The Family Resource Center and schools host a Tapestry Family Services therapist two days a week. Due to a high number of referrals for students who need on-going therapy, our Coalition would like to advocate for an increase in MHSA funds to support either an additional Tapestry Family Services therapist, or an increase in the days the therapist could serve Laytonville. We would also like to note there is no service provider to conduct assessments for the 5 years and younger population of Laytonville. Since our community's "BRONCO" grant ended a few years ago, there is no longer funding to support targeted services/interventions for those 5 years and younger (the school has noted an increased need in this area).

In closing, our Laytonville Mental Health Coalition would like to express support for a facility in the North County where those in crisis (any age) can access a safe and supportive environment (24 hours a day, 7 days a week), that isn't the local hospital or the county jail. We would also like to also advocate for additional psychiatric services, since none are available in our area. Transportation to appointments outside the area continues to be a need at the top of our list, as many residents lack the resources to be able to drive to mental health services.

We appreciate you taking the time to read our Coalition's comments and welcome a response to the questions asked. If you should have any questions or comments, please feel free to reach Jayma Shields Spence at (707) 984-8089 or [jaymashields@pacific.net](mailto:jaymashields@pacific.net)

Sincerely,



Jayma Shields Spence

On behalf of the Laytonville Mental Health Coalition