

# Systems Change: Placer County's Campaign for Community Wellness

## Summary

Placer County's Adult and Children's Systems of Care uses a highly collaborative and integrated approach to deliver a continuum of services to children, families and adults in the county. For 26 years, the county has sustained a structural and functional integration of comprehensive services that span multiple disciplines and agencies, using a "no wrong door" approach that allows community members to enter the system through any agency door.

In 2006, Placer County Systems of Care joined forces with consumers of mental health services, community members, school and law enforcement partners, and nonprofit agencies to launch the Campaign for Community Wellness (CCW) to transform mental health services by strengthening the voice of its marginalized populations and sharing the "locus of control" with consumers and community members for decision making around mental health policy and resource allocation<sup>1</sup>.

## DEPARTMENTS INVOLVED

- Lead: Placer County Department of Health and Human Services
- Systems of Care – An integration of departments including:
  - Children and Adult Mental Health
  - Child Welfare
  - Probation
  - Alternative Education
  - Substance Abuse Services
  - Adult Protective Services
  - Housing
  - Public Health

## Key Lessons for Local Government

- Government owns responsibility for areas that are not working well. Establishing trust sometimes means apologizing when mistakes are made, expressing the desire to improve, and following up with action. Early and ongoing work to build and reestablish trust helps humanize the government agency.
- Public agencies can yield power while sharing authority. Act as the convener. Identify stakeholders, create opportunities to collaborate, partner, and authentically listen.
- Government can create an organizational culture that challenges "us and them" thinking.
- Agency staff authentically view and relate to consumers and their family members as part of the solution and an equal partner in reaching shared intentions and goals.

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<sup>1</sup> [www.campaignforcommunitywellness.org](http://www.campaignforcommunitywellness.org)

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## The Challenge

Starting in the mid-1990s, Placer County identified three key stakeholder groups – Latino, Native American, and transition age foster youth populations – that were over represented in the Children's mental health system but were under served by the agency. Children's System of Care teams began the effort and thought process to explore how to address this problem. However, they struggled to create a vision for responding to this challenge and help underserved families find their voices in a way that informed agency service leaders. It took four to five years of conversations with Latino, Native American and foster youth stakeholders and advocates to begin formulating approaches to address this problem. Over time, the desire to bring consumers and community members to the table and expand their role in planning for mental health and support services increased, and opportunities started to materialize incrementally that nudged this desire into action.

In 2006, with the launch of the state's Mental Health Services Act, the county's Campaign for Community Wellness was officially launched with a goal of, among others, sharing of the "locus of control" for decision-making with key community members and consumers. Even with a long history of collaboration and integration of services, challenges emerged on both sides of the equation – government and the consumer/community. It was a challenge for the county to further develop an authentically open culture. It was initially hard for county staff to envision how former clients and consumers of their services could be at the planning and design table and share in the decision-making. County staff sometimes felt uncomfortable when staff meetings were expanded to include consumers at the table, often driving the conversation, expressing how current services were not always meeting their needs.

From the consumer standpoint, there was equal frustration that county staff was often slow to adjust and accommodate the increasing role of community partners and consumers. In addition, consumers struggled with both the perception of them and their families who have been or were currently involved in the system of care, and with the lack of awareness, understanding and support of their cultures within the system.

## Assets and Opportunities

Placer County Health and Human Services teams, together with their emerging community voices, figured out how to turn these challenges into strengths and build on their shared assets. While it was challenging to work through engrained cultures of both consumers and county staff, these new partnerships became their greatest asset. On both sides of the equation, Placer had people who were passionate, dedicated, persistent and patient. The community was deeply committed to this work and willing to persevere during the sometimes slow response of the system. Consumers and families were willing to take the time and do the hard work of helping staff build cultural literacy and awareness into the processes of the government system. County System of Care leaders and staff were equally committed and willing to work through the ups and downs and stick with it for the long haul. Central to their shared success was the System of Care staff's willingness to pause and genuinely listen to what was not working and to hear how they could provide better services to the community.

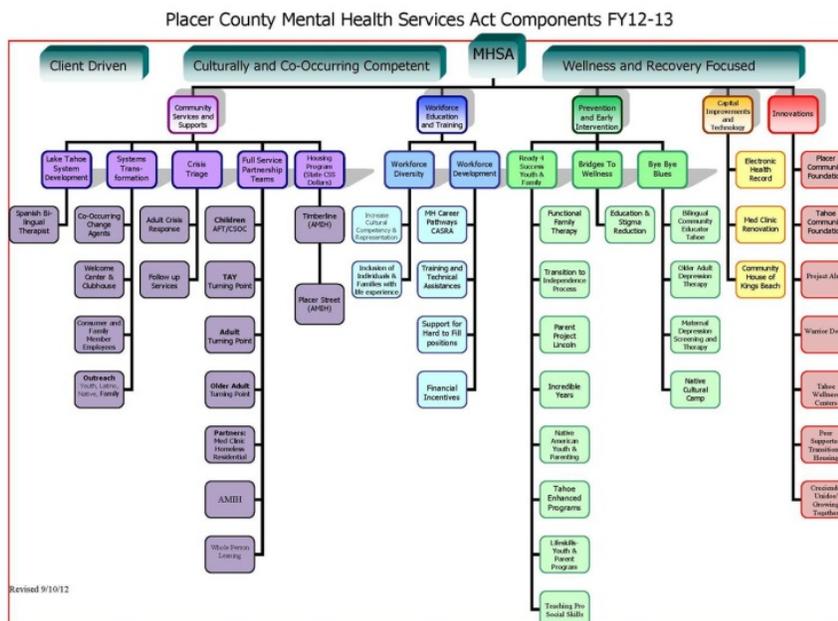
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These passionate and committed players were supported by a second critical asset – a culture of collaboration and the basis for thinking and doing things differently that was built over time. Placer County used this key strength as the foundation on which they could explore ways to change their systems to give marginalized communities a voice at the table.

These two assets working in tandem – passionate and committed players supported by a culture of collaboration – allowed Placer County Health and Human Services to capitalize on emerging opportunities around funding and planning. Two opportunities were critical in laying the groundwork. In 2003, Placer's Children's System of Care was chosen as one of eleven pilot counties to participate in the California Child Welfare Services System's Improvement project, in addition to receiving a federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant that emphasized reaching out to marginalized populations. Both of these components provided Placer the opportunity to further flesh out their vision, but it was the Mental Health Services Act (MHSA) in 2006 that brought additional funding and a mandate for incorporating consumer voice, that allowed them to put their vision into action.

### Collaborative Solution

As with all collaboration, an ongoing, dynamic and fluid process was needed. The key ingredients for success will be different for each community. In Placer County, there were three critical inputs that emerged as game-changers in creating shared governance of mental health services.



*Placer County Mental Health Services Act Components - Client Driven, Culturally and Co-Occurring Competent, MHSA and Wellness & Recovery Focused*

# **Systems Change: Placer County's Campaign for Community Wellness**

## **1. Continuous focus on changing the way they operate**

It is important to understand that while the funding requirements of the various opportunities Placer County was able to obtain helped move them from vision to action, it was the vision of local leadership and community and consumer advocates that ensured the action was authentic and sustainable. Some of the funding mandates could have been satisfied by simply meeting with consumers periodically, but the early partnership understood that real change in the current way government worked was needed in order to improve services for the community. After the initial meetings, they saw the tremendous value in meeting and realized that this could be the vehicle through which they could effectively share the power and voice with consumers and community groups.

## **2. Shared understanding of where the partnership is going and how it will get there**

Collaboration is nearly always messy work. There will inherently be many missteps, bumps and shifts in the road and multiple opportunities to veer off track. Placer County mitigated these hazards by taking the time upfront to create a plan, develop a strategy and agree on a framework from which to operate. Having this shared guiding light was a critical piece to ensuring their priorities were clear and in alignment, and to ensure they stayed on track when faced with hurdles that inevitably emerged.

## **3. Highly skilled, external facilitator to guide the process**

Because building this type of consumer centered, transformative partnership is messy work and is laced with many challenges, Placer Systems of Care leaders recognized early on they needed outside help. They contracted an external facilitator who helped set the theoretical and ideological groundwork necessary for this collective change effort and was an integral ingredient to their success.

Collaborative team building of this unique nature takes time, and sometimes requires a phased approach. While not initially intending to phase in the work, Placer teams and partners recognized a need to find new and even better ways to engage consumers. They had already established Community Leadership meetings that were government-convened but consumer and community-led. However, after some time they realized the voice and impact shared with the community was not as authentic as it could be. Driven by their focus for real systems change, guided by and building on the shared understanding established in their prior work, and utilizing their facilitator, they took further action to fine tune the work. They brought the facilitator back to work with them again to reset the barometer and establish a more consumer-friendly charter, a mechanism to track their collaborative work, positioned consumers as facilitators of the meetings and created four community-centric sub committees that fed into a fully supported community led leadership team.

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### Outcomes and Future Goals

The ultimate result of this work is enhanced access to care across Placer County, and in particular, for their previously marginalized populations. Outcomes include:

- 15,000 residents now reached annually with early intervention or prevention services
- 30 community nonprofit organizations are receiving new or enhanced funding, which results in cost saving for the county.
- Active and consistent participation by consumers and community-based organization partners in the ongoing design and implementation of mental health programs and services.

But they aren't stopping there. Placer's System of Care teams continue to find ways to innovate in order to meet the continuously evolving needs of those being served. They are working hard on data and evaluation, a particular challenge for local government with often cumbersome and inefficient systems, and small community nonprofits who lack access to needed resources and capacity. Yet Placer is relentless in its effort to seek out good data, monitor how they are doing, find gaps and opportunities, and take collective action to improve outcomes for their children, families, adults and communities.

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#### **RESOURCES TO LEARN MORE:**

Campaign for Community Wellness: [www.campaignforcommunitywellness.org](http://www.campaignforcommunitywellness.org)

Placer County Children's System of Care: [www.placer.ca.gov/departments/hhs/children](http://www.placer.ca.gov/departments/hhs/children)

Placer County Parent Partner Program: <http://mhanca.org/placer-county>