



**Summary Report**  
**MHSOAC Community Forum – East Bay Area**  
**Hilton Garden Inn, Emeryville – February 20, 2014**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Community Forum at the Hilton Garden Inn Hotel in Emeryville, California on February 20, 2014 from 3:00 PM – 6:30 PM. Representatives from Alameda, Contra Costa, and the City of Berkeley provided welcoming remarks to the opening session of the forum. These representatives included Dr. Aaron Chapman, Alameda County Interim Behavioral Health Director, Warren Hayes, representing Contra Costa Behavioral Health Director Cynthia Belon, and Berkeley Mental Health Manager Steven Grolnic-McClurg.

Assembly Member Bill Quirk (Fremont) attended the Community Forum and was introduced. Staff representatives for several public officials were introduced to the forum.<sup>1</sup> In addition, five MHSOAC Commissioners were in attendance and were introduced: Commissioners Khatera Aslami, LeeAnne Mallel, Christopher Miller-Cole, Ralph E. Nelson M.D., and Tina Wooton. Commissioner Aslami provided a welcome on behalf of all of the Commissioners present. Commissioner Wooton 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), Spanish speakers, 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 with a panel of four Commissioners, Commissioner Aslami offered a summary of the report out, closing remarks, and thanked the attendees and Workgroup members for their participation.

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<sup>1</sup> Public official staff representatives who were introduced at the forum included: Monica Bras, staff to Senator Corbett (San Leandro); Mark Chekal-Bain, District Director, and Frances Fortini, Field Representative, for Assembly Member Nancy Skinner (Berkeley); Isabel Cortez, District Representative for Senator Hancock (Alameda and Contra Costa Counties); Tyson Moore, Field Representative for Assembly Member Susan Bonilla (Concord); Jacqueline Orpilla, Field Representative for Assembly Member Rob Bonta (City of Alameda); and Christy Stanker, Field Representative for Assembly Member Joan Buchanan (San Ramon).

## **Attendance**

There was a sizable turnout for Alameda, Contra Costa, and the City of Berkeley. The estimated attendance was over 275 forum participants. Forum participants came from several counties. About 25 participants came from Berkeley, and about half of the remainder came from Contra Costa and the other half from Alameda County. A few participants came from San Francisco, Napa, Orange, Marin, Sonoma, and Ventura counties.

## **Accessibility**

The MHSOAC provided interpreter services for Spanish speakers.

## **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 68 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 well aware of the MHSA and Proposition 63. What follows is information gathered from the eight discussion groups, the questionnaires, the report out, and the open comment session.

## **Summary of Client Group Input**

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

1. Something is working. There are those in recovery. This is positive.
2. Counties and providers are not listening to the consumers.
3. The Issue Resolution Process needs to be strengthened and made very clear.
4. Stipends create risk because they affect client benefits and yet clients cannot live on stipends.

All of the individuals who identified themselves as clients in their questionnaires, except one, noted that they had previous knowledge of Proposition 63 (MHSA). All of the individuals who identified themselves as clients, except one, stated that they were receiving mental health services.

Clients made several suggestions regarding strategies, services, and supports to help engage people, including a number of comments made in favor of peer services such as peer support groups, peer education for health, and peer led wellness activities. One suggestion favored more government transparency. Another suggestion was for more sincerity in approaching individuals. Other suggestions included having culturally competent providers and having well advertised community meetings.

Client suggestions regarding the improvement of services included: provide an eating disorders group, recognize that recovery has no limits, combine mental health and Alcohol and Other Drug (AOD) services, provide trauma education, provide safe locations for teenagers, provide more culturally sensitive/relevant services, hire people with lived experience, have more available and more accessible services, provide more psychotherapy, provide more mental health education, provide more MHSA housing, provide more mental health scholarships for clients, provide services closer to home, provide more services for parolees, and provide more services for TAY.

### **Summary of Parent Group Input (Group Intended for Parents of Children/Youth)**

Almost all parents stated in their questionnaires that they had heard of Proposition 63. Only two parents stated that they had not heard of Proposition 63 or the MHSA. Almost all parents stated that they, or a family member, were receiving services.

Suggestions for strategies, services and supports to help engage people included: use resources of local NAMI groups for community forums, provide psychiatrists who are proactive and not only concerned with keeping costs down, bring the family in to be involved and have continuity of care once a client has been seen, be compassionate, outreach in a preventive way, listen to people with mental health challenges, find out what clients feel they need and want, offer cafeteria-type services from which people can choose what they want, offer peer resources, do not patronize clients/loved ones, do not force treatment, have clients educate family members, provide mental health education to parents and caregivers, have pro-active mental health workers, provide housing, and provide mentors for discharged clients.

Suggestions regarding the improvement of services included: increase Crisis Intervention Team (CIT) training for all law enforcement, with significant client input; provide peer-run respite/crisis care; advertise services; go where clients are to outreach for services; let young people know they are important and valuable; provide day treatment; provide prevention programs; work through local social and cultural institutions to provide outreach; provide housing and support services; and provide intensive case management.

### **Summary of Family Member Group Input (Group Intended for Family Members of Adults)**

The Family Group reported out:

1. Mentor Discharge Program is a positive
2. The MHSA INN grant got hospitalization reduced by 70%. NAMI and Kaiser are partnering to adopt the model for statewide implementation.
3. Employment—Clinic provides referral for plan of action.
4. There needs to be a better continuum of care when people are released from jails and hospitals so there is a discharge plan that involves a collaborative team that is supportive of on-going treatment—service integration teams.
5. Prop 63 does not offer enough transformed services for the seriously mentally ill population.
6. Board and Cares are needed. Prop 63 needs to help show a change in the mental health system.
7. How can a community be taught to be compassionate and gain trust in the system.

Most family members who returned questionnaires had not heard of Proposition 63 or the MHSA. All family members or a member of their family were currently receiving services.

Suggestions regarding strategies, services, and supports to help engage people included: encourage more people to attend mental health board meetings; provide a website for clients and family members separate from the county website; have community and town hall meetings; and have agency information sessions. The suggestion for improving services was to provide a respite care center for first break clients.

### **Summary of Unspecified Clients/Family Members/Parents/Caregivers in Questionnaires**

Of the group of clients/family members/parents/caregivers who did not specify their sub-group in their questionnaires, almost all had heard of Proposition 63. Almost this entire group was either receiving services or had a family member who was receiving services.

Suggestions for strategies, services, and supports to help engage people included: provide peer support, advertise more in public places, provide support groups that are user friendly, provide food banks, have women's shelters, provide community forums, provide information through media, emails and bulletin boards, and offer opportunities to tell of suffering.

Suggestions regarding the improvement of outreach to racial, ethnic and cultural communities included: provide resource tables and brochures in clinics, have more public service announcements, provide more advertisements on television, reach out to schools, libraries, churches, youth groups and gyms, go to where clients are, and hire outreach workers for each community.

Suggestions for improving services included: allow people on SSI to be able to apply for food stamps, services should be more consumer centric with more respect to consumer input, provide more housing, provide housing for children with disabilities, encourage boards of supervisors to listen more respectfully, the Director of Health Services should respect the mental health community, and provide free clinics.

### **Summary of Peer Provider Input:**

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

#### Positives

1. Empathy/Understanding
2. Examples as equals
3. Recovery is possible

#### Challenges

1. Growth of peer providers within system/employment opportunities/accreditation/room for promotion

2. Value of peer providers
3. Eliminate tokenism

Peer providers reported on the various duties they perform including: peer support, providing resources, informing clients, empowering clients, providing education, provide hope and encouragement, listening, mentorship, group facilitation, teaching living skills, driving clients to appointments, holding house meetings, teaching wellness tools, counseling seniors, providing understanding and feedback, providing information and referral, advocacy, supporting family members, help navigating the mental health system, trainings to providers and community, social inclusion, reducing stigma, promoting employment of consumers, promoting consumer involvement in planning wellness oriented services, facilitating meetings and groups, clerical support, informing and enlightening mental health system, providing intake assistance, and providing peer support to TAY.

The policies and strategies the peers identified that have produced positive outcomes include: the Bridges to Home Program, Pool of Consumer Champions, Family Education and Resource Center (FERC), Mental Health Friendly Congregations, trauma groups, transportation, food, information, peer counseling, reducing the stigma against suicide attempts, Mental Health First Aid, speaker's bureaus, Workforce, Education and Training, Best Now (training program for peer support specialists), stipends for consumers and family members, oversight by stakeholders, social inclusion committee, increasing peer providers, housing assistance, clothing assistance, and employment assistance.

When asked to describe the biggest changes in the mental health system since the implementation of the MHSA, peer responses included: more peer providers, more client involvement, better justice with drug courts, availability of drug and alcohol services, integrated behavioral health, anti-stigma campaign, Peers Envisioning and Engaging in Recovery Services (PEERS), FERC, more consumer and family services, housing, education, job possibilities, transportation, meals, job skills training, more "peer" perspective from clinicians and public, more collaboration between consumers and family members, peer run organizations, more prevention services, more peer and family programs and services, consumer relations departments, consumer employment and retention, social inclusion campaigns, county services are more welcoming, easier access to services, mental health community is working together, more wellness and recovery focused services, more people treated outside institutions, and a decrease in stigma and mental illness.

The biggest challenges identified by peers were: lack of funding for services, not enough providers, housing, need for crisis residential locations, more "peer" perspective from clinicians and more public empathy, retaining free will and choice in recovery, not enough long-term services, not enough support services for family members, reducing stigma of mental health challenges and suicide attempts, need for culturally relevant and appropriate services, not enough collaboration between peers and clinicians, training in recovery culture, peer certification, connecting with TAY and older adults, increase funding for consumer employment, peer run oversight commission, and not excluding those with insurance from MHSA services.

If peers could change anything about MHSA services they would: provide less money to social workers and more money to clients, improve cultural competence and diversity, have field trips and volunteer stipends, provide mobile crisis response teams, provide more transportation,

groups for consumers and activities such as art therapy, improve outreach, improve service to unserved and the general population, peer providers should have more leverage with referrals, provide peer respite services, provide approaches for those who cannot read, use the stakeholder process for all MHSA programs, create a career pathway for peer providers, provide more funding, provide alternatives to 5150 or have benchmarks to shorten process.

## **Summary of Contract Provider Input:**

Contract providers reported out on:

### Positives

1. PEI funding provided opportunities to serve the unserved
2. Peer service providers

### Challenges

1. Lack of cultural competence
2. Workforce cannot meet demands
3. Evaluating Workforce, Education and Training (WET) investment in Para-professionals
4. Need to harness more non-traditional partners

Contract providers indicated that some of the best policies and strategies for obtaining positive outcomes are: providing policies and strategies online for the public to review, blended Early Periodic Screening Diagnosis and Treatment (EPSDT) and MHSA funding allows for flexibility and responsive integration, Prevention and Early Intervention (PEI) program that is culturally and linguistically responsive to the Asian and Pacific Islander (API) underserved/emerging community, allocation of PEI and Innovation (INN) grants, INN helpful to introducing immigrants and refugees to the MHSA.

Regarding the best strategies for engagement, county contract providers identified: importance of communication and training offered to service providers, “whatever it takes” Full Service Partnership (FSP) posture, culturally and linguistically competent services, peer navigators, assisting new immigrants with acculturation issues, enrolling in Covered California, and housing.

Regarding the most positive changes seen in the mental health system because of the MHSA, contract provider staff identified: accountability, systematic collection of information on outcomes, increase in community voice, more community engagement, more openness to learning about mental health issues, reduction in barriers to accessing mental health services, greater visibility of API consumers, evidence based practices, participatory research, recognizing expertise is in the communities.

Contract providers noted the following challenges that remain for providing effective services: ongoing training and funding, need more staff for underserved populations, integration of the system of care, need more bilingual/bicultural staff for the API community, and workforce development.

## **Summary of County Staff Input:**

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

1. Challenges and benefits of moving in direction of outcomes
2. Innovation is important but not working as currently structured.
3. Out reach and engagement for cultural/racial/ethnic communities is new but need to be able to measure to show effectiveness—also peers and family members
4. Progress, but how do you integrate MHSA values into whole system?

County staff indicated that one of the best strategies for producing positive outcomes is the ongoing planning advisory workgroup that advises Contra Costa County regarding the use of MHSA funds.

One of the best strategies for engagement is the outreach and engagement efforts of peers and family members from county and contract programs.

One of the most positive changes seen in the mental health system is the entire system has significantly embraced the values from the MHSA.

Line staff from the county stated that administrator work performance provides both the biggest challenges and opportunities for providing effective services.

## **Summary of Transition Aged Youth (TAY) Group Input:**

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

### Positive

1. Peer to peer programs

### Challenges

1. Need more culturally competent mental health services and centers for TAY
2. Waiting rooms are gray areas
3. School based mental health services need to be person centered, with opportunities, realistic, and goal driven
4. Transportation and incentives
5. Need to break down stigma

The TAY Group stated that they have not had the opportunity to share perspectives with the local mental health department. TAY would share their positive experience with: the SPIRIT program, Alliance High School (therapeutic school), and stipend programs. TAY would like to

be treated like professionals and encouraged and given responsibility. TAY would like to feel included, even though some hear voices. TAY would like the mental health department to know that they are normal, even if they experience symptoms related to their diagnosis.

The TAY Group indicated that the best strategies for engagement included: transportation assistance such as reimbursement for BART, snacks, bookmarks, certificates for training, job opportunities, breaks in meetings, TAY as staff members, word of mouth, and websites.

The TAY had the following ideas about the best ways to let people know about services that are helpful to persons from different races or cultures: WRAP services for TAY, more job training and college opportunities, more diverse support groups, and more available services.

The TAY had several suggestions for changes in services including: providing food stamps to those on SSI, providing jobs and employment programs, reducing stigma for those applying for jobs, improve the 5150 process with the provision of less threatening security guards in hospitals, and provide individual rooms in hospitals for clients—tension builds when many in crisis are in one room. Clinics for mental health services could be improved by: being less waiting room gray, being a more inviting environment, being more homey and culturally competent, having magazines for TAY, being more multi-cultural, having TAY providers, and having techniques and services that TAY relate to.

### **Summary of Spanish Speaking Group Input:**

At the report out, the Spanish Speaking group asked for:

1. More information in Spanish about mental health, services, stigma. Support groups in the community.
2. Cultural understanding from doctors and services.
3. Integration of physical health, mental health, and spiritual health.
4. Educate doctors about mental health.

In the breakout discussion, the Spanish Speaking Group said that two persons had heard of the MHSOAC. The group discussed cultural understanding. They discussed stigma and that mental health is curable.

The group discussed the integration of physical and mental health in the community.

### **Local Mental Health Commissioner Input:**

A local mental health commissioner reported the following positive themes:

1. Transition Support Program—Military reaches soldiers within 90 days of discharge in San Diego County.
2. Club Houses are positive.
3. Family Education Resource Center is working.
4. The Pittsburg Clinic in Contra Costa County provides referrals and job interviews.
5. There are more employment opportunities.

During the open comment session a commissioner discussed psychiatric history of his son. The commissioner expressed concern with revolving door of the criminal justice system. He expressed the need to know what happens to clients in the criminal justice system—many gaps. He would like more collaborative care with family/community treatment teams. He doesn't agree with Laura's Law and opposes coercion. Coercion is a way to lose trust; forced medication is unconscionable. There is a need to research ways to reach the unreachable. When not being heard by the county, you need to go beyond it. Hospitals are not providing continuum of care and people get stuck in programs.