



County of Santa Cruz

HEALTH SERVICES AGENCY

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Mental Health and Substance Abuse Services

November 17, 2005

SEIU Local 415
517 Mission Street
Santa Cruz, CA. 95060

Subject: Response to Comments of November 16, 2005 to MHSA Plan

Dear Mr. Tillman,

Thank you for comments on the plan. We do appreciate your input and support of this important expansion of mental health services. Below are responses to your concerns related to the plan. We look forward to improving services with SEIU as a partner in this important effort.

- 1. Establish a stakeholder group with oversight responsibility and accountability.** As documented in the State approval of our local planning process, a committee of this type is not required. The State requirement is for consumer, family, and stakeholder involvement in the process and recommendations. I respectfully disagree with your characterization of the planning process being out of compliance. The State reviewed in depth our process and activities and approved it as in compliance. Based on participation by various groups in development of priorities and goals for transformation, feedback from our community workgroups outlined in detail in the plan as well as the community surveys, using media to reach out to the public through press, TV, and radio, as well as many additional community meetings with every consumer, family, and stakeholder group before and during the 30 day comment period, the program staff have included all groups in providing input to the plan and new services. There were considerably more services requested than funds available.
- 2. Neutrality towards union representation activities.** In your verbal and written comments you accused local contractors of not complying with legal requirements associated with union organizing. We are not aware of any such legal violation, but do require our contractors to comply with all local, state and federal laws including those associated with labor activities.
- 3. Ensure that the County submits a fundable plan.** The County is very interested in this goal and is recommending changes today to the LMHB which take out the only program the State has told us will not be acceptable to them. This is the crisis evaluation program that allowed individuals on involuntary holds by police to be evaluated. We believe the remainder of the plan is in compliance with all State requirements.

Conflict of Interest: Both the contractors and county workers are full partners in running the mental health programs funded by local, state, and federal dollars. To have an all-inclusive process with the best minds at the table developing good care plans, all stakeholders were included. We feel this contributed to a quality plan. County staff and contractor staffs offer different types of services and everyone is important for a good system and plan. You also alleged that the State has rejected plans that included the contractors. As of today, the State has only reviewed one plan statewide (from Stanislaus County) which was approved and did include contractors in the planning process.

Unrealistic/inaccurate Budgets: The proposed budget includes other revenues besides MediCal. The budget includes grant leveraging, school funds, EPSDT funding, Short-Doyle MediCal, FQHC MediCal, SB 163 funds and others. These revenues are based on current experience in payor mix, productivity, and federal and state claiming rules. If these factors change, the budget would also need to be adjusted. Nonetheless, to meet the community needs identified to the maximum extent possible, the program staff attempted to leverage money where it was appropriate and legal to do so. If you look at the current budget and similar programs, leveraging ratios for revenues are similar. Again, it is not just MediCal that is being leveraged. The State number you identified in your letter includes the planning funds the State has already given to us and which is deducted from the allocation total. We do intend to request all of the County funds on time so no funds are lost to local needs.

Full Service Partnerships: The referenced AB 2034 program model is only applicable to adults and therefore is not appropriate or best practice for youth. Our children's system of care has been the State model for best practice for children for many years. The challenge with this model is to insure you have capacity for newly identified severely emotionally disturbed youth to get the level of services needed. So the program has expanded capacity in schools and other sites and will allow for many additional services to be provided.

The Plan appears to violate the state's funding non-supplantation requirement. The State has provided detailed guidance and fiscal requirements related to non-supplantation. These are at www.dmh.ca.gov. The proposed plan is in full compliance with these requirements. There is not a prohibition of providing services to existing clients who were under served or who need different types of services to optimize their recovery. Many individuals with serious mental health needs have gotten care to the extent resources were available because State realignment has not been adequate to keep pace with inflation. This is supposed to be the core funding source for mental health. Clearly this service array has not been enough to curb hospitalizations, homeless, and avoidable incarcerations. Redesign of existing services is encouraged in this act and this component of the plan is a strong and positive attribute of the proposed system.

Sincerely,

Norm Wyman
Mental Health and Substance Abuse Director

Cc: Local Mental Health Board
NAMI
MHCAN