

Part I, Section II: Plan Review

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.

In February 2006 members of the MHSA Stakeholder Steering Committee were presented with draft copies of the San Joaquin Mental Health Services Act plan and a public meeting of the Stakeholder Steering Committee was held five days later on February 22, 2006. Those attending the meeting were given drafts of the document as well.

Workgroup leaders presented individual sections of the plan to the Steering Committee, followed by a question and answer session. Members of the public were also given a one-hour period to comment on and ask questions about the plan.

At the day's end, MHSA Stakeholder Steering Committee members asked Workgroup leaders to make revisions to the MHSA plan in order to meet the county's budget allocation.

The draft plan was distributed geographically to libraries throughout the county, including libraries in north and south Stockton, Tracy, Manteca and Lodi. The draft plan was announced to all of the ethnic and other outreach groups who assisted during the planning process: Mary Magdalene Community Services(African-American outreach), Lao Family Community (Hmong outreach), Lao Khmu Association, Vietnamese Voluntary Foundation, Inc.(VIVO), Asian Pacific Self-Development and Residential Association (Cambodian outreach), El Concilio, Native Directions, Community Partnership for Families (Muslim/Middle Eastern), and San Joaquin County AIDS Foundation (Gay, Lesbian, Bi-Sexual, Transgender outreach). The draft plan was also placed on the MHSA website (www.sjmhsa.net), announced in newspapers and on Spanish radio, as well as being placed at appropriate BHS clinic sites. Along with the plan, an executive summary that explained the MHSA Act, the County planning process and resulting programs/services was available for those who didn't want to read the full plan. Comments and suggestions were asked of the public, prior to the public meeting, by having comment cards at each location where a draft plan was available.

The draft plan was released on Friday, March 24, 2006 and posted on the website. The plan was delivered to the Cesar Chavez, Margaret Troke and Maya Angelou library in Stockton, the Tracy library, the Manteca library and the Lodi library. It was also placed at the Office of the Clerk of the Board of Supervisors, First 5 San Joaquin, and all BHS clinics in Tracy, Manteca, Lodi, Transcultural Clinic in Stockton and main site at 1212 North California in Stockton. The draft plan for review and the announcement of the public meeting (April 24, 2 p.m.)

were announced and advertised in the following newspapers: The Record (countywide and Stockton-based), Vida en el Valle, Lodi Sentinel, Manteca Bulletin and Tracy Press. The announcement was also covered in several other newspaper articles and through Entravision Corporation being broadcast on three local radio stations – La Tricolor 100.9 FM, Super Estrella 97.1 FM and KCVR Jose 1570 AM.

2) Provide documentation of the public hearing by the mental health board or commission.

The Mental Health Board conducted a public hearing on Monday, April 24th from 2 p.m. to 5 p.m. to receive public comment. The meeting was held at the Mental Health Center in order to facilitate consumer and family participation. There were sixty eight people in attendance, representing the following groups:

- Consumers: 11
- Family Members: 9
- Staff: 12
- Community Agencies: 15
- General Public: 15
- Did not Disclose: 3

All attendees received a copy of public comments that had been submitted prior to the meeting either in person, mail, faxed or from the website. The Chairman of the Board facilitated the public comment, received comment cards from the audience and everyone who wanted to comment was given the time to speak. Comments were from consumers, family members, community based organizations, community members at large and mental health staff. A total of 27 persons spoke at the public hearing with two of those people speaking twice. A total of 201 comment cards were received, either before, during or after the public hearing. Thus, a total of 201 comments were received, representing the following groups:

- Consumers: 15 comments
- Family Members: 31 comments
- Staff: 3 comments
- Community Agencies: 90 comments
- General Public: 90 comments
- Did not Disclose: 54 comments

All of the comments were then compiled and presented to the MHSa Stakeholder Steering Committee on Thursday, April 27th. The Stakeholder Steering Committee reviewed, categorized and discussed the comments. The SSC made decisions and directed SJCBS to make the needed changes to the draft MHSa Plan before submission to the San Joaquin County Board of Supervisors.

3) Provide the summary and analysis of any substantive recommendations for revisions.

Most of the recommendations for revisions were not substantive in nature, but many were significant to consumers, family members and the community in the way in which programs were clarified with an emphasis on recovery, access and cultural competency. The following discussions and decisions resulted from the public comments:

- A. **Black Awareness Community Outreach Program (BACOP).** Public commented on ~ \$18,000 per consumer vs. other programs, such as La Familia, at around ~ \$11,000. The Director of SJCBS explained that the Full Service Partnership amount for BACOP is closer to ~\$11,800 per consumer and that the rest is to build infrastructure that is already in place for other ethnic groups, such as the Transcultural Clinic that currently serves Southeast Asian consumers. It was noted that BACOP will also provide outreach and engagement services to Middle Eastern, Native Indian American and GLBT communities. There was also public comment request asking for additional funds for this program, which was rejected by the Stakeholder Steering Committee.
- B. **Ethnic Specific Service Offerings.** Public comment reinforced the need to initially target specific unserved/underserved ethnic groups to increase access with the goal to fully integrate into a culturally competent mental health system. A common theme was the need for SJCBS to increase the cultural and linguistic competency of staff.
- C. **Number of programs – multiple programs vs. fewer programs.** There were several points made regarding the capacity and ability to begin and manage the number of proposed programs. After significant discussion, the conclusion was that there is the will and capacity to successfully implement the workplans as proposed.
- D. **Geographic distribution of services and transportation.** Public comment was clear that SJCBS needs to continue to look at geographic distribution of services throughout the County. Part of

this will be accomplished by requiring community based organizations to demonstrate their capacity to deliver services countywide during the Request for Proposal process. There was also a recommendation to create a subcommittee to work with public transit system to increase access of services to outlying areas.

- E. Wellness Center/ Martin Gipson Socialization Center clarification.** Public comment asked that the Plan clarify that the existing Martin Gipson Socialization Center will continue to exist and that the proposed Wellness Center in the MHSA Plan is supplemental to Gipson Center activities. The Wellness Center will support those coming into mental health, especially during crisis and will work with the consumer to define and reach recovery. One consumer noted during the April 24th public comment meeting the need for showers and washing machine facilities at the Gipson Center. A decision by the MHSA Stakeholder Steering Committee was to amend the one-time funding budget to include this request.
- F. Model for Mobile Outreach.** The intent for mobile outreach is to have teams available for early intervention and to work closely with emergency crisis services. Part of this work plan (24/7/365 Community Response Team SD-5) is the establishment of a warm line and hot line. The public requested and the MHSA Stakeholder Steering Committee directed that the MHSA Plan clarify the definition of the warm line/hot line, including what types of situations would constitute a hand-off from warm line to hot line for intervention.

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

There were no substantive changes to the Plan – please see #3 above and the Attachment, ‘Meeting Summary, MHSA Stakeholder Steering Committee Meeting, April 27, 2006.’