

ATTACHMENT A

Required Contents County Funding Requests for the Mental Health Services Act (MHSA) Community Program Planning

1. Community Program Planning must include consumers and families.

Community Program Planning must include meaningful involvement¹ of consumers and families as full partners from the inception of planning through implementation and evaluation of identified activities. With that goal in mind, counties must provide the following:

- a) A description of the outreach and other activities by which the county will insure comprehensive participation from diverse consumers and families.

Marin County Community Mental Health Services began to plan a needs assessment in October 2004, in anticipation of the passage of MHSA and as we recognized the need for our own updated strategic plan. The inclusion of consumers and families was a priority from the start. Our first step has been to hold focus groups throughout the county. To date, we have conducted 16 focus groups with 215 attendees, of which six specifically targeted consumers and families and were attended by 85 people. Groups were held of parents of adult children, parents of school-age children, members of the Clozapine Club, NAMI, the Mental Health Board and Enterprise Client Network. We have four more groups scheduled specifically for consumers and their families, targeting parents of school-age children, residents of Marin City (with our largest African-American population and among our most concentrated areas of poverty), the Canal (with our largest Latino population and among our most concentrated areas of poverty), and with consumers with alcohol and other drug issues. These will be completed by the end of February 2005. Outreach for these groups has been through providers, peer to peer agencies, social service agencies, referral sources, and advertisement in our local daily newspaper.

We have also conducted an anonymous survey, targeting consumers and families as well as the general public. It was distributed in print and also available on-line, through the Marin Community Mental Health Services website. It was promoted through the same sources as the focus groups as well as at each focus group and in the local newspaper. It was completed by 529 people, 42% of whom were consumers and their family members. About half of all respondents completed it on-line and half in print.

¹ Meaningful involvement implies that consumers and families can provide feedback and are provided feedback in return. The MHSA strives to “ensure that the perspective and participation of members and others suffering from severe mental illness and their family members is a significant factor in decision and recommendations” WIC Section 5846. County Community Program Planning should mirror this commitment.

- b) An explanation of the ways in which Community Program Planning will reach out to individual consumers and families who may not belong to organized advocacy groups.

As stated above, we used a number of outreach methods including Enterprise, our peer-to-peer agency, NAMI and the Mental Health Board, to include clients and family members in our process. We also are working with community groups in the Canal and Marin City, to reach people in those hard-to-reach communities. By using both focus groups and a written survey, we have been able to provide a broad reach. The survey's consumer and family member respondents closely match the county's demographics in terms of race, ethnicity and age.

- c) An explanation of the ways in which Community Program Planning will reach out to consumers and families who may have been previously underserved or unserved whether by reason of race/ethnicity, language differences, cultural competence, geographic location or other factors.

The survey was available and completed in Spanish and Vietnamese as well as English and was available through print and on-line and in the local newspaper. More than 10% of those who completed the survey stated that they had not accessed county mental health services before. One focus group is scheduled at the Canal's community center and one in Marin City, co-sponsored by local community groups concerned about the community's low-income target populations but not focused specifically on mental health issues or services. After the focus group conducted with AOD providers, we have now scheduled a focus group for their clients who have not been successful in accessing the mental health system. We also conducted one focus group in West Marin, which is geographically isolated from the rest of the county.

- d) An explanation of the anticipated methods to be used to obtain consumer and family involvement. These may include but are not limited to: surveys, focus groups, interviews, conference calls, client advisory committees, consumer and family group meetings, public meetings, public hearings, town hall meetings, video conferences, media announcements and other methods.

As described above, we have used a print and on-line survey and focus groups. The focus groups have targeted a diverse representation of the community. After the needs assessment process is complete, we plan to hold at least two town hall public meetings to develop a consensus around priorities to address the identified gaps. We will again use flyers circulated to all providers, contractors, and social service agencies, PSAs and advertisements in the local newspaper. Our MHSA Strategic Planning Steering Committee will begin meeting in March 2005 and will include 25% clients and family members in addition to providers and CMHS staff. We will also convene Special Topic Workgroups on 8 topic areas (children and transitional youth, adults and older adults, dual diagnosis, prevention and early intervention, housing and jobs, IT and capital

projects, education and training, linguistic and cultural access) that will include clients and family members. Quarterly updates will also be provided to our Mental Health Board, NAMI, Enterprise and the Contractors Association. Two town hall meetings will be held at the beginning (March 2005) and later in the planning process (September 2005) to solicit general public input. A public hearing conducted by MHB will be held once the strategic plan is completed in October 2005.

- e) For counties that do not yet have established consumer and family groups participating in county mental health program policy and planning, describe a process by which this resource will be initiated and sustained.

N/A.

- f) A description of any financial or additional supports (such as stipends, childcare, supplemental meals, housing, transportation assistance) the county will supply to assure consumer and family involvement in the planning process. Clearly indicate the anticipated kinds and costs of various forms of assistance that will be provided, if applicable.

We have offered snacks and transportation for clients and family members, as needed to all focus group meetings. We will continue this process for the Steering Committee and the Special Topic Workgroups as well as the Town Hall meetings and Public Hearings. A stipend of \$20.00 for each meeting will be available for all participating clients and family members in the Steering Committee and Special Topic Workgroups. We have also held many of the focus groups at times and places when clients and family members would otherwise be meeting: for instance, we turned the Parents of Adult Children's Support Group, as well as Clozapine Club and NAMI meetings, into focus groups making their participation simple. As the process proceeds, we plan to continue to be sensitive to the needs of clients and families, by holding meetings at easily accessible times and places.

2. Community Program Planning must be comprehensive and representative.

Community Program Planning must include active participation by stakeholders in the county if it is to be effective and inclusive. With that requirement in mind, counties must provide the following:

- a) Besides consumers and families, WIC 5848(a) requires participation in local plan development by the following stakeholders: providers of services, law enforcement agencies, education, and social services agencies. Provide a description of ways in which these stakeholders will be involved in Community Program Planning. Counties should also consider outreach to representatives of the following:

Child welfare
Education

Mental health providers
Special education

Community health clinics	Primary care providers
Alcohol and drug	Probation
Law enforcement	Mental Health Bds/Commissions
Judges and public defenders	Housing
Veterans	Employment
Labor	Criminal justice
Developmental disabilities	Ethnic-specific service providers
First Five Commission	Schools
Acute care	Health and public health
Work Force Investment Boards	Senior services providers
Veterans groups	Peer mental health providers
Foster care agencies	Homeless service providers

As stated above, our focus groups have included a wide diversity of the provider and referral community. We held groups specifically for staff and mental health contractors and for adult and child referral agencies. Participants have included our local child welfare agency, school staff especially special education staff at the district and county levels, alcohol and other drug providers, law enforcement, the public guardian office staff, adult protective services staff, probation staff, the Mental Health Board, peer mental health providers, ethnic-specific service providers, First 5 and Child Care Planning Council staff from the Area Agency on Aging, senior peer providers, and staff from the Shelter Plus Care program and other housing programs.

- b) A description of the ways in which Community Program Planning will insure stakeholder diversity that reflects the demographics of the county, including geographic location, age, gender, and race/ethnicity.

As described above, the written survey reflected the demographics of the county in terms of race, ethnicity and age. We have held or scheduled focus groups in different geographic locations, as well as in areas where people are familiar coming. We have held or scheduled groups to assure representation of different ethnic groups.

The structure of the planning process in Marin County will include four components, all of which will include a diversity of Marin County residents:

- Steering Committee will meet monthly and be composed of 24 community members representing clients, the families of adult and child clients, contract providers, clinical staff from adult and children's services, alcohol and drug treatment providers, First Five Commission, law enforcement, office of education, older adults, Hispanic, African American, and Vietnamese groups, administrative support staff, Mental Health Board, and National Alliance for the Mentally Ill.
- 8 Special Topic Workgroups will meet three times on the following topics: children and transitional youth, adults and older adults, dual diagnosis, prevention and early intervention, housing and jobs, IT and capital projects, education and training, linguistic and cultural access. These special topic

workgroups will be composed of clients and family members, local providers and others interested in the special topic. Outreach will be conducted to ensure a diverse representation of backgrounds and perspectives from throughout the county.

- Town Hall meetings will be centrally held twice during the planning process. Outreach will be conducted to ensure a diverse representation of backgrounds from throughout the county.
- Public Hearing will be held at the end of the process before the MHSA Plan is submitted for approval to the Board of Supervisors.

3. There must be clear designation of responsibility within the county for Community Program Planning and the planning process must be adequately staffed to be successful and inclusive.

Counties must provide answers to the following:

- a) Who in the county mental health department will have the overall responsibility for the planning process and what percentage of time of the person(s) will be so committed?

Bruce Gurganus, Mental Health Director, In-kind contribution

- b) Who will handle the organizational work of the planning process and what percentage of time of the person(s) will be so committed?

Kathy Kipp, HHS Project Coordinator, 50 percent

- c) Who will be responsible for ensuring participation of stakeholders from underserved or unserved populations of consumers and families and what percentage of time of the person(s) will be so committed?

Bruce Gurganus, Mental Health Director, In-kind contribution
Outreach will be conducted to ensure a diverse representation of backgrounds from throughout the county.

- d) Who will be responsible for ensuring participation of stakeholders who are ethnically diverse and what percentage of time of the person(s) will be so committed?

Bruce Gurganus, Mental Health Director, In-kind contribution
Outreach will be conducted to ensure a diverse representation of backgrounds from throughout the county.

- e) If consultants will be used for any of the above functions, explain how their activities, work products and planning will be integrated into the existing county mental health department structure.

Bobbie Wunsch, Pacific Health Consulting Group will organize and facilitate the Steering Committee meetings. She already organized, facilitated and summarized the focus groups and developed and analyzed the survey. Specialty consultants will be engaged for Special Topic Workgroups, as needed.

- f) A list of the county, consultant and other staff² expected to participate in Community Program Planning by function and percentage of time committed to the planning process.

Bruce Gurganus, Mental Health Director, In-kind contribution

Kathy Kipp, HHS Project Coordinator, 50 percent

Diane Slager, Adult Services Chief, In-kind contribution

Ann Pring, Youth and Family Services Chief, In-kind contribution

Sheldon Whitten-Vile, Medical Director, In-kind contribution

Celia Allen, Chief Financial Officer, In-kind contribution

Bobbie Wunsch, Consultant, Pacific Health Consulting Group

² These designated staff must have:

- I. Knowledge of integrated community systems and supports necessary across the age span;
- II. Knowledge of mental health disparity issues and cultural competence; and
- III. Knowledge of the values of consumer and family involvement in program planning.

4. Full participation in Community Program Planning requires training of stakeholders and staff in advance.

Counties must provide the following:

a) 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 member training
- Training for other stakeholder groups as needed.

Orientation and training is an essential part of Marin County's planning process. Marin began training staff this past month, for example, Mental Health Board members attended a training in Berkeley, February 18-19. Mental Health management and supervisors began orientation and training late last year by Pacific Health Consulting Group. Consumers and family members will receive training from the California Network of Mental Health Clients.

Training and orientation will be provided to all participants involved in the planning process including the groups identified and others as needed. Focus group participants were provided orientation preceding focus group sessions. The Steering Committee and Special Topic Workgroup's first meeting will be preceded by an hour of orientation and training. Special trainings and updates/refresher trainings will be provided as needed throughout the planning process. Training will be provided for the community at large preceding the town hall meetings, in addition to education about the current mental health system and information about how to participate.

b) 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 underserved 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

Marin County will provide training to the Steering Committee and Workgroup members. The formal planning process will begin on March 22, 2005. The training and orientation that day will include: the MHSA, results of surveys and focus groups, the planning process, current systems of care, cultural competence, evidence based practices and the recovery model. Participants will also be provided with data on the demographics of current clients in the public mental health system. The Mental Health Director and a representative of the contractors' group participated in the DMH Stakeholder meeting and the February 9-10th conference on Transforming Mental Health Systems in San Diego. Projects Coordinator participated in the CIMH Introduction to the Planning Requirements for the MHSA on February 4, 2005 in Sacramento. The larger town hall forums will be designed to cover the MHSA and the local planning process.

5. Community Program Planning Budget Worksheet

Counties must submit a detailed budget with the Funding Request using Attachment C. These MHSA funds are to be used for expenditures for Community Program Planning and promotion of system change consistent with the MHSA.

EXHIBIT A-1

**COUNTY FUNDING REQUEST FACE SHEET
MENTAL HEALTH SERVICES ACT
COMMUNITY PROGRAM PLANNING**

Date Submitted: March 7, 2005

Name of County: Marin

County Contact Person (include title, address, telephone and fax numbers and e-mail address):

Bruce Gurganus
Mental Health Director
20 North San Pedro Road, Suite 2028
San Rafael, California 94903
415-499-6769 / fax 415-499-3791
bgurganus@co.marin.ca.us

Funding Requested: \$ 103,528

**Signature of County
Mental Health Director
(Required):** _____

Submit Funding Request no later than March 15, 2005 to:

Ms. Lynette Kral
County Operations Section
California Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
Tel: 916-654-2526
Fax: 916- 654-5591
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