

## **PART I: COUNTY/COMMUNITY PUBLIC PLANNING PROCESS & PLAN REVIEW**

### **SECTION II: PLAN REVIEW**

***Question 1: Provide a description of the process to ensure that the draft plan was circulated to representatives of stakeholder interests and any interested party who requested it.***

**Response 1:**

On October 14, 2005, the Santa Cruz County Mental Health Services Act Draft Plan for Community Services and Supports was posted on the county mental health website: [www.santacruzhealth.org/Prop63](http://www.santacruzhealth.org/Prop63), to begin the 30-day period for comment and review.

The following actions were taken to ensure the Draft Plan was circulated to representatives of stakeholder interests and others who requested it:

- Written correspondence, including e-mail was sent to everyone on the MHSA mailing list announcing Draft Plan availability on the website and offering hard copies and or a summary of the plan for those who requested it;
- County Mental Health provided 13 public meetings for consumers, family members, providers, stakeholders and the public on the Draft Plan during the 30-day period for comment and review;
- Feedback at these public meetings included a Draft Plan survey evaluation form that was completed by 195 participants during the comment and review period;
- The Draft Plan meetings and Public hearings were announced in local newspapers, posted at consumer service sites and identified on local Community TV programming during the 30-day review period; and
- Letters announcing and inviting participation in the Draft Plan meetings and Public Hearings were sent to all parents of youth in the Children's System of Care and to all adult consumers receiving System of Care services.

***Questions 2: Provide documentation of the public hearing by the Local Mental Health Board or commission.***

**Response 2:**

To encourage regional participation, the Santa Cruz County Mental Health Board held two evening Public Hearings on the Mental Health Services Act Draft Plan for Community Services and Supports. The meetings were held in the cities of Watsonville and Santa Cruz, the two highest population centers in the county. The Watsonville Public Hearing was held on November 15, 2005 and the Santa Cruz Public Hearing was held the following evening on November 16, 2005.

The comments and recommendations from the Public Hearings, as well as those received during the 30-day period for comment and review, plus the summary of information received from the 195 survey evaluation forms is provided in Response 3 below, along with the County Mental Health responses to input received. (For more documentation regarding public comments received during the Public Hearings, see Appendix E. Plan Review Documentation.)

Following these two Public Hearings, the Santa Cruz Mental Health Board reviewed the Draft Plan and the public comments at their meeting on November 17, 2005. After an in-depth discussion, the Board voted (7-1) to approve the Plan, as amended, for submission to the Board of Supervisors for their review, approval and adoption.

**Question 3: Provide the summary and analysis of any substantive recommendations for revisions.**

**Response 3:**

The Santa Cruz County Draft Plan was developed to meet the following three criteria:

- (1) The intent and vision of The Mental Health Services Act;
- (2) The California Department of Mental Health Requirements for the CSS Plans; and
- (3) Those services and programs that received the most support in the extensive community-based planning process.

There were considerably more services requested than funds available.

**Survey Evaluation Forms**

During the 30-day review, there were 195 evaluations completed by consumers, family members, providers, stakeholders and the public in response to the Public Draft Plan meetings. Of those evaluations, 166 or 85% rated the overall Draft Plan as either “Outstanding” or “Good”. In addition, 91% of the participants either “fully agree” or “mostly agree” with the following Draft Plan statements:

The Plan:

- Expands services to underserved populations and make access easier;
- Provides opportunities for consumers and families to participate in planning services;
- Provides more “seamless” integrated mental health services and supports;
- Reflects a commitment to help adults toward recovery and independence; and
- Reflects a commitment to help children stay at home, in school & out of trouble.

**Public Comments, Analysis & Mental Health Responses**

The following is a summary of the MHSA Public Comments, analysis and feedback provided to county mental health that reflect the essential criteria identified above and the input from survey evaluations on the Draft Plan.

1. **Comment:** Mental Health needs to use an integrated service approach and effective outreach to expand services to the Latino population.

**Response:** Mental Health agrees and plans to work with the Latino community to develop outreach and engagement strategies as a part of the MHSA “Readiness Activities” to prepare for service implementation in April 2006.

2. Comment: Mental Health needs to be a part of the Multi-disciplinary Team process with the Pajaro Unified School District.

Response: Mental Health agrees and plans to do so with MHSA implementation.

3. Comment: Veteran's asked for access to MHSA proposed housing, employment and drop-in services. In addition, several veterans requested services for homeless veterans and a PTSD group.

Response: The first phase of MHSA planning is directed toward severely mentally ill adults and seriously emotionally disturbed children and youth. Severely mentally ill homeless veteran residents can and have access to mental health, housing and employment services with the AB 2034 Puentes Program. In addition, a PTSD group is being proposed for veterans in the MHSA Plan.

4. Comment: There was a request for more focus on health, food and nutrition including fresh nutritious food available at the Mental Health Client Action Network (MHCAN).

Response: The addition of nurse practitioners in the MHSA Draft Plan will substantially increase focus on health including nutrition/diet, exercise, smoking cessation and interface with health providers at MHCAN and throughout the mental health system. Mental Health will consult with MHCAN on the request for fresh healthy food at their facility.

5. Comment: There were requests from several sources to eliminate the proposed crisis stabilization and evaluation services for individuals on involuntary holds (5150's).

Response: It is unclear at this time if MHSA funds can be used for this purpose. Therefore, mental health plans to withdraw the crisis stabilization proposal and replace it with additional voluntary hospital alternative crisis beds at Front Street and add .5FTE Peer Counselor to the adult crisis team (STAT).

6. Comment: There was a request for the development of a local Children's Psychiatric Hospital or an expansion of the Children's Mobile Emergency Response Team.

Response: A children's hospital is cost prohibitive for the small number of Santa Cruz County children who require hospitalization. In addition, it is unlikely that MHSA funding could be used for involuntary hospitalization treatment. The Children's Mobile Emergency Response Team will expand service response comparable to the Adult Short Term Assessment Team (STAT) crisis response.

7. Comment: There were several requests to increase adult, family and child advocacy.

Response: Mental health proposes two positions (\$30,000 for each), one for adults and one for children. The two positions will be hired through a Request for Proposal (RFP) process. For adults, the planning process identified the creation of an Office of Consumer and Family Affairs, designating the position to be filled by a consumer.

8. Comment: Adult Family members expressed interest in being more involved with adult services in terms of advocacy, support, and collaboration with the Adult System of Care providers.

Response: Mental health proposes to utilize MHSA “Readiness” planning funds to develop an innovative services proposal for regular and sustained family involvement in the adult system which may parallel the services and collaboration found with the Family Partnership Program in the Children’s System of Care.

9. Comment: Training and Consultation for staff working with Seriously Mentally Ill Older Adults placed in Skilled Nursing Facilities was proposed as an important component to be offered by the Older Adult “Full Service” Team proposed in the Draft Plan.

Response: Mental health agrees and plans to initiate this service with MHSA implementation.

10. Comment: Law enforcement recommended the following additional Jail Mental Health Staff be added to the MHSA Draft Plan: a program director, a psychiatrist, three mental health coordinators and an additional discharge planner.

Response: The State Department of Mental Health has clarified that MHSA funds can only be used for discharge planning in the jail. The Draft Plan has one additional discharge planner proposed, which will double the current capacity for mental health discharge planning.

11. Comment: Several sources proposed expanding the planning and oversight process for future MHSA planning and implementation activities.

Response: Mental Health agrees and proposes the establishment of a Transformation Committee to support the Mental Health Services Act vision and intention to transform the public mental health system over time. This committee would expand participation and oversight of future MHSA planning and implementation activities.

(For more documentation regarding public comments received during the Public Review process, see [Appendix E. Plan Review Documentation.](#))

**Question 4: If there are any substantive changes to the plan circulated for public review and comment, please describe those changes.**

**Response 4:**

The following substantive changes were made to the circulated 10/15/05 Draft Plan:

1. The proposal to provide crisis hospital evaluation and crisis stabilization services at Seventh Ave using MHSA funds was withdrawn. In addition to local concerns, the State Department of Mental Health was unclear whether this service could be funded under the Mental Health Services Act.

2. Two (2) additional crisis beds are now proposed in Work Plan #6 (pg. 5) at the Front Street facility to increase voluntary alternatives to involuntary hospitalization.
3. A .5 FTE Peer Counselor was added to Work Plan #6 (pg. 6) the Adult Crisis Team to increase peer crisis supports intended to avoid unnecessary hospitalizations.
4. Two (2) 30-hour/week positions for adult, family and child advocacy have been added to Work Plans #5 (pg. 2) and #7 (pg.6) of the Plan. One of the positions is designated for the adult system and the other for the children's system. The adult position would create the Office of Consumer and Family Affairs and be filled by a consumer. Both positions would be hired through a Request for Proposal (RFP) process.
5. The proposed Older Adult "Full Service Partnership" was amended in Work Plan #9 (pg. 4) to include training and consultation to Skilled Nursing Facilities, as requested.
6. Using one-time MHSA Planning funds, Work Plan #9 was amended to include plans for Mental Health to work with family members in the adult system to develop an innovative services proposal for regular and sustained family involvement in the adult system. The partnership between the adult family members and the adult mental health providers may look similar to the collaboration developed in the Children's System of Care with the Family Partnership program.
7. Work Plan #9 was revised to enable Mental Health to work with County Personnel to update mental health positions and classifications, integrating mental health and substance abuse skills, knowledge, and qualifications.
8. In response to their request, Mental Health will work with veterans to develop a local PTSD group.