Chapter 3: Application to MHSA Community Program Planning

The theoretical frameworks and practical models used to implement community planning initiatives—as described in Chapter 2—offer guidance to county MHSA staff, professional planners, and CPP stakeholders for the development of planning guidelines, methods and tools. In this chapter we synthesize both common and unique themes that emerged from our research into a set of eight principles that may inform future MHSA CPP processes. Additionally, we describe practical strategies that county mental health administrators and MHSA/CPP staff and contractors can implement to adhere to these principles.

Principles and Practical Applications for MHSA Community Program Planning

The following eight principles derive from an amalgamation of 79 values, principles and codes extracted from our research into public community planning frameworks, as summarized in Chapter 2. Appendix 1 shows how each of the 79 concepts were synthesized to form the principles. Below are practical applications for each of the principles. These practical applications derive from practices described in the case studies as well as from cited research and the expertise and experience of the authors.

➢ Be strategic. Practice thoughtful, deliberate preparation. Establish purpose, priorities and goals before launching the planning process. Use methods and tools based on a clear sense of how they contribute to the process and intended outcomes. Recognize political, social, and market realities to create feasible implementation plans. Engage in systems-thinking by considering the interconnectedness of issues and institutions. Prior to completing planning processes, identify measurable outcomes and indicators of success to support accountability and encourage ongoing programmatic improvement.

- Practical application: Mental health administrators and MHSA/CPP coordinators can schedule dedicated time on an annual basis to mapping out CPP activities and strategies. Time can be spent evaluating and reflecting on prior year’s process. Counties may wish to invite several experienced stakeholders to participate in discussing planning methods (Planning Processes).

- Practical application: Whenever possible counties can use existing, step-by-step strategic planning frameworks, such as MAPP (See MAPP Framework above) or World Health Organization’s Planning Cycle (Von Schirnding, 2002), to guide planning processes. These frameworks should include practical and strategic steps such as visioning, assessment, goal setting, strategizing, prioritization, feasibility analyses, and action planning, implementation planning, monitoring and evaluation.

- Practical application: MHSA Coordinators can research and use tools from the Community Toolbox. The toolbox, which is maintained by University of Kansas Work Group for Community Health and Development, includes a database on best practices for community health and development and over 300 learning modules on specific skills for
creating and maintaining partnerships; assessing community needs and resources; choosing strategies to promote community health and development; promoting interest in community issues; encouraging involvement in community work; etc. The best practices database is a portal to over 60 websites ranging from the CDC’s Community Guide of effective practices for disease prevention, model practices from National Association of County and City Health Officials (MAPP is one such practice), National Registry of Evidence-Based Programs and Practices, and more. The Community Tool Box is a free online at http://ctb.ku.edu/en (Community Toolbox, 2013).

- Practical application: Prior to launching the annual planning process, MHSA/CPP coordinators can informally survey colleagues, mental health board members, and consumer and family advocates to learn about “hot button” issues. Time can be taken early on to research issues and best practices for addressing such challenges (See Healing the Canoe case study).

- Practical application: MHSA/CPP coordinators and mental health administrators can seek to understand the relationships between advocacy organizations, CBOs and agencies and develop strategies for improving dialogue and trust prior to launching the process.

- Practical application: All development of or adjustments to existing plans, policies, programs and initiatives can be coupled with a set of process and outcome measures and a plan for collecting, analyzing and sharing data for systems improvement. Evaluation strategies can be simple and low-cost or more extensive, depending on resources.

➤ Focus on strengths and aspirations: Learn about the community, including their values, hopes, and aspirations through research and participatory visioning processes. Develop plans based on community strengths and assets, and celebrate small and large successes.

- Practical application: If the county has not done so in a while, staff and/or professional facilitators can lead stakeholders through a visioning process that asks a variety of key questions, such as “What will behavioral health and wellness look like in our county in the future?”, “What role would the mental health department play in developing a healthy future?, “What role would your friends, families and neighbors play in promoting wellness, recovery and resiliency?”, and “What positive values help us promote healthy communities?”(See Adams Park HIA and San Francisco Healthy Homes case studies).

- Practical application: MHSA/CPP coordinator can work with a CPP stakeholder steering committee or other stakeholder group to develop a participatory research project related to an important mental health issue in the community (See Reintegrating Drug Users Leaving Jail and Prison case study). Alternatively, the research project could focus on a more general needs assessment or asset mapping project. Plans generated from needs assessments should take advantage of community strengths and assets (See Strong Neighborhoods Initiative case study). The project should seek to understand community strengths and resources, not just challenges and barriers. Agree ahead of time to invest
resources and working collaboratively to develop a strategy to address the issue being studied.

- Practical application: Use a variety of methods to learn about the stakeholder community including interviews with community representatives and organizational leaders; focus groups with various subpopulations, including various underserved, unserved and historically inappropriately served communities; and paper-based and/or electronic surveys. Conduct site visits to community based organizations to better understand the culture of the community and to measure community readiness to implement change (See Adams Park, Centro Diagnóstico, Reintegrating Drug Users and Healing the Canoe case studies).

- Practical application: Every year, counties can celebrate CPP successes by inviting stakeholders to present their achievements and lessons learned. Make it a party. However, don’t wait to recognize the contribution of community volunteers, who dedicate their time to the process. Make sure to privately and, when appropriate, publicly acknowledge their contributions.

- Develop partnerships: Establish collaborative relationships with all sectors of the community by respecting diversity, encouraging dialogue, valuing and utilizing local knowledge, strengths and expertise, and by seeking points of agreement. Seek commitment. Time and space for face-to-face interaction and deliberation is essential.

- Practical application: Maintain a database of community leaders and representatives of community based organizations. Keep track of interactions and reach out to groups who are less engaged.

- Practical application: MHSA/CPP coordinator can reach out to community leaders to have one-on-one conversations about their experience with and expectations for the planning process, and to seek commitment to participate. Coordinators should follow up to encourage ongoing interaction.

- Practical application: Counties can hire consumers and/or family members to help facilitate needs assessments and planning, thereby lending their knowledge, expertise and experience to the process (See Healing the Canoe case study).

- Practical application: Seek data from community based organizations, include them in data collection processes, and share findings from mental health department data collection efforts. Engage community organizations in identifying the issues that are most important to their membership. Ask “What are the hopes and concerns of the people most affected by decisions?” and “How is the decision likely to affect the lives of those who are already struggling?” (See Adams Park HIA case study).
Practical application: Schedule community meetings to introduce stakeholders and community organizations to the planning process. Invite participants to dialogue about their hopes and expectations for the process. Ask participants to complete a survey or sign a pledge card that asks about their level of commitment, what types of issues and activities they are willing to participate in, who else should be at the table, etc. (See Centro Diagnóstico case study).

- Be accountable: Model clear, open, and consistent communication. Be accountable and transparent throughout the planning process. Be direct about roles and responsibilities and the degree of decision making authority participants can expect throughout the process. The resulting plans should include specific individuals or institutions that are responsible for implementation, so that accountability continues through the implementation cycle.

  - Practical application: Counties can draft a planning charter that describes the roles and responsibilities of all participants, including planning facilitators. Describe how meeting minutes and other materials will be disseminated, how county will respond to feedback, how decisions will be made.

  - Practical application: MHSA/CPP coordinator and other leaders of the planning process should be careful what to promise and be sure to follow-through on commitments. Respond to all emails; send out agendas and meeting materials on a consistent timeline.

  - Practical application: To all extents possible, include key stakeholders, particularly consumers and family members in all meetings. This will help to ensure and demonstrate transparency, and will help guarantee community participation for the duration of the planning initiative (See Healing of the Canoe case study).

  - Practical applications: Ensure that participants have an opportunity to provide feedback on all planning activities by: 1) providing contact information for MHSA/CPP coordinators, offering drop-in hours, and maintaining an “open-door” philosophy; and 2) handing out and collecting comment cards and/or evaluation forms. Report back to participants on how their feedback was incorporated into ongoing processes (See San Francisco Healthy Homes case study).

  - Practical applications: Commit to collecting data about community characteristics and concerns if and only if the intention is to share the findings and use the data to inform action plans. Vulnerable communities are frequently the target of research, which is not then used to improve social, environmental, economic and health outcomes.

  - Practical applications: Seek verbal and written commitments from mental health administration, service providers, policymakers and elected officials to champion the implementation of plans as part of the planning process. Do not publish plans without demonstrating commitment by those responsible for implementation (See San Francisco Healthy Homes case study above and Action Plan http://www.sfenvironment.org).
Build capacity: Develop individual and organizational knowledge and capacity through co-education and dialogue, and opportunities to participate in research, deliberation and decision making.

- Practical application: Coordinate interactive trainings for CPP participants about critical mental health issues, but also about best practices in community-building, participatory research, analysis and planning, and social change. Utilize local training resources whenever possible (See San Francisco Healthy Homes case study).

- Practical application: Sensitize mental health professionals, academics and other “experts” to the expectations of community members so that they do not “talk down” or use alienating concepts or terminology. Encourage external training resources to lead with curiosity and engage in dialogue while at the same time establishing rigorous learning objectives.

- Practical application: Be prepared to reciprocate. When asking community based organizations to participate in planning efforts, the mental health departments should also be prepared to assist in their own campaigns. Find out about their local initiatives, and offer support, when possible.

- Practical application: Provide individual CPP participants with incentives that will help them gain knowledge, skill and experience. For example, offer training, jobs and stipends to community-based data collectors and outreach workers; provide scholarships to attend conferences and continuing education credits for health professional stakeholders.

Be inclusive: Recognize the value of meaningful participation by those people whose lives are most affected by the issues at hand. Pay special attention to vulnerable populations and those who might not otherwise be included in decision making. At the same time, be conscientious of stakeholder diversity. Frame issues from multiple perspectives. Recognize the rights of clients but also the needs of service providers. Provide opportunities for people to gather at convenient and comfortable locations at a variety of times and use a variety of approaches and tools that reflect stakeholders’ cultures and skills—even if doing so slows the process down.

- Practical applications: Focus on outreach to unserved, underserved and historically inappropriately served communities, and on consumers and family members, as they are the most affected by MHSA plans. Engage representatives of local CBOs in dialogue about how to reach those who don’t typically participate (See Centro Diagnóstico case study).

- Practical application: Strategies for inclusion include: hiring bilingual outreach workers; translating materials into threshold languages; providing various types of incentives for participation; conducting meetings at various times and in various locations; providing food, language interpretation and childcare at meetings; conducting language-specific meetings; and making sure that meetings are ADA accessible and have comfortable
seating. When using technology, make sure that it is accessible to all participants, or provide equally useful alternatives; hand out glossaries with acronyms and jargon.

- Practical application: Reach out to the greatest number of community members to participate in a variety of planning activities. Large-scale forums and meetings are useful for visioning and goal-setting, data collection about community needs and assets, brainstorming strategies, prioritizing strategies (See Los Angeles County’s STD Program). Large gatherings are not necessarily useful for strategy development; strategies are best developed by representative committees (See Capital Elementary School and Strong Neighborhood Initiative case studies).

- Practical application: Consider ways in which technologies can increase meaningful participation, and particularly participation by historically disenfranchised communities. For example, develop a project website (See ImproveSF.com). Additionally, the county or mental health department might invest in simultaneous interpretation equipment. Large counties may invest in technologies to facilitate 21st Century Town Meetings (See http://americaspeaks.org/services/21st-century-town-meeting/).

- Practical application: Uphold the “nothing about us without us” principle by ensuring that consumers and family members are invited to participate in all CPP activities, including planning framework, identifying stakeholders, collecting data, interpreting data, planning strategies and, when possible, participating in decision making (See Healing of the Canoe and Capital Elementary School case study).

- Practical application: Engage all levels of mental health department staff in conversations about their hopes and concerns related to the CPP process. Unless staff members are comfortable with and feel included in the process, they are not likely to support it, and as a result, implementation efforts will likely fail (See Centro Diagnóstico case study). Similarly, prepare elected officials for the process and encourage them to show support.

- Practical application: Offer newcomer orientations on an ongoing basis. Orientations can occur half-hour before meetings; assign a “newcomer buddy” who can help orient newcomers and latecomers.

➤ Be prepared to share power and release control. Build active, meaningful, and inclusive partnerships with stakeholders, not to affirm preconceived assumptions or decisions, but to support community and individual self-determination. Include participants in all phases, from research, to development, and approval of the plan. Teach the skills of research, analysis, advocacy and democracy to enable shared power and leadership.

- Practical application: Submit written assessments, reports and plans to MHSA stakeholder committees for feedback, suggestions, and approval well before they are finalized. Follow MHSA guidelines for posting, public hearings and documentation of final drafts of annual updates, and also provide formal opportunities for public comment and
feedback early on (See Healing the Canoe case study). Be conscious not to merely use the
CPP process as a means of “rubber-stamping” county-designed projects.

○ Practical application: Provide training to CPP participants in effective advocacy. Advocacy
Unlimited, Inc. provides a 14-day advocacy training for persons with mental health and
co-occurring disorders in self, systems and legislative advocacy (See
Organization provides an advocacy training module as part of its Mental Health Policy
and Service guidance package.
(See http://www.who.int/mental_health/resources/en/Advocacy.pdf)

○ Practical application: Encourage planning participants in self-directed outreach and
advocacy. For example, invite them and provide them resources to reach out to their
peers and colleagues to broaden participation (See Capital Elementary School and
Reintegrating Drug Users case studies). Open up portions of meetings for participants to
share information on current events, local and statewide initiatives, public hearings, etc.
Provide stipends for planning participants to serve as “change agents” whereby they
educate a broader base of stakeholders about participatory and community-based
initiatives, new services and interventions.

○ Practical application: Provide facilitation training to CPP participants and rotate
facilitation and note-taking among willing and able participants. Employ co-facilitation
techniques by pairing more and less experienced facilitators.

○ Practical application: Provide technical support and training to a stakeholder steering
committee that meets regularly to research and plan strategies (See Strong
Neighborhoods Initiative case study). Make sure the steering committee includes diverse
representation from underserved communities, consumers and family members, mental
health department staff who have the authority to advance the committee’s agenda.

○ Practical application: County mental health departments can research the possibility of
initiating a Participatory Budgeting initiative, whereby a proportion of the public mental
health budget is set aside for a democratic process, and a committee of individuals
research a problem, identify a variety of strategies, and vote on how to spend resources
(See NYC Participatory Budgeting case study). Since departments do not have the
authority to yield budgetary decision making to stakeholders, they may be able to modify
the process by allowing stakeholders to make recommendations regarding a portion of
MHSA budget.

○ Practical application: Appoint a community-based quality improvement committee to
collect and review data on the performance of programs implemented as a result of the
planning process, and to make recommendations for improvements and funding (See
Centro Diagnóstico and Los Angeles County STD case studies).
Plan for the long-haul: While recognizing the CPP processes are organized around a fiscal year calendar, prepare stakeholders for ongoing and long-term committed participation. Recognizing that social transformation takes time and may not follow a linear path, develop strategies for maintaining momentum; engage and reengage over the years, and throughout the planning and implementation process.

- Practical application: Each year, or upon initiating a community-driven mental health initiative, conduct outreach and invite stakeholders to a community event or several community events to inform them about the planning process (See Centro Diagnóstico case study). Provide ample opportunity for stakeholders to share their vision. At the same time, reach out one-on-one to community leaders to seek their input on the planning process and on critical issues that need to be addressed.

- Practical application: Form planning and/or advisory committees early on, but realize that while some individuals will participate for many years, others will drop out or participate sporadically. Therefore, continuously reach out to community organizations and leaders, and replenish your committees on regular intervals (See Strong Neighborhoods Initiative case study).

- Practical application: Identify long-term and short term planning objectives. Each time an objective is met, celebrate successes through email notices, face-to-face celebrations, etc. Send out quarterly newsletters (See San Francisco Healthy Homes case study).

- Practical application: If a CPP planning committee developed a new initiative or program, continue to engage the committee during the implementation phase to review data on processes and provide recommendations for program improvement (See Strong Neighborhoods Initiative and Centro Diagnóstico case studies).

- Practical application: At each meeting or gathering, let participants know where they are in the planning process via a visual timeline. Make sure they are aware of the level of commitment expected of them and provide opportunities for different levels of commitment. For example, some individuals may agree to meet on an annual basis to review plans; others on a monthly basis to review data and formulate strategies, or even weekly basis to collect data and conduct outreach.

- Practical application: Educate participants about the history of social transformation. Let them know that change does not always happen fast, but assure them that the mental health department will be measuring and reporting on progress along the way.

The authors of this report encourage local and statewide stakeholder groups and county mental health departments to consider these applications and to develop other strategies based on the principles described above. During subsequent phases of the Evaluation, we encourage members of the Client Stakeholder Project (CSP), in conjunction with the MHSOAC, to review these principles and applications in addition to practices deemed “promising,” which emerge from the evaluation of current CPP processes.
RESPONSIBILITY:
Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process. The Mental Health Services Act (MHSA) requires stakeholders be involved in the Community Program Planning process and charge the local board with this responsibility. The Board is also charged with review and comment on the plans (3 Year Plans, Annual Updates, Innovation) developed for MHSA.

OBJECTIVE:
Review the processes by which the local mental health plan solicits input from the community to assure that the processes address the needs and culture of the community.

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<tr>
<th>Activity: Identify the tasks that need to be completed to reach the objective.</th>
<th>Who:</th>
<th>When:</th>
<th>Notes: What else do we need to know to complete this task?</th>
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<tbody>
<tr>
<td><strong>1. Request a presentation on the processes for MHSA citizen and professional involvement planned by the local mental health plan.</strong></td>
<td>Local Board</td>
<td>As appropriate</td>
<td>Director of mental health/substance use disorder services; MHSA Coordinator</td>
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<td><strong>2. Develop an ad hoc committee to consider the processes developed by the local mental health plan:</strong></td>
<td>Ad hoc committee</td>
<td>As needed</td>
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<tr>
<td>• Are the processes strategic in their purpose, priorities and goals?</td>
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<td>• Do the processes focus on the strengths and aspirations of the community?</td>
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<td>• Do the processes develop collaborative partnerships in all sectors of the community?</td>
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<td>• Do the processes model clear, open and consistent communication throughout the planning course?</td>
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<td>• Do the processes build individual and organizational knowledge and capacity?</td>
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<td>• Are the processes inclusive and do they provide meaningful participation by those who are affected?</td>
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<tr>
<td>• Do the processes build active, meaningful and inclusive partnerships with stakeholders?</td>
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<td>• Do the processes prepare stakeholders for ongoing and long-term committed participation?</td>
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<td><strong>3. Participate as possible in the MHSA stakeholder groups to assure opportunity for stakeholder input in the planning process.</strong></td>
<td>Local Board</td>
<td>As scheduled</td>
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<tr>
<td>MHSA Coordinator</td>
<td>Director of Mental Health/Substance Use Disorder</td>
<td>Annually</td>
<td>Local Board</td>
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4. Evaluate the process annually to ensure that stakeholders are participating and suggest changes to the processes as appropriate.