

SANTA CRUZ COUNTY MENTAL HEALTH SERVICES ACT OVERVIEW AND PLANNING

PROPOSITION 63

**The stated purpose of the
Mental Health Services Act is
to “expand mental health
services” in California**

The President's New Freedom Commission on Mental Health Vision Statement

"We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community."

"Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery."

California's Mental Health Services Act State Department of Mental Health Letter to Stakeholders

"...the State Department of Mental Health (DMH) intends to assure that county mental health departments expend funds made available through this initiative to transform the current mental health system in California ..."

"...and move it from its present state toward a state-of-the-art, culturally competent system that promotes recovery/wellness through independence, hope, personal empowerment, and resiliency for adults and seniors with severe mental illness and for children with serious emotional disorders and their families. . ."

"...This will not be "business as usual". Eventually access will be easier, services more effective and out-of-home and institutional care will be reduced."

Prop 63

The Mental Health Services Act

The community planning process begins this month

Readiness Forums:

The Readiness Forums are designed to inform participants about the Mental Health Services Act and the community planning process to enable meaningful involvement and contributions to the Stakeholder Planning Forums. Mental health consumers and family members are invited as well as other interested stakeholders and the public. Please choose a Readiness Forum meeting that is convenient.

Feb. 12, 2:00-5:00 - Sutter Room at Sutter Hospital

Feb. 15, 2:00-5:00 - Large Auditorium @ 1080

Feb. 17, 6:00-9:00 - Large Auditorium @ 1080

Feb. 22, 6:00-9:00 - Pajaro Trust

Stakeholder Forums:

The Stakeholder Forums are intended to gather input for the Santa Cruz County Plan. Santa Cruz County participants should plan on attending both Santa Cruz sessions. South County participants should plan on attending the session at the Pajaro Trust to insure South County issues are addressed. South County participants are also welcome to attend the Santa Cruz sessions.

Feb. 25, 9:00-5:00 - Large Auditorium @ 1080

Mar. 18, 9:00-5:00 - Large Auditorium @ 1080

Mar. 11, 9:00-5:00 - Pajaro Trust

Location Information

Large Auditorium is located
Health Services Agency
1080 Emeline Building D
Basement
Santa Cruz

Sutter Room at Sutter Hospital
Saturday Meetings use Front Entrance
2900 Chanticleer Ave
Santa Cruz

Pajaro Trust
Pajaro Valley Community HealthTrust **
Meeting Room
85 Nielson Street
Watsonville

**The Pajaro Valley Community Health Trust makes the meeting room available to organizations for their meetings. The use of the meeting room does not imply the Pajaro Valley Community Health Trust's endorsement or approval of the organization's activities or actions.

Mental Health Services Act Planning Process Outline

Who Participates in the Prop 63 Planning Process? Stakeholders and Implementers participate in the planning process

Stakeholders include:

- Consumers: Adult and Youth
- Family members including NAMI and Children's SOC parents
- Law enforcement including Sheriff, Police, Probation
- Human Resources Agency
- Education including COE and Districts, Cabrillo, UC and Cal State
- Health Safety Net Clinic Coalition and Public Health
- Mental Health Coalition
- Santa Cruz Mental Health Board
- Alcohol and Drug Commission
- Central Coast Alliance
- Medical Society
- Other interested persons and groups

Implementers Include:

- Mental Health leadership - County and Contract Agencies
- Direct Service Providers - County and Contract Agencies

What does the Planning Process look like?

Stakeholders and implementers provide input into a broad-based planning process resulting in a Santa Cruz County Three Year Implementation Plan based on Assessed Need and Best Practice Models to achieve better outcomes.

The Adult System of Care is a values based approach to 1) providing culturally competent and person-centered strengths-based assessments in response to the needs of individuals and families facing life challenges as a result of a mental disorder, 2) assisting them in identifying personal recovery and wellness goals that improve the quality of their lives, 3) facilitating access to and provide the necessary supports and services in order to realize their recovery/wellness vision and 4) supporting them in sustaining successful integration into the life of their community.

California's AB2034 is a Best Practice Recovery Model utilizing Assertive Community Treatment Teams (ACT) coupled with Wellness Centers to promote recovery and improved outcomes in housing and employment, as well as significant reductions in hospitalization and incarceration. This integrated services approach utilizes supported employment and housing as well as mental health services, peer services and others in accord with the individual's needs, preferences, and choices.

Treatment objectives may include such things as:

- The elimination of unnecessary hospitalization
- Reduction of incarceration and other involvement with the criminal justice system
- Attaining and maintaining housing consistent with each individual's desire for independence and support
- Increased employment
- Developing support systems to promote community integration

The Older Adult Best Model System of Care builds on the values, principles and practices of the Adult System of Care and takes into account the special needs of seniors including the multiple medical, social economic and physical in addition to mental health challenges often associated with this stage of life.

The Older Adult System of Care emphasizes the importance of

- A full array of services from prevention to the least restrictive service plan appropriate to the need
- Regular involvement with peer support and community based adult day health care emphasizing the integration and coordination of a comprehensive medical, social and psychiatric approach provided by a multidisciplinary team
- Attending to transportation and mobility needs providing mobile and home-based services as necessary.

The Children's Interagency System of Care recognizes that the needs of children with serious emotional disturbances, and their families, require the assistance of mental health supports and services -- in coordination with an array of allied services -- in order to help achieve their personal vision of resiliency and wellness. Based upon a culturally competent individual assessment of strengths and challenges, and the creation of an individual child and family centered plan, the necessary services and supports are provided in partnership with Social Services, Probation, Education, Substance Abuse, and other community resources. Consistent with the preferences and values of each child and parent, demonstrably effective services will be provided to achieve personal self-identified outcomes.

Overarching systems level values and treatment objectives guiding this process include the importance for children and youth of

- Living at home with their families
- Attending and benefiting from education
- Staying out of trouble with the law
- Engaging and maintaining appropriate and nurturing relationships

How does the planning process work?

- A Draft plan is developed based upon stakeholder and implementer input gathered from meetings, focus groups and surveys
- The Draft plan has 30-day comment period followed by public hearings conducted by Santa Cruz Mental Health Board
- The Plan is updated as needed, reviewed for approval by the Board of Supervisors, then sent to State Department of Mental Health for review and approval

A. STAKEHOLDER AND IMPLEMENTOR MEETINGS: Three day-long planning events with committee work between events. The events are preceded with Readiness Forums to inform and educate participants in the MHSA and on the planning process

1. 1st meeting agenda

- Prop 63 overview and intent
- Info and Education on Plan Requirements
 - Needs assessment
 - Best Practice Models
 - Outcomes
- Committees and Tasks
- Committee Summaries and Plans

2. Committee work between meetings

- Develop priority recommendations based on assessed need, Best Practice Models and Outcomes

3. 2nd Day Long Planning Meeting Agenda

- Review Priority Recommendations - describing need, Best Practice and Outcomes
- Participants weigh in on recommendations and funding

4. Additional Day Long Planning Meeting in Watsonville to develop South County Priority Recommendations.

Adult Committees - Cultural Competence

1. Services and Supports

- Mental health services - AB2034 Model
- Housing and supports
- Employment, Training and Education

2. Special Needs Population

- Older Adults
- Transition Age
- Dual Diagnosis
- Homeless
- Criminal Justice

Children's Committees

1. Primary: Children's Interagency System of Care Steering Committee

Sub-committees:

- a) Child Welfare/Social Services
- b) Juvenile Probation
- c) Education
- d) Community "Gate"

2. Special Focus Areas with Sub-Committees

- Youth & Family Partnerships
- Cultural Competence
- Dual Diagnosis Infusion
- 0-5 Age Planning
- Transition-age Planning
- EPSDT Early Intervention/Prevention
- Innovative Programs

3. Contractor Partnerships:

- Identification of need/opportunities within System of Care areas described above.

Other Committees

- Prevention and Early Intervention plus Innovative Programs
- South County

B. SERVICE PROVIDER MEETINGS, FOCUS GROUPS AND SURVEYS

- Priority recommendations based on assessed need, Best Practice Models and Outcomes

C. CONSUMER FOCUS GROUPS, INTERVIEWS, AND SURVEYS

- Priority recommendations based on perceived need and experience

The President's New Freedom Commission on Mental Health key information on transforming Mental Health Care.

Vision Statement

We envision a future when everyone with a mental illness will recover, a future when mental illnesses can be prevented or cured, a future when mental illnesses are detected early, and a future when everyone with a mental illness at any stage of life has access to effective treatment and supports - essentials for living, working, learning, and participating fully in the community.

Goals

In a Transformed Mental Health System...

Goal 1 Americans Understand that Mental Health Is Essential to Overall Health.

Goal 2 Mental Health Care Is Consumer and Family Driven.

Goal 3 Disparities in Mental Health Services Are Eliminated.

Goal 4 Early Mental Health Screening, Assessment, and Referral to Services Are Common Practice.

Goal 5 Excellent Mental Health Care Delivered and Research Is Accelerated.

Goal 6 Technology Is Used to Access Mental Health Care and Information.

Recovery

Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Resilience

Resilience means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses - and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.

Stigma

Stigma refers to a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid, and discriminate against people with mental illnesses. Stigma is widespread in the United States and other Western nations. Stigma leads others to avoid living, socializing, or working with, renting to, or employing people with mental disorders - especially severe disorders, such as schizophrenia. It leads to low self-esteem, isolation, and hopelessness. It deters the public from seeking and wanting to pay for care. Responding to stigma, people with mental health problems internalize public attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment.

Adults with a Serious Mental Illness

Adults with a serious mental illness are persons age 18 and over, who currently or at any time during the past year, have had a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within DSM-III-R (Diagnostic and Statistical Manual for Mental Disorders), that has resulted in functional impairment which substantially interferes with or limits one or more major life activities .

A Serious Emotional Disturbance

A serious emotional disturbance is defined as a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM -III-R that results in functional impairment that substantially interferes with or limits one or more major life activities in an individual up to 18 years of age. Examples of functional impairment that adversely affect educational performance include an inability to learn that cannot be explained by intellectual, sensory, or health factors; an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal or school problems.

**Mental Health Services Act
Target Population Definitions from Welfare and Institution Code**

5600.3. To the extent resources are available, the primary goal of use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a) (1) **SERIOUSLY EMOTIONALLY DISTURBED CHILDREN OR ADOLESCENTS.**

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means **minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders**, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population **shall meet one or more of the following criteria:**

(A) As a result of the mental disorder the child has substantial **impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:**

- (i) The child **is at risk of removal from home** or has already been removed from the home.
- (ii) The mental disorder and impairments have been **present for more than six months or are likely to continue for more than one year without treatment.**

(B) The child **displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.**

(C) The child **meets special education eligibility requirements** under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

(b) (1) **ADULTS AND OLDER ADULTS WHO HAVE A SERIOUS MENTAL DISORDER.**

(2) For the purposes of this part "serious mental disorder" means **a mental disorder which is severe in degree and persistent in duration**, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which **may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time.** Serious mental disorders include, but are not limited to, schizophrenia, as well as major affective disorders or other severely disabling mental disorders. This section shall not be construed to exclude persons with a serious mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a **mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders**, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B)

(i) As a result of the mental disorder the person has **substantial functional impairments** or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder **in independent living, social relationships, vocational skills, or physical condition.**

(C) As a result of a mental functional impairment and circumstances the **person is likely to become so disabled as to require public assistance, services, or entitlements.**

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population **includes**, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) (Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(c) ADULTS OR OLDER ADULTS WHO REQUIRE OR ARE AT RISK OF REQUIRING ACUTE PSYCHIATRIC INPATIENT CARE, RESIDENTIAL TREATMENT, OR OUTPATIENT CRISIS INTERVENTION BECAUSE OF A MENTAL DISORDER WITH SYMPTOMS OF PSYCHOSIS, SUICIDALITY, OR VIOLENCE.