MHSA Community Program Planning Processes – Promising CPP Practices

Deliverable 6: Final Report of Promising CPP Process Practices (DRAFT)

Project/Agreement #12MHSOAC009

August 8, 2014

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Executive Summary

The purpose of the Mental Health Services Act (MHSA) Community Program Planning (CPP) Evaluation (herein "evaluation") is to use a participatory research process to measure the impact and effectiveness of CPP processes in the 58 California counties and two municipalities that provide public mental health services (herein "California counties" or "counties"). Community Program Planning (CPP) refers to the structured process implemented by Counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. Counties are given relatively wide latitude to develop CPP processes in line with the needs and culture of their communities.

California's Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted this participatory evaluation to Resource Development Associates (RDA) to identify the most promising CPP activities by assessing the content and quality of CPP processes, MHSA outcomes that result from CPP processes such as the number and diversity of participants, the utility of CPP processes for quality improvement purposes, and the perceived impact these processes have on CPP participants and the public mental health system (PMHS). The evaluation aimed to provide a picture of CPP processes used across the State and data-driven strategies that were predictive of goals and positive outcomes that could be considered promising CPP practices and therefore replicated in future CPP processes.

Promising CPP practices were identified based on all data collected and information identified within the scope of this project. The two sources of data informing the identification and development of promising CPP practices were: 1) RDA's "*Deliverable 4 – Report on Other Public Community Planning Processes*" and 2) the data obtained during this evaluation and chronicled in RDA's "*Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation*". All identified promising CPP practices in this report can be linked directly to either results of the evaluation or promising practices used by other public entities.

In order to prioritize and refine the identified promising CPP practices, RDA convened a summit with county, stakeholder, and MHSOAC representatives with extensive experience regarding CPP processes, evaluation, or this particular project. In advance of the summit, RDA developed a list of community planning principles from a literature review of community planning in other domains. RDA also developed a list of CPP practices associated with positive outcomes derived from this CPP evaluation. During this highly interactive meeting, statewide experts discussed these identified community planning principles and practices and considered their utility to inform future CPP efforts. These promising CPP practices may be incorporated into the Client Stakeholder Project's training and technical assistance, and can be available upon request to county entities and/or stakeholders to support meaningful stakeholder involvement and participation in local CPP processes throughout the State. In particular, the Client Stakeholder Project (CSP) will use the promising practices identified to develop and conduct their CPP trainings and technical assistance with stakeholders to promote meaningful CPP processes and participation in those processes.

Community Program Planning Promising Practices

A comprehensive set of promising CPP practices has been identified from the results of this evaluation and research into other public community planning processes, as well as feedback from county, stakeholder, and MHSOAC representatives. RDA's "*Deliverable 4 – Report on Other Public Community Planning Processes*" details the key community planning processes utilized throughout various public sectors. RDA's "*Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation*" describes the evaluation's processes and results across California. All identified promising CPP practices in this report can be linked directly to either results of the evaluation or promising practices used by other public entities. The list below includes the 15 promising CPP practices from this project, as well as the data sources from which they were identified.

1. **Use the MHSA principles as a foundation to develop and conduct all CPP activities.** Incorporate activities that are collaborative; integrated; culturally competent; client and family driven; and wellness, recovery, and resiliency oriented. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
2. **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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
3. **Leverage existing resources.** Recognize and utilize the resources within the community to support CPP activities, reduce cost of logistics, and increase community presence and collaboration. Establish flexibility with CPP staffing to allow more full time employees (FTEs) to be allotted for periods with a high volume of CPP activities. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
4. **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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
5. **Plan and prepare for each CPP activity in advance** to ensure that meetings are well organized and conducted in a language that stakeholders speak/understand, and that facilitators are well prepared to lead activities and are respectful of stakeholders' cultures. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
6. **Develop partnerships.** Establish collaborative relationships with all sectors of the community by respecting diversity, encouraging dialogue, seeking points of agreement, and valuing and utilizing local knowledge, strengths and expertise. Seek commitment, and recognize that partnerships are developed and maintained over time. Time and space for face-to-face interaction and deliberation is essential. *[Deliverable 4 – Report on Other Public Community Planning Processes]*

7. **Be transparent.** Model clear, open, and consistent communication. Be direct about roles, responsibilities, and the degree of decision-making authority participants can expect throughout the process. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
8. **Make the purpose, expectations, and impacts of stakeholder participation explicit.** Communicate how stakeholder input will be used. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
9. **Build capacity.** Develop individual and organizational knowledge and capacity through co-education, dialogue, and opportunities to participate in research and informed deliberation and decision making. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
10. **Train stakeholders to meaningfully participate in CPP activities.** Ensure that stakeholders have an adequate understanding of county services, functions, and the decision-making process. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
11. **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 and other stakeholders. 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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
12. **Use multiple methods of outreach.** Developing reaches to broader audiences well help to build trust in the public mental health system. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
13. **Dedicate efforts to increase accessibility** by making reasonable accommodations for those with SED/SMI, limited English proficiency, and/or socio-economic disadvantage. Arrange logistics and prepare events to allow easier access to safe environments throughout the CPP processes. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
14. **Share responsibility and accountability.** Counties and communities should share responsibility and accountability for improving the planning and services of public mental health systems. Counties are accountable to their function as planners and administrators of mental health services in line with MHSA values and principles. Communities are accountable for understanding and voicing their own collective stakeholder needs to the counties. Both counties and communities share responsibility for contributing to the CPP process and their respective counties' public mental health services. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
15. **Plan for the long-haul.** Prepare stakeholders for ongoing and long-term committed participation. Recognize that social transformation takes time and may not follow a linear path, develop strategies for maintaining momentum, and engage and reengage over the years and throughout the planning and implementation process. *[Deliverable 4 – Report on Other Public Community Planning Processes]*

Introduction

The purpose of the Mental Health Services Act (MHSA) Community Program Planning (CPP) Evaluation (herein "evaluation") is to use a participatory research process to measure the impact and effectiveness of CPP processes in California's 58 counties and two municipalities that provide public mental health services (herein "California counties" or "counties"). Community Program Planning (CPP) refers to the structured process implemented by Counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. Counties are given relatively wide latitude to develop CPP processes in line with the needs and culture of their communities.

California's Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted this participatory evaluation to Resource Development Associates (RDA) to identify the most promising CPP activities by assessing the content and quality of CPP processes, MHSA outcomes that result from CPP processes such as the number and diversity of participants, the utility of CPP processes for quality improvement purposes, and the perceived impact these processes have on CPP participants and the public mental health system (PMHS). The evaluation aimed to provide a picture of CPP processes used across the State and data-driven strategies that were predictive of goals and positive outcomes that could be considered promising CPP practices that could be replicated in future CPP processes.

Promising CPP practices were identified based on all data collected and information identified within the scope of this project. The two sources of data informing the identification and development of promising CPP practices were: 1) RDA's "*Deliverable 4 – Report on Other Public Community Planning Processes*" and 2) the data obtained during this evaluation and chronicled in RDA's "*Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation*". All identified promising CPP practices in this report can be linked directly to either results of the evaluation or promising practices used by other public entities.

In order to prioritize and refine the identified promising CPP practices, RDA convened a summit with county, stakeholder, and MHSOAC representatives with extensive experience regarding CPP processes, evaluation, or this particular project. In advance of the summit, RDA developed a list of community planning principles from a literature review of community planning in other domains. RDA also developed a list of CPP practices associated with positive outcomes derived from this CPP evaluation. During this highly interactive meeting, statewide experts discussed these identified community planning principles and practices and considered their utility to inform future CPP efforts. These promising CPP practices may be incorporated into the Client Stakeholder Project's training and technical assistance, and can be available upon request to county entities and/or stakeholders to support meaningful stakeholder involvement and participation in local CPP processes throughout the State. In particular, the Client Stakeholder Project (CSP) will use the promising practices identified to develop and conduct their CPP trainings and technical assistance with stakeholders to promote meaningful CPP processes and participation in those processes.

This promising practices report describes: 1) the identification of potential program planning principles and data-informed CPP practices that may be particularly useful in helping to achieve goals and could thus be used to inform future CPP processes; 2) the convening of county, stakeholder, and MHSOAC representatives with extensive experience regarding CPP processes, evaluation, or this particular project to discuss potentially promising CPP practices; 3) the specific program planning principles and data-driven CPP practices; 4) guidance on how the jointly identified program planning principles and data-driven CPP practices could be incorporated into training and technical assistance to counties and stakeholders; and 5) descriptions of the project's limitations and next steps.

Identification of Program Planning Principles and Data-Informed Practices

The evaluation team used a mixed-methods approach to evaluate CPP processes across the State and their effectiveness in promoting meaningful participation by stakeholders.

The evaluation findings were developed from a combined review and analysis of information from five data collection instruments completed for each county and collected by the CSP: 1) County Web-Based Data Request, 2) MHSA Annual Update Document Review, 3) Key Informant Interviews with county MHSA/CPP Coordinators, 4) Focus Groups with stakeholders, and 5) Stakeholder Surveys. The quantitative and qualitative information gathered from these instruments provided a vast quantity of data that the evaluation team triangulated to strengthen the validity of findings and provide different perspectives on complex and multi-dimensional phenomena.

Significance testing between data collected by counties and stakeholders was conducted to determine the significant correlations between specific CPP practices performed by counties and a variety of potential outcomes and impacts on stakeholders, the public mental health system, and the broader community. Key findings from the evaluation were determined for each of the following CPP areas: Inputs; Outreach; Participant Input; Training Processes; CPP's Impact on Participants, specifically Wellness and Recovery; CPP's Impact on the Public Mental Health System; and CPP's Impact on the Broader Community.

- Inputs
  - *Input* items refer to the resources that counties have to conduct CPP processes.
- Outreach
  - *Outreach* items refer to the types of outreach activities that counties conduct, how often they are conducted, and how many stakeholders are reached.
- Participant Input
  - *Participant Input* items refer to how counties ensure that they have meaningful stakeholder participation in their CPP processes.
- Training
  - *Training* items refer to the training activities that counties provide to their stakeholders so that they can participate meaningfully in their counties' CPP processes.

- Participant Impacts
  - *Participant Impacts* items refer to how counties' CPP processes affect its participants.
- Mental Health System Impacts
  - *Mental Health System Impacts* items refer to how stakeholders' CPP participation affects their perceptions about the public mental health system.
- Perceptions of Broader Community Impacts
  - *Perceptions of Broader Community Impacts* items refer to how counties' CPP processes affect the community's perceptions about mental health.

Data-Informed CPP Practices

Data-driven practices were developed based on the key findings from the evaluation. The evaluation findings were developed from a combined review and analysis of information from five data collection instruments completed for each county and collected by the CSP: 1) County Web-Based Data Request, 2) MHSA Annual Update Document Review, 3) Key Informant Interviews with county MHSA/CPP Coordinators, 4) Focus Groups with stakeholders, and 5) Stakeholder Surveys. The quantitative and qualitative information gathered from these instruments provided a vast quantity of data that the evaluation team triangulated to strengthen the validity of findings and provide different perspectives on complex and multi-dimensional phenomena.

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Based on the results of the evaluation, RDA implemented the following steps produce a set of data-driven promising CPP practices that were reflective of the evaluation's findings, and representative of what counties could realistically affect in their future CPP processes.

Step 1 – Identify Relevant Practices

The first step after conducting the evaluation was to review evaluation findings and recommendations to assess the degree to which they could be adapted to a promising practice. For example, issues related to consistency of data across counties is a systems-level issue unlikely to be affected by a promising practice whereas types of outreach activities and methods of gathering participant input are well within a community's purview. Across the 10 domains explored in the evaluation, key findings were discovered that pertained to counties and stakeholders. However, findings concerning what could reasonably be affected at the local level were highlighted and considered for this specific task of determining promising CPP practices across the state; those that were more appropriate for systems-level or policy recommendations were removed from the list

Step 2 – Grouping Similar Findings

Next, findings and recommendations that were found to be similar were grouped together to consolidate the full list of evaluation findings and recommendations to promote usability. For example, findings related to meeting accessibility were organized into the practice of "Dedicate efforts to increase accessibility." It was particularly notable when specific findings complemented each other or when grouped together, increased the applicability of the practice. For example, the findings related to outreach suggested that outreach effectiveness varied by county size, region, the type of CPP activity for which outreach was conducted, and the target stakeholder group for outreach efforts (e.g. people with serious mental illness were more responsive to outreach efforts with a "personal touch.") These findings were grouped into the practice "Use methods of outreach" to ensure applicability across the diversity of California's counties and engage the entirety of MHSA stakeholder groups. Where an evaluation finding was a distinct concept, it was not grouped with other findings. For example, there was one primary finding for participant training. This was directly translated into the practice "Train stakeholders to meaningfully participate in CPP activities."

Step 3 – Draft Data-Informed Promising Practices

Based on the results of steps 1 and 2, the evaluation team proceeded to draft a list of potential promising practices directly linked to evaluation findings and recommendations. The evaluation team included short descriptions with each finding that incorporated further details.

Step 4 – Examining Qualitative Data for Feasibility

Once the initial draft of data-informed findings was developed, the evaluation team consulted the qualitative data again, specifically to refine the draft practices and determine the feasibility of implementation. For example, one of the evaluation recommendations was to increase staffing available to conduct CPP practices. Upon review of the qualitative data during this step, the practice was refined as "establish flexibility with CPP staffing" to reflect common suggestions from key informants of suggested methods to ensure adequate staff resources.

Step 5 – Confirm Alignment with the Entirety of Data

After the list of potentially promising CPP practices was refined, it was circulated with the entire evaluation team to ensure that the promising practices developed were in alignment across the entirety of data collected and analyzed. The only changes made to the practices at this step were to increase the language accessibility of the practices. Once this step was completed, a refined set of data-driven promising CPP practices was compiled by the evaluation team. See "Appendix 6: MHSA Community Program Planning Data-Informed Practices" for the data-informed CPP practices that informed the evaluation's summit.

Please see RDA's *"Deliverable 5: Summary Report of Results from Data Analysis and Evaluation"* for a detailed report on the evaluation's methods and findings.

Other Public Community Planning Processes

In addition to reviewing the evaluation's findings, please see RDA's *"Deliverable 4: Report of Other Public Community Planning Processes"* for a report that supports the evaluation by investigating public Community Planning processes, including theoretical underpinnings, principles, frameworks and specific methods and activities outside of the public mental health field. A variety of community planning processes were examined across a myriad of fields, including health, education, labor, and community development. The specific planning processes considered include:

Community Engagement Framework: The Centers for Disease Control and Prevention developed this framework in recognition that community engagement and mobilization efforts may lead to the development of effective programs for addressing obesity, cancer, smoking cessation, and heart disease, and to better understand how these efforts lead to improving health outcomes. The Community Engagement Framework is organized into three sections that include: 1) what practitioners need to consider before engagement; 2) what is necessary to consider during the engagement effort; and 3) how to ensure successful engagement efforts.

Community Readiness Framework: The Community Readiness Model was developed as a practical tool to help communities plan, implement and evaluate prevention programs. The model is based on the theory that all communities are at different levels of readiness for developing and implementing programs, and that community readiness is critical to achieve outcomes. The Community Readiness

Framework identifies nine stages of readiness and specific strategies at each stage to help communities advance along the continuum.

The Active Community Engagement (ACE) Continuum: The ACE Continuum suggests that the more involved and informed the community is in planning for services, the more likely the resulting services will be sustained. ACE defines five characteristics of empowerment: 1) inclusion of communities in preprogram assessment; 2) access of communities to information; 3) inclusion of communities in decision making; 4) development of local organizational capacity to make demands on institutions and governing structure; and 5) accountability of institutions to the public. These characteristics provide a framework for understanding the involvement and information of communities in planning.

Community Based Participatory Research (CBPR): CBPR is a collaborative approach to conducting research that "equitably involves all partners in the research process and recognizes the unique strengths that each brings." CBPR conducts research *with*, rather than *on*, communities, and seeks to build community capacity to act for social change at the same time as studying locally relevant issues or problems. Inherent in CBCR is the notion that the same individuals who conduct the research also participate in planning and the implementation of programs and policies to improve community wellbeing.

Neighborhood Planning Framework: Neighborhood Planning is a process by which residents in a particular geographic area develop a shared vision and a plan to solve neighborhood problems. A report out of Cleveland State University defines neighborhood planning as:

> *…a process whereby residents and other stakeholders learn about their neighborhood, envision a shared future, and develop strategies to shape it for the better and sustain it for the long term. The process results in a plan that encourages and directs future social and economic investments toward the development of a healthy neighborhood.*

Public Engagement in Education: The Public Engagement model of planning for public education is a collaborative, inclusive, participatory approach to bringing about meaningful change in public schools that emphasizes substantive community involvement in all phases of school planning. The Public Engagement Model suggests that instead of seeking community input in the form of support for existing ideas, schools and school districts actively engage the public more meaningfully and substantially in order to generate new ideas, participate in consensus-based decision-making processes, and ultimately shape local educational policy in partnership. According to the Public Engagement model, community participation in school planning is viewed as essential to school reform, resulting in greater trust, parent involvement, increased funding, and "the potential to build learning environments that are more inclusive, extensive, and integrated into the community as a whole."

Mobilizing for Action through Planning and Partnerships (MAPP): MAPP is a community-driven, place-based public health assessment and planning process developed by the National Association of County and City Health Officials (NACCHO), and the Centers for Disease Control and Prevention (CDC). MAPP uses a step-by-step process in which communities work together to identify local problems, needs,

strengths, and assets and develop goals and strategies for implementation by local public health departments.

Community Dialogue in Health Impact Assessments: Health Impact Assessment (HIA) is a highly structured means for examining the intended, and often unintended, health effects of proposed policies, plans and projects in land use, transportation, housing, agricultural, energy and other infrastructure arenas. The community dialogue approach to HIA focuses on public participation in decision making, with the belief that the broad inclusion of stakeholders allows for a close alignment with the four core values which guide HIAs. These core values, as set forth by the World Health Organization, are democracy, equity, sustainable development, and the ethical use of evidence. The theory behind the dialogue approach to HIAs suggests that stakeholder involvement and leadership help to promote the goals of inclusive, healthy, and equitable communities.

Participatory Budgeting: Participatory Budgeting is a democratic process that engages community members in decision-making about how to spend part of a public budget. The process was developed in Porto Alegre in 1989 during the first year of Brazilian democracy following a military dictatorship. In participatory budgeting, municipal governments invite residents to neighborhood assemblies and facilitate a discussion about problems and solutions that can be funded through the city's discretionary budget. The community delegates an individual or group to research concerns and solutions, and return with a slate of project proposals for participants to vote on. The top projects are sent to the city council for approval.

Community COPE: Community COPE is a model used in the assessment and planning of local healthcare systems in poor communities in the U.S. and internationally. The model emerged from a quality improvement initiative, COPE®—"client-oriented, provider-efficient", developed in 1988 by EngenderHealth, an international aid organization seeking to support family planning, reproductive and maternal health projects, improve quality of care, and advocate for evidence based practices. COPE® is a process and set of tools that health professionals can use to assess, plan, implement and evaluate program and site-level improvements. Community COPE theorizes that through community involvement:

1. Community members achieve a greater level of commitment toward and ownership of quality improvement efforts at a particular healthcare site.
2. Healthcare sites achieve access to community resources, such as human effort and time, which may contribute to more in-depth analysis and effective solutions.
3. Sites and communities experience a sense of teamwork and ongoing communication.
4. Community members think about ways to avoid health problems before they become health problems.
5. Community members better understand the problems faced by the healthcare site.

Technology in Community Planning: The growth in recent years of information and communication technologies has led to the development of innovative tools that have the potential to change the way people engage in public processes, allowing for unprecedented levels of community engagement,

especially among groups historically excluded from planning processes. By bringing the tools of planning to the people, through new and readily available technologies, planning can be democratized, and ensure that those who are most affected are empowered to participate in the decisions that affect their lives.

The community planning principles from this literature review were derived from an amalgamation of the 79 values, principles and codes extracted from the above community planning process approaches and frameworks. Community program planning principles derived from this literature review were considered during the summit for inclusion in promising CPP practices.

Collaboration with the Client Stakeholder Project

Throughout the entire evaluation, RDA worked hand-in-hand with the Client Stakeholder Project (CSP). The CSP includes Peers Envisioning and Engaging in Recovery Services (PEERS), the California Association of Mental Health Peer Run Organizations (CAMHPRO), Regional Partners from across the State, and a community advisory committee which included representation from the National Association on Mental Illness (NAMI), California Youth Empowerment Network (CAYEN), United Advocates for Children and Families (UACF), and the California Local Mental Health Board (CalMHB), and other stakeholder and consumer advocates from around the state. All of the data collection instruments for the evaluation were developed in conjunction with the CSP. The CSP and Regional Partners then implemented the data collection procedures for all five data collection instruments (noted above) and collected the entirety of data used in RDA's analysis. During the data collection phase of the evaluation, RDA served as a source of technical assistance for the CSP and its Regional Partners. RDA also setup the data reporting mechanisms for the CSP and its Regional Partners to provide the data collected to RDA.

Stakeholder feedback from the CSP and its partners was sought and obtained throughout this project. At every stage of this project, RDA worked closely with the CSP to ensure that the evaluation plan and data collection phases were collaborative and that the CSP had the necessary technical assistance and support to execute the data collection. RDA worked to incorporate stakeholder feedback throughout the distinct phases of this project, including: 1) evaluation planning regarding the project's logic model, 2) development of the data collection instruments and protocols, 3) analysis of evaluation data and presentation of evaluation findings prior to the identification of promising CPP practices, and 4) the identification of specific promising program planning principles and CPP practices via a summit attended by expert CPP stakeholders from across the State. Stakeholders are an integral part of CPP processes and were given many opportunities to provide their feedback and expertise in the development, implementation, and culmination of this project.

The Context of CPP

Every county's public mental health system is comprised of a coexisting set of individuals and entities, including county mental health department administrators, mental health providers, support staff,

consumers and family members, volunteers, and other stakeholders identified in the MHSA (for example, law enforcement, education, veteran's representatives, primary care). A functioning public mental health system can be compared to an extremely complicated ecosystem with individuals representing many different organizations and interests. The common bond between all parties involved is the commitment to the mental health of consumers and their family members.

Every stakeholder brings his/her own expertise to contribute to the CPP process. Each stakeholder has his/her own set of experiences and beliefs about what changes are necessary and practical. In light of this, counties' CPP processes are intended to survey the *entire* community of needs presented by stakeholders within each county.

This evaluation recognizes the inherent complexity in the multitude of stakeholders involved in counties' public mental health systems and CPP processes. In the analysis and presentation of findings, this evaluation sought to reflect the importance of attending to the total community of needs presented and not providing more or less weight to any singular piece of data collected. The findings put forth by the evaluation are representative of the entirety of data provided to the evaluation team and do not contain any preferential treatment towards any particular group or interest.

The complexities of the environments in which counties' CPP processes exist were also exhibited during the promising practices summit. Stakeholders representing the State, counties, consumers and family members, and statewide advocacy organizations participated in the summit. During the summit, the stakeholders acted as representatives of their respective affiliations and organizations by providing feedback on the utility of the evaluation team's draft promising CPP practices in their home communities. The promising practices described in this report represent findings from this evaluation combined with input from County, stakeholder, and MHSOAC representatives.

CPP Quality Improvement

The evaluation found that counties are conducting a myriad of CPP activities and that counties' CPP processes are continually adapting to the evolving landscape of the public mental health system and the needs of counties and their communities. Stakeholder feedback in MHSA planning efforts is required and governed by regulation and is an integral part of transforming the public mental health system.

This evaluation's goal is to identify those specific CPP practices that are "promising." "Promising" CPP practices are those specific CPP practices that can be highlighted as useful and effective and have the potential to lead to positive outcomes. Promising CPP practices included in this report:

1. Are directly linked to findings from this evaluation or the literature review of other community planning processes,
2. Have applicability across the diversity of counties and stakeholder groups,
3. Are feasible for future CPP processes,
4. Are likely to produce positive outcomes, and

5. Have been vetted by representatives from the MHSOAC, counties, and stakeholder groups across the state.

Additionally, in the important step of identifying promising CPP practices, the evaluation team took a strength-based approach and chose to focus on what practices were likely to promote meaningful participation and build on the strengths of the existing CPP processes across the State rather than on specific deficits or areas for improvement. This provided the foundation from which the evaluation team approached the identification of promising practices with summit participants. This strengths-based approach – as opposed to honing in on practices that counties and/or stakeholders noted were not working well – allowed this evaluation to focus on the CPP practices that showed promise in both their future implementation and effectiveness for promoting improved CPP processes across the entire state.

Promising Practices Summit

On June 26 and 27, 2014, RDA held a two-day summit at the MHSAOC offices in Sacramento with statewide representatives familiar with this project and evaluation to refine and build consensus around the specific community program planning principles and CPP activities that were found to be promising to improve CPP processes statewide. Attendees of the summit included representatives from various facets of the State's MHSA system, including the Mental Health Services Oversight and Accountability Commission, county mental health departments, consumers and family members, and various mental health advocacy organizations. Prior to the summit, RDA's evaluation team identified a set of promising CPP practices from this project's evaluation and RDA's exploration of other public community planning processes. At the summit, statewide representatives improved upon and formed consensus around promising CPP practices. In their deliberations, the statewide representatives were charged with representing their viewpoints about CPP processes across the state, as well as we accounting for the vast diversity across California counties. Summit attendees understood that the CPP practices needed to be relevant and feasible for implementation across most counties in the state, but not be overly prescriptive so that they would not work for a majority of counties. During the summit, attendees each offered their unique perspectives of the CPP process while providing specific feedback on the community program planning principles and CPP activities that RDA identified during its evaluation. At the conclusion of the summit, participants achieved consensus regarding which community program planning principles and CPP practices might yield greater stakeholder participation and satisfaction with counties' CPP processes and contribute to desired outcomes based on the information provided from the evaluation and review of the literature.

Summit Participants

Expert stakeholders in CPP processes from across California participated in the promising practices summit. A variety of representatives from California's Mental Health Services Act (MHSA) network of affiliated entities participated in the summit, representing the diversity of organizations that contribute to or partake in the State's many public mental health systems. Stakeholders from the Client Stakeholder Project (CSP) included representatives from the CSP staff and administration, the CSP's Community Advisory Committee, and Regional Partners who collected the data for the evaluation. The organizations and affiliations represented by the attending members from the CSP were representative of consumer and family perspectives. Members of the MHSOAC staff also attended the promising practices summit. County mental health department representatives from across the State also participated in the summit. Representatives were selected from counties from various geographic areas across the State as well as counties with varying population sizes. It was important to have representation from counties with differing constituencies so that diverse county needs could be reflected through the information collected from the summit. In total, 30 representatives attended the promising practices summit. Table 1 below notes the representative groups and specific organizations

that participated in the summit. For the organizations that had multiple attendees at the summit, the number of representatives is noted in parentheses.

Table 1. Promising Practices Summit Attendees – Representative Groups and Organizations

Representative Group	Organization
Client Stakeholder Project (CSP)	CSP Staff (3)
	Community Advisory Committee (8) • California Association of Local Mental Health Boards (CALMHB) • California Youth Empowerment Network (CAYEN) • National Alliance on Mental Illness – California (NAMI California) • United Advocates for Children and Families (UACF)
	Regional Partners (4) ❖ Bay Area region ❖ Central region ❖ Southern region (including Los Angeles) ❖ Superior region
Mental Health Services Oversight and Accountability Commission (MHSOAC)	MHSOAC Staff (4)
County Representatives	Amador County
	Los Angeles County
	Modoc County
	San Bernardino County
	San Francisco County
	Stanislaus County (2)
Resource Development Associates (RDA)	RDA Staff (4)

Summit Preparation

In *"Deliverable 5: Summary Report of Results from Data Analysis and Evaluation,"* RDA conducted a critical review and analysis of quantitative and qualitative data regarding CPP practices conducted across

California. RDA conducted significance testing between data collected by counties and stakeholders in order to determine the significant correlations between specific CPP practices and a variety of outcomes and impacts. Key findings from the evaluation were determined for each of the following CPP areas: 1) Input; 2) Outreach; 3) Participant Input; 4) Training; 5) CPP's Impact on Stakeholder Empowerment, Wellness, and Recovery; 6) CPP's Impact on the Public Mental Health System; and 7) CPP's Impact on the Broader Community. The key findings from each of the aforementioned CPP areas served as a foundational source of information for identifying promising CPP practices statewide. A summary report of the evaluation's key findings was provided in advance to all summit attendees. Additionally, RDA provided participants with a list of potential community planning principles from other domains identified through a literature review, and data-informed practices for consideration based on this evaluation's findings.

Summit Organization and Materials

The promising practices summit consisted of one half-day session (June 26, 2014) and one full-day session (June 27, 2014). See "Appendix 1: Promising Practices Summit Agendas" for the agendas for each session of the summit.

Half-Day Session

The half-day session on the first day of the summit included members from the Client Stakeholder Project (CSP), the Mental Health Services Oversight and Accountability Commission (MHSOAC), and Resource Development Associates (RDA). The purpose of the half-day session was to present evaluation findings to CSP members in order to facilitate a more in-depth discussion to explore evaluation findings. The evaluation findings topics presented by RDA included: 1) Inputs activities, 2) Outreach activities, 3) Participant Input activities, 4) Training activities, and 5) Impacts of CPP processes.

Please see "Appendix 2: Day 1 Slide Presentation" for the set of slides that RDA used to guide the presentation and discussion with CSP regarding the evaluation's overarching findings.

For each topic area noted above, RDA presented the key findings from the evaluation. The CSP asked questions and made comments after the presentation of findings for each topic area. In particular, CSP members commented on their agreement or disagreement with specific pieces of the data presented. In the spirit of open dialogue and engagement, summit attendees were very open in sharing their reflections on the evaluation findings, especially when it conflicted with their individual experience. Given that the summit was not a data collection event or activity, attendees' comments on the evaluation findings were not recorded as new pieces of data. Rather, attendees were asked to incorporate their perspectives on the data and evaluation findings in the later discussions to identify promising CPP practices to be shared statewide.

Full-Day Session

The full-day session on the second day of the summit included members from the Client Stakeholder Project (CSP), the Mental Health Services Oversight and Accountability Commission (MHSOAC), county mental health departments, and Resource Development Associates (RDA). Table 1 above for the representative groups and organizations represented at second day of the summit. The purpose of the full-day session was to: 1) review specific evaluation findings, 2) share the specific community planning principles from other domains and data-informed CPP practices discovered through this evaluation, and 3) conduct group activities to select the specific principles and practices to put forth as promising across the State.

Please see "Appendix 3: Day 2 Slide Presentation" for the set of slides that RDA used to guide the presentation regarding the evaluation's overarching findings to the entire summit group.

Smaller Working Groups

After RDA presented the summary findings from the evaluation, summit attendees were divided into four smaller groups. Representatives from the CSP, MHSOAC, and county mental health departments were assigned to groups to ensure that a diversity of perspectives and affiliations were represented in each group. The small working groups engaged in discussions that mirrored the collaboration inspired by MHSA principles. Each group of six or seven attendees worked together through two major group activities during the full-day summit session.

Public Community Planning Principles

Relying on *"Deliverable 4: Report of Other Public Community Planning Processes"*, RDA produced a summary document that included eight key principles from the public community planning literature. *Deliverable 4* comprised an investigation of public Community Planning processes, including their theoretical underpinnings, principles, frameworks and specific methods and activities, in arenas other than public mental health departments. See "Appendix 4: Eight Principles from the Public Community Planning Literature" for the summary document of Deliverable 4.

In the first of two small group work sessions at the summit, each team was instructed to discuss the strengths and challenges of implementing each of the eight community planning principles in the context of counties' CPP processes. Teams completed a worksheet with their collectively determined strengths and challenges for each principle. See "Appendix 5: Worksheet: Public Community Planning Principles" for the worksheet that each team completed.

In addition to noting the specific strengths and challenges of each principle, each team also decided on a score to signify the benefit of utilizing each of the principles. Scores ranged from 1 to 5, with 1 being low/no benefit and 5 being high benefit. Each group's scores served as indicators of the attendees' belief in the effectiveness of the principles and the levels of effort necessary to achieve the principles. These scores helped to identify which principles should be promoted at the statewide-level as promising and potentially important for continuous improvement of county CPP processes. Across all of the

community planning principles, the attendees rated each of them with an average score greater than 4. So, while this exercise was intended to help prioritize the community planning principles, it actually showed that there was broad-based support from summit attendees for the importance and feasibility of all the community planning principles.

After the small groups discussed each principle, the conversation returned to the larger group. For each principle, the strengths and challenges identified by each group were taped to a wall, and each team described its noted strengths and challenges to the entire group, allowing for inclusion of the larger group in each smaller group's considerations. The larger group then engaged in a discussion about the strengths, challenges, and merits of each of the principles. The discussion culminated with the entire group reaching consensus on which principles were important and beneficial for counties to pursue in their future CPP processes.

Data-Informed CPP Practices

In *"Deliverable 5: Summary Report of Results from Data Analysis and Evaluation"*, RDA produced a summary document identifying nine promising data-informed CPP practices. These were CPP practices that counties and stakeholders noted as important for increased meaningful stakeholder participation in counties' CPP processes. See "Appendix 6: MHSA Community Program Planning Data-Informed Practices" for the summary document of Deliverable 5.

In the second of two small group work sessions at the summit, the group discussion process was repeated for the data-informed CPP practices identified from the evaluation. See "Appendix 7: Worksheet: CPP Data-Informed Practices" for the worksheet that each team completed.

In addition to noting the specific strengths and challenges of each CPP practice, each team also decided on a score determining the benefit of counties utilizing each of the CPP practices. As seen before in the previous group discussions about community planning principles, across all of the CPP practices, the attendees rated each of them with an average score greater than 4. So, while this exercise was intended to help prioritize the CPP practices, it showed that there was broad-based support from summit attendees for the importance and feasibility of all the CPP practices.

Post-Summit Analysis

At the conclusion of the summit, attendees reached consensus that the ideas represented by the community planning principles and data-driven CPP practices would be beneficial for continuous improvement of CPP processes across the State. There were also discussions highlighting the need to refine five of the suggested practices ("Be accountable," "Establish flexibility with CPP staffing," "Emphasize the CPP process as a local planning process driven by the community for the community," "Maintain a high level of engagement and regard for stakeholder participation and input throughout the CPP process," and "Be prepared to share power and release control"). This resulted in the following changes, additions, and refinements:

- "Be accountable" was defined in the description by accountability and transparency. Based on summit feedback, this principle was refined to become "Be transparent." Accountability is highlighted in a subsequent principle.
- "Establish flexibility with CPP staffing" was modified to "Leverage existing resources" to remove any limits on resources that may be available to support CPP activities as well as account for constraints on county staffing, an issue highlighted during the summit as particularly relevant in smaller counties.
- "Emphasize the CPP process as a local planning process driven by the community for the community," and "Be prepared to share power and release control" were refined to reflect summit feedback about the unique and shared county and stakeholder responsibilities with the CPP process in service of their communities. This was also combined with the concept of accountability, which emerged during the summit as a related yet distinct concept. The resulting promising practice is, "Share responsibility and accountability."
- "Maintain a high level of engagement and regard for stakeholder participation and input throughout the CPP process" was removed based on summit feedback that one of the more important mechanisms for exhibiting stakeholder regard would be to "Make the purpose, expectations, and impacts of stakeholder participation explicit."

The consolidated list of recommended CPP principles and practices was provided to summit participants for review and comment. RDA incorporated this additional feedback received from the summit participants into this report's final list of recommended CPP principles and practices.

See "Appendix 8: Post-Summit Set of Promising CPP Principles and Practices" for the consolidated listing of recommended CPP principles and practices, which informed this report's final list of recommended CPP principles and practices. See "Appendix 9: Report Feedback from Summit Participants" for the feedback responses received from the summit participants during this feedback process. See "Appendix 10: Final Set of Promising CPP Principles and Practices" for the final set of promising CPP principles and practices set forth by this project.

Community Program Planning Promising Practices

The following set of promising practices is derived from a review of the literature in other community planning principles and/or supported by the CPP evaluation findings (see "**Error! Reference source not found.**" section below). Each promising practice includes a description of the practice, information about the data or literature that supports the practice, examples of practical applications, and suggested technical assistance and training to support implementation. Some of the suggested technical assistance and training are relevant for inclusion in the toolkit and technical assistance is being developed by the Client Stakeholder Project (CSP). However, the practical applications and suggested training and technical assistance included for each practice are not confined to the scope of the CSP toolkit, and the suggestions and recommendations provided in this report are intended for broader consideration.

Use the MHSA principles or values as a foundation to develop and conduct all CPP activities.

Incorporate activities that are collaborative; integrated; culturally competent; client and family driven; and wellness, recovery, and resiliency oriented.

The evaluation findings suggest that CPP processes that are recovery-oriented are linked to participant satisfaction and wellness as a result of CPP participation. Findings also suggest that when participants perceive that their contributions are valued, they are more likely to be satisfied, have an increased sense of wellness as a result of participating, and develop increased trust in the public mental health system. Additionally, CPP processes that are respectful of participant opinions and culture are associated with participant satisfaction. Summit participants developed consensus that applying this principle would be useful. Specifically, participants expressed that this principle is likely to support CPP processes that value and benefit from the diversity of stakeholder perspectives and lead to MHSA plans that are more responsive to the needs of the community. Participants also suggested that applying this principle would also result in increased stakeholder buy-in to the CPP process and therefore leverage resources towards the CPP process. Summit participants also acknowledged that this may be difficult to implement across the State, that not everyone "values the Values," and that time and resources may be a barrier to implementation, especially in small counties.

The evaluation team recognizes that counties are required by law to implement CPP processes in accordance with MHSA values. This evaluation offers evidence in support of the legislation and confirms that CPP processes that are conducted in accordance with MSHA principles, and rated as such by stakeholders, have better outcomes. Therefore, the evaluation results support the effectiveness of a CPP process when it is implemented as required. Further, data collected directly from stakeholders suggests that the experience of MHSA principles within local CPP processes is inconsistent, and it may be useful to make the commitment to and implementation of MHSA principles explicit during local CPP processes.

Practical Applications:

- Begin each CPP meeting with a review of the MHSA principles and suggest that all discussion be in the "spirit" of the principles. Create a poster of the MHSA principles that can be posted in each CPP meeting or event. By having the MHSA principles as a constant presence in the room of CPP meetings, meeting participants will be continually reminded of the importance of respecting and valuing each other's opinions and feedback, which is in direct alignment with the MHSA's principles and values. If meeting discussions happen to veer in a direction that strays from the principles and values promoted by the MHSA, meeting participants can be reminded of their shared commitment to the MHSA principles.

Technical Assistance and Training:

- Create a poster and/or handout that counties can distribute to stakeholders and use in their CPP efforts may be useful as part of a "CPP toolkit."
- Discussion guidelines and questions that are based in the principles of MHSA may also be useful for counties during their CPP processes.
- The "CPP toolkit" could include a list of potential CPP participants to consider when planning outreach efforts.
- Stakeholder training could include a review and discussion of MHSA principles.

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.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Focus on strengths and aspirations[1]	
Other Community Planning Principle	Source of Principle
Build on the strengths and resources of the community	Community Based Participatory Research
Identify community assets and strengths	Community Engagement
Learn about the community	Community Engagement
Use data to inform each step of the process	Mobilizing for Action through Partnership and Planning
Celebrate success	Mobilizing for Action through Partnership and Planning
Collect data to inform process	Neighborhood Planning
Development of a vision of what the community can become	Neighborhood Planning
Develop plans based on neighborhood strengths and assets	Neighborhood Planning
ID and development of neighborhood assets	Neighborhood Planning
Participants learn about their community	Participatory Budgeting
Community's values and aspirations for the future will inform discussion and action	Public Engagement in Education

Summit participants developed consensus that the principle of focusing on strengths and aspirations would be useful in conducting future CPP processes. Specifically, they cited that this would build on community strengths and assets and support counties and stakeholders to remain solution-focused and hopeful about what is possible. The main challenge cited by summit participants was the need to not overlook or ignore problems and gaps that should be addressed in the planning process. This principle, however, could be applied so that existing strengths and resources could be built upon to address needs and gaps.

Practical Applications:

- At the beginning of each CPP process, lead stakeholders through a mini-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?"

Technical Assistance and Training:

- Sample key informant interview and focus group protocols that provide questions to discover the unique strengths and aspirations of the community could be made available to counties to support their discovery of developing strengths and aspirations of each community they serve.

[1] Deliverable 4: Report of Other Public Community Planning Processes

- Discussion questions to support a visioning exercise at the beginning of the CPP process or plan development phase may be useful for counties to implement this practice.
- Training for stakeholders could also include an exercise or discussion about the purpose of CPP and the vision set forth by the MHSA.

Leverage existing resources.

Recognize and utilize the resources within the community to support CPP activities, reduce cost of logistics, and increase community presence and collaboration. Use existing partnerships with community-based organizations (CBOs) or advocacy organizations to support outreach to various communities where organizations already have a presence. Consider flexibility with CPP staffing to allow more FTEs to be allotted for periods with a high volume of CPP activities.

Almost half of counties reported during the evaluation that they do not have adequate resources to conduct CPP processes. Additionally, one of the predominant themes from the summit when considering the implementation of these promising practices was concern for the resources and staff time required. This practice suggests leveraging existing resources to support CPP activities and maximizing available resources. Summit participants acknowledged that leveraging existing resources would likely result in a more robust, accessible, and inclusive planning process. Participants also suggested that community politics or uneven participation from various communities may be an important challenge to consider.

The practice of leveraging existing resources specifically addresses the need to ensure that there are adequate resources in place to conduct CPP processes. While this practice is complementary to developing partnerships, its specific focus is on resource adequacy.

Practical Applications:

- Invite CBOs who currently work with un-served and under-served populations (e.g. TAY, Latino, etc.) to support outreach and recruitment efforts within these communities.
- When possible, hold events at locations where CPP participants already are (e.g. focus group for Latino community at a Latino community or wellness center).

Technical Assistance and Training:

- A "CPP toolkit" may include outreach materials that could be adapted to each specific community and provided to partner agencies to support outreach and recruitment.
- A "CPP toolkit" could also include a worksheet with a list of required stakeholder groups for CPP, as well as columns to document outreach activity (e.g. phone call, flyer, email) and the most appropriate person(s) to conduct the outreach (e.g. CBO, county staff, other partner agency). This will help counties and other organizations ensure that they are engaging all of the required types of stakeholders during their CPP processes.
- Stakeholder training could provide support and skill development to encourage stakeholders to organize within their respective communities and support robust participation.

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.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Be strategic[2]	
Other Community Planning Principle	Source of Principle
Agree on clear indicators with expected outcomes and on documentation process	Active Community Engagement Continuum
Be clear about purpose before getting started	Active Community Engagement Continuum
Be clear about the purpose and goals of engagement before you begin	Community Engagement
Systems thinking	Mobilizing for Action through Partnership and Planning
Strategic thinking	Mobilizing for Action through Partnership and Planning
Establish clear priorities	Neighborhood Planning
Thoughtful, deliberate preparation	Neighborhood Planning
Recognize market dynamics	Neighborhood Planning
Create feasible implementation plans	Neighborhood Planning
Begin with the right issue	Public Engagement in Education
Understanding the characteristics of meeting types and contexts is important in informing the selection of technologies to enhance participatory processes.	Technology in Community Planning
Decisions about the use of technology in participatory processes should be based on a clear sense of the contribution that the technology can make to the communication and discussion of information.	Technology in Community Planning

Summit participants agreed on the value of this principle, citing the importance of holding the "big picture" in mind and establishing a consistent framework throughout the CPP process. They suggested that successful implementation of this principle would likely inspire confidence from stakeholders.

[2] Deliverable 4: Report of Other Public Community Planning Processes

Summit participants also acknowledged that it may take time and/or resources to accomplish these efforts, and that there is a danger of any framework becoming inflexible or overly prescriptive.

Practical Applications:

- Mental health administrators and MHSA/CPP coordinators could 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.

Technical Assistance and Training:

- There are existing frameworks for community planning, such as MAPP or the World Health Organization's Planning, that emphasize and offer specific recommendations on how organizations can be more strategic in their planning efforts. Technical assistance could include reviewing these frameworks and distributing relevant information to county representatives responsible for conducting CPP processes.
- The Community Toolbox, maintained by the University of Kansas Work Group for Community Health and Development, includes a database of 60 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, and others. The Community Tool Box is a free online at http://ctb.ku.edu/en. Technical assistance could include adapting any relevant tools from the Community Toolkit to make them available to counties or providing materials to make counties aware of the toolkit and resources.

Plan and prepare for each CPP activity in advance.

Ensure that meetings are well organized and conducted in a language that stakeholders speak/understand, and that facilitators are well prepared to lead activities and are respectful of stakeholders' cultures. Allocate time before CPP meetings to develop meeting objectives and anticipate who may be in attendance to prepare relevant materials and activities linked to the objectives and potential attendees.

Evaluation findings suggest that participants are more satisfied with the CPP process when meetings are well organized, facilitators are prepared, and activities are conducted in a language that stakeholders speak and/or understand. The three items included in this promising practice (e.g. meeting organization, facilitator preparation, and language) initially emerged from the qualitative data as a potential theme of accessibility. Further qualitative analysis defined this as the extent to which stakeholders were able to understand and follow along with CPP meeting activities. Upon review of available data from the Stakeholder Survey, the items that most closely responded to the emerging theme from the data were meeting organization, facilitator preparation, and language. These three items were then used in the analysis that identified the significant correlation between these three concepts and satisfaction with

the CPP process. Summit participants discussed that this practice would likely result in a more effective CPP process with improved stakeholder participation. Participants also acknowledged that this practice would involve a front-end investment of time to plan the CPP process and each activity, but would likely save time in the long run. Summit participants also discussed that this type of planning would include resources that may already be limited and that not everyone responsible for the CPP process may have the planning skills required by this practice.

Practical Applications:

- Mental health administrators and MHSA/CPP coordinators could 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.
- At the beginning of the CPP process, create a plan of activities including the CPP phase (e.g. needs assessment, plan development, plan finalization), specific activities within each phase (e.g. focus group, stakeholder survey, strategy roundtables), the number of each activity to conduct, a timeline for completion, and the person responsible.
- At the beginning of each CPP meeting, provide an agenda that states the purpose and/or objectives of the meeting.

Technical Assistance and Training:

- A "CPP Toolkit" could include a template for creating a CPP plan and sample materials and agendas for each type of CPP meeting.
- Training could include support for county staff responsible for implementing the CPP process to develop project management and planning skills, as needed.
- Additional technical assistance could include sponsoring virtual meetings with county staff to share resources and tools as well as hosting an online resource center where counties could share CPP resources, materials, and tools.
- Stakeholder training could include an overview of the key issues that affect the California mental health system so that stakeholders develop an appreciation of the political and social realities across jurisdictions that impact the mental health system.

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, and recognize that partnerships are developed and maintained over time. Time and space for face-to-face interaction and deliberation is essential.

Developing relationships is a key component of a successful CPP process, as stated in the MHSA principle of "Community Collaboration. Stakeholders bring their interests, expertise, and resources to the CPP process, and it is important to develop, value and nurture these relationships to ultimately benefit the community and consumers of public mental health services.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Develop partnerships[3]	
Other Community Planning Principle	Source of Principle
Establish partnerships by valuing the strengths and finding points of agreement	Active Community Engagement Continuum
Partner with the community	Community Engagement
Establish relationships with the community	Community Engagement
Dialogue to ensure respect for diverse voices and perspectives during the collaborative process.	Mobilizing for Action through Partnership and Planning
Partnerships and collaboration	Mobilizing for Action through Partnership and Planning
Community Partnerships and expertise will be utilized	Public Engagement in Education
Involve all sectors of the community	Public Engagement in Education
Create conversation	Public Engagement in Education
Dialogue compliments and deepens ideas and knowledge…time and space for face-to-face interaction and deliberation of planning ideas and concerns between participants is essential	Technology in Community Planning
Feedback should be solicited from target populations on which technologies are more accessible to them.	Technology in Community Planning

Summit participants agreed that developing partnerships was in alignment with the MHSA principle of collaboration and would likely result in increased buy-in from stakeholders while also leveraging resources. Participants also acknowledged that there may be competing priorities and competition for resources amongst partner agencies, and that managing expectations amongst partner agencies would be critical for success.

Practical Applications:

- CPP facilitators may wish to consider incorporating discussion questions and/or participatory activities in every CPP activity to gather perspectives and highlight points of agreement throughout the CPP process.
- CPP facilitators may also consider using consensus building facilitation techniques to identify and support areas where CPP participants agree.
- 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.

[3] Deliverable 4: Report of Other Public Community Planning Processes

- 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.
- 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?"
- 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.

Technical Assistance and Training:

- A "CPP Toolkit" could include a variety of participatory activities to engage communities and build consensus during CPP events.
- Training could include skills-based activities for CPP facilitators to learn and practice consensus-based facilitation techniques.
- Stakeholder training could include active listening to encourage the appreciation of a diversity of perspectives.

Be transparent.

Model clear, open, and consistent communication. Be direct about roles and responsibilities and the degree of decision making authority participants can expect throughout the process and at each stage.

Evaluation findings suggest that stakeholders are more satisfied and develop increased trust in the mental health system when their contributions are valued and their opinions are respected and listened to. As one stakeholder reported, "One of the most important ways to value my participation is to be clear in what you're going to do with it."

This principle was refined after the summit in response to discussion related to transparency, accountability, and responsibility as well as how stakeholder feedback is used. Summit participants discussed the county responsibility for conducting the CPP process, the requirement to meaningfully include stakeholders throughout the process, and some of the challenges counties experience when stakeholder feedback contradicts the MHSA legislation. As such, this principle acknowledges the tension between stakeholder contribution and the statutory responsibility of counties to conduct CPP and implement MHSA according to specific regulations and guidelines. This principle also suggests that county staff and those responsible for implementing CPP processes be clear and open about decision-making authority and how contributions can and will be used.

Feedback from the summit also reflected that if counties conduct their CPP proceedings in manners that exhibit transparency and openness about their goals and intents for their CPP processes while also being open to stakeholder feedback, stakeholders were more likely to provide more open and meaningful

participation. Across California, its county entities have the decision-making authority regarding their CPP processes, what activities are conducted, what feedback is sought and utilized, and how their stakeholders are engaged. However, with this decision-making authority comes with the importance of counties ensuring their stakeholders feel empowered to speak-up and provide feedback that contributes to the counties' decision-making. As such, summit participants articulated the direct linkage between county transparency and more effective CPP participation by stakeholders across the state.

Practical Applications:

- Counties can draft a planning charter that describes the roles and responsibilities of all participants, including planning facilitators. The charter should also describe how meeting minutes and other materials will be disseminated, how county will respond to feedback, and how decisions will be made.
- MHSA/CPP coordinators and other leaders of the planning process should be careful about what they promise and be sure to follow-through on commitments made. It is important to respond to all emails, and to send out agendas and meeting materials on a consistent timeline.
- To the extent possible, meaningfully engage in activities and processes that empower and include key stakeholders, particularly consumers and family members, in all CPP meetings.
- 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. Be transparent and clear about what data is being collected and why that data specifically is being collected.

Technical Assistance and Training:

- In the "CPP Toolkit," provide sample communications of how stakeholder feedback will be used. Provide a template that counties can use to respond to feedback and/or suggestions.

Make the purpose, expectations, and impacts of stakeholder participation explicit.

Communicate how stakeholder input is or will be used.

This practice is based on evaluation findings that pertained to the importance of counties exhibiting transparency and openness in their CPP processes and communications. Summit participants agreed that this would likely increase trust in the CPP process and increase the sense of safety stakeholders experience during CPP participation. Participants also reflected that this practice may also provide realistic expectations for stakeholders throughout the CPP process so that there is a shared understanding of how their participation would be incorporated into the plan. Summit participants also acknowledged that CPP is a process, and it's not always possible to anticipate how feedback will be used or implemented because of all of the factors that influence decision-making. They also discussed that this practice would also take time and resources to implement.

Practical Applications:

- Maintain an ongoing list of stakeholder feedback and suggestions. As the plan is being finalized, provide the list of stakeholder feedback along with the county's response. For example, if

stakeholder feedback is included in the plan, provide the specific areas of the plan that respond to the feedback. If the feedback was not able to be included, provide an explanation of how the county will respond through another avenue (e.g. for priority issues that are not appropriate for MHSA plan inclusion) or state that it will not be addressed at this time.

- 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.
- 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.

Technical Assistance and Training:

- Stakeholder training could include support to develop skills to ask counties and CPP facilitators how their feedback will be used. Training could also include support to learn about MHSA, MHSA components, and funding rules to increase the likelihood that feedback provided is appropriate for MHSA.

Build capacity.

Develop individual and organizational capacity for stakeholders to more meaningfully contribute to counties' CPP processes through co-education, dialogue, and opportunities to participate in research and informed deliberation and decision making.

In order for all parties involved in CPP processes to meaningfully participate and improve counties' public mental health services, they must have sufficient knowledge, awareness, and ability to do so. This capacity by county mental health departments, community-based organizations, stakeholders, and other CPP-related entities to collaborate and respect what each entity brings to the table needs to be nurtured and developed over time. By recognizing the interconnectedness between all of these entities, activities and measures can be taken to promote co-education and continuous dialogue necessary to encourage open communication and sharing of ideas and resources. As these relationships and capacities are built, counties' CPP processes will likely improve and solicit more meaningful and effective participation from stakeholders across the state.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Build capacity[4]	
Other Community Planning Principle	Source of Principle
Promote co-learning and empowerment to address social inequality	Community Based Participatory Research
Develop local leadership	Community Development Theory
Educate community about issues	Community Development Theory
Involve organizations rather than independent individuals	Health Impact Assessment
Democratic decision making	Neighborhood Planning
Build capacity of community by helping form effective organization	Participatory Budgeting
Process should have a learning component that helps build community awareness and knowledge about the subject at hand	Public Engagement in Education

Summit participants agreed that building capacity would serve to leverage resources, benefit all CPP participants, and strengthen the overall CPP process. However, there was a shared concern about the resources and time that it would take to implement, especially given the turnover or variability in county and stakeholder participants.

Practical Applications:

- Provide individual and organizational stakeholders with training opportunities and incentives to gain knowledge, skill and experience.
- Provide opportunities during CPP activities to develop skills and capacity around leadership and decision-making.
- Provide educational information at the beginning of each CPP-related activity (e.g. discussing the parameters of the Community Services and Supports component at the beginning of a strategy session for that component).

Technical Assistance and Training:

- It may be useful to create a database or online platform where counties could share training materials developed for CPP and/or key issues related to mental health and relevant to MHSA.
- A "CPP Toolkit" could include the development of educational and/or training materials that counties could distribute before or during their CPP activities.

Train stakeholders to meaningfully participate in CPP activities.

Ensure that stakeholders have an adequate understanding of county services, functions, and decision-making process.

Evaluation findings suggest that counties and stakeholders have different perspectives on what activities are effective within a CPP process, that there are issues related to technical jargon that impede

[4] Deliverable 4: Report of Other Public Community Planning Processes

meaningful stakeholder participation, and that stakeholders could benefit from additional training to meaningfully participate. Summit participants agreed that stakeholder training would "level the playing field" and increase the likelihood that stakeholder feedback could influence plan development. Participants also discussed that providing training would require additional resources and that turnover within the stakeholder communities would necessitate training on an ongoing basis.

Practical Applications:

- Consider providing brief training activities before or after CPP events. For example, one county provides a one-hour brown bag training on key mental health issues immediately following a monthly MHSA meeting. Each training could be facilitated by stakeholders or guest speakers on a rotating basis.
- Provide educational information at the beginning of each CPP-related activity (e.g. discussing the parameters of the Community Services and Supports component at the beginning of a strategy session for that component).

Technical Assistance and Training:

- It may be useful to create a database or online platform where counties could share training materials developed for CPP and/or key issues related to mental health and relevant to MHSA.
- A "CPP Toolkit" could include the development of educational and/or training materials that counties could distribute before or during their CPP activities.
- Stakeholders could benefit from training separate from the mental health department in their county of residence to learn about MHSA and CPP and to develop skills and knowledge to meaningfully participate.

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 and other stakeholders. 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.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Be inclusive[5]	
Other Community Planning Principle	Source of Principle
Use approaches that reflect stakeholder culture, even if it slows the process down	Community Based Participatory Research
Recognize the needs of staff and the rights of clients	Community COPE
Democratic decision-making by people whose lives are most affected	Community Development Theory
Respect diversity	Community Engagement
Hierarchy of the community: those who are most effected	Community Engagement
No single approach can be prescribed for stakeholder participation	Health Impact Assessment
Ensure diverse participation to understand the community and political realities related to the policy, program, project being studied	Health Impact Assessment
Pay special attention to those representing vulnerable populations	Health Impact Assessment
Include those who might not otherwise be included in decision making	Participatory Budgeting
Opportunities for people to gather at a convenient and comfortable location at a variety of times	Public Engagement in Education
Frame issue from multiple perspectives	Public Engagement in Education
Be aware that individuals may have differing abilities in the use of technology. Different curricula and tools may be needed, etc.	Technology in Community Planning

Summit participants acknowledged the importance of being inclusive, its alignment with MHSA principles, and that it would likely result in a stronger CPP process and resulting MHSA plan. However, stakeholders also acknowledged the significant level of cultural and community knowledge necessary to be more inclusive, as well as the time and resources needed.

Practical Applications:

- 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.
- 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,

[5] Deliverable 4: Report of Other Public Community Planning Processes

identifying stakeholders, collecting data, interpreting data, planning strategies and, when possible, decision-making.

- 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. Similarly, prepare elected officials for the process and encourage them to show support.

Use multiple methods of outreach.

Implementing strategies that utilize a variety of outreach methods will increase the numbers of individuals who learn about and ultimate participate in local CPP processes. Multiple communications methods, outreach locations, and targeting various populations should be considered when developing outreach strategies that recruit a large diversity of CPP stakeholders.

Evaluation findings suggest that outreach is most effective when counties conduct multiple outreach methods concurrently and include strategies to reach a broad audience (e.g., mailings, media, and social media) as well as strategies with a "personal touch" that use existing relationships with the mental health community (e.g., CPP staff visiting a wellness center or recovery event to invite participation). Evaluation findings also suggest that there is a need to reinvigorate the stakeholder community and support those that have not yet participated in CPP activities alongside stakeholders who do regularly participate. Summit participants were in agreement that this practice would likely increase the diversity of stakeholders and result in a more robust planning process. Summit participants also discussed the resources required to engage in extensive outreach efforts.

Practical Applications:

- 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. Large gatherings are not necessarily useful for strategy development; strategies are best developed by representative committees.
- Consider ways in which technologies can increase meaningful participation, and especially participation by historically disenfranchised communities. For example, develop a project website. 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.

Technical Assistance:

- A "CPP Toolkit" could include sample outreach and communications materials that counties could adapt for their local communities, orientation materials for new stakeholders, and a checklist that county staff could use when scheduling and designing CPP events.

Dedicate efforts to increase accessibility.

Make reasonable accommodations for those with SED/SMI, limited English proficiency, and/or socio-economic disadvantage. Arrange logistics and prepare events to allow easier access to safe environments throughout the CPP processes.

Evaluation findings suggest that childcare and transportation are key barriers to participation, along with inconvenient meeting times, and a reliance on statistics and technical jargon during meetings. Specifically, providing childcare to encourage stakeholder participation correlated with stakeholders feeling that CPP meetings were more effective and safe and that their opinions and culture were respected, as well as increasing their trust in the public mental health system. Summit participants agreed that efforts to increase accessibility would likely result in a more inclusive CPP process but again expressed concern for the time and resources needed to support accessibility.

Practical Applications:

- 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.
- 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. Large gatherings are not necessarily useful for strategy development; strategies are best developed by representative committees.
- Consider ways in which technologies can increase meaningful participation, and especially participation by historically disenfranchised communities. For example, develop a project website. 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.
- 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, decision-making.
- 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. Similarly, prepare elected officials for the process and encourage them to show support.

- 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.

Share responsibility and accountability.

Counties and communities both share responsibility and accountability in improving the planning and services of public mental health systems. Counties are accountable to their functions as a planners and administrators of mental health services aligned with MHSA values and principles. Communities are accountable to understanding and voicing their own collective stakeholder needs to the counties. Both counties and communities are responsible for recognizing the roles of counties and communities in the public mental health system and stepping up to contribute to the continuous improvement of their counties' public mental health services.

This principle was developed immediately following the Summit and responds to participant feedback about the principles of:

- Be prepared to share power and release control.
- Emphasize the CPP process as a local planning process driven by the community for the community.
- Maintain a high level of engagement and regard for stakeholder participation and input throughout the CPP process.

The abovementioned three principles emphasize the importance of all parties involved in CPP processes in recognizing where they stand in the process and to operate with awareness of where the other parties come from philosophically. County mental health departments naturally have the power to make decisions regarding their public mental health services. However, in order for counties' public mental health services to be of maximal utility and competence for its consumers, counties need to recognize and conduct their CPP processes in ways that are routed in the local nature of counties' services and the stakeholders that they serve. On the other hand, stakeholders representing those persons receiving public mental health services, and/or those affiliated with the consumers or providers, have a wealth of information about how counties' public mental health services can be of most utility to its consumers. Therefore, stakeholders have the obligation to make sure their opinions are contributed to CPP processes; otherwise, that valuable information is withheld from counties and cannot be incorporated into their future MHSA services planning and programming. In summary, counties and stakeholders need to share their respective power and expertise during CPP processes, as well as be continually engaged and highly respectful of what each other bring to the table.

Evaluation findings and summit feedback suggest that stakeholders and counties have different perspectives on which CPP activities are effective, what the barriers are, and what would encourage meaningful participation. The evaluation findings and discussion during the Summit suggest that CPP processes will be most effective when counties and stakeholders can work together to create an MHSA plan that responds to the needs of the community, and that each party brings a unique set of experiences and perspectives to the process.

During the Summit, participants discussed the differences of control and authority versus empowerment and responsibility as well as the tension between counties' responsibility to conduct the CPP process and stakeholders' responsibility to constructively participate. This principle identifies that both counties and stakeholders share responsibility for and accountability to the CPP process, and that the CPP process is intended to respond to the needs of all of the underserved and un-served communities within the county, and not any one perspective or interest.

Practical Applications:

- Identify and describe the needs of all un-served and underserved groups within the county at the beginning of each CPP process. Provide guidance and reminders to all CPP participants, regardless of affiliation, that the CPP process and resulting MHSA plan must account for the needs of each of these groups, to the extent possible.
- As described previously, provide information about roles and responsibilities of all CPP participants, including facilitators and county staff, during the CPP process.
- Provide agendas, materials, and notes to CPP participants to support each participant in being prepared to thoughtfully participate.
- Use data, in addition to anecdotal evidence, to support decision-making processes and CPP discussions. This could include data from the mental health system as well as data collected through the needs assessment phase of the CPP process.

Technical Assistance:

- A "CPP Toolkit" could include discussion guidelines as well as roles and responsibilities for CPP participants. It could also include sample agendas and CPP and MHSA materials for adaptation within each community.
- Stakeholder training could include support to acknowledge and appreciate the critical role of counties and stakeholders within the CPP process, the statutory requirements of counties for CPP and to meaningfully include stakeholders, as well as skill-building to support collaborative decision-making processes.

Plan for the long-haul.

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.

This CPP practice is derived from this project's literature review of other community planning processes. The specific principles from other community planning process frameworks are listed below along with the associated framework or source.

Plan for the long-haul[6]	
Other Community Planning Principle	Source of Principle
Expect to engage and then reengage throughout the life of the project, as communities are dynamic and behavior change is not linear	Active Community Engagement Continuum
Promote long-term commitment by all participants (recognize that policy changes take a long time and commit to staying involved for the long-haul)	Community Based Participatory Research
Long term commitment	Community Engagement
Planning efforts must maintain momentum	Neighborhood Planning
Early and consistent involvement	Neighborhood Planning
Process should allow for sustained involvement by stakeholders	Public Engagement in Education
Enough time to make informed decisions; more than one meeting	Public Engagement in Education
Reconvene stakeholders	Public Engagement in Education
Community will be involved early in the process	Public Engagement in Education

Summit participants were in agreement with the importance of this principle and discussed how planning for the long-haul would promote sustainability of and investment in the CPP process. However, participants also identified the turnover in county and stakeholder representatives as well as the changing political landscape in which local CPP processes exist as potential challenges.

Practical Applications:

- 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. 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.
- 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.
- 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.
- 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.
- 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

[6] Deliverable 4: Report of Other Public Community Planning Processes

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.

- 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.

Technical Assistance and Training:

- A "CPP Toolkit" could include sample materials that counties could adopt for MHSA community kick-off meetings and for community education about the CPP process. It could also include communications templates that offer sample newsletters, email announcements, and other communications so that successes and updates could be easily shared.
- Stakeholder training could include the history and process of social change and support stakeholders to develop a long-term vision and commitment for their CPP participation.

Limitations, Next Steps & Conclusion

Limitations

The organization and implementation of the promising practices summit encountered a few notable limitations. These limitations did not inhibit summit attendees' abilities to meaningfully participate in the summit, nor did they hamper attendees' preparations for the summit. However, it is important to highlight these limitations in order to provide additional context for the feedback received from the summit and the resulting promising principles proposed in this report. The limitations of note were:

- Data challenges informing the evaluation and its findings
- Availability of full evaluation report prior to the summit
- Discrepancies between Individual Experiences and Totality of Experiences Statewide

Data Challenges Informing the Evaluation Findings

The evaluation preceding the promising practices summit came with its own set of limitations. A host of personnel contributed to the evaluation. The Regional Partners and the CSP served as the data collectors, while RDA developed the data collection instruments, created and maintained the online data reporting system, provided technical assistance to the Regional Partners and the CSP in their data collection and reporting efforts, and conducted the analyses of all of the data for this project's evaluation. The sources of data were numerous county mental health directors, MHSA Annual Update reports, and individual stakeholders from across the state. With so many parties providing data, limitations to the evaluation were inadvertently introduced into the quantity and quality of data presented to the evaluation team. There were no standard methods by which counties recorded or reported CPP participation, activities, and other CPP-related data, other than what was required under the MHSA. This led to some inconsistencies in what data counties had available and what data collectors were able to report during the data collection process. Additionally, the evaluation was designed as a retrospective study and requested that informants and stakeholders remember activities and perceptions completed in a previous time period.

See "*Deliverable 5: Summary Report of Results from Data Analysis and Evaluation*" for a detailed description of the limitations to the evaluation.

Availability of Full Evaluation Report Prior to the Summit

Due to the compressed timeline for RDA to conduct its evaluation and lead the resulting promising practices summit, the full evaluation report encompassing all of the evaluation's findings ("*Deliverable 5: Summary Report of Results from Data Analysis and Evaluation*") was not available for the summit attendees to review prior to the summit. If time had permitted, it would have been preferable to have the parties involved in this evaluation, other than RDA, altogether consider the findings and if they

should and/or could be used to put forth promising CPP practices. Rather, RDA undertook this step and put forward promising CPP principles and practices to the summit participants. In light of this limitation, RDA prepared materials to aid the summit attendees' orientation to the evaluation and its findings. However, these summary materials did not include findings with either the level of specificity or the references to the root data contained in the full evaluation report. The evaluation's specific data, analyses, and findings were discussed in greater depth in "*Deliverable 5: Summary Report of Results from Data Analysis and Evaluation*".

Discrepancies between Individual Experiences and Totality of Experiences Statewide

Each of the summit attendees came to the summit with his/her own unique MHSA CPP experiences and perceptions. The Regional Partners were also privy to the qualitative data that they collected from their respective regions during the evaluation's data collection phase. Until the summit, most attendees' realities regarding MHSA CPP processes revolved around either their own or a smaller group's experiences and perceptions. The summit was most attendees' first opportunity to view the evaluation's findings regarding CPP processes from across the entire State. In particular, the evaluation provided a summary of findings from a statewide perspective, comprising many smaller entities.

Some summit attendees initially struggled with findings that were representative of the entire State, and may not specifically reflect a participant's specific County or regional perspective. Often times, any particular attendee's own unique perspectives and experiences with CPP processes did not appear to be reflected in the evaluation's statewide-focused findings. The tension between what summit attendees experienced and believed to be true about CPP processes and what was seen collectively across California was present throughout the summit.

However, despite this limitation, summit attendees were able to appreciate that their own unique experiences provide perspective to the evaluation's findings and shape their interpretations of the meanings behind the findings. The intersection between attendees' past CPP experiences and beliefs, coupled with the evaluation's statewide findings, provided the space for meaningful interpretations of the information and effective recommendations for which CPP principles and practices to promote across California's future CPP processes.

Given this limitation, it was important for the evaluation team to identify promising CPP principles and practices across the state from the evaluation's data and literature review on other public community planning processes. Summit attendees served to provide reflection and consensus on the promising CPP principles and practices identified by the evaluation team's prior work.

Next Steps

The promising CPP principles and practices discussed at the summit and compiled in this report will serve as the foundation for the Client Stakeholder Project (CSP) to develop a CPP process toolkit and plan for associated training and technical assistance. The CSP will be implementing its CPP toolkit with

stakeholders across the State, and be made available to any stakeholder upon request. The purpose of this CPP toolkit is to inform and train stakeholders on how to improve future CPP processes and best solicit meaningful participation from stakeholders.

RDA will provide ongoing consultation to the CSP as it develops its CPP process toolkit and plan for associated training and technical assistance. RDA's consultation in this phase of the project will be focused on the development and completion of the toolkit and corresponding plan. RDA will work with the CSP to identify the specific facets of the toolkit and technical assistance development process with which the CSP would like guidance. The activities that RDA will provide to the CSP include 1) training on toolkit development; and 2) tools, trainings, and resources necessary to bolster the CSP's capacity to develop the toolkit, conduct trainings, and provide technical assistance to counties throughout the State.

Conclusion

The promising CPP principles and practices identified in this report are the culmination of two major data analysis and reflection efforts. First, the evaluation was comprised of an intensive data collection project that yielded an immense volume of data from counties and stakeholders regarding CPP processes. RDA's evaluation team analyzed all of the information collected across the State and proposed a set of community program planning principles derived from the literature and data-informed CPP practices that the evaluation suggested may be effective in soliciting meaningful CPP participation from stakeholders all over California. Next, these promising principles and practices were presented to and critically discussed by a group of CPP process experts at a summit held by RDA. Summit attendees provided concrete feedback that they believed all of the principles and practices put forth by the evaluation were important to emphasize in future CPP processes. With the information obtained from the summit, RDA condensed the full lists of principles and practices into the findings of this report.

It is the full intention of RDA's evaluation team and the representatives who participated in the summit that the prioritized CPP principles and practices described in this report will be valuable to future CPP processes. The evaluation team is invested in the continued impact of CPP processes in service of the MHSA.

Appendices

Appendix 1: Promising Practices Summit Agendas

Day 1 – Thursday, June 26, 2014

Date: Thursday, June 26, 2014

Time: 1:00pm – 5:00pm

Location: 1325 J Street, Suite 1700; Sacramento, CA 95814

Time	Activity
1:00- 1:30	Welcome and Introductions
1:30- 2:00	Background & Overview of CPP Evaluation
2:00- 2:15	Review Evaluation Findings- Inputs
2:15- 3:00	Review Evaluation Findings- Outreach
3:00- 3:15	***BREAK***
3:15- 4:00	Review Evaluation Findings- Participant Input
4:00- 4:15	Review Evaluation Findings- Training
4:15- 4:45	Review Evaluation Findings- Impacts
4:45-5:00	Summary and Closing

Day 2 – Friday, June 27, 2014

Date: Friday, June 27, 2014

Time: 9:00am – 5:00pm

Location: 1325 J Street, Suite 1700; Sacramento, CA 95814

Time	Activity
9:00-9:30	Welcome and Introductions
9:30- 10:30	Background & Overview of CPP Evaluation and Findings
10:30-10:45	***BREAK***
10:45-12:00	Review of Public Community Planning Principles • Presentation • Small Group Activity
12:00-1:00	***LUNCH***
1:00- 1:45	Public Community Planning Principles • Consensus Building • Selection of Practices
1:45- 3:00	CPP Data-Informed Practices • Presentation • Small Group Activity
3:00- 3:15	***BREAK***
3:15- 4:00	CPP Data-Informed Practices • Consensus Building • Selection of Practices
4:00- 4:30	Reflection Question • Were there any principles that were surprising? • Were there any principles that you expected to see reflected in the data that should be considered further?
4:30-5:00	Summary, Next Steps, and Closing

Appendix 2: Day 1 Slide Presentation

See attached PDF document.

Appendix 3: Day 2 Slide Presentation

See attached PDF document.

Appendix 4: Eight Principles from the Public Community Planning Literature

1. **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.
2. **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.
3. **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.
4. **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.
5. **Build capacity**: Develop individual and organizational knowledge and capacity through co-education and dialogue, and opportunities to participate in research, deliberation and decision making.
6. **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.
7. **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.
8. **Plan for the long-haul:** 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.

Appendix 5: Worksheet: Public Community Planning Principles

See attached PDF document.

Appendix 6: MHSA Community Program Planning Data-Informed Practices

1. **Use the MHSA principles as a foundation to develop and conduct all CPP activities.** Incorporate activities that are collaborative, integrated, culturally competent, client and family driven, and wellness, recovery, and resiliency oriented to help increase stakeholder satisfaction and improve their perception of wellbeing as a result of CPP participation.
2. **Establish flexibility with CPP staffing** to allow more FTEs to be allotted for periods with a high volume of CPP activities. Leverage existing resources in the community to support CPP activities, reduce cost of logistics, and increase community presence and collaboration.
3. **Use multiple methods of outreach** to reach a broader audience and build trust in the public mental health system. Such practices could widen the stakeholder participant pool and raise community awareness of the public mental health system.
4. **Emphasize the CPP process as a local planning process driven by the community for the community.** Being explicit about community involvement in program planning could help increase community collaboration, build stakeholder buy-in, and improve stakeholders' perception of contribution.
5. **Maintain a high level of engagement and regard for stakeholder participation and input throughout the CPP process**. Include stakeholders in all CPP activities from start to finish and conduct these activities with adherence to the MHSA principles to help sustain trust over time and improve stakeholders' perception of contribution.
6. **Train stakeholders to meaningfully participate in CPP activities.** Ensuring that stakeholders have an adequate understanding of county services, functions, and decision-making process will increase the quality of stakeholder input and their perception of feeling heard.
7. **Make the purpose, expectations, and impacts of stakeholder participation explicit.** Communicate how stakeholder input is or will be used to increase stakeholders' perception of contribution and increase their trust in the public mental health system.
8. **Dedicate efforts to increase accessibility** by making reasonable accommodations for those with SED/SMI, limited English proficiency, and/or socio-economic disadvantage. Arrange logistics and prepare events to allow easier access to safe environments throughout the CPP processes. This will increase alignment with the MHSA principles, improve stakeholder representation and their perceptions of contribution, and build stakeholder trust in the public mental health system.
9. **Plan and prepare for each CPP activity in advance** to ensure that meetings are well organized and conducted in a language that stakeholders speak/understand, and that facilitators are well prepared to lead activities and are respectful of stakeholders' cultures. Accounting for these could increase stakeholder trust in the public mental health system and garner substantive stakeholder feedback for program planning.

Appendix 7: Worksheet: CPP Data-Informed Practices

See attached PDF document.

Appendix 8: Post-Summit Set of Promising CPP Principles and Practices

Community Program Planning Promising Practices

1. **Use the MHSA principles as a foundation to develop and conduct all CPP activities.** Incorporate activities that are collaborative; integrated; culturally competent; client and family driven; and wellness, recovery, and resiliency oriented. One way to accomplish this is to:
    - **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.
2. **Leverage existing resources**: Recognize and utilize the resources within the community to support CPP activities, reduce cost of logistics, and increase community presence and collaboration. Establish flexibility with CPP staffing to allow more full time employees (FTEs) to be allotted for periods with a high volume of CPP activities.
3. **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. One way to accomplish this is to:
    - **Plan and prepare for each CPP activity in advance** to ensure that meetings are well organized and conducted in a language that stakeholders speak/understand, and that facilitators are well prepared to lead activities and are respectful of stakeholders' cultures.
4. **Develop partnerships:** Establish collaborative relationships with all sectors of the community by respecting diversity, encouraging dialogue, seeking points of agreement, and valuing and utilizing local knowledge, strengths and expertise. Seek commitment. Time and space for face-to-face interaction and deliberation is essential.
5. **Be transparent**: Model clear, open, and consistent communication. Be accountable and transparent throughout the planning process. Be direct about roles, responsibilities, and the degree of decision-making authority participants can expect throughout the process. One way to accomplish this is to:
    - **Make the purpose, expectations, and impacts of stakeholder participation explicit.** Communicate how stakeholder input will be used.
6. **Build capacity**: Develop individual and organizational knowledge and capacity through co-education, dialogue, and opportunities to participate in research, deliberation and decision making. One way to accomplish this is to:
    - **Train stakeholders to meaningfully participate in CPP activities.** Ensure that stakeholders have an adequate understanding of county services, functions, and the decision-making process.
7. **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. Two ways to accomplish this is to:

- **Use multiple methods of outreach** to reach a broader audience and build trust in the public mental health system.
- **Dedicate efforts to increase accessibility** by making reasonable accommodations for those with SED/SMI, limited English proficiency, and/or socio-economic disadvantage. Arrange logistics and prepare events to allow easier access to safe environments throughout the CPP processes.

8. **Share responsibility and accountability**: Counties and communities should share responsibility and accountability for improving the planning and services of public mental health systems. Counties are accountable to their function as planners and administrators of mental health services in line with MHSA values and principles. Communities are accountable for understanding and voicing their own collective stakeholder needs to the counties. Both counties and communities are responsible for stepping up to contribute to the continued improvement of their counties' public mental health services.
9. **Plan for the long-haul:** Prepare stakeholders for ongoing and long-term committed participation. Recognize that social transformation takes time and may not follow a linear path, develop strategies for maintaining momentum, and engage and reengage over the years and throughout the planning and implementation process.

Appendix 9: Report Feedback from Summit Participants

Feedback Comment	Response
Page 2, I suggest changing the last sentence "to promote meaningful participation" versus "to increase..." By saying "to increase..." implies (to me) that it is not currently happening effectively. Page 5, same comment as #1 above: I suggest changing the last sentence "to promote meaningful participation" versus "to increase..." By saying "to increase..." implies (to me) that it is not currently happening effectively.	Changed.
The document frequently refers to the necessity to improve community program planning processes but the document does not contain a baseline or outline exactly what needs to improve. Broad statements indicating that counties' CPP processes have room for improvement could be taken out of context. Rewording in ways such as " to promote participation" or "build on the strengths of the existing CPP process" may be more accurate and better received. Overall, I think utilization of strength based language that refrains from focusing on deficits may be more reflective of and align with MHSA guiding principles.	Changed throughout document, where appropriate. One of the explicit evaluation purposes is to support quality improvement of CPP processes. This language was not changed when it was referring specifically to contract language.
Page 3, #2, please add "as funding and capacity allows" to both statements. This is a great goal, but not always possible if the staffing (or funding to hire or contract additional staffing) just doesn't exist--as is the case in many small counties.	This is a valid point. Added discussion about the capacity and resource issues related to implementation of promising practices.
Also, on Page 3, #8 is written MUCH better. THANK YOU!!!	No response.
When considering how to describe the summit, the report could note the challenges of gathering large, broad, diverse groups of stakeholders as not all the target populations in MHSA regulations may have been represented.	This is discussed in the limitations section.

Feedback Comment	**Response**
However, the purpose of this report is to assist communities by providing practical tools that will help counties and the stakeholder group represent as many stakeholder groups as possible.	
Page 18, please change "counties do not believe they have enough staffing" to "counties may not have enough staffing." They way it's currently written ("counties do not believe") seems to suggest that this may not be true when it is very much a reality, particularly for small counties that often have just one person doing the equivalent of 4 or 5 people's jobs in a larger county.	Changed to, "Almost half of counties reported during the evaluation that they do not have adequate resources to conduct CPP processes." This is an accurate representation of the CPP evaluation results.
the document refers to a "CPP Tool-Kit" throughout, which is GREAT, THANK YOU!!! However, on page 34, the entire Next Steps Section reverts to the term "curriculum." "Tool-Kit" seems to be a much more appropriate and accurate term. Please change to this term in this section as well. I noticed the change in referencing the deliverable to "Toolkit" (thank you) but wonder if it is possible for the running header of the document to reflect that same change so it reads "MHSOAC: MHSA CPP Evaluation and Toolkit Development".	Changed to Toolkit throughout.
on page 18 under Practical Applications bullet 2, I recall the conversation including not only having events where participants already are, but also having events with flexible times and days, not just Monday through Friday 8-5.	The bullet referred to is regarding practical applications for leveraging resources. Principle #7 "be inclusive" includes information about flexible and varied meeting times and locations.
As an overall recommendation, is it possible to include some of the summarized data that was presented at the Summit in the report so that it provides some context and foundation for the content.	This is included as an appendix of the report.

Feedback Comment	**Response**
Number 4: Include language that recognizes that partnerships and relationships are developed and maintained over time.	Changed.
Number 6: Develop individual and organizational knowledge and capacity through co-education, dialogue, and opportunities to participate in *informed* deliberation and…	Changed.
5th sentence: Recognize the rights of clients but also the needs of service providers *and other stakeholders*.	Changed.
Page #8 2nd paragraph: the language of the last sentence in the paragraph seem stigmatizing. Recommend to remove that sentence (begins as …W*hile some stakeholders*…)	Removed.
CPP Quality Improvement Section: There is some concern that the language in this section inadvertently reflects an "us vs. them" paradigm. Suggestions include: • Delete first sentence in the first paragraph. • Last sentence in first paragraph: "Stakeholder feedback in MHSA planning efforts is required and *governed by regulation* and is an …" • Second paragraph, second sentence: "Promising CPP practices are those specific CPP practices that can be highlighted as *opportunities to build on the strengths of the counties existing CPP processes."*	• Changed as suggested. • Changed as suggested. • Changed to, "Promising CPP practices are those specific CPP practices that can be highlighted as useful and effective and have the potential to lead to positive outcomes."
#1: it is unclear to me why "focus on strengths and weaknesses" is a sub-bullet here. It really seems like its own thing, and it also is very similar to #4 about building partnerships within counties.	The bullet reads, "focus on strengths and aspirations."
#3: "Be strategic" seems like an inappropriate title for this. It is all about planning and preparation (which is not the same as being	Being strategic in this principle is about developing a vision, considering the context, and having purposeful activities that support the

Feedback Comment	**Response**
strategic). Being strategic in general is a vague term that could mean anything (i.e., this entire list includes all different aspects of "being strategic" – it just doesn't seem useful to pick one thing (i.e., planning/preparation) and call it being strategic.	intended outcomes and vision. Planning and preparation is one way to accomplish this.
**In general for the promising practices list: I found the list vague and overly inclusive. Basically every single possible thing that we talked about is included, even all the redundant language. It would be useful to make this list half as long and be very concise and non-repetitive. Just removing all the repetition of wording within each practice would make the list half as long. It is not really a concise list of practices as it is currently written.	Discussed with the OAC and CSP. Decision to err on the side of inclusivity.
Pg. 6 (the "CPP areas"): These are such odd names – would it be possible to label these things more descriptively? For example, "inputs" is basically resources right? Also, isn't "training" one specific type of "participant input"? It certainly is based on the definitions you provide. It was confusing to me to have some of the things on this list be subcomponents of other things on the list. Finally "MH system impacts" and "perceptions of broader community impacts" are basically the exact same thing except one is the impact of CPP on stakeholder participation and the other is the impact of CPP on the community. Is that right? having more appropriate titles that reflect this similarity would make this clearer.	These are the names from the evaluation and logic model. Given that this is one report of 7 for the overall project, a name change might provide more clarity in this report but create confusion across project deliverables.
Pg. 14: When you describe the 9 promising data-informed CPP practices, you really should be	RDA did include specific results of the evaluation with the respective practices set forth at the summit, which is discussed in the methods. The handouts from the summit are attached to this

Feedback Comment	**Response**
explicit about the fact that you not only provided these practices to the summit participants, but you also provided the (positive) results from your evaluation which "gave away" the strengths of the practices. Several of us mentioned this is in the discussion and agreed that it was odd to come up with "strengths" when they were already so clearly provided for us. It clearly impacted the data you collected at the summit as well as the group discussion at the summit, so perhaps mention this here (or in limitations?).	report.
On page 27, in the paragraph that says "Uphold the"…it says "when possible" regarding decision making, this is not part of the MHSA. MHSA doesn't give a caveat of "when possible"	The "when possible" is to acknowledge that the responsibility and decision-making authority outlined in the legislation is given to counties as the body that approves MHSA plans, allocations, and spending and that not all decisions can be made in a stakeholder process.
Training recommendations for counties seems out of scope for CSP, since the focus is primarily client stakeholders.	Yes. Suggestions outside of the CSP's scope are intended to provide ideas for future efforts.

Appendix 10: Final Set of Promising CPP Principles and Practices

Community Program Planning Promising Practices

1. **Use the MHSA principles as a foundation to develop and conduct all CPP activities.** Incorporate activities that are collaborative; integrated; culturally competent; client and family driven; and wellness, recovery, and resiliency oriented. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
2. **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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
3. **Leverage existing resources.** Recognize and utilize the resources within the community to support CPP activities, reduce cost of logistics, and increase community presence and collaboration. Establish flexibility with CPP staffing to allow more full time employees (FTEs) to be allotted for periods with a high volume of CPP activities. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
4. **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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
5. **Plan and prepare for each CPP activity in advance** to ensure that meetings are well organized and conducted in a language that stakeholders speak/understand, and that facilitators are well prepared to lead activities and are respectful of stakeholders' cultures. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
6. **Develop partnerships.** Establish collaborative relationships with all sectors of the community by respecting diversity, encouraging dialogue, seeking points of agreement, and valuing and utilizing local knowledge, strengths and expertise. Seek commitment, and recognize that partnerships are developed and maintained over time. Time and space for face-to-face interaction and deliberation is essential. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
7. **Be transparent.** Model clear, open, and consistent communication. Be direct about roles, responsibilities, and the degree of decision-making authority participants can expect throughout the process. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
8. **Make the purpose, expectations, and impacts of stakeholder participation explicit.** Communicate how stakeholder input will be used. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
9. **Build capacity.** Develop individual and organizational knowledge and capacity through co-education, dialogue, and opportunities to participate in research and informed deliberation and decision making. *[Deliverable 4 – Report on Other Public Community Planning Processes]*

10. **Train stakeholders to meaningfully participate in CPP activities.** Ensure that stakeholders have an adequate understanding of county services, functions, and the decision-making process. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
11. **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 and other stakeholders. 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. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
12. **Use multiple methods of outreach.** Developing reaches to broader audiences well help to build trust in the public mental health system. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
13. **Dedicate efforts to increase accessibility** by making reasonable accommodations for those with SED/SMI, limited English proficiency, and/or socio-economic disadvantage. Arrange logistics and prepare events to allow easier access to safe environments throughout the CPP processes. *[Deliverable 5 – Summary Report of Results from Data Analysis and Evaluation]*
14. **Share responsibility and accountability.** Counties and communities should share responsibility and accountability for improving the planning and services of public mental health systems. Counties are accountable to their function as planners and administrators of mental health services in line with MHSA values and principles. Communities are accountable for understanding and voicing their own collective stakeholder needs to the counties. Both counties and communities share responsibility for contributing to the CPP process and their respective counties' public mental health services. *[Deliverable 4 – Report on Other Public Community Planning Processes]*
15. **Plan for the long-haul.** Prepare stakeholders for ongoing and long-term committed participation. Recognize that social transformation takes time and may not follow a linear path, develop strategies for maintaining momentum, and engage and reengage over the years and throughout the planning and implementation process. *[Deliverable 4 – Report on Other Public Community Planning Processes]*

Mental Health Services
Oversight & Accountability Commission

MHSA COMMUNITY PROGRAM PLANNING PROCESSES EVALUATION – PROMISING PRACTICES SUMMIT

June 26, 2014

Resource Development Associates

Agenda

- Welcome and introductions
- Overview of the CPP evaluation
- Findings- Inputs
- Findings- Outreach
- BREAK
- Findings- Participant Input
- Findings- Training
- Findings- Impacts
- Closing

Introductions

Check-in Activity

Around the room are a number of different pieces of "data" posted on the walls. There is quantitative and qualitative data from the evaluation, text from the legislation, and some other data elements.

Take a moment to look at the various data available and go stand by the piece of data that you are most drawn to.

Check-in Activity Part 2

- Please share:
  - Your name
  - Role in the evaluation and/or affiliation
  - One sentence about why you felt drawn to the data you're standing next to.

Overview of the CPP Evaluation

Introduction

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with Resource Development Associates (RDA) to conduct an evaluation of Community Program Planning processes across the state.

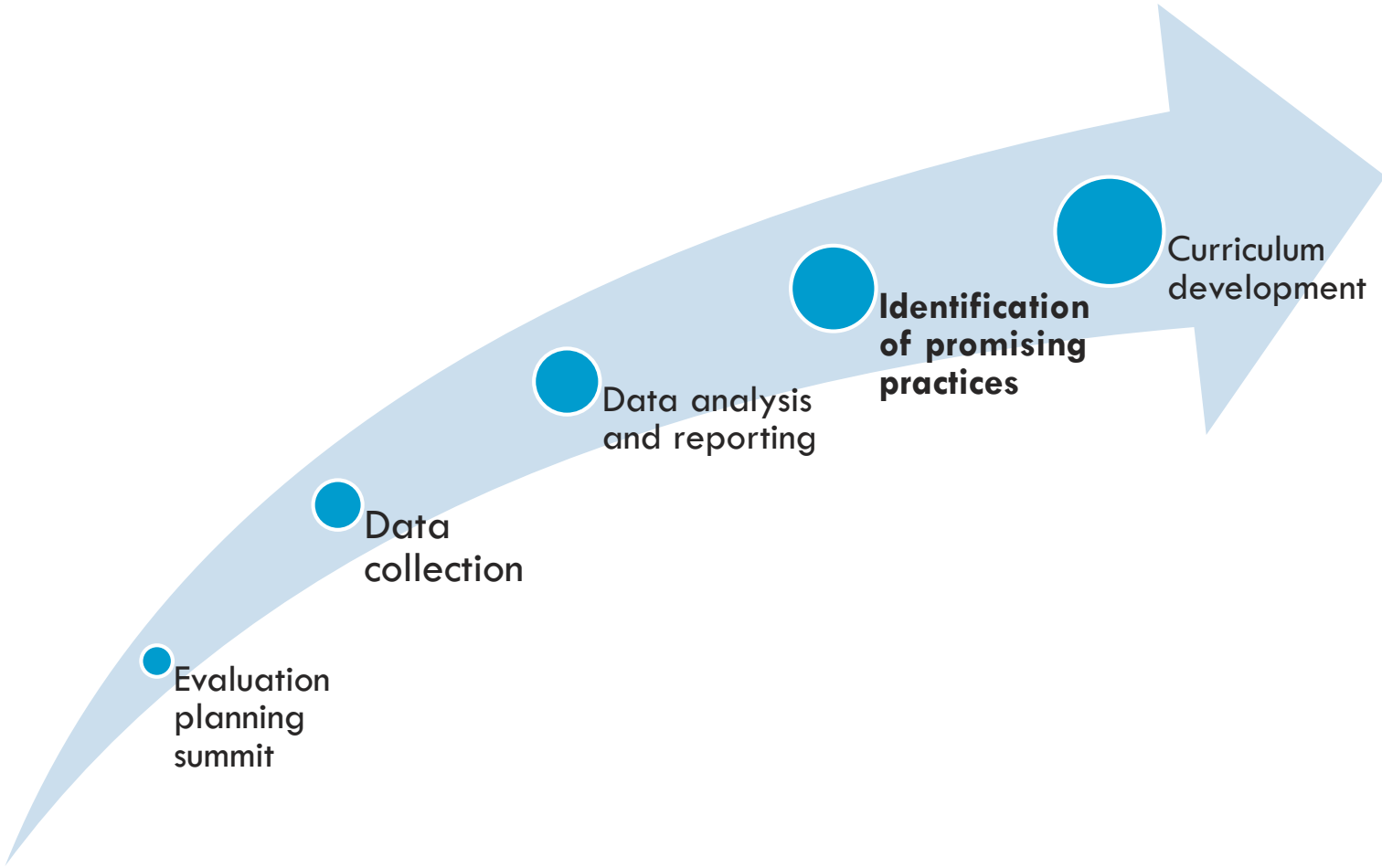
- The MHSA CPP Evaluation is a participatory research project to measure the impact and effectiveness of CPP processes implemented throughout the state.

- The evaluation is a collaborative partnership between RDA and the Client Stakeholder Project.

Purpose of the Evaluation

- The evaluation uses a participatory research process to:
  - Evaluate the impact and effectiveness of CPP processes for quality improvement purposes, and
  - To identify promising practices.
- Specifically, the evaluation aims to:
  - Provide a picture of CPP processes used across the state,
  - Identify strategies to which stakeholders react most positively, and
  - Identify promising CPP practices that could be replicated in future CPP processes.

Evaluation Timeline and Progress



Reflection Question

When you think back to all of the work we've all invested in this evaluation:

What is one thing you've learned along the way?

What is one thing you're proud of?

Methods

Descriptive and Outcome Evaluation

- The **Descriptive Evaluation** focused on developing a picture of CPP processes across the state and identifying those activities to which stakeholder responded positively.
- The **Outcome Evaluation** investigated processes and practices that may be correlated with outcomes and impacts.

Mixed Methods Approach

- Mixed methods maximize validity by allowing for the examination of the same phenomenon in different ways.
  - Quantitative data collection instruments were developed to measure how many/how much activity and participation occurred.
  - Qualitative instruments were developed to better understand barriers, facilitators, and differing perspectives on CPP outcomes and impacts.
- Findings from one set of analyses guided analyses in the other data set.

CPP Domains

CPP evaluation items were organized into two categories.

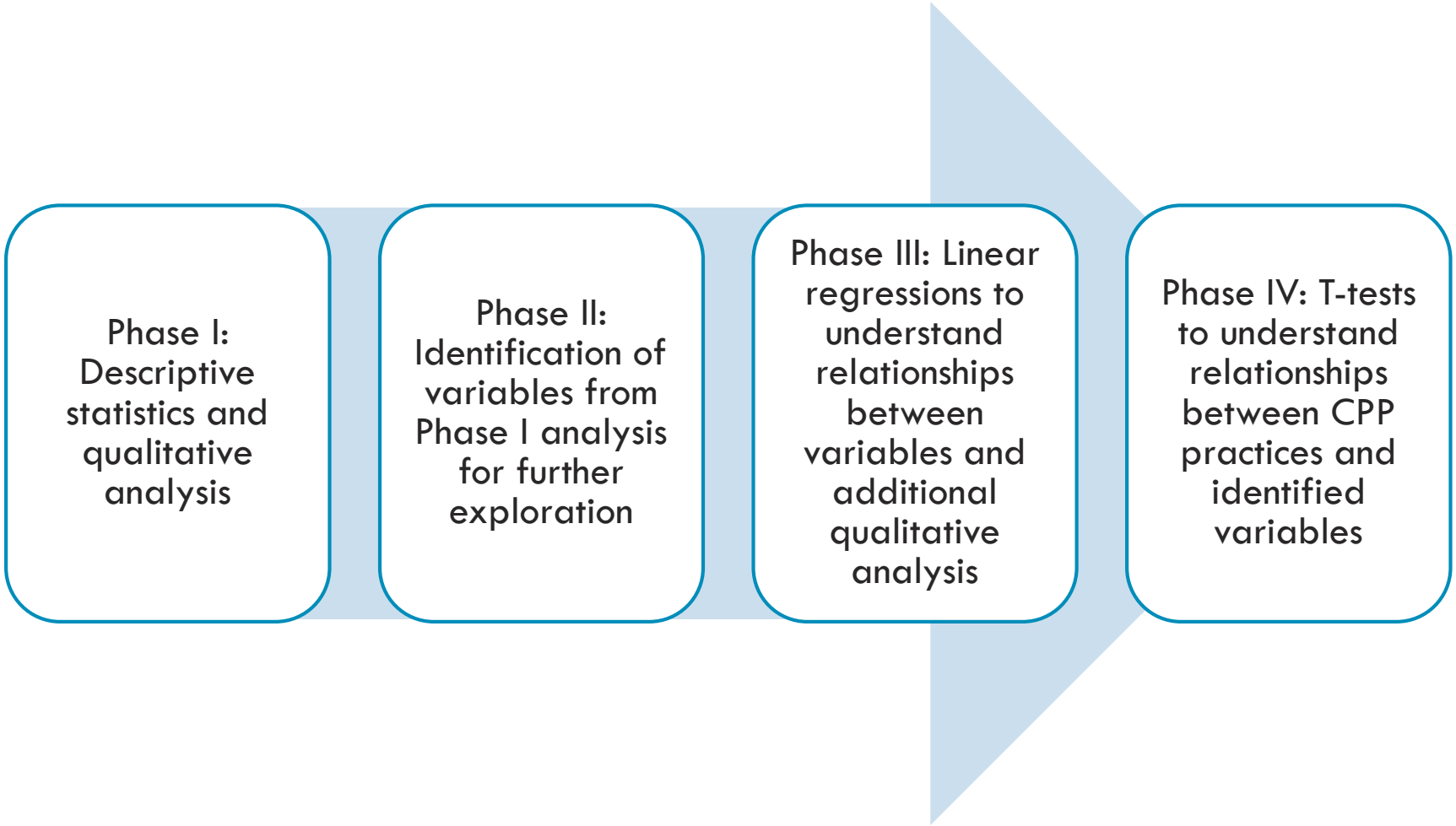
Activities Conducted by County Mental Health Departments

- Input activities
- Outreach activities
- Participant Input activities (one-time & ongoing)
- Training activities
- Evaluation activities

County & Stakeholder Perspectives on Impacts of CPP Processes

- Participant impacts
- Stakeholder perceptions & satisfaction
- Mental health system impacts
- Perceptions of the broader community impacts

Process of Analysis



CPP Variables Considered

Outcome Variables

- CPP meeting effectiveness
- Recovery orientation
- Participation safety
- Participant training
- Respect of participant opinions and culture

Impact Variables

- Satisfaction with the CPP Process
- Participant Well-being
- Trust in the Public Mental Health System
- Impact on the Broader Community

Levels of Analysis

The data was examined statewide, by CMHDA regions, and by county sizes.

CMHDA Regions

- Bay Area
- Central
- Los Angeles
- Southern
- Superior

County Sizes

- Small
  - <200,000 persons
- Medium
  - 200,000-800,000 persons
- Large
  - >800,000 persons

Limitations of Methods

- Limited data from counties
  - Counties' did not provide consistent data or level of detail in their responses.
- Paraphrasing of qualitative data
  - The qualitative data collected may have been paraphrased during data collection and reporting.
- CPP processes vs. service provision
  - A number of responses received were in reference to the provision of public mental health services, rather than CPP activities.
- Time periods of interest
  - Across the state, counties conducted their 2012/13 MHSA CPP activities at varying time periods.
- Limitations of inferential statistical testing
  - There may be CPP practices not identified through the analysis that are related to positive outcomes.

Inputs

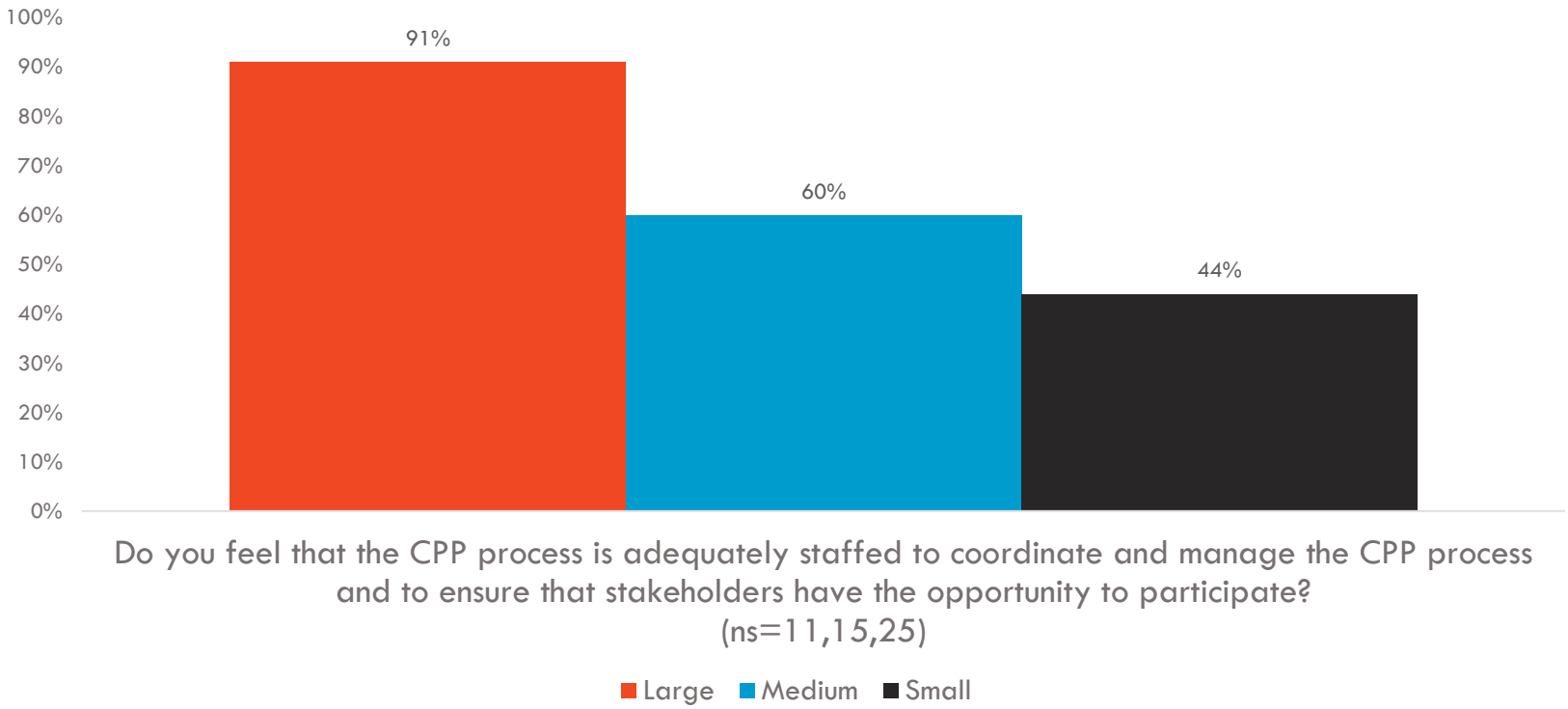
Input items refer to the resources that counties have to conduct CPP processes.

CPP Staffing

- On average, counties designated 1.84 full-time equivalents (FTE) to conduct and/or monitor CPP activities.
- FTE was directly related to county size: the larger the county, the more FTEs were created.
  - **Large counties** designated the most FTEs with an average of 3.58 FTEs.
  - **Small counties** designated the least FTEs with an average of 0.96 FTEs.
- Counties reported that it was important to have staff with multilingual fluency.

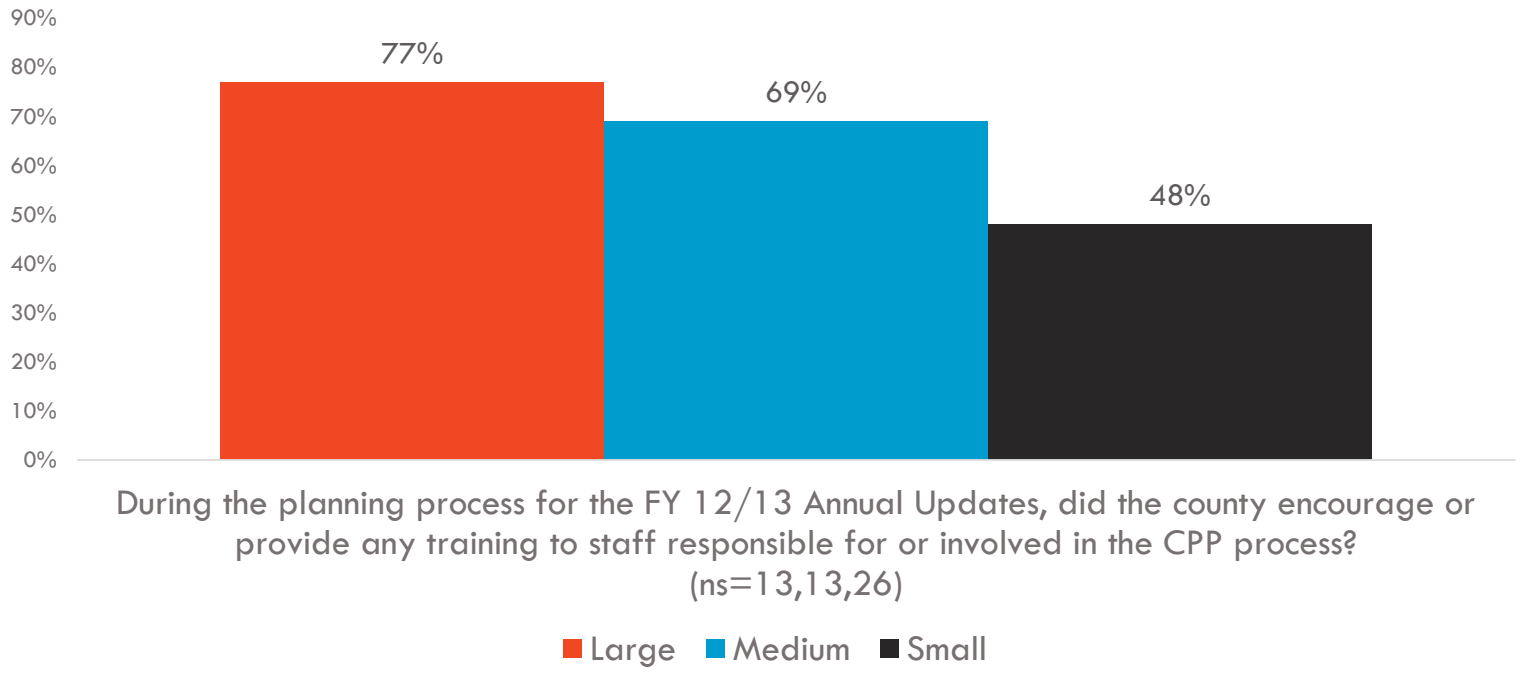
Adequacy of CPP Staffing

- Only 60% of counties said they were able to assign adequate FTEs to CPP activities. This rating differed by county size.



CPP Staff Training

- Whether or not counties provided or encouraged staff training in CPP processes also varied by county size.



Outreach

Outreach items refer to the types of outreach activities that counties conduct, how often they are conducted, and how many stakeholders are reached.

Outreach Activities

- Most counties used a variety of concurrent outreach methods to encourage stakeholder participation in CPP activities.
- Outreach methods varied depending on the CPP activity.
  - For CPP activities such as needs assessments and program strategizing efforts, counties relied more on direct outreach.
  - For CPP activities that sought public comments or participation at public hearings, outreach was more widespread.

Outreach Strategies

- Word-of-mouth and other outreach efforts with a "personal touch" were important.
  - Personal interactions with stakeholders were effective in the Central and Southern regions.
  - Leveraging ongoing non-CPP community activities was effective for recruitment.
  - Less formal activities (e.g., social gatherings) promoted community-building and networking.
- Data seems to indicate that, by going out to the stakeholder communities to encourage CPP participation in settings that were already familiar and comfortable for stakeholders, counties were able to increase their CPP participation and collect more meaningful feedback.

SOURCES: Key Informant Interview, Stakeholder Focus Group

Increasing Participation

- Both stakeholders who participated and those who did not participate in FY 2012-13 CPP activities noted the following incentives to increase participation:
  - Meals at meetings
  - Financial incentives
  - Childcare services

Barriers to CPP Participation

Counties and stakeholders reported different barriers to participation.

- County identified barriers:
  - Stakeholder training
  - Language
  - Stigma
  - Childcare
  - Transportation
- Stakeholder identified barriers:
  - Inconvenient meeting times and locations
  - Heavy reliance on statistics and jargon
  - Transportation

Social Media

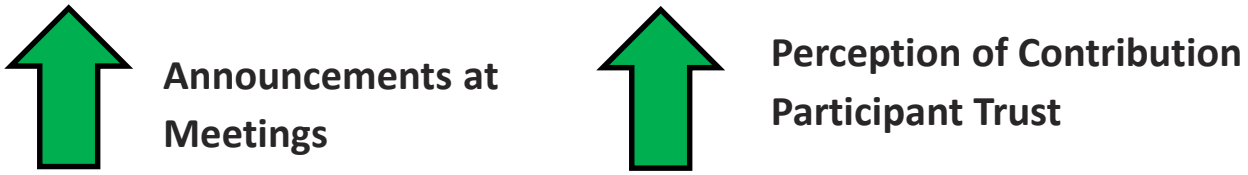
- Using social media to reach stakeholders was linked with stakeholders feeling as though they contributed more, felt safer to participate, had more trust in the public mental health system, and had an increased sense of well-being as a result of participating in the CPP process.

Social Media

Perception of Contribution
Participation Safety
Participant Trust
Perception of Well-Being

Announcements at Meetings

- Using announcements at meetings to outreach to stakeholders was linked with an increase in stakeholder's perceptions of contribution and trust.



Stipends and Other Financial Incentives

- Providing stipends/other financial incentives to encourage stakeholder participation was correlated with stakeholders feeling more satisfied and that the process was more recovery oriented as well as a perception of an increased sense of well-being as a result of CPP participation.

Stipends/Other Financial Incentives

Participant Satisfaction
Recovery Orientation
Perception of Well-Being

Childcare

- Providing childcare to encourage stakeholder participation was correlated stakeholders feeling that CPP meetings were more effective and safe and that their opinions and culture were respected as well as increased their trust in the public mental health system.

Participant Input

Participant Input items refer to how counties ensure that they have meaningful stakeholder participation in their CPP processes.

Building Trust

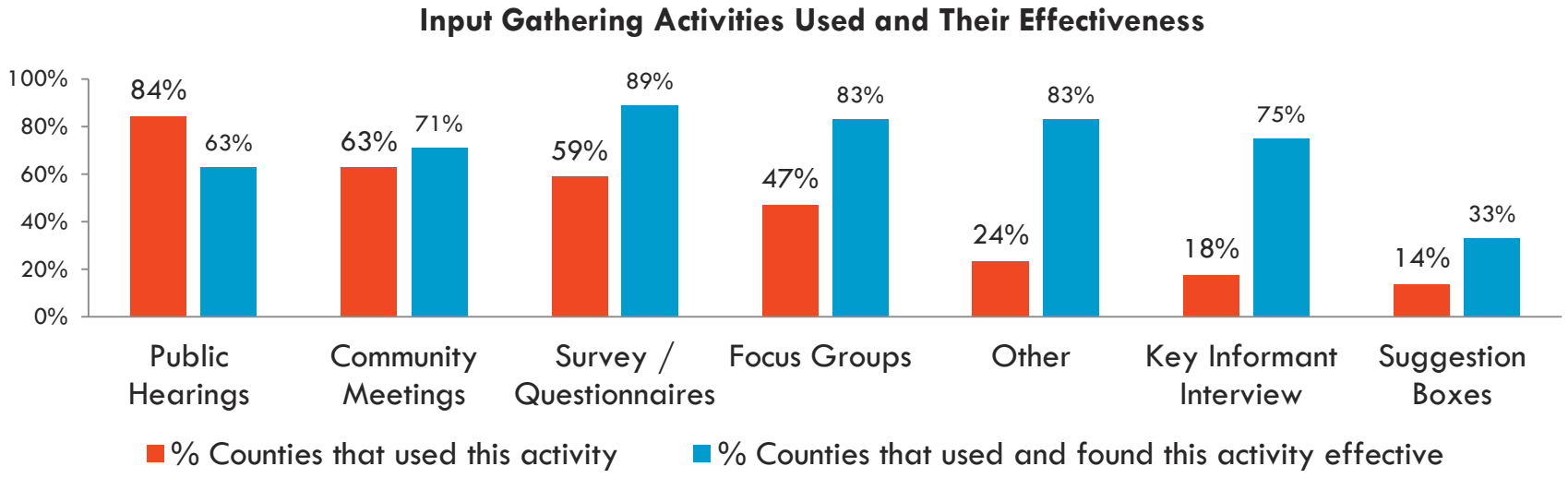
- Building stakeholders' trust in the public mental health system was important for safe participation.
- Important for counties to be open, responsive, and respectful at CPP meetings.
- Many small counties reported struggles with reducing stigma.

- Factors affecting trust:
  - Co-creating meeting goals (Bay Area)
  - Inclusion of stakeholder groups that were not involved previously (Bay Area)
  - Peer-led activities (Central)
  - Community events and retreats (Southern)

SOURCES: Key Informant Interview, Stakeholder Focus Group

Frequency versus Perceived Effectiveness

- The most frequent CPP activities used to gather stakeholder input were perceived to be less effective as some of the activities used less often.



Input Gathering Activities

- Counties engaged in a number of CPP activities to gather participant input.
  - Counties and stakeholders reported town hall/community meetings and focus groups as the most popular needs assessment activities.
  - Surveys/questionnaires were significantly associated with positive perceptions by stakeholders.
  - While counties were less thorough in their outreach and engagement with stakeholders to seek input during the plan finalization, counties also indicated that public hearings were the least effective activity in gathering participant input.

Surveys/Questionnaires

- Using surveys/questionnaires was linked with stakeholders feeling that CPP meetings were more effective and safe and that they contributed more.

Surveys/Questionnaires

CPP Meeting Effectiveness
Perception of Contribution
Participant Safety

Training

Training items refer to the training activities that counties provide to their stakeholders so that they can participate meaningfully in their counties' CPP processes.

Training

- 56% of counties provided some type of CPP participant training.
- 70% of CPP participants felt they had enough training to participate in CPP activities.
- Common training activities:
  - Production and distribution of CPP educational materials
  - Trainings on participation in the local stakeholder planning process

> *"[A] lack of community understanding in how to provide the information needed [is a barrier to participation]."*
>
> – MHSA/CPP Coordinator, Medium Superior County

Training Suggestions

- Possible training modifications include:
  - Limiting the use of jargon
  - Holding CPP activities in languages other than English
  - Providing trainings and materials in advance of CPP activities
  - Utilizing family and peer groups to provide CPP training to stakeholders

SOURCES: Key Informant Interview, Stakeholder Focus Group

External Trainings

- Providing support for external trainings was associated with stakeholders feeling that CPP meetings were more effective.

Support for External Trainings

CPP Meeting Effectiveness

Participant Impacts

Participant Impacts items refer to how counties' CPP processes affect its participants.

Satisfaction

Stakeholders were generally satisfied with CPP participation.

Mediating Factors
CPP meeting effectiveness
Recovery orientation
Participant safety
Perception of contribution
Respect of participant opinions and culture

- Most impactful factor: The more participants felt they were contributing to programming and service delivery design, the more satisfied they were with their participation.

Wellbeing

Stakeholders were in mild agreement that the CPP process improved their sense of well-being.

Mediating Factors
Recovery orientation
Participant safety
Participant training
Perception of contribution

- Bay Area stakeholders had the lowest levels of agreement.
- Los Angeles and Southern stakeholders had the highest levels of agreement.
- Most important factor: The more CPP activities were recovery oriented, the participants believed it had a positive impact on wellbeing.

Trust in the Public Mental Health System

Most stakeholders reported some level of agreement that participating in the CPP process improved their trust in the public mental health system.

Mediating Factors
Participant safety
Participant training
Perception of contribution

- Bay Area stakeholders had the lowest levels of agreement.
- Los Angeles and Southern stakeholders had the highest levels of agreement.
- Most impactful factor: The more participants felt they were contributing to programming and service delivery design, the more their trust grew in the PMHS.

SOURCE: Stakeholder Survey

Mental Health System Impacts

Mental Health System Impacts items refer to how stakeholders' CPP participation affects the public mental health system.

Mental Health System Impacts

- Promotion of MHSA principles in the public mental health system
- Better communication between counties and stakeholders
- Increased support for families
- Stronger voice for consumers and families
- Deeper understanding of the cultural dynamics and mental health needs of cultural and ethnic communities
- Improved collaboration with other disciplines

Broader Community Impacts

Mental Health System Impacts items refer to how stakeholders' CPP participation affects the public mental health system.

Broader Community Impacts

- Shift towards a community-driven approach that emphasizes wellness and recovery
- Stigma reduction around mental health and accessing services
- Improved community perceptions of mental health

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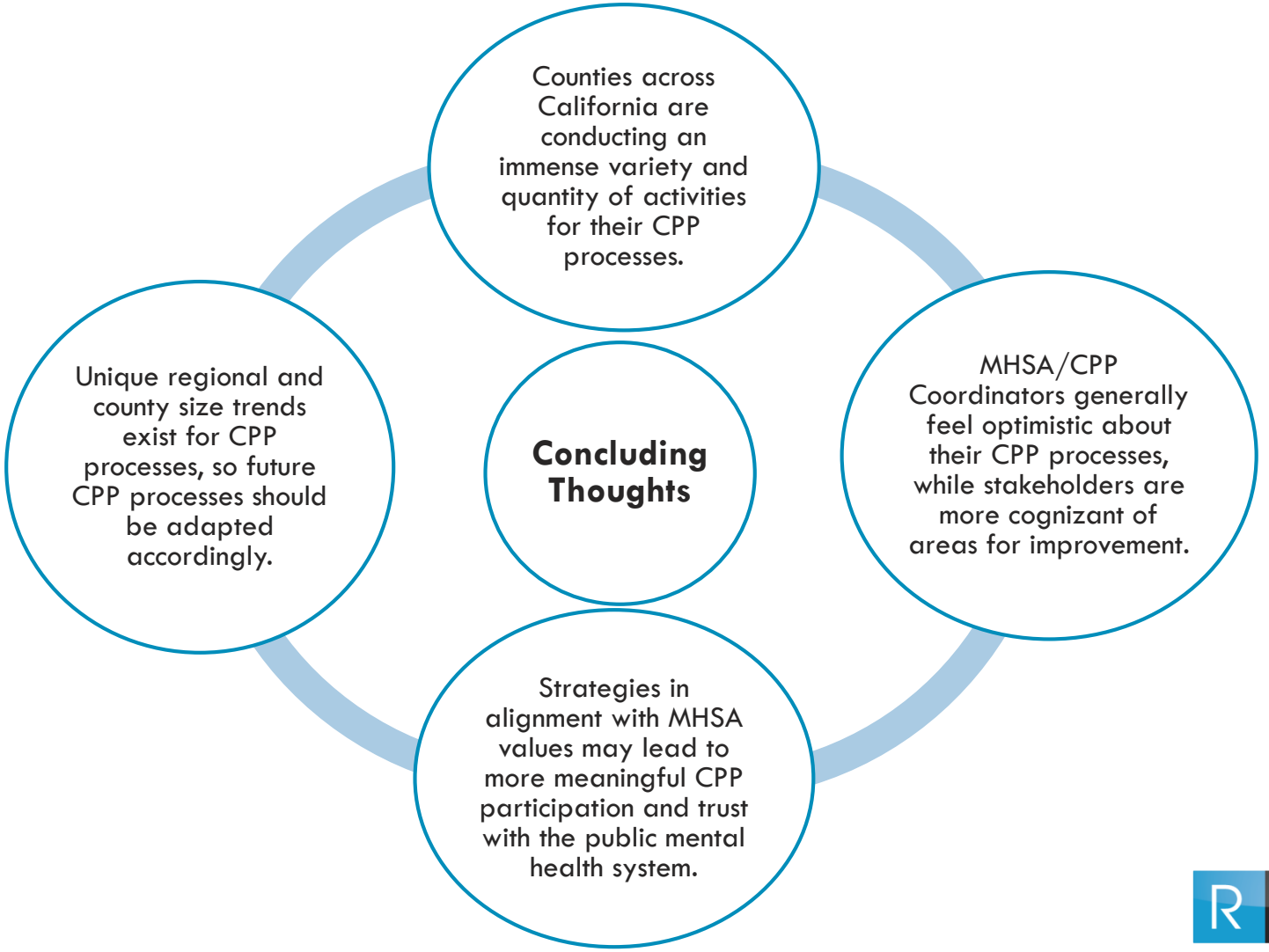
Conclusion

Concluding Thoughts



MHSA COMMUNITY PROGRAM PLANNING PROCESSES EVALUATION – PROMISING PRACTICES SUMMIT

June 27, 2014

Resource Development Associates

Agenda

- Welcome and introductions
- Overview of the CPP evaluation
- Community Planning Principles
- CPP Data-Informed Principles
- Next Steps

Introductions

Check-in Activity

- Please share:
  - Name
  - Affiliation
  - What is one hope you have for the CPP process?

Overview of the CPP Evaluation

Introduction

- The Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with Resource Development Associates (RDA) to conduct an evaluation of Community Program Planning processes across the state.

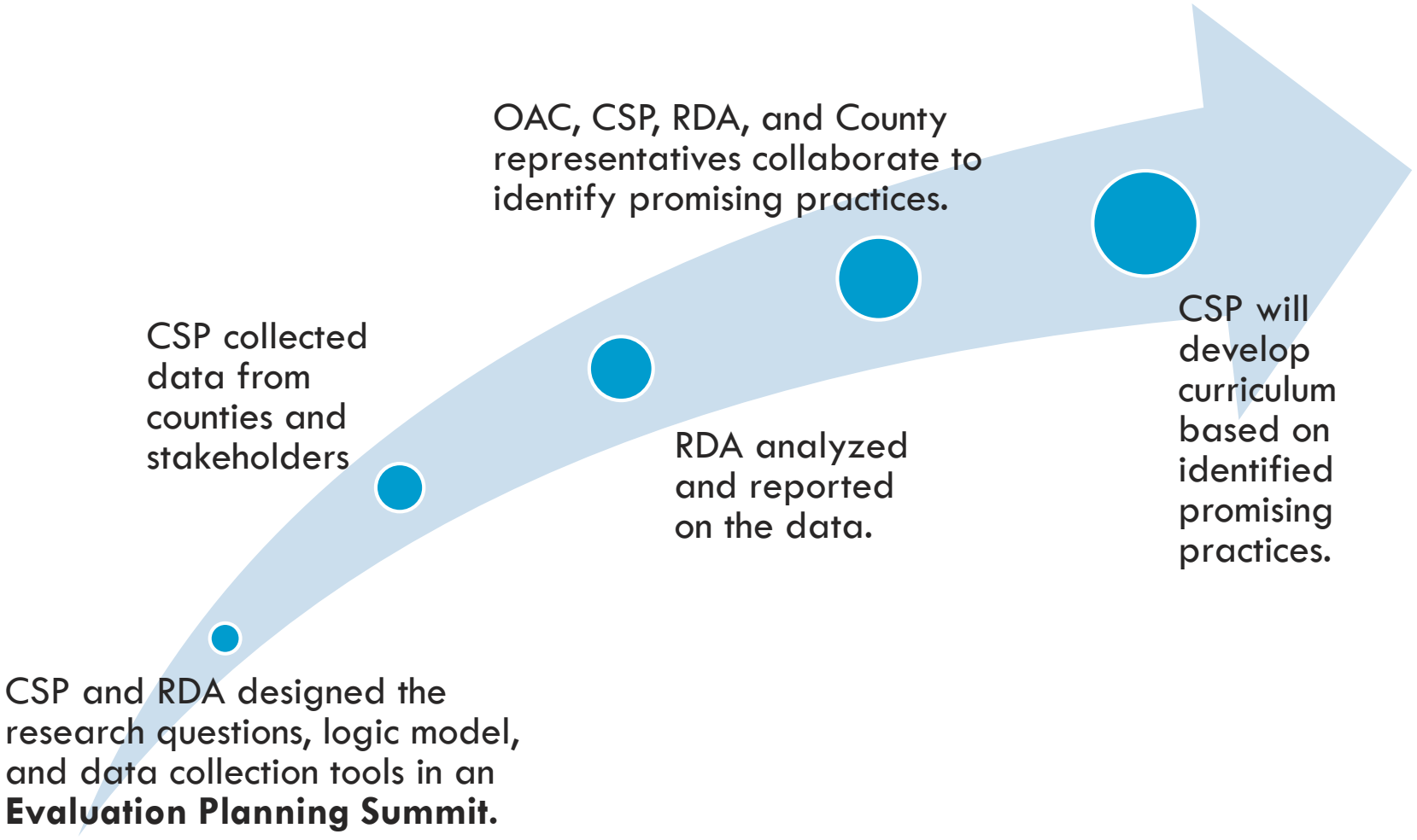
- The MHSA CPP Evaluation is a participatory research project to measure the impact and effectiveness of CPP processes implemented throughout the state.

- The evaluation is a collaborative partnership between RDA and the Client Stakeholder Project.

Purpose of the Evaluation

- The evaluation uses a participatory research process to:
  - Evaluate the impact and effectiveness of CPP processes for quality improvement purposes, and
  - To identify promising practices.

Evaluation Timeline and Progress



Methods

Descriptive and Outcome Evaluation

- The **Descriptive Evaluation** focused on developing a picture of CPP processes across the state and identifying those activities to which stakeholder responded positively.
- The **Outcome Evaluation** investigated processes and practices that may be correlated with outcomes and impacts.

Mixed Methods Approach

- Mixed methods maximize validity by allowing for the examination of the same phenomenon in different ways.
- Findings from one set of analyses guided analyses in the other data set.

Process of Analysis

- Descriptive statistics and qualitative analysis

Phase I

Phase II

- Identification of variables for further investigation.
  - CPP meeting effectiveness
  - Recovery orientation
  - Participation safety
  - Participant training
  - Respect of participant opinions and culture

- Analysis to understand relationships between identified variables and
  - Satisfaction
  - Wellbeing
  - Trust
  - Broader Community Impact

Phase III

Phase IV:

- Analysis to explore CPP activities that are associated with both sets of variables

Limitations of Methods

- Limited data from counties
  - Counties' did not provide consistent data or level of detail in their responses.
- Paraphrasing of qualitative data
  - The qualitative data collected may have been paraphrased during data collection and reporting.
- CPP processes vs. service provision
  - A number of responses received were in reference to the provision of public mental health services, rather than CPP activities.
- Time periods of interest
  - Across the state, counties conducted their 2012/13 MHSA CPP activities at varying time periods.
- Limitations of inferential statistical testing
  - There may be CPP practices not identified through the analysis that are related to positive outcomes.

Inputs

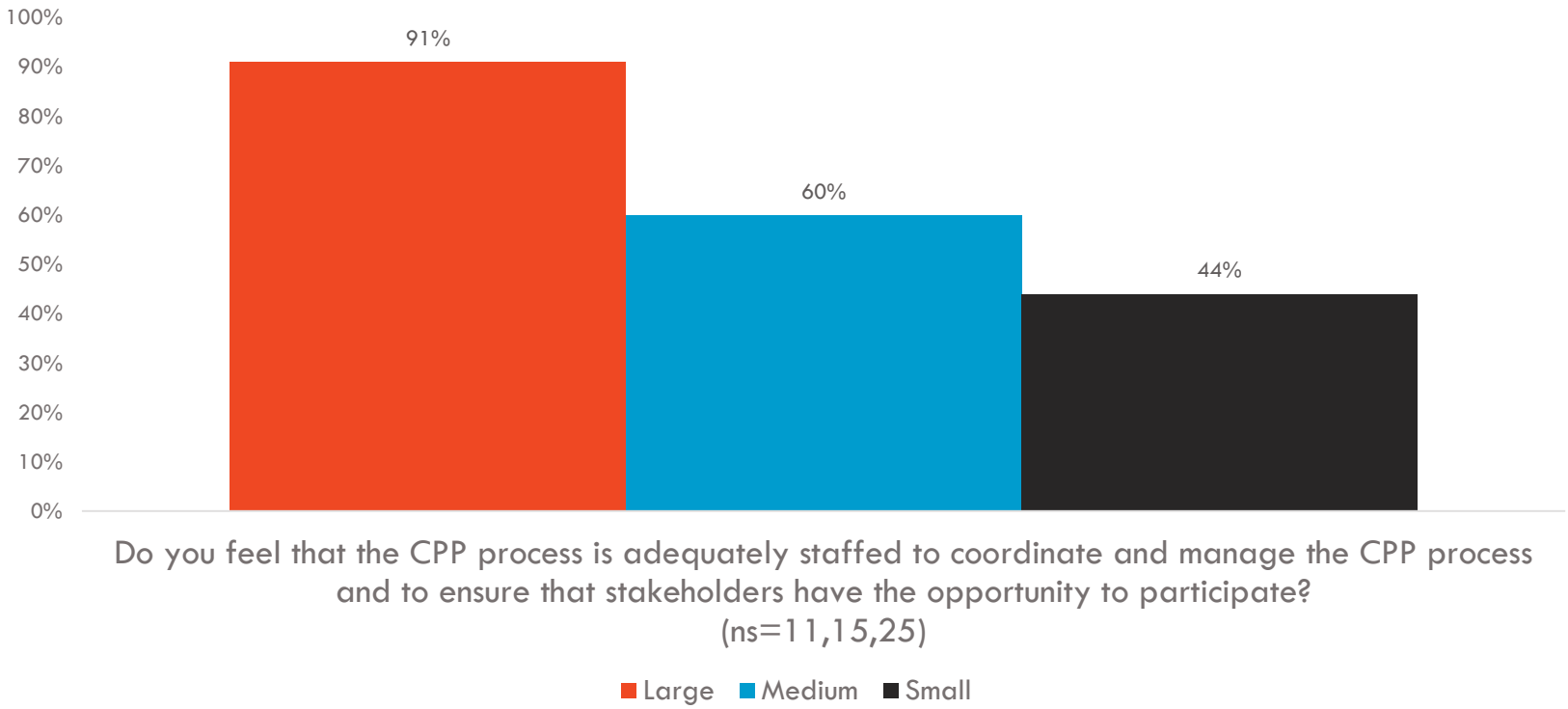
Input items refer to the resources that counties have to conduct CPP processes.

CPP Staffing

- On average, counties designated 1.84 full-time equivalents (FTE) to conduct and/or monitor CPP activities.
- FTE was directly related to county size: the larger the county, the more FTEs were created.
  - **Large counties** designated the most FTEs with an average of 3.58 FTEs.
  - **Small counties** designated the least FTEs with an average of 0.96 FTEs.
- Counties reported that it was important to have staff with multilingual fluency.

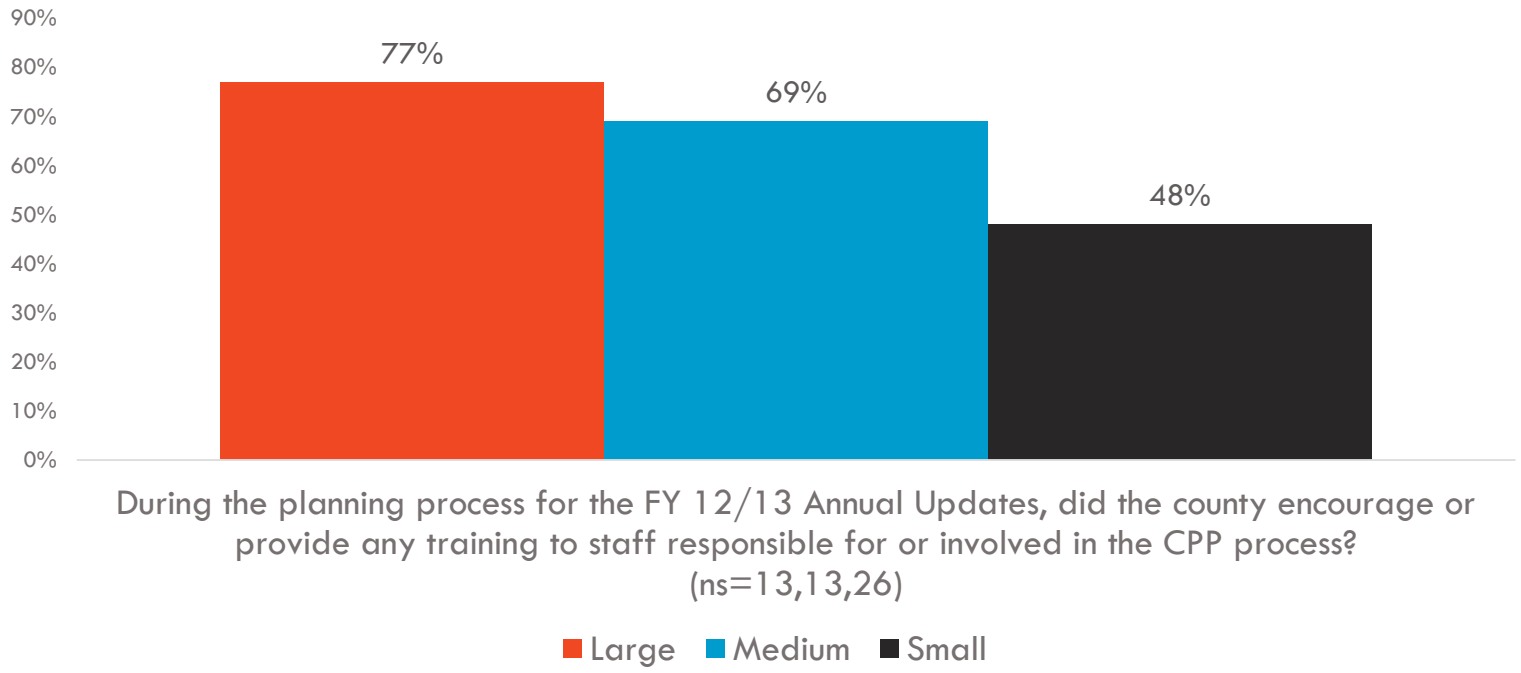
Adequacy of CPP Staffing

- Only 60% of counties said they were able to assign adequate FTEs to CPP activities. This rating differed by county size.



CPP Staff Training

- Whether or not counties provided or encouraged staff training in CPP processes also varied by county size.



Outreach

Outreach items refer to the types of outreach activities that counties conduct, how often they are conducted, and how many stakeholders are reached.

Outreach Activities

- Most counties used a variety of concurrent outreach methods to encourage stakeholder participation in CPP activities.
- Outreach methods varied depending on the CPP activity.
  - For CPP activities such as needs assessments and program strategizing efforts, counties relied more on direct outreach.
  - For CPP activities that sought public comments or participation at public hearings, outreach was more widespread.
- Outreach methods with a "personal touch" appear to be more successful in engaging participants.

Social Media

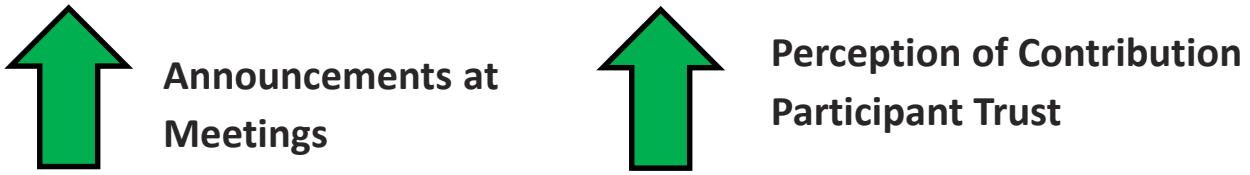
- Using social media to reach stakeholders was linked with stakeholders feeling as though they contributed more, felt safer to participate, had more trust in the public mental health system, and had an increased sense of well-being as a result of participating in the CPP process.

Social Media

Perception of Contribution
Participation Safety
Participant Trust
Perception of Well-Being

Announcements at Meetings

- Using announcements at meetings to outreach to stakeholders was linked with an increase in stakeholder's perceptions of contribution and trust.



Stipends and Other Financial Incentives

- Providing stipends/other financial incentives to encourage stakeholder participation was correlated with stakeholders feeling more satisfied and that the process was more recovery oriented as well as a perception of an increased sense of well-being as a result of CPP participation.

Stipends/Other Financial Incentives

Participant Satisfaction
Recovery Orientation
Perception of Well-Being

Childcare

- Providing childcare to encourage stakeholder participation was correlated stakeholders feeling that CPP meetings were more effective and safe and that their opinions and culture were respected as well as increased their trust in the public mental health system.

Participant Input

Participant Input items refer to how counties ensure that they have meaningful stakeholder participation in their CPP processes.

Input Gathering Activities

- Counties engaged in a number of CPP activities to gather participant input.
  - Counties and stakeholders reported town hall/community meetings and focus groups as the most popular needs assessment activities.
  - Surveys/questionnaires were significantly associated with positive perceptions by stakeholders.
  - While counties were less thorough in their outreach and engagement with stakeholders to seek input during the plan finalization, counties also indicated that public hearings were the least effective activity in gathering participant input.

Surveys/Questionnaires

- Using surveys/questionnaires was linked with stakeholders feeling that CPP meetings were more effective and safe and that they contributed more.

Surveys/Questionnaires

CPP Meeting Effectiveness
Perception of Contribution
Participant Safety

Training

Training items refer to the training activities that counties provide to their stakeholders so that they can participate meaningfully in their counties' CPP processes.

Training

- 56% of counties provided some type of CPP participant training.
- 70% of CPP participants felt they had enough training to participate in CPP activities.
- Common training activities:
  - Production and distribution of CPP educational materials
  - Trainings on participation in the local stakeholder planning process

> *"[A] lack of community understanding in how to provide the information needed [is a barrier to participation]."*
>
> – MHSA/CPP Coordinator, Medium Superior County

External Trainings

- Providing support for external trainings was associated with stakeholders feeling that CPP meetings were more effective.

Support for External Trainings

CPP Meeting Effectiveness

Participant Impacts

Participant Impacts items refer to how counties' CPP processes affect its participants.

Satisfaction

Stakeholders were generally satisfied with CPP participation.

Mediating Factors
CPP meeting effectiveness
Recovery orientation
Participant safety
Perception of contribution
Respect of participant opinions and culture

- Most impactful factor: The more participants felt they were contributing to programming and service delivery design, the more satisfied they were with their participation.

Wellbeing

Stakeholders were in mild agreement that the CPP process improved their sense of well-being.

Mediating Factors
Recovery orientation
Participant safety
Participant training
Perception of contribution

- Bay Area stakeholders had the lowest levels of agreement.
- Los Angeles and Southern stakeholders had the highest levels of agreement.
- Most important factor: The more CPP activities were recovery oriented, the participants believed it had a positive impact on wellbeing.

Trust in the Public Mental Health System

Most stakeholders reported some level of agreement that participating in the CPP process improved their trust in the public mental health system.

Mediating Factors
Participant safety
Participant training
Perception of contribution

- Bay Area stakeholders had the lowest levels of agreement.
- Los Angeles and Southern stakeholders had the highest levels of agreement.
- Most impactful factor: The more participants felt they were contributing to programming and service delivery design, the more their trust grew in the PMHS.

SOURCE: Stakeholder Survey

Mental Health System Impacts

Mental Health System Impacts items refer to how stakeholders' CPP participation affects the public mental health system.

Mental Health System Impacts

- Promotion of MHSA principles in the public mental health system
- Better communication between counties and stakeholders
- Increased support for families
- Stronger voice for consumers and families
- Deeper understanding of the cultural dynamics and mental health needs of cultural and ethnic communities
- Improved collaboration with other disciplines

Broader Community Impacts

Mental Health System Impacts items refer to how stakeholders' CPP participation affects the public mental health system.

Broader Community Impacts

- Shift towards a community-driven approach that emphasizes wellness and recovery
- Stigma reduction around mental health and accessing services
- Improved community perceptions of mental health

> *It is my hope that through the CPP processes and through making myself available at all times to listen, take input, and answer questions from community members and stakeholders, that the public's perception of Mental Health and MHSA-funded services is one that shows transparency, openness, collaboration, inclusiveness, and reduces stigma and discrimination for people with mental illness.*
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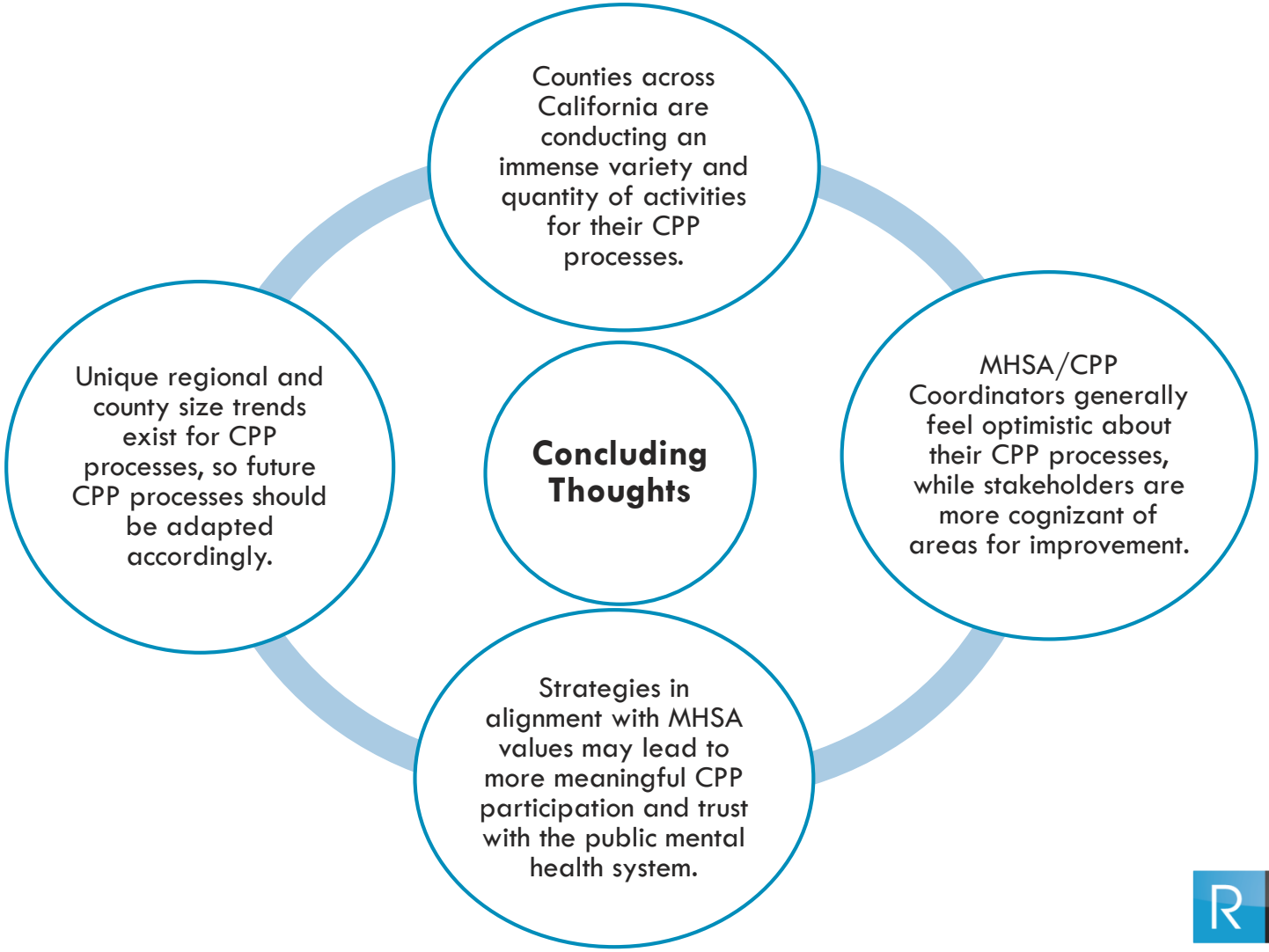

Worksheet: Public Community Planning Principles

Principles from Public Community Planning Literature	Strengths *How might this principle be beneficial or useful during the CPP process? Please discuss.*	Challenges *How might this principle pose challenges or contradictions during the CPP process? Please discuss.*	Score *Please indicate, on a scale of 1 5, how beneficial this principle could be during the CPP process?*
Be strategic			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Focus on strengths and aspirations			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Develop partnerships			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Be accountable			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Build capacity			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Be inclusive			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Be prepared to share power and release control			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Plan for the long-haul			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**

Worksheet: CPP Data-Informed Practices

CPP Data Informed Practices	Strengths *How might this principle be beneficial or useful during the CPP process? Please discuss.*	Challenges *How might this principle pose challenges or contradictions during the CPP process? Please discuss.*	Score *Please indicate, on a scale of 1 5, how beneficial this principle could be during the CPP process?*
Use the MHSA values as a foundation to develop and conduct all CPP activities.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Establish flexibility with CPP staffing.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Use multiple methods of outreach.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Emphasize the CPP process as a local planning process driven by the community, for the community.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Maintain a high level of engagement and regard for stakeholder participation and input throughout the CPP process.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**
Train stakeholders to meaningfully participate in CPP activities.			**No/Low Benefit** **1** **2** **3** **4** **5** **High Benefit**

Make the purpose, expectations, and impacts of stakeholder participation explicit.			**No/Low Benefit** 1 2 3 4 5 **High Benefit**
Dedicate efforts to increase accessibility.			**No/Low Benefit** 1 2 3 4 5 **High Benefit**
Plan and prepare for each CPP activity in advance.			**No/Low Benefit** 1 2 3 4 5 **High Benefit**