

# Executive Summary

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## Introduction

California's Mental Health Services Accountability and Oversight Commission (MHSOAC) contracted with Resource Development Associates (RDA) to conduct a participatory evaluation of the CPP processes implemented throughout the state. The Mental Health Services Act (MHSA) Community Program Planning (CPP) Descriptive Evaluation (herein "evaluation") is a participatory research project to measure the impact and effectiveness of CPP processes in California's 58 counties and two municipalities (herein "California counties" or "counties") that provide public mental health services. Community Program Planning (CPP) refers to the structured process implemented by Counties in partnership with stakeholders to determine appropriate uses for available MHSA funds. In the spirit of MHSA's commitment to involving stakeholders in its efforts, this Evaluation includes a collaborative partnership between Resource Development Associates (RDA) and the Client Stakeholder Project (CSP), each under separate contract with the MHSOAC.

The purpose of the evaluation is to identify the most promising CPP processes and practices 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 quality of CPP processes for quality improvement purposes; and the perceived impact these processes have on CPP participants, the public mental health system, and the broader community. This evaluation aims to provide a picture of CPP processes used across the state and strategies to which stakeholders react most positively as well as identify promising CPP practices that could be replicated in future CPP processes. These promising CPP practices may be incorporated into the training and technical assistance to be made available upon request to a county entity and/or stakeholder to ensure meaningful stakeholder involvement and participation in local CPP processes throughout the State.

## Methodology

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's findings were developed from a combined review and analysis of information from five data collection instruments completed for each county: 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 allowed the evaluation team to apply triangulation to strengthen the validity of findings and provide different perspectives on complex and multi-dimensional phenomena. Findings from this evaluation are discussed from three perspectives: 1) statewide, 2) regionally, and 3) county size. The analytic methods of this evaluation changed following the data collection phase because the data requested was different from the data that counties had available

to provide, and the data that counties did have available was inconsistent across the state. Standardizing the types, format and reporting mechanisms of data collected would strengthen future evaluation of CPP processes.

## Key Findings

Over the course of this project, the evaluation team discovered many key findings. These key findings stemmed from the evaluation team's critical review and interpretation of the data collected. The evaluation findings support the application of MHSA principles in CPP processes, which may be unsurprising, but offer evidence to support the application of and suggest a need to reinvigorate CPP processes across the state with MHSA principles. Evaluation findings also suggest that CPP activities vary regionally and in terms of county size, and that the resources required for and allocated to CPP activities are a critical aspect of implementing CPP processes.

Evaluation findings are organized by categories or domains from the evaluation logic model (i.e. inputs, outreach, participant input, training, and impacts on stakeholders, the public mental health system, and the broader community).

## Inputs

*In this domain, the evaluation team looked to answer the question: What resources do counties have to conduct CPP processes? This involved looking at the number of full-time equivalents (FTEs) specifically allocated to the CPP process and whether training was provided to people who filled these positions.*

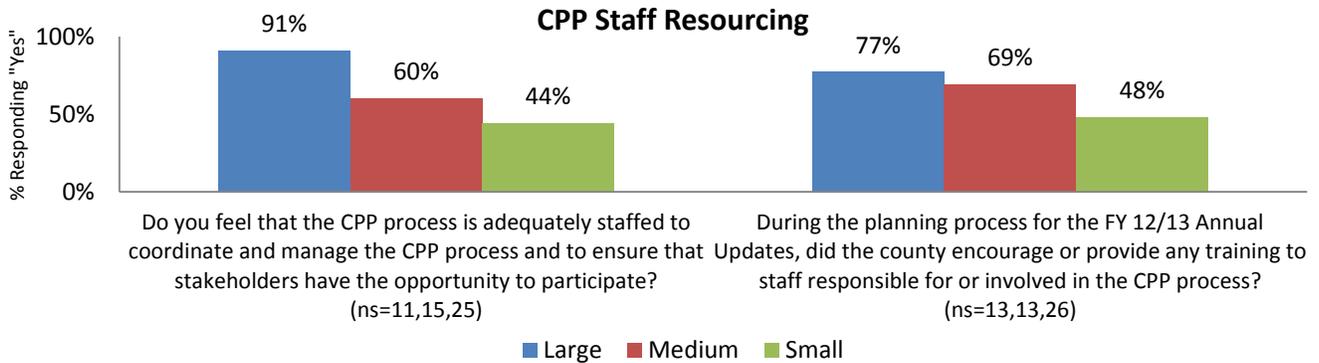
### Key Findings for CPP Inputs

1. 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.
2. Only 60% of counties said they were able to assign adequate FTEs to CPP activities. This rating differed by county size.
  - About 90% of the **large counties** felt they had enough FTEs for the CPP process.
  - Only 44% of **small counties** felt they had enough FTEs for the CPP process.
3. Whether or not counties provided or encouraged staff training in CPP processes also varied by county size.

*During large CPP processes I think the City could utilize at the minimum one additional staff member (a half time person at least), to more adequately support the work in this area.*

Medium Central County  
MHSA/CPP Coordinator

- About 75% of **large counties** reported that they encouraged or provided training to staff conducting the CPP process.
- Only 50% of **small counties** reported that they encouraged or provided training to staff conducting the CPP process.



- Counties reported that it was important to have staff with multilingual fluency to increase outreach and engagement to more stakeholders, especially those who have limited English proficiency (LEP).

## Outreach

To gain a better understanding of counties' outreach activities during CPP processes, the evaluation team considered the following questions: What kinds of outreach do counties conduct and how much? How do counties reach out to specific stakeholder groups? What kinds of incentives do counties provide to encourage CPP participation? What are the barriers to CPP participation?

### Key Findings for Outreach Processes

- Most counties used a variety of concurrent outreach methods to encourage stakeholder participation in CPP activities. However, the outreach method varied, depending on the CPP activity. For example:
  - **For CPP activities such as needs assessments and program strategizing efforts, counties relied more on direct outreach.** Examples include making a personal phone call or going out into the community.  vs. 
  - **For CPP activities that sought public comments or participation at public hearings, outreach was more widespread.** For example, counties were more likely to post the draft plan on the county website to receive public comment.
  - **Counties' outreach approaches were related to county size. Medium and small counties** often used a variety of outreach activities concurrently to allow for more targeted outreach, while **large counties** relied more on mass communication efforts, such as radio and television announcements.

2. ***A key engagement method that emerged was word-of-mouth efforts that included a “personal touch.”*** This was particularly reflective of the **Central** and **Southern regions** where most of the state’s small counties are located and there is the most geographic variation.
  - County informants and stakeholders reported some of the most effective outreach activities involve the more informal social gatherings that do not specifically focus on MHSA or CPP activities, such as a BBQ or dinner and movie night.
  - Using existing community activities to recruit CPP participants seems to be effective because these less-formal activities support ongoing 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.
  
3. ***Both stakeholders who participated and those who did not participate in FY 2012-13 CPP activities reported having meals at meetings was a top incentive.*** Financial incentives and offering childcare services during CPP activities also seem to be potential ways of encouraging stakeholder participation in CPP activities.
  
4. ***However, counties often identified transportation to meetings as a key challenge to stakeholder participation,*** even though many counties reported providing transportation to CPP activities.
  - **Large counties** and counties in the **Bay Area**, **Los Angeles**, and **Southern** regions reported the wide county geography made it difficult to travel to a centralized location for a CPP meeting.
  - **Small counties** and counties in the **Central** and **Superior** regions mentioned the transportation challenges related to a lack of reliable public transportation.
  
5. ***Counties and stakeholders reported different barriers to participation, indicating that counties and stakeholders may not agree about what encourages or facilitates participation in CPP activities.***
  - Counties reported that stakeholders needed more training in order to feel comfortable and meaningfully participate in CPP activities. Counties also identified barriers related to language, stigma, and childcare.
  - Stakeholders identified different barriers. Their primary barriers to CPP participation related to inaccessibility issues around the following: 1) inconvenient meeting times and locations, and 2) CPP meetings that relied heavily on statistics and technical jargon.

## Key Findings for Outreach Outcomes

### Outreach Activities

1. 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 wellness as a result of participating in the CPP process. Not using social media to reach stakeholders was linked with a decrease in stakeholder perceptions of contribution, safety, trust, and wellness as a result of participating.



- Using announcements at meetings to outreach to stakeholders was linked with an increase in stakeholder’s perceptions of contribution and trust. Not using announcements at meetings to outreach to stakeholders was correlated with a decrease in stakeholder’s perceptions of contribution and trust.



**Incentives to Encourage Stakeholder Participation**

- 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 wellness as a result of CPP participation. Not providing stipends/other financial incentives to encourage stakeholder participation was associated with a decrease in stakeholder’s perceptions of satisfaction, recovery orientation of the process, and sense of wellness as a result of CPP participation.



4. 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. Not providing childcare was linked with a decrease in stakeholder's perception of CPP meeting effectiveness, respect of participant opinions and culture, safety, and trust.



Childcare



CPP Meeting Effectiveness  
 Respect of Participant Opinions  
 & Culture  
 Participant Safety  
 Participant Trust

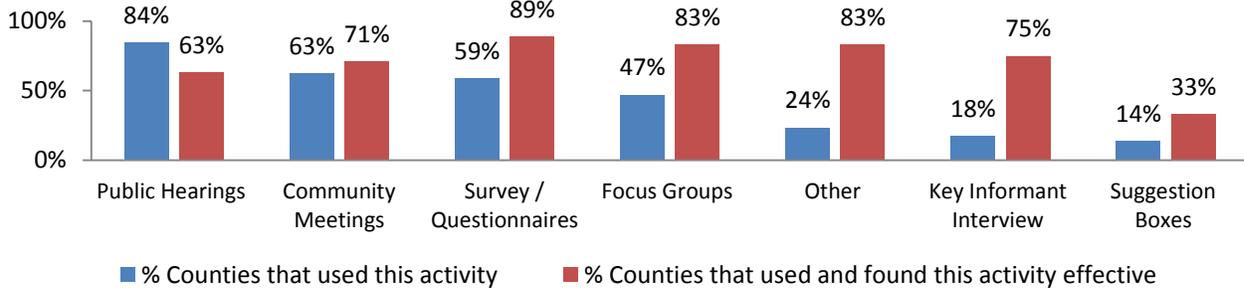
## Participant Input

To better understand what constitutes meaningful stakeholder involvement throughout the CPP process, the evaluation team reviewed which stakeholder groups and how many stakeholders participated in FY 2012-13 CPP processes, how counties made CPP processes accessible and inviting to stakeholders to promote participation, and how counties collected and used stakeholder input.

### Key Findings for Participant Input Processes

1. **Building stakeholders' trust in the public mental health system was crucial to making participants feel safe during CPP activities.** Most of the counties said it was important to be open, responsive, and respectful at CPP activities. How counties built trust differed by MHSA region:
  - **Bay Area counties** said it was important to create meeting goals with participants and reach out to stakeholder groups that had not previously participated.
  - **Central counties** said using peer-led activities helped build stakeholder trust.
  - **Los Angeles County** did not identify any processes because they believed that trust and open dialogue already existed.
  - **Southern counties** credited their community events and retreats for successful trust building.
  - **Superior counties** had mixed experiences in building stakeholder trust. Many of the **smaller counties** reported struggling with the stigma of mental health and accessing mental health services.
2. The largest stakeholder groups participating in the CPP process were consumers and family members, followed by county mental health department staff. The least represented stakeholder group was providers of veteran services.
3. 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 Used and Their Effectiveness**



4. Counties engaged in a number of CPP activities to gather participant input. **More specifically, counties invested more effort in gathering participant input for needs assessments and program development than they did to finalize drafted plans.**
  - 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.
  
5. **Participant input in finalizing drafted plans varied by county size.** Medium and small counties were more likely than large counties to implement a wider variety of methods to share their MHA plans with stakeholders.

**Key Findings for Participant Input Outcomes**

1. Using surveys/questionnaires was linked with stakeholders feeling that CPP meetings were more effective and safe and that they contributed more. Not using surveys/questionnaires was linked with a decrease in stakeholder’s perception of CPP meeting effectiveness, contribution, and safety.



**Training**

*While training is not required for the CPP process, it was apparent through county and stakeholder feedback that some participant training was necessary to help stakeholders meaningfully participate. Therefore, the evaluation team examined whether or not counties provided training to participants in CPP processes, how many times, and which specific trainings.*

### Key Findings for Training Processes

1. Only 56% of counties said they provided some kind of training for CPP participation, but 70% of CPP participants said that they felt trained enough to be able to participate.
  - **Small and large counties, and the Central and Superior regions** tended to provide more trainings.
  - **Medium counties** provided trainings to fewer participants. However, CPP participants from **medium counties** reported feeling most well trained to participate.
  - **Bay Area and Southern counties** also reported providing training to fewer participants. They also reported having more participants who have participated in multiple activities over more time. However:
    - 73% of **Southern county** participants said they felt well trained to participate, but
    - Only 59% of **Bay Area county** participants said they felt well trained to participate
  
2. Even though stakeholders reported that they felt trained enough to be able to participate, counties reported that their participants needed to be better trained.
  
3. Some suggestions that stakeholders and counties made for improved participant training were:
  - Use less jargon and provide activities in languages other than English.
  - Provide participant training materials, expectations, and background information before the CPP activities.

### Key Findings for Training Outcomes

Providing support for external trainings was associated with stakeholders feeling that CPP meetings were more effective. *Not* providing support for external trainings to encourage stakeholder



**Support for External Trainings**



participation was correlated with a decreased stakeholder perception of CPP meeting effectiveness.

*“[A] lack of community understanding in how to provide the information needed [is a barrier to participation].”*

MHSA/CPP  
 Coordinator, Medium Superior County

### CPP’s Impact on Stakeholder Empowerment, Wellness and Recovery

*In this domain, the evaluation team answered the question: How does participation in the CPP process affect individual participant’s overall sense of empowerment, hope, self-determination, social connection, wellness, and recovery as well as personal trust in and collaboration with the public mental health system?*

## Key Findings

1. Stakeholders felt that participating in the CPP process slightly improved their sense of wellness.
  - **Los Angeles** and **Southern** county stakeholders reported the greatest levels of improved wellness.
  - **Bay Area** county stakeholders reported the lowest levels of improved wellness.
2. Further analysis indicates that the more CPP activities are recovery-oriented, the more positive participants rate their perception of wellness as a result of participating in CPP activities.
  - The majority of stakeholder survey respondents believed their CPP meetings were safe (79%), culturally-competent (76%), stakeholder-driven (72%), and recovery-oriented (71%).
3. It is encouraging to note that California's CPP participants also recognized their counties incorporating MHA principles into CPP processes.
4. Stakeholders reported a small increase of trust in the public mental health system as a result of participating in CPP activities. More specifically, the more stakeholders felt they were contributing to the design of programs and service delivery, the more their trust in the public mental health system grew.
  - **Los Angeles** and **Southern** county stakeholders reported the highest levels of increased trust in the public mental health system.
  - **Bay Area** county stakeholders reported the lowest levels of increased trust in the public mental health system.
5. Stakeholders across the state agreed that their counties' CPP processes were recovery-oriented.
  - **Large counties** and counties in the **Los Angeles** and **Southern regions** tended to have more agreement that their CPP processes were recovery-oriented.
  - Counties in the **Bay Area region** expressed the lowest level of agreement.

*"The CPP gives me a goal when I participate and helps in my recovery."*

*Stakeholder, Small Superior County*

## CPP's Impact on the Public Mental Health System

*For this domain, the evaluation team looked at stakeholders' perceptions of counties' CPP processes and how the CPP process impacts **system-wide** changes such as mental health policy, program planning, and implementation as well as how the CPP process influences further trust and partnership among mental health service providers and between health and human service providers.*

## Key Findings

1. The more stakeholders felt they were contributing to the design of programs and service delivery, the more their trust grew in the public mental health system.
  - **Los Angeles** and **Southern** stakeholders had the highest levels of agreement that participation in higher-level planning increased trust in the public mental health system.
2. MHSa/ CPP Coordinators and stakeholders reported the CPP process strengthened the promotion of MHSa principles in the public mental health system. They felt that the CPP process enhanced cultural competency, community collaboration, integrated service experience, family- and client-driven services, and a recovery-oriented approach to public mental health services and delivery. Some examples are:
  - Counties noted a deeper understanding of the cultural dynamics and mental health needs of various ethnic minority groups. At the same time, stakeholders noted counties enhanced outreach and engagement with the cultural communities they serve.
  - Some counties and stakeholders reported new partnerships between primary care and mental health services.
  - Stakeholders reported that CPP processes led to greater support networks for family members by providing them with greater awareness of current services and supports.
  - Counties and stakeholders noted how participation in the CPP process by stakeholders and community members created improved public awareness of mental health issues, hope, and recovery.
3. Counties and stakeholders described how collaborative planning between stakeholders from different backgrounds and organizations improved integration of mental health services with other disciplines.

*“We have seen a lot of transformation: a huge impact that has improved the whole system in terms of communication, collaboration and better and more services. The ‘no wrong door’ approach has helped build deeper relationships and partnerships.”*

Los Angeles County Stakeholder

## CPP’s Impact on the Broader Community

*For this domain, the evaluation team examined how CPP processes impact community views of the public mental health system and issues of stigma. County informants and stakeholders were asked to describe how CPP processes influenced community awareness of mental health and seeking public mental health services.*

## Key Findings

1. Overall, stakeholders reported that they had noticed a broader county shift towards a community-driven mental health services approach that emphasizes wellness and recovery as a result of their counties' CPP processes, instead of focusing on mental illness.
  - Stakeholders in **small counties** particularly stressed that their counties' CPP processes had increased public awareness around mental health-related issues as well as stakeholders' knowledge of mental health services.
  - The **Bay Area** region had the fewest counties who said that their CPP process had a positive impact on community awareness 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.*

MHSA/ CPP Coordinator, Small Bay Area County

2. About 75% of counties and 50% of stakeholders felt the CPP process improved the community's perceptions of receiving a mental health diagnosis and seeking public mental health services.
  - More counties in the **Southern and Superior regions** said that their CPP processes improved community perceptions of mental health and seeking services by increasing activities to reach the public.
3. Both counties and stakeholders agreed the CPP process most often improved community perceptions of mental health by reaching community members and involving them in community activities.
  - MHSA/ CPP Coordinators felt that the community-based activities that promoted wellness were very effective.
  - Stakeholders said opportunities to share stories of lived experiences were effective.

*"...since MHSA, the public's perceptions have improved and people are more easily engaged and willing to participate in planning processes and developing partnerships in the community."*

Central County Stakeholder

## Recommendations

Over the course of this project, the evaluation team has noted a number of potential recommendations for counties' future CPP processes. These recommendations stemmed from the evaluation team's critical review and interpretation of the data collected. In summary, the evaluation team's recommendations from this evaluation are as follows:

## Inputs

- ❖ Increase staffing or designation of hours during periods of CPP outreach, planning, and implementation. It may be prudent for counties with limited resources to set aside dedicated funding to increase staff levels during times of high volume CPP work.
- ❖ Utilize community resources, such as community leaders, community based organizations (CBOs), and other service providers to help with CPP outreach activities.

## Outreach

- ❖ Increase outreach strategies that capitalize on using informal social activities, dialogues, and on-the-ground personal interactions in addition to more formal outreach activities. Data across all county sizes and CMHDA regions indicates that word-of-mouth activities are an effective outreach method.
- ❖ To enhance outreach to stakeholders, counties might consider the following strategies:
  - Increase the use of social media
  - Increase the use of announcements at meetings
- ❖ If resources permit, provide stipends/other financial incentives to encourage stakeholder participation as this seems to increase stakeholder's satisfaction in the CPP process, sense of wellness, and perception that the CPP process is consistent with MHSa philosophies.
- ❖ Offer childcare services to promote stakeholder participation during CPP activities. Data suggests the provision of childcare correlates with the following positive outcomes:
  - Stakeholders' perception of accessibility was enhanced.
  - Stakeholders' perception of safety and trust in sharing feedback was enhanced.
  - Stakeholders' perception that their opinions are respected by the CPP facilitators was enhanced.

## Participant Input

- ❖ Establish clear ground rules for how stakeholders are expected to participate in strategy roundtables/strategizing sessions. For counties using strategy roundtables/strategizing sessions, data seems to indicate a decrease in stakeholder's perception that their opinions and culture were respected.
- ❖ Increase the use of surveys/questionnaires. Data suggests using surveys/questionnaires in the CPP process might increase stakeholder's perception of accessibility, contribution, and safety.
- ❖ Explore ways in which to make public hearings more useful. County informants and stakeholders generally reported public hearings were ineffective. In addition, stakeholders found the bureaucratic processes confusing.
- ❖ Conduct further research exploring how to use translation/interpretation services in the most effective and culturally relevant manner. Approximately half of the counties utilize translation/interpretation services during the CPP process. Moreover, the majority of these counties find translation/interpretation services to be a successful strategy for encouraging stakeholder participation.

## Training

- ❖ Refine expectations around stakeholder participation and revise participant trainings to match and communicate these expectations as a part of outreach efforts.
- ❖ Minimize the use of technical jargon to enhance stakeholders understanding of the material.
- ❖ Provide CPP activities and materials in languages other than English in order to increase accessibility and understanding of the CPP process.
- ❖ Expand support for external trainings as this could increase accessibility of the CPP process.
- ❖ For counties in the Bay Area, mental health departments might allocate more time for planning CPP activities with stakeholders. This could help stakeholders better understand their roles and expectations in the CPP process as well as provide them with enough information to effectively participate in CPP activities.

## Evaluation

- ❖ Should the MHSOAC decide to implement a required evaluation component, it is recommended that the MHSOAC first formalize and standardize methods for counties to record participant attendance and demography, providing guidelines for how to use this information to improve future CPP processes.

## Satisfaction with the CPP Process

- ❖ Aim to improve the structure of CPP meetings so that the planning process is more transparent, welcoming, safe, and meaningful.
- ❖ Increase efforts to include more consumers in leadership, planning processes, and policymaking.
- ❖ Encourage staff members who work in the mental health departments to participate in CPP processes.

## Participant Impacts

- ❖ Activity facilitators should take care to make CPP activities accessible to participants—including establishing a safe environment free of stigma and providing adequate training so that participants know how and why they are participating
- ❖ Design CPP activities in alignment with MHSA principles. Factors to keep in mind during the planning process are adopting a recovery-oriented approach and being explicit about how participant input will be used to inform programming and service delivery.

## Mental Health System Impacts

- ❖ Strive to include consumers and their family members in program planning, implementation, evaluation, and decision making. The inclusion of consumers and family members in higher-level planning has shown to be essential in building buy-in, trust, and utilization of the PMHS.
- ❖ Continue to involve consumers and their family members in all aspects of MHSA program development.



- ❖ Continue to require the representation from other health and human service providers in all aspects of MHSA program development.

### **Perceptions of the Broader Community Impacts**

- ❖ Be proactive in developing a diverse stakeholder population. To further this goal, counties might consider building more opportunities for dialogue in a safe environment that fosters trust, understanding, and collaboration among the different constituencies. As a result, increased partnerships across stakeholder groups and sectors will help reduce stigma around mental health issues and accessing services.

### **Other Recommendations**

- ❖ Counties across the state collect a vast amount of data on CPP processes; this data, however, varies in what and how it is collected. Standardizing the types of data collected, format, and reporting mechanisms for all counties would strengthen further evaluation of CPP processes.