

Mental Health Services Act - Community Program Planning (CPP) Processes - Draft Evaluation Plan



Please send feedback and comments by July 12, 2013 to:

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Purpose of the Evaluation

The purpose of this evaluation is to inventory current Mental Health Services Act (MHSA) Community Program Planning (CPP) processes in California's 58 counties and two municipalities. The evaluation hopes to identify the most positive and useful CPP practices that may be shared with and taught to others throughout the state. This participatory research evaluation will identify the most promising activities by assessing the quality of program planning processes as well as the perceived impact these processes have on CPP participants, mental health and other health and human services, and on the wellbeing of consumers, their families and the community at large.

Evaluation Team

This evaluation is funded by the Mental Health Services Oversight and Accountability Commission (MHSOAC). MHSOAC staff members oversee all activities and approve all evaluation plans and final deliverables. Resource Development Associates (RDA) serves as lead evaluator, responsible for the development of the evaluation framework, research methods and tools, the provision of training and technical assistance for data collection, and data analysis. RDA developed this evaluation plan using a participatory approach, described in greater detail below. The Community Stakeholder Project (CSP), comprised of Peers Envisioning and Engaging in Recovery Services (PEERS) and California Association of Mental Health Peer Run Organizations (CAMHPRO), form an important partnership that coordinates stakeholder participation in the evaluation process. CSP will be responsible for all data collection activities, in part by collecting data themselves, and in part by managing a cadre of four Regional Partner peer-run organizations. A Community Advisory Committee, comprised of representatives from among the Regional Partner organizations, National Alliance on Mental Illness (NAMI), United Advocates for Children and Families (UACF), California Youth Empowerment Network (CAYEN), and California Association of Local Mental Health Boards and Commissions (CALM), will review the evaluation plan and provide ongoing recommendations and feedback as the evaluation progresses.

Approach to Evaluation

The CPP process inventorying and the evaluation will document current CPP processes and practices throughout the state and measure their quality as well as their impact and effectiveness via a rigorous approach based on principles laid out by the American Evaluation Association Ethics Committee. These principles include:

- ❖ *Systematic inquiry*: including measurable research questions, use of appropriate methods, and ongoing communication, which will allow others to understand, interpret and critique evaluation findings.

- ❖ *Competence*: including sufficient training and skill development, experienced analysts, attention to cultural competency, and clarity about limitations.
- ❖ *Integrity/Honesty*: including openness about budget, roles and responsibilities, limitations of methodology, and potential conflicts of interest/biases.
- ❖ *Respect for people*: including participants and respondents, and abiding by standards related confidentiality, informed consent, and potential risks or harms to participants.
- ❖ *Responsibility for public welfare*: including an understanding of the implications and use of data, and a willingness to present findings in a manner that is understandable and respectful.¹

One of the goals of this evaluation is to promote continuous quality improvement of CPP processes, which entails the solicitation of input from those most impacted by the public mental health services—namely consumers and family members and those who have been historically unserved, underserved, and inappropriately served. The evaluation team has used input from these stakeholders in the planning of the evaluation, and will continue to do so in the collection and interpretation of data. This approach, called *participatory research or empowerment evaluation*, “aims to increase the likelihood that programs will achieve results by increasing the capacity of program stakeholders to plan, implement, and evaluate their own programs.”²

Summary of Two-Day Participatory Evaluation Summit

RDA convened a 2-day summit with participation from PEERS and CAMPHRO staff, members of NAMI, UACF, CAYEN, CALM, staff members from 4 peer-led regional organizations and staff from MHSOAC. The Summit was held at the PEERS office in Oakland, California, on May 22 and 23, 2013. The objectives of the summit were to:

- ❖ Develop a safe, supportive, and open environment for CSP, MHSOAC and RDA staff to build skills and share knowledge and experience about evaluation.
- ❖ Identify research questions and a theory of change.
- ❖ Construct a logic model to inform the development of evaluation methods, tools, and research stimuli.
- ❖ Provide training on determining sample, choosing methods, and tool creation.
- ❖ Elicit contributions from participants in drafting tools that RDA staff can finalize.

The first day of the summit included an introduction to the project and welcoming by PEERS and CAMPHRO staff. RDA provided a brief training on evaluation and led a visioning exercise to collectively articulate the goals of county CPP processes. Participants then developed a theory of change, identified evaluation research questions based on the theory of change, and helped construct an evaluation logic model.

¹ <http://www.eval.org/p/cm/ld/fid=51>

² Fetterman, David M. and Abraham Wandersman, 2004. *Empowerment Evaluation Principles in Practice*. New York: The Guilford Press.

On day two of the summit, RDA presented a modified evaluation logic model and elicited feedback from summit participants to confirm that ideas and input had been sufficiently and appropriately captured. After reviewing the parameters of the evaluation scope, participants collectively identified an inventory of potential methods of answering research questions, and in smaller breakout sessions, helped to develop focus group, key informant interview, survey, and document review tools.

Following the summit, RDA finalized and validated the data collection tools. The draft tools are included in this document, and, will be modified based on feedback from OAC, PEERS, CAMHPRO, CAC, and Regional Partners.

Theory of Change and Use of Logic Models to Define Research Questions

The evaluation team developed this evaluation plan using an approach grounded in a *theory of change* and the use of *logic models for program evaluation*.³ During the Evaluation Summit, the evaluation team collectively envisioned the goals of a successful CPP process, and described the types of inputs and activities that would lead to the accomplishment of these goals. This was defined as our theory of change. Our theory of change was simply that by conducting an *effective* CPP process, every county could achieve positive outcomes for CPP participants, the mental health system and community as a whole. The evaluation team then identified evaluation questions using a *logic model*. The logic model evaluation framework was used to ensure that the evaluation systematically asked all questions that would enable us to define current CPP activities, measure the outputs and outcomes of these activities, identify the most effective CPP processes, and ultimately to test our theory of change.

The following logic model framework was used to define a set of more specific evaluation questions. The complete evaluation logic model is located in Appendix 1.

| Inputs | Activities | Outputs | Short-Term Outcomes | Long-Term Outcomes | Impacts |
|---|--|--|---|--|---|
| What resources do counties have to conduct CPP process? | What CPP activities are Counties engaged in? | How many stakeholders are involved in CPP? How diverse is representation? How often do stakeholders participate? How satisfied are stakeholders with CPP process? | How and to what extent does participation affect different stakeholders and different stakeholder communities engaged in CPP process? | How and to what extent does participation affect how services and supports are planned, implemented and evaluated? | How and to what extent do CPP processes impact the mental health of residents, perception of services and stigma? |

³ http://www.cdc.gov/dhdsp/programs/nhdsp_program/evaluation_guides/docs/logic_model.pdf

Methods and Tools

To answer the evaluation research questions, the evaluation will use four analytic methods including: focus groups; key informant interviews; a survey; and document review.

Focus Groups: The evaluation team will conduct one focus group in each county and municipality (59 total), involving approximately 6 – 12 individuals who participated in the most recent year’s CPP process. Questions will focus on group perceptions, attitudes and beliefs about the counties’ CPP processes and outcomes. Focus groups will allow participants to provide in-depth information about their county’s CPP process and share their opinions in a safe space. Regional partner organizations will recruit participants by soliciting help from county MHSOAC coordinators. The CSP and regional partners will design an announcement, which will be sent via participant mailing lists, and select a central location at a time that the County typically conducts its CPP activities. Each focus group will include a facilitator and a note-taker, who will use a standardized focus group protocol. Focus groups will last 1.5 – 2 hours. Ten dollar incentives will be provided to those who attend on their own time, and refreshments will be provided to all participants. Regional partners will clean notes, and enter them electronically into a database prepared by RDA. Following each regional partner’s first focus group (pilot phase), RDA will review notes and provide feedback and recommendations for subsequent groups. Refer to Appendix 2 for focus group protocol.

Key Informant Interviews: The evaluation will include approximately 6 key informant interviews in each county and municipality, allowing for larger counties to conduct 7 – 8 and smaller counties to conduct 4 – 5. A minimum of 354 interviews will be conducted. Interviewees are expected to have a broad view of the needs of the community that they represent. Interviewees in each county will include: a MHSOAC coordinator; a consumer advocate; a family advocate; and one representative of an underserved community. Additional interviewees may include a local mental health board member and representatives of partner organizations, including but not limited to: law enforcement agencies, public education, social service, veteran, alcohol and other drug, and healthcare agencies. CSP will ensure that throughout the State, there are a minimum of three interviews conducted with each partner organization. Each interview will use a standardized protocol designed for the specific target population; for example the MHSOAC Coordinator protocol will be substantially different than the protocols used for the other populations. Research stimuli used in the MHSOAC Coordinator protocol focus predominantly on objective inquiries, such as a description of practices and numbers of participants, while the protocol for the other stakeholders focus more on perceptions and individualized experiences. Refer to Appendix 3 and 4 for key informant interview protocols.

Regional Partners and CSP will recruit participants using their own contacts and by soliciting help from county MHSOAC coordinators. Each interview will last approximately one hour, and no incentives will be provided. Regional partners will clean notes, and enter them electronically into a database prepared by

RDA. Following each regional partner's first interview (pilot phase), RDA will review notes and provide feedback and recommendations for subsequent interviews.

Paper-Based and Electronic Survey: The evaluation will include a survey instrument targeting the widest range of mental health stakeholders possible, including those currently involved in the CPP process, those previously involved, and potential stakeholders who may never have been involved nor have heard of the CPP process. The survey intends to capture a broad spectrum of stakeholder input that the other tools may not achieve. Survey questions ask about CPP outreach, engagement, training, barriers to participation, and include Likert scale questions to gauge overall CPP perception. The paper and electronic survey will include skip patterns that guide respondents to questions based on their previous responses (e.g., those who have never previously heard of the CPP process will only be asked questions about what would encourage them to participate in the future).

The survey will be distributed electronically by CSP staff, who will request recruitment assistance from each county's MHSA coordinator. Electronic mailing lists may include current and former CPP participants, partner agencies, CBOs, mental health department staff, consumers and family members. Regional Partners will distribute paper-based surveys directly to mental health department reception areas, wellness centers, contract provider and advocacy organizations, and communicate with staff to coordinate distribution, administration and survey return. CSP and regional partner staff will be responsible for collecting a minimum of 30 surveys from small counties; 50 surveys from mid-sized counties, and 100 surveys from large counties; a larger sample will be accepted.

Each survey will take between 5 and 15 minutes to complete, depending upon the skip patterns. In addition to the substantive questions, the survey will ask a series of demographic questions, including race, gender, age, consumer and/or family status. Responses will be anonymous and surveys will be translated into Spanish as 28.8% of California's population is Spanish-speaking⁴. Refer to Appendix 5 for paper based survey.

Document Review: CSP staff will conduct a structured review of each county or municipality's most recent MHSA Annual Update using a standardized data collection form prepared by RDA. CSP staff will collect Fiscal Year 2013/14 Annual Updates (conducted in FY 12/13) from each county's MHSA website, and if they are not posted, request copies from MHSOAC. Research stimuli will focus on the thoroughness of the update as well as the description of CPP activities, number and demographic of participants, target population, and how input was recorded. In addition, data collection forms will capture county efforts to incorporate public comments and feedback in program planning and MHSA decisions. Each data collection form will take less than one hour to complete. Completed forms will be submitted to RDA for analysis. Refer to Appendix 6 for the document review data collection form.

Pre-Test of Tools: RDA drafted research stimuli and evaluation tool protocols using research questions identified by stakeholders. RDA's research team optimized wording, question order, appearance, and

⁴ US Census, 2011 American Community Survey 1-Year Estimates, Languages Spoken at Home

instrument length to ensure comprehension by respondents, inter-rater reliability, and face and construct validity. RDA staff internally tested each instrument, and revised accordingly.

Human Subjects Protections

RDA's Institutional Review Board (IRB) determined that for the scope of this evaluation, IRB review and approval is not required. The evaluation is exempt from IRB review and approval because it meets Health and Human Services regulation exemption 45 CFR 46.101b (5) as a research project that is designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures⁵. For the same reason, the need for participant informed consent forms are waived.

The evaluation involves minimal risk to participants. Confidentiality will be maintained by collecting minimal personal information, limiting access to identified data, and storing research records in secured databases³. Each protocol will provide information regarding voluntary participation in the evaluation and the freedom to discontinue participation at any time. Participants will be informed that their opinions and answers will affect neither their service provision nor employment status, and that neither their names nor identifying information will be used in any public reports unless written authorization is provided.

To ensure human subjects protection, RDA will request that CSP and Regional Partner staff participate in on line training provided by National Institute of Health (NIH). This training covers the history of human subject research, codes and regulations, respect for persons.. The training should take between 30 - 40 minutes, and upon successful completion data collectors receive a certificate of completion. RDA's data collection training will reinforce key topics related to human subject protections.

Training and Technical Assistance Plan

Training and technical assistance for this evaluation is comprised of initial data collection training, data collection piloting, and data quality monitoring. The four components are described below.

Training Plan

RDA will train Regional Partners in data collection during a day-long training in August 2013. Data collection training will include background information about the evaluation, human subject protection training, and trainings on participant recruitment, paper-based survey distribution, and how to facilitate focus groups and key informant interviews. In addition, RDA will provide a half-day training to CSP staff

⁵ Subjects, Basic HHS Policy for Protection of Human Research. *The Department of Health and Human Services*. June 18, 1991. <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html#46.101>. (accessed June 26, 2013)

on how to electronically disperse surveys and fill out document review data collection forms for each county. Refer to Appendix 7 for full training plan.

Piloting Plan

In early September 2013, tools will be piloted in the field:

- ❖ Each Regional Partner will conduct one focus group in a single county.
- ❖ Each Regional Partner and the CSP data collector will conduct one key informant interview with an MHSA Coordinator and two interviews with other informants.
- ❖ The CSP data collector will conduct a review of two MHSA Annual Updates.
- ❖ Each Regional Partner will distribute paper-based surveys to locations and providers in one county and collect initial completed surveys (10 days later).
- ❖ CSP will send out electronic surveys to one medium or large size county and RDA will review data 10 days later.

In mid-September, CSP and Regional Partners will submit data collection forms to RDA for review. Following initial review, RDA will schedule a conference call with CSP and Regional Partners to identify challenges, troubleshoot and develop strategies, identify necessary tool revisions, and provide feedback on data received. Following the call, RDA will revise tools based on feedback and provide additional written and verbal instructions so that data collection may begin in full on October 1, 2013.

During the conference call, RDA will describe plans for testing the quality of data collection and data recording, and describe how we will follow up with data collectors to identify challenges and revise methods and tools as needed.

Data Collection Plan

All data will be collected by CSP staff or Regional Partners. Data collected by Regional Partners will be assembled and cleaned prior to submission to RDA. Each instrument will include an accompanying data collection tool, such as an excel spreadsheet or a web-based data entry form.

Focus Groups and Key Informant Interviews: Facilitators will take detailed notes, as close to verbatim as possible. Following, they will clean notes to ensure clarity, delineate direct quotes, organize them in specific categories provided by RDA, and submit them to RDA using Microsoft Word.

Paper-based surveys: Upon distributing surveys to appropriate locations within each county, the Regional Partners will provide wellness center, mental health department, contract provider and CBO staffs with envelopes addressed to RDA. Regional Partners will provide staff with guidelines on distribution and collection of paper-based surveys, and follow up with reminders. One-third of the minimum number of surveys collected from each county are expected to be paper-based, ensuring that sufficient data comes from those who may not have access to electronic modes of communication.

Electronic surveys: CSP will send out links to the electronic version of the survey. Responses will be collected automatically and stored on the web. Only RDA will have access to the electronic data.

Data Monitoring Plan & Overview of Sampling Plan

After the piloting phase concludes in September, RDA will work with the CSP to monitor data collection to ensure sufficient sampling representation, accuracy of data collection, and timeliness of collection. RDA’s sampling plan will be used as a reference point to determine whether the data collected by CSP meets the identified targets. The table below provides an overview of the data collection methods and the target populations to be reached.

| Overview of Sampling Plan | | | |
|---------------------------|-------------------|--|--|
| Method/Tool | Number per County | Number of Participants | Target Population |
| Focus Group | 1 | 6 – 12 | Individuals who participated in most recent CPP process |
| Key Informant Interview | 1 | 1 | MHSA Coordinator |
| Key Informant Interview | 1 | 1 | Consumer Advocate |
| Key Informant Interview | 1 | 1 | Family Advocate |
| Key Informant Interview | 1 | 1 | Local Mental Health Board Chair/Member |
| Key Informant Interview | 1 | 1 | Community Leader from Unserved/ Underserved/ Inappropriately Served Population |
| Key Informant Interview | 1 | 1 | Representative of partner organization/agency, including at least three interviews with each of the following: Law Enforcement; Education; Social Services; Veteran Services; Alcohol and Drug; Healthcare |
| Electronic Survey | 1 | Minimum number of surveys: 30 surveys per small county; 30 surveys per mid-size county; 100 surveys per large counties | All stakeholders; available in English and Spanish |
| Paper-based Survey | 1 | At least 30% of above minimum number of surveys must be paper- | Ensures availability to those with no/limited access to computer |

| | | | |
|------------------------|---|-----|---|
| based | | | |
| Document Review | 1 | N/A | Most recent MHSA Annual Update; Description of CPP process |

Every two weeks RDA will generate a “Status Report” which will be distributed to CSP and Regional Partners. These Status Reports will include a range of indicators including number of data entries which have been received and how many remain for each target population as well as a review of the quality of the data and proposed recommendations for improving data quality. Strengths and weaknesses of the data quality will be assessed across the following measures:

- ❖ Has the tool been completed?
- ❖ Were there adequate numbers of participants?
- ❖ Were the participant responses sufficiently detailed? Too detailed?
- ❖ Are the respondents answering the questions?
- ❖ Are data collectors adequately tracking their attempts to make contact?

Subsequent to the Status Reports, RDA will hold a follow-up call to discuss troubleshooting and address any issues that have arisen.

Timeline and Description of Data Collection and Monitoring Activities

| Activity | Aug '13 | Sep | Oct | Nov | Dec | Jan '14 | Roles and Responsibilities |
|--|---------|-----|-----|-----|-----|---------|---|
| Data Collection Training | | | | | | | RDA will facilitate all training activities. CSP staff and Regional Partner will participate in training activities. |
| Ongoing Technical Assistance for Data Collection and Reporting | | | | | | | RDA will provide technical assistance to CSP and Regional Partners throughout data collection to ensure the collection of valid and reliable data, and to ensure that relevant data is captured in a structured format to be easily drafted into the CPP Processes Inventory. |
| Piloting Data Collection | | | | | | | CSP and Regional Partners will collect a small sample of data. RDA will review data. CSP and Regional Partners will describe challenges related to data collection. RDA will revise methods and tools, and provide follow up training. |

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|------------------------------|--|--|--|--|--|--|--|
| Data Collection and Cleaning | | | | | | | CSP and Regional Partners will be responsible for data collection. |
| Data monitoring | | | | | | | RDA will be responsible for data monitoring. |
| Coding | | | | | | | CSP will be responsible for data coding, as it pertains to the CPP Processes Inventory. RDA will be responsible for data coding, as it pertains to the evaluation. |

Appendix 1: Evaluation Logic Model

| Processes | | | Outcomes |
|--|---|---|--|
| Inputs | Activities | Outputs | Short term, intermediate, and long term outcomes, impacts |
| <p>1. What resources do counties have to conduct CPP process?</p> | <p>2. What CPP activities are Counties engaged in?</p> | <p>3. What does participation consist of? (Who? How much? How often? In what ways?)</p> | <p>4. How does participation affect participant wellbeing?</p> <p>5. How does CPP process affect the Mental Health system?</p> <p>6. How does CPP affect the broader community?</p> |
| Questions | | | Questions |
| <p><i>Staff</i></p> <ul style="list-style-type: none"> What staffing is allocated to CPP processes? e.g., contractors, volunteers, trainers What are the qualifications of the MHSO-CPP staff? To what extent are resources for the CPP process sufficient and sustainable? | <p><i>Outreach and engagement</i></p> <ul style="list-style-type: none"> What activities are used to outreach & engage stakeholders in the CPP process? What types of communication are used to outreach and engage stakeholders to participate in the CPP process? E.g. flyers, phone calls, emails, other Who are targeted in the outreach for CPP participation? What unique or innovative outreach activities do counties employ to engage people in the CPP process? <p><i>Participation</i></p> <ul style="list-style-type: none"> What are the barriers to CPP participation? How are they mitigated? In what ways and to what extent do counties target underserved/ underserved/ inappropriately served populations for outreach and participation in the CPP process? | <p><i>Outreach and engagement</i></p> <ul style="list-style-type: none"> Who/ how many stakeholders are outreached to for participation in the CPP process? To what extent do counties outreach to groups who have not historically been involved in Mental Health planning or services? <p><i>Participation</i></p> <ul style="list-style-type: none"> Who participates in the CPP process? i.e demographics Why do they decide to participate in the CPP process? How many new people participate in the CPP process? How long and with what frequency do people participate in CPP? What are the barriers to participation in the CPP process? What is the level partner organization participation? Who does not participate? If an individual's participation in the CPP process ceased, what are the reasons? What activities are stakeholders participating in throughout the continuum of MHSO activities? Is there penetration into all functions of MHSO including program planning, implementation, evaluation, oversight and accountability? | <p>STAKEHOLDER</p> <ul style="list-style-type: none"> To what degree does CPP participation affect participant wellness? e.g. education, vocation/employment, housing, self-sufficiency, reduction of negative outcomes To what degree does CPP process participation affect stakeholder trust in MH system to provide services? <p>MH SYSTEM</p> <ul style="list-style-type: none"> How has CPP participation affected regional & statewide advocacy? How & to what degree does the CPP process influence planning of MH services, implementation of MH services & outcomes of people who receive MH services? How does the CPP process affect county program budgets & resource allocation? <p><i>Services</i></p> <ul style="list-style-type: none"> To what degree are MH services changed as a result of CPP process? Are they improved? Expanded? To what extent does participant input |

| | | |
|--|--|---|
| | <p><i>Promoting Access</i></p> <ul style="list-style-type: none"> To what extent is translation/ interpretation provided? In which languages? Is it consistently available throughout the CPP process? What is being done to make stakeholder participation in the CPP process accessible? i.e transport, reimbursement What are counties doing to increase access to meetings? i.e location, time, childcare What do counties do to create CPP environments that are safe, free from stigma, discrimination and retaliation? <p><i>Training</i></p> <ul style="list-style-type: none"> What training & education activities are counties providing to participants of the CPP process? <p><i>Participant Input</i></p> <ul style="list-style-type: none"> What do counties do to collect input from participants of the CPP processes? To what extent and how do counties seek input from consumers, families, and/ or underserved populations? To what extent and in what ways does the county provide feedback and communication about how it integrates or does not integrate participant input from the CPP process? How does the county integrate diverse, differing and/or conflicting CPP participant input? What is the degree of transparency about decisions made as a result of CPP process? <p><i>CPP Process & Design</i></p> <ul style="list-style-type: none"> How are adjustments to the CPP design made? How is participant input incorporated in the CPP process planning and design? What is the relationship between LMHB & MHS-CPP Committee? What is the relationship between Behavioral Health administration & MHS-CPP Committee? How do counties evaluate and improve their own CPP process? <p><i>General</i></p> <ul style="list-style-type: none"> Are counties employing any unique or innovative strategies to engage stakeholders in planning, implementing or evaluation services and supports? i.e consumer committees | <p><i>Access</i></p> <ul style="list-style-type: none"> To what extent are consumers and family members engaged in every MHS-A committee? T To what extent do CPP participants feel that the CPP environment was safe, free from stigma, discrimination and retaliation? To what degree do CPP process participants feel that CPP process meetings and activities are accessible? <p><i>Training</i></p> <ul style="list-style-type: none"> To what degree do CPP participants feel that they have the training needed to meaningfully participate? To what degree do MHS-A-CPP staff/contractors feel that they have the training to support the CPP process? <p><i>Participant Input</i></p> <ul style="list-style-type: none"> To what degree do participants feel that they can contribute to program planning? To what degree do participants feel that their opinions are respected? To what degree are the minutes from CPP process meetings reflective of participatory input? To what degree are public hearing comments documented in the Annual Update? <p><i>General Perceptions:</i></p> <ul style="list-style-type: none"> What is the participant perception of the CPP process? What is the MHS-A coordinator's perception of the CPP process? What are other stakeholders' perceptions of the CPP process? |
|--|--|---|

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|---|
| <p>throughout the CPP process impact the planning, implementation and evaluation of MH services?</p> <ul style="list-style-type: none"> To what degree do services more effectively meet the needs of the community as a result of the CPP process? (culture, language, needs) How has staffing of the MH system changed due to CPP process? (e.g: Are more consumers being hired?) How has CPP process participation changed advocacy efforts? How has CPP process participation affected regional and statewide advocacy? To what extent has the CPP process increased collaboration among public systems (e.g. probation, child welfare, etc.)? What are the ways that CPP process has affected stigma in MH services system? Does partner participation lead to improved services of partner organizations? <p>COMMUNITY AT LARGE</p> <ul style="list-style-type: none"> Does CPP process influence voting & civic engagement? To what extent does CPP affect stigma and community perception of services? Does CPP process affect community's trust in MH service system? How was CPP affected the community beyond the Mental Health system? |
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Appendix 2: CPP Participant Focus Group Protocol

County: _____ Date _____ Facilitators _____

MHSA CPP Overview: Thank you all for coming. We are here today because we want to learn about your experience with the Mental Health Services Act (MHSA) Community Program Planning (CPP)⁶ process in _____ county. We want to know what you think is working well and what you think could be improved.

MHSA background: California’s Mental Health Services Act (MHSA) was passed in 2004 and requires that each county’s mental health department involve a broad range of community stakeholders in program planning and decision making. Stakeholders should reflect the diversity of the county and include consumers of mental health services, family members, health and social service providers, community based organizations and representatives of underserved populations.

Project background: The State of California is interested to hear from stakeholders such as you, about your knowledge and experience with MHSA Community Program Planning processes. Your responses will help us to identify the most effective and useful MHSA Community Program Planning processes and practices so that it may be shared with and taught to others throughout the state. We are looking at 2012/2013 Community Program Planning activities, which were used to inform FY13/14 services — when we ask you about current activities, please try to limit your responses to Community Program Planning experiences you had between July 2012- June 2013.

This group is intended to be a safe space. There are no wrong answers. Your participation is voluntary — you are free to withdraw your participation from this focus group at any time. What you say is confidential —we will not attribute your name to anything you say. If we think something you said could be linked to you, we will ask your permission before we publish it in any report. Also, what you say today should not affect any services you receive or your employment. Please feel free to answer honestly.

As the facilitator, I will work to create a space where you have the opportunity to share your thoughts and ideas. We work with a few guidelines to help us do that:

- Silence your cell phones — please turn off the ringer and any alarms
- There are no “wrong” or “right” opinions, please share your opinions honestly and respectfully
- Engage in the conversation
- Listen to understand
- Be curious about others’ opinions
- Limit “side conversations” or “cross talk” so that everyone can hear what is being said

If you have any questions at any time, feel free to ask. The entire session should take about an hour and a half to two hours. Thank you for your participation!

⁶ Note to facilitator: Please do not use the abbreviated term “CPP” unless you are certain that all participants understand what it means.

Icebreaker

1. Let's get started. I'd like to go around the room and ask everyone to say your name and any organization or community group you represent.

Outreach

First, I'd like to ask you some questions about how the County Mental Health Department reaches out to stakeholders to include them in the Community Program Planning (CPP) process:

2. How did you first hear about the CPP process in your county and why did you decide to participate?
3. To your knowledge, how does the county reach out and invite stakeholders to participate in the CPP process? Prompts: flyers; emails; phone call; or referral from friend? How are CPP meetings made accessible and inviting?
 - a. Are meetings locations/times accessible?
 - b. Are translation services provided?
 - c. Is there support provided to you such as transport, reimbursement, etc.?
4. Are there any barriers/ challenges for participation?
 - a. How can these barriers be overcome?
5. How could CPP meetings be made more accessible and inviting?
6. Did you know people that wanted to join, but were unable to? Why?
7. Does the Mental Health Department include stakeholders in strategizing about how to reach broader audiences and how to engage people in program planning?

Community Program Planning Activities

Now, I'd like to ask you about the CPP meetings and other activities:

8. What types of CPP activities do you participate in and how often? Prompt: public hearings, CPP planning meetings, town hall meetings
 - a. Which activities did you enjoy/appreciate the most? Why?
 - b. Which activities do you least enjoy? Why?
 - c. Will you continue to participate? Why or why not?
9. Besides the activities you participate in, to your knowledge, what other opportunities are there for people to participate in the CPP process?

10. Did the mental health department provide you with training or educational opportunities to better prepare you to participate in CPP?
 - d. To what extent do you feel that the training you received helped you to meaningfully participate?
11. How do County Mental Health Department staff members communicate with you and other participants about the CPP process (aside from outreach)?
 - e. To what degree is communication from County Mental Health Department staff sufficient to make you feel informed about the process?
 - f. How is communication disseminated? Prompt: Email list serve, Public posting,
 - g. How is input recorded?
 - h. Are there meeting minutes? If yes, are minutes/notes distributed to participants?
12. What happens to participant input?
 - a. Do you feel that decisions made regarding your input are transparent? For example, is there an explanation on how staff integrates or does not integrate participant input?
13. To what extent do you feel that all CPP participants' opinions are respected? Please explain.
14. To what extent do people feel safe and supported participating in CPP? Prompt: free from stigma, discrimination, retaliation.
 - b. What do CPP facilitators do to ensure this? Prompt: communication agreements, building trust
 - c. How does the County Mental Health Department deal with diverse, differing, and/or conflicting CPP participant input?
15. Do you feel that county staff are prepared to lead and facilitate the CPP process?
 - d. Are they representative of mental health service recipients? Prompt: consumer representation, culturally diverse staff
16. Are there representatives from consumers and family members on every MHSA committee?
 - e. If no, why do you think this is so?

Outcomes and Impact



17. To what degree have mental health services changed as result of the CPP process?
 - f. To what degree have mental health services improved? How so?
 - g. To what extent, if at all, does the CPP process affect stigma? How so?
18. Does your participation in the CPP process affect your trust in the mental health system? How so?
19. How has participating in CPP affected your own wellbeing and/or recovery, if at all?
20. How has the CPP process in this county affected the broader community? Please give examples.
Prompt: improved provision of other services, increased community knowledge, increased community understanding of mental health, improved mental health of clients

Overall Perception

21. Overall, to what degree are you satisfied with the CPP process and why?
22. To what extent do you feel that the CPP process is of value?
23. What would you do differently? What are your recommendations for the future?
24. Is there anything that we have not yet discussed that you would like to add?

Conclusion: Thank you for your participation. Your input is very much appreciated.

2. If answer to above was yes:
 - a. What CPP activities were you involved in in the last year? Please describe.
 - b. Did you receive any training to participate more meaningfully in the CPP process?
 - c. Did you feel that the CPP environment was safe, free from stigma, discrimination and retaliation? Please explain?
 - d. How did participation in the CPP process affect you as an individual? Prompt: your own wellness? Your trust in the mental health system?
3. What types of outreach have you seen in your county? Prompt: flyers, emails, radio messages
 - a. To your knowledge, what populations are targeted in outreach efforts? Prompt: consumers, family, CBOs, mental health staff, non-English speakers
 - b. In your opinion, are there any populations who are not reached out to?
4. What are some possible barriers that prevent stakeholders from participating in the CPP process? Prompt: meeting time, transportation, location
 - a. Are you aware of anything the county has done to overcome these barriers?
 - b. Do you have suggestions for overcoming these barriers?
5. To the best of your knowledge, in what ways do consumers, family members, and/or underserved populations participate in CPP planning? Are they involved in all CPP activities?
6. To your knowledge, has the CPP process influenced mental health services in any way? Please explain. Prompt: planning or implementation of MH services? Program budgets or hiring of consumers and family members?
7. To your knowledge, has the CPP process influenced health and wellness outcomes of people who receive MH services? Types of people who are served? Please explain
8. To your knowledge, to what extent has the CPP process increased collaboration between health and human service partners? Please explain.
9. To your knowledge, to what extent has the CPP process affected stigma? Please explain.
10. To your knowledge, has the CPP process affected stakeholder trust in the mental health department and mental health services in general? Please explain.
11. In your opinion, has the local CPP process affected any regional and statewide advocacy or planning? Has it affected civic engagement in general?
12. Are there any other impacts you've seen as a result of your county's CPP process?

Additional questions for mental health board chair/member:

What is the relationship between the Mental Health Board and the MHSA-CPP committee?

- a. To what degree of collaboration is there? What is an example of this?

Concluding questions for all:

13. Overall, to what extent do you feel that the CPP process is effective and valuable?

- a. What would you do differently?
- b. What are your recommendations for the future?

14. Is there anything that we have not yet discussed that you would like to add?

Conclusion: Thank you for your participation. Your input is very much appreciated.

Appendix 4: Key Informant Interview Protocol: MHSA Coordinator

County _____ Name of MHSA coordinator _____

Name of interviewer(s) _____ Date _____

Introduction: My name is XXXXX and I am calling to discuss the Mental Health Services Act (MHSA) Community Program Planning (CPP) as part of a statewide evaluation. The goal of this interview is to understand the CPP processes in your county in order to identify promising practices that can be implemented statewide.⁷

MHSA CPP background: California’s Mental Health Services Act (MHSA) was passed in 2004 and requires that each county’s mental health department involve a broad range of community stakeholders in program planning and decision making⁸. Stakeholders should reflect the diversity of the county and include consumers of mental health services, family members, health and social service providers, community based organizations and representatives of underserved populations.

Project background: The purpose of our evaluation is to inventory current MHSA CPP processes in all of 58 counties and two municipalities in California, and to identify the most positive and useful CPP processes and practices that may be shared with and taught to others throughout the state. We are assessing the quality of program planning processes as well as the impact these processes have on CPP participants, mental health services, and the mental health of community members. We are looking at 2012/2013 Community Program Planning activities, which were used to inform FY13/14 services — when we ask you about current activities, please try to limit your responses to Community Program Planning experiences you had between July 2012- June 2013.

What you say is confidential—we will not attribute your name to anything you say. If we think something you said could be linked to you, we will ask your permission before we publish it in any report. Please feel free to answer honestly. Your responses should not affect your employment status.

Thank you for filling out the bolded questions prior to your interview.

Do you have any questions before we begin?

1. How long have you been involved in MHSA Community Program Planning (CPP) processes in this county?
2. What has been your role in relation to CPP?
3. What professional or academic training prepared you for facilitating the CPP process?

⁷ Note on bold type: this interview protocol is distributed to MHSA coordinators prior to the interview. Responding to the highlighted questions below may entail the coordinator gathering data prior to the interview.

⁸ In addition to 58 Counties, two municipalities, Berkeley and Tri-City, are public mental health departments, and must also conduct an MHSA Community Program Planning Process. For the sake of this interview, these municipalities will be referred to as “counties”.

- a. Were any of these trainings provided by the Mental Health Department?
- b. Do you feel sufficiently prepared to facilitate the process? Please explain.
4. Please discuss what staffing resources the county has dedicated to the CPP process:
 - a. **How many FTEs?**
 - b. Do you feel that the County has the resources it needs to sufficiently conduct the CPP process?
5. **Does the county have any written policy or procedure manuals related to CPP process? If so can we see them?**
6. **How many participants were there in the last CPP year, and what is their demographic breakdown?** If you do not know the answer, please say so. Do not guess.
 - a. Race/ethnicity
 - b. Language
 - c. Gender
 - d. Age
 - e. Consumer
 - f. Family
 - g. Other
7. **Which of the following groups substantively participated in your CPP processes in the last year?** If you do not know the answer, please say so. Do not guess.
 - a. Mental Health Department staff
 - b. Contract or CBO mental health providers
 - c. Law enforcement
 - d. K-12 education
 - e. Early care and education/First 5
 - f. Alcohol and drug services
 - g. Veterans
 - h. Healthcare/hospitals
 - i. Social service
 - j. Ethnic/cultural CBOs
 - k. Other
8. What types of outreach activities do you engage in?

- a. What populations do you target? How?
 - b. Do you have any data that demonstrates how many people and the types of communities you've outreached to? Can we see it?**
 - c. Does your County use any unique or innovative outreach strategies to engage stakeholders in the CPP process?
9. What strategies do you use to make participation in CPP activities easy and accessible? Prompt: transport, stipends, convenient meeting time and location, language interpretation
10. What do you do to ensure a safe and supportive environment? Prompt: free from stigma, discrimination, retaliation
- a. How do you deal with diverse, conflicting and or differing participant input/perspectives?
11. What are the barriers to participation in your county?
- a. What do you do to address these barriers?
 - b. Who is still unable to participate in spite of your efforts?
 - c. What are the reasons people stop participating and what do you do to reduce attrition?
 - d. Are consumers and family members involved in every CPP activity? If not, what strategies do you use to increase their participation?
12. Please describe how you plan the CPP process in your county:
- a. Who's involved? How do you decide what to do?
 - b. Do you evaluate the CPP process? How?
13. What types of training do you provide to participants?

14. Please list all of the CPP activities/practices in the last year that the Mental Health Department sponsored/facilitated, including innovative practices (examples: public hearings, planning council meetings, surveys, focus groups)

| Activity | Description of activity | Number of meetings /activities per year | Total number of participants | Demo-graphics of participants | How was input recorded/ distributed/ used? | Successes? | Challenges? |
|----------|-------------------------|---|------------------------------|-------------------------------|--|------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

15. **For any of the activities that you described above, do you have any samples of training materials, handouts, activity tools or protocols? Can we have a copy?**
16. Are you aware of any substantive changes that have occurred in CPP processes in your county in the last few years? Are there new activities? Is the county documenting these activities differently?
17. What do you think has been the outcome/impact of your county's CPP process? Please be specific. Prompt: Increased collaboration, better relationships between consumers/family and the department, improved services, changes in staffing, changes in priorities, improved outcomes for consumers, reduced stigma
18. In what ways do you think that the CPP process has changed your life, including your perceptions, knowledge, values, and sense of wellbeing?
19. Overall, are you satisfied with the CPP process in your County? How so?
20. Given the resources you have, what would you do differently in future CPP processes?
21. Is there anything you would like to add?

Conclusion: Thank you for your participation. Your input is very much appreciated.

Appendix 5: Mental Health Services Act Stakeholder Survey

California's Mental Health Services Act (MHSA) was passed in 2004 and requires that each county's mental health department involve a broad range of community stakeholders in program planning and decision making⁹. Stakeholders should reflect the diversity of the county and include consumers of mental health services, family members, health and social service providers, community based organizations and representatives of underserved populations.

The State of California is interested to hear from stakeholders such as you, about your knowledge and experience with MHSA Community Program Planning processes. You do not have to have participated in the Community Program Planning process to respond to this survey. Your responses will help us identify the most effective and useful MHSA Community Program Planning processes and practices so that they may be shared with and taught to others throughout the state.

This survey is completely confidential and anonymous. It will take about 10 minutes to complete. If you have any questions about this survey or about the evaluation, or if you would like more information about how you can participate in an MHSA Community Program Planning process in your county, please contact: _____

1. Have you ever participated in the MHSA Community Program Planning process?

- Yes, If yes, which county? _____
 No

If no, please skip questions 2 - 13. Proceed to to Never Participated section on page X.

2. Did you participate in the most recent MHSA Community Program Planning activities (planning in last fiscal year for this fiscal year's services)?

- Yes
 No
 I do not know/ I do not remember

3. For how long have you participated in the MHSA Community Program Planning process? If no longer participating, please indicate length of past participation.

- Less than 1 year
 1 year-3 years
 More than 3 years
 I do not know/ I do not remember

4. Do you plan to participate in the future?

- Yes

⁹ In addition to 58 Counties, two municipalities - Berkeley and Tri-City - manage public mental health departments. These municipalities must also conduct an MHSA Community Program Planning Process. For the sake of simplicity, these municipalities will be referred to as "counties".

- No If no, why not? _____
5. On average, how frequent was your participation in MHSA Community Program Planning activities or meetings in your county?
- Once per year
 - Less than once per month but more than once per year
 - One to two times per month
 - Three or more times per month
 - Other _____
 - I do not know/ I do not remember
6. Why did you decide to participate in the MHSA Community Program Planning process? Check all that apply.
- Interested in mental health advocacy
 - Wanted to contribute to my community
 - Thought it would help me personally/thought it would improve my mental health
 - Thought it would help a family member
 - Thought it would help me better understand what services and supports are available
 - Thought it would provide me with training and educational activities
 - Other _____
 - I do not know/ I do not remember
7. Which of the following MHSA Community Program Planning activities did you participate in within the last year? Check all that apply.
- Attended an MHSA town hall or community meeting
 - Participated on a MHSA program planning committee or other ongoing MHSA committee
 - Participated in a MHSA focus group
 - Filled out an MHSA survey/ questionnaire
 - Attended a public hearing sponsored by the local mental health board
 - Other _____
 - I do not know/ I do not remember
8. Within the past year, what types of advertising or communication have you received about the MHSA Community Program Planning process in your county? Check all that apply.
- Flyers/posters/brochures
 - Phone Calls
 - Emails
 - Radio announcement
 - Television announcement
 - Facebook/ Twitter/ Social Media messages

- Newspaper announcement
- Referral from friend or family member
- Referral from Mental Health Department
- Referral from other service provider. Which service provider? _____
- Other _____
- None. I have never received any communication about MHSA Community Program Planning participation
- I do not know/ I do not remember

9. Which of the following incentives does your county currently provide to participants in the MHSA Community Program Planning process? Check all that apply.

- Transportation/ transit vouchers
- Meals at meetings
- Multiple meeting times (e.g. evening and day time)
- Stipend/ other financial incentive
- Childcare
- Training/ continuing education credits
- Translation services/ meetings in languages other than English
- None
- Other: _____
- I do not know/ I do not remember

10. What do you see as the most significant barriers to your participation in the MHSA Community Program Planning process in your county? Check all that apply.

- Meeting location is inaccessible
- Meeting time is inconvenient
- Language barriers
- Not enough knowledge/training to meaningfully participate
- Unsafe/ unfriendly environment at MHSA Community Program Planning meetings
- Stigma about mental illness
- Other _____
- None
- I do not know

11. Please rate the degree to which you agree with the following statements about the MHSA Community Program Planning (CPP) process in your county:

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| MHSA CPP meetings were well organized | <input type="radio"/> |
| MHSA CPP facilitators were well-prepared to lead meetings/activities | <input type="radio"/> |
| I received enough training/info to meaningfully participate | <input type="radio"/> |
| Stakeholder input was taken into account for planning mental health services in the county | <input type="radio"/> |
| Participating in MHSA CPP increased my trust in the mental health system | <input type="radio"/> |
| Participating in the MHSA CPP process improved my sense of wellbeing | <input type="radio"/> |
| I felt safe participating in the MHSA CPP process | <input type="radio"/> |
| My opinions were respected and listened to | <input type="radio"/> |
| The MHSA CPP meetings were in a language that I speak/understand | <input type="radio"/> |
| The MHSA CPP facilitators respected my culture | <input type="radio"/> |
| Overall, I found the MHSA CPP process to be useful/valuable | <input type="radio"/> |

12. What do/did you like most about the MHSA Community Program Planning process in your county? (Please feel free to attach a separate piece of paper if you would like to add more information)

13. How could the MHSA Community Program Planning process be improved? (Please feel free to attach a separate piece of paper if you would like to add more information)

If you stopped participating in the MHSA Community Program Planning process please answer the following questions:

14. Why did you stop participating in the MHSA Community Program Planning process? (Please feel free to attach a separate piece of paper if you would like to add more information)

15. What would encourage you to participate in the MHSA Community Program Planning process again? (Please feel free to attach a separate piece of paper if you would like to add more information)

If you have participated in an MHSA Community Program Planning Process please skip questions 16 - 21. Answer the Demographic Information on starting on page X.

Never Participated

If you have never participated in the MHSA Community Program Planning process, please answer the following questions to the best of your knowledge:

16. What types of advertising or communication would be most effective in reaching you regarding participation in the MHSA Community Program Planning process? Check all that apply.

- Flyers/posters/brochures
- Phone Calls
- Emails

- Radio announcement
- Television announcement
- Facebook/ Twitter/ Social Media messages
- Newspaper announcement
- Referral from friend or family member
- Referral from Mental Health Department
- Referral from other service provider. Which service provider? _____
- Other _____
- I do not know

17. Which of the following incentives would be most helpful in encouraging your participation in the MHSA Community Program Planning process? Check all that apply.

- Transportation/ transit vouchers
- Meals at meetings
- Multiple meeting times (e.g. evening and day time)
- Stipend/ other financial incentive
- Childcare
- Training/ continuing education credits
- Translation services/ meetings in languages other than English
- Other: _____
- I do not know

18. What barriers have or would prevent you from participating in the MHSA Community Program Planning process in your county? Check all that apply.

- Meeting location is inaccessible
- Meeting time is inconvenient
- Language barriers
- Not enough knowledge/training to meaningfully participate
- Unsafe/ unfriendly environment at MHSA Community Program Planning meetings
- Stigma about mental illness
- Other _____
- I do not know

19. Would you be interested in participating in the MHSA Community Program Planning process in your county?

- Yes
- No
- I would need more information to answer this question

If you would like to participate in future MHA Community Program Planning Processes, or would like more information, please provide contact information here (phone number, address, or email) at which you can be reached. Please note, your response to this question will not be linked to any other question in this survey.

Demographic Information

Please check this box if you do not wish to answer demographic questions

In what county do you **live/receive services**? _____

If you provide mental health or other health and human services in another county, please indicate which county _____

Please check the following boxes if you work or receive services in:

- Berkeley
- Tri-City
- Neither Berkeley nor Tri-City

Please indicate your age range:

- Under 18
- 18-25
- 26 - 59
- 60 or older

Please indicate your gender:

- Female
- Male
- Transgender/other

Please indicate your race/ethnicity:

- Tribal/Native American²
- Latino/Hispanic
- Asian Pacific Islander²
- Black/African American
- White/Caucasian²
- Mixed Race: _____
- Other: _____

Please indicate the language you speak at home

- English
- Other _____

Please check all that apply. Do you identify as:

- Mental health client/consumer
- Family member of a mental health consumer
- County mental health department staff
- Substance abuse service provider
- Community-based/non-profit mental health service provider



- Community based organization (not mental health service provider)
- Children and families services
- K-12 education provider
- Law enforcement
- Veteran services
- Senior services
- Hospital/ Health care provider
- Advocate
- Other: _____

Thank you for completing the survey. Your input is very much appreciated.

Appendix 6: Annual Update Document Review

County _____ Annual Update year _____

Name of reviewer _____

Was the Annual Update available on the MHA website?

- Yes
 No

Total participants in CPP process _____

Demographics of participants:

| | | | | | | | |
|-------------------------|----------------------|--------------------------|--------------------|--------------------------|---------------------|----------------|-------------------|
| Age | % TAY | % Adult | % Older Adult | % Declined to state | % Unknown | | |
| | | | | | | | |
| Gender | % Male | % Female | % Other/ Declined | % Unknown | | | |
| | | | | | | | |
| Race/ Ethnicity | % Tribal/ Native Am. | % Asian Pacific Islander | % White/ Caucasian | % Latino/ Hispanic | % Black/ African Am | % Mixed/ Other | % Unkn./ Declined |
| | | | | | | | |
| Consumer/ Family Member | % Consumer | % Family Member | Language | % Non-English proficient | | | |
| | | | | | | | |

Other Demographic categories described, please indicate percentages when available:

| | | | | | |
|---------|---------|---------|---------|---------|---------|
| % _____ | % _____ | % _____ | % _____ | % _____ | % _____ |
| | | | | | |

Outreach:

| Activity i.e. Flyers | Description of activity i.e. flyers about participating in Annual Stakeholder meeting, posted in English & Spanish | # outreached i.e. 35 flyers posted | Location i.e. Wellness center, library | Target population i.e. consumers, family members, Spanish speaking population |
|-------------------------|---|---------------------------------------|---|--|
| Flyers | | | | |
| Emails/ letters | | | | |

| | | | | |
|---------------|--|--|--|--|
| Phone calls | | | | |
| Social Media | | | | |
| Radio/TV/news | | | | |
| Other | | | | |
| Other | | | | |

Stakeholder Planning, Strategizing & Evaluating (i.e ongoing CPP engagement):

| Ongoing Activity | Description of activity | # of meetings/year | Total # participants | Demographics (%) per each population | How was input recorded/distributed/used? |
|---|-------------------------|--------------------|----------------------|--------------------------------------|--|
| Planning council/steering committee meeting (s) | | | | | |
| Other | | | | | |
| Other | | | | | |

Stakeholder Input (i.e., one time annual CPP activity):

| Activity | Description of activity | # of activity (s) | Total # participants | Demographics per each population (%) | How was input recorded/distributed/used? |
|-----------------------------|-------------------------|-------------------|----------------------|--------------------------------------|--|
| Focus group | | | | | |
| Key Informant Interview | | | | | |
| Survey/Questionnaire | | | | | |
| Town hall/community meeting | | | | | |
| Other | | | | | |

Posting and Reporting:

Was there a 30 day posting of the Annual Update?

- Yes
- No
- Unknown

If yes, Where was the Annual Update distributed:

To what languages was the annual update posting translated?

Public Hearing:

Was there a public hearing reported in the Annual Update?

- Yes
- No
- Unknown

Was feedback incorporated into the final draft of the Annual Update?

- Yes
- No
- Unknown

If yes,

Number of public hearing participants: _____

Number of comments received: _____

How comments were used:



Explanation of changes/no changes:

Additional Questions:

Was there anything unique/innovative about the annual update? _____

Other notes: _____

Appendix 7: Data Collection Training Plan

Approach

General Approach

Resource Development Associates (RDA) will use best practices in teaching and training adult learners, in particular, utilizing student-centered, experiential learning techniques and limiting purely didactic training when possible. Trainers will create a safe learning environment by establishing clear meeting guidelines and recognizing the knowledge and experience that participants bring with them to the training. The training will be structured to provide opportunities for participants to practice skills both with the trainers and with each other, and the curriculum will emphasize the relevant application of activities to the goals of the training.

Roles and Responsibilities

Resource Development Associates (RDA) staff will develop all curriculum and materials for the training and facilitate all training activities. CSP and Regional Partner staff will receive a full day of training (8 hours) at the end of August, which will prepare them to administer evaluation tools, collect and properly record data. Additionally, CSP staff will receive additional 3 hour training in document review and electronic survey administration. RDA will provide technical assistance and refresher training via conference call on a bi-weekly basis throughout the data collection phase.

Schedule

RDA will complete all curriculum and materials for the training by July 31, 2013. PEERS, CAMHPRO and OAC staff will have an opportunity to review and provide feedback on materials between July 31 and August 15, 2013. The full-day training will be held in-person at the end of August, 2013 at the PEERS Oakland headquarters. PEERS/CAMHPRO staff will receive a three-hour follow-up training also at the end of August 2013.

Within two weeks of the initial training, data collectors will pilot test the data collection tools, then report back to RDA with any issues, questions, or concerns. Please see the Piloting Plan, Data Collection Plan, Data Monitoring Plan sections for more information.

Learning Objectives

Overarching Training Objectives

By the end of the initial day of training, following objectives will be met:

- Participants understand the purpose of the project and can clearly explain it to others
- Participants understand Human Subject Protection as it applies to data collection for this project
- Participants understand cultural competency within the context of the project
- Participants have an understanding of procedures to follow if they have questions or encounter problems in data collection

- Participants have developed the capacity to collect sufficient, meaningful, timely, and accurate data
- Participants will be prepared to train and supervise data collectors from their organizations who are not present during the one day training.

Specific Learning Objectives

Data collectors will understand proper methodologies for using each data collection instrument, including most effective strategies for outreach and recruitment, accurate data collection, and data entry.

Document Review

By the end of the training, CSP staff will understand: 1) the key research questions to be answered; 2) how to access documents required; 3) how to fill out and complete the review checklist; and 4) how to enter the data.

Focus Groups

By the end of the training, CSP and Regional Partners will understand: 1) how to identify participants; 2) how to conduct outreach to recruit participants; 3) how to track outreach efforts; 4) how to choose and arrange a location and time; 5) how to provide incentives; 6) how to ensure participant attendance; 7) how to create safe space; 8) how to follow the protocol and elicit good responses; and 9) how to take, clean, and enter notes.

Key Informant Interviews

By the end of the training, Regional Partner and CSP staff will understand: 1) how to identify interviewees; 2) how to conduct outreach to enlist participants; 3) how to track outreach efforts; 4) how to ensure interviewee participation; 5) how to create safe space; 6) how to follow the protocol and elicit good responses; and 7) how to take, clean, and enter notes.

Electronic Surveys

By the end of the training, CSP staff will understand: 1) how to identify potential survey respondents and survey distributors; 2) how to recruit potential survey respondents and recruit respondents via agency/organization contacts; 3) how to track outreach efforts; 4) how to distribute the survey; 7) when and how to follow-up with survey distributors.

Paper-Based Surveys

By the end of the training, CSP and Regional Partner staff will understand: 1) how to identify and recruit potential survey respondents (individuals); 2) how to identify and enlist the support of survey distributors; 3) how to distribute paper surveys to individuals as well as survey responders; 4) how to track outreach efforts; 5) how to follow up with individual respondents to collect surveys; 6) how to follow up with survey distributors to collect completed surveys; and 7) how to submit surveys to RDA.

Measures of Success

RDA will measure successful attainment of the training objectives through observations of participants during activities and a participant survey/feedback form. Throughout all training activities, RDA staff will observe participants as they practice using data collection, preparation, and management tools, and as they practice training others in use of the data collection tools. Additionally, RDA will distribute a feedback form at the end of the training day to further assess participant understanding of the topics covered and elicit responses regarding levels of satisfaction with materials and facilitation. RDA will also track the projected versus actual attendance and duration of the training.

Training Methods, Curriculum, and Training Tools

RDA will provide training on the administration of the four data collection tools, as well as a general training for all participants on the purpose of the project, how to describe the project, and human subject protection and cultural competency as they relate to data collection. Training will be participatory and student-centered wherever possible, and will include a mixed approach of activities, including but not limited to: didactic presentations; discussions; brainstorming; role playing; small group exercises; demonstrations; and hands-on activities.

Document Review

RDA will train CSP staff in the use of the document review tool by facilitating the following training activities:

- Presentation, Q&A: sampling plan: which documents; how many documents and how many counties
- Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions
- Presentation and brainstorm: how to find and/or request documents for review
- Presentation, Q&A: going over the document review tool
- Demonstration: going through examples of documents to show where information is typically located
- Demonstration: how to enter responses and how data should look once entered
- Hands-on activity: practice finding the information and filling out the tool
- Brainstorm and discussion: challenges to collecting and recording data, and mitigation strategies
- Presentation, Q&A: how and when to submit data to RDA

Focus Groups

RDA will train Regional Partners and CSP staff in the use of the focus group protocol with the following training activities:

- Presentation, Q&A: sampling plan; how many; which counties; how many participants; and criteria for participation
- Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions

- Brainstorm and discussion: best practices and tips for outreach
- Small group activity: practicing explaining the purpose of the focus group and enlisting participants
- Presentation, Q&A: human subject protection, confidentiality, and informed consent
- Presentation/demonstration: facilitation techniques, including cultural competency
- Presentation/demonstration: note-taking techniques
- Demonstration: review protocol, question by question
- Small group exercise/role-play: facilitation and note-taking practice
- Debrief/brainstorm/discussion: challenges and solutions
- Demonstration: cleaning, and entering data
- Presentation, Q&A: how to submit data to RDA

Key Informant Interviews

RDA will train Regional Partners and CSP staff in the use of the interview protocol with the following training activities:

- Presentation, Q&A: sampling plan; how many; which counties; how many participants; and criteria for participation
- Presentation, Q&A: How use of tool helps complete CPP practice inventory and helps answer evaluation questions
- Brainstorm and discussion : best practices and tips for outreach
- Small group activity: practicing explaining the purpose of the focus group and enlisting participants
- Presentation, Q&A: human subject protection, confidentiality, and informed consent
- Presentation/demonstration: Eliciting good responses/general interviewing techniques, including cultural competency
- Presentation/demonstration: note-taking techniques
- Demonstration: review protocol, question by question
- Role-play: Conducting the interview—practicing the script and probing for good responses and note-taking practice
- Debrief/brainstorm/discussion: challenges and solutions
- Demonstration: cleaning, and entering data
- Presentation, Q&A: How to submit data to RDA

Electronic Surveys

RDA will train CSP participants in the administration of the electronic survey using the following training activities:

- Presentation, Q&A: sampling plan; how many; which counties; how many respondents; and criteria for participation
- Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions

- Brainstorm and discussion: how to find and contact correct person in each county to get emails/list serve information; or to get them to distribute survey
- Small group activity: practicing explaining the purpose of the survey and enlisting help distributing it
- Debrief/brainstorm/discussion: challenges and solutions
- Demonstration: review survey, question by question
- Demonstration: using SurveyGizmo to distribute surveys and track survey completion
- Hands-on Activity: complete survey for your county using SurveyGizmo

Paper Surveys

- Presentation, Q&A: sampling plan; how many; which counties; how many respondents; and criteria for participation
- Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions
- Brainstorm and discussion: methods of distributing and collecting paper-based survey
- Debrief/brainstorm/discussion: challenges and solutions
- Small group activity: practice explaining the purpose and importance of the survey
- Demonstration: review survey, question by question
- Hands-on Activity: complete paper survey for your county
- Presentation, Q&A: How to submit data to RDA

Next steps:

- Presentation, Q&A: timeline for data collection
- Presentation, Q&A: description of piloting plan
- Presentation, Q&A: How to request technical assistance and/or coaching
- Presentation, Q&A: RDA's data monitoring plan

CSP & Regional Partner Data Collection Training - Full Day

Day 1: 08/??/13

Location: 333 Hegenberger Road, Ste. 250

Oakland, CA 94621

| Time | Activity |
|--------------------|---|
| 9:00-9:30 | Introduction and welcome (CSP) <ul style="list-style-type: none"> ❖ Introduce facilitators and participants ❖ Discussion: Establish communication agreements/good meeting guidelines ❖ Activity (large group/all): Icebreaker Background & Overview of Project (RDA) <ul style="list-style-type: none"> ❖ Presentation, Q&A: Review overarching project and evaluation plan ❖ Presentation, Q&A: why we are here today ❖ Presentation, Q&A: agenda review ❖ Presentation, Q&A: review evaluation & logic model ❖ Presentation, Q&A: describe tool development process |
| 9:30-9:50 | Introduce Tools <ul style="list-style-type: none"> ❖ Introduce the four types of tools (document review, focus groups, key informant interviews, survey) and who will be responsible for data collection for each ❖ Discussion: role of each tool in helping to answer research questions <ul style="list-style-type: none"> ➤ Today's focus will be on focus group, key informant interviews, and paper based survey distribution ❖ Discussion: do you have experience with any of these methods? What worked well? What didn't work well? |
| 9:50-10:30 | Focus Groups <ul style="list-style-type: none"> ❖ Presentation, Q&A: sampling plan; how many; which counties; how many participants; and criteria for participation ❖ Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions ❖ Brainstorm and discussion: best practices and tips for outreach ❖ Small group activity: practicing explaining the purpose of the focus group and enlisting participants ❖ Presentation, Q&A: human subject protection, confidentiality, and informed consent |
| 10:30-10:40 | Mid-morning break |
| 10:40-12:15 | Focus Group part II <ul style="list-style-type: none"> ❖ Presentation/demonstration: facilitation techniques, including cultural competency ❖ Presentation/demonstration: note-taking techniques ❖ Demonstration: review protocol, question by question ❖ Small group exercise/role-play: facilitation and note-taking practice ❖ Debrief/brainstorm/discussion: challenges and solutions ❖ Demonstration: cleaning, and entering data |

| | |
|--------------------|--|
| | <ul style="list-style-type: none"> ❖ Presentation, Q&A: how to submit data to RDA |
| 12:15-12:45 | Lunch(provided) |
| 12:45-2:00 | <p>Key informant interview</p> <ul style="list-style-type: none"> ❖ Presentation, Q&A: sampling plan; how many; which counties; how many participants; and criteria for participation ❖ Presentation, Q&A: How use of tool helps complete CPP practice inventory and helps answer evaluation questions ❖ Brainstorm and discussion : best practices and tips for outreach ❖ Small group activity: practicing explaining the purpose of the focus group and enlisting participants ❖ Presentation, Q&A: human subject protection, confidentiality, and informed consent ❖ Presentation/demonstration: Eliciting good responses/general interviewing techniques, including cultural competency ❖ Presentation/demonstration: note-taking techniques |
| 2:00-2:10 | Afternoon break |
| 2:10-3:10 | <p>Key informant interview part II</p> <ul style="list-style-type: none"> ❖ Demonstration: review protocol, question by question ❖ Role-play: Conducting the interview—practicing the script and probing for good responses and note-taking practice ❖ Debrief/brainstorm/discussion: challenges and solutions ❖ Demonstration: cleaning, and entering data ❖ Presentation, Q&A: How to submit data to RDA |
| 3:10-4:30 | <p>Paper based Survey</p> <ul style="list-style-type: none"> ❖ Presentation, Q&A: sampling plan; how many; which counties; how many respondents; and criteria for participation ❖ Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions ❖ Brainstorm and discussion: methods of distributing and collecting paper-based survey ❖ Debrief/brainstorm/discussion: challenges and solutions ❖ Small group activity: practice explaining the purpose and importance of the survey ❖ Demonstration: review survey, question by question ❖ Hands-on activity: complete paper survey for your county ❖ Presentation, Q&A: How to submit data to RDA |
| 4:30-5:00 | <p>Next steps</p> <ul style="list-style-type: none"> ❖ Presentation, Q&A: timeline for data collection ❖ Presentation, Q&A: description of piloting plan ❖ Presentation, Q&A: How to request technical assistance and/or coaching ❖ Presentation, Q&A: RDA’s data monitoring plan ❖ Data collection training evaluation: fill out form ❖ Conclusion and thank you |

MHA CPP CSP Data Collection Training - Half-Day

Day 1: 08/??/13

**Location: 333 Hegenberger Road, Ste. 250
 Oakland, CA 94621**

| Time | Activity |
|----------------------|---|
| 9:00 - 9:30 | Welcome and Discussion <ul style="list-style-type: none"> ❖ Questions or comments from prior training ❖ Discussion: how to support Regional Partners |
| 9:30 - 11:00 | Document Review <ul style="list-style-type: none"> ❖ Presentation, Q&A: sampling plan: which documents; how many documents and how many counties ❖ Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions ❖ Presentation and brainstorm: how to find and/or request documents for review ❖ Presentation, Q&A: going over the document review tool ❖ Demonstration: going through examples of documents to show where information is typically located ❖ Demonstration: how to enter responses and how data should look once entered ❖ Hands-on activity: practice finding the information and filling out the tool ❖ Brainstorm and discussion: challenges to collecting and recording data, and mitigation strategies ❖ Presentation, Q&A: how and when to submit data to RDA |
| 11:00-11:10 | Mid-morning break |
| 11:10 - 12:25 | Electronic Survey <ul style="list-style-type: none"> ❖ Presentation, Q&A: sampling plan; how many; which counties; how many respondents; and criteria for participation ❖ Presentation, Q&A: how use of tool helps complete CPP practice inventory and helps answer evaluation questions ❖ Brainstorm and discussion: how to find and contact correct person in each county to get emails/list serve information; or to get them to distribute survey ❖ Small group activity: practicing explaining the purpose of the survey and enlisting help distributing it ❖ Debrief/brainstorm/discussion: challenges and solutions ❖ Demonstration: review survey, question by question ❖ Demonstration: using SurveyGizmo to distribute surveys and track survey completion ❖ Hands-on Activity: complete survey for your county using SurveyGizmo |
| 12:25-13:30 | Next Steps |

