

San Joaquin County Mental Health Services
 MHSA Community Services and Supports
 Public Comments Previously Submitted
 Mental Health Board Public Hearing
 April 24, 2006

Comment 1	<p>The SJBHS CSS plan is well written and easy to follow. The county did a good job of identifying community issues and analyzing community needs and those who participated were able to identify FSP populations, strategies and develop the workplans. Twelve workplans to implement is ambitious and a reflection of trying to give every workgroup something. FSP-1 was hard to follow since Exhibit 4 was too lengthy with too many statistics. SUMMARIZE IT! Workplans #1 through #4 and #6 are collaborations and my concern is with the hiring of so many new SJBHS personnel presumably to oversee what the CBO and their personnel are doing in the communities. Where are the consumer/family members being hired in these plans? There still seems to be a question about how FSP-5, the Forensic Court Program will be administered. Will SJBHS contract out or do in house? This will need to be addressed. The System Development Plans 1 through 6 are all good but again ambitious. The Wellness Center seems to be the only place consumers will be hired by SJBHS. Is this what the MHSA was about? The Consortium is a good idea but does SJBHS need to fund this project and hire even more staff. Why can't the organizations involved share funding? The 24/7/365 Community Response Team is much more than those of us involved in the concept ever asked for and very expensive...family members and those in the community simply wanted crisis workers to go into the community to see if something could be done before our loved ones were involuntarily committed or hauled off to jail. CBIS is a proven program and they don't seem to need additional SJBHS new personnel to implement. Anything that will improve housing and employment is essential. In summary, Community collaboration is evident, Cultural competence is expected, Client/family driven mental is promised, a focus on wellness that includes recovery and resilience is the goal, and 'whatever it takes' is a challenge to all these workplans. MHSA asks that a few be Fully served instead of many being Underserved. In twenty years of experience with SJBHS my family member was Unserved, Underserved, Inappropriately served, and never Fully served. It is too late for these programs to reach my family member but I hope they do help others. In the end, I am glad I participated in the process and I am anxious to see some results.</p>
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Comment 2	<p>Throughout all workplans timelines should be mm/dd/yy, not Month 1 & 2 etc. Throughout workplans families are not adequately considered. Families are co-survivors of mental illness. P. 77 (one time expenditures) line 10 Shredder (not Shedder) SD1-Wellness Center-interested persons welcome etc. - in what capacity?. As visitors, volunteers, what, how? Greenhouse is one word. SD4 sec.6) Probably would be better to end statement with the first period. Not necessary to dwell on past. Need to know here and now. SD5-Community Response Team. Need more details on how the team would work. Need distinction between CIS and Community Response Team. Exhibit 4, sec.5)Peer support on mobile teams-where is mention of family support on team? Are the mobile teams dedicated or have other responsibilities? sec.2)I am concerned that there is a subtle shift in focus from mobile crisis unit to outreach and education. A mobile crisis team 24/7/365 was a very high priority in all community/workgroup meetings. Families and concerned citizens need crisis intervention to de-escalate emergency situations in situ. Would the team be available when crisis occurs? sec.2) Need clear definition of "hot" line and "warm" line and relationship between. sec.10) Last para. of this section just reflects back the language of the question. sec.6) I would eliminate first sentence-not necessary to restate the past-just need to know here and now as the Community Response Team should not be an extension of "Mobile Evaluation Team" in Older Adult Services. Not all volunteers wish to work their way up the career ladder to employment with SJCBS. Some persons may simply want to volunteer according to their capabilities and desire to help.</p>
Comment 3	<p>On a positive note - I like the way consumers and their families have been included in jobs across proposed programs. Concern - I am concerned with the proposal of the Wellness Center and don't see how it is offering something new to the county. Even after attending some of the public meetings, I do not feel that the MH administration has a clear understanding of the activities and tasks that the PWLC and Gipson Center. For that reason, the similarities in the Wellness Center and current services may not be apparent. PWLC is Consumer driven and operated. In addition to the classes taught at the Gipson Center by college or full time staff, PWLC offers several classes a day taught by other consumers. The specific area for PWLC within the Center is full of active, participating consumers who look forward to coming to the Center every day. While some consumers may choose to relax and sometimes sleep at the Gipson Center, that does not represent what the majority of the 75 - 90 consumers a day do at the Gipson Center. All of the services provided by the Center and PWLC are done with a minimal budget, particularly in comparison to the proposed budget for the new Wellness Center. It would seem that a better use of the money would be to enhance current services or to create a similar service in other cities within our county.</p>

Comment 4	What is the definition of "Living Successfully" for someone with serious mental illness? My definition would not include homelessness but the individual with mental illness might prefer homelessness to rules? Is success defined with and/or by each client? How will their difficulties be prioritized and by whom? Will parenting classes be a part of this program..How about general social skill classes? I am so intrigued by this program.. It is many decades late..
Comment 5	Part 1 section 2 the word plan is misspelled it pan instead of plan??
Comment 6	You have my name spell wrong on Page 27 it Giampetro not Gianpetro.
Comment 7	I think that this Plan from San Joaquin county outreaches all ethnic minority, consumers, family member, GBLT and should be consider a model for the state.
Comment 8	The flyers you used to outreach to both English and Latino community should be included in the plan. At least that my take on it the two other plans I read in full included the flyers in the attachment section.
Comment 9	in section 13 of the plan on page 93 it say please provide a timeline for this work plan, including all critical dates. The css requirements state that you put a DATE not just in Months in both review we asked for this correction.
Comment 10	On page 9 of the current draft under NAMI Section It Quotes that the current president serves on the steering committee this is in correct Mary Ellen Craston Benett is not the current President of Nami. Dr. Robert Moore is, he is not on the steering committee.

Comment 11	On page 78 of the plan you have a variance in the price of the computers i believe the total cost of the highest one is 28,200 that is unacceptable if you do the math that comes out to roughly \$3,525 per machine The average cost of the computer I have seen in the plans I have read is between \$1,400 and \$2,000 that included a printer with each computer. It been my experience the state has been very stringent on computers and cost of equipment like this and office furniture.
Comment 12	In the draft summary there is a listing of other medical providers who were apart of this community planning process. San Joaquin County Public Health Services was not listed. The following staff participated in at 4 or more meetings each. Eloise Steward MSW, Joyce DePron MSW, Gwendolyn Snell RN, Judy Wagner Program Manager, and myself.
Comment 13	Hi Richard. In the document it mentions that this was posted and a hearing has already taken place. Is that true? I requested notice and had hoped to have had a chance to adequately reviewed the plan. My time invested in the process deserves a chance to review the finished doc to me. I am currently reviewing it. How it could be passed out and given an hour to review is incredible. It is very thorough and detailed and requires that kind of review. A note-on page 82, 2nd line should be "one" instead of "on". The WRAP Program sound phenomenal. I'm on page 293 and can't finish the rest until late tonight but I have more notes but if the period of comments have expired, I can direct my energy somewhere else. Best regards, Mary
Comment 14	You need to provide mental health care and medicine for those who cannot afford medical care but whom are working. These people are often at-risk and the problem escalates because they cannot afford that and a roof over their head. You also need to locate services in Tracy. It is difficult to get to Stockton and expensive. You need satellite stations. Tracy is part of San Joaquin County, too.

Comment 15	<p>In 2000, my mentally ill adult daughter came from Richmond, VA to live with me. Unfortunately, the place she had been residing in did not send her medications. I immediately went about transferring all of her business to Stockton. We came to the county to try and obtain a medication source for her. She was receiving antipsychotics, which are essential to her maintaining control. On our second visit to the county MH facility, my daughter was taken in the back, placed on a 5150, and held as a danger to others. I was not informed until after waiting for 2 hours. I later found out thru friends, that work at the facility, that the hold was initiated by statements made by me to her in the waiting room. Even though she was held for 72 hours, she still had no medication. It took several outpatient visits following the inpatient release before she was prescribed medication. Personally and professionally, I find this appalling. As I can only use this as my measure of the care provided by SJCMH, I have to say that some serious educating and resources are providing. I am a Psychiatric RN and successfully worked as so for over 30 years. I have worked all over the country in this capacity from NY to Alaska. I have never seen such deplorable mental health care in my life. As an experienced mental health professional I came to the county with the name of my daughters Va. provider, contact and fax numbers, also a list of her medications with empty bottles. Even with this the county could not call Virginia and obtain the information needed to order her medications. Their way of handling mental health is to incarcerate people as 5150 when they make too much noise. I can only assume it was either ignorance or discrimination. Did they assume we were just poor black folk they could treat any way they chose? Whatever the reason it clearly indicates that SJCMHC on California Avenue, is not efficiently and appropriately treating the needs of the mentally ill. Fortunately, my employer was able to cover my daughter as a disabled and was able to get her needs met via private care. I cannot help but feel some concern for the needs of the mentally ill who are forced to rely on the services provided by the county. Someone needs to travel to other county mental health facilities in other states, who do provide good care, and find out how they do it. Then this one can be restructured and retrained utilizing best practice methods.</p>
Comment 16	Just wanted to let you know that I like the website! Good job!
Comment 17	<p>There are no services in Tracy for people who have Medicare only. That includes group therapy. The services in Stockton are not adequate. Will the mobile service for seniors have services or will it be transportation only? What is in the plan to help children and youth?</p>
Comment 18	I am interested in The Wellness Center. A place where we can learn various life skills for example cooking classes and peer groups.

Comment 19	I think the "Wellness Center" is necessary for prevention and maintaining wellness. This will help the consumer and the community a great deal. Full Service Partnerships seem to be a good start to make consumers and families access services.
Comment 20	I am in support of Wellness Center, BACOP, La Familia, SEARS, Consortium and Forensic Services, which are desperately needed.
Comment 21	How about opening a new Gipson Center in Lodi? Clients need a site near where they live.
Comment 22	The Gipson Center has helped me in countless ways. It's helped me obtain a job in PWLC and I have learned many skills and ideas for coping and bettering my life. It has helped my dual recovery.
Comment 23	People Who Love and Care has helped me to get along with people better, learn better skills of coping with mental illness. I have been coming to the Gibson Center for 3 or 4 years. I also attend the groups put on by U.O.P. students. I take arts and crafts, and computer classes.
Comment 24	More services and great work for good organizations and good meeting today. I had plenty of good importance for today.
Comment 25	It was a <u>really, really</u> great meeting that I attended to speak about the Mental Health system and helping their clients out and etc. I loved it very much. Thank you.
Comment 26	I like comment boxes and I like the school and great certificate volunteering always moving through.
Comment 27	Gibson Center has help me to be a better man.
Comment 28	Why not spend the money on new services at Gibson & PWLC instead of The Wellness Center down the block.
Comment 29	I think Gibson Center is a very positive place to socialize with others. We have a lot of educational groups and I love working here.
Comment 30	Good presentation. [How do you] get a part-time job or full-time job?
Comment 31	Need to coordinate with existing services such as Gipson Center to make effective use of funding. Is the Wellness Center proposal eligible for funding in view of the requirement that "these services cannot be obtained from other sources" (Gipson Center)? See page 2. Transportation needs were very high, yet not highly identified in summary proposals. Need on-going inventory and directory of social services for clients and families. I am volunteering for the Community MHSA Consortium. Please contact me. Watch and reduce as much as possible the Administration costs.

Comment 32	<p>On page 33 of the MHSA Plan I feel that there should be mention to the Consumer Culture. We are moving to transform the system and deliver services in a whole new way of thinking. I strongly feel that the barriers that we will need to overcome need to mentioned. 1. Training curriculum must meet these changes at a college level, and at a systems level 2. Seeing consumers as people instead of a diagnosis. 3. Support of consumers who may be willing to take a risk, for the betterment of recovery. (Going to school, working, volunteering, advocating for themselves. 4. Moving away from a medical model to a recovery model. (Just what does this mean) These are just some of those issues, The Power 'N' Support Team will also develop partnerships and be a part of the Consortium. As a consumer and partial writer of the Wellness Center I take offence to the wording used to define what a drop in Center is. These are not my words or the words of the Power "N" Support Team. You can see this definition on page 219 beginning of the third paragraph. We would ask that the definition be deleted from this section and a respectful, more meaningful definition be entered. Although the Wellness Center will not be considered a Drop IN Center, the Drop in Centers function a still very important and a valuable resource for the consumer populations, and would like to see the definition address those important factors rather than the not so meaningful approach to this definition. The Power "N"Support team will be meeting to put their views in writing of what they feel a drop in center is and the difference in services we see compared to the Wellness Center. We shall bring this to the MHSA Public Comment session. Respectfully Cheryl Torres Consumer Outreach Coordinator Advocate</p>
Comment 33	<p>yes, Tracy is in need of mental health services. plus there is a need for services for the d.d., day programs, bus services.</p>