

PART II: COMMUNITY PROGRAM PLANNING PROCESS

Counties must conduct a planning process consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3300 and that specifically addresses PEI priorities and considerations. The county's PEI Program and Expenditure Plan must document how the regulatory requirements were met.

Some county mental health programs may find that they need additional funds to complete the program planning and PEI Plan preparation processes. DMH will describe how county mental health programs will be able to request approval for a larger amount of their PEI Planning Estimate to be directed toward Community Program Planning activities.

Through the planning process, counties must select Key Community Mental Health Needs and Priority Populations from those identified and approved by the OAC (available at website <http://www.dmh.ca.gov/MHSOAC/docs/PolicyRecMHSAP EI.pdf>).

Similar to Community Services and Supports (CSS), the PEI County Plan will be based on a logic model. The planning process informs each part of the logic model. The PEI logic model includes the following sequence:

- Identification and selection of Key Community Mental Health Needs and related PEI Priority Populations for PEI Programs and Interventions
- Selection of PEI Strategies (including programs, approaches, activities and policies) to achieve Desired Outcomes
- Assessment of Community Capacity and Strengths
- Development of Workplans with Timeframes, Staffing and Budgets
- Implementation of Accountability, Evaluation and Program Improvement Activities

Required Comment Period and Public Hearing

Consistent with MHSAs statutory and regulatory requirements (Welfare and Institutions Code Sections 5848 (a) and (b) and California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3315), each county's draft Prevention and Early Intervention plan shall be developed with local stakeholders and circulated for review and comment for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy of the plan. The draft plan should be widely circulated to all participants, communities and agencies who were involved in the planning process. A public hearing then must be held by the local mental health board/commission. Concerns raised at the public hearing should be included in the final plan, including the county mental health program's response.

Building on the CSS Planning Process

Following are some ideas that counties may consider as they develop their planning process. Many counties conducted extensive community planning processes for the CSS component and can build on that effort for the PEI planning process in a number of ways including:

- Use existing relationships and partnerships for outreach and seek out partnerships in underserved communities
- Use developed education, information templates and communication methods
- Obtain updated versions of demographic and service data files collected for the CSS process
- Reassess information collected during the CSS process to determine applicability to the PEI planning process
- Use venues identified as effective gathering places for meetings to optimize participation of underserved populations.
- Use procedural and facilitation methods found to be successful in public hearings
- As appropriate, conduct meetings in the languages used in specific communities

Inclusive Planning Process for PEI

The community program planning process should include meaningful involvement and engagement of diverse communities and potential individual participants, their families and other community stakeholders. Consistent with California Code of Regulations, Title 9, Division 1, Chapter 14, Section 3200.270, the county must also include the key strategic sectors, systems, organizations and people that contribute to particular mental health outcomes in successful prevention and early intervention programs. Partnerships should extend across sectors of the community, including, but not limited to, the list in Table 1. The PEI process may target outreach to expand participation by additional PEI constituency groups and collect data from additional service sectors.

Table 1: Required and Recommended Sectors and Partner Organizations for Prevention and Early Intervention Planning

Required Sectors	Recommended Partner Organizations
Underserved Communities	Community based organizations representing Native American, African American, Hispanic/Latino, Asian/Pacific Islander, Refugee, Lesbian/Gay/Bisexual/Transgender, and other underserved/unserved communities
Education	County offices of education, school districts, Special Education Local Plan Areas, school-based health centers, universities, community colleges, adult education, First 5 Commissions
Health	Health clinics, public health, primary health care settings, specialist mental health services, specialist older adult care health services, Native American Health Centers, community health, alcohol and drug treatment centers, regional centers, emergency services, maternal child and adolescent health services
Social Services	Child and family welfare services, CalWORKs, child protective services, home and community care, disability services, adult protective services
Law Enforcement	County criminal justice, courts, juvenile and adult probation offices, judges and public defenders, sheriff/police
Recommended Additional Sectors	Recommended Partner Organizations
Community Family Resource Centers	Multipurpose family resource centers, faith centers, arts, sports, youth clubs/centers, parks and recreation, homeless shelters, senior centers, refugee assistance centers
Employment	Public and private sector workplaces, employee unions, occupational rehabilitation settings, employment centers, Work Force Investment Boards
Media	Radio, television, internet sites, print and newspaper offices

Direct efforts to include individuals from underserved communities in the planning process may be needed. Outreach efforts could include consultations with key informants, members and leaders of underserved communities with knowledge of mental health needs. Input from key informants could be sought through focus groups and other appropriate methods regarding community perceptions of needs, priority populations, community assets relevant to PEI efforts, potential strategies, and evaluation methods. These efforts might have as their goal the ongoing inclusion of community perspectives in PEI plan implementation over the long term. Informants representing underserved communities should be involved in the drafting of county plans. Successful outreach and engagement processes in the planning stage can be reflected in elements of the county plans, demonstrating collaboration with community based organizations to address needs of underserved communities.