



MHSA COMMUNITY PROGRAM PLANNING PROCESSES EVALUATION AND PROMISING PRACTICES

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Resource Development Associates



Introduction

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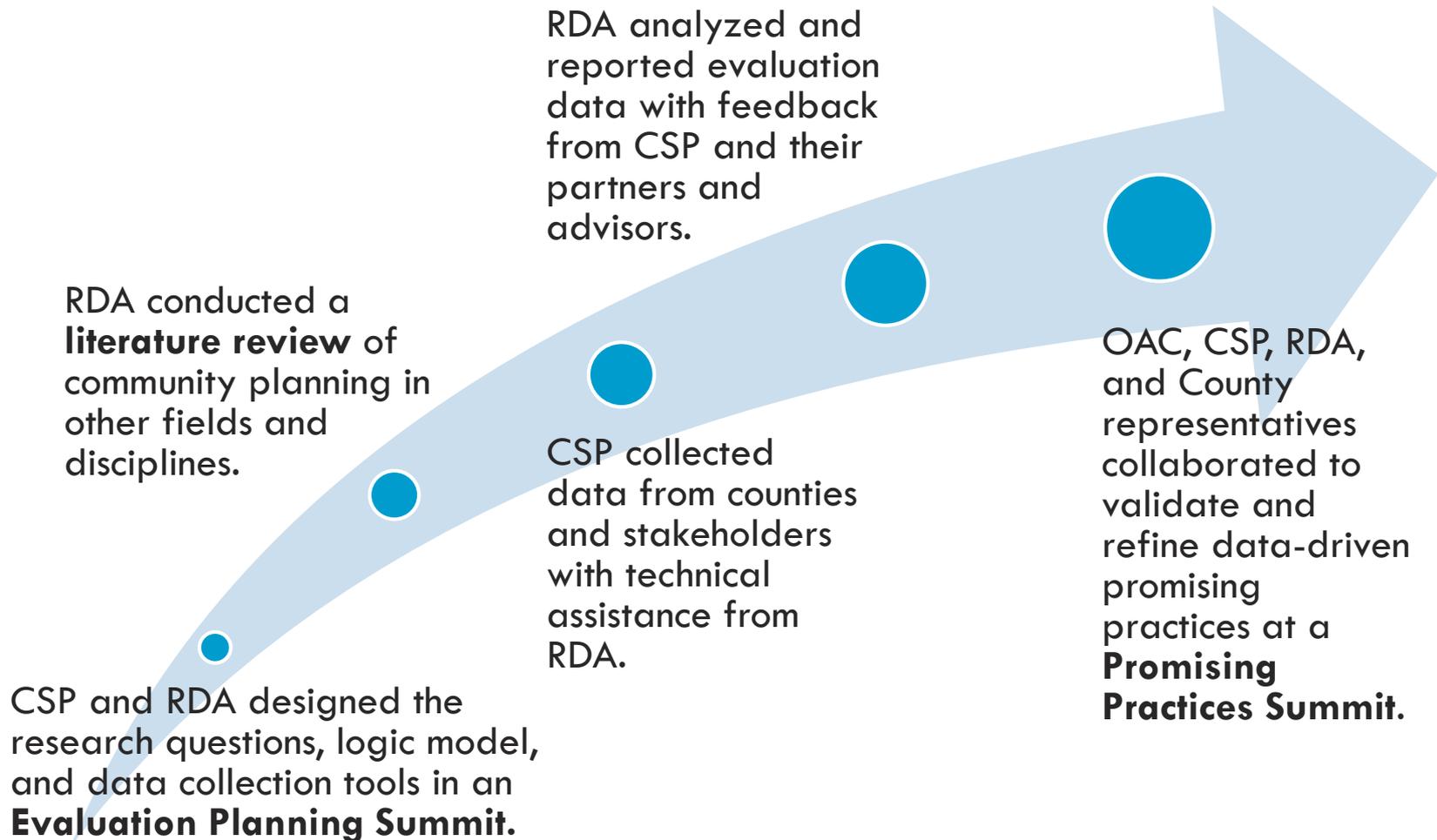
- The Mental Health Services Oversight and Accountability Commission (MHSOAC) contracted with Resource Development Associates (RDA) to conduct an evaluation of Community Program Planning processes across the state.

- The MHSA CPP Evaluation is a participatory research project to:
 - ▣ Measure and evaluate the impact and effectiveness of CPP processes implemented throughout the state for quality improvement purposes, and
 - ▣ Identify promising practices.

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

Overview of the CPP Evaluation

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Methodology

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- The **Descriptive Evaluation** focused on developing a picture of CPP processes across the state and identifying those activities to which stakeholders responded positively.
- The **Outcome Evaluation** investigated processes and practices that may be correlated with outcomes and impacts.
- **Mixed methods** allowed RDA to integrate quantitative and qualitative data into a unified set of findings and promising practices.
- **Limitations of the Evaluation**
 - Across the state, counties conducted their 2012/13 MHSA CPP activities at varying time periods.
 - Consistent data was not provided.

Results- Descriptive Evaluation

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- Staffing and Resources
 - The number of FTEs available to counties was directly related to county size. Only 60% of counties said they were able to assign adequate FTEs to CPP activities.
- Outreach
 - Most counties used a variety of concurrent outreach methods to encourage stakeholder participation in CPP activities.
 - Outreach methods varied depending on the CPP activity.
- Input Gathering Activities
 - Counties and stakeholders reported town hall/community meetings and focus groups as the most popular needs assessment activities.
 - Surveys/questionnaires were significantly associated with positive perceptions by stakeholders.
 - Counties conducted less outreach and engagement to seek stakeholder input during plan finalization and indicated that public hearings were the least effective activity in gathering participant input.
- Training
 - 56% of counties provided some type of CPP participant training.
 - 70% of CPP participants felt they had enough training to participate in CPP activities.

Results- CPP Participant Outcomes

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- Participant Satisfaction
 - ▣ The more participants felt they were contributing to programming and service delivery design, the more satisfied they were.
- Participant Wellness
 - ▣ The more CPP activities were recovery oriented, the participants believed it had a positive impact on wellness.
- Trust in the Public Mental Health System
 - ▣ The more participants felt they were contributing to programming and service delivery design, the more their trust grew in the PMHS.

Results- Mental Health System Outcomes

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- Impact of CPP on the Mental Health System
 - ▣ Promotion of MHSA principles in the public mental health system
 - ▣ Better communication between counties and stakeholders
 - ▣ Increased support for families and stronger voice for consumers and families
 - ▣ Deeper understanding of the cultural dynamics and mental health needs of cultural and ethnic communities
 - ▣ Improved collaboration with other disciplines
- Impact of CPP on the Broader Community
 - ▣ Shift towards a community-driven approach that emphasizes wellness and recovery
 - ▣ Stigma reduction around mental health and accessing services
 - ▣ Improved community perceptions of mental health

CPP Promising Practices

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Promising practices were identified from:

- A literature review of community planning processes in other fields and disciplines.
- Data collected from counties and stakeholders through this evaluation.

RDA identified preliminary promising practices from the literature review and data.

OAC, CSP, RDA, and County representatives collaborated to validate and refine data-driven promising practices at a Promising Practices Summit.

*CPP promising practices are available in RDA's Deliverable 6: Promising Practices Report.

Concluding Thoughts

- Counties across California are conducting an immense variety and quantity of activities for their CPP processes.
 - ▣ The data being collected about the CPP process varies tremendously across the state.
- Strategies in alignment with MHSA values may lead to more meaningful CPP participation and trust with the public mental health system.
- Unique regional and county size differences exist for CPP processes; future CPP policy and associated supports should consider California's diversity.