

Input in Response to INN-03 Deliverables Discussion on July 28, 2011

1. Vision Statement:

We recommend the following revised vision statement to incorporate both original community planning input and recent concerns raised by some MH Advisory Board members as to the locus and type of services in this initiative. Note: the addition of the word “Program” allows for a continuum of delivery locations as needed (i.e., center, satellites, one-to-one outreach in the community, etc.).

A Holistic Wellness and Recovery Center/Program integrating both traditional western mental health services and traditional, culturally appropriate, alternative/holistic practices supporting the “whole person”, specifically addresses the needs of the consumer who has not benefitted from, or declines to seek, public mental health services because of differences in cultural/linguistic/spiritual practices.

2. Job Descriptions of Holistic Center Staff

We recommend adding a section on *Provider Training* which more clearly explains the purposes and amount of cross-training expected for mental health staff and holistic practitioners (whether on-site staff or off-site practitioners to whom consumers will be referred).

3. Advisory Council

For cultural competency and workability, we recommend a maximum of 15 primary members (excluding alternates), and an explicit requirement that 80% of the members reflect the cultural/ethnic /linguistic populations to be served.

4. Services Provided by the Holistic Center

- a. Change the word *services* to *practices* whether referring to traditional western treatment or holistic/cultural/spiritual practices. The deletion of on-site holistic “services” [see Exhibit C, Innovative Work Plan Narrative, Page 4 (dated 3/28/11 and subsequent drafts)] conceptually and detrimentally alters the community’s original intent for the center/program.
- b. Remove the final bullet from the paragraph entitled “Staffing” (Exhibit C, Innovative Work Plan Narrative, Page 8, dated 7/26/11) as it appears to prohibit holistic practices at the Center.
- c. A true compromise allows for both on- and off-site delivery of holistic services (practices) with clearly articulated controls and protections [see proposed examples (i.) and (ii.)]. On-site practice is required to promote true integration, assure reliability and fidelity to practices determined by the Vendor/Advisory Council/ DBH Staff, and to allow for better quality control. Most important, true compromise is necessary to actively demonstrate respect for and commitment to the integration of both western treatment and culturally appropriate healing practices in healing the whole person.
 - i. *INN providers shall be prohibited from attempts to either persuade or coerce consumers into using one practice over another, or following a particular spiritual path or cultural tradition that was not voluntarily requested by the consumer.*
 - ii. *INN providers shall be prohibited from encouraging or supporting the discontinuation of medical treatment without prior consultation with and consensus of the consumer’s medical team.*