Part I: County Public Planning Process and Plan Review Process

Section I: Planning Process

1) *Briefly describe how your local public planning process included meaningful involvement of clients and families as full partners from the inception of planning through implementation and evaluation of identified activities.*

San Joaquin County Behavioral Health Services (BHS) began soliciting the general perspective and contributions of consumers and family members over a decade ago. For more than ten years BHS has employed consumers in a variety of key roles, particularly outreach and mentoring. The Mental Health Services Act (MHSA) planning process offered the County an opportunity to expand on its commitment to involve consumers and family members in its service planning and delivery. There were five original MHSA information meetings held geographically throughout the county to help the community gain an understanding of how the Act was formed and how it could help with mental health services. Then six different groups were formed to go out into the community, again covering the county geographically, to gather input about the specific mental health needs for the following: 1) Children and Youth, 2) Transitional Age Youth, 3) Adult, 4) Older Adult, 5) Criminal Justice and 6) Underserved Ethnic. The medical community, including San Joaquin General Hospital, Community Medical Centers, Delta Health Care, Saint Joseph's Hospital and Sutter Tracy Community Hospital, were invited to participate in the six work groups. Five meetings were held for each group. Then, for six weeks, many different community-based organizations helped with in-depth outreach into the following respective communities: 1) Vietnamese, 2) Hmong, 3) Cambodian, 4) Laotian, 5) Muslim/Middle Eastern, 6) Latino, 7) African-American, 8) Gay, Lesbian, Bisexual, Transgender, 9) Native American Indian and 10) Homeless.

Additionally, the San Joaquin Behavioral Health Services staff collected extensive data from the Latino community and from consumers coming to the Transcultural Clinic that serves the Southeast Asian community. After all of the information was gathered, compiled, and analyzed, each of the groups began to reach consensus over a series of four to six meetings. The total number of contacts made in the community through this planning process was 5,138.

Graph 1. San Joaquin County MHSA Planning Structure

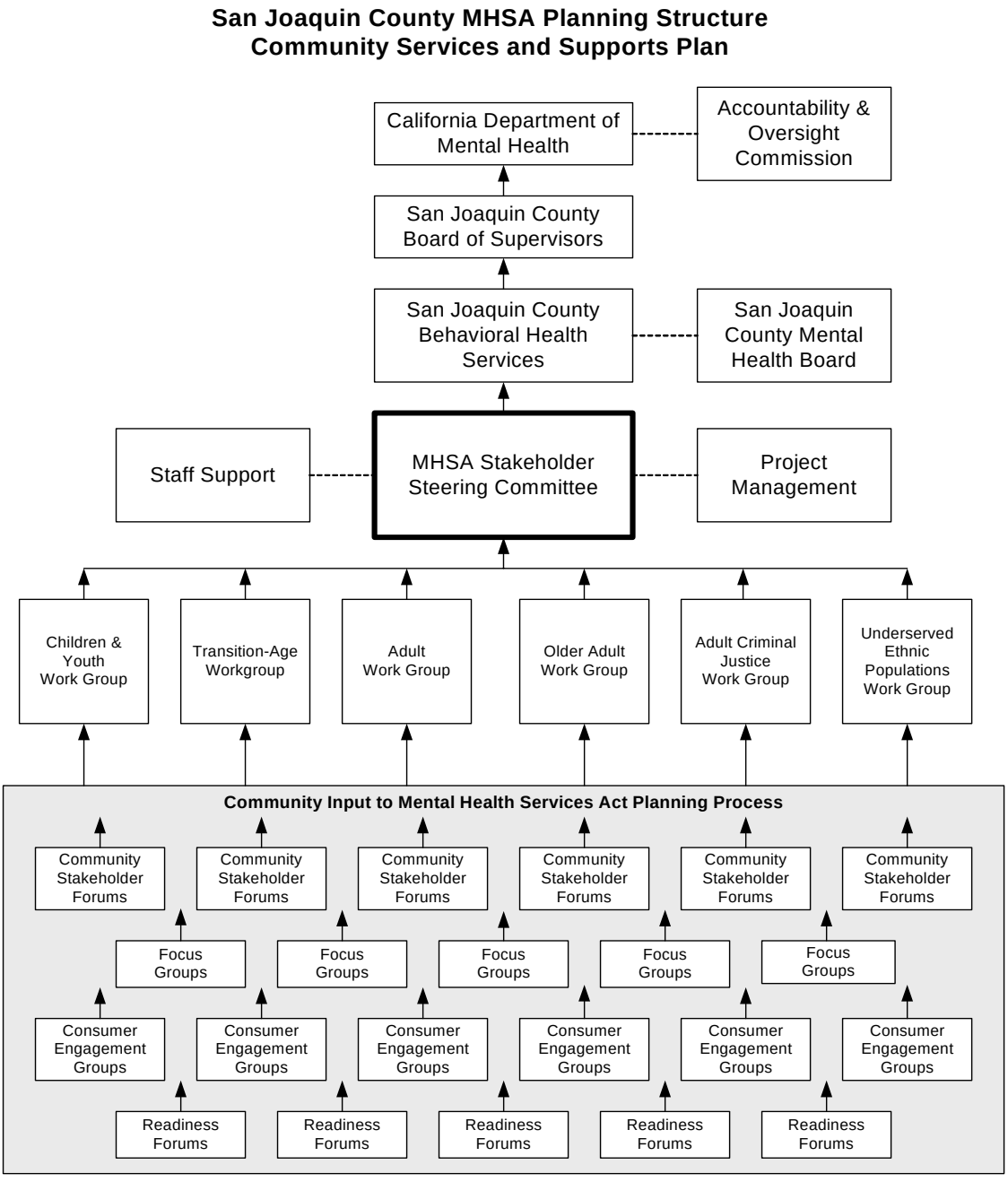


Table 2. San Joaquin County Mental Health Services Act Planning Participants, August 2005 – February 2006

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
Initial Community MHSA Information Meetings	5	August 18, 2005 to August 24, 2005	205
Community Input Meetings – Children & Youth Workgroup	4	September 7, 2005 – September 27, 2005	79
Community Input Meetings – Transitional Age Youth Workgroup	5	September 8, 2005 – September 28, 2005	113
Community Input Meetings – Adult Workgroup	5	September 8, 2005 – September 29, 2005	114
Community Input Meetings – Older Adult Workgroup	4	September 8, 2005 – September 20, 2005	93
Community Input Meetings – Underserved Ethnic Workgroup	7	September 9, 2005 – October 1, 2005	120
Community Input Meetings – Criminal Justice Workgroup	5	September 8, 2005 – October 5, 2005	177
Consumer Outreach	Large picnic event that included 'voting' on service needs & surveys, as well as other focus groups, surveys and interview outreach	September- October 2005	492
Asian Pacific Self-Development and Residential Association	Surveys and 5 focus groups	September 8, 2005 through October 2005	194
Black Awareness Community Outreach Program	Surveys and multiple meetings and focus groups	October 2005	450

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
El Concilio	Five focus groups and multiple surveys	October 2005	306
Gay, Lesbian, Bi-Sexual, Transgender Outreach	Multiple focus groups and surveys	October 2005	237
Homeless Outreach	Surveys, focus groups and interviews	October 2005	153
Lao Family Outreach	Surveys, focus groups and interviews	October 2005	79
Lao Khmu Outreach	Surveys, focus groups and interviews	October 2005	181
Latino Behavioral Health Services Outreach	Surveys, focus groups and interviews	October 2005	710
Native American Indian Outreach	Surveys and interviews	October 2005	30
Behavioral Health Services, Transcultural Clinic	Surveys	October 2005	61
Criminal Justice Outreach (Honor Farm & other)	Surveys and focus group	October 2005	45
Vietnamese Outreach	Surveys and focus groups	October 2005	131
On-going Underserved Ethnic Outreach Support Meetings		Weekly meetings during October through December	Unknown, approximately 80

Type of Meeting	Number of Meetings	Range of Dates	Number of Participants
Consensus Meetings for each workgroup – 1) Children & Youth 2) Transition Age Youth 3) Adult 4) Older Adult 5) Criminal Justice 6) Underserved Ethnic	Four to seven meetings per workgroup to identify and prioritize programs and services	November and December 2005	881
MHSA Stakeholder Committee Meetings & other		September 2005 – February 2006	207
		Total	**5,138**

San Joaquin County Mental Health Board

The County's Mental Health Board (MHB) is primarily composed of consumers and family members. Currently 12 of the MHB's 15 members (80%) are either consumers or family members. The Board plays an active role in reviewing Behavioral Health Services' programs and activities, and advising County staff on issues of concern.

The Board has been actively linked to the Mental Health Services Act planning process from its inception through two family members who served on the MHSA Steering Committee. Since August 2005, San Joaquin County's MHSA Project Liaison Richard Sanguinetti has met monthly with the Mental Health Board for project updates. The Board was trained on their role in the MHSA by California Institute for Mental Health (CIMH) early in the planning phase. Members also attended a one-day retreat in preparation for the public hearing. Board members reviewed and commented on the draft plan before its publication, and sponsored the plan's public hearing and public review process.

MHSA Stakeholder Steering Committee

The MHSA Stakeholder Steering Committee, appointed by the Board of Supervisors, served as the key oversight and decision-making body throughout the County's MHSA planning process. The Committee is made up of 16 members, of whom 9 are consumers or family members. Thus, consumers and

family members comprise the majority on the Mental Health Services Act Steering Committee. Many members, including several consumers and family members, were also actively involved in the Community Outreach and Consensus group activities described below. The Committee reviewed the priority recommendations developed by the consensus groups and determined overall Countywide priorities for the first three years of new programming under the MHSA.

The Committee decided early in the planning process that its meetings would be open to the public. Throughout the early phases of the process the Committee encouraged consumer and family members from the public to participate in its discussions and deliberations. During the Committee's formal decision-making process, consumers and family members participated as observers, and were provided with formal opportunities to comment on the proceedings.

The MHSA Stakeholder Steering Committee remains active—it will provide continuing oversight of the implementation of the programs approved and funded by the Mental Health Services Act. Equally important, the Committee will provide oversight and guidance of the transformation process in which recovery, resilience and placing consumers and family members at the core of the decision-making process are paramount.

National Alliance for the Mentally Ill (NAMI) – San Joaquin County

The local chapter of National Alliance for the Mentally Ill (NAMI) has had an office at Behavioral Health Services' service complex for over 20 years, allowing its grassroots volunteers to offer information and assistance onsite to consumers and family members of consumers. NAMI regularly sponsors talks and other informational events, such as screening the documentary *Out of the Shadow*, and offers training for family members on how to negotiate the mental health system. Two NAMI members, including the current president, served on the MHSA Stakeholder Steering Committee.

Power 'N' Support

Power 'N' Support, a consumer-initiated and run support group, began in August 2003 at San Joaquin County Behavioral Health Services with a consumer-focused newsletter and quickly evolved into a support group. Currently the group meets weekly to discuss the Mental Health Services Act and has about 25 active members. It continues to grow in size and influence. BHS provides the group with space and funding.

Power 'N' Support members have been very active in the Mental Health Services Act planning process, and have played in a key role in helping to transform the County's mental health services toward greater cultural competence, a stronger focus on consumer involvement and choice in service planning, and enhanced

emphasis on recovery and wellness. This is an ethnically diverse group representing the Southeast Asian, African American and Latino populations.

The Power 'N' Support team first galvanized around Proposition 63:

- In February 2004 the Power 'N' Support team began efforts to get Proposition 63 on the ballot with registration and signature gathering drives
- In June 2004 the team kicked off a series of voter education workshops to build mental health consumer's confidence in the voting process. Two workshops were held on a monthly basis. In October 2004 the team held seven voter education workshops before election day
- On election day team members arranged for transportation to the polls and helped consumers with the voting process
- The team attended two different Advocacy Day events at the State Capitol to encourage Assembly members to pass Proposition 63
- Seven consumers attended the California Network of Mental Health Consumers Rally for Proposition 63 at the State Capital in June 2004
- Power 'N' Support created an eight-member team - San Joaquin County Power of Support - that raised nearly $2000 in support of Proposition 63

After the passage of Proposition 63, Power 'N' Support members were active in the MHSA planning process in the following ways:

- Two members served on the MHSA Stakeholder Steering Committee
- In December 2004 eight team members attended the first Mental Health Services Act Stakeholders meeting
- Three team members attended a number of conferences and trainings on the MHSA from January through May 2005
- Three mental health consumers from Power 'N' Support spoke at the San Joaquin County Behavioral Health Services *Celebration of Recovery* and Mental Health Services Act kickoff event in May
- Three to seven consumers attended Oversight and Accountability Commission meetings in June and July 2005
- Members attended California Institute for Mental Health (CIMH) webcast and site-based trainings, as well as California Department of Mental Health (DMH) teleconferences
- Power 'N' Support members spearheaded an effort to use Behavioral Health Services' annual Consumer Picnic as an opportunity to solicit consumer surveys. They collected 277 service priority surveys from consumers at the September 2005 picnic, as well as 232 surveys to identify consumers' housing needs. Consumers were also asked to vote

on the strategies that had surfaced during the workgroup phase of the community needs assessment.

- Members also visited Board and Care homes to obtain information from residents on their priorities
- One member is currently assisting in reading MHSA proposals from other counties

The active involvement of Power 'N' Support members in the MHSA planning process has had a lasting impact on the County's service approach. Starting in January 2006, BHS contracted with the Central Valley Low Income Housing Corporation (CVLHIC) to provide Power 'N' Support members with formal mentoring and assistance to:

- Develop staff training modules and materials, and conduct training
- Attend and participate in internal staff meetings, particularly those at which staff are making decisions about consumers
- Provide staff with a perspective on how consumers experience mental health services.

Consumer involvement continues to be central to the transformation of mental health services in San Joaquin County.

Consumer Employment

During the last 10 years, Behavioral Health Services has employed consumers in part-time and full-time positions in a variety of capacities, both to conduct outreach as well as provide mentoring services. For example, consumers have helped conduct outreach through the County's Homeless Engagement and Response Team (HEART) program (its AB2034 State-funded program for homeless individuals with severe and persistent mental illness). During the Mental Health Services Act planning process, the County employed consumers to:

- Conduct outreach and help other consumers complete surveys
- Attend and participate in the needs assessment and consensus phases of the planning process
- Develop the County's MHSA logo and web site: www.sjmhsa.net

Financial Assistance to Consumers and Family Members

To help reduce barriers to participation, Behavioral Health Services used a portion of its MHSA planning funding to provide:

- Consumers and family members with an expense stipend of $15 for each Community, Workgroup, Consensus, and MHSA Stakeholder Steering Committee meeting they attended

- Food for participants in meetings that took place over the lunch hour or all day
- Transportation to MHSA meetings in a County vehicle.
- Childcare was provided, as needed, to consumer participants

Workgroup Process

Consumers and family members served as co-chairs of the six workgroups representing the under and unserved: Children and Youth Workgroup, Transition Age Youth Workgroup, Adult Workgroup, Older Adult Workgroup, Underserved Ethnic Populations Workgroup, and Criminal Justice Workgroup. The co-chair provided consumer perspective, as well as helped with meeting facilitation and encouraged other consumers to attend.

Additional Consumer and Family Member Involvement and Outreach

Consumers and family members also contributed to the planning process in the following ways:

- A consumer member of the Criminal Justice Consensus Group took the initiative on his own to survey mentally ill individuals in the court system to identify their needs and priorities.
- Consumers assisted with community presentations and training sessions.
- One consumer and two family members from San Joaquin County are serving on the DMH committee: Dr. Robert Moore, president of NAMI of San Joaquin County, Nancy Smith, a family member, and Jeff Gianpetro, a consumer, are tasked with evaluating county Mental Health Services Act plans submitted to the state.
- One consumer and one family member participated on the staff team tasked with developing detailed budget assumptions for each of the prioritized strategies.

2) ***In addition to consumers and family members, briefly describe how comprehensive and representative your public planning process was.***

The public planning process was designed to maximize input from as diverse and representative group of stakeholders as possible. An extensive public awareness campaign was conducted in San Joaquin County to ensure inclusive and diverse input from the community. Between August 2005 and November 2005, the County held 70 plus Community Outreach, Workgroup, and Consensus Group meetings to educate, solicit input concerning needs, and identify priorities.

Special efforts were made to reach out to and obtain feedback from the County's unserved, underserved and inappropriately served populations. Activities and information were posted electronically on the local Mental Health Services Act website at www.sjmhsa.net.

The public planning process was thorough, with over 5,000 participants involved. The public planning process included the following efforts:

Initial Outreach Activities

- E-mail announcements – In the initial planning stages, Project Liaison Richard Sanguinetti compiled an e-mail group list of stakeholders, which included consumers, family members, agencies, community-based organizations, and Behavioral Health Services staff. Throughout the planning process, e-mails were used to notify meeting times and dates, trainings, etc.
- Newspaper ads published in English and Spanish
- Informational flyers in English and Spanish sent by mail
- Press releases in English and Spanish
- Radio ads in English and Spanish
- Weekly CBO Leadership meetings focusing on accessing ethnic communities

Targeted Outreach Activities

Informational Community Meetings

Five Community Meetings held throughout San Joaquin County proved to be a vital means of kicking off the MHSA community awareness campaign. Open Community Meetings in which stakeholders offered different perspectives, listened to one another, and engaged in productive dialogues set the stage for a comprehensive and fruitful planning process.

Prior to the meetings, e-mails were sent to those on the stakeholder list inviting them to attend. Newspaper ads were published throughout the county and flyers in targeted languages were mailed to disseminate information about the meetings. The availability of translators for non-English-speaking and hearing-impaired participants was publicized, and these translators were available at the Community Meetings. These combined efforts, along with working with CBOs located in ethnic communities, began a method of networking that made communities aware of the meetings and helped start the local planning process.

Attendance averaged 40 individuals at each one-and-one-half hour meeting, with valuable input from stakeholders about the Mental Health Services Act planning process. Presenters and facilitators at the Community Meetings, including the Behavioral Health Services Director, a consumer representative, the MHSA Project Liaison, the Project Consultant, and Mental Health Board members, conducted a PowerPoint presentation, followed by a question and answer session. Attendees were invited to attend and participate in a series of Workgroup meetings that would be taking place during September and October 2005.

Workgroups

The Mental Health Services Act planning process centered on six Workgroups, with each Workgroup focused on a specific area of need. The Workgroups formed the basis for community collaboration for various stakeholders including consumers, families, citizens, agencies, organizations and businesses working together in areas of common interest. Workgroups included:

1. *Children and Youth Workgroup:* Children and youth with serious emotional disorders and their families who are not currently being served or who are underserved. This included uninsured youth not eligible for Medi-Cal, Healthy Families or Healthy Kids in the juvenile justice system, and youth so underserved that they are at risk of foster home placement. Special emphasis was placed on children and youth from underserved and unserved ethnic populations.
2. *Transition Age Youth Workgroup:* Transition age youth who are currently unserved or underserved who have serious emotional disorders or serious mental illness. This group included persons who are homeless or are at risk of being homeless, youth who are aging out of children and youth services, and youth who have experienced a first episode of major mental illness. Special emphasis was placed on youth from underserved and unserved ethnic populations.
3. *Adult Workgroup:* Adults with serious mental illness, including persons with a co-occurring substance abuse disorder or health condition, who are underserved or unserved. This group included persons who are homeless or at risk of being homeless, and persons who are institutionalized. Special emphasis was placed on adults from underserved and unserved ethnic populations.
4. *Older Adult Workgroup:* Older adults with serious mental illness, including persons with co-occurring disorders and a primary diagnosis of mental illness, who are unserved or underserved. This group included individuals who have a reduction in personal or community functioning, who are homeless or at risk of being homeless, or who are institutionalized or are

at risk of being institutionalized. Special emphasis was placed on older adults from underserved and unserved ethnic populations.

5. *Adult Criminal Justice Workgroup:* Adults with serious mental illness, including co-occurring substance abuse disorders, who are involved in the criminal justice system. SJCBHS gathered stakeholders and utilized lessons learned from its successful 'Mentally Ill Offender Crime Reduction Grant '(MIOCRG) program to reduce incarceration through recovery-based mental health programs. Special emphasis was placed on providing services to persons from underserved and unserved ethnic populations.
6. *Underserved Ethnic Populations Workgroup:* Asian, African-American and Latino communities have limited access to community mental health services, in some instances only 25% or less of the access afforded the highest utilization groups. One crucial role of this workgroup was to ensure that cultural competence was embedded in all services that become part of the MHSA Community Services Plan. Another crucial role was to address the development of specialized services to move San Joaquin County Behavioral Health Services substantially forward toward parity of access.

A total of thirty-five Workgroup meetings were held at a variety of venues throughout San Joaquin County during September 2005. The two-hour meetings were held in libraries, churches, community centers, and restaurants, with complimentary food and beverages provided. Workgroup participation was open to all interested stakeholders and attendance averaged from 17 to 33 participants per meeting. The minutes of the workgroup meetings are available at http://sjmhsa.net/summaries.html so that members from different groups could follow the progress of all work groups.

During each meeting stakeholders identified needs, determined high-need populations, discussed barriers to services and determined what services have worked in the past and were currently working. Services were proposed to meet the needs of the population and at the conclusion of the meeting stakeholders voted on the five services that they would like to see funded by the MHSA.

The Behavioral Health Services manager with the greatest expertise in the Workgroup topic was assigned as the primary staff liaison to the Workgroup and functioned as the Chair of the Workgroup. In each Workgroup, a consumer or family member was chosen by Workgroup members to serve as the Co-chair. The Chair and Co-Chair worked closely together to ensure that the voices of consumers and family members were heard and were central to each Workgroup's planning process. Facilitators from LeadershipOne assisted at Workgroup meetings by scheduling meeting agendas, facilitating meetings, recording stakeholder comments, and writing meeting summaries which were later posted on the MHSA website. Extensive proactive outreach to consumers

and families was provided in order to achieve meaningful inclusion and participation as full workgroup members in the Mental Health Services Act planning process. Peer counselors and consumer and family outreach workers helped involve consumers and families. Power 'N Support took the lead in providing and coordinating outreach and developing means to include consumers in the planning process, including transportation, transportation and childcare assistance.

The San Joaquin County chapter of the National Alliance for the Mentally Ill (NAMI) published articles about the Mental Health Services Act planning activities in its bimonthly newsletter and sent out flyers to 220 members encouraging them to attend workgroup meetings. "We had a good representation at all of the workgroup meetings," said Mary Ellen Cranston-Bennett, president of NAMI.

Community-based organizations also assisted each Workgroup with outreach to support consumer and family involvement.

Outreach and Needs Assessment to Underserved, Unserved & Inappropriately Ethnic populations

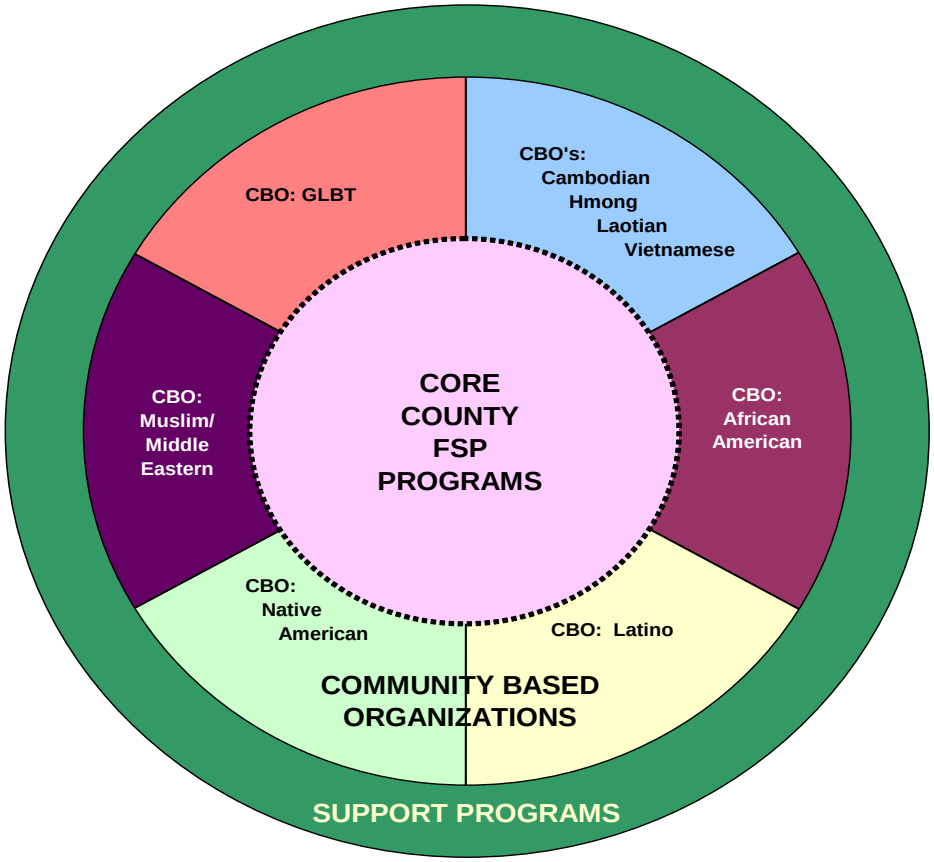
A major thrust of the San Joaquin County Mental Health Services Act planning process was the inclusion of underserved ethnic populations. Prior to the MHSA planning process there had been little collaboration between Behavioral Health Services and community-based organizations (CBOs) in San Joaquin County. Realizing, however, that those organizations were a vital link to hard-to-reach communities, BHS invited CBOs to join together to discuss ideas about how to best reach underserved, unserved and inappropriately served ethnic populations.

"There was some mistrust in the room at that first meeting," commented the San Joaquin County Mental Health Services Act Project Facilitator. "It seemed that the community-based organizations didn't believe that BHS would be committing the resources and funds required to perform outreach to the underserved ethnic populations." Over the course of several meetings, trust and cooperation grew between Behavioral Health Services and community-based organization staffs. Nine contracts were eventually secured with CBOs to reach out and include persons and leadership from the underserved ethnic populations and underserved/unserved groups in San Joaquin County. Contracted CBOs included Mary Magdalene (African-American), Lao Family Community, Lao Khmu Association, Vietnamese Voluntary Foundation, Inc. (VIVO), Asian Pacific Self-Development and Residential Association (APSARA), El Concilio, Native Directions, Community Partnership for Families (Muslim/Pakistani), and San Joaquin County AIDS Foundation (gay, lesbian, bi-sexual, transgender outreach). This effort helped ensure that underserved ethnic populations effectively participated in all six workgroups.

In order to support the consumers, family members and CBOs, weekly meetings continued with Behavioral Health Services to address obstacles and share successes. Two main issues surfaced as an obstacle: trust and stigma. It became apparent that various communities lacked trust and, in some cases, a large amount of distrust was affecting the engagement process. The community-based organizations became a vital link for bridging and developing a trust between the community and BHS. In addition to addressing obstacles and successes, they shared strategies for accessing the different communities.

The nine CBOs continue to meet with Behavioral Health Services staff on a biweekly basis to discuss outreach and education efforts. “Through our Mental Health Services Act planning process, we’ve reached a level of trust with these community partners that is unprecedented for us,” said the San Joaquin County Behavioral Health Services Director. “We look forward to ongoing partnerships.”

At a Stakeholder Steering Committee meeting in December 2005, the BHS Director visually outlined the partnership and relationship among mental health consumers, community-based organizations and Behavioral Health Services (see graph below).



Conceptual Model: Full Service Partnerships

Core County Programs:
- Case Management
- Clinical & Rehab Services
- Medications
- Recovery Coaches
- Access to full array of programs

CBO's:
- Community Outreach
- Engagement
- Education
- Recovery Support
- Cambodian
- Hmong
- Laotian
- Vietnamese
- African American
- Latino
- Native American
- Middle Eastern
- Gay, Lesbian, Bisexual & Transgender (GLBT)

Contracted Support Programs:
- Specialized support services, e.g., housing wraparound, employment & wellness centers

Graph 2. San Joaquin County Full Service Partnership Model

Bob Martinez, a California Institute of Mental Health consultant and past director of the CIMH Center for Multicultural Development, assisted in the MHSA planning process as an expert on the underserved ethnic population. “The biggest issue we’re dealing with,” explained Martinez, “is how to best provide services to a multicultural population. We need to engage each ethnic group ‘where they’re at’ since they all have a different prospective of exactly what mental health is. In order to serve these populations you first must develop a trust with them. They won’t tell you how to help them if they don’t feel comfortable talking to you. We need to see how the ethnic communities view mental health and any stigma attached to it and then we need to create interventions.”

During outreach efforts, consumers indicated that stigma was a major factor in keeping people from accessing mental health services. Additionally, certain ethnic communities did not have a word for “mental illness” but had a clear understanding of what it was to be unstable or unbalanced. Other defining issues that surfaced were the lack of knowledge about dual-diagnosis and mental illness, where to access services, and what services were available.

Each CBO developed different strategies to access their communities, including one-on-one contact; going to the homes and apartment complexes where racial/ethnic communities live; going to churches, temples, mosques, and faith-based organizations; working with social services; attending social or community celebrations/activities; conducting focus groups; and hosting special dinners with an MHSA agenda. Individuals were asked, “What would make services better? What would make services easier to access? What services were needed?”

“Our local commitment to bringing the ethnic communities on board made it possible for this county to be recognized by the state as an example of how outreach and engagement of ethnic populations can happen,” said Samuel Vaughn of Mary Magdalene Community Services. “This is the first time we’ve been asked for our input on what services are needed for the community that we serve,” added Robert Lampkins of the San Joaquin County AIDS Foundation.

Project Liaison Richard Sanguinetti called the outreach process “drilling down” in an effort to go deeper to gain a depth of understanding about community needs. “With our community-based organizations we’re going out into communities that haven’t had access to mental health so that we can overcome language and cultural barriers and reduce stigma. Our needs assessment showed us that many people in the underserved/ethnic population didn’t know about our services and that we need to continue to reach out to them,” he said.

Outreach efforts targeted the following populations:

A. *The African-American Community:* An ad hoc group of San Joaquin County Behavioral Health Services staff developed the Black Awareness Community Outreach Program (BACOP) concept three years ago to reach out to the African-American community, with the goal of reducing obstacles and barriers to access. With the advent of the Mental Health

Services Act planning process it became clear that additional assistance was needed to reach the African American community. San Joaquin County Behavioral Health Services (SJCBHS) contracted with an African American community-based organization, Mary Magdalene Community Services. BACOP/Mary Magdalene then worked together to develop a strategic plan to outreach to the African American community to bring them into the Mental Health Services Act planning process. The following represents their efforts:

- Annual Black Family Day Celebration held at the Stockton Civic Auditorium. According to the Record, over 700 people were in attendance at this daylong event. Materials were handed out to attendees, including the MHSA planning schedule and process. Over 100 interest cards were filled out with follow-up contact information, and an invitation to attend BACOP Committee meetings
- A focus group was held at "The Rock," a community drop-in center. Forty-five participants from the African American community shared their ideas on the mental health needs of their community
- Pat Lloyd Scholarship Concert Association's (PLSCA) 16th Annual Scholarship Concert held was at Delta College. The concert was put on by PLSCA and the AAEA African American Employees Association (AAEA) and included a presentation regarding the Mental Health Services Act. Materials handed out to the audience included the MHSA planning schedule and planning process, interest cards with follow-up contact information and an invitation to attend BACOP Committee meetings
- A number of BACOP/Mary Magdalene & community volunteers canvassed targeted areas, passing out flyers and other information regarding the MHSA
- Focus groups were held involving various sororities including Delta Sigma Theta and Links
- Mary Magdalene transported 17 transitional age African American youth (TAY) to a TAY workgroup meeting in Tracy. Participants openly shared their ideas and opinions regarding mental health services for African American youth and transitional age youth
- Throughout the months of September, October and November, Mary Magdalene transported individuals from the African American community to15 planning and consensus meetings. These efforts helped to insure that the African American community remained an active part of this planning process
- A focus group was held with 20 professional women where ideas and community needs were discussed
- A focus group was held at Larch Clover Community Center in the city of Tracy. Participants shared their ideas on the mental health needs of their community

- A focus group was held at the Stockton Teen Center. Twenty-five youth and transitional age youth participated, sharing their ideas on the mental health needs for their age group
- A presentation was given at the Black Baptist Minister's monthly meeting regarding the Mental Health Services Act. Ministers were given surveys and invited to attend a Ministers and Wives Summit on the MHSA
- A presentation was given at Christ Temple Apostolic Church on MHSA and the needs of mental health services in the African American community. Surveys were completed.
- An African American Ministers & Wives Summit was held. Forty-five pastors and wives and other community leaders were in attendance
- A presentation on the Mental Health Services Act was made at a forum hosted by the *Record* that focused on the needs of the African American community
- At an NAACP monthly meeting, a presentation on the MHSA was made and surveys completed
- During the months of October and November Mental Health Services Act surveys were completed at health fairs, schools and churches throughout the county
- BACOP assisted at the BHS consumer picnic where surveys were completed and invitations were extended to attend BACOP meetings
- A follow-up meeting with African American pastors and community leaders was held to update them on the MHSA planning progress
- The media, including TV, radio and newspapers, was accessed in an effort to reach and inform the African American community, including:
    1) Black Awareness Community Outreach Program members discussing MHSA and how it relates to the African American community on SJTV weekly program called "The Community Speaks"
    2) Radio Announcements regarding the Mental Health Services Act on two separate programs which ran on KSTN 1420 Radio Station.
    3) Articles in two African American Community based newspapers (*The Central Valley Press* and *The Central Valley Drum*). Articles included information about MHSA and an invitation to participate in the planning process.

B. *The Southeast Asian Community:* BHS contracted with four organizations which provide services to the Southeast Asian communities of San Joaquin Community. Many of the target population are monolingual in their native language and bicultural in lifestyle, with the associated difficulties in adapting to the mainstream culture. The language barrier that

this population experiences is a critical issue and contracted CBOs were invaluable to Behavioral Health Services in helping bridge the communication gap.

a. Lao Family Community was developed by indigenous leadership when the first wave of refugees came to the County some twenty years ago. Lao Family conducted three focus groups and surveys with 59 respondents from the Hmong community.

b. Lao Khmu Association, a Laotian community-based organization, conducted three focus groups with 97 participants in the Laotian community, generating 84 surveys. “Outreach had a big impact in the community in terms of people’s perceptions about mental health. They felt that the information we provided was very educational,” said a Lao Khmu agency representative.

c. VIVO, the Vietnamese Voluntary Foundation, Inc., held a focus group with 110 participants, and collected, compiled, and analyzed 21 surveys in the Vietnamese community. Diem Ngo, director of VIVO, a resource and referral agency for Vietnamese residents, said no one wants to be labeled "dien khung," or “crazy”. But many non-English speaking immigrants suffer illnesses such as depression or bi-polar disorder and even more are stressed living in an unfamiliar culture.

d. APSARA, the Asian Pacific Self-Development and Residential Association, has been providing social services and outreach services to Cambodian immigrants for the past 13 years. Staff went door-to-door talking to people and asking them questions, which were written in Khmer and recorded in English. Staff also went to the Buddhist temple during a special ceremony where people were gathered. Eight focus groups were conducted and one community meeting was held, with a total of 220 people participating in these outreach efforts.

e. Additionally, 61 surveys were collected, compiled and analyzed from BHS’s Transcultural Clinic, which provides mental health services to the Southeast Asian communities.

C. The Latino Community:

- BHS contracted with the Council for the Spanish Speaking (El Concilio) Latino Mental Health Program to provide outreach to the Latino community. According to El Concilio staff, language, acculturation, intergenerational, migrant and economic factors have been known to significantly affect this population. Traditionally, Latinos coming from a close-knit family system are more likely to handle problems within the family rather than reaching out to social service organizations for assistance. Many Latinos reach out to medical doctors, churches, and

faith healers before coming to mental health for treatment. Five countywide focus groups were conducted with 108 attendees and 106 surveys were gathered. Data showed that the Latino community has had the least access and the lowest penetration rate of any large ethnic population in San Joaquin County, and, even more telling, that many Latinos knew nothing about Behavioral Health Services and its services.

- BHS Latino Mental Health staff conducted extensive outreach to individuals and established community groups, at local churches and flea markets. A total of 710 contacts were made with survey and focus group data collected, compiled, and analyzed.

D. The Native American Community:

- The community-based organization, Native Directions, Inc., (Three Rivers Lodge) conducted five outreach focus groups with the Native American community. Thirty individuals completed surveys which indicated that cultural barriers have contributed to poor health and under-utilization of health services. Modesty, taboos, and use of traditional healing practices are important elements of the cultural belief system maintained by the Native American community. Most health beliefs are closely linked to religious beliefs and psychotic episodes may be seen as spiritual insight.

E. The Muslim/Middle Eastern Community:

- Six focus groups were held during evening hours when Muslims were gathered for Ramadan. Forty to 50 individuals participated in each focus group. “Participants felt more comfortable completing surveys because of the stigma of discussing mental illness,” said Robina Asghar, Executive Director of the Community Partnership for Families. Two hundred fifty nine surveys were collected.

F. Homeless Population:

- Behavioral Health Services Homeless Outreach staff conducted a focus group for 30 inmates, from the County jail, which generated 15 surveys. Additionally, staff held a countywide focus group for 25 homeless individuals and also surveyed 59 individuals.

G. Gay, Lesbian, Bisexual, Transgender Population:

- Led by the San Joaquin AIDS Foundation, 17 focus groups were conducted with groups such as high school gay and straight alliances, support groups, college/university organizations, and Parents and Friends of Lesbians and Gays. Two hundred thirty-seven surveys were compiled. “What was developed in this process will have a positive

impact as it will be actually what is needed by those we serve," said Robert Lampkins of the San Joaquin County AIDS Foundation.

Consensus Work Groups

After surveys and focus groups were conducted and workgroups prioritized services, 31 Workgroup Consensus meeting were held during the months of November and December 2005. Each Consensus Workgroup was tasked with, over the course of five meetings, reaching consensus on programs, services, and strategies to bring forward as final recommendations to the MHSA Stakeholder Steering Committee.

A planning meeting was held in October 2005 with the MHSA Stakeholder Steering Committee to determine the consensus workgroup process. A process that was effective, informative and representative of the needs within the San Joaquin County community required:

1. Active facilitation using clear consistent guidelines of process and set agenda
2. Good community and research-based data
3. Knowledge of evidence based, best and promising practices
4. A clear understanding of the decisions/recommendations that the group had impact over

By the meeting's end it was decided that Consensus workgroup members would include:

- Workgroup leader (1)
- Co-leader (1)
- Consumer and/or family member (6)
- One representative selected by each contracted ethnic/underserved population (VIVO, El Concilio, APSARA, Mary Magdalene, Native American, Lao Family, Lao Khmu, GLBT, homeless) (9)
- Major public agencies that were appropriate to the workgroup (up to 3)
- Non-profits that were appropriate to the workgroup (up to 3)

The Workgroup Chair (appropriate BHS manager) was the same individual(s) that led the Workgroups during the community input phase. The Workgroup Co-Chair was a consumer or family member who worked closely with the Chair and Transformation Consultant to ensure that the voices of consumers and family members were heard and were central to each Workgroup's consensus and recommendation process. The Stakeholder Steering Committee members and BHS Director felt strongly that all nine ethnic and GLBT populations should have a dedicated seat on each workgroup to ensure their community input and ideas were heard and incorporated.

The CIMH Transformation Consultants attended Consensus meetings and provided research on best practices and evidence-based strategies that Workgroup members were exploring. Early in the meeting process, LeadershipOne staff presented research data compiled from the community-based organization outreach and survey process to help Workgroups key in on unserved and underserved populations.

Workgroup members were representative of consumers, family members of consumers, and the community at large. Their role was to consider all data and input in helping the group reach a consensus about prioritized recommendations to bring forward to the San Joaquin County Mental Health Services Act Stakeholder Steering Committee. If everyone present in the room could not come to consensus then the vote moved over to the workgroup membership (this happened only once throughout the consensus meeting process). Work built from one meeting to the next as a holistic look at the data, populations, and needs was taken. The Transformation Consultant and facilitators were present at each meeting, but were not voting members.

All Consensus Workgroup meetings were held at the Behavioral Health Services offices except the Criminal Justice meetings. Those Consensus meetings were held at the courthouse to ensure that there was participation by the judges and others involved in the criminal justice system, such as the District Attorney's Office, the Public Defender's Office and Probation. Meetings were two to three hours in length, and attendance averaged at 28 participants per meeting. Each Workgroup reached consensus by the final meeting, prioritizing services and strategies that would be recommended at the December 2005 MHSA Stakeholder Steering Committee meeting. The consensus recommendations for each workgroup were available at http://sjmhsa.net/summaries.html.

Additional Outreach Efforts

- Media interview: Project Liaison Richard Sanguinetti discussed the Mental Health Services Act on Tony Washington's popular local interview show on cable station SJTV (San Joaquin County TV). The segment repeated for the next three weeks. Sanguinetti also provided information for an article in *The Record*, Stockton's daily newspaper. The Tracy Press also covered the MHSA process.
- Informational Presentations:
    - Two presentations by the Project Liaison and a MHSA Stakeholder Steering Committee member were made to staff of the Central Valley Region Crestwood facilities about the recovery model described in the MHSA.

- The Project Liaison conducted a PowerPoint presentation to the San Joaquin County Chapter of Marriage and Family Therapists about how the Mental Health Services Act will likely create a demand for services.

San Joaquin County submitted a 'Removal of Conditions to San Joaquin County's Mental Health Services Act (MHSA) Community Program Planning' that ensured geographical and gender inclusion within the planning process. The package of supplemental information was submitted on December 8, 2005 and a letter was received from California Department of Mental Health on December 27th expressing that the conditions had been adequately addressed and that conditions were lifted.

3) *Identify the person or persons in your county who had overall responsibility for the planning process. Please provide a brief summary of staff functions performed and the amount of time devoted to the planning process to date.*

Bruce Hopperstad, LCSW, director of San Joaquin County Behavioral Health Services, had the overall responsibility for the planning process. Approximately 20% of his time was committed to the project, but none of his costs were charged to MHSA.

Assisting Mr. Hopperstad as Project Liaison was Richard Sanguinetti, who recently retired from his position as Chief Mental Health Clinician. He was brought back to San Joaquin County Behavioral Health Services to take on a leadership role in the MHSA planning process. "I was so excited to participate in this process that I came out of retirement to get involved," he said. "I am very intrigued about how the Mental Health Services Act is going to change the way we do business." One hundred percent of his time as a part-time employee was dedicated to the project.

Cheryl Torres, Consumer Outreach Coordinator, committed 50% of her time on the Mental Health Services Act planning process, attending stakeholder meetings and trainings, participating in workgroup meetings, performing outreach, and assisting in writing the MHSA plan. Costs for this time commitment are charged to MHSA.

Pat Alexander returned from retirement to work on a part-time basis to assist the Black Awareness Community Outreach Program (BACOP), especially with outreach to the African American community. One hundred percent of her time, as a part-time employee, was charged to the project.

With a proven expertise in the community planning process, LeadershipOne contracted with Behavioral Health Services to serve as Project Facilitator in August 2005. LeadershipOne has been conducting full-scale community needs

assessments and developing strategic plans for public agencies, non-profits, state associations and businesses for the past twelve years. Lois Lang, Psy.D., principal consultant, led the team of six facilitators and support staff. The LeadershipOne team has worked through the facilitation, design, implementation and evaluation of more than 20 long-term projects that were over six months in length.

Specific coordination and facilitation roles in the Mental Health Services Act planning process included:

- Publicizing meetings
- Generating mailing lists
- Scheduling meeting rooms
- Performing meeting facilitation
- Charting and recording meeting notes
- Summarizing meetings for posting on the website
- Performing needs assessment
- Providing Mental Health Board training
- Assisting in the writing the MHSA plan

Specialized "transformation" consultants were utilized to bring information to state-of-the-art wellness and recovery concepts and evidence-based practices to each of the workgroups. A contract was developed with the California Institute for Mental Health (CIMH) for consultants with special expertise in transforming mental health services in the areas covered by the various workgroups. CIMH consultants proved to be invaluable to the workgroups during Consensus meetings, providing guidance and expertise in helping prioritize chosen strategies. CIMH Consultants included: Bob Martinez and Rudy Lopez, Underserved Ethnic Populations; Al Lammers, Criminal Justice; Cynthia Jackson, Older Adult; Lucinda Dei Rossi and Neal Adams, Adult; Bill Carter, Youth; and Debra Brasher, TAY.

Each Workgroup Leader redirected a portion of his/her time (approximately 20%) to facilitate and participate in the many aspects of MHSA planning activities. In addition to leading workgroup and consensus meetings, leaders helped generate stakeholder mail and e-mail lists, attended Community meetings and Stakeholder Steering Committee meetings, participated in California Institute of Mental Health web cast trainings, and wrote individual sections of the Mental Health Services Act plan. The costs related to these staff are not charged to the MHSA budget.

Workgroup Leaders included: Children and Youth Services: Kim Suderman, Deputy Director; Transition Age Youth (TAY): Michele Rowland-Bird, Chief Mental Health Clinician; Lynn Thomas-Shaw, Chief Mental Health Clinician; Adult Services: Tosh Saruwatari, Deputy Director; John Schaeffer, Deputy Director;

Becky Gould, Deputy Director; Older Adult: Sue Gruber, Program Manager; Criminal Justice: Linda Collins, Mental Health Court Liaison; and Unserved and Underserved Populations: Marla Ford, Chief Mental Health Clinician and Michele Salter, Mental Health Clinician III.

Contracts were secured with nine community-based organizations (CBOs) to reach out and include persons and leadership from the underserved ethnic populations and underserved/unserved groups in San Joaquin County. CBOs include VIVO (Vietnamese Voluntary Foundation, Inc.), Lao Family Community of Stockton, Lao Khmu Association, APSARA (Asian Pacific Self Development and Residential Association), Native Directions, Inc, Community Partnership for Families of San Joaquin County, Mary Magdalene Community Services, El Concilio, and San Joaquin County AIDS Foundation. CBOs were tasked with holding meetings and focus groups, generating surveys, and gathering data.

MHSA Stakeholder Steering Committee Chair Ken Cohen, San Joaquin County Health Care Services Agency Director, provided oversight and direction to the planning process. Approximately 5% of his time was spent with MHSA, but none of his costs were charged to MHSA.

BHS Finance Staff assisted directly with the development and writing of the Mental Health Services Act Three-Year Plan Budget and Budget Narratives. Their amount of time spent on the project was 20% and the costs related to these staff are not charged to the MHSA planning process. They include Beth Way, Deputy Finance Director; Bruce Mahan, Accountant Auditor III; Lewis Rose, Accountant Auditor II, Ray Shalaty, Management Analyst II; and Ejaz Ahmed, Accounting Officer.

Rudy Arrieta, Performance Outcome Coordinator, worked to gather prevalence and system capacity data, attended web cast trainings, and assisted with the development and writing of the MHSA plan. The costs related to Mr. Arrieta's time are not charged to the MHSA budget.

Behavioral Health Services Information Technology Staff. Donna Yim and John Hamilton assisted mental health consumers Don Anderson and Jeff Gianpetro in their efforts to develop the MHSA web site. Ms. Yim and Mr. Hamilton were also tasked with converting files to PDF for the website posting and providing support for the California Institute of Mental Health web casts. Twenty percent of their time was devoted to the project and costs for their time are not charged to the MHSA planning budget.

Many other Behavioral Health Services Staff participated in the MHSA planning process activities by completing one or more of the following tasks:

- Liaison with ethnic community leaders
- Provided outreach and support to consumers and family members
- Assisting in the development and writing of the MHSA plan

The amount of time these staff members devoted to the above activities varied from 10% to 20% or less, and costs are not charged to the Mental Health Services Act planning process. Following is a list of those BHS staff:

- Steve Ellington, program manager for the Transcultural Clinic
- Tammy Mayo, BACOP
- Gilbert Chan, Information Technology Services
- Candida Antonio, Behavioral Health Services support staff

4) *Briefly describe the training provided to ensure full participation of stakeholders and staff in the local planning process.*

With the intent of making the Mental Health Services Act planning process as participative and transparent as possible to community stakeholders, training was provided to consumers, families, and Behavioral Health Services staff, staff of BHS contractors and staff of other agencies who have direct contact with mental health consumers, including welfare, probation, the courts, education, law enforcement and others.

From January through July 2005 the Project Liaison, Performance Outcome Coordinator, Consumer Outreach Coordinator, and consumer members of Power 'N Support and the San Joaquin Chapter of NAMI traveled weekly, then bimonthly to Sacramento to attend day-long presentations on the Mental Health Services Act. Members of this group also attended two general stakeholder meetings and five regional meetings. "San Joaquin County usually had the largest representation of any county at these meetings," said Project Liaison Sanguinetti. Internally, BHS started a series of meetings with CBOs and consumers to have discussions and share strategies for outreaching and engaging diverse ethnic, homeless and GLBT communities.

Behavioral Health Services staff members were provided detailed information about the MHSA planning process at a meeting in August 2005 after the Community Outreach meetings had been presented. Bruce Hopperstad, Richard Sanguinetti, and LeadershipOne gave a PowerPoint presentation and answered questions and concerns about the Mental Health Services Act. A workgroup was also scheduled at the end of September so that staff could provide input about proposed strategies before Consensus Meetings were underway. According to the Project Liaison, staff buy-in was crucial to the process.

Behavioral Health Services encouraged broad attendance at California Institute of Mental Health web cast trainings, which were held twice a week starting in September through beginning of December. On average 20 people attended—consumers, family members, and staff. Trainings, in easy to use Microsoft Live

Meeting format, were on such topics as evidence-based practices and supportive housing. Web cast trainings continued again in January and ran through March.

Over the course of five consecutive weeks, 70 to 80 Behavioral Health Services staff and psychiatrists were presented with information about the Mental Health Services Act during a weekly lecture period. The Project Liaison also attended monthly psychiatric team meetings where he explained the MHSA to the group.

LeadershipOne met with the MHSA Stakeholder Steering Committee in mid-December 2005 to present County prevalence data. To prepare for the upcoming decision-making process based on final workgroup recommendations, LeadershipOne reiterated guidelines set forth in the Mental Health Services Act and discussed the county planning process that had been completed to that point. The meeting was well attended, not only by MHSA Stakeholder Steering Committee Members, but also by other consumers, family members, community members, CBO staff and Behavioral Health Services staff.

Throughout the Mental Health Services Act planning, participants were encouraged to comment on all aspects of the process. Overall community feedback was positive and although not every stakeholder agreed with how the process was conducted, everyone was given the opportunity to voice his or her opinions, and input was incorporated as the process went forward.

Project Liaison Richard Sanguinetti believes that the planning process has been invaluable for all involved. “Consumer involvement has been unprecedented. We’ve given mental health consumers a forum to voice their needs, and by participating in this process we’re seeing the real people behind the need. Our consumers are thriving in these leadership roles.”