



Summary Report
MHSOAC Community Forum - Butte County
The Chico Masonic Family Center, Chico – April 4, 2012

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Community Forum at The Chico Masonic Family Center in Chico, California on April 4, 2012, from 2:30 – 6:00 PM. Commissioner Eduardo Vega provided an opening welcome, introduction and 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, Hmong speakers, peer providers, county staff and contract providers. Each discussion group was provided with a set of questions to help focus and guide discussions. 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 three themes that emerged in their group and reported those back to the entire audience. Following an open comment period, Commissioner Vega offered closing remarks and thanked the attendees and Workgroup members for their participation.

Attendance:

This was a very large community event for a small county and rural region. The estimated attendance was over 120 forum participants, not including Commissioners, Workgroup members and staff.

Forum participants came from several counties as noted below. Over two-thirds of those who signed in were from Butte County.

Butte--80	Tehama-1
Nevada--8	Solano--1
Sacramento-5	Santa Clara-1
Colusa--3	San Mateo--1
Plumas--1	Glenn--1

Accessibility:

The MHSOAC provided interpreter services for Spanish and Hmong speakers.

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 33 written surveys from individual attendees, 23 from clients and family members, 5 from peer providers and 5 from county staff and providers. 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 both the eight discussion groups and the questionnaires.

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

There were many older adults in attendance at this forum, making up a majority of participants in the client/family member groups. Most client and family members confirmed in their questionnaires that they had previous knowledge about Proposition 63 (MHSA). However, some client and family members reported that they were learning about the MHSOAC for the first time. Most clients at the Chico Community Forum stated they were receiving mental health services.

There were many suggestions regarding strategies, services, and supports to help engage people, including many comments in favor of peer services. There was a suggestion that there was a need for long term counseling. Another suggestion was to use texting as a means to communicate and engage TAY and other clients and family members. Yet another strategy identified for engaging individuals was to reduce or eliminate the use of acronyms.

Suggestions regarding the improvement of services included: increased family centered treatment, affordable, quality, supportive housing, a warm line for prevention, having individuals with lived experience as providers, more diversity of staff, help and counseling for older adults who do not qualify under mental health criteria, but have physical needs, and more linkages to needed services and supports.

Summary of Hmong Speaking Group Input:

Only a few of the 16 Hmong participants had heard of the MHSA before the forum and 2 of 16 reported that they were currently receiving services. They heard about the forum from friends and via Hmong news and English television. Participants stated that having mental health providers assisting them to become self-sufficient and providing home visits has been

helpful. Additionally, the bilingual Hmong Culture Program is useful; however having more materials in Hmong would be beneficial. When asked what would be helpful to engage and retain them in the mental health system, some suggestions were: more flexibility for all ages to participate, more transportation, Hmong speaking staff who understand the Hmong culture, outings and recreational groups to reduce social isolation and help with citizenship and medication refills. Several of the participants stated that they have worked with a shaman. This interaction with the shaman has helped some people, depending on the particular issue. A statement was made that the shaman helps more with spiritual, not physical issues.

Summary of Spanish Speaking Group Input:

The Spanish speaking group reported that the reasons why they don't seek MHSA services were: limited culturally competent staff, agency rules may not be culturally-informed regarding cultural interactions with family, and lack of outreach to churches to engage the Spanish speaking community. Other comments noted there is continued stigma towards the Latino community and that there seems to be less emphasis on Latino communities. Additionally, participants stated that the use of the word "mental" has a negative connotation and "wellness" would be more culturally competent and acceptable to use. They requested materials, such as brochures in Spanish, to help overcome stigma. Although some persons indicated they did not participate in the local planning process, there was some knowledge of the 30 day county plan review period. Gaps identified included: services to older Latinos and children, the expansion of existing programs versus new programs and the need for more staff.

Summary of Transition Age Youth (TAY) Input:

Most individuals in the TAY group had heard about the MHSA. TAY in Butte County learned about the Community Forum event at Chico State University and through programs where they work. Ideas that are important to TAY include: reducing stigma in the community and at school, having a "no wrong door" approach, increasing services for LGBTQ, and school-based mental health services. TAY felt that engagement strategies that are effective include: having food at meetings and events, sending meeting notices via text and Facebook, peer-to-peer connections, and adults viewing TAY's as equals. TAY felt that involvement in the entire planning and budget process is essential for real inclusion and that there should be outreach to high school students to promote their involvement in the decision making process. Things they would change about the services they or their family members receive include: getting mental health help before the condition gets severe, insuring that people with non extreme mental health concerns are not turned away, increasing the level of funding for appropriate outreach, more connections among agencies and awareness of each other's programs and services.

Summary of Peer Provider Input:

Peer Providers reported on the various duties they perform including: providing support and referral to families, providing peer to peer education classes, advocating for other peers who have not yet found their voice, program supervision of a talk line and homeless innovations program at Torres Shelter, helping individuals who are homeless cope with mental health

issues, and conducting outreach services. The policies and strategies they identified that have produced positive outcomes include: employing people in the community and peer assistants incorporated into the daily staff of an emergency shelter. When asked to describe the biggest changes in the mental health system since the implementation of the MHSA their response included: more consumer advocacy, support and consumer driven services, hearing more about the recovery model, more support for employment, reduced stigma, more consumer organizations, ethnic specific programs, holistic and person centered services, a focus on prevention and early intervention and county contracting for services with community-based organizations (CBO). The biggest challenges identified were: core services taking a huge hit, supplantation, stigma and discrimination, specific cultural/ethnic communities don't trust service providers, no Medi-Cal/no services, and CBO expected to fill gaps, but no structure is in place. If they could change anything about MHSA services they would: increase the number of peer providers, provide livable wages and employment for peer and family members, increase the number of agency liaisons, provide stability for county positions, facilitate more warm handoffs, increase ease of access to services and reduce stigma in higher education.

Summary of County Contract Provider Input:

Contract providers indicated that some of the best policies and strategies for obtaining positive outcomes are: providing in-home support services for older adults, combining client supportive services with care management and counseling, flexible funding for special needs services, and increasing and providing separate services to TAY.

Regarding the best strategies for engagement, county contract providers identified: In-home engagement and support services, easier access to available services, transportation to various group meetings for the older adult population, providing welcoming cultural programs, offering and supporting employment services, and engaging in services over time.

Regarding the most positive changes seen in the mental health system because of the MHSA, contract provider staff identified: more available services, the meaningful engagement of disenfranchised populations by providing services in their homes when they need them, better employment outcomes, reduced recidivism rate of formerly incarcerated individuals and providing more creative programs with a "whatever it takes" approach.

County contract providers noted the following challenges that remain for providing effective services: the challenges posed by realignment with the shift in power structure – County Board of Supervisors now make decisions and not the state, capacity for staff to do intakes/outreach, Medi-Cal billing mandate is not applied uniformly to all populations, identifying community needs and effective outreach strategies, and the lack of a standardized data and reporting system.

Summary of County Staff Input:

County staff indicated that some of the best policies and strategies for producing positive outcomes include: increased client involvement in decisions, outcomes, implementation, planning and evaluation, appropriate expectations of process, inter-connectiveness of

treating mental health and co-existing concerns, employment of clients and family members and TAY to bring a different perspective, empowerment of TAY to speak-up, increased outreach to TAY, and using a strength-based recovery model approach versus the medical model.

Regarding the best strategies for engagement, county staff identified: Multidisciplinary Wrap-Around Teams, social support, increased bilingual staff, connecting older adults and TAY to the community, clear communication with conservators, more transparency with clients, working with clients as active partners in decision making, normalizing mental health issues in education, connecting mental health issues with educational success and reducing stigma in education.

Regarding the most positive changes seen in the mental health system because of the MHSA, the county staff identified: development of new programs, trust from clients and family members, collaboration, adult prevention aspect (suicide prevention, NAMI, etc.) more integration with community consumer groups, decrease in constraints of implementation.

Both county staff and providers noted the following challenges that remain for providing effective services by staff category. For administrators: making sure MHSA doesn't become leverage for other programs and needing the capacity to manage it all. For line staff: more staff is needed and educational trainings should be for everyone, less time doing paperwork and more time serving clients. For supervisors: the breadth of knowledge needed for the number of different programs.

Community Forum Evaluation Input:

There were 22 Community Forum Evaluation Forms collected after the forum. Most forum participants who completed the evaluation felt the forum was helpful, useful and informative. All persons but one, indicated that attending the forum increased their knowledge of the MHSA and/or the MHSOAC. When asked if they felt that their participation and comments were important to the persons facilitating the meeting and discussion groups, all but one person said yes. Suggestions provided for improving the community forum included: having materials available in more languages, having more short breaks during the forum, raising the room temperature (room felt cold), offering travel stipends, having smaller breakout groups, more participation and less lecture, reducing the length of the forum, and explaining the meaning of acronyms on the questionnaire.