AGENDA FOR INTEGRATED PLAN ADVISORY WORKGROUP
October 20, 2008

Bonderson Building, First Floor
901 P Sacramento, CA 95814

DRAFT – FOR DISCUSSION ONLY

Goals/Accomplishments for Meeting

- Proceed from the Integrated Plan Framework to Integrated Plan Guidelines
- Obtain specific stakeholder feedback about the structure and content of the first two sections of the Integrated Plan framework
    - Guidelines for local planning process
        - What counties have to do and what they have to document
    - Initial Three-Year Themes and Goals
        - What are the themes and goals for the first 3-year Integrated Plan;
        - What are the roles of the state and counties
- At the close of the meeting DMH should have sufficient information to draft guidelines on these two sections for stakeholder review

Agenda

10:00 – 10:15	Welcome, Introductions of Participants and Overview of the Process for the Day – Beverly Abbott and Carol Hood
10:15 – 10:45	Overview of Stakeholder Feedback on Integrated Plan Framework and Process; work plan for developing the Integrated plan Guidelines – Carol Hood
	Discussion and questions
10:45 – 11:00	Review of Integrated Plan Guidelines for Community Planning Process– Pat Jordan
11:00 – 12:15	Stakeholder discussion – small groups
12:15 – 12:45	Working Lunch – Continue Discussion of Integrated Plan Guidelines
12: 45 – 1:00	Review of Themes and Goals - Pat Jordan
1:00 – 2:15	Stakeholder discussion – large group
2:15 – 3:00	Summary, Next Steps, Feedback on Meeting and Adjourn

CALIFORNIA DEPARTMENT OF
Mental Health

FRAMEWORK FOR MENTAL HEALTH SERVICES ACT (MHSA)
THREE -YEAR PROGRAM AND EXPENDITURE PLAN
October 1, 2008

Context

Section 5847 of the MHSA requires that "Each county mental health program shall prepare and submit a three year plan which shall be updated at least annually and approved by the department after review and comment by the Oversight and Accountability Commission".

Further, Section 5846. (a) requires that "The (Oversight and Accountability) Commission shall annually review and approve each county mental health program for expenditures pursuant to Parts 3.2 for Innovative Programs and Part3.6 for Prevention and Early Intervention.

Section 5848 (c) requires that DMH "shall establish requirements for the content of the plans"… and that "the plans shall include reports on the achievement of performance outcomes for services".

Section 5848 (a) and (b) require that "Each plan and update shall be developed with local stakeholders.

Section 5878.1 & 5813.5 of the MHSA are built upon and incorporate previously existing statute describing children, adult and senior Systems of Care.

In accordance with the MHSA, it is the State's intention that every three years, counties will conduct an inclusive and robust planning process within a quality improvement framework to develop their Three Year Program and Expenditure Plan (herein referred to as the Integrated Plan). In this planning process, each county will share with community stakeholders information about how their public mental health system is functioning and moving toward transformation, including system self assessments and performance indicators, and stakeholders will have the opportunity to provide input for system growth and changes based upon this information. In the intervening years, counties shall submit annual updates to their Integrated Plan that will request MHSA funding for the upcoming FY year and reflect any significant changes to their current Integrated Plan. The timeline for submitting the first Integrated Plan will be as follows:

- July 2009 - DMH provides FY10/11 Integrated Plan Guidelines
- July 2009 – March 2010 – Counties conduct planning and required review processes for FY10/11 – FY12/13 Integrated Plan.
- March 2010 – Counties submit plans to DMH
- July 2010 - DMH provides FY 01/11 funding for approved Integrated Plans

The time periods in relation to the first Integrated Plan will thus be:

- Initial planning year – FY 09/10
- Reporting Year for Prior Activities – FY08/09

- Funding Request Year – FY10/11

Vision

The MHSA is built upon previously existing statutes for child, adult and senior Systems of Care. The Integrated Plan will reflect community stakeholders' vision and strategic plan for their public mental health system consistent with statute and how MHSA funding will interact with the rest of the system to move toward this vision over the upcoming three years. It is expected that each three-year planning process will revisit the logic models used in the CSS and PEI initial planning processes and increase in their ability to assess county progress toward a transformed system incorporating the core elements developed through the initial CSS process and affirmed in the PEI planning process[1]:

- Wellness Focus
- Cultural Competence
- Community Collaboration
- Client and Family Driven
- Integrated Service Experience

INTEGRATED PLAN AND PLANNING PROCESS – FIRST CYCLE

General:

While community engagement is an on-going expectation, the basic idea of the Integrated Plan is that the major planning effort would occur in the year prior to the submission of the three-year plan with a less elaborate planning process for years two and three. If additional funds were to become available in years two and three it is anticipated that the county would have a priority list already developed as part of its three-year plan and unless circumstances had changed would follow that set of priorities.

Framework for Integrated Plan:

The framework for the Integrated Plan will consist of five sections:

1. Community planning process
2. Community vision and three-year goals
3. Report on prior year's MHSA activities
4. Funding request summary for the upcoming year
5. Report on performance indicators

The purpose of each section is presented below. Between 10/1/08 and 7/1/09 the State will build on prior efforts and continue the stakeholder process to develop specific content for each section. In addition, decisions will need to be made about how other required activities such as the development of cultural competence plans will complement and interact with the Integrated Plan.

[1] Definitions of the core elements can be found in the California Code of Regulations, Chapter 14, Section 3200.

Community Planning Process

Purpose:

- To document that counties have conducted an inclusive, robust, thoughtful and strategic planning process, using a logic model format, that meets statutory and regulatory requirements[2]
- To document that community input is reflected in the plan and if not, why not
- To analyze the effectiveness of the community planning process with respect to key stakeholders, including
  - Consumers and family members
  - Cultural brokers[3]
  - Community organizations and agency partners

Community Vision and Three-Year Goals

Purpose:

- To develop with local stakeholders the community's vision for their public mental health system and goals for the three year plan which move the system forward in achieving this vision
- To place MHSA activities and funding requests within the community's broader vision
- To describe how implemented MHSA components relate to each other and to the entire public mental health system within the context of the community vision and the core elements for a transformed system

Report on Prior Years' MHSA Activities

Purpose:

- To share and discuss with local stakeholders in a quality improvement framework information that includes but is not limited to:
  - The prior three year's progress in implementation of MHSA components
  - A qualitative self assessment of progress in moving toward the community's vision for their public mental health system, including progress in the areas of the five core concepts
- To provide the state with an update of county activities

MHSA Funding Request Summary

Purpose:

- To develop with local stakeholders and to inform the state about the anticipated numbers to be served and costs for the services to be provided in the upcoming year

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[2] References to the planning process in the MHSA are found in Section 5848 (a) and (b) and also in Chapter 14, Sections 3200.070 and Section 3300 of the California Code of Regulations

[3] Cultural brokers may be state and county officials working within county mental health departments or administrators and providers working outside county mental health departments who have prior knowledge and trusting relationships with particular communities. In addition, cultural brokers may be community activists, advocates working at the state or county level, as well as county or state level non-governmental organizations (with established trust and credibility in particular communities. *Definition excerpted from "Building Partnerships: Key Considerations When Engaging Underserved Communities Under the MHSA", UC Davis, Center for Reducing Health Disparities, 2008.*

- To assure the state that the county is meeting fiscal statutory and regulatory requirements
- To provide sufficient detail about proposed new programs so that local stakeholders and the state can understand them and see how they relate to identified community needs/issues, the community's vision, and the core concepts.

Report on Performance Indicators

Purpose:

- To inform the state about whether or not the county is meeting statutory and regulatory requirements
- To track and assess with local stakeholders progress in meeting state and locally defined performance outcomes and to inform the state about this process

Annual Updates

In accordance with the Act and regulations, in the intervening years between Integrated Plans, counties will be required to develop updates with community stakeholders and conduct the required review processes. The Annual Updates will focus upon Sections three through five of the Integrated Plan, report on the prior's year's activities and request funding for the upcoming year.

DRAFT - FOR DISCUSSION

Community Planning Process
Integrated Plan Guidelines
October 20, 2008 Stakeholder Meeting

Purpose:

- To document that counties have conducted an inclusive, thoughtful and strategic planning process, using a logic model format, that meets statutory and regulatory requirements
- To document that community input is reflected in the plan and if not, why not
- To analyze the effectiveness of the community planning process with respect to key stakeholders, including
    - Consumers and family members
    - Cultural brokers and ethnic communities
    - Community organizations and agency partners

Issues Identified by Stakeholder Workgroup

1. How can we assure that we build on successes and things found to be helpful and effective, such as prior planning processes, using MH Boards and Commissions, existing surveys and improve in those areas that were most challenging in prior planning processes, such as reaching out to diverse ethnic communities?
2. How much should the state specify in the guidelines about the planning process, e.g. use of the logic model, groups to be involved, methods used to get input, etc.? How do we achieve balance between specifics and flexibility?
3. How will the state know that the county planning process has been strategic, inclusive, robust, and transparent? How do we insure that counties are engaging, informing and then listening to stakeholders, including those that are currently unserved, underserved or not engaged.
4. How do we measure the effectiveness of the planning process? How do we insure the opportunity for anonymous comments and responses to them?
5. How will the state know if the process is responsive to stakeholders and that the community input is reflected in the plan?

Proposed Content for Integrated Plan Guidelines

1. **Community Planning Process**
    a. Briefly describe how the county's community planning process met the requirements of Sections 3300, 3310 and 3315, including evidence documenting that the regulatory requirements were met.
    b. Provide information that will aid DMH in assessing the inclusive ness and robustness of the county's planning process:
    (1) Indicate which of these mechanisms you used in your planning process
        - ☐ New planning groups created for this planning process
        - ☐ On-going planning and monitoring groups

- ☐ Mental Health Board/Commission as a whole
- ☐ MHB permanent subcommittees
- ☐ MHB ad hoc subcommittees
- ☐ Existing community groups/meetings
- ☐ Community forums
- ☐ Focus groups for special areas/issues
- ☐ Other, please describe

(2) Describe how you assessed the effectiveness of your planning process with respect to:
   (a) Clients and family members
   (b) Cultural brokers and ethnic communities
   (c) CBO partners, including those working specifically with ethnic communities
   (d) Agency partners

(3) Did you conduct stakeholder evaluation(s) of your process?

(4) Did you do anything different in this process that you had not done for previous MHSA planning processes? If so, please describe.

(5) Summarize the results of your assessment(s) of the planning process

(6) Discuss any major challenges or issues with your planning process and steps you have taken or will take to address these

c. Were there any significant recommendations made during the planning process that are not reflected in the final plan? If so, please list them and describe why they were not included

Integrated Plan Guidelines
Community Planning Process Section
Questions for Discussion at Meeting

October 20, 2008

QUESTIONS FOR SMALL GROUP DISCUSSION

For all items, ask:

- How will local stakeholders and the state use this information?
- Will this information help to assure stakeholders and the state that that county has engaged in an inclusive and meaningful planning process and written a plan that is responsive to local stakeholders input?

1.a. Briefly describe how the county's community planning process met the requirements of Sections 3300, 3310 and 3315, including evidence documenting that the regulatory requirements were met.

These are the standard requirements that the county planning process be adequately staffed, include representatives of unserved and/or underserved populations and family members of unserved/underserved populations, ensure that stakeholders reflect the diversity of the demographics of the County, and outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.
In addition these regulations spell out the minimum requirements for the planning process including groups that must be involved and that training must be provided. Finally, Section 3315 details the Plan review requirements

Question:
A. Is there any need for any more specific questions or guidelines in this section to enable the state to verify that these requirements have been met?

* * * *

1.b. Provide information that will aid DMH in assessing the inclusiveness and robustness of the county's planning process:

(1) Indicate which of these mechanisms you used in your planning process

- ☐ **New planning groups created for this planning process**
- ☐ **On-going planning and monitoring groups**
- ☐ **Mental Health Board/Commission as a whole**
- ☐ **MHB permanent subcommittees**
- ☐ **MHB ad hoc subcommittees**
- ☐ **Existing community groups/meetings**

- ☐ **Community forums**
- ☐ **Focus groups for special areas/issues**
- ☐ **Other, please describe**

Questions :

- Is it important that we be able to describe how counties are organizing their official structures to accommodate the planning processes?
- Would a brief description of how the planning structures are being changed or strengthened provide more and/or additional useful information?
- Is there another better way to get this information?

* * * *

(2) Describe how you assessed the effectiveness of your planning process with respect to:

(a) Clients and family members

(b) Cultural brokers and ethnic communities

(c) CBO partners, including those working specifically with ethnic communities

(d) Agency partners

Questions:

- Should there be any minimal standards for the "assessment of the effectiveness of the planning process" with respect to consumers and family members? For example,
  - ✓ Should it require surveying consumers and family members who participated in the planning process?
  - ✓ Should it require specifying the number and characteristics of consumers and family members who participated and how actively they participated (e.g. attendance)?
  - ✓ Should it assess the value of training efforts for consumers/families?

- Should there be any minimal standards for the "assessment of the effectiveness of the planning process" with regard to cultural brokers, ethnic communities and agency and CBO partners, including those working specifically with ethnic communities? For example
  - ✓ Should it require surveying representatives of ethnic/cultural groups who participated in the planning process?
  - ✓ Should it require specifying the ethnic/cultural makeup of the persons who participated and how actively they participated (e.g. attendance)? Should it include comparisons on these dimensions with prior CSS planning efforts?
  - ✓ Should it require an assessment of effectiveness for each significant ethnic/cultural group in the county? Or specific ethnic/cultural groups?
  - ✓ Should it assess the value of training efforts for cultural brokers and ethnic groups?

* * * *

(3) Did you conduct stakeholder evaluation(s) of your process?

Question:

- Should there be a requirement that there be stakeholders evaluation(s) of the county's planning process? If so, should there be any minimum standards for those evaluations?

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(4) Did you do anything different in this process that you had not done for previous MHSA planning processes? If so, please describe.

Question:

- Will this help local stakeholders and the state better understand better how the planning processes are evolving and improving?
- Is there a better way to get this information?

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(5) Summarize the results of your assessment(s) of the planning process

Question:

- We have specified that there be an evaluation of the effectiveness of the planning process with respect to key stakeholders. What else would we like evaluated? For example:
  - ✓ Length of process
  - ✓ Level of effort,
  - ✓ Ways of making decisions,
  - ✓ Amount of agreement among stakeholders,
  - ✓ Involvement of the general public,
  - ✓ Media exposure?

* * * *

(6) Discuss any major challenges or issues with your planning process and steps you have taken or will take to address these

Question:

- Will this help local stakeholders and the state better understand better how the planning processes are evolving and improving?
- Is there a better way to get this information?

* * * *

c. Were there any significant recommendations made during the planning process that are not reflected in the final plan? If so, please list them and describe why they were not included

Questions:

- How should we define “significant recommendations”?
- Should this question apply to any suggestion by anyone or should we limit it to recommendations from the key local stakeholder groups and/or official planning committees?

* * * *

Final general questions:

- Are there other things which counties should be required to do as part of their planning process?
- Are there other things about the planning process that counties should be required to report on in their Plan submission?

MENTAL HEALTH SERVICES ACT
COMMUNITY SERVICES AND SUPPORTS
THREE-YEAR PROGRAM AND EXPENDITURE PLAN REQUIREMENTS
BACKGROUND INFORMATION FROM DMH LETTER 05-05

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

Section I: Planning Process

Direction:
Planning Process: Pursuant to DMH Letter No.: 05-01, counties submitted requests to DMH for funding to support the local community planning processes. Included in those requests counties provided information about how their planning process would include consumers and families, how it would be comprehensive and representative, how the planning process would be staffed, and how staff and stakeholders would be trained in advance to participate in the planning process. As part of their Community Services and Supports Plan, counties are required to complete the responses below to confirm that they did what they said they would do and that they met their identified goals in their "plan to plan." Different levels of responses are required for counties whose plans were approved without conditions and those who had approval with conditions (see below).

Plan Review: Consistent with MHSA statutory requirements (Welfare and Institutions Code Sections 5848(a) and (b)), each county's three-year program and expenditure plan, including the approved County Funding Request for Community Program Planning, shall be developed with local stakeholders and made available in draft and circulated for review and comment for at least 30 days to representatives of stakeholder interests and any interested party who has requested a copy of the plan. At the close of the 30-day comment period the local mental health board shall conduct a public hearing on the draft plan or annual updates. Each adopted plan and update shall include any substantive written recommendations for revisions and a summary of the analyzed recommendations. The mental health board shall review the adopted plan and make recommendations to the county mental health department for revisions.

Response:
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.

Counties whose plans were approved with conditions in this area or counties that did not follow their planning application as approved, must

also provide the following more detailed information:

a) Describe the outreach and other activities used by the county to insure comprehensive participation from diverse consumers and families. Provide information about how consumers and family members were informed about methods of giving input in the public planning process. Briefly describe how this was accomplished for each age group, if different strategies were used.

b) Describe how your organization reached out to consumers and families who do not belong to organized advocacy groups. Identify existing organized advocacy groups in your county and explain methods used to involve consumers and families outside these organizations. Include non-traditional groups such as American Indian tribes and tribal organizations.

c) Describe how your organization reached out to consumers and families who have been traditionally unserved or underserved whether by reason of race ethnicity, limited language access, culturally inappropriate care, geographic location or other factors. How did you identify consumers and family members who have been traditionally unserved or underserved? What methods were used to bring them into the public planning process? What was your level of success in including their participation? What was the impact on your plan as a result of the inclusion of these unserved and underserved communities?

d) Provide a comprehensive list of activities designed to encourage consumers and family members to participate in the public planning process. (These could include but are not limited to: surveys, focus groups, interviews, conference calls,client advisory committees, consumer/family meetings, public meetings, public hearings, town hall meetings, meetings on American Indian reservations, video conferences, and media announcements.)

e) How well did consumer and family participation reflect the diversity of the county's unserved and underserved racial ethnic populations as reflected in the 200% poverty population?

f) For those counties who previously did not have established consumer and family groups participating in county mental health program policy and planning, explain how you have initiated this type of resource and how you plan to sustain it.

g) Describe in detail any financial or additional supports (such as stipends,childcare, supplemental meals, housing, transportation assistance, etc.) the county provided to encourage and assure client and family involvement in the public planning process. (Include the actual costs

of providing all of the above.)

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

Counties whose plans were approved with conditions in this area, or counties that did not follow their approved planning application, must also provide the following more detailed information:

a) Identify in total the number of persons in addition to clients and family members who participated in your planning process and categorize them by organization
represented. If some did not represent an organization – categorize as county constituent.

b) Describe what methods were used to insure that the stakeholder participation reflected the demographics of the county including geographic location, age, gender and age/ethnicity. Include information about how the process included stakeholders throughout the various regions of the county including American Indian reservations, representatives of all ages, and race/ethnicities residing in
the county.

c) Describe how meetings were organized for public planning and who facilitated those meetings. How were county mental health staff involved in these processes? Include information about the types and number of meetings held associated with public planning for MHSA implementation, identify the number of persons who attended and who they represented, and provide meeting minutes.

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.

Counties whose plans were approved with conditions in this area, or counties who did not follow their approved planning request, must also provide the following more detailed information:

a) Provide the name of the person with overall responsibility for the public planning process in your county and the percentage of their time devoted to the effort.

b) Provide the names and titles of other persons who supported the public planning process; identify their function and how much time they each devoted to the effort. Provide a summary of all staff functions performed and the amount of time devoted to the public planning process to date.

Include information about who handled the organizational work of the planning process, who was responsible
for ensuring the participation of stakeholders from unserved and underserved populations, who was responsible for ensuring the participation of ethnically diverse populations, and whether or not consultants performed any of the functions identified. If other county staff were involved in public planning activities, please identify by function.

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

Counties whose plans were approved with conditions in this area or counties who did not follow their approved planning request must provide the following more detailed information:

Complete and include the following matrix regarding training by function provided to date using MHSA community planning funds:

Functions:

a) Administration/management
b) Direct services: county staff
c) Direct services: contractors
d) Support services
e) Interpreters
f) General public
g) Mental Health Board/Agency Board of Directors
h) Community Event (number of attendees can be estimated)

Training Event	Presenter	Description Of Training	Number of Attendees	Function (a-h)	Date

Section II: Plan Review

NOTE: Counties who received approvals with conditions may resubmit to DMH those sections with conditions to obtain full approval of their County Funding Request for Community Program Planning.

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.

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

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

A county's plan will not be reviewed for funding until the county has successfully carried out a complete and adequate planning process as approved by the State Department of Mental Health, has completed the required local review and public hearing, and has met the above requirements.

PROPOSED GUIDELINES
PREVENTION AND EARLY INTERVENTION COMPONENT
OF THE
THREE-YEAR PROGRAM AND EXPENDITURE PLAN
BACKGROUND INFORMATION FROM DMH INFORMATION NOTICE 07-19

PART II: COMMUNITY PROGRAM PLANNING PROCESS

Counties must conduct a planning process consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3300 and that specifically addresses PEI priorities and considerations. The county's PEI Program and Expenditure component must document how the regulatory requirements were met.

Counties have an opportunity to use a portion of the 2007-2008 PEI Planning Estimate for Community Program Planning. Refer to DMH INFORMATION NOTICE NO.: 07-17 (available at http://www.dmh.ca.gov/DMHDocs/default.asp?view=notices).

Some county mental health programs may find that they need additional funds to complete the program planning and PEI component preparation processes. Upon request and after January 2008, DMH will describe how county mental health programs may be able to request approval for a larger amount of their PEI Planning Estimate to be directed toward Community Program Planning activities.

Through the planning process, counties must select Key Community Mental Health Needs and Priority Populations from those identified and approved by the OAC (refer to Page 4).

Similar to CSS, the PEI county component will be based on a logic model. The planning process informs each part of the logic model. The PEI logic model includes the following sequence:

- Identification and selection of Key Community Mental Health Needs and related PEI Priority Populations for PEI Programs and Interventions
- Assessment of Community Capacity and Strengths (Counties are encouraged to incorporate current or recent asset mapping results)
- Selection of PEI Programs to achieve Desired Outcomes
- Development of PEI Projects with Timeframes, Staffing and Budgets
- Implementation of Accountability, Evaluation and Program Improvement Activities

Required Comment Period and Public Hearing

Consistent with MHSA statutory and regulatory requirements (Welfare and Institutions Code Sections 5848 (a) and (b) and California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3315), each county's draft Prevention and Early Intervention component shall be developed with local stakeholders and circulated for review and comment for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy of the component. The draft component should be widely circulated to all participants, communities and agencies

who were involved in the planning process. A public hearing then must be held by the local mental health board/commission. Substantive comments raised at the public hearing should be included in the final component, including the county mental health program's response.

Building on the CSS Planning Process

Many counties conducted extensive community planning processes for their CSS plans and can build on that effort for the PEI component planning process in a number of ways. The comprehensive planning processes undertaken by counties in developing their CSS components of their Three-Year Program and Expenditure Plans should provide the foundation for future planning processes. Counties are encouraged to develop on-going planning and monitoring stakeholder committees, and to use and augment these groups as needed for the particular planning and oversight expertise for the PEI component. Planning processes should continually augment and strengthen what is already in place. In this way, counties will be able to develop an informed constituency, while continually reaching out to broaden diversity and expertise.

The planning process for the PEI component should revisit the priorities and discussions documented in previous MHSA planning processes, and should focus upon getting additional input from any stakeholders who have experience, interest or expertise in this subject, including both those stakeholders who are new to the community program planning process, and those who participated in planning for the CSS component of the Three-Year Program and Expenditure Plan. PEI issues have a broad constituency and will draw upon expertise outside of the more formal MHSA planning processes. In any case, the county shall ensure that on-going stakeholder committees and/or key stakeholders are involved regarding recommendations for this component.

Inclusive Planning Process for PEI

The community program planning process was established to include meaningful involvement and engagement of diverse communities and potential individual participants, their families and other community stakeholders. Consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3200.270, the county must also include the key strategic sectors, systems, organizations and people that contribute to particular mental health outcomes in successful prevention and early intervention programs. Partnerships should extend across sectors of the community, including, but not limited to, the list in Table 1. Table 1 indicates sectors that counties are required to include in the planning process (by regulation) plus a few additional sectors that are examples of other organizations that may be key PEI implementation partners. The PEI process may target outreach to expand participation by additional PEI constituency groups and collect data from additional service sectors.

Table 1: Required and Recommended Sectors and Partner Organizations for Prevention

and Early Intervention

Required Sectors for Planning	Recommended Partner Organizations for Planning
Underserved Communities	Individuals, families and community-based organizations (administrators and front line staff) representing Native American, African American, Hispanic/Latino, Asian/Pacific Islander, Refugee, Immigrant, Lesbian/Gay/Bisexual/Transgender/Questioning and other underserved/unserved communities
Education	County offices of education, school districts, parent/teacher associations, Special Education Local Plan Areas, school-based health centers, colleges/universities, community colleges, adult education, First 5 Commissions, early care and education organizations and settings
Individuals with Serious Mental Illness and/or their Families	Client and family member organizations
Providers of Mental Health Services	Mental health provider organizations
Health	Community clinics and health centers, school-based health centers, primary health care clinics, public health, specialist mental health services, specialist older adult care health services, Native American Health Centers, alcohol and drug treatment centers, developmental disabilities regional centers, emergency services, maternal child and adolescent health services
Social Services	Child and family welfare services, CalWORKs, child protective services, home and community care, disability services, adult protective services
Law Enforcement	County criminal justice, courts, juvenile and adult probation offices, judges and public defenders, sheriff/police
Community Family Resource Centers	Multipurpose family resource centers, spiritual/faith centers, arts, sports, youth clubs/centers, parks and recreation, homeless shelters, senior centers, refugee and immigrant assistance centers
Employment	Public and private sector workplaces, employee unions, occupational rehabilitation settings, employment centers, Work Force Investment Boards

Media	Radio, television, internet sites, print, newspaper, ethnic media

Efforts should be made to include individuals from underserved racial/ethnic and cultural communities in the planning process. Outreach efforts could include consultations with key informants, members and leaders of underserved communities with knowledge of mental health needs. Input from key informants could be sought through focus groups and other appropriate methods regarding community perceptions of needs, priority populations, community assets relevant to PEI efforts, potential projects and evaluation methods. These efforts might have as their goal the ongoing inclusion of community perspectives in PEI component implementation over the long term. Informants representing underserved communities should be involved in the drafting of county components. Successful outreach and engagement processes in the planning stage can be reflected in elements of the county components, demonstrating collaboration with community based organizations to address needs of underserved communities.

Integrated Plan Framework
October 20, 2008, Stakeholder Meeting

QUESTIONS FOR DISCUSSION DURING THE MEETING ON
COMMUNITY VISION AND THREE-YEAR GOALS

1. Can we proceed in establishing themes and goals without adopting a single vision statement?

2. Should we have one or two statewide themes for each three-year plan?

3. Are the proposed themes appropriate for this first Integrated Plan? If not, what alternative themes would you suggest?

4. Should we ask counties to select their own goals under each theme?

5. Should we ask counties to describe their strategies to achieve their stated goals?

6. Should we require counties to assess their progress on achieving their state goals? If so, should we have any statewide standards on how rigorous that assessment should be?

DRAFT
COMMUNITY VISION AND THREE-YEAR GOALS
Integrated Plan Guidelines
October 20, 2008 Stakeholder Discussion Document

Background and Purpose

The transformation of the public mental health system being catalyzed by MHSA is a gradual evolutionary process. The planning process needs to reflect that reality. Each three-year planning process will move the system closer to the vision of a mental health system in which each person/family identifies and receives the all the services s/he/they need and want and the five core elements are realized.

The purposes for this section of the Integrated Plan as stated in the Framework are as follows:

- ✓ To develop with local stakeholders the community's vision for their public mental health system and goals for the three year plan which moves the system forward in achieving this vision
- ✓ To place MHSA activities and funding requests within the community's broader vision
- ✓ To describe how implemented MHSA components relate to each other and to the entire mental health system within the context of the community vision and the core elements for a transformed system

Issues Identified By Stakeholder Workgroup

1. How prescriptive should the guidelines be about the vision and goals, e.g. definition of transformation, core elements? How much detail does the state need here to determine if the county is truly embedding the core elements/general standards throughout their system and moving away from "business as usual?" How is all of this connected with what is reflected already in the systems of care orientation?
2. How prescriptive should the state be about HOW counties should move forward the vision of fully serving everyone with serious mental illness and their families (for example, levels of care)?
3. What questions should be asked about transforming the system and integrating the MHSA with the rest of the system and with the larger community?

Discussion:

After reviewing the small group discussions on this section we are proposing some major changes to this section. We are proposing that we not ask about

counties' long-range vision. There appears to be wide spread agreement deriving from the original Proposition, existing systems of care principles, the early statewide CSS planning process, and subsequent state-level stakeholder processes on the broad l values and goals of the MHSA. Trying to formalize this into a single statewide vision may divert this stakeholder group from the more immediate need to develop more concrete goals for the first Three Year Integrated Plan. We suggest that it may be more fruitful to develop themes and goals that we can all agree are consistent with the broad consensus on the vision for the MHSA and the entire public mental health system. Therefore, the proposed content for this section is based upon the following:

- ✓ It is important to have some statewide themes because (a) it provides the counties with some direction and (b) it supports a learning community in which counties can share and learn from one another as they work on common issues.
- ✓ It is important to allow counties the flexibility to select their own goals (within the general themes) as their unique circumstances and stakeholder interests will be different.
- ✓ Having information on strategies helps provide content to the key concepts and principles and allows counties to learn from one another.
- ✓ Assessment of progress is critical information for all stakeholders at all levels.

Proposed Content for the Community Vision and Three-Year Goals Section of the Integrated Plan Guidelines

The statewide themes for the first three-year Integrated Plan (2010-11 through 2012-13) are

- ✓ Integrating the MHSA with the rest of the mental health system
  - o Continued expansion of FSPs
  - o Spreading the five core elements through the rest of the system
- ✓ Continuing progress on addressing ethnic/cultural disparities
  - o Increased access where appropriate
  - o Decrease in disproportionate use of intensive services, as appropriate

Through the community planning process, each county shall select one or more goals, identify strategies to achieve them and propose ways to assess achievement of goals for each of these two themes.

The county Integrated Plan shall include:

- ✓ A statement of the goal(s) selected
- ✓ Brief description of the strategies that will be used to achieve the goals
- ✓ Brief description of how achievement of the goals will be assessed

EXCERPTS FROM CALIFORNIA CODE OF REGULATIONS

Title 9: Rehabilitative and Development Services
Division 1: Department of Mental Health
Chapter 14: Mental Health Services Act

Article 3: GENERAL REQUIREMENTS

Section 3300. Community Program Planning Process.

(a) The County shall provide for a Community Program Planning Process as the basis for developing the Three-Year Program and Expenditure Plans and updates.

(b) To ensure that the Community Program Planning Process is adequately staffed, the County shall designate positions and/or units responsible for:

(1) The overall Community Program Planning Process.
(2) Coordination and management of the Community Program Planning Process.
(3) Ensuring that stakeholders have the opportunity to participate in the Community Program Planning Process.
(A) Stakeholder participation shall include representatives of unserved and/or underserved populations and family members of unserved/underserved populations.
(4) Ensuring that stakeholders that reflect the diversity of the demographics of the County, including but not limited to, geographic location, age, gender, and race/ethnicity have the opportunity to participate in the Community Program Planning Process.
(5) Outreach to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate.

(c) The Community Program Planning Process shall, at a minimum, include:
(1) Involvement of clients with serious mental illness and/or serious emotional disturbance and their family members in all aspects of the Community Program Planning Process.
(2) Participation of stakeholders, as stakeholders is defined in Section 3200.270.

(3) Training.

(A) Training shall be provided as needed to County staff designated responsible for any of the functions listed in 3300(b) that will enable staff to establish and sustain a Community Program Planning Process.

(B) Training shall be offered, as needed, to those stakeholders, clients, and when appropriate the client's family, who are participating in the Community Program Planning Process.

(d) Beginning with Fiscal Year 2006-07, or in fiscal years when there are no funds dedicated for the Community Program Planning Process, the County may use up to five (5) percent of its Planning Estimate, as calculated by the Department for that fiscal year, for the Community Program Planning Process.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5840, 5848(a), 5892(c), and 5813 Welfare and Institutions Code.
Section

Section 3200.270. Stakeholders.

"Stakeholders" means individuals or entities with an interest in mental health services in the State of California, including but not limited to: individuals with serious mental illness and/or serious emotional disturbance and/or their families; providers of mental health and/or related services such as physical health care and/or social services; educators and/or representatives of education; representatives of law enforcement; and any other organization that represents the interests of individuals with serious mental illness/ and/or serious emotional disturbance and/or their families.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5814.5(b)(1) and 5848(a), Welfare and Institutions Code.

EXCERPTS FROM CALIFORNIA CODE OF REGULATIONS

California Code of Regulations
Title 9. Rehabilitative and Development Services
Division 1. Department of Mental Health

Chapter 14. Mental Health Services Act

Article 6: COMMUNITY SERVICES AND SUPPORTS

Section 3650. Community Services and Supports Component of the Three-Year Program and Expenditure Plan.

(a) The Community Services and Supports (CSS) component shall include the following:

(1) Assessment of Mental Health Needs: The County shall assess and submit a narrative analysis of the mental health needs of unserved, underserved/inappropriately served, and fully served county residents who qualify for MHSA services.

(A) The analysis shall identify the number of older adults, adults, transition age youth and children/youth by gender, race/ethnicity and primary language.

(B) The assessment data used shall include racial/ethnic, age, and gender disparities.

(2) Identification of Issues: The County shall submit a list of community mental health issues resulting from lack of mental health services and supports, as identified through the Community Program Planning Process required by Section 3300. The list shall:

(A) Categorize the issues by age group, i.e, older adults, adults, transition age youth and children/youth.

(B) Identify issues that will be priorities in the CSS component of the Three-Year Program and Expenditure Plans.

(C) For each of the issues identified as priorities in (B) above, describe the factors/criteria used to determine that the issue is a priority.

(D) For each of the issues identified as a priority, describe any racial/ethnic and gender disparities including, but not limited to:

(i) Access to services.

(ii) Quality of care.

(iii) Access disparities of Native Americans, rancherias and/or reservations.

(iv) Disproportionate representation in the homeless population.

(v) Disproportionate representation in the juvenile and/or criminal justice systems.

(vi) Disproportionate representation in foster care.

(vii) Disproportionate representation in school achievement, and drop-out rates.

(3) Identification of Full Service Partnership Population: The County shall provide an estimate of the number of clients, in each age group, to be served in the Full Service Partnership Service Category for each fiscal year of the Three-Year Program and Expenditure Plans. The County shall describe how the selections for Full Service Partnerships will reduce the identified disparities.

(4) Proposed Programs/Services: The County shall provide:

(A) A list of the proposed programs/services, identified by the service category under which the program/service will be funded.

(B) A description of each proposed program/service.

(C) An explanation of how each program/service relates to the issues identified in the Community Program Planning Process, including how each program/service will reduce or eliminate the disparities identified.

(5) County's Capacity to Implement: The County shall provide an assessment of its capacity to implement the proposed programs/services. The assessment shall include:

(A) The strengths and limitations of the County and service providers that impact their ability to meet the needs of racially and ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages.

(B) Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.

(C) Identification of possible barriers to implementing the proposed programs/services and methods of addressing these barriers.

(6) Program/Service Work Plans: The County shall submit a separate work plan for each proposed program/service. The work plan shall include, but not be limited to:

(A) A narrative description and summary of the program/service.

(B) A narrative explanation of the budget by fiscal year.

(C) A budget work sheet by fiscal year, including staffing details.

(D) The target number of clients/individuals to be served by fiscal year.

(E) A breakdown of the Full Service Partnership population by fiscal year, identifying:

(i) The number of clients to be served, according to gender, race/ethnicity, linguistic group, and age.

(ii) The percentage of unserved individuals and underserved clients.

(F) Small counties proposing to provide full service partnership programs/services in Fiscal Year 2008-09 must only identify the population to be served and the amount of funding to be reserved for this purpose. Prior to implementation, detailed work plans, time frames, budgets and staffing requirements will be required for each Full Service Partnership program to ensure review and approval by the Department and the Oversight and Accountability Commission (OAC), as appropriate.

(b) The Community Services and Supports component of the Three-Year Program and Expenditure Plan shall be signed by the County Mental Health Director.

NOTE: Authority cited: Section 5898, Welfare and Institutions Code. Reference: Sections 5664(a), 5813.5, 5830(a)(1) and (2), 5830(a)(4), 5847(a)(2) and (3), 5847(c) through (e), 5848(c) and 5878.1, Welfare and Institutions Code.