SAN BENITO COUNTY BEHAVIORAL HEALTH

Mental Health Services Act

Community Services and Supports Plan

Implementation Progress Report

Calendar Year 2007

June 12, 2008

Table of Contents

Program/Services Implementation

1. *Briefly report by Work Plan on how implementation of the approved program/services is proceeding.*
   a) *Report on whether the implementation activities are generally proceeding as described in the County's approved Plan and subsequently adopted in the MHSA Performance Contract/MHSA Agreement. If not, please identify the key differences.*

County Overview of MHSA Implementation: This report covers the period of time from January 2007 through December 2007. The San Benito County Behavioral Health Community Supports and Services (CSS) Plan was initially funded in June 2006. Since funding, we have successfully implemented the components outlined in our CSS Plan. The Behavioral Health Director, Alan Yamamoto, has provided leadership to this implementation. Patricia Ayers, Deputy Director, provides daily oversight to the MHSA implementation, with her position partially funded through MHSA funds. Ms. Ayers is working closely with our MHSA Team to implement the vision of recovery and wellness throughout MHSA services.

Our MHSA activities are proceeding as outlined in the CSS Plan. We obtained State Department of Mental Health (DMH) approval of our MHSA CSS Plan on June 14, 2006. We began implementation immediately, at the end of FY 2005/06, with the majority of initial planning and implementation activities taking place in FY 2006/07.

Our CSS funding has been dedicated to expanding our mental health services for children, Transition Age Youth (TAY), adults, and older adults. We planned to develop Full Service Partnership (FSP) services for children, TAY, and adults, based upon the amount of funding available to this small county. Following is a brief update on our CSS activities for all four populations, as well as our development of FSP services.

Children's Services

We have had the opportunity to strengthen our Children's System of Care with our MHSA funding. We have hired a case manager and vocational assistant to work with the children's program, as well as two clinicians to provide services to children and families. We have established a strong Parent Child Interactive Therapy (PCIT) program for developing parenting skills for families with young children who have behavior problems. This evidence-based practice is highly effective at helping parents to manage behavior and develop strong resiliency skills in their children.

We identified and enrolled three children for our FSP program in 2007. These children had a history of using multiple services and were at risk for out-of-home placement. CSS staff provided extensive support to the child and family to help them achieve positive outcomes, including remaining at home (whenever possible), attending school, staying out of trouble, and developing a social support network. FSP services are available 24/7 to respond to crises and provide support in the evening and on the weekends.

One FSP client was referred to services because of his angry, abusive behavior (such as hitting people with chairs and throwing objects at a family member). Staff have coordinated services and medications with his psychiatrist. We are assisting his school in providing a structured environment for him and facilitated linkage with a mentor. We have connected this client with community resources such as anger management classes and parent education courses to help his parents learn to manage his behavior while also helping the youth learn to cope with his emotions in a manner that does not involve violence. A community partnership has been developed with a local sports facility to provide a regular physical outlet for the youth.

Another young FSP client has a history of medical problems and SED receives case management and medication services. These coordinated mental health services have included working with the school, child's mother, and medical providers. This client's mother has also been linked to a community-based sleep clinic so that she can become a more effective parent. This client's mother is Spanish speaking, so we utilize our bilingual/bicultural staff to ensure that services are provided in the family's native language.

We participated in a webcast training on developing SB 163 wraparound services in small counties. At this point in time, is not financially feasible in our County to implement the SB 163 funding model for, however, the wraparound practice model is utilized.

TAY Services

Transition Age Youth (TAY): As outlined in the CSS Plan, we successfully opened our wellness center, Esperanza Center, in May 2007. This drop-in center has been designed to offer a warm, welcoming environment to TAY, providing a convenient location in downtown Hollister. TAY share the use of the Esperanza Center with clients in our adult program, and the Hollister Youth Alliance is scheduled to begin use of the facility in the evening.

Esperanza Center is centrally located in downtown Hollister; it is a convenient location for youth and adults. The Center has two central rooms, one with a treadmill, billiards table, and tables and chairs for social activities and/or games. The other primary room has a larger table for group activities and is adjacent to a full kitchen, a bathroom, and laundry facilities. The Center is available for youth and adult/older adult activities and social events. There is also a back courtyard for clients to use as a social setting. There is some private office space for holding individual and small group treatment sessions and a room with media equipment to offer telemedicine services to our monolingual Spanish speaking clients.

TAY have primary use of the center for two days each week, and for two Saturdays each month. Similarly, adults have use of the center for two days each week. TAY and adults share programming on Fridays. In addition, clients have access to the center for special activities in the evening and on weekends.

MHSA CSS funding has expanded our services to develop a number of youth-friendly activities for our TAY population. Services include: development of individual living skills, support in moving into an independent living situation, and developing skills in conflict management with

parents, teachers, and difficult life situations. A variety of groups for youth are held at the Esperanza Center. We also offer classes such as budgeting, understanding your illness, relationship skills, hygiene, and nutrition. These classes are also offered in Spanish for our monolingual clients.

The TAY Team is comprised of two case managers, two vocational assistants, and two clinicians. In addition, we have utilized a Peer Mentor to help support our TAY. The Peer Mentor coordinates services with local high schools to provide support and linkage to other services and promote social activities. The TAY Team also offers services to youth who have co-occurring disorders. These staff support youth and families to develop healthy behaviors, build social skills, and learn recovery steps. When appropriate, youth are connected to the 12-step resources in the community in San Benito County and are assisted in completing the step work and inventories as well as connected to formal substance abuse treatment services. Youth and staff work collaboratively with other team members to coordinate services and achieve goals outlined on the Client Care Plan.

A Lesbian, Gay, Bisexual, Transsexual, and Questioning (LGBTQ) group is also held at the Esperanza Center to provide support and learn acceptance. This group is attended by both TAY and adult clients and offers a welcoming environment for individuals to discuss issues of concern.

In 2007, we identified and enrolled four TAY for FSP services. These youth experienced a variety of stressor issues, including out-of-home placement or at risk of placement; running away from home; criminal behavior; pregnancy; and/or a history of dropping out of school. These youth were provided intensive, supportive services from the team to help them identify their goals and develop strategies for accomplishing these goals. Staff also worked with the family to provide a supportive environment. FSP services were accessible 24/7 to respond to crises and provide support in the evening and on the weekends.

One client had a number of inpatient psychiatric hospitalizations because she stopped taking her psychiatric medications because she was pregnant. She was enrolled in the FSP program and began taking her medications under psychiatrist care. The medications stabilized her psychotic symptoms. Once her baby was born, her family had been extremely supportive of her. Center staff are working with this client to teach her parenting skills. They have helped her enroll in cosmetology classes at the local community college; they also encourage her to attend a fitness class once a week. She is actively involved in her school and is excited to have joined the cheerleading squad at school. Through these activities, this client is improving her social skills, managing her psychotic symptoms, and working towards voicing her own needs.

An 18 year old TAY is currently in out-of-home placement in Santa Clara County after several hospitalizations and encounters with law enforcement. He is doing well in his group home, and Esperanza Center staff are working with him to secure stable employment. He is currently on the waiting list of the California Conservation Corps where he will have the opportunity to serve his community while obtaining valuable workforce training. He is also attending school regularly and will graduate in June.

Adult Services

As noted above, adults have shared access to the Esperanza Center. This easily accessible downtown location provides a welcoming environment for clients to participate in a wide range of services and activities. We have developed the capacity to provide psychiatric services in Spanish through the purchase of telemedicine equipment and Telexed service delivery time. Through telepsychiatry, our monolingual Spanish-speaking clients are able to receive services from a bilingual, bicultural psychiatrist. This provides an important service to our clients, allowing them to discuss their symptoms as well as receive services in their primary language. While all clients may receive telemedicine services, monolingual clients have first priority due to the shortage of this specialty resource.

Varied schedules of classes are offered to our adult clients at the Esperanza Center. These may include symptom and medication management skills, independent living skills, and support in becoming employed. There is a monolingual Spanish group that meets three days a week to discuss life stresses, anxiety, and relationship building skills.

Several of our adult clients participated in a pilot project that San Benito County Behavioral Health supported through our involvement with the California Network of Mental Health Clients. This valuable pilot project created a core group of ethnically diverse clients who have serious mental illness into a coalition of empowered individuals practicing peer support and self advocacy through a group that they named *Juntos Puedemos* – Together We Can. The development of these individuals through *Juntos Puedemos* has offered a valuable venue in creating a voice for our clients. They have implemented a number of consumer-run activities including focus groups, barbeques, shared meals, and outreach activities to the homeless with mental illness and other individuals who have mental illness. *Juntos Puedemos* has laid the foundation to move us closer toward a consumer-operated center. Individuals from *Juntos Puedemos* recently assisted in the distribution of consumer surveys for the Mental Health Service Act Prevention and Early Intervention planning process. It is anticipated that *Juntos Puedemos* will continue to be involved in planning functions related to the MHSA and other special projects. SBCBH is interested in the continuing development of individuals through Juntos Puedemos by involving this group in activities that can eventually lead to regular employment opportunities.

In 2007, we identified and enrolled four (4) adults to be FSP clients. These individuals were at risk for out-of-home placement, had a history of multiple psychiatric inpatient services, substance use, and/or aggressive behavior. The FSP program has been successful in helping clients remain in the community, live independently or in supervised living situations, and to reduce their substance use.

One monolingual Spanish-speaking FSP client was in an accident that has caused him severe back problems. After the accident, he became depressed and suicidal and began abusing pain medication. This client recently began utilizing the services of the Esperanza Center, and staff encourage him to attend therapy sessions twice a week. They have also connected him with community resources such as the Department of Rehabilitation to assist him in gaining

employment and becoming independent. They have connected him with the substance abuse program to address his addiction issues.

One FSP client was having difficulty maintaining sobriety and her substance abuse was exacerbating her mental illness and negatively impacting her ability to maintain in her living situation. Esperanza staff have been intensively working with her on issues such as budgeting and money management, sobriety, medication compliance, and reducing hospitalizations.

Another FSP was homeless and repeatedly hospitalized due to psychotic symptoms and threats of harm to self and/or others, which were exacerbated by substance use/abuse. He was assisted through case management services and services through Esperanza Center to obtain a stable living environment, deal with court proceedings regarding custody of his son, medication compliance, apply for SSI and Medi-Cal, and learning skills to obtain and maintain employment.

One FSP client is under a conservatorship and is currently on parole. Our FSP staff are assisting this client with maintaining regular involvement with mental health and substance abuse treatment, and probation services to create a consistent, coordinated plan of care. We are working to find a supportive living situation for him to help him achieve positive outcomes.

Older Adult Services

Older adults are welcomed at Esperanza Center. A number of older adult clients participate in activities at the Esperanza Center.

San Benito County also has an excellent senior center, *Jóvenes de Antaño* Senior Center, which provides bilingual, bicultural services to seniors in this county. SBCBH contracts with a bicultural/bilingual Spanish-speaking clinician who provides outreach to the older adult community through this senior center. This individual identifies seniors that may benefit from mental health services by working in coordination with the Center staff who deliver meals and case management services to homebound seniors. This outreach has been effective at increasing the number of older adults who access mental health services. Individual therapy sessions can be delivered in the home or at the Center.

In addition, another SBCBH staff is assigned to the Center several hours per week to provide mental health educational information and to participate in other outreach and engagement activities. We continue to offer Outreach and Engagement activities in the community to identify unserved individuals of all ages who need mental health services. We are also expanding other existing services for underserved individuals to improve service delivery and assist clients toward recovery.

b) Describe for each FSP Work Plan what percent of anticipated clients have been enrolled. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the FSP information in this report.

San Benito County Behavioral Health has recently submitted its current Exhibit 6, Quarterly Progress Goals and Report, and has chosen not to include client counts in this report.

c) Describe for each System Development Work Plan what percent of anticipated clients have received the indicated program/service. Counties that have submitted their current Exhibit 6, Three-Year Plan—Quarterly Progress Goals and Report, have the option of not including the System Development information in this report.

San Benito County Behavioral Health has recently submitted its current Exhibit 6, Quarterly Progress Goals and Report, and has chosen not to include client counts in this report.

d) Describe the major implementation challenges that the County has encountered.

We are trying to implement a comprehensive program with a small number of staff; as a result, all staff perform many duties and do 'whatever it takes' to get the job done. Duties may include providing transportation, working flexible hours, and teaching diverse topics to clients and family members. MHSA activities have expanded the repertoire of staff, expecting them to leave the comfort of their offices and work side-by-side with clients. Our staff have embraced this new environment, but it has required substantial change from typical clinical work.

Due to the varied tasks in which staff are involved, many staff would benefit from additional training as service delivery methods transition to a new way of delivering services that diverges from traditional clinic-based services. Staff would benefit from additional training on safety, cultural competence, wellness and recovery, co-occurring disorders, documentation, recovery-focused service plans, and behavior management.

Because we are using the Esperanza Center for both TAY and adults, we have experienced some scheduling conflicts. We have resolved these scheduling issues by designating Mondays and Wednesday as Adult focus days, Tuesdays and Thursdays have a TAY focus, and Fridays are designed to offer creative activities for all age groups.

We also experienced an issue with the use of our shower facilities at Esperanza Center. We found that a number of homeless individuals were dropping in to use the shower and wash their clothes, but were not participating in any activities. While we felt this was a good opportunity to engage these individuals, we also felt that there was a need to have some structure to this benefit. As a result, the shower and laundry facilities are open to anyone on Fridays, but are available only to ongoing clients at any other time that the Center is open.

We have incurred challenges in developing programs that experience sustained success in engaging youth who are 16-18 years of age. We are striving to create youth-friendly activities which engage this age group.

We have also had some difficulty in meeting the needs of youth who are younger than 16. Some youth are interested in attending programs which target older clients. At the present time, we are not set up to provide children's services at the Esperanza Center.

An additional challenge is recruitment of staff. We constantly strive to hire more bilingual, bicultural staff, and continuously recruit for bilingual, bicultural clinicians. All county Mental Health departments are recruiting staff for their MHSA program expansions at the same time creating an impact on the ability to employ staff with specialized skills, such as the ability to speak Spanish. Compounding this factor is the predicament of San Benito County as small semi-rural county bordered by large counties such as Santa Clara, Santa Cruz, and Monterey that compete for the same labor pool. We continue to aggressively pursue expansion of our department's capacity to delivery culturally sensitive services to all of our clients.

With staff working all day at the Esperanza Center, it was initially difficult for them to carve out time to manage the volume and complexity of required documentation and within the strict time frames required for this reporting. Through staff trainings and monitoring, we have managed the documentation process and are now in compliance with MHSA key event reporting requirements.

2. *For each of the six general standards in California Code of Regulations, Title 9, Section 3320, very briefly describe one example of a successful activity, strategy or program implemented through CSS funding and why you think it is an example of success e.g. what was the result of your activity. Please be specific.*

    a) *Community collaboration between the mental health system and other community agencies, services, ethnic communities etc.*

Our clients have had a very positive experience with the CA Network of Mental Health Clients (CNMHC). Following training and the implementation of a pilot project by the CNMHC, our clients have formed an alliance with diverse members of our community. Most of the individuals who regularly attend group activities for *Juntos Puedemos* (Together We Can) are Latino or African American. They have planned and implemented several peer run activities focused on outreach to the community in general and the ethnic and homeless communities specifically. These activities helped to improve outreach efforts and reduce stigma related to mental health. This collaborative project with CNMHC, *Juntos Puedemos* and our mental health system has provided recovery experiences and a model of the recovery process for our clients.

We have planned additional community collaboration activities to be implemented in the upcoming year. We hope to collaborate with local law enforcement to educate clients about the law, empower homeless individuals to continue self advocacy efforts and to collaborate with other agencies to share resources.

    b) *Cultural competence*

In this small county, which is predominately Latino, it is essential that we offer services in Spanish. Many of our MHSA case managers/vocational assistants are bilingual, bicultural Spanish speakers. These staff have created several monolingual group activities and promote culturally relevant service delivery for our clients. Clients have reported increased interest in participating in services since these groups have been created.

In addition, our telemedicine program demonstrates how we have met the needs of our monolingual Spanish speaking clients, by identifying a bilingual, bicultural psychiatrist who is available to deliver services in their primary language through the use of telemedicine. We have also held cultural relevant events at the Esperanza Center such as a Cinco de Mayo celebration.

We have also participated in a shared cultural competence "train-the trainer" interpreter trainer with staff from Monterey County. The focus of the training was on preparing staff to provide interpreter services in a mental health setting and also to prepare the provider staff in the appropriate and effective utilization of interpreter services. This opportunity allowed us to share resources with a neighboring county and develop and improve the skills of our staff in the area of culturally competent service delivery.

c) Client/family driven mental health system

Our TAY program promotes family driven services through our TAY Family Meetings. Families are empowered to be active participants in their service planning and treatment activities from the outset of service engagement. The principles of the Wraparound service delivery model are employed with family driven mental health services that promote the development of resiliency in youth and their families. The service planning processes identify social and family resources to strengthen service delivery outcomes and to help sustain efforts into adulthood. A family meeting is held with all treatment providers and family members to develop a comprehensive care plan to meet the needs of the client and the family.

We have developed a monthly consumer group meeting at Esperanza Center. This meeting brings together all interested consumers and Esperanza Center staff to discuss coordination of activities, celebrates successes, and plan for upcoming events. All persons are encouraged to have a voice in planning and recognizing others for their strengths and contributions to the program. In addition, the group also has an opportunity to discuss any issues which developed during the month as well as stimulate new ideas. This group is supported by and attended by executive level agency staff.

Clients and staff are also encouraged to participate in trainings, as well as to offer to teach classes. For example, we have clients teaching sewing, arts and crafts, cooking, and English/Spanish classes. Everyone benefits through the celebration of each person's unique skills and talents.

d) Wellness/recovery/resiliency focus

The development of the Esperanza Center has refocused our services to promote wellness and recovery for TAY and adults. This community based program creates social activities which support the development of clients social and activities of daily living skills. As clients become more involved in Center activities and create their own organization (*Juntos Puedemos*), we see that they exhibit greater self confidence and advocacy skills that are the stepping stones to moving forward to achieve more. By having clients working together to support each other, they find that they have a voice and are empowered to be able to make choices to meet their goals.

e) Integrated services experience for clients and families: changes in services that result in services being seamless or coordinated so that all necessary services are easily accessible to clients and families

The Esperanza Center is located within a block of the Juvenile Hall. This close location has created easy access for Probation to utilize the TAY activities and services for their youth. Probation officers often walk their youth over to the Esperanza Center to receive services. This coordination between programs helps reduce the barrier to mental health services and assists in the engagement of youth into services. Youth are more likely to engage in services at the Esperanza Center if introduction to services has been facilitated.

3. For the Full Service Partnership category only:

a) If the County has not implemented the SB 163 Wraparound (Welfare and Institutions Code, Section 18250) and has agreed to work with their county department of social services and the California Department of Social Services toward the implementation of the SB 163 Wraparound, please describe the progress that has been made, identify any barriers encountered, and outline the next steps anticipated.

We utilize a wraparound practice model for our children's system of care services. We also attended the Wraparound Institute training and web cast training on implementation of the wraparound model. San Benito County is experiencing significant financial hardship with the current economy. As a result, it is not financially feasible to implement the SB 163 funding model at this time. We will continue, however, to implement and further the progress in employing the Wraparound Practice philosophy through our Children's System of Care.

b) Please provide the total amount of MHSA funding approved as Full Service Partnership funds that was used for short-term acute inpatient services.

San Benito County Behavioral Health did not utilize MHSA FSP funding for short-term acute inpatient services in calendar year 2007.

4. For the General System Development category only, briefly describe how the implementation of the General System Development programs have strengthened or changed the County's overall public mental health system.

Our MHSA general system development funds have strengthened our mental health program through the development of the Esperanza Center. We have increased access to services through outreach and engagement to hard to reach populations that do not use traditional clinic based services. Specifically, our support services that meet daily needs such as shower and laundry facilities at the center have helped to introduce persons who are homeless in this county to other services offered at the Center. Homeless individuals quickly learned of the center's services and began to come to the Center. This helped to decrease the stigma of mental health services by offering a service that homeless people need. In addition, by offering this service, these individuals spent time at the center that allowed staff to build a trusting relationship with this

hard-to-reach population. As a result, we have been able to engage several mentally ill, homeless individuals who have enrolled into treatment services.

We have also been successful at promoting dialogue and cooperation with the local Catholic Church. A priest from the largest parish in the County, which also has the largest Latino population, now attends our Cultural Competence Committee and Quality Leadership Committee meetings. He also posts notices in the church bulletins of training programs that we offer to the community, such as the evidence-based practice, Guiding Good Choices, which helps parents teach their children to make positive choices regarding gang, drugs, and school related issues.

Efforts to Address Disparities

1. *Briefly describe one or two successful current efforts/strategies to address disparities in access and quality of services to unserved or underserved populations targeted in the CSS component of your Plan. If possible, include results of the effort/strategy.*

As described above, we have been successful at improving access for the unserved homeless mentally ill population in San Benito County. By offering a service site in an informal drop in center environment located in the central downtown, individuals that previously were reluctant to make an appointment at the main clinic now access services. This is particularly true for the homeless population that may also benefit from mental health services. Many of the homeless initially use the center for the benefits of shower and laundry facilities; but this has provided the opportunity to successfully engage clients and has allowed staff to cultivate the trust of several individuals who had never accessed mental health services previously.

In addition, some individuals with serious mental illnesses have been attracted to the Esperanza Center for the added activity and social contact that it provides in an environment that is welcoming, accepting and supportive. Individuals have shared with staff that they feel better when they are able to get out of their homes and be involved at the Center.

2. *Briefly describe one challenge you faced in implementing efforts/strategies to overcome disparities, including where appropriate what you have done to overcome the challenge.*

We have always had a challenge in providing psychiatric services due to the high demand for this resource and the shortage of psychiatrists. Finding a Spanish-speaking psychiatrist is difficult and has challenged our ability to provide medication support services that are also culturally relevant for our monolingual Spanish-speaking clients.

Historically, we utilized interpreters to facilitate the communication between the psychiatrist and client. This arrangement is not optimal, and finding interpreter services to meet our volume of need can be challenging as our interpreter services are heavily scheduled among staff who also have additional job responsibilities. Through the implementation of our MHSA programs, we have begun to effectively deliver psychiatric services in Spanish through the use of telemedicine equipment. Our monolingual Spanish-speaking clients are now able to speak with and receive services from a bilingual, bicultural Spanish-speaking psychiatrist. By eliminating the need for an interpreter, our monolingual clients have reported high satisfaction with psychiatric services and feel that they are obtaining better outcomes.

3. *Indicate the number of Native American organizations or tribal communities that have been funded to provide services under the MHSA and what results you are seeing to date if any.*

We do not have any Native American organizations in San Benito County; therefore, none have been funded.

4. *List any policy or system improvements specific to reducing disparities, such as the inclusion of linguistic/cultural competence criteria to procurement documents and/or contracts.*

Staff have recently attended training through a pilot project with Monterey County focused on building interpreter skills and the appropriate utilization of interpreters by service provider staff. This training has created more highly skilled interpreters within our staff and made our provider staff more aware of the techniques to utilize to maximize the benefit of interpreter services for their clients. As a result, we anticipate that we will be able to provide better quality mental health services for our Spanish-speaking monolingual clients and, through this improvement, reduce disparities.

In addition, we have contracted with a bicultural/bilingual Spanish-speaking therapist to assist us in our efforts to expand services to the Older Adult community through our joint MHSA outreach/engagement and service delivery project with the *Jóvenes de Antaño* Senior Center.

Stakeholder Involvement

As counties have moved from planning to implementation, many have found a need to alter in some ways their Community Program Planning and local review processes. Provide a summary description of any changes you have made during the time period covered by this report in your Community Program Planning Process. This would include things like addition/deletion/alteration of steering committees or workgroups, changes in roles and responsibilities of stakeholder groups, new or altered mechanisms for keeping stakeholders informed about implementation, new or altered stakeholder training efforts. Please indicate the reason you made these changes.

Time management and staff resource efficiency concerns have necessitated utilizing exiting committee structures such as the local Mental Health Board, Substance Abuse Advisory Board, Quality Leadership Committee, General All Staff meetings and other meeting structures that engage large groups of consumers and staff to provide overall guidance to the successful implementation of the CSS Plan. Committee structures in general are comprised of consumers, family members, MHSA staff, and our MHSA consultant/evaluator. Committees meet monthly to discuss a broad range of topics but there is always focused time related to MHSA implementation, progress and evaluation discussions. Committee meetings have provided valuable input into the development of MHSA services and provide guidance and leadership to the day-to-day program. All committees are supported by executive level staff that attend and participate.

We have also developed a monthly consumer group meeting at the Esperanza Center. This meeting brings together all interested consumers and Esperanza Center staff to discuss coordination of activities, celebrate successes, and plan for upcoming events. All are encouraged to have a voice in planning and recognizing others for their strengths and contributions to the program. In addition, the group also has an opportunity to discuss any issues of concern that developed during the month as well as to introduce new ideas. This group is also supported by and attended by executive level agency staff.

It is our intention in the near future to utilize the strengths of the local consumer coalition *Juntos Puedemos* in a more integrated manner with our local Mental Health Board and Substance Abuse Advisory Board to further strengthen consumer involvement and advocacy in our MHSA planning processes.

Public Review and Hearing

Provide a brief description of how the County circulated this Implementation Progress Report for a 30-day public comment and review period including the public hearing. The statute requires that the update be circulated to stakeholders and anyone who has requested a copy. The suggested response length for this section is two pages (or one page for small counties). This section should include the following information:

1. *The dates of the 30-day stakeholder review and comment period, including the date of the public hearing conducted by the local mental health board or commission. (The public hearing may be held at a regularly scheduled meeting of the local mental health board or commission.)*

This section will be completed after the 30-day stakeholder review and comment period, and the public hearing.

2. *The methods that the county used to circulate this progress report and the notification of the public comment period and the public hearing to stakeholder representatives and any other interested parties.*

This section will be completed after the 30-day stake holder review and comment period, and the public hearing.

3. *A summary and analysis of any substantive recommendations or revisions.*

This section will be completed after the 30-day stake holder review and comment period, and the public hearing.