Sonoma County MHSA Community Program Planning Workgroup

Strategic and Action Plan
January 2022

Introduction

In 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA). MHSA established a one percent income tax on personal income over $1 million for the purpose of funding mental health systems and services in California. In an effort to effectively transform the mental health system, MHSA creates a broad continuum of prevention, early intervention, innovative programs, services, and infrastructure, technology, and training elements. Community Programming Planning (CPP) is specific to Mental Health Services Act (MHSA) funding.

The MHSA was designed to transform the public mental health system, not only through the generation of new revenue to fund the expansion of services, but also by requiring unprecedented levels of ongoing stakeholder input and involvement at all levels of public mental health policy, program planning, implementation, monitoring, quality improvement, evaluation, and budget allocations. WIC § 5848(a). Furthermore, the California Code of Regulations, Title 9 states that counties must ensure that stakeholders reflect the diversity of the demographics of the county, including, but not limited to, geographic location, age, gender, race/ethnicity, individuals with lived experience and family members have the opportunity to participate in the CPP process (CCR § 3300). Additional background information about MHSA can be found through Access California, a statewide consumer-led public mental health advocacy program of Cal Voices.

The benefits of having a structured Community Program Planning (CPP) model cannot be overstated. Public programs designed by and for the members of the community are more relevant, culturally-appropriate, promotes ownership and are oriented to cost-effectiveness. *Access California* lists the benefits of stakeholder engagement as follows:

- Better decision making
- More effective service delivery
- Greater community support
- Community development
- Renewal of local democracy
- Increased resources
- Increased engagement with services
- Increased cultural competence

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Incorporating Community-Based Participatory Research (CBPR) practices into a local community program planning process strengthens and assures that the voices of consumers, family members, and stakeholders are represented in decisions, actions, and results of the planning process. CBPR involves a partnership between researchers and community members in all aspects of the process: defining the research questions, deciding who participates, how the data is collected and analyzed, and determining how to share the findings. CBPR has been shown to provide an opportunity to build greater trust between institutions and the community, explore the depth of local knowledge and perceptions, empower community members toward self-determination, and improve health equity within a system of care.

Diversity, Equity, and Inclusion (DEI)

In August 2020, the Sonoma Board of Supervisors established the Office of Equity to focus on the immediate spike in COVID-19 cases within the Latinx community. However, this health indicator was just a tipping point within a series of apparent inequities experienced during the recent wildfires, floods, power-grid shut offs, and Stay-at-Home orders by communities of color, poverty and others that are often on the margins of mainstream society. The Office of Equity states that "Equity is an outcome whereby you can't tell the difference in critical markers of health, well-being, and wealthy be race or ethnicity, and a process whereby we explicitly value the voices of people of color, low income, and other underrepresented and underserved communities who identify Solutions to achieve that outcome."

In alignment, the Department of Health Services, Behavioral Health Division appointed a new DEI Development Manager to ensure division policies and practices are non-discriminatory and inclusive, promote the diversification of a behavioral health workforce, ensure equity and cultural relevance in program services, and strengthen management and administrative performance relative to DEI.

Stakeholder Bill of Rights

Access California has adopted and published a Stakeholder Bill of Rights to further their mission of advancing client and community empowerment through sustainable solutions. The Sonoma County Community Program Planning workgroup, comprised of stakeholders, has adopted the following statements as foundational guiding principles in developing a sustainable, inclusive community engagement plan responsive to MHSA and the broader public mental health system.

1. **Transformation:** We have the right to a public mental health system that embraces the Recovery Model of Care and is fully committed to all General Standards for programs and services set forth by the MHSA.

2. **Information:** We have the right to full transparency in our public mental health system.
3. **Education:** We have the right to fully understand the meaning and implications of facts and data relevant to our public mental health system.
4. **Representation:** We have the right to competent and adequate representation when important decisions are made in our public mental health system.
5. **Participation:** We have the right to shape policy and meaningfully participate in all important programming and funding decisions in our public mental health system.
6. **Consideration:** We have the right to submit grievances[1] to our public mental health system, to have our grievances acknowledged, and to receive thorough and timely responses to our grievances.

Current opportunities for community participation

Sonoma County currently has a structure in place that meets the minimum requirement for a Community Program Planning process. The table below lists the MHSA committees and governing boards with a brief description of the member composition.

Committee/Board	Open, appointed or elected	Composition of members	Number of seats	Meeting dates
Stakeholders of mental health services	Open to the public	Nonprofit providers of health, social services, criminal justice, education; Contractors and providers of the health department and behavioral health division; interested members of the public; consumers and family members	Undefined	Bi-annually
MHSA Steering Committee	Application and selection process managed by	Members must represent the following: · Clients and consumers	20-25 seats	Quarterly

[1] Sonoma County Behavioral Health Division has a Client Rights policy with a stated grievance procedure. https://sonomacounty.ca.gov/Health/Behavioral-Health/Medi-Cal-Informing-Materials/

	the MHSA Coordinator and Behavioral Health administration	· Families of clients/consumers · Providers of mental health, substance use, and social services · Persons with disabilities, including providers · Education field · Health care · Law enforcement · Veterans and/or representatives from veterans' groups · College-age youth · Other interests (faith-based, aging and adult services, youth advocates) · Individuals from diverse cultural and ethnic groups		
MHSA Workgroup: Innovation, PEI, CSS, CPP	Combination of voluntary and appointed	MHSA Steering Committee members, Stakeholders	4 – 8 members	As needed workgroups
Mental Health Board	Appointed by Board of Supervisors	Member of the public vested in mental health services; Fifty percent of the Board membership shall be consumers or the family members of consumers who are receiving or have received mental health services. At least 20% of the total membership shall be consumers and at least 20% shall be family members of consumers.	16 members: 3 representatives for each of the 5 county districts and one Supervisor	Monthly, third Tuesday at 5p. Check calendar.
Board of Supervisors	Elected		5 district representatives	Weekly on Tuesday, 8:30a; check calendar

County Capacity Assessment

In addition to these regular meetings, the Sonoma County Behavioral Health Division conducts a Community-wide Capacity Assessment every three years to prepare for the development of the regulated Three-Year Program and Expenditure Plan. Counties in California have flexibility to conduct their capacity assessments to include specific elements of inquiry, however MHSA regulations (WIC § 330) require the identification of the number of consumers across age groups by gender, race/ethnicity, and other demographics compared against projected need and utilization to analyze population disparities.

The most recent MHSA 2016-2019 Sonoma County Capacity Assessment, provided the community with many opportunities to share their experiences with the Sonoma County mental health system in order to ensure that any recommendations made in this assessment were community-driven and responsive to their needs. Stakeholders in the county had opportunities to express their opinion of the current Sonoma County mental health system and their suggestions for future improvements through surveys, focus groups and key informant interviews.

The capacity assessment process included a variety of stakeholders reflective of the geographic and cultural diversity of Sonoma County including groups listed in MHSA regulations and the Welfare and Institution Code.[2] This included representatives from the following groups:

- Adults and Seniors with Lived Experience
- Family Members
- DHS-BHD staff, managers, and senior leadership
- Community Mental Health Service Providers
- Law Enforcement Agencies
- Education Agencies

[2] Per the MHSOAC, WIC § 5848 states that each Annual Update shall be developed with local stakeholders, including: Adults and seniors with severe mental illness; Families of children, adults, and seniors with severe mental illness; Providers of services; Law enforcement agencies; Education; Social services agencies; Veterans; Representatives from veterans organizations; Providers of alcohol and drug services; Health care organizations; Other important interests (e.g., individuals served or targeted by Prevention and Early Intervention (PEI) services and individuals expected to benefit from INN projects). CCR § 3300 further includes: Representatives of unserved and/or underserved populations and family members of unserved/underserved populations, as defined in CCR § 3200.300 and CCR § 3200.310; Stakeholders that reflect the diversity of the demographics of the county, including but not limited to, geographic location, age, gender, and race/ethnicity; Clients with serious mental illness and/or serious emotional disturbance, and their family members.

- Social Service Agencies
- Veterans and Veterans Organizations
- Providers of Alcohol and Drug Services
- Health Care Organizations

Overall, 550 people participated in the capacity assessment**:** 77 attended focus groups, 447 completed a community survey, 16 engaged in system of care discussions, and 10 participated in key informant interviews.

The next County capacity assessment is projected to occur in the summer of 2022 which will present a significant opportunity for the CPP workgroup to engage a broader representation of the community and assure a process that is diverse, equitable and inclusive.

Expanding the Scope of Sonoma County's Community Program Planning (CPP)

The purpose of the Sonoma County CCP workgroup is to establish a process whereby community voices are elevated and incorporated into MHSA program planning for the behavioral health system. This workgroup is comprised of a diverse group of individuals interested in developing strategies and taking action to engage a broader community than themselves.

Our Vision: All people from various cultural backgrounds and languages have accessible opportunities to influence how MHSA funding support behavioral health programs and services in a system of care that is people centered and community driven. Community members in Sonoma County are acknowledged as critical partners in creating an equitable community practice that inspires a cultural shift[3] in which the voices of people in Sonoma County from all backgrounds are heard, acknowledged, and **utilized** in creating a system of mental health care funded by MHSA.

[3] CPP Workgroup definition: accumulation of listening to marginalized voices, developing increased awareness, creating new beliefs, and demonstrating new behaviors over a period of time.

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Our Mission: Increase community input into program planning decision making by establishing regular, timely, meaningful, safe, culturally appropriate opportunities for (1) deep listening, (2) free exchange of ideas, and (3) determining action based on those ideas. Results will be demonstrated by action steps as illustrated by policies, procedures and program outcomes of the community service programs funded by the MHSA plan.

Our Values:

- Practice **deep listening**: Listen to learn, listen to understand, listen without judgement
- Be **strategic**: Leveraging community and financial resources, respond to opportunities expediently, plan for long-term impact
- Recognize and support community resilience: Encourage healthy communities to work collectively for greater impact, acknowledge historical trauma, **self-determination**
- Promote community voice in all decision making: **Respect**/ honor individual expertise about their needs and solutions, Focus on strengths and aspirations
- Act with transparency: Make the purpose, expectations, and impacts of stakeholder participation explicit.
- Be **inclusive**: Commit to diverse multicultural and unserved, underserved and inappropriately served populations, Share responsibility and accountability
- Utilize the MHSA principles as foundational guidance
- Build capacity of community members: advocate for meaningful stakeholder participation, promote public education and training in CPP activities
- Conduct multiple methods of outreach: Dedicate efforts to increase accessibility

Goals

1) Expand and strengthen the community's knowledge of the public mental health system, specifically MHSA funded programs and services.
2) Expand and strengthen community partnerships and relationships with diverse representation.
3) Expand and strengthen partnership and relationships with consumers and family members.
4) Increase the engagement of community representatives in existing and emerging CPP opportunities.

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Key Actions for 2022

- Refine objectives and messaging of CPP, including MHSA and financing of mental health services (MHSA, Block Grant, Realignment, MediCal, insurance)
- Expand list of stakeholders to increase diversity
- Support and improve existing opportunities for community engagement
- Identify and define additional opportunities for community engagement and input
- Develop community relationships, build, and expand network
- Develop outreach toolkit (Skills, resources, and workbook: Include Dialogue and Appreciative Inquiry, TING) (See Appendix)
- Host outreach and education events
- Conduct a series of community focus groups with trained co-facilitators from the communities we seek to engage.

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CPP Strategic Action Plan

Objective	Action	Partners	Resources	Timeline
Prepare for Outreach and Education campaign to inform the community about MHSA and opportunities for community participation, input Why are we doing this? • System transformation from top-down to shared decision making Is there a call to action? What is it? • Value the expertise of community members • Include community expertise in shared decision making	• Develop outreach materials (English/Spanish) • Develop educational materials (English/Spanish) • Refine and expand stakeholder list • Develop outreach plan to include social media, radio/tv, print and public presentations	MHSA PEI contractors, media partners	Consultant team to support development and implementation of outreach and engagement plan	May 2022 – July 2022

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Objective	Action	Partners	Resources	Timeline
Identify organizations for new partnerships, community participation and outreach	● Develop list of organizations to explore partnerships: NAMI, Health Action leadership and all local chapters, Sonoma Connect, Measure O, ARPA, CHW CARES Act funding, IOLERO, NBOP, Graton Day Labor Center, Homeless Action, SAVS, Housing is Healthcare Collaborative, School and Church-based events, Peer programs, Disability Service and Legal Center,	Recruit additional champions for workgroup that represent diversity in community, bi-lingual Spanish, other languages?	Workgroup brainstorming session	March - April 2022
Conduct Outreach and Education Campaign	● Host a minimum of five events in accessible geographic locations ● Secure public radio, tv and newsprint interviews	Media outlets Diverse Community Based Organizations (CBO) to host outreach and education events	Consultant team to secure locations, set up interviews. Coordinate with CPP workgroup members	July/Aug 2022

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Objective	Action	Partners	Resources	Timeline
Prepare for community listening sessions (Collecting data/input)	• Define objectives: ○ Data that contributes to the needed changes for system of care • Recruit community members to help develop listening session protocols, questions • Train community members on facilitation, reflective listening, and recording • Draft questions, review with community, refine • Establish locations and other logistics • Advertise, outreach for community participation	MHSA PEI contractors, Community Partners	Stipend for training community co-facilitators Cost of materials Paid advertising/try to get pro-bono from news outlets Consultant team to provide support and guidance	July - Sept 2022
Conduct community listening sessions	• Conduct up to 12 community listening sessions	Community partners, community co-facilitators	Stipend for co-facilitators and recorders Rental of space, food, stipends for attendees	Aug – Sept 2022

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Objective	Action	Partners	Resources	Timeline
Publish results from Community Listening Sessions	● Draft findings ● Review findings with co-facilitators and other stakeholders ● Finalize report ● Distribute report and present at various meetings	MHSA contractors, stakeholder groups, Mental Health Board, Board of Supervisors, public forums	Paid consultant to draft findings from focus groups Review findings w/ CPP workgroup	Oct – Dec 2022

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Appendix of Supporting Materials for CPP workplan

Community Outreach Toolkit/Workbook

Deep Listening

Deep Listening, what is it: levels of listening (Video)

We have many opportunities to listen to people on a daily basis but to what degree are we truly listening? And what opportunities can present themselves when we do?

Inspired by the thinking of Otto Scharmer, we can break listening down into **four levels:** inner chatter, factual, empathic, and generative. The further down we go, the more powerful our conversations can become and the more impact we can have.

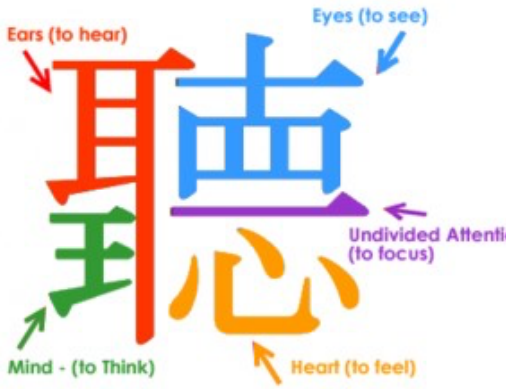
1. **Level 1** – Inner chatter - at this level we're more focused on listening to ourselves; our monkey brain takes over and we're really thinking about other things than the conversation. At best, we are only picking up information that confirms what we know already.
2. At **level 2**, we find the factual level of listening where we focus on the facts that are being stated in the conversation. It allows us to listen with an open mind to new information and change our opinions and views about a subject.

3. **At level 3** – empathic listening - we have the emotional story. This is where we go beyond ourselves and see the world through the eyes of the other which opens up more perspectives. To be at this level, it helps if we pay attention to congruence between the words and the way they are said.
4. Finally, at **level 4** we have generative listening. This is the deepest level of listening where we are able to connect with the narrator in a safe, optimistic, forward-looking manner, thereby opening up a wider field of possibilities.

Improving your listening is possible. Try these tips:

- Use mindfulness to calm the inner chatter in level 1
- Letting go of your agenda will help you move to Level 2 and 3
- Asking "what if" questions will help you get to Level 4

So, on what level of listening do you find yourself most often? Where do you aspire to be? And what steps will you take to get there?



"TING"

- Listening with **ears** - two ears one mouth listen twice as much as talking
- Listen with **eyes** - take note of body language and context. Nonverbal communication 70%
- Undivided **attention**-focus on the person you are listening to, quiet internal and external distractions
- Listen with your **mind**- be engaged
- Listen with your **heart-** feel the emotion of the person you are listening to. Be aware of the emotional response in yourself in response to what they are saying

The seven skills of dialogue are

1. Deep listening,
2. Respecting others,
3. Inquiry,
4. Voicing openly,
5. Balancing advocacy and inquiry,
6. Suspending assumptions & judgements
7. Reflecting

Appreciative Inquiry

Introduction to Appreciative Inquiry

Ap-pre'ci-ate, v. 1. valuing; the act of recognizing the best in people or the world around us; affirming past and present strengths, successes, and potentials; to perceive those things that give life (health, vitality, excellence) to living systems 2. to increase in value, e.g., the economy has appreciated in value. Synonyms: VALUING, PRIZING, ESTEEMING, and HONORING.

In-quire' (kwir), v., 1. the act of exploration and discovery. 2. To ask questions; to be open to seeing new potentials and possibilities. Synonyms: DISCOVERY, SEARCH, and SYSTEMATIC EXPLORATION, STUDY.

Appreciative Inquiry

The Core Principles of Appreciative Inquiry, which describe the basic tenets of the underlying Ai philosophy, were developed in the early 1990's by David Cooperrider and Suresh Srivastva (Cooperrider's advisor at Case Western Reserve University) and serve as the building blocks for all AI work. The five original principles are: Constructionist, Simultaneity, Anticipatory, Poetic, and Positive.