



**Summary Report
MHSOAC Community Forum – Superior California
Red Lion Inn Hotel, Redding – May 29, 2014**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Mental Health Services Act (MHSA) Community Forum at the Red Lion Hotel in Redding, California on May 29, 2014 from 3:00 PM – 6:30 PM. Shasta County Health and Human Services and Mental Health Director Donnell Ewert, MPH, provided welcoming remarks during the opening session of the forum. Stephen Klebs, Field Representative for Assembly Member Brian Dahle and Shasta County MHSA Coordinator Jamie Hannigan attended the forum. In addition, two MHSOAC Commissioners were in attendance and were introduced: Commissioners Ralph E. Nelson Jr., M.D., and Khatera Aslami. Commissioner Aslami provided a welcome on behalf of the Commission. Commissioner Aslami also provided an introduction and PowerPoint that detailed the background of the Mental Health Services Act (MHSA) and the MHSOAC, identified the goals for the community forums, and explained the roles of the various MHSOAC participants, including the Community Forum Workgroup members. MHSOAC staff described the forum process for the rest of the day.

Following the PowerPoint presentation, forum attendees were invited to organize into smaller discussion groups that included clients, family members, transition age youth (TAY), peer providers, county staff, parent-caregivers, and contract providers. Each discussion group was provided with a set of questions to help focus and guide discussions. Community Forum Workgroup members and MHSOAC staff facilitated the discussion groups and acted as note takers.

Each discussion group identified four themes that emerged in their group and reported those back to the entire general session. Following an open comment period, Commissioner Aslami offered a summary of the report out, closing remarks, and thanked the attendees and Workgroup members for their participation.

Attendance

There was a positive turnout for the Superior California Counties. The estimated attendance was over 86 forum participants. Forum participants came from several counties including Alameda, Glenn, Lassen, Modoc, Shasta, Siskiyou, Solano and Trinity Counties.

Accessibility

The MHSOAC offered interpreter services but none was requested.

Information Gathered from Completed Questionnaires/Discussion Groups/Open Comment 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 could deliver the contents to the MHSOAC staff. The facilitators collected a total of 70 written surveys from individual attendees. As previously mentioned, in addition to gathering information from questionnaires, note takers documented the content from individual discussion groups. For the most part, attendees at this Forum were aware of the MHSA/Proposition 63. What follows is information gathered from the seven discussion groups, the questionnaires, the report out, and the open comment session.

Summary of Client Group Input

The Client Group had 17 participants: 10 from Trinity County, 5 from Shasta, 1 from Glenn, and 1 from Alameda.

The Client Group had the following themes in their report out:

Positive Themes

1. Wellness Centers
2. Stigma reduction. The Brave Faces Program in Shasta County was identified as contributing to stigma reduction.

Challenges

1. Transportation access.
2. Proximity to services.

Two of the fifteen individuals who identified themselves as clients in their questionnaires noted that they did not have previous knowledge of Proposition 63 (MHSA). Thirteen of the fifteen clients had previous knowledge of the MHSA. Fourteen of the individuals who identified themselves as clients in their questionnaires stated that they were receiving mental health services.

Clients made several suggestions regarding strategies, services, and supports to help engage people, including the following: providing good counselors; being accountable; help with safe housing, food and emotional support; one-on-one therapy; women's groups; accompanying spouse to therapy; group classes; going to schools, gyms, and stores; alcohol, tobacco, and drug addiction treatment; clinician commitment to clients; faith group support; and an independent consumer committee.

Client suggestions regarding the improvement of services included: provide more transportation; provide more gas vouchers; have the MHSOAC "hear" clients; provide support group for "high functioning people"; provide more space for clinics (2 comments); provide more help for older adults; provide a respite center; have more services closer to clients; two clients said no change was needed; and one client stated they were happy with the services they received.

Summary of Parent Group Input

The Parent Group had 3 participants: 2 from Shasta County and 1 from Modoc.

The Parent Group identified the following themes in their report out:

Positives

1. Collaboration of ideas
2. Wellness Center
3. Success treating co-occurring disorders

Challenges

1. Need more incentives for participation
2. Need more education: parents, kids, teachers, etc.
3. Increase awareness
4. Eliminate stigma

Four out of five parents stated in their questionnaires that they had heard of Proposition 63. Four parents stated that they, or a family member, were receiving services. One parent did not answer whether they or a family member were receiving services.

Suggestions for strategies, services and supports to help engage people included: provide a family partnership (like Marin County), provide “wrap-around” support to families so they can support their loved one, informational meetings, and support groups.

Suggestions regarding the improvement of services included: provide more access to doctors, provide more supported housing, independent living assistance, and peer support. Have more family involvement (stated by two individuals), and more support for families.

Summary of Family Member Input

The Family Group had 12 participants: 10 from Shasta County and 2 from Modoc.

The Family Group reported out:

Positives

1. NAMI and Wellness Centers.
2. Stigma reduction.
3. Circle of Friends.

Challenges

1. Family members aren't included as part of recovery—feels like “Us vs. Them.”
2. Speaking up regarding services.
3. Not clear where MHSA funds are being spent.

4. Seems like family members are on their own.

We received several Clients/Family/Parents/Caregivers questionnaires but only one person checked the “family” box to identify their questionnaire as coming from a family member.

The family member who returned a questionnaire had heard of Proposition 63 or the MHSA. The family member or a member of their family was currently receiving services.

Suggestions regarding strategies, services, and supports to help engage people included: effective intakes leading to prompt treatment, consistent follow-up, and consistent case managers. Need to be supportive to client support systems (families).

Suggestions for improvements included: have support groups appropriate to individual diagnoses, have case management with consistent person, and have place of safety when relapse or crisis occurs.

Summary of Unspecified Clients/Family Members/Parents/Caregivers

Of the group of clients/family members/parents/caregivers who did not specify their sub-group, all five had heard of Proposition 63. Four out of five members of this group were either receiving services or had a family member who was receiving services.

Suggestions for strategies, services, and supports to help engage people included: family driven activities, consumer voice meetings, focus groups, Circle of Friends, Hill Country Clinic, confidential services, and a safe environment.

Suggestions regarding the improvement of outreach to racial, ethnic and cultural communities included: social media, focus groups, cultural competence meetings in counties, and involve mental health providers at colleges.

Suggestions for improving services included: more money for services. One person stated they would not change anything about their services.

Peer Service Providers

The Peer Service Providers had 15 participants: 5 from Glenn County, 4 from Shasta, 2 from Lassen, 2 from Modoc, 1 from Trinity, and 1 from Plumas.

At the Community Forum Report Out, the Peer Providers noted the following three positives and one challenge:

Positives

1. Stigma reduction.
2. Peer employment.
3. Peer empowerment.

Challenges

1. Need more/better services for underserved communities

Peer providers reported on the various duties they perform including: providing peer support to families of children with disabilities; providing special education; providing support groups; providing trainings; providing systems advocacy (SSI, Medi-Cal, IHSS, etc.); answering phone calls; providing general peer support; providing peer referrals at drop-in center; greeting clients; serving refreshments; cleaning; acting as patient rights advocate; and helping run the drop-in center.

The policies and strategies the peers identified that have produced positive outcomes include: Peer-to-Peer support, client advocacy, Triple P Parenting (prevention), Full Service Partnership (FSP), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), systems improvement committee, performance improvement project, support groups, welcome line, and peer run programs.

When asked to describe the biggest changes in the mental health system since the implementation of the MHSA, peer responses included: Harmony House, van drivers, more groups, more people served, more support available to clients and families, more educated peers, and increased mental health awareness and knowledge.

The biggest challenges identified by peers were: access to services is very low in rural regions, not enough space for children and adults in need of institutionalization, large homeless community, high drug use, high unemployment, low access to higher education, low attendance due to weather, low participation, client compliance and follow through, lack of insurance, earlier appointments needed, need more Spanish speaking providers (3 comments), stigma (2 comments).

If peers could change anything about MHSA services they would: provide a mental health hospital in the community, drug rehabilitation program availability, more employment opportunities, more housing, less fragmentation of services, respite services for families of children and youth with mental health challenges, more services for homeless or underserved, more services for people without insurance, more counselors, more help for Spanish speakers, Crisis Intervention Team (CIT) training for law enforcement and schools, increase peer led groups and services, increase cultural competency through events and groups geared toward other languages and cultures in the community, and more help in schools for kids with mental illness.

Summary of County Contract Provider Input:

The County Contract Provider Group had 10 participants: 9 from Shasta County and 1 from Butte.

Contract providers reported out on:

Positives

1. Flexibility in services provision
2. Accessibility for consumers, efficacy in new programs

Challenges

1. Outcome information not available to general public—means to find it not well known
2. Inconsistent funding not always tied to program performance and outcomes

Contract providers indicated that some of the best policies and strategies for obtaining positive outcomes are: case management and therapy in homes, increased staff in rural areas, offering parenting skills as a way to outreach, and a school based counseling program.

Regarding the best strategies for engagement, county contract providers identified: integrated team approach, more one to one service, consistency in staff and care, and client directed services.

Regarding the most positive changes seen in the mental health system because of the MHSA, contract provider staff identified: wellness focus/Affordable Care Act (ACA), more holistic approach, more creative approaches, less stigma, and accessibility to new programs.

Contract providers noted the following challenges that remain for providing effective services: need more accountability from counties as to how they spend MHSA funds, partnership with county problematic and advocacy needed to promote better partnerships; numbers may be skewed due to an increase in caseloads; funding cuts affect morale and service provision; and not enough notice to prepare for funding cuts to programs.

Contract providers suggested the following changes in the delivery of MHSA services: change PEI to emphasize more prevention funding not equally distributed among the four age groups with not enough funding for youth; increase short funding terms that are currently limiting impact; and increase representation of consumers in stakeholder process.

Summary of County Staff Input:

The County Staff group had 19 participants: 4 from Shasta County, 4 from Glenn, 3 from Alameda, 3 from Trinity, 2 from Modoc, 1 from Solano, 1 from Siskiyou, and 1 from Lassen.

At the report out, the County Staff reported on the following themes:

Positives

1. The MHSA has increased promotion and awareness of the wellness and recovery model.
2. Hiring peers has changed the way things operate.

Concerns

1. Housing and access to funds
2. Mental Health Court

3. Back-up court advocates for youth (CASA), both a strength and an area for improvement
4. Community awareness and involvement
5. Collaboration with partners

County staff indicated that some of the best strategies for producing positive outcomes include: crisis residential programs, volunteer programs, WET, Stigma and Discrimination Reduction (SDR), FSP (2 comments), community/consumer voice at all levels of decision making, peer positions, Brave Faces, Shasta County Suicide Prevention, Wellness Centers (3 comments), Weekend Wellness Program (2 comments), Warm Line (2 comments), Crisis Triage (3 comments), Crisis Services 24/7 (2 comments), Adult and youth outreach, employment of consumers (2 comments), new intake process, board and care facility, and flexible spending for FSP's.

The best strategies for engagement include: FSP (2 comments), Wellness Centers (3 comments), warm hand off to drop in centers, outreach by phone, offering transportation (3 comments), treating people as assets, peer support, consumer facilitation of groups (2 comments), weekend programs, WRAP group, volunteer program, peer specialist program, medication payment assistance, temporary housing assistance, respect (2 comments), listening (2 comments), ease of obtaining appointments, food, activities, Family Resource Centers, meeting with people at current locations such as wellness centers.

Changes seen in the mental health system since the passage of the MHSA include: move to wellness and recovery model (4 comments), recovery orientation has come from peer specialist involvement, more outreach into the community (2 comments), fewer homeless get hospitalized, more funds for medications, wellness centers have attendance, clinicians teamwork with peer specialists, hiring of peers, provision of TAY center/drop in center, wellness groups, volunteer participation has been sought and rewarded, understanding of many treatments beyond medication and therapy, more peer to peer support, inclusion, peers have more hope, stigma and discrimination reduction and decrease in other mental health funding (2 comments).

Remaining challenges and opportunities include: lack of funding, not enough psychiatrists and psychiatric nurse practitioners (2 comments), case managers (3 comments), need case managers to follow FSPs, Mental Health Court funds, respect among different levels of staff, administrators challenged to keep up with reports and changing requirements, supervisors challenged to teach staff wellness principles, line staff challenged to keep up with increased case loads and demands of running groups, need for more peer employees, need for better career ladders.

Summary of Transition Aged Youth (TAY) Group Input:

The number of TAY participants was not recorded.

At the report out, the TAY group highlighted the following issues:

Positives

1. Non-clinical, welcoming environments, such as wellness centers and drop-in centers.

2. Anti-stigma programs such as Brave Faces, Reach Out, Every Mind Matters, and Stand Against Stigma.

Needs

1. Better inter-agency communication.
2. Increased cultural competency with staff.

The TAY Group indicated that the best strategies for engagement included: community service projects, shoe drive, posting flyers, Facebook, Stand-Up to Stigma, Brave Faces, Anti-stigma campaigns, exploratory group at drop-in center, weekly activities for youth, Circle of Friends which provides rides to clinic for appointments, transportation (“super important”), Harmony House with its bus tickets, and once a month shuttle.

The TAY had the following ideas about possible improvements in services: get a bigger building because need more space, provide more outreach to ethnic groups, provide more clinical staff, provide more education to the workforce, provide more housing including temporary housing, provide more homeless shelters but not necessarily permanent, provide a safe place to spend the night, need more family involved services, provide a healthy eating and active living program, clients need to set wellness goals, and have more goal oriented programs.

TAY had heard of the following programs that improve people’s awareness and understanding of mental health issues: Reach Out, “Change Festival” with activities, community resources, nutrition, anti-bullying, and suicide prevention, Brave Faces with its portrait gallery and speakers bureau.