

**Draft FY 2015-16 MHSA Plan Update  
Comment Period June 15 – July 15, 2015  
Public Hearing July 22, 2015**

**Comments Received During 30-Day Comment Period**

**Substantive Comments**

- Minimize proposals from community providers and increase direction from the Mental Health Division.
- Increase collaboration with multiple agencies and community providers to build and support an evidence-based system of care.
- Too much money is being spent on piecemeal programs from community interests rather than on developing and building a system of care.
- There should be more focus on Early Detection and Intervention with the age 12-25 group.
- Mental Health crisis workers at the Emergency Departments at Marshall and Barton are not included in the MHSA projects.
- Increase services in CSS Project 3a: Transitional Age Youth Engagement, Wellness and Recovery Services through the use of the Mental Health Block Grant funding.
- Increase funding for CSS Future Potential Project 2d: Assisted Outpatient Treatment.
- There needs to be a Mental Health Probation staff dedicated to providing services to individuals involved in the justice system.
- Reduce family strengthening programs to allow for enhanced services for adults.

**Questions Received**

- Are Veterans and their families considered as part of this funding stream?

**Other General Input (not comments on the Draft Plan Update)**

- Mandatory therapy/participation in therapy to obtain/maintain benefits
- Follow up with individuals receiving psychiatric medications to make sure they are taking their medications

**Comments Received During the Public Hearing**

**PEI**

- Funding is better served by putting it towards FSPs.
- Need to learn to provide services better.
- MHSA funding may be reduced as millionaires move out of California.
- Direct more funds to adults.
- Deficiencies in the home at an early age follows children through their lifetime.
- The more emphasis we put on training families to be primary therapeutic agents of children, the better. Need to train parents to produce better results.
- Emphasis is needed on early intervention, first episode psychosis and wellness for youth.

- Family education is important. There is a significant reduction in ongoing concerns when mental health issues are caught early.
- First Episode Psychosis services needed for ages 18-24.
- Look at partnering to create programs.
- Concern for overlap in services for children at school age. Need to look at how to identify children showing signs of serious mental illness. Treatment is often received far too late to make a difference.
- Many other counties are focusing on early psychosis.
- First breaks are being seen at an earlier age, even in middle school.
- Family education and more involvement is needed.
- Family education needs to include foster parents and substance use disorder services.
- The Primary Intervention Project works with children on classroom adjustments and social behaviors, and help identify mental health needs early.
- Issues with the Primary Intervention Project often stem from the parents and challenges in engaging the parents.
- Why was funding for PEI Project 1f: Prevention and Early Intervention for Youth in Schools increased?
- There is value in the programs, but schools should be providing PEI programs from their own budgets.
- Need to look ahead to find other funding for PEI projects.

## CSS

- When will there be updated outcome data available?
- AOT should have the same level of MHSA funding identified in the FY 2014-15 MHSA Plan.
- Other counties have hired outside agencies to establish measures.
- Intensive Case Management is good, but difficult to measure success.
- People have no insight into their mental illness and don't see a need for services. There is a hole with LPS laws that AOT could help fill.
- Every time someone has a crisis event, their baseline decreases.
- There isn't just a cost in dollars, but also a cost in victimization for untreated mental illness.
- AOT would save money in other programs, not just Mental Health.
- Can the fund balance be utilized to fund programs?
- How much will the Medi-Cal adjustment be in FY 2015-16?
- How secure is the CCP funding for AOT?
- Some clients eligible for AOT would be new and some are already in treatment. It's unlikely to cost \$25,000 per person per year.
- Can a survey or preliminary Request for Proposal be done to obtain ideas on how to implement AOT?
- Other counties have AOT models.
- Why aren't children served under PEI rather than CSS?

## INN

- It's a challenge to find a new program.
- Project idea: Occupational training for clients.
- Project idea: Change focus to lifestyle options (nutrition, exercise) to help improve mental health.