

Update

mhsoac
newsletter

**November
2011**

Commissioners

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Eduardo Vega

Tina Wooton

Executive Director:

Sherri Gauger

San Francisco Community Forum Fills the Rainbow Room



By Matthew Lieberman

Almost 150 members of the Bay Area mental health community, plus the Community Forum Workgroup and staff, packed the Rainbow Room of the San Francisco LGBT Center on September 27th for the MHSOAC Community Forum. Commissioners Van Horn, Vega, and Nelson provided an opening welcome and introduction to the event. The Commissioners noted the purpose of the Community Forums is to assist the MHSOAC with assessing the impact of the MHSA in local communities throughout California in order to develop recommendations for the MHSOAC for shaping Commission policy. After the introduction, Commissioner Van Horn presented a Power-Point with background on the MHSA and the MHSOAC.

The forum attendees were invited to participate in a one hour break-out session that included four separate groups designated for clients, family members and caregivers, a transition age youth group, and a county staff/provider group. After the break-out session, the groups provided short reports to the entire forum. Lastly, the Commissioners conducted an open question and answer session that provided

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And more!



The MHSOAC Welcomes Jennifer Whitney!



her Marriage and Family Therapist certification and continued to do free-lance work in marketing, media relations, producing videos and developing website content. When Jennifer found out that a Public Information Officer position was available at the MHSOAC she says “it seemed like a perfect fit!”

Jennifer is not entirely new to the Mental Health Services Act. In fact, she served as a Committee Member for drafting the Department of Mental Health’s California Strategic Plan on Reducing Stigma and Discrimination. Jennifer is passionate about reducing and eliminating stigma and discrimination and hopes to one day see an all-encompassing campaign that addresses the importance of mental health. Jennifer says, “I want people to feel as comfortable talking about their mental health as they are in choosing to talk about their physical health. I want people to understand that without mental health, there’s nothing.”

We are excited to have Jennifer onboard and look forward to working with her to promote mental health and reduce stigma and discrimination.

The MHSOAC is pleased to announce the hiring of our Public Information Officer, Jennifer Whitney! You may recognize Jennifer from Sacramento Television Station KQVR where she spent sixteen years as a news anchor at 5:00, 6:00 and 10:00 pm until five years ago when she decided to pursue her second passion, psychology.

Jennifer attended graduate school at the University of San Francisco where she obtained her Masters in Counseling Psychology. It was during her Masters program when she learned of Proposition 63 through one of her instructors who ran a program that brought therapist trainees to public schools in Sacramento. After obtaining her Masters, Jennifer worked in school-based counseling to get

Farewell and Thank You to Commissioner Kahn

On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), I would like to thank you for your commitment as Commissioner and as Co-Chair of the Evaluation Committee. Your dedication to serving diverse and vulnerable communities and your leadership role over the nation’s largest public health plan has brought to the Commission an invaluable perspective that has been instrumental in shaping MHSOAC policies and furthering goals set forth in the Act.

You have consistently demonstrated a passion for providing services to underserved populations while drawing from your experience as Chief Executive Officer of the L.A. Care Health Plan to keep the Commission organized and focused on the business at hand. You are a true advocate and leader.

Thank you, again, for your service to the Commission, mental health consumers, and the people of California.

Best Regards,

Larry Poaster
Chair
MHSOAC

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MHSOAC's Quality Improvement Survey

By Jacie Scott

The primary role of the Mental Health Services Oversight and Accountability Commission (MHSOAC) is to provide oversight, accountability, and leadership to the community mental health system. Serving in this role, it is important for the Commission to communicate with partners, stakeholders, and other mental health advocates to evaluate ways in which the MHSOAC can improve its efforts. To gather this feedback from the community, the MHSOAC Commissioners asked the staff to develop a Quality Improvement (QI) Survey.

Quality Improvement refers to the analysis of performance and the conscious effort to improve deficits or increase strengths, involving both prospective and retrospective reviews. The purpose of the QI Survey was to measure the strengths of the MHSOAC and determine areas which could be improved for better services and outcomes.

In April 2011, the first MHSOAC QI Survey was conducted, soliciting participants from 1,076 individuals on the MHSOAC's LIST-SERV of interested parties. A link to the QI Survey was also posted to the MHSOAC webpage. Below are the highlights of the QI Survey:

QI Methodology

- MHSOAC staff conducted the QI Survey from April 11, 2011 to April 22, 2011, using the online website "Survey Monkey."
- 1,076 individuals were invited to participate in the survey, and a total of 210 surveys were submitted.
- The survey was composed of 25 questions, which were broken down into the following three categories:
 - Multiple Choice Questions
 - Open-ended Questions
 - Optional Follow Up Questions
- Questions included prompts to rate MHSOAC services on a scale ranging from "Poor" to "Excellent," as well as opportunities to express opinions, offer advice, and voice concerns.

QI Findings

- Overall, ratings of the MHSOAC are more positive than negative.
- When rating the MHSOAC staff, respondents replied that the staff members were respectful and attentive to their concerns, and addressed any questions they had, providing helpful information on various mental health issues.
- The MHSOAC webpage also received high ratings for providing a helpful way to obtain a wealth of information on the MHSOAC and other mental health issues.
- Respondents were neutral regarding the effectiveness of the MHSOAC committees to serve as a forum for advocacy; however, when considering the extremes, the responses were more positive than negative.

After interpreting the QI results, MHSOAC staff was able to more clearly identify opportunities for quality improvement, including providing better communication efforts and enhancing avenues for advocacy within the committees.

In addition to the QI Survey questions, some respondents agreed to provide additional feedback through follow-up questions. Their greatest concerns included defining the role of the MHSOAC, improving advocacy through greater stakeholder inclusion.

By utilizing the data from the QI Survey, the MHSOAC will be able to improve its own operations.

MHSOAC staff and Commissioners have agreed that the QI Survey was a promising tool in evaluating community opinions about the MHSOAC, and plan to conduct additional QI Surveys in the future to continue tracking their progress.

Please note that this is a brief synopsis of the survey. For more detailed information, please consult the QI Survey Response Summary at <http://tinyurl.com/QISurvey-Report>.

The MHSAs Housing Program: Rebuilding Lives

By Christina Call

An estimated 133,129 people were homeless in California in 2009, which accounts for a staggering twenty percent of the homeless population in the United States. California is also one of three states that has higher than average rates of unemployment, foreclosure, income spent on mortgage and rent, lack of insurance and doubling up in households due to economic need. Of the single adult homeless population, an estimated 20-25% have a severe and persistent mental illness. Serious mental illness and chronic homelessness are debilitating conditions that too often go hand-in-hand. It is difficult to address the mental illness without first addressing the living situation and focusing on stabilizing the client's most basic need first, a place to call home. Fortunately, the Mental Health Services Act (MHSA) Housing Program is doing just that by providing permanent supportive housing for California's most vulnerable population.

The MHSA Housing Program grew out of Executive Order S-07-06, which was signed in May 2006 with a statewide goal of creating 10,000 additional units of supportive housing for people with serious mental illness who are homeless or at risk of homelessness and who meet target population criteria. The MHSA Housing Program is a collaborative effort between the Department of Mental Health (DMH), the California Housing Finance Agency (CalHFA), and county mental health departments to provide \$400 million in MHSA funds for capital costs and operating subsidies to develop permanent supportive housing units. Permanent supportive housing combines affordable housing with services such as job assistance, substance abuse coun-

seling and mental health services and has proven to be a cost-effective and successful approach to reducing homelessness.

The \$400 million in MHSA funds is a one-time allocation to counties. The counties develop plans for how these funds will be used and look for other sources to leverage the remaining funds needed to develop and sustain these programs. For example, counties work with the Department of Housing and Urban Development (HUD) to incorporate funds from Section 811 Supportive Housing for Persons with Disabilities and counties can also combine HUD HOME funds.

At the July Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting, Jane Adcock (formerly Jane Laciste), Chief of MHSA Plan Reviews and Community Program Support, DMH and Claudia Cappio, Executive Director of CalHFA presented on the progress of the MHSA Housing Program. According to Adcock and Cappio, almost 900 housing units have been financed; fifty-six facilities have received \$91 million in funding for capital costs and \$57 million in operating subsidies. The funding could not have come at a better time when considering the state of the housing market; properties are less expensive to purchase, an upsurge in foreclosures has led to a higher demand for rental

properties and the need for affordable housing is on the rise. However, there have also been quite a few challenges to the program due to the state of the economy; state Housing and Community Development (HCD) funding decreased significantly and leveraging sources such as tax exempt bond funding and sources for operating subsidies and funding for services are limited.

Despite these challenges, the Program has ultimately been a success due in part to the unique collaboration of agencies such as the Department of Mental Health, CalHFA, the California Tax Credit Committee, county mental health departments and affordable housing agencies. A few of the successes noted by Adcock and Cappio include the fact that fourteen developments have

designated 225 units for seniors, fifteen developments have designated 174 units for Transition Age Youth and there is even a development that will serve children as their target population. Also, over half of the counties that could participate in the Program are participating, with a total of 116 submitted applications. But, perhaps the most exciting news is that MHSA developments are already providing permanent supportive housing to 220 MHSA eligible tenants. That is 220 people who no longer have to worry about where they will sleep tonight, 220 people who have access to mental health services and 220 people whose lives have been changed forever.



Project with MHSA-Funded Units
Photo Courtesy of CalHFA



Project with MHSA-Funded Units
Photo Courtesy of CalHFA

California Health Interview Survey: Determining Mental Health Needs in California

By Jacie Scott

At the July 28, 2011 MHSOAC meeting, Dr. Sergio Aguilar-Gaxiola, of the University of California, Davis (UC Davis) Center for Reducing Health Disparities, presented the MHSOAC with a report on the 2007 statewide health survey. This survey was conducted by researchers from the University of California, Los Angeles (UCLA) Center for Health Policy Research. Mental health data from the California Health Interview Survey (CHIS) was assessed by UC Davis to determine the population of adults in California with mental health needs. The MHSOAC is using UC Davis' report on the CHIS as a way of identifying those in need, so that we may bridge any gaps in community mental health services.

Background

With the passing of Proposition 63, also known as the Mental Health Services Act (MHSA), in November 2004, California received greater funding to expand and improve mental health services throughout the state by providing better treatment, intervention and prevention programs. The Commission and the State must be able to determine the population in need of mental health services to guide future MHSA implementation.

*“8.3% of California’s
26.9 million adults have a
mental health need.”*

The MHSOAC executed a contract with UC Davis to provide the MHSOAC with a thorough assessment and analysis of the State's mental health component of the CHIS and to advise the MHSOAC of any improvements that could be made to more suitably track the prevalence of mental health disorders and mental health services needs in the State. As a part of this contract, UC Davis provided the MHSOAC with a report on the 2007 CHIS mental health data, as well as a needs assessment and recommendations for a follow-up study to the CHIS.

Survey

The CHIS is a statewide health survey conducted by UCLA every two years. The 2007 CHIS was conducted as a telephone survey that included ten mental health questions and was administered to 50,880 adults throughout California. For the purpose of this survey, a “mental health need” is defined as having serious psychological distress and at least a moderate level of impairment in one or more domains of one's daily life. Out of the 50,880 adults surveyed, 3,819 were classified as having a mental health need. These CHIS statistics were further analyzed in the UC Davis Report.

Report

In analyzing the outcomes of the CHIS, UC Davis presented the MHSOAC with a well-rounded report of California's adult mental health needs including demographic statistics on gender, age, race/ethnicity, nativity, poverty level, and insurance coverage throughout all county regions. These findings provide important information that can be used to reduce cultural disparities and provide services to unserved and underserved populations. These are priorities for the MHSOAC. This CHIS data serves as a baseline in determining whether or not Californians with mental health needs are accessing and receiving adequate mental health services.

According to UC Davis' report, “Assessing Adult Mental Health Needs in California Using the CHIS,” out of California's 26.9 million adults, about 2.2 million, or 8.3%, have a mental health need. Taking a closer look, the poorest areas of California contained higher levels of mental health needs, and individuals without insurance had the highest levels of mental health needs. Additionally, the report revealed that out of the 8.3% of Californians who have a mental health need, about half (50.6%) reported not receiving any treatment from a primary care physician nor from a mental health professional.

The data collected from the CHIS is important to consider when addressing mental health services, especially when it pertains to unmet needs.

Next Steps

While the 2007 CHIS provided the MHSOAC with a broad estimation of the population's mental health needs, since it was administered through households, it was not able to address the homeless or institutionalized population. In more recent surveys, UCLA has made efforts to include these sub-populations and create greater representation of low-income households. It is expected that with these inclusions, a more accurate representation of the population will be obtained. Additionally, it is suspected that the percentage of adult mental health needs in California will be even higher. Upon reviewing UC Davis' current report, the MHSOAC Evaluation Committee recommended extending the survey to children and adolescents in the follow-up study. The MHSOAC plans to use UC Davis' reports from the 2007 CHIS as well as the future follow-up study contracted with DMH to increase awareness of issues within MHSA implementation and track progress in the State's mental health services.

Although the 2007 CHIS report is not all inclusive, it creates a baseline to understanding mental health needs in California and serves as a valuable tool for the MHSOAC and other MHSA stakeholders in the evaluation of the State's current mental health services. It is crucial that the MHSOAC, the Department of Mental Health, and other decision-makers refer to this data in the process of developing and implementing future mental health programs and policies.

For the full report, please consult UC Davis' “Assessing Adult Mental Health Needs in California Using the California Health Interview Survey (CHIS)” at: <http://tinyurl.com/CHIS-Report>

Realignment and the MHSOAC Principles and Logic Model

By Matthew Lieberman

At the MHSOAC meeting on July 28, 2011, the Commission adopted two documents related to the state's realignment of mental health services as provided for in AB 100. The two documents were the "Principles to Achieve Oversight and Accountability in a Changing Mental Health Services Environment" (Principles) and a "Logic Model" (Logic Model). The Principles and the Logic Model aided the Commission in its discussion of realignment and will now guide MHSOAC staff in its work and priorities.

Chair Poaster stated that the real clarion call for the Commission was to consult with the "State" to establish a more effective means of ensuring that County performance complies with the MHSAs.

In Commission discussion, Commissioner Poat noted that important legislative decisions will be made and structured in the next several months, culminating in the Governor's budget proposal in January, 2012. Commissioner Poat felt the Commission's participation in these decisions is crucial to the success of the MHSAs.



Executive Director Gauger and Chair Poaster

Executive Director Gauger stated, "The proposed principles can be used to provide a basis for future discussion about the relationship between reorganized public mental health services and administration, and the Commission's responsibilities for oversight and accountability."

These principles, as revised by the Commission, are:

- The State must continue to collect county data to support ongoing evaluation of California's mental health system.
- The State must continue to provide fiscal oversight for the expenditure of mental health services funds to ensure that funds are being spent consistent with the act.
- The State must continue to pursue and support efforts to reduce or eliminate stigma and discrimination related to mental illness.
- The State must ensure that the perspectives of people with serious mental illness and their family members are considered in MHSAs decisions and recommendations.

- The State must continue to support efforts to reduce and eliminate disparities in access to, quality of, and outcomes of mental health services.
- The State must ensure that counties are provided appropriate support, including training in technical assistance when appropriate, to achieve the outcomes that the MHSAs specifies.



Commissioners Poat and Wooton

The MHSOAC Logic Model is the second tool adopted at the July 2011 Commission meeting. The Logic Model was developed to help identify the Commission's role in the mental health system and to provide a tool for measuring the Commission's success. With the Logic Model, the Commission can plan appropriate strategies and actions with specific oversight and accountability outcomes and overall mental health system outcomes in mind. Relevant statutes and policies such as the Mental Health Services Act and the AB 100 Work Group Report serve as a starting point in the Model, which is then broken down into oversight and accountability focus areas and then developed into tangible strategies and actions, ending with performance outcomes. The Logic Model will help the Commission determine MHSOAC 2012 Workplan strategies and assess the Commission's success in areas of oversight and accountability, sound fiscal oversight, and effective evaluations.

With Realignment discussions currently taking place in the Administration and the budget proposal being developed, the MHSOAC Principles and Logic Model will serve the Commission well as it participates in the reorganization of the public mental health system.

The Principles are posted on the MHSOAC website at <http://tinyurl.com/MHSOAC-Principles>

The Logic Model can be found at <http://tinyurl.com/MHSOAC-LogicModel-7-28-11>



MHSOAC Releases Client and Family Leadership Committee’s Transformation Paper

In September 2011, the MHSOAC released the Client and Family Leadership Committee’s (CFLC) policy paper, “Client-driven, Family-focused Transformation of the Mental Health System Through the California Mental Health Services Act.” This paper presents “a picture of a mental health system ‘transformed’ in the way it values, utilizes and promotes the voices and wisdom of clients and family members.” CFLC Committee Chair Vega commented, “This CFLC Transformation policy paper is a compelling vision of the progress in mental health that the MHSA can bring to our communities. It represents many months of meetings, written drafts and revisions. I am very proud of the work of the Committee and Committee staff and I congratulate them on producing such an insightful client and family based vision of a transformed mental health system.”

The CFLC Transformation Paper can be found at <http://www.mhsoac.ca.gov>.

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San Francisco Community Forum

forum participants with an opportunity to ask questions of the Commissioners.

Forum participants came from ten Bay Area counties and beyond. Interpreters were made available for all threshold languages, and Spanish and American Sign Language were requested. In addition to the public sessions of the forum, written questionnaires were made available to the attendees and were collected. After the event, the MHSOAC staff summarized the information received and wrote a brief summary report which was posted on the MHSOAC website and will be followed by a more extensive report later in the year.



Commission Vice-Chair and Community Forum Workgroup Co-Chair Richard Van Horn presents to the Forum

Overall, the forum was a high energy, positive event with lots of participation and interest. The San Francisco Community Forum continued the process of providing eyes and ears of the MHSOAC throughout California to learn about the progress and impact of the MHSA. The next Community Forum is scheduled for December 8th in Modesto from 3:00 pm to 6:30 pm at the Seasons Multicultural Event Center.



Community Forum Workgroup Staff Pete Best listens to presentees



Community Forum Workgroup Co-Chair Eduardo Vega

Client and Family Leadership Committee

In September, five members of the Client and Family Leadership Committee helped facilitate the San Francisco Community Forum where the impact of the MHSA was discussed. The San Francisco Community Forum was well attended with over 140 community participants from nine counties and the City of Berkeley. The next Community Forum will be held in Modesto on December 8th. Check the MHSOAC website for details. In addition to the Community Forums, the CFLC completed the Transformation Paper, "Client-driven, Family-focused Transformation of the Mental Health System through the California Mental Health Services Act". Also, the CFLC is developing meeting accessibility recommendations for the MHSOAC and this issue is scheduled for presentation to the MHSOAC in 2012.

MHSA Services Committee

To ensure compliance with Welfare and Institutions Code (WIC) Sections 5846 and 5847, the MHSA Services Committee works on behalf of the Commission in making recommendations regarding the implementation and sustainability of MHSA programs and services to the MHSOAC. The first of the Services Committee's most recent accomplishments resulted in a Training and Technical Assistance (T/TA) Framework. The goal of the T/TA Framework is to ensure counties and providers in the mental health system have the support they need to effectively serve the diverse populations and bring about positive mental health outcomes. The T/TA Framework will be on the Commission Agenda for approval at the November 2011 Commission meeting.

The Services Committee was tasked with convening a workgroup including participants from two other MHSOAC committees to develop guidelines for the PEI Statewide Reducing Mental Health Disparities Project. The guidelines will inform counties on allowable uses of funds and provide program content options as they begin to implement the PEI Reducing Mental Health Disparities Statewide Projects. The Services Committee is also drafting a paper highlighting examples of transforming the Mental Health System through Integration and highlighting ways of expanding services, programs and trainings for Co-Occurring Disorders. The Services Committee also worked with MHSOAC Consulting Psychologist to update the Prevention and Early Intervention (PEI) Trends Report and create an Innovations (INN) Trends Report, which will be completed in December 2011.

Mental Health Funding and Policy Committee

The Mental Health Funding & Policy Committee continues to provide regular financial reporting to the Commission in January and May of every year. The Committee evaluates state financial forecasts around the January Proposed Budget and May Revise to determine funding trends, opportunities and challenges. The Committee is beginning preparation for the January Financial Report to be presented at the January Commission meeting.

The committee reviewed and recently provided policy recommendations regarding Prudent Reserve and Innovation Reversion. The Commission adopted the Committee recommendations regarding the oversight of the Prudent Reserve and the way Innovation Reversion is calculated. The specific motions can be viewed on the MHSOAC website.

The Committee will be reviewing the upcoming evaluation data to evaluate the usage of MHSA funding overtime, to include but not limited to the usage of Prudent Reserve funds; leveraging funds; and identify how local funds are being spent.

Cultural and Linguistic Competence Committee

In 2011, the CLCC is on track to complete all of the activities on its charter. The CLCC developed processes and criteria to identify essential MHSOAC documents for translation and/or posting on the MHSOAC website, including educational events that promote mental health awareness and education for members of racial, ethnic and cultural communities across California. The CLCC in conjunction with the Client and Family Leadership Committee (CFLC) developed, organized and conducted two community outreach forums in April and September 2011, and one additional forum will be held in December 2011. Members of the CLCC will participate on a workgroup to begin the development of PEI Statewide Reducing Disparities Project Guidelines and will ensure that Department of Mental Health's Office of Multicultural Services provides the Commission with an annual update on the California Reducing Disparities Project. Lastly, the CLCC is developing the annual cultural competency presentation for the MHSOAC Commissioners and staff which will be presented at the November 2011 Commission meeting. This year's presentation topic will be the Culturally and Linguistically Appropriate Services (CLAS) Standards.

Evaluation Committee

To ensure compliance with the MHSA, the Evaluation Committee works on behalf of the Commission to develop an overall evaluation framework, selecting outcome priorities within available evaluation funding, providing input to ongoing evaluations and ensuring distribution and use of evaluation reports.

The Evaluation Committee is tasked with the following objectives that are considered when setting evaluation priorities:

- Ensure that the MHSA evaluations accurately depict the extent to which the objectives of the MHSA have been accomplished.
- Ensure that the evaluations are governed by using methods and measures that are consistent with the provisions of the MHSA and are meaningful and relevant to stakeholders.
- Ensure that information from evaluative efforts and reports is used and usable for continuous improvements of systems and programs/projects and for revising MHSA policy guidelines depending on system outcomes.

The Evaluation Committee is working on finalizing recommendations for priority evaluation proposals for the Commission's action in November 2011. There is \$875,000 available in the current year for evaluation resources.

Presentation on National Standards on Culturally and Linguistically Appropriate Services (CLAS) at November Commission Meeting

By Matthew Lieberman

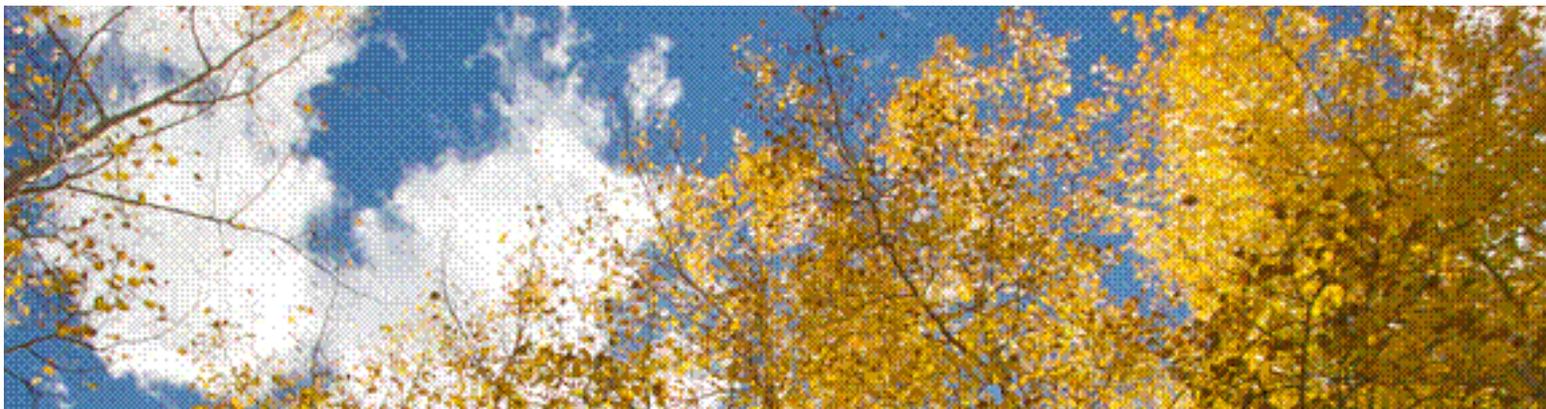
At the November 17 Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting, Jose Carniero, Ed.D., Director, Office of Minority Health Resource Center, U.S. Department of Health and Human Services, will conduct a presentation on the Culturally and Linguistically Appropriate Services (CLAS) Standards. The objective of Dr. Carniero's presentation is to provide the Commissioners with knowledge about the CLAS Standards and their relevance to the MHSOAC's role in the public mental health system. Dr. Carniero is also interested in providing the Commission with an increased awareness of the need to develop specific policy guidelines on how to use the CLAS standards.

According to Dr. Carniero's presentation materials the 14 CLAS national standards issued by the U.S. Department of Health and Human Services (HHS) Office of Minority Health are intended to:

- "Ensure that all people entering the health care system receive equitable and effective treatment in a culturally and linguistically appropriate manner."
- "Be inclusive of all cultures."
- "Contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans."

Dr. Carniero will present on three types of standards, including mandates, guidelines, and recommendations. He will discuss the "users" of CLAS Standards, including policy makers, accreditation agencies, purchasers, patients, advocates, educators, and health care communities. Dr. Carniero will define culture and linguistic competence. The presentation will include a discussion of the concept of "cultural mapping" and its importance to developing appropriate programs and services.

The MHSOAC is honored to have Dr. Carniero here to present on this timely and important subject matter. This presentation reflects the importance that cultural and linguistic competence has in the ongoing business of the MHSOAC and the Mental Health Services Act.



Working Well Together

Training and Technical Assistance Center

By Jacie Scott

Having a diverse mental health workforce, including employees with lived experience, is essential to the success of California's mental health system. Proposition 63, also known as the Mental Health Services Act, which was passed in November 2004, promotes equal employment opportunities for mental health clients and family members in the State mental health system.

The Working Well Together (WWT) program received initial State funding in Fiscal Year 2008-2009, and has since developed the Working Well Together Technical Assistance Center (WWT TAC) to ensure that public mental health organizations are prepared to "recruit, hire, train, support, and retain" employees with lived experience as a mental health client, as well as family members, parents and caregivers.

The WWT TAC is a statewide program, driven by the collaboration of four mental health organizations: California Institute for Mental Health (CiMH); California Network of Mental Health Clients (CNMHC); United Advocates for Children and Families (UACF); and National Alliance on Mental Illness (NAMI) California; with each partner serving as a WWT TAC Coordinator for a designated region of California. These WWT TAC Coordinators work together to provide training and technical assistance to counties within their region, furnishing a framework of knowledge and support.

The WWT TAC is designed to help county mental health agencies develop strategies for the employment and retention of multicultural and cross-disability mental health clients and their families. It offers mental health employers training and technical assistance to understand and implement the basics of supportive employment such as, legal accommodations, anti-stigma and discrimination strategies, and the use of additional educational tools and resources. With this assistance, mental health organizations are better able to develop jobs and curriculum to support a work environment that includes employees with lived experience. The WWT TAC also

provides workforce tools and training for employees in the form of new-employee orientations, skill-building and leadership trainings, e-learning courses, and educational website resources; all of which help to increase empowerment and develop skills for promotion beyond entry-level positions.

Through these developmental trainings and resources provided by the Working Well Together Technical Assistance Center, counties are equipped to shape and sustain a productive and harmonious workforce of mental health professionals, including those with lived experience. These efforts to support the employment of persons with lived experience in the mental health workforce build a strong network between counties, mental health agencies, and consumers, and foster a successful client-and-family driven, recovery-oriented mental health system.



Photo Courtesy of Fresno H.T.T.C

Horticultural Therapy in Fresno County

By Christina Call

On November 6, 2011, the Fresno Bee published an article on MHSA-funded horticultural therapeutic gardens in the county and their effectiveness in improving mental health. According to the American Horticultural Therapy Association, horticultural therapy is the practice of providing gardening activities to individuals, in the presence of a therapist, as a means to achieve treatment goals. While horticultural therapy has been around for several years, there are those who question whether spending mental health funds on this form of therapy is a wise decision.

The article quotes several families at the garden at Fresno Interdenominational Ministries, who have nothing but positive things to say about the program and how gardening has played a big role in their recovery. One individual, who came to Fresno from a refugee camp in Thailand only five years ago, says that farming at the garden has helped with her depression.

MHSOAC consulting psychologist Deborah Lee was quoted in the article, saying "Fresno County's gardens should work as a means of reaching out to people who otherwise would not have contact with the county mental services."

The entire article can be found at <http://tinyurl.com/Fresno-Horticultural-Therapy>

DMH Community Services Update

By Cliff Allenby, Acting Director



As the Acting Director, I often get asked about how things are going at the State DMH. Over the past 11 months, I feel like it has been a time of transfer, transition, and teaching an old dog new tricks!

Throughout my career, I have had opportunities to work on some of the most complex policy and organizational issues facing state and local government. The current times present similar challenges. We are creating a new department of state hospitals, we have transferred our Medi-Cal functions and personnel to the State Department of Health Care Services, and we are working toward moving all non-Medi-Cal community services functions to elsewhere in State or local government. There are a lot of moving pieces in this person-centered organizational machinery.

During this time of tremendous changes, what impresses me most is the continued commitment and dedication of our DMH management and employees to support the effective administration of our state mental health system, and the collaborative approach we take with key partners in the

Legislature, Unions, and oversight organizations. We really want to make this work in the best way possible, which requires everyone to do their part.

To highlight several items that may be of particular interest to the Mental Health Services Oversight and Accountability (MHSOAC) community, here are some of the priority activities underway as we look forward to FY 2012/2013:

- implementation of the AB 100 Workgroup plan;
- presentation of options about State DMH functions that we heard from stakeholders during our 2011 Stakeholder Summer;
- MHSOAC fund reversion administrative guidance;
- review of existing MHSOAC regulations;
- review of existing MHSOAC DMH Information Notices;
- review of our current MHSOAC Issue Resolution Process;
- identification of mental health training needs and client organization partnerships;
- support for the Client Services and Information (CSI) data system improvement project and performance outcome studies; and
- options on ways to support the California Reducing Disparities Projects.

Another key directive for the DMH Office of Community Services has been to re-engage the dialogue and problem solving that occurs through the MHSOAC committees, workgroups, and field training. It is important during this transition that DMH community services be present, responsive, and involved with options put forth by key partners like the MHSOAC and others. To support this dialogue, DMH is hosting monthly stakeholder meetings throughout June 2012 to continue to receive ideas, problem solve, and ensure that we are working together on behalf of those who receive public mental health services. (DMH website under "What's new" for details at <http://tinyurl.com/DMH-Medi-Cal>)

As we plan the future design of the California public mental health system, you can count on State DMH and the Office of Community Services to be an engaged, collaborative and transparent partner to make sure that the transition that will occur next fiscal year works well.



New Addition to Update Staff



Hello MHSOAC Update readers. My name is Joel Starr. I am a new-hire, student assistant, at the MHSOAC. I will be assisting with updating the MHSOAC website, developing the newsletter and IT support.

Currently I am pursuing a Web Developer A.S. degree at Sacramento City College. My courses this semester include JavaScript and SQL. I also have a B.A. in Film Studies, and writing and production experience.

Do You Have a MHSA Success Story?



The MHSOAC is collecting MHSA success stories from each county. Please share your stories with us!

Email us your story or post it to our Facebook wall to show us how the MHSA is impacting you and your community.

Submit Emails to:

Jennifer.Whitney@mhsoc.ca.gov, or
mhsoc@mhsoc.ca.gov



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To get updates about changes to the MHSOAC website, as well as important Commission and Committee meeting information, send an email with "Subscribe" in the subject line to:
mhsoc@mhsoc.ca.gov

Upcoming Meetings and Forums

Modesto Community Forum on the MHSA
December 8, 2011

Commission Meeting
January 26, 2011 - Sacramento