

August 16, 2005

TO: David Jones, DMH County Operations Liaison

FROM: Norm Wyman, Santa Cruz County Mental Health Director

REFERENCE: DMH Letter No. 05-01, January 18, 2005 and June 23, 2005

SUBJECT: County Funding Requests for Mental Health Services Act (MHSA)  
Community Program Planning and Removal of Conditions

REGARDING: Addressing concerns and removing the condition of approval in the  
Santa Cruz County Funding Request for Mental Health Service Act  
(HSA) Community Program Planning

Dear Mr. Jones:

Thank you for your July 21, 2005 email clarification of the Section 2 concern in the Santa Cruz County MHSA Plan to Plan. To address this concern you have asked for a brief outline of the process used to outreach populations relative to gender and race/ethnicity, i.e. media efforts, collaboration with community coalitions that are ethnic specific, unincorporated communities, efforts to reach out to ethnic populations and language focus groups.

Section 1a of the Santa Cruz Plan to Plan provides the following overview of our outreach and planning process: Santa Cruz County has used the local media to provide information on the Mental Health Services Act, and describe as well as invite consumer, family and community participation in the planning process. This effort included public service announcements, articles, and interviews in various media; including television, radio and newspaper. In addition, Santa Cruz County is providing information to the community on the Mental Health Services Act in our recently established Santa Cruz web site found at [www.santacruz.org/prop63](http://www.santacruz.org/prop63) (Attachment 1). To extend outreach efforts, the web site has Spanish and English versions. Targeted more specifically, the County Mental Health Program is working closely with the Local Mental Health Board, Santa Cruz NAMI, the Mental Health Client Action Network, a consumer operated non-profit contract agency, and our Children's Family Partnership Program to provide outreach, information, and to ensure comprehensive participation in the planning process from diverse consumers and families. These efforts include presentations, articles, meetings and readiness forums to welcome and prepare consumers and families for meaningful involvement in the planning process.

The following measures were taken to ensure that the Santa Cruz Program Planning process reflects the stakeholder diversity of the county in regard to geographic location, age, gender, and race/ethnicity:

- Readiness Forums, Stakeholder Forums and Provider Meetings were publicized and held for Children, Transition Age Youth, Adults and Older Adult planning in North and South County in the cities of Santa Cruz and Watsonville (Attachment 2). These two cities are the highest population centers in Santa Cruz County, and the South County region, including the City of Watsonville and the surrounding Pajaro Valley, has the highest Latino population in the County. Holding key planning meetings in Santa Cruz and Watsonville with Spanish translation available, was designed to increase ethnic participation and overall attendance plus ensure regional perspectives were included in the planning process.
- Additional child, family and transition age youth outreach efforts to ensure ethnic and regional participation in the MHSA planning process included: 1) working with the Watsonville Digital Bridges Academy, an innovative project connected with Cabrillo, our local Community College, involving many of our public agency and community partners in reaching out to Latino youth and young adults; 2) meetings with the Pajaro Valley Unified School District; 3) meetings with County Office of Education's Courts and Community Schools, and 4) meetings with South County Mental Health Providers. 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 in 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 (Attachment 3). 1181 attendees participated in the various planning meetings for children, transition age youth, adults and older adults and a total of 1241 surveys were submitted from all ages. Of the combined 2422 attendees and surveys turned in, 858 or 35% represent consumer participation, 209 or 9% represent family participation, 657 or 27% represent mental health provider participation and 698 or 29% represent other stakeholders and general public participation.
- 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 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, and Santa Cruz community needs, current service utilization and Best Practice Models. The Phase I Committee work, the third Stakeholder meeting, the surveys, and the focus groups were designed to gather meaningful input for the Santa Cruz County 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. MHSA Phase II planning was conducted in May, June, and July throughout the County with consumers, family members, providers and other stakeholders (see Attachment 6). Phase II meetings were intended to (1) share Phase I findings and refine recommendations for the plan, and (2) target outreach to specific groups to ensure diverse and representative participation in the planning process. The analysis of Phase I participation led to additional targeted outreach with law enforcement, education and family members. The targeted outreach resulted in additional meetings with (1) City Police Chiefs, the Sheriff, Probation and the District Attorney, (2) meetings and focus groups with parents and NAMI families, (3) and meetings with school personnel including SELPA, County Office of Education staff and the Pajaro Unified School District. The child and transition age youth planning in total has had equal gender and regional participation. Most of the parent participation was from parents whose children were not in the Children’s Interagency System of Care services while most of the youth participation was from children and youth receiving System of Care services. In terms of known ethnic diversity, 452 of 809 or 56% is Latino participation, 302 or 37% is White and 55 or 7% is other ethnicity.

In summary, the Santa Cruz County MHSA planning process was designed to encourage comprehensive and diverse participation that reflects the County demographics in terms of geographic location, age, gender, and race/ethnicity. The planning process has monitored participation and increased targeted outreach efforts to achieve comprehensive and diverse participation. This information is intended to provide the brief outline of outreach efforts regarding gender race/ethnicity requested in your July 21<sup>st</sup> email. Please let us know if you would like additional information to address this concern.

In addition to the Section 2 concern addressed above, there were also concerns and a Condition associated with Section 4 of DMH Letter No.: 05-01; full participation in Community Program Planning requires training of stakeholders and staff in advance. Reviewers expressed concern that there was not enough information describing proposed/anticipated training as required and the content of that training. The resulting Condition states “Santa Cruz County must take steps to ensure that all required training is provided to the stakeholder groups identified including training on: the concepts of recovery and resiliency; county specific information that describes population and utilization data by age, gender and race/ethnicity; current, county-specific

staffing/provider data; how to hold a successful and interactive public hearing; how to make systems change; and background on consumer and family operated services.”

Santa Cruz County recognizes and embraces the need and importance of stakeholder and provider training in advance as well as throughout the MHSA planning and implementation to achieve full and meaningful involvement in the planning process, and as a critical component to transforming the current mental health system. 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.

Section 4a requires a description of the types and amounts of training the county will provide, using Community Program Planning funds, to address the information needs of at least the categories of stakeholders listed below:

- Consumer and family training
- Mental health management and supervisor training
- Mental health line staff training
- Mental health contractor training
- Training for other agency personnel who have direct contact with mental health clients, such as teachers, child welfare workers or probation officers. This should include training for line staff as well as managers and supervisors.
- Mental Health Boards and Commissions members
- Training for other stakeholder groups as needed

Recognizing the importance of training to achieve full participation in the Community Planning Process, Santa Cruz County has provided the following training throughout our MHSA planning process:

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. These consumers and family members model recovery, wellness and resilience providing a beacon for others participating in the planning process and help to shape the vision of a transformed system. Consumer and family member experts partner 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 (Attachment 4). These trainings have been provided to consumers, family members, providers and other stakeholders throughout the MHSA planning process. Training is integrated into all MHSA Phase I & II planning meetings and is offered throughout the County in the cities of Santa Cruz and Watsonville as well as the unincorporated areas.

Mental Health Staff Training: Staff throughout the mental health system have received training. This includes management and line staff, county and contract staff, adult and

children's providers. The training for clinical staff and some management staff, both county and contract providers started before MHSA planning, will continue throughout the planning and implementation as we move toward system transformation.

The Children's program implemented the best practice Interagency System of Care Model in 1989 that and 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 as well as many of the rest of the 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 MHSA vision for adult services. More recently, during the MHSA planning, a team of Mental Health County and Contract Management visited the Stanislaus Wellness Recovery program as a part of our MHSA training and planning efforts.

In addition to these efforts, Mental Health management and line staff have received training in the Readiness and Stakeholder Forums and all of the Phase I & II Provider meetings (Attachment 5). These trainings were provided throughout the County in the cities of Santa Cruz and Watsonville as well as the unincorporated areas.

Other Stakeholder training: for Santa Cruz County this list includes management and line staff from law enforcement, Human Resources Agency (Social Services), educators, health providers, the Local Mental Health Board and other interested persons and groups. All consumers, family members, providers and stakeholders were invited and encouraged to attend the Readiness and Stakeholder Forums that had a primary training and education focus. Numerous smaller meetings were held with Public Agency Partners and Community Groups that incorporated training as well as dialogue and planning. These meetings included law enforcement (Police Chiefs, Sheriff, District Attorney and Probation), social services, education (County Office of Education, SELPA, Pajaro Unified School District, Cabrillo College, and the University of California, Santa Cruz) and health providers (Public Health's Homeless Persons Health Project, Watsonville Community Hospital). The Santa Cruz Mental Health Board made MHSA planning a regular agenda item on the monthly meetings to provide training, information and timely updates. The Readiness and Stakeholder Forums were

held in Santa Cruz and Watsonville and the smaller stakeholder specific meetings were held throughout the County at locations convenient for the stakeholder.

In Summary, all of the Readiness and Stakeholder Forums had a training focus and were attended by consumers, family members, mental health providers and other stakeholders including management and line staff. The four Readiness Forums were four hours in length and were intended to provide 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. The three Stakeholder Forums were daylong events that utilized most of the day for training and education in preparation for afternoon planning. Two of the Stakeholder Forums were in the City of Santa Cruz and one in Watsonville. There have been more than 50 provider, consumer and family meetings to date which have had both training and planning components and were typically two to three hours in length. These meetings have been provided throughout the County in Santa Cruz, Watsonville, and the unincorporated areas.

Section 4b. requires a description of the content of proposed/anticipated trainings. Content should include but is not limited to:

- Background on the public mental health system, systems of care and the MHSA
- Concepts of recovery and resiliency
- Cultural competence
- The county's under-served and unserved communities, including reduction/elimination of racial and ethnic disparities
- County-specific information that describes population and utilization data by age, gender and race/ethnicity; and current staffing/provider data
- How to hold a successful and interactive public hearing
- How to make systems changes
- Background on consumer and family operated services

Santa Cruz County understands the importance of the above-described content in successful planning and implementation of the Mental Health Services Act. The content of the Readiness and Stakeholder Forum trainings was as follows:

- Background on the mental health system, including (1) the shift from state hospitals to community mental health centers, (2) the development of systems of care, (3) the MHSA vision, and (4) 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. 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. The concepts of recovery, resiliency, and wellness were woven throughout the AB 2034 training that all participants received.

- Cultural competence training was included into the MHSA vision in each of the trainings and planning committees to ensure integration in the service planning process (Attachment 6). 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. 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
- The Santa Cruz Mental Health Board is signed up to participate in the CIMH sponsored training on “How to hold an interactive Public Hearing” on August 18<sup>th</sup> which coincides with their monthly Board meeting.
- The concept of ‘systems changes’ is integrated into the Children’s Interagency System of Care best practice model (Attachment 7). It is also an integral part of the AB 2034 presentation which is still in the transformation process (Attachment 8). Santa Cruz has also drawn from the John Ott presentations to discuss the change and transformation process and emphasize that the funding alone is not sufficient to transform the system. To transform the mental health system we need a shared community vision and plan which is the purpose of the MHSA planning process.
- Background and information on consumer and family operated services was included throughout the trainings. It was discussed in our needs assessment as we identified and described community strengths. Our 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. We also showcased our Consumer-operated ‘Dinosaur Deli’ with a contract to provide lunch for the three Stakeholder meetings.

In summary, if we are going to have the full participation in Community Program Planning that is needed to expand, improve and transform the system, we need a shared community vision and plan. Training is a critical component necessary for full participation. Santa Cruz County is committed to training throughout the planning process and throughout the implementation process. Please let us know if you need any additional information to remove this condition