

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

SECTION I: PLANNING PROCESS

Question 1: Briefly describe how your local public planning process included meaningful involvement of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities.

Response 1:

Outreach Activities

To cast the widest notification net as possible, the County utilized the local media to provide information on the Mental Health Services Act (MHSA). This included public announcements and articles in regional newspapers, radio interview, plus community television programming. These public notifications described the MHSA and invited consumer, family and community participation in the planning process.

Information regarding the Mental Health Services Act was also provided to the community by the establishment and active promotion of a website created for this purpose: www.santacruzhealth.org/prop63. To extend outreach efforts to unserved and underserved communities, the website has both Spanish and English versions.

To insure comprehensive participation in the planning process from diverse consumers and families, the County Mental Health Program worked closely with the following groups:

- Local Mental Health Board,
- Santa Cruz NAMI,
- Mental Health Client Action Network (consumer operated non-profit contract agency); and
- Children's Family Partnership Program.

These efforts included initial presentations readiness forums and stakeholders meetings to welcome and prepare consumers and families for meaningful involvement in the planning process. (See Table 1: Summary of Phase I Planning Meetings, on page 8.)

After analyzing and summarizing the information received in all the public forums and evaluating the level of involvement of consumers, families, and the underserved and unserved populations in these meetings, it was decided that a second round (Phase II) of community meetings would be held. These Phase II meetings were held throughout the community in order to provide opportunities for additional consumer, family and community involvement. Attendees were invited to review and comment on the findings and priorities identified from the initial (Phase I) round of public meetings.

The Phase II meetings provided essential feedback regarding the direction and priorities identified by participants in Phase I meetings. By returning to the community to seek additional responses to the initial findings, it was possible to achieve consensus from consumers, families, underserved populations and service providers regarding the MHTSA plan priorities and programs. (See Table 2: Summary of Phase II Planning Meetings, on page 8.)

Those not in Organized Advocacy Groups

In order to assist and seek participation for consumers who may not be members in any organized advocacy groups, Santa Cruz County augmented the contract with the Mental Health Client Action Network (MHCAN) to provide consumer meetings, focus groups, interviews and surveys as a part of the MHTSA planning process. These activities occurred throughout the County in residential treatment programs, mental health service sites and the MHCAN Drop in Center. Similarly, our contract with Community Connections Family Partnership Program was expanded to provide focus groups, interviews and surveys for children, adolescents and their families throughout the County and all aspects of the service system.

Family Partnership staff (who are parents of children/youth in our system) conducted five (5) family focus groups in Santa Cruz and Watsonville for in-depth discussion (over 50% of parents were Spanish-speaking). In addition, Family Partnership subcontracted with five (5) youth serving organizations to conduct in-depth sessions with youth. These organizations included: Y-Core, Los Puentes, Youth Services, Pajaro Valley Prevention and Student Assistance and Live Oak Family Resource Center.

Efforts to Reach Underserved and Unserved Consumers and Families

The outreach and activities described above were designed to increase community participation and insure broad-based consumer and family involvement. Specific outreach efforts to involve underserved or unserved consumers and family members included:

- Holding a Readiness Forum, a Stakeholder Forum and Service Provider meetings in Watsonville, which is predominately Latino (75% according to the 2000 Census) and has a greater number of Spanish speaking residents;
- Having translation services available for monolingual Spanish speakers at all Readiness and Stakeholder Forums, in both North and South County;
- Providing all survey instruments in both English and Spanish (threshold language for the County);
- Two agencies with strong community connections, Watsonville Digital Bridges Academy and Barrios Unidos conducted surveys that helped define the needs of the underserved and unserved Latino sectors of the community;
- Developing the Santa Cruz website in Spanish, as well as English; and
- Mental Health Interagency System of Care utilized our partnership in the Robert Wood Johnson Reclaiming Futures project to integrate focus group and survey material conducted by a University of California Santa Cruz (UCSC) graduate student regarding youth mental health and substance abuse perspective and needs.

Description of Methods Used

Santa Cruz County used the following methods to involve consumers and families in the planning process:

- Surveys: 154 adult consumer surveys and 548 child and family surveys were completed. In addition, there were 906 surveys reviewed from two community-based organizations focused on Latino youth and families;
- Focus Groups: A total of 16 focus groups were held, 7 were for adult consumers, 4 were youth focus groups and 5 were family focus groups;
- Consumer and Family Group Meetings: In addition to the focus groups noted above, there were 4 NAMI family meetings;
- Public Meetings: Consumers had lead roles in the Stakeholder forums and adult planning committees to model participation and encourage consumer involvement. Family Partnership family members took the lead in representing family concerns at each of the children's committees and Stakeholder forums;
- Media Announcements: The Readiness and Stakeholder meetings were publicized in local papers and on the website in English and Spanish. In addition, there were newspaper articles, radio interview and community television notices broadcast inviting participation;
- Draft Plan Meetings: Will be scheduled during the 30-day review and comment period to share and get input on the Draft Plan. These public meetings were noticed in the paper, on Spanish speaking radio and through mailings to consumers and family members; and
- Public Hearings: The Local Mental Health Board held public hearings on the MHSA Draft Plan in Watsonville and Santa Cruz on November 15 and 16, 2005. These hearings were noticed in local papers, on the website and through multiple mailings.

Initiating and Sustaining Consumer and Family Participation in Planning

A primary goal of the MHSA planning process has been to achieve the highest possible levels of consumer and family involvement and leadership, to ensure that consumer and family perspectives were well represented. Santa Cruz County Mental Health has a long tradition of supporting and working closely with the Mental Health Client Action Network to insure consumer participation in program policy and planning. The collaboration has expanded in the past year to include direct involvement of the MHCAN Executive Director on the Quality Improvement and Cultural Competence Committees for planning policy development and oversight activities.

An MHCAN consumer representative sits on the weekly Adult Management meeting to provide a consumer perspective on adult mental health issues, services, and policy. The Children's Interagency System of Care has a long-standing and effective Family Partnership integrated into the planning, policy and service delivery oversight components of the Children's service system.

The MHSA planning process created the opportunity for Santa Cruz County Mental Health to build upon this collaborative relationship with both consumer and family members. Throughout this process, the Local Mental Health Board and Santa Cruz NAMI actively participated in planning and service development.

This effort went beyond client advisory status by including consumers and family members in lead roles in the planning process, helping to identify local needs and develop Best Practice Model approaches to improve outcomes. In addition, NAMI leadership, the Children's Family Partnership and an adult consumer provided kickoff presentations for the initial Public Stakeholder meeting.

Question 2: *In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.*

Response 2:

The following list of stakeholders were contacted and invited to participate in the planning process for Santa Cruz County:

- Consumers: Adult and Youth;
- Family members including NAMI and Children's SOC parents;
- County and Contract mental health service providers;
- Law enforcement including Sheriff, Police, Probation, and District Attorney;
- Human Resources Agency (Social Services);
- Education including COE, local school Districts, local colleges;
- Health Safety Net Clinic Coalition and Public Health;
- Mental Health Coalition;
- Santa Cruz Mental Health Board;
- Alcohol and Drug Commission;
- Central Coast Alliance for Health (the managed care plan for primary care);
- Medical Society; and
- Other interested persons and groups.

Phase I Planning Process and Meetings

These stakeholders were encouraged to participate in the four (4) MHSA Readiness Forums that provided information on the MHSA and the planning process in order to prepare participants for meaningful involvement in the planning. Three (3) Stakeholder Forums were also held which offered all participants the opportunity to assist in assessing local needs and developing Best Practice Models to improve outcomes. Stakeholder participation in these events is demonstrated in Table 1 (see page 8).

Readiness Forums, Stakeholder Forums and Provider Meetings were publicized and held for Children, Transition Age Youth, Adults and Older Adult planning in the cities of Santa Cruz and Watsonville. These two cities are the highest population centers in Santa Cruz County and are located in opposite geographical areas of the county.

The City of Watsonville (in the South County region) and the surrounding Pajaro Valley have the highest Latino population in the County. Holding key planning meetings in Santa Cruz and Watsonville, with Spanish translation available, at all meetings, enabled increased ethnic participation and overall attendance, and ensured that regional perspectives were included in the planning process.

Specific outreach efforts to child, family and transition age youth to ensure ethnic and regional participation in the MHSA planning process included:

- Working with the Watsonville Digital Bridges Academy, an innovative project connected with Cabrillo Community College, involving many of our public agency and community partners in reaching out to Latino youth and young adults;
- Presentation and surveys from the Children's Network (Santa Cruz County's official SB 997 Children's Interagency Council);
- Meetings with the Pajaro Valley Unified School District;
- Meetings with County Office of Education's Courts and Community Schools,
- Meetings with South County Mental Health Providers; and
- Working with Barrios Unidos, a community based agency focused on strengthening cultural ties and reducing gang violence, which sent staff members door to door to interview sectors of the Latino community often reluctant to seek services.

In addition, the Family Partnership Program sponsored focus groups in North and South County.

Other regional efforts included outreach to the Live Oak Family Resource Center in the unincorporated mid-County area and the Mountain Community Resource Center staff from the unincorporated San Lorenzo Valley. One of the Readiness Forums, three NAMI meetings and multiple provider and stakeholder meetings were also held in the unincorporated areas of the County to ensure diverse and representative participation for all age groups.

Additional outreach efforts to increase Latino participation and ensure regional perspectives for adult and older adult planning included meetings at the Mariposa Center in downtown Watsonville, as well as South County focus groups and interviews conducted by our consumer-run Mental Health Client Action Network. There was also collaborative outreach planning with Public Health's Homeless Persons Health Project, the Watsonville Community Hospital and the Watsonville Police Department.

Santa Cruz specifically targeted and held meetings, conducted focus groups and surveyed children and youth, adults and older adults to ensure diversity in age and gender as well as representative participation by consumers, family members, providers and other stakeholders. (See Tables 1-5, pages 8-9 for detailed description of participants.)

Santa Cruz MHSA Phase I planning meetings, consisting of the Readiness and Stakeholder Forums, the Provider Meetings and Committee work plus initial focus groups, interviews, and surveys were conducted from January through March 2005. A primary purpose of the Readiness Forums, the first two Stakeholder Forums and the Provider meetings was to inform and educate participants about the MHSA, the planning process, Santa Cruz community needs, current service utilization and Best Practice Models.

Committees

The following committees were established to identify community issues, system strengths and needs, and develop priority service recommendations utilizing Best Practice Models to improve outcomes and expand services:

- Adult Mental Health Services – AB 2034 Integrated Service Model;
- Housing Support;
- Employment and Education Supports;
- Older Adults;
- Transition Age Youth;
- Dual Diagnosis;
- Homeless;
- Criminal Justice;
- South County;
- Children’s Interagency System of Care, including:
 - Child Welfare/Social Services
 - Juvenile Probation
 - Education
 - Community Gate
 - Special Focus Area in all Children’s subcommittees included Family and Youth Partnerships, Cultural Competence, Dual Diagnosis Substance Abuse, 0-5 Age Planning and Transition-age Planning.

These committees met during and between the Stakeholder and Provider meetings to develop priority recommendations for the MHSA Plan.

The Phase I input and recommendations were analyzed in April to determine the diversity of participation, as well as the content of recommendations from Committees, surveys, focus groups and the Stakeholder “weigh-in” process. This analysis led to a subsequent Phase II of the planning process.

Phase II Planning Process and Meetings

MHSA Phase II planning was conducted in May, June and July throughout the County with consumers, family members, providers and other stakeholders. Phase II meetings were intended to:

- Share Phase I findings and refine recommendations for the plan, and
- Target outreach to specific groups to ensure diverse and representative participation in the planning process;
- Gather additional survey data on needed mental health services

Phase II began with targeted outreach to those groups under-represented in Phase I and resulted in additional meetings with:

- City Police Chiefs, the Sheriff, Probation and the District Attorney,
- Parents and NAMI families;
- School personnel, including SELPA, County Office of Education staff and the Pajaro Unified School District;
- The Mountain Community multidisciplinary team;
- Court and Community School personnel; and
- Juvenile Probation staff.

In addition to the targeted outreach described above, 36 Phase II meetings were held throughout the county with consumers, family members, providers and other stakeholders to share Phase I findings and refine recommendations for the plan. The many Phase II meetings enabled increased participation and dialogue in the planning process.

**Table 1: Summary of Phase I Planning Meetings
(January-March 2005)**

Meetings	Consumers	Family Members	Other Stakeholders	Providers	Total per Meeting
4 Readiness Forums (February)	9	5	18	41	73
6 Provider Meetings (Feb. - March)	9	3	7	185	204
8 Stakeholder Mtgs (Feb. - March)	53	22	80	223	378
Total Attendees for All Meetings	71	30	105	449	655
% For All Meetings	11%	5%	16%	68%	100%

**Table 2: Summary of Phase II Planning Meetings
(May-September 2005)**

Type of Meeting	Number of Meetings	Attendance	% of Attendance
Consumer	4	67	16%
Family	3	38	9%
Provider	14	194	47%
Other Stakeholders	15	113	27%
Totals	36	412	

Table 3: Total Community Participation in Planning Process

	Number	Attendance
Phase I Meetings	18	655
Phase II Meetings	36	412
Focus Groups	9	131
Totals	63	1198

Table 4: Informational Mental Health Surveys

Survey Provider	Number
County Mental Health	774
Digital Bridges	584
Barrios Unidos	322
Totals	1680

Summary

In total, 1,198 attendees have participated in the Phase I and II meetings and focus groups for children, transition age youth, adults and older adults, and a total of 1680 surveys were reviewed (774 mental health surveys plus 584 additional surveys from Watsonville Digital Bridges and 322 from Barrios Unidos). These two community-based organizations work with Latino youth and families.

Of the combined 2,878 attendees and surveys reviewed, 650 (23%) represent consumer participation, 1,122 (39%) represent family participation, 744 (26%) represent provider participation and 362 (12%) represent other stakeholder and public participation.

Table 5: Summary of Combined Community Involvement in Planning Process

Participants	Number	Percentage
Consumers	650	23%
Family Members	1,122	39%
Providers	744	26%
Other Stakeholders & Public	362	12%
Totals	2,878	100%

Question 3: Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.

Response 3:

The Mental Health and Substance Abuse Director assumed overall responsibility for the planning process and dedicated approximately 60% of his time from January through October 2005 to this planning process. This included leadership for the organizational work with assistance from existing, augmented, and contracted management and administrative staff. The Director's time for organizational work is included in the above 60%.

Other staff whose organizational involvement includes 50% or more time are as follows:

- One current administrative assistant spent 50% percent of her time committed to MHSA organizational responsibilities;
- A second administrative assistant spend 100% of her time in MHSA organizational and documentation activities, and
- The lead psychologist on the evaluation team devoted 60% of her time prior to her resignation June assisting with outreach planning and survey development, as well as monitoring consumer, family and stakeholder involvement in the MHSA planning process.

All other administrative and program management staff and supervisors were involved in organizational and other planning activities. The primary mental health staff involved in providing administrative support averaging between 30-40% of their time included:

- Deputy Director;
- Medical Director;
- Adult Services Chief;
- Children's Services Chief;
- Cultural Competence Coordinator;
- Quality Improvement Program Manager; and
- Evaluation Psychologist (60%).

Other program managers and supervisors also assisted in the planning process:

- 8 Adult and Child Services Program Managers (25%-30%) assumed MHSA leadership roles in educating stakeholders on needs, best practice models and facilitating committee work and establishing priority recommendations; and
- 10 Adult & Child Program Supervisors (15%-20%) assisted the Program Managers in MHSA Committee work.

There were two (2) Administrative Assistants (100% and 50%) that provided administrative support in helping to arrange all the community meetings, assisted in the compilation of all the information gathered and on-going organizational support. In addition, other personnel were contracted to assist in the MHSA planning process, as indicated below.

The Psychologist assisted in the outreach planning and survey development and was responsible for monitoring participation, specifically to insure underserved or unserved populations of consumers, families and were included in the planning process. The psychologist, in collaboration with the Cultural Competence Coordinator, had the responsibility to insure participation of ethnically diverse participation in the planning process. The Cultural Competence Coordinator, who is part of the program management leadership team, spent approximately 30% of her time with MHSA planning activities.

Santa Cruz County hired three consultants to assist with the MHSA planning process. Dr. Neal Adams was hired through a contract with CIMH to provide consultation on the MHSA planning process and related quality improvement projects. He assisted in providing information on Best Practice Models and interventions, facilitated committee work on the MHSA planning process and provided consultation on the Santa Cruz County plan that emerged from the planning process. Two other administrative contracts provided facilitation support and documentation for the various planning committees. These two positions provided support to the Committee Chairs and subject matter experts.

Question 4: Briefly describe the training provided to ensure all participation of stakeholders and staff in the local planning process.

Response 4:

Santa Cruz County recognized stakeholder training as a critical component to transforming the current mental health system through MHSA planning and implementation. One example of this commitment to system transformation is Santa Cruz County participation in the CIMH Learning Collaborative with seven other California Counties. The learning collaborative is focused on transforming the public mental health systems, consistent with the principles of the MHSA, the Quality Chasm, and the Freedom Commission Report.

Santa Cruz County made a dedicated and successful effort to provide widespread and inclusive training throughout the MHSA planning process, both in terms of identified full-partnership participants, as well as the breadth and depth of the training content itself.

Mental Health Staff

Staff throughout the mental health system, including management and line staff, county and contract staff, adult and children's providers, have received training, both in-house, as well as that provided by all of the meetings described below. The training for clinical staff and some management staff, both county and contract providers started before MHSA planning, remained present throughout the planning process, and will continue through the plan review and implementation phases, as the County moves toward system transformation.

The Children's program implemented the best practice Interagency System of Care Model in 1989 that significantly reduced out of home placements, increased Special Education attendance and performance and significantly reduced re-arrest rates for youth in the juvenile justice system. The Children's management staff and the Family Partnership staff have provided training presentations at the Stakeholder, Provider and interagency partner meetings on the background and concepts of a Children's Interagency System of Care, local service needs and utilization, on the evidenced-based Wrap Around program, on the importance of strength-based approaches and resiliency, as well as systems change.

Santa Cruz also has an AB 2034 Best Practice Integrated Services Model for adults and has been sending AB 2034 staff and other Adult SOC staff to the "Village Immersion Trainings" throughout the past three years for training in Recovery, Resilience and Consumer operated services. The AB 2034 staff have provided training and leadership on the "What ever it takes" integrated services Recovery Model that has increased housing and employment, integrated health care and reduced hospital utilization and incarceration. Those trainings focus on understanding and implementing the concepts of recovery and resiliency, how to make systems change and provide a model of the MHTSA vision for adult services. Also, a team of Mental Health County and Contract Management visited the Stanislaus Wellness Recovery program, as a part of our MHTSA training and planning efforts.

Consumer and Family Members:

Adult and youth consumers and family members have had lead roles as trainers and "experience experts" in our Stakeholder Forums and Committee meetings, as well as to various teams and overall MHP staff. (Our consumers have provided trainings to all MHP staff, such as the panel presentation on "Consumer Culture" provided by the Mental Health Community Action Network on April 20, 2005, and the planned "Consumer Culture" presentation by the Family Partnership on November 9, 2005). These consumers and family members model recovery, wellness and resilience, providing a beacon for others participating in the planning process and helped shape the vision of a transformed system.

Consumer and family member experts were partnered with provider leaders for training and information on service needs and utilization, best practice models, the concepts of recovery and resilience and consumer and family services. These trainings have been provided to consumers, family members, providers and other stakeholders throughout the MHTSA planning process.

Other Stakeholders

Additional stakeholders who participated in training activities included management and line staff from law enforcement, social services), educators, health providers, the Local Mental Health Board and other interested persons and groups. Numerous smaller meetings were held with Public Agency Partners and Community Groups that incorporated training similar to that provided in the Readiness forums, as well as dialogue and planning.

These meetings included:

- Law enforcement (Police Chiefs, Sheriff, District Attorney and Probation);
- Santa Cruz County Human Resources Agency (Social Services);
- Education (County Office of Education, SELPA, Pajaro Unified School District, Cabrillo College, and the University of California, Santa Cruz);
- Health providers (Public Health's Homeless Persons Health Project, Watsonville Community Hospital);
- Santa Cruz NAMI; and
- Long Term Care Commission.

The Robert Wood Johnson "Reclaiming Futures" grant partners/committees (Probation, Substance Abuse, Community Providers & Youth) were used to both disseminate information and collect input. The Santa Cruz Mental Health Board made MHSA planning a regular agenda item on the monthly meetings to provide training, information and timely updates.

Training Meetings

Santa Cruz County held four (4) Readiness Forums for consumers and families, county and contract mental health providers, stakeholders and other interested persons, groups and organizations. The purpose of these Readiness Forums was to prepare participants for meaningful involvement in the MHSA planning process. The four Readiness Forums were three to four hours in length and provided information and training on the Mental Health Services Act, the planning process, and key information on service needs, utilization, Best Practice Models, and performance outcomes. Two of the Readiness Forums were provided in the City of Santa Cruz, one in the City of Watsonville and one in the mid-County unincorporated area.

Another primary venue for training occurred at the three (3) Stakeholder Forums that were held throughout the County in Santa Cruz, Watsonville, and the unincorporated areas. The Stakeholder meetings were day-long events for consumers and families, providers, stakeholders and other interested persons, groups and organizations. The morning and early afternoon were utilized to provide information on public mental health services, the MHSA, the local planning process, and local needs and Best Practice Models. This allowed the afternoon session to focus on increased dialogue with attendees and their active participation in the planning process.

The Stakeholder meetings had panel presentations by individuals representing consumers, NAMI and parent perspectives on the MHSA. In addition, consumers were included in the committee leadership as "experience experts" who work with the committee chairs and subject-matter experts to provide information and recommendations on needs and services. (See page 6 for a list of committees.) In the Children's committee, youth who have graduated from services provided input on what helped them most, and what key gaps remain.

There were three (3) Mental Health Provider meetings that were three hours in length. Each meeting began with County and Contract Agency staff providing training and information as preparation for full participation by attendees in the planning process.

Like the Readiness Forums, the Provider meetings were intended to inform and train staff about the Mental Health Services Act and the planning process, as well as insure that participants had current, relevant information on local needs and Best Practice Models.

In total, 63 provider, consumer, family and stakeholder meetings have been held that incorporated both training and planning components and were typically two to three hours in length. The content of the Readiness, Stakeholder Forum and Provider trainings was comprehensive and included the following components.

Mental Health System

Background and information on the mental health system was presented, including the:

- Shift from state hospitals to community mental health centers,
- Development of systems of care,
- MHSA vision, and
- Examples of best practice models, such as Children's Interagency Systems of Care with evidenced-based Wrap Around services and the adult AB 2034 Integrated Services Best Practice Model.

Whatever it Takes Approach

Training described the "what ever it takes" approach and the positive outcomes of increased housing, employment and community integration and significant reductions for incarceration and hospital utilization.

Recovery and Wellness

The concepts of recovery, resiliency, and wellness were woven throughout the AB 2034 training that all participants received.

Cultural Competence

- Cultural competence training was an integral aspect of the MHSA vision in each of the trainings and planning committees to ensure integration in the service planning process;
- The Mental Health Cultural Competence Coordinator discussed the Santa Cruz Cultural Competence Plan and the under-served Latino population as a part of the needs assessment information provided in the trainings;
- Cultural Competence was also brought into the training in our discussions about under-served and unserved communities including the reduction/elimination of racial and ethnic disparities;
- It was demonstrated in the County-specific information that describes population and utilization data by age, gender and race/ethnicity, as well as current provider staffing; and
- A focus of the utilization data was the comparison of utilization to the DMH prevalence data by age and ethnicity, and was a powerful tool to address inequities in the planning process.

Local Mental Health Board

The Santa Cruz Mental Health Board participated in a CIMH sponsored training on “How to hold an interactive Public Hearing” which coincides with their monthly Board meeting.

Consumer and Family Operated Services

Background and information on consumer and family operated services was included throughout the trainings.

- It was discussed in the needs assessment and identified as a community strength;
- Consumer “experience experts” who are part of our Mental Health Client Action Network (a consumer operated drop-in center) both modeled and brought it into the trainings and committee work; and
- The consumer-operated, ‘Dinosaur Deli’, was showcased with a contract to provide lunch for the three day-long Stakeholder meetings.

System Changes

Santa Cruz County is committed to a transformation of the mental health system. In order to accomplish this far-reaching task, there must be a shared community vision and plan. Training related to system changes included:

- The concept of ‘systems changes’ was integrated into the Children’s Interagency System of Care best practice model;
- It was also an integral part of the AB 2034 presentation, a program which is itself, still in the transformation process;
- Santa Cruz also utilized information from the John Ott presentations to discuss the change and transformation process and emphasized that the funding alone is not sufficient to transform the system.

Training remains a critical component necessary for full-partnership participation in the Community Program Planning required to expand, improve and transform the system. Santa Cruz County is committed to continue to integrate training as an integral aspect of the planning and review process, as well as throughout the implementation process to both generate and implement a true, shared community vision and plan.

(For documentation, materials and additional information related to the Planning Process, see Appendix D: Planning Process Documentation.)