



Summary Report
MHSOAC Community Forum – Eastern Sierra
Mono County Supervisors Conference Room, Mammoth Lakes – August 7, 2014

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Mental Health Services Act (MHSA) Community Forum at the Mono County Supervisors Conference Room in Mammoth Lakes, California on August 7, 2014 from 3:00 PM – 6:30 PM. It is noteworthy that both an infant and an 81 year old community member were present at this Community Forum, as well as transition age youth and adult community members.

Mono County Mental Health Director Robin Roberts and Inyo County Mental Health Director Gail Zwier provided welcoming remarks during the opening session of the forum. Jose Oseguera, MHSOAC Chief of Plan Review and Committee Operations, introduced MHSOAC Commissioner Ralph E. Nelson Jr., M.D. and Commissioner Nelson provided a welcome on behalf of the MHSOAC. MHSOAC staff 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 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 and family members; parents; transition age youth (TAY); and county staff 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, Commission staff offered closing remarks, and thanked the attendees and Workgroup members for their participation. Particular thanks were expressed from the MHSOAC to Mono County staff member Danielle George for her role in helping to make the forum a success.

Attendance

There was a good turnout for the very small population counties of Mono and Inyo whose populations are approximately 14,000 and 18,000 respectively. The estimated attendance was 25 forum participants. County officials had previously informed the MHSOAC staff that the largest turnout for this type of forum had been 16 participants. Forum participants came almost exclusively from Mono and Inyo counties but a few attended from Sacramento and Alameda 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 questionnaires to MHSOAC staff. The facilitators collected a total of 22 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 four discussion groups, the questionnaires, the report out, and the open comment session.

Summary of Client and Family Member Group Input

The Client and Family Member Group had 10 participants: 7 from Mono County and 3 from Inyo County.

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

Positive Themes

1. Stigma reduction with dignity, respect and tolerance
2. Improved self esteem
3. Wellness Center

Challenges

1. Better outreach needed
2. Need better peer support, although there is some—need more peers in hospitals
3. Housing needed in Mono County
4. Bishop (Inyo) Older Adult outreach service needs improvement

Of the eleven individuals who identified themselves as clients or family members in their questionnaires, six noted that they had previous knowledge of Proposition 63 (MHSA), while five wrote that they had not heard about the MHSA. Seven of the individuals who identified themselves as clients or family members in their questionnaires stated that they or a family member were receiving mental health services. One respondent in this group said they or a family member were not receiving mental health services and two participants did not respond to this question.

Clients and family members made several suggestions regarding strategies, services, and supports to help engage people, including the following: one-on-one counselors; group counseling; San Diego outreach program called “IHOT”; NAMI program to discuss stigma and

discrimination; consumer led programs; culturally specific services; events for clients and families with children in mind such as childcare, food, or children's activities; careful communication; peer support; family meetings; continuing education; compassion; group activities; transportation; providing amenities such as laundry, showers and cooking facilities; and increased friendliness in general.

Client and family member suggestions regarding the improvement of services included: providing a new location for the Wellness Center in Bishop; providing more consumer led programs within primary health care institutions; providing one more session/week with therapist and one family session/month with psychiatrist; and providing a community pool.

Summary of Parents with Minor Children Group Input

The Parents with Minor Children Group had 2 participants; both were from Inyo County.

The Parents with Minor Children Group had the following themes at their report out:

Positives

1. Wellness Center
2. Client driven activities
3. Home visits from County Mental Health

Challenges

1. Getting a good counselor/therapist match
2. Community education about mental health
3. Reducing stigma

One parent stated in his/her questionnaire that he/she had heard of Proposition 63. The other parent had not heard of Proposition 63. Both parents stated that they, or a family member, were receiving services.

Suggestions for strategies, services and supports to help engage people included: meeting people where they are at and do not disengage once you have people involved; involving mental health workers in the community where people are in the greatest need of services; providing support and information groups; providing direct services; and having an open door policy at place of services.

New or changed services that have been the most helpful to parents have included: the Wellness Center; a job for a parent at the Wellness Center; activities such as bowling, hiking and food drives; client driven groups; housing; FSP programs; and children's groups.

Suggestions regarding the improvement of services included: a suggestion not to involve all county offices when client uses mental health services; a suggestion not to change anything when a child is receiving services that are helping him/her to thrive.

Another parent felt good about mental health services. He/she said his/her support group was positive and his/her child's therapy was helpful to the child and family.

Summary of County Staff and Contract Provider Group Input:

The County Staff and Contract Provider group had 7 participants: 2 from Mono County, and 5 from Inyo. At the report out, the County Staff and Contract Providers reported on the following themes:

Positives

- Flexibility allows:
 - Home visits
 - Engagement strategies
 - Food/dinners
- Peer empowerment

Challenges

- Could do better engaging youth, Native Americans and others
- Not enough housing and too expensive

County staff indicated that some of the best strategies for producing positive outcomes include: meeting people where they are: this includes home visits, shopping trips, trips to parks and pools—all promoting trust in therapists in a faster and more powerful way; implementing the “Healthy IDEAS” program through the older adult program; Wellness Centers which can handle outreach and crises while avoiding hospitalization; MHSA Full Service Partnerships; “Peapod” program which provides weekly parent-child playgroups in rural towns in Mono County; the consumer-run support and activity groups of the Wellness Centers; and hiring of peers and parents.

The best strategies for engagement include: building trust with clients with home visits; emailing newspaper articles and flyers to other program directors; meetings with other programs; providing outdoor activities; handing out sandwiches in the park and offering dinners; utilizing county Spanish speaking therapist; using wellness centers; information sharing about child rearing; providing fun and engaging child related activities; and providing peer to peer support.

Changes seen in the mental health system since the passage of the MHSA include: more PEI programs and therapists in schools; more Laotian people seeking treatment; implementation of the “Healthy IDEAS” program; providing more programs and more services; fewer trips to hospitals by clients; peer empowerment; losing the Parent Child Interaction Therapy (PCIT) program; anti-stigma efforts through hiring peers and family members and through empowering consumers to lead wellness centers; helping the homeless with mental illness; and providing a mental health nurse who, in addition to her regular caseload, travels for five hours, each way, bi-monthly through Death Valley to provide services to three to six older adults, four of whom are homebound.

Remaining challenges and opportunities include: too few staff to meet county needs; need more outreach; need more housing; administrators need more understanding from County Supervisors; supervisors and line staff need more staff; and having local government buy into

the MHSA vision; hard to engage Inyo Native American Community; documentation is time consuming; and could do better at engaging youth in a community setting.

Regarding outcomes, one contract provider commented that it was positive that clients had found work and had learned positive parenting techniques.

Summary of Transition Aged Youth (TAY) Group Input:

There were two TAY participants.

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

Positives

- Mental Health Services are available—more would be helpful
- Client oriented services—there is a feedback loop

Challenges

- Have more information available in Spanish
- More information needed on MHSA
- Stigma is a problem
- Lack of awareness of the planning process—need to involve the community

The TAY Group indicated that the best strategies for engagement included providing information about MHSA programs to the community.

To improve services, the TAY suggested providing a housing manager who knows about mental illness.

For stigma and discrimination reduction, the TAY suggested having bookmarks and bags with an anti-stigma message.

One TAY participant stated that Mono County's mental health services were friendly.

Open Comment

The open comment segment of the forum included several noteworthy comments. One individual stated his/her pride in being a person with mental illness. An 81 year old community member commented on how happy she was to have an older adult outreach program in her area. Another individual noted that outreach was helping to reduce stigma in her county. An individual stated she felt safe at the Wellness Center. One person commented on how pleased she was that the MHSA had given her a job. A forum participant said that housing was a problem in Mono County and that this issue needed attention. A representative from Peers Envisioning and Engaging in Recovery Services/California Association of Mental Health Peer Run Organizations (PEERS/CAMHPRO) was in attendance and she stated that the PEERS/CAMHPRO Client Stakeholder Project is giving a voice to clients, as demonstrated in part by the Community Forum participation. Earlier in the day, the PEERS/CAMHPRO Client Stakeholder Project conducted an orientation that encouraged client participation.