County of Orange
Health Care Agency, Behavioral Health Services
MHSA Office
405 W. 5th St. Suite 354
Santa Ana, CA 92701

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION					
Name	Sandy Avzaradel				
Agency/Organization					
Phone number		E-mail			
Mailing address (street)					
City, State, Zip		CA	92688		

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	Person in recovery	☐	Probation	
☒	Family member	☒	Education	
☐	Service provider	☐	Social Services	
☐	Law enforcement/criminal justice	☒	Other (please state)	Early Childhood Policy and Advocacy

COMMENTS

Thank you for the work your agency has done to support the mental health and wellness in Orange County. I would like to make a few suggestions:

1. When categorizing age groups, split children up into smaller age bands. Due to brain development, a three year old's mental health needs are much different than a 15 year olds. I would suggest the following based on brain development: 0-3; 4-8; 9-15. Another option is to use 0-8 age band.

2. I believe that true prevention starts upstream. The most upstream is prenatal – emphasizing the mental health and wellness of the mom and dad and its effect on their child. The next step in prevention is focusing on the social and emotional skills that create resilient children – beginning with foundational health (early relational health). We know from research that the earlier you start with prioritizing programs and services, the better return on investment you have economically, socially and in health outcomes.

3. Prevention and Early Intervention practices to build resilient families, which build resilient children starts with home visiting programs, parent education on attachment, foundational health, social and emotional skill development and positive parenting practices. I did not see these programs listed in the plan.

4. Workforce development programs specific for early childhood.

Public Comment #1

1. ("Age Bands"):

Thank you for your feedback. We report according to the MHSA age bands as defined by state law. As new data collection/reporting modules are created, we have begun looking at smaller age bands and roll them back up into the MHSA-defined age bands when significant differences do not exist between smaller age bands (i.e., the recent OC COVID Impact survey), the age. To do this with historical/existing data, we need to update our data reports through IT; this update will be part of the over-arching modernization of HCA's data analytics and visualization that is in process.

2 & 3. ("Prevention starts upstream" & "PEI practices to build resilient families"):

We agree on the upstream approach and currently fund several programs/services that focus on new or expecting parents or on families with young children using upstream approaches. For example, community members and providers can receive training and education outreach on a variety of topics related to young children through the *Outreach to Increase Recognition of the Early Signs of Mental Illness* program (pg 44). Another example is the "Safe From The Start" component of the *Violence Prevention Education* program (page 67 of plan). This component educates parents on research demonstrating how exposure to violence can impact children's neurological development which may, in turn, compromise their cognitive, social and emotional development. Presentations are provided to parents on campus during and after school hours, as well as at shelters.

Beyond this, building resilient families is a goal of several other MHSA/PEI programs, including the *Orange County Parent Wellness Program* (OCPWP; page 128 of plan). OCPWP provides early intervention outpatient services to at-risk and stressed families with children, including pregnant females and partners affected by the pregnancy or birth of a child. OCPWP staff are trained in Positive Parenting Program (Triple P), which is an evidence- based parenting program that gives parents simple and practical strategies to build strong healthy relationships, and Mothers & Babies, which is an evidenced based program that has been highlighted as one of the most effective intervention for the prevention of postpartum depression. In addition, for all families enrolled in this program with young children, beginning in July early childhood screenings will be used to identify additional needs.

Building resilience in young children is also provided through several MHSA prevention programs, such as *School Readiness* (pg 53*), Parent Education Services* (pg 56), *Family Support Services* (pg 72), and *Outreach to Increase Recognition of the Early Signs of Mental Illness* programs (pg 44).

4. (Workforce development specific for early childhood):

In addition to the above, the *Orange County Parent Wellness Program* also provides community education on Perinatal Mood and Anxiety Disorders (PMADs) to any organization seeking information on how to screen for PMADs and where to refer for counseling services. The *Outreach to Increase Recognition of the Early Signs of Mental Illness* program (through the Behavioral Health Training Collaborative) also provides services to non-mental health professionals who interact with/provides services to OC residents who may be experiencing a mental health issue. The provider would welcome community input regarding additional trainings needed by the community. Please contact them at:
training@westernyouthservices.org or (949) 322-0064 or visit the website at www.ocbhtc.org

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PERSONAL INFORMATION					
Name	**Sandy Avzaradel**				
Agency/Organization					
Phone number		**E-mail**			
Mailing address (street)					
City, State, Zip		**CA**	**92688**		

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	**Person in recovery**	☐	**Probation**	
☒	**Family member**	☒	**Education**	
☐	**Service provider**	☐	**Social Services**	
☐	**Law enforcement/criminal justice**	☒	**Other (please state)**	**Early Childhood Policy and Advocacy**

COMMENTS

Early Childhood OC, a collaborative of over 35 cross-sector agencies, works to promote family resilience, quality early learning opportunities, and a comprehensive system of care for health and development to ensure Orange County attains positive economic, health, and social outcomes. In reviewing the MHSA Three-Year Plan draft, we would like to address the following: Strategic Priorities 1. Mental Health Awareness & Stigma Reduction: No proposal to start early a. Mental health begins with a pregnant mother and progresses to the first days/weeks after birth to the first three, five, and eight years of age. To educate and reduce the stigma of mental health, we must start at the earliest point possible: i. Education on the effects of a mother's mental health and wellness and her growing baby ii. Attachment and bonding iii. Safety and security iv. Positive and responsive relationships v. Social and emotional skill development - resilience b. Waiting until after age eight, is too late as 95% of the brain development has occurred, strong neurological connections have been made, and children and families have set patterns of behavior. 2. Access to Behavioral Health Services: School Readiness was reduced and there was no proposal to screen, treat and heal before the child enters the school system a. School-focused mental health services are important, but 90% of a child's brain has developed by the time they enter the school system. The neurological connections have formed which requires longer and more intensive services during the school-age years, than if we focused on positive parenting and mental health services birth to five. b. Screenings, assessments, and interventions for behavioral and developmental health at the earliest ages will help to prevent issues later on in life. Patterns of behavior are set before a child enters the school system. 3. Suicide Prevention: We prevent suicide by building socially and emotionally competent children who are resilient. Starting at school age is too late. a. Suicide prevention begins with the pregnant mom. To truly prevent suicide, we must take an upstream approach – beginning where we can have the greatest impact on creating a positive trajectory. If a person is suicidal, they did not get there at age 11 or 12, the journey started in their first years of life. We should be focused on the earliest age possible, strengthening relationships, developing social and emotional skills, and providing safe and secure, positive environments for young children to live and grow. Funding 1. Based on the proposed 3-year plan, it is difficult to tell which age group the funding will target, due to the 0-15 age ban used (see proposal below). The School Readiness Program funding has been reduced and there is no mention of early childhood mental health consultation in funding proposed. 2. What is the % of MHSA funds used to support early childhood (birth through eight), where we will have the greatest return on our investment? Priority Populations 1. The document references very large (and overlapping) age spans, making it difficult to see exactly the age group prioritized for funding (children (0-15); youth (16-25); TAY (18-25). The behavioral health needs of a newborn are vastly different than a fifteen year old, so Early Childhood OC would like to see ages groups related to brain development and the developmental process making it easier to identify outcomes and impact of policies, programs, and services: Early Childhood age-span (pre-natal to eight) a. Prenatal/Perinatal – (the mental health of a child begins with the mental health of the mother) b. Birth through 3 c. 4-5 d. 6-8 e. 9-13 f. 14-17 g. 18-25 (TAY) h. Adults i. Older Adults

Public Comment #2

1. ("Mental health begins with a pregnant mother…"):

Thank you for your feedback. We agree on the importance of an upstream approach that includes parents and young children; please see response to PC #1, parts 2 & 3.

2. ("School Readiness was reduced and there was no proposal to screen, treat and heal before the child enters the school system…"):

We agree that working with a child and their family at a young age, even before starting school, is an important need. The reduction in MHSA/PEI funding for the *School Readiness* program (page 53 of plan) occurred as a result of one of the two contract providers not being renewed. The reduction in funding was redistributed to other programing with a demonstrated need, serving the same target population. The Parent Education Services program received additional funding, specifically for services for caregivers of young children. The other program receiving this redistributed funding is the Early Mental Health Consultation Services within the Outreach for Increasing Recognition of Early Signs of Mental Illness Program Category. The need for programing for families with young children will continue to assessed through the MHSA planning process.

3. ("We prevent suicide by building socially and emotionally competent children…"):

We agree that taking a comprehensive approach to suicide prevention with upstream approaches is key, including increasing life skills and resiliency, connectedness and help-seeking behaviors. The new Office of Suicide Prevention (page 103 of plan) will be looking at expanding these strategies for all age-groups.

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION				
Name	**Christine Tolbert**			
Agency/Organization				
Phone number		**E-mail**		
Mailing address (street)				
City, State, Zip				

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☐	**Family member**	☐	**Education**
☐	**Service provider**	☐	**Social Services**
☐	**Law enforcement/criminal justice**	☒	**Other (please state) Advocate**

COMMENTS

The state and federally funded Orange County Office of the State Council on Developmental Disabilities (SCDD) is one of twelve regional offices mandated by California law to protect and advocate for the civil, legal, and service rights of Californians with developmental disabilities. To that end, the duties of SCDD include capacity building, systemic change advocacy, barrier elimination, and collaborating with county and regional organizations and encouraging the development of needed services and supports by federal, state, and local agencies. Comments related to the present MHSA Plan include:

Priority Populations

Concerns regarding the age-breakdown for programming and outcomes. For young children, the current reporting range is ages 0-15 which does not allow for tracking of gaps or needs within this broad range of child development from newborn infants through the early teen years. This range suggests that newborns and early teens should have similar needs and programming. Suggested reporting and programming target specific age-spans are as follows: Prenatal/Perinatal; Birth through 3 (early childhood); ages 4-5 (preschool); ages 6-8 (school aged); ages 9-13 (preteen to early teen); ages 14-17; ages 18-25 (TAY); Adults; Older Adults.

Mental Health Awareness & Stigma Reduction, Suicide Prevention, and Access to Behavioral Health Services

To educate and reduce stigma of mental health, prevent suicide, and increase access to behavioral health services, awareness and screenings must begin at the earliest point possible, much earlier than present programming. The present plan continues to be more reactive than preventative regarding young children and their families. To accomplish this, begin all efforts with the pregnant mother and continue with both the young child and family from that point. Waiting until the child is in school or approaching 8 years old means that most brain development has occurred; neurological connections have been made; and patterns of behavior have been established in the family. Screenings, assessment, and intervention for behavioral and developmental health at the earliest ages will help to detect issues and connect families with services at a critical stage in life.

Public Comment #3

"Priority Populations/Age Breakdowns"

Thank you for your feedback. Please refer to the response provided to Public Comment 1, part #1

"Awareness and screenings must begin at the earliest point possible…"

Please refer to the response provided to Public Comment 1, parts 2-4, and Public Comment #2, parts 2-3.

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Mental Health Services Act
30-Day Public Comment Form

PERSONAL INFORMATION			
Name	**Kim Goll**		
Agency/Organization			
Phone number		**E-mail**	
Mailing address (street)			
City, State, Zip		**CA**	

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☐	**Family member**	☐	**Education**
☐	**Service provider**	☐	**Social Services**
☐	**Law enforcement/criminal justice**	X	**Other (please state)** **Public Agency**

COMMENTS

First 5 Orange County fully supports the MHSA Plan's focus on prevention and early intervention. We know that 1 in 5 moms and 1 in 10 dads in Orange County are affected by depression and anxiety in their baby's first year. Also, the Early Development Index shows that 1 in 10 kindergartners are vulnerable in their social and emotional skills, and that rate increases significantly for children of color. Therefore, we seek a stronger voice for pregnant women, young children and their caregivers in the MHSA community planning efforts in order to hear their needs and ideas for potential services. The more there is a focus on a particular population, the more needs and ideas for services will surface. Out of this year's 20 Community Engagement Meetings (CEM), 4 had a focus on children compared with 15 for adults, 10 for older adults and nine for TAY. We respectfully request at least one future CEM that focuses on children 0-5 and one for pregnant and parenting adults; we would be happy to host or support such outreach to young children and families. Additionlly, it is important to note that the needs of an infant/their caregiver are vastly different from that of a 5-year old, which is again vastly different from that of a 12-year old. It would be useful to break down both the data collected and the funding expenditures by smaller bands of childrens' ages. Within the 0-5 range, we hope for prenatal-3 and 4-5, in order to fully reflect the range of needs.

We offer our support and look forward to collaborating with the Health Care Agency on the StigmaFreeOC web site by adding materials and resources targeted to infants, young children and their caregivers. We also offer our support in utilizing our social media and marketing channels to spread messages encouraging families to take actions that will help everyone in the family thrive.

Also, we offer our support and collaboration in assuring that there is not a digital divide with parents of infants and young children and materials and resources are available to them in ways that are linguisitcally and culturally appropriate.

Thank you for the opportunity to provide comment.

Public Comment #4

Thank you for your support and interest in collaborating. We are happy to reach out about a collaboration for a future CEM as part of our engagement with the varied and diverse MHSA priority populations, as well as with partnering to post and share information and to engage in efforts to close the digital divide should these expansions/Plan updates receive approval.

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION			
Name	**Jane Youmans**		
Agency/Organization			
Phone number		**E-mail**	
Mailing address (street)			
City, State, Zip			

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☐	**Family member**	☐	**Education**
☐	**Service provider**	☐	**Social Services**
☐	**Law enforcement/criminal justice**	☐	**Other (please state)**

COMMENTS

Hello! I want to first thank you for making Mental Health Awareness and Access a priority in Orange County. Thank you. I have 3 children in the IUSD; two in high school and one in elementary. I see information and opportunities for parent education, student support, and access to mental health help pretty consistently....which is wonderful. But most of these programs are 'opt in' for parents and students to voluntarily participate in and, because of COVID, most are offered virtually. I feel this is not quite meeting the need. COVID aside, as you know, there is a terrifying amount of people in Orange County in need of mental health support. COVID has absolutely exacerbated those already affected and accelerated the need for therapeutic support in many others. There are 8 week waitlists for IOP services for adolescents right now. 8 WEEKS!!! I feel that we need to look at EARLY INTERVENTION by implementing Mental Health Awareness and Education in the public classrooms starting in kindergarten. Not as a support service or voluntary program, but as an actual curriculum. Combining Mental Health and Mindfulness with Physical Education could be one option. Call it Physical and Mental Health (or Mindfulness) Education....PMHE. Train and/or hire therapeutic professionals to work with the public student population in areas such as Mindfulness, Self-Compassion, and Common Humanity. Upfront it may be a cost increase, but the need for therapy later would drop SIGNIFICANTLY. I would do whatever I could to help get this mandated into the school system. NOT to put more pressure on teachers or increase the 'workload' but to assist in alleviating some of the struggle that comes with educating 30 children with competing needs and mental struggles....with no or little access to mental health. Please let me know if this is a plan that is in the works or what would keep it from happening. Our community is suffering...early intervention is critical! Thank you for your time and for all that you are doing, Janna Youmans

Public Comment #5

Thank you for your comment. We agree that Student Mental health is such an important need, especially at this time. The Health Care Agency cannot determine educational curricula for public schools as it is outside the scope of our agency. We are nevertheless fortunate to offer several school-based programs/projects utilizing MHSA funding. For example, the MHSOAC Mental Health Student Services Act funded a four-year project to expand existing OC partnerships between the HCA/BHS, OCDE and all 27 school districts. This project launched in the Fall of 2020 and has been ramping up since, with OCDE having hired seven **Regional Mental Health Coordinators** who are working closely with BHS and all school districts to coordinate a variety of mental health services for students and families. The goal is to create a coordinated system of access and care across OC. OCDE also completed a needs assessment in Dec 2020 with responses from all school districts and, from this, mental health priorities are being discussed with the school districts.

Beyond this, several MHSA/PEI funded school-based prevention services are provided within schools, including *School-Based Behavioral Health and Supports*, *Violence Prevention Education*, and *Gang Prevention Services*. In addition, time-limited MHSA/PEI funded K-12 school-based collaborative projects began in the summer of 2020 and have ramped up nicely this fiscal year despite the pandemic. These projects include a Steering Committee with schools' leadership and representatives for dialoguing about the behavioral health needs of the schools, networking forums/newsletter (The HUB), student peer services, and mental health-related trainings for teachers, parents and student. These collaborative services include the development of a resource directory at: https://www.OCStudentMentalHealth.org.
To stay informed of these educational opportunities and resources, sign up for the HUB newsletter at: https://www.bit.ly/ocsmhnewsletter.

Finally, the HCA/BHS has ongoing meetings with OCDE and the Superintendents regarding the behavioral health needs of their school districts, especially with all the impacts of the pandemic. A PowerPoint presentation to the Superintendents, highlighting the above collaborative projects and other efforts is provided for additional information. The need for programing serving K-12 students and their families will continue to be assessed through the efforts highlighted above, including the need for extending time-limited projects.

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION			
Name	**Brenda Deeley**		
Agency/Organization			
Phone number		**E-mail**	
Mailing address (street)			
City, State, Zip		**CA**	

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☒	**Family member**	☐	**Education**
☐	**Service provider**	☐	**Social Services**
☐	**Law enforcement/criminal justice**	☐	**Other (please state)**

COMMENTS

I urge your consideration to add a priority population: people with intellectual/developmental disabilities and co-occuring mental health issues.

According to a study published recently in The Journal of Clinical Psychiatry, the vast majority of children with autism have at least one mental health condition too. Almost 78% of kids on the spectrum are diagnosed with some type of mental health condition and almost half have two or more. Even among preschool-age children with autism, 44.8% have such conditions. By contrast, just 14.1% of young people without autism have mental health conditions.

We have a 20-year-old daughter with Down syndrome, autism and mental health issues – resulting in serious, complex behaviors. There are many Orange County families like ours facing the extraordinary challenge of having children with serious aggressive and self-injurious behaviors at home.

We must do more research, improve treatment plans – and prepare for our children who are entering adulthood. There is a tremendous lack of highly-trained, behavior-focused supportive care for our teen and adult children who present with serious behaviors.

Regional Center, OC Health, Be Well OC, CalOptima, Thompson Autism Center and others must begin to collaborate and meet with families to begin addressing this tremendous gap in care.

Public Comment #6

Thank you for your comment. One of the limitations of MHSA funds (as well as EPSDT and Medi-Cal FFP funds) is that they can only be used to serve individuals diagnosed with Autism Spectrum Disorders (ASDs) when a) the primary condition being treated is a qualifying mental health disorder, b) the qualifying mental health disorder is resulting in functional impairments that are the focus of treatment, and c) these functional impairments are able to be benefitted by the treatment available within the Mental Health Plan (MHP). Orange County cannot change and must abide by these regulations.

When an individual meets the above criteria, they are referred to the appropriate CYBH or AOABH program(s) for care. Currently, there are approximately 4% of youth in our system of care that have a co-occurring diagnosis of ASD or Pervasive Developmental Disability (PDD).

A CYBH manager and clinician currently attend OC Children Coordination Committee meetings to assist with referrals and resources at the Center for Autism and Neurodevelopmental Disorders, and HCA will continue to work with community partners to address the needs of this population.

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION				
Name	Tom Mason			
Agency/Organization				
Phone number		E-mail		
Mailing address (street)				
City, State, Zip				

MY ROLE IN THE MENTAL HEALTH SYSTEM				
☐	Person in recovery	☐	Probation	
☐	Family member	☐	Education	
☐	Service provider	☐	Social Services	
☐	Law enforcement/criminal justice	☒	Other (please state)	County Real Estate staff

COMMENTS

I heard on the radio that domestic violence is a major driver of female homelessness. Is the respnse entirely one of law enforcement and court actions, or,

is there a role played by MHSA funds and programs—both to protect/house victims and to identify and control/treat/retrain/counsel perpetrators?

Is that a part of the MHSA budget?
Where in the budget does it fall?
Is the need being estimated and addressed?
Are MHSA funds being used to pay for victim advocates?

Public Comment #7

Thank you for your comment and inquiry. When domestic violence is the primary concern of issue for someone seeking services, the Social Services Agency is the primary agency of support of the individual. Many BHS programs do regularly screen for domestic violence and if needed, a report is filed with Adult Protective Services. Additionally, the *Continuum of Care for Veterans and Military Families* Innovation project, the PEI *OC4Vets* program utilize the Strong Families Strong Children Collaborative which includes Human Options, a domestic violence provider, to address any issues.

MHSA does not have any written language within the Act for protection or housing of survivors of DV. Any such services would need to follow MHSA legislation regarding the voluntary nature of all MHSA-funded programming (i.e., can't be mandated/compelled by the Court) and/or MHSA housing requirements (e.g., the individual is eligible for MHSA permanent supportive housing or Full Service Partnership).

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION				
Name	**Ravi Seng**			
Agency/Organization				
Phone number		**E-mail**		
Mailing address (street)				
City, State, Zip				

MY ROLE IN THE MENTAL HEALTH SYSTEM			
☐	**Person in recovery**	☐	**Probation**
☐	**Family member**	☐	**Education**
☒	**Service provider**	☒	**Social Services**
☐	**Law enforcement/criminal justice**	☐	**Other (please state)**

COMMENTS

Reading through the current 3-year plan, we are proud to see that "Older Adults ages 60+" have been identified as priority populations re: Mental Health Awareness & Stigma Reduction, as well as "Asian/Pacific Islander" populations being identified as a priority population re: Access to Behavioral Health Services. The current rise in Anti-Asian hate (crimes) makes our limited-English-speaking Asian communities particularly susceptible to mental health issues. Our communities, especially our young children and vulnerable older adults, are in great need of more culturally and linguistically competent mental health services to address racist violence and systemic inequities. We are grateful the HCA understands this problem, as the Orange County Needs and Gaps Analysis (October 2019, UCSD) points out that "target populations least likely to receive minimally adequate treatment were Asian/Pacific Islander, Latino/Hispanic and African-American adults" and we are excited to know that the HCA will "[establish] and/or [strengthen] outreach partnerships with trusted local organizations that serve priority populations"(4). We are so proud to see that, since the last FY plan update, that older communities & younger API communities will be emphasized and prioritized, and that local stakeholder community-based organizations will be partnered with to ensure that forthcoming materials and trainings (as it relates to stigma, outreach program budgets, etc.) to ensure that such materials and trainings are culturally & linguistically appropriate. We hope that, with the proposed expansion of telehealth & the focus on digital literacy, that such telehealth programs will also be language accessible.

Public Comment #8

Thank you for your collaboration with MHSA and outreaching to your community members. In response to feedback received during this year's Community Program Planning Process, HCA is proposing to amend the FY 2021-22 MHSA plan by increasing mental awareness and stigma reduction using tailored and targeted messaging for various communities, including diverse groups of older adults and monolingual communities. Content focused on ameliorating or counteracting the impacts of inequality, racism, violence would be timely and important from a preventative/public mental health perspective.
BHS is also working to improve digital literacy for the older adult population. Recently five iPads were purchased to be used as pilot to help train our clients to use for telehealth appointments. Our plan is to purchase the needed software in July and then have our clinicians/life coaches select clients who will be open to learning about the online platform for therapy/psychiatric appointments. We also have telehealth stations set up in the clinic for clients to use as well.

In addition to this pilot, HCA is also proposing to amend the FY 2021-22 MHSA Plan by expanding the scope of the new Telehealth/Digital Mental Health Program. This expansion would include the development of the comprehensive digital and digital health literacy training and technical assistance for diverse county residents based off consumer and provider needs assessments. An important aspect will be working with local agency partners to ensure the development of culturally and linguistically appropriate materials and would welcome your participation and partnership in this effort, should it receive approval.

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Mental Health Services Act

30-Day Public Comment Form

PERSONAL INFORMATION			
Name	Deborah Davis		
Agency/Organization			
Phone number		**E-mail**	
Mailing address (street)			
City, State, Zip			

MY ROLE IN THE MENTAL HEALTH SYSTEM			
Person in recovery		**Probation**	
Family member		**Education**	
Service provider		**Social Services**	
Law enforcement/criminal justice		**Other (please state)**	Administrator of Psych SNF

COMMENTS

I have submitted an Innovation Project that can be replicated to serve the adults diagnosed with mentally illness in the prison/jail system, homeless and stuck in Skilled nursing facilities because of a lack of available beds at a lower level of care. My Project includes, inexpensive house, a system similar to Riverside County, a work program to teach the skills and build their confidence to enter the workforce, and support system to ensure they remain at the community living setting.

The goal of the project is to save the county mental health agencies money while providing the lowest level of care possible for this underserved population by opening and operating several 26-bed to 59-bed "board & care" type residential setting that consists of the following:

a. staffing licensed vocational nurses and certified nursing assistants around the clock, and

b. all staff in all departments, are trained upon hire and then ongoing, in a general understanding of individuals diagnosed with mental illness and how to interact and intervene appropriately and therapeutically with adults with mental illness,

c. a 7-day structured Activity Program designed specifically to include groups and activities that are therapeutic and supportive to this population, with an experienced Activity Director,

d. readily available psychiatrists, with the ability to use telemedicine.

e. readily available psychologists providing training to all staff, and counseling to all the residents.

f. an administrator familiar with county mental health, State and Federal agencies practices, policies & procedures, and overall operational requirements.

I have 20 years' experience working with the adults diagnosed with mental illness and county mental health agencies, at the skilled nursing facility setting and at an assisted living setting and have been successful. I would like to have the opportunity to present this project and work together to implementing the project.
Thank you.
Deborah Davis Ph.D., LNHA, RCFE

Public Comment #9

Thank you for your comment. This proposal is similar to a residential rehabilitation program, for which there is always a need for additional beds.

Because this model/service already exists in a similar format it does not meet criteria for MHSA Innovation funding. It could potentially be funded through other behavioral health funding streams, pending availability of funds and a successful bid through the County Request for Proposals (RFP) Process.