



Summary Report
MHSOAC Community Forum – San Diego County
Hilton San Diego Mission Valley – June 6, 2012

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Community Forum at The Hilton San Diego Mission Valley in San Diego, California on June 6, 2012, from 2:30 – 6:00 PM. Commissioner Andrew Poat of San Diego and San Diego County Mental Health Director Alfredo Aguirre, welcomed the forum participants. MHSOAC Staff Member Dee Lemonds provided the introduction and Commissioner Tina Wooton presented a PowerPoint that detailed the background of the Mental Health Services Act (MHSA) and the MHSOAC, identified the goals for the community forums, explained the roles of the various MHSOAC participants, including the Community Forum Workgroup members, and described the process for the rest of the day.

Following the PowerPoint presentation, forum attendees were invited to organize into smaller discussion groups that included clients and family members (two groups), transition age youth (TAY), Spanish speakers, peer service providers, and contract providers. Each discussion group was provided with a set of questions to help focus and guide their discussion. Note takers documented the content from each discussion group. Community Forum Workgroup members, and MHSOAC staff facilitated the discussion groups and acted as note takers.

Each discussion group identified positive themes and challenges that emerged in their group and reported those back to the entire audience. Following an open comment period, Commissioner Ralph Nelson Jr., M.D., offered closing remarks and thanked the attendees and Workgroup members for their participation.

Attendance:

The estimated attendance was over 135 forum participants, not including Commissioners, Workgroup members and staff.

Forum participants who signed in mostly came from San Diego County, with a few exceptions noted below.

<u>County</u>	<u>Attendees</u>
San Diego	100
Orange	4
Los Angeles	2
Sacramento	1

Accessibility:

The MHSOAC provided interpreter services for Spanish, Arabic and American Sign Language.

Information Gathered from Completed Questionnaires/Discussion Groups/Open Session:

The discussion group facilitators gave each participant a copy of the questions being discussed and made fifteen minutes available for discussion group members to begin answering the questions in writing. Participants who chose to do so could continue filling out the questionnaire during the forum and then deliver the contents to MHSOAC staff. The facilitators collected a total of 47 written surveys from individual attendees, 19 from clients and family members, 15 from peer service providers and 13 from San Diego contract providers. As previously mentioned, in addition to gathering information from questionnaires, note takers documented the content from individual discussion groups. Although most attendees at this Forum were aware of the MHSA and Proposition 63, there were many that had not heard of Proposition 63. What follows is information gathered from both the six discussion groups and the questionnaires.

Summary of Client/Family Member Input (Two Groups):

Client and family members made up the largest segment of forum participants. The forum had two client and family break out groups. About two-thirds of the client and family members who filled out questionnaires had heard of Proposition 63 before the forum and one-third had not. About two-thirds of client and families filling out questionnaires stated they or family members were receiving mental health services.

There were many suggestions regarding strategies, services, and supports to help engage people, including many comments in favor of clubhouse recovery model. There were also suggestions supporting: systems tailored to wellness of clients, outreach and community events, a community board, culturally appropriate care, In Home Outreach Team (IHOT), walk-in assessment centers for children and adults, outreach to community clinics for primary care, referrals from schools and religious entities, after hours and weekend services, peer led outreach and programs for TAY engagement, crisis hot lines, community mental health forums, and holistic care. Participants reported that many organizations are serving the community well including: Recovery Innovations of California (RICA), Union of Pan Asian Communities (UPAC), Jewish Family Services, Folk Connections, In Home Outreach Team (IHOT), NAMI, and TAY programs.

Suggestions regarding the improvement of services included: more information on services, more services needed in the community, housing assistance, transportation assistance, discharge transition plans, recovery oriented classes, no wrong door, more education, shorter wait time for services, more behavior support for caregivers with young children, longer term services that do not end when someone starts to get better, accountability for funds spent, non-traditional information needed such as a newsletter, and more peer-led TAY programs and services.

Summary of Spanish Speaking Group Input:

Although the Spanish speaking group was limited in number, they had a few major points. Comments indicated that while some Latinos are benefitting from services, the services still need to be expanded and that while many elderly are receiving services, other age groups are not. This group wanted more information in Spanish. Possible ways to disseminate this information could be through television, radio, newspaper, and word of mouth. There were comments that the County has not translated materials and that Latinos would like general County information translated in Spanish. This group wanted to see more cultural competence in the delivery of services, including staff who speak Spanish. The overarching concern in this group was that information was not being translated into Spanish and the English materials could not be understood. There were also comments that the Latino community in San Diego needs more advocacy.

Summary of Transition Age Youth (TAY) Input:

The TAY break out group discussed several ideas considered the most valuable and important to having successful programs and services that help persons and families with mental health issues. Regarding wellness, recovery and resiliency, the TAY group made the following comments: many young people are diagnosed as TAY but don't receive treatment until beyond the TAY age group, the cut off from parents' health insurance at 26 years of age is too soon, culturally competent services are limited, many families do not acknowledge TAY mental health problems, and refugees often do not accept services due to stigma.

Regarding community based care, the TAY commented: they favor community based services but stigma is still a problem, public education is helpful but education is often "one size fits all", disabled student services are often "one size fits all", there is a need for more individualized assessments. There was representation from and praise for the San Diego Native American Youth Center that provides youth counselors.

There were comments that services are not client directed or family focused and that one program had only 1 therapist for 170 members. TAY are happy with MHSA money for programs that teach about mental health, but want to learn about other things that they are interested in as well. TAY would like better communication with the county; they commented that often decisions are made before the county asks for their input. TAY commented that peer led services work best for them. TAY would like culturally representative staff and suggested that counties take programs to where TAY naturally congregate. There were comments that it is critical for staff to respect TAY, and that the integration of staff and TAY is working.

Overall, TAY wanted a bigger voice and representation in peer led programs. TAY thought that less stigma is promoting recovery. TAY commented that there is a lack of cultural competency in services. TAY noted that the effects of an unhappy staff lead to a lack of

consistency and a big staff turnover. Lastly, the TAY group felt MHSA funds provide the freedom to make programs TAY friendly and provide opportunity for TAY to have a voice.

Summary of Peer Provider Input:

Peer Providers reported on the various duties they perform including: outreach and education; advocacy for peers; parent support; training of peers; county liaisons; family support; referral to resources; facilitate grief support groups; peer support; support for hiring and employment; and support for recreational activities.

The policies and strategies they identified that have produced positive outcomes include: promotoras, peer support, flexible funding, peer employment training, peer and family advisory board, holistic wellness, integrating peers in the community, child services, jail services, addressing the impact of violence on youth, and peers on the wellness team.

When asked to describe the biggest changes in the mental health system since the implementation of the MHSA, their response included: increased access to mental health education and services, reduction in stigma, more peer support, increased outreach, and more client employment.

The biggest challenges identified were: the need for longer service eligibility so clients are not dropped from programs, reaching isolated older adults, need for more mental health education, stigma, access to services, housing, employment, state certification of peers (more than 400 peers trained and no certification), more health services, hospital nurses not trained in mental health first aid, and more general education opportunities.

If they could change anything about MHSA services they would: provide peer services in every emergency room, have peer specialist certification by the state, connect "331" information line with NAMI information, have more social outings, more training by county staff regarding deafness, have Board of Supervisors integrated with the Mental Health Board, have more staff with people of color, have no wrong door, have peer services with all mental health programs, and provide more outreach to Native Americans.

Summary of County Contract Provider Input:

Contract providers indicated that some of the best policies and strategies for obtaining positive outcomes are: home visits, community outings, place based services such as school sites, parent partners and child welfare services, working with families impacted by gang violence, recovery intervention strategies, NAMI educational classes, forums for specific communities to reduce stigma, and mental health counselors in alcohol and drug programs.

Regarding the best strategies for engagement, county contract providers identified: offering a menu of services, person-centered therapy, parent partners, peer partners, trauma informed approaches and services, warm telephone lines to assist clients not in immediate crisis, culturally competent services, aggressive case management, clubhouses, outpatient clinics for the underserved, peer social media, and childcare and meals to allow participation in services.

Regarding the most positive changes seen in the mental health system since the MHSA, contract provider staff identified: county plan now includes survivors of torture and trauma, more advertisements and information regarding mental health services in San Diego, integration of substance abuse services with mental health, decrease in wait time for services, better data collection, improved services, more openness, focus on evidence based practices, better outreach, more collaboration between agencies, more employment opportunities for those individuals with lived experience, flexible funding, recovery focus, and more innovation.

County contract providers noted the following challenges that remain for providing effective services: limited funding for services (appointment waiting time often 6-8 weeks), maintaining staff morale given high demand for services, outreach creates unmet need, paperwork, staff burnout, stigma with accessing services, safeguarding funds, inadequate staff at clinics, providing outpatient medications, housing, childcare, transportation, integration, workforce development, changes in the state behavioral health structure, and lack of training.

Community Forum Evaluation Input:

The MHSOAC staff collected 44 Community Forum Evaluation Forms after the San Diego Community Forum. Many respondents thought the forum was helpful, useful, and informative. Most of the respondents indicated that attending the forum increased their knowledge of the MHSA and/or the MHSOAC. Almost all participants felt that their participation and comments were important to the persons facilitating the meeting and discussion groups. Suggestions provided for improving the community forums included: have fewer written questions, provide prior group selection, provide group to refer clients/families to funded services, provide more bus friendly location, send agenda out more in advance, provide more time, make forum shorter, provide information regarding format prior to meeting, have less introduction time, utilize ideas presented, and have a round robin in groups so all are heard. Additional comments were very positive about the meeting.

Open Comment

There were several comments made during the Open Comment period including: PEI has worked for Native American community and many youth are now employed; San Diego County has developed many creative programs. The MHSOAC was thanked for choosing San Diego as the location for a forum. A comment was made that the hotel was not convenient for the community. MHSOAC staff responded that the Commission has generally used community centers for the forums, but because the date had changed three times for this forum, the Commission had difficulty obtaining a location. Several youth discussed obtaining volunteer positions that led to employment as a result of PEI funding. One youth at the San Diego Native American Youth Center stated she had received help from the youth center with preparing for college and she was seeking to become a doctor. Another youth expressed that the youth center had taught him how to work and to be a better person. This had motivated him to finish high school and to go to college.