Santa Clara Valley Health & Hospital System
Mental Health Department

Learning Partnership Status Report

Presented to the

MHSA Leadership Committee

Nancy Peña, Ph.D., Mental Health Director
October 13, 2006

I. Learning Partnership Vision & Plan

A. Vision

The Learning Partnership is the means by which consumer and family voice, new practices, new knowledge, and new attitudes and perspectives will be brought to every stakeholder in the system, regardless of where new funding is allocated for new programs. Knowledge, skill building, and partnership are central to the transformation of the system and to achieving recovery and resiliency, cultural competency and life domain outcomes for consumers of our system.

B. Strategic Plan

The MHD will develop a Learning Partnership Strategic Plan that will incorporate the following principles:

- Anchored in CSS philosophical foundation
- Aligned with CSS mission and values
- Supports transformation objectives
- Employs effective learning methods
- Embraces all learners and learning styles
- Tracks learning efforts and impact
- Fosters a system culture of learning

The strategic plan will be organized around five learning paths, which all lead to improvement in consumer outcomes.

<u>Learning Paths</u>
- o Consumer and Family Driven
- o Strengths and Resiliency Based
- o Culturally Competent
- o Strong System Partnerships
- o Quality Practice & Accountability

<u>Consumer Outcomes</u>
- o Health & well being
- o Safe permanent home
- o Supportive network
- o Meaningful activities
- o Free from trouble
- o Safe from harm

C. Learning Content Themes

The Mental Health Department (MHD) Administration reviewed the MHSA CSS plan and developed learning content themes from the 21 work plans:

- Consumer and family involvement
- Cultural competency
- Reductions in disparities
- Wellness and recovery
- Permanent housing development
- Partner system collaboration
- Employment, work and benefits
- Integrated services (e.g., Wraparound, AB2034, TIP)
- Dual diagnosis
- Special populations (e.g., developmentally disabled, LGBTQ, 1st Break)
- Outreach and engagement
- Self Help
- Best and Promising Practices

D. Steering Committee

The MHD will develop a Learning Partnership Steering Committee so that key stakeholders will have continuous involvement in the department's ongoing learning initiatives. The committee will monitor the department's progress, research and recommend training content and methodology, and present updates to the stakeholders. See Appendix A for the proposed committee membership.

II. Stakeholder Learning Lessons from CSS Planning Process

Stakeholders reported on lessons learned from the CSS planning process that are important to carry over into implementation of the Learning Partnership. Participants stressed the great value in listening to the voice of all stakeholders, particularly in the lessons learned from consumers and family members and ethnic community members. The importance of deep listening was stressed repeatedly: ***"Listen First, seek to understand...then to be understood.."*** Participants expressed in many ways how the past year of dialog and deep conversations has been transformative in and of itself. Many expressed that there was actual healing taking place, just by virtue of establishing a "level playing field" where consumers and family members were welcome at the decision-making table and where their voice was given value and respect. The inclusion of Faith and Spiritual communities was seen as extremely positive and has opened up new ways in which these communities can play a role in transformation. The importance of including the underserved and insuring they have a strong voice as we move forward was seen as very important. Everyone agreed that we must commit ourselves to sustaining inclusion as we move forward: ***"Heart, spirit, voice must sustain engagement over time"***

III. Stakeholder Input to Learning Paths

A. Consumer and Family Driven

- Focus on consumer/family culture - stories
- Training is needed for accessing community resources
- NAMI provider education course
- Consumer empowerment – facilitating independence; equal input in treatment; healthy relationships between professionals and consumers
- Enhance consumer/family involvement in MH system
- Consumer driven treatment planning – outcome driven
- Educating siblings on mental health issues
- Consumer/family access and quality of care – remove obstacles
- Family driven – build relationships
- Education based recovery – SJCC model

B. Strengths and Resiliency Based

- Health care providers need learning to see consumer strengths (a shift and change to re-educate staff); need more strength based tools & assessments
- Caring for body & mind for both: consumers and practitioners
- We need to learn how to strengthen, help to rebound, build sense of self
- Focus on what works for the consumer; don't baby consumer to a disabled role
- Treat consumers and family as individuals - as providers we focus on illness/"mother" & label - need to shift approach
- Service providers own self-awareness; don't assume about the consumer's culture; see the whole individual
- Make time to share experiences; it is a positive & valuable part of learning
- Personal stories demonstrate inner strengths
- Empowering for worker, to be a learning organization, rather than reactive at different levels toward same outcomes
- To develop a system of nourishment; consumers being a learning organization; meeting folks where they are at

C. Culturally Competent

- What is culture? Identify what needs to be learned; what's out there
- Know many variations between ethnic groups; system must be attuned
- Learning vision; people coming together and telling stories, teaching each other; learn from their background, what works
- People must be self aware & humble in order to be culturally competent; start with self-awareness, then awareness of different cultures

- Humility is important; recognize not what they know, but what they don't know; healing takes place in different ways; humility to understand that healing takes place in different ways
- Critical to be empathetic, understand others & variation of needs to learn more about the background of group; know their community to help them get to the next step
- Bridge content to application in services; must have methods for understanding racism that will lead to creating a support process for people to be themselves
- Empowering the family, community, staff & system to reconstruct to meet needs of community
- Must hear in the clients terms/language; what they're saying
- Speak the language

D. Strong System Partnerships

- Leadership training – shared vision, value, mission, service
- Leadership training – collaborative "best practice" system thinking; outcomes; quality improvement
- Cross-system training – system knowledge orientation; collaborative practitioner practice work; collaborative tools (e.g., screening, assessment)
- Cross-system training – mental health, stigma, culture, ecology
- Cross-system training – non-traditional partners, schools, YWCA/YMCA, faith organizations, community
- Communication – appreciative inquiry
- Communication – consumer at center; cultural world views & influence on communication (values), beliefs, and behaviors
- Interest based collaboration – team decision-making
- Tools for dialog & problem solving/conflict resolution
- Focus on customer service

E. Quality Practice and Accountability

- Be practical. Focus on evidence based practices such as Multi System Therapy, ART, CBT, etc… Train the trainers to bring these models back to the staff. Ongoing consultation & training is needed. Not enough to just do one day training
- Need to collaborate with local universities since interns are trained in specific models in their graduate work. They tend to stick to these models in their work
- Need to define the recovery model for MH clients to clinicians throughout the system. They still think in terms of the recovery model for clients with substance abuse issues

- Focus more on the family, not just the individual. Historically, privacy has taken precedent and isolate clients and their clinical providers from their natural support
- Provide larger training forums that include line level staff at county & contract agencies
- Increase focus on manualized and standardized care; enforce adherence to medication practice guidelines
- Monitor accountability to the goals; use rating scale tools to measure functioning pre/post
- Dunkin, Miller's book – clients bring 40% to the table, client/therapist relationship accounts for 30% of the success and 15% is the model
- Strike a balance between therapy with solid research behind it with good outcomes with more community based approaches such as Wraparound
- Respect the clinicians. They do have a lot to contribute

IV. Learning Partnership Project Plan – Next Steps

	Task	**Due Date**
A.	Establish and convene LP Steering Committee	November 2006
B.	Develop LP Strategic Plan	January 2007
C.	Establish annual training schedule	January 2007

Appendix A: Learning Partnership Steering Committee

Co-Chairs: Deputy Director & QI/Training Division Director

Stakeholder Group	# Slots
MHD Division Directors	4
MHD Program Managers	2
MHD MD's	1
MHD Consumer/Family Program Managers	2
Consumers/Family Members	2
Local 715	2
Self Help Coordinators	2
Acute Psychiatric Services	1
S/D Contractors	2
Inpatient Contractors	1
IMD Contractors	1
Ethnic Community Advisory Committees	2
National Alliance on Mental Illness	1
Dept. of Alcohol & Drug Services	2
Social Services Agency	2
Public Health Department	1
Probation Department	1
Law Enforcement	3
First Five	1
Housing Collaborative	1
Education	1