

## Distribution of Community Services and Supports Draft Plan & Public Hearing

The Draft Plan was made available through a number of methods. These include:

- The Draft Plan, along with an Executive Summary (available in English, Spanish and Vietnamese) was posted on our web site: [www.cchealth.org](http://www.cchealth.org). The date and location of the public hearing was included in the web site announcement.
- Copies of the Draft Plan were distributed to all 27 Contra Costa Public Libraries. A copy was also available in the Mental Health Administration office.
- CCMH mailed hard copies of the draft plan to all members of the Mental Health Commission and Stakeholder Planning groups.
- Contra Costa Health Service' Public Information Unit "blast" faxed a press release to 400 media outlets and community based agencies.
- CCMH sent an announcement of the plan to approximately 200 individuals on our email and regular mailing lists.
  
- On November 15<sup>th</sup>, CCMH had a meeting with all Mental Health managers and supervisors to review the draft plan. We also emailed all Mental Health staff the link to the web site, plus a copy of the Executive Summary.
- The week of October 31, CCMH had meetings with the MHSA Stakeholder Planning Groups to discuss and gain input on the Draft Plan.
- On November 17 we held a two-hour study/training session with Mental Health Commission at their regular meeting.
- At their November meeting, the Consumer Input Steering Committee reviewed the draft and made comments, which they relayed to the Office for Consumer Empowerment.
- Mental Health Director Donna M. Wigand presented an overview of the plan at the November NAMI Contra Costa meeting.
  
- The Contra Costa Times and its affiliates ran a front-page article on the draft plan (which also featured Alameda's plan) on November 21, 2005. (Attachment 18)
- Radio station KCBS featured an interview with Kimberly Mayer, MHSA Planning Manager, on November 22.
- A media advisory was sent Nov. 30<sup>th</sup> as reminder for the Dec. 7<sup>th</sup> public hearing.

Overall, from November 4<sup>th</sup> through 6<sup>th</sup>, we distributed 250 hard copies of the entire draft plan. During the same time period our web site had over 900 hits on the draft plan – an average of approximately 30 hits per day.

### **I.II.2. Documentation of Public Hearing**

An announcement and agenda for our Public Hearing is included as Attachment 17. Announcement of the public hearing was included in all media and hard copy dissemination of the Plan. Information on how to provide input on the Plan in ways other than at the public hearing was also included.

During the public hearing, interpreters were available to translate in American Sign Language, Spanish and Vietnamese. The public hearing was recorded by CCTV for a permanent record.

### **I.II.3. Summary and Analysis of Substantive Input from the Public**

During the 30 day public comment period we received approximately 20 comments by email, letter and phone. At the December 7<sup>th</sup> public hearing, approximately 50 people attended, and 24 made comments. We also received three additional written comments during the meeting. Public comments and suggestions covered the following areas of the plan:

- Older Adult Program: Three people spoke in support of the Older Adult plan, but opposed the timing of the plan, and want it rolled out earlier than Year 3 of MHSA funding. The Contra Costa County Advisory Council on Aging submitted a letter reflecting those comments.
- Transition Age Program: One individual spoke against the TAY portion of the program, feeling that it did not adhere to the recommendations of the TAY Stakeholder Planning Group, and that services were spread too thin. Another person spoke in favor of the TAY program and was very interested in further development of the Community College aspect of the program.
- Housing Program: The Homeless Continuum of Care Advisory Board expressed strong support for the housing program and the overall draft plan, especially master-leased, scattered site housing and integrated service teams. Another individual expressed the need for more licensed facilities for mental health consumers.
- Children's Program: The Chair of the Children's System of Care Policy Council spoke in strong support of the Children's Program and the overall draft plan.
- Adult Program: Six individuals from NAMI Contra Costa spoke advocating for a more inclusive definition of homelessness for the Adult Program to include those "at imminent risk" of homelessness, who may not be on the streets, but who are coming out of facilities, or are adult consumers living with their parents but are very underserved. Several in this group also

supported the development of a “Clubhouse Model” under MHSA funding, which offers more structure than consumer-operated programs.

This issue represents a continuation of divided opinions within the Adult Stakeholder Planning group, which very narrowly chose the “pure homeless” definition over a more inclusive definition. CCMH understands this critical issue, and also honors the work of the Stakeholder Planning Group. CCMH commits to a careful review of the program and criteria for inclusion — with Stakeholder input — as part of our first annual plan review which will begin soon.

- Other comments:
  - Mental Health Consumer Concerns advocated for further expansion of its community centers, and submitted a letter outlining their requests. A second speaker representing MHCC commented on the need for consumer-operated transportation.
  - Three comments were made by members of the CISC, advocating for more participation in the final draft of the plan, and for a strong recovery vision in all MHSA programming.
  - One individual commented on the lack of programs in California for adults with serious mental illness and asked why we don’t have programs that exist on the East Coast.
  - One individual commented on the need for expansion of the WRAP program, and that TLC workers should be bonded.
  - The Contractors’ Alliance had concerns over the systems development area of the plan, and was concerned CCMH was building capacity for the County and not CBOs.
  - One individual commented that we need supports for mothers to keep custody of their children.

#### **I.II.4. Substantive Changes to Plan Based on Community Input**

We have not made substantive changes to the plan or program design based on this input. However, during the public comment period we made extensive edits to the narrative to clarify specific sections, improve syntax and grammar, improve the clarity of the recovery philosophy we are guided by, and generally strengthened our overall proposal. We made some minor changes to the budget, and added a detailed budget narrative. Also, based on information posted in November on the “Frequently Asked Questions” portion of the MHSA Web Page (DMH), we formatted the narrative and exhibits to reflect the most recent information.

As stated earlier, we will consider more substantive changes, based on community input, in our first annual Plan Review process.