

Report to MHSOAC on 2012-13 MHSA Community Forums with Recommendations

Introduction

This report complies with the Client and Family Leadership Committee's (CFLC) 2013 Charter requirement to provide an annual report to the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) on the Mental Health Services Act (MHSA) Community Forums. This report is focused on the MHSA Community Forums that were conducted in late 2012 and in 2013 and held in:

- San Luis Obispo County (San Luis Obispo—11/29/12)
- San Bernardino County (Loma Linda—3/14/13)
- Sonoma County (Rohnert Park—6/13/13)
- Monterey County (Monterey—8/8/13)

As organized, this MHSA Community Forum Report:

- Provides an introduction;
- Identifies findings of positive feedback;
- Identifies service challenge themes;
- Identifies an ongoing issue related to the forums;
- Identifies recommendations to the Commission; and,
- Provides a background section in Appendix 1 with historical information.

Based on the success of MHSA Community Forums held in 2010, the 2011 committee charters for the CFLC and the Cultural and Linguistic Competence Committee (CLCC) included activities focused on conducting quarterly Community Forums in 2011. To better organize, plan and conduct future forums, the Commission established a Community Forum Workgroup with four members each from the CFLC and CLCC, and two additional alternates from each committee. As intended, the Workgroup would provide a dedicated focus on MHSA Community Forums and assist with planning, outreach, and facilitation of the forums.

In 2012, the committee charters of the CFLC and CLCC retained the same activities regarding the community forums. The Community Forum Workgroup held four forums in Butte, San Diego, Orange, and San Luis Obispo counties. In 2013, the MHSOAC held forums in San Bernardino County (Loma Linda), Sonoma County (Rohnert Park), and Monterey County (Monterey). This forum report is based on the results of the San Luis Obispo forum and the three 2013 forums.

Goals

The goals for MHSA Community Forums continued in 2013 as follows:

1. Provide opportunities for the MHSOAC to hear firsthand from clients, family members and other stakeholders about their experience with the Mental Health Services Act (MHSA) in local communities throughout California, including what is working and what are the challenges.
2. Expand public awareness and education about Proposition 63, the Mental Health Services Act (MHSA) and the MHSOAC.
3. Gather and collect information and stories, positive or negative, about the local experience and impact of the MHSA.
4. Expand the visibility of the MHSOAC by holding community forums throughout California, including areas of the state where the Commission does not usually meet.
5. The information gathered at Community Forums will be analyzed, summarized and reported annually to the Commission to shape the development of future policy direction.

Attendance at Recent Forums

Attendance at the past four forums has totaled over 615 participants. In the past 9 forums, over 1,535 individuals have participated. The 615 participants during the past year have included 118 in San Luis Obispo, 232 in San Bernardino (Loma Linda), 115 in Sonoma (Rohnert Park) and over 150 in Monterey.

The following counties were represented at the past four forums:

San Luis Obispo Forum

- San Luis Obispo County
- Santa Barbara County
- Ventura County

San Bernardino (Loma Linda) Forum

- San Bernardino County
- Riverside County
- Los Angeles County
- Orange County

Sonoma (Rohnert Park) Forum

- Sonoma County
- Napa County
- Marin County
- Mendocino County

- Lake County
- Solano County
- San Mateo County
- San Joaquin County

Monterey Forum

- Monterey County
- Santa Cruz County
- San Benito County
- Santa Clara County
- San Francisco County
- Alameda County
- San Mateo County
- Tulare County

Findings

Positive Feedback from the Forums

The Community Forum communities provided positive feedback regarding MHSA implementation in several areas. It should be noted that frequently forum participants acknowledged service improvements since implementation of the MHSA. However, these same services, especially cultural competence, need further improvement.

Chief among the areas that received positive feedback were the comments acknowledging the effectiveness of peer services. All four Community Forums' participants repeatedly commented in favor of peer based support. The forum participants reported that the primary benefit of peer services is to have staff that "have been there" and have "walked the walk." Clients reported they can identify with peers who have lived experience.

Duties performed by peer service providers include: assisting homeless and persistent mentally ill clients in getting SSI/SSDI benefits; providing transportation for clients; group facilitation; connecting peers to community and mental health resources; connecting peers to training; providing education about mental health; life skills training; and providing advocacy for peers. At the San Luis Obispo forum, the peers reported that they bring significant talent and resources to mental health services. In addition, the peers reported that it is positive that the MHSA has allowed peer services to develop by creating and funding peer positions.

During the discussion groups, transitional aged youth (TAY) mentioned that peer providers and peer support was particularly effective. Monterey TAY requested more Peer to Peer services.

Other positive comments during the forums included pointing out that progress has been made in reducing stigma. In San Luis Obispo, the county mental health

department has a “SLO the Stigma” campaign with highway billboards and a speaker’s bureau to help reduce stigma. San Luis Obispo contract providers noted there are now persons with lived experience on staff, there are PEI programs in local schools, and increased outreach for suicide prevention—all contributing to stigma reduction. In Loma Linda, the discussion groups also commented on contributions to stigma reduction such as effective mental health services in the schools, successful PEI programs, and increased cultural sensitivity.

Overall, positive comments from the forums included comments in San Luis Obispo favorable to:

- Programs at Cal Poly San Luis Obispo targeted to the LGBT community and ethnic minorities
- Bilingual services in San Luis Obispo
- MHSA suicide prevention education
- Full Service Partnerships
- Crisis Intervention Team (CIT) training for law enforcement

In Loma Linda, positive input included strategies and services for:

- Family education
- Innovation programs
- Services in schools
- Cultural sensitivity
- Services across the lifespan
- Services that promote self-sufficiency

In Rohnert Park, positive comments were made regarding effective services and strategies such as:

- A trend toward recovery
- Support groups
- Programs for pregnant women
- Services for persons with co-occurring disorders
- CSS and PEI services for 0-5 year olds and older adults
- National Alliance on Mental Illness (NAMI) programs
- The mental health court
- The Mobile Crisis Team
- Crisis Assessment, Prevention and Education (CAPE) programs at the high school and junior college

In Monterey, comments were favorable to:

- Expansion of services with a recovery emphasis with cultural and linguistic competence for all age groups in Monterey

- Client involvement and empowerment to develop client-centered treatment in Monterey
- Previously unserved children, older adults, and veterans are getting services
- Omni and Interim programs have great resources for assistance
- Expansion of services in King City, Soledad, and Marina
- Parent education
- Peer positions help reduce stigma

Service Challenge Themes Consistently Reported from the Forums

There were several themes that were consistently reported from all four community forums: 1) access; 2) improvement and expansion of services; and 3) education about services and mental health issues. Regarding access, the most common theme was the need for increased cultural competence. This need was expressed in different ways. Participants stated there was a need for bilingual and bicultural services and materials. Comments were made that it is not enough to have a bilingual therapist; there is also a need for someone familiar with bicultural experience in order to provide the necessary comfort for a client to feel relaxed enough to communicate effectively. It was also stated that there was a need for more outreach to unserved and underserved racial, ethnic, and cultural groups. In Loma Linda, all five non-English speaking groups reported the need for more outreach and education regarding MHSA services, as well as what services and materials are available in their own language. In some ethnic communities, particularly the Latino community, the need was expressed for outreach that focuses on wellness, resilience, and health lifestyles, rather than on mental illness. In Monterey, the need was expressed for cultural competence with TAY, especially LGBTQ TAY. At all forums, the need was expressed for more diverse, culturally competent staff.

One important theme regarding access was the need for coordination and navigation between public and private health care services due to barriers from insurance requirements. This issue was especially prominent at the Loma Linda and Monterey forums. In Loma Linda, it was reported that sometimes persons with private insurance are denied MHSA services. For example, parents that may have private insurance may be denied MHSA rehabilitative or supportive services for their child that are only available through the MHSA, since they already have private insurance. However, as stated in the MHSA, MHSA funds are intended to pay for services not already covered by individual or family insurance programs (MHSA Purpose and Intent, Sec. 3(d)). As a result of this coverage denial, individuals and families need help and support to navigate between public and private healthcare systems in order to access appropriate services as needed.¹ This includes helping individuals and families link to non-mental health services that are available, such as education services.

¹ With the implementation of the Affordable Care Act (ACA), individuals and families will need even more help navigating between healthcare systems because there will be more confusion about how to access all appropriate services. Although the ACA provides for taking action on this navigation issue by providing system navigators' grants, the grants are targeted to facilitate enrollment through the health insurance exchanges and would not solve the MHSA-private insurance problem. However, these ACA navigators could be a good model for MHSA-private insurance navigators.

Other access challenges included waiting lists that were reported in a few counties. In San Luis Obispo, a waiting list was reported for Spanish speakers. In Loma Linda, significant waiting lists for services were reported by clients, family members, parents, caregivers, and county and contract service providers. In Rohnert Park, some waiting lists were reported. Lastly, in Monterey, clients and families and TAY reported that it was difficult getting into services, apparently due in part to waiting lists.

Another access issue was the need to provide more transportation so that clients and families can get to mental health appointments, support groups, etc. This issue was of particular importance to rural clients and families but also of importance to urban residents.

Improvement and Expansion of Services

In general, county mental health services and funding have been reduced as a result of non-MHSA funding reductions. It was widely reported at the forums that there is a need for increased funding in order to provide more mental health professionals in order to meet the demand for services. In some forums, participants felt that there were inadequate services for specific populations. In San Luis Obispo, some participants felt that there were inadequate services for homeless persons with mental illness. In Loma Linda, the need for respite services was noted for families and parents. In Rohnert Park, the need for more services was identified for TAY, Veterans, and older adults.

Housing also continues to be an area in need of expansion. While forum participants consistently report that housing is one of the most effective services, there is a need for more housing. In San Luis Obispo and Rohnert Park, homeless persons were reported to need more housing. In Monterey, more housing was requested for TAY.

Education/Employment Issues

A consistent theme of the forums was a general lack of understanding among the public about existing MHSA programs. As a result, more community education was requested about what services are available. In Rohnert Park, parents stated that it was particularly important for parents to be aware of what services are available to support them. In Monterey, it was noted that community education should be bilingual. In addition to community education, consumer supported education/employment was suggested in Loma Linda for improved life outcomes. It was stated that there should be more education and employment services available to support improved life outcomes for individuals living with mental illness in the community. It was reported that “supported” education and/or employment requires that support services be available to persons engaged in seeking, gaining, and retaining educational and/or employment opportunities. It was also conveyed that supported employment services should be available for persons seeking employment in the mental health system as well as in the general community.

Ongoing Issue for Community Forums

While the participation of stakeholders and the general success of the MHSA Community Forums have continued to increase, there continues to be a need to determine what strategies the MHSOAC uses to respond to specific concerns raised by forum participants and what resources are available for issue resolution. Since last year, MHSOAC staff have tried to ensure that someone from the local mental health board or commission is in attendance at the forum and introduced to the audience as a resource for problem solving. Additionally, the introductory PowerPoint for the forum identifies both the individual county resolution process and the Department of Health Care Services (DHCS) State Issue Resolution Process (IRP), as resources. Despite this MHSOAC response, in community forums such as in the recent one held in Monterey, some participants continue to raise specific mental health concerns. County staff has not always been available to address these concerns at the forums. The Forum Workgroup has made suggestions that Workgroup staff will consider for the 2014 forums.

Recommendations to the Commission

- 1. The Commission should direct staff to share information about positive impact and service challenges identified at MHSA Community Forums directly with county mental health departments.**

Themes to be shared with counties resulting from the 2012-13 MHSA Community Forums will include:

- Peer services were reported as one of the most effective services since the implementation of the MHSA.**
- The continuing need to increase and improve services that are culturally competent and relevant for persons from un-served and underserved racial, ethnic and cultural groups.**
- The lack of transportation experienced by many mental health clients and their families that prevent them from accessing services.**
- The need to develop increased programs and services that are specifically designed for transition age youth (TAY).**
- The need for increased housing to augment services for homeless individuals living with mental illness.**
- The need for increased services for education and employment, including supported employment.**

- **MHSA funds are intended to pay for mental health services that private insurance does not cover.** (MHSA statutes, Section 3, Purpose and Intent, (d) “State funds shall be available to provide services that are not already covered by federally sponsored programs or by individuals’ or families’ insurance programs.”)
 - **The successful outreach by counties has created long waiting lists for services and suggests that increased and continuing funding as well as more efficient budgeting will be necessary to meet the demand for services.**
2. **The findings of this report will be shared with the Evaluation Unit to determine the feasibility of using the findings for possible future evaluations.**
 3. **The Commission should request an update from the Department of Health Care Services (DHCS) on the status of the \$400 million MHSA housing program.**

Conclusion

The Community Forum Workgroup has been honored to plan, participate and represent the MHSOAC at the 2012-13 MHSA Community Forums. In future forums, the Workgroup looks forward to giving voice to hundreds of individuals who have personally experienced the MHSA through public mental health services, including those from un-served and underserved racial, ethnic and/or cultural communities. The Workgroup is committed to continuous improvement of these forums and sees this work as vital to ensuring the perspective and participation of persons with mental illness and their families is a significant factor in the Commission’s decision making.

Commissioner Ralph Nelson, Jr., M.D.,
Chair Client and Family Leadership Committee

Commissioner Victor Carrion, M.D., Chair
Cultural and Linguistic Competence
Committee

Commissioner Tina Wooton, Vice-Chair
Client and Family Leadership Committee

Appendix 1

Background

The MHSOAC began sponsoring MHSA Community Forums in 2010. At that time, planning and conducting the forums was just one work activity identified for the CFLC. The first three MHSA Community Forums were held immediately following CFLC meetings held in Tulare, Los Angeles and Humboldt counties. The structure for the first forum in Tulare County was informal and in early development. That forum included time for a program tour the night before the forum and for presentations from various local programs the next day. The forum held in Los Angeles was still primarily focused on local program presentations with the structure and purpose of the forums still just being formulated.

The forum conducted in Humboldt County was the first to employ concerted community outreach that included invitations and flyers encouraging attendance at the forum. This was the largest forum held in 2010 with approximately 80 persons in attendance. In addition to local program presentations, for the first time, the structure for this forum included time for forum participants to respond to a set of MHSA related questions developed by the CFLC. The questions primarily focused on how persons were involved with local MHSA community planning activities and the local MHSA plans that were developed. All participants (clients, family members and service providers) sat together, theater-style, and raised their hands if they wanted to respond to one of the questions being read aloud by a facilitator.

The forums that followed took place immediately following CFLC meetings being held in conjunction with Commission meetings in Monterey (Salinas) and Los Angeles (Long Beach) counties. The forum structure remained generally consistent with time for local program presentations being part of the CFLC meeting and the forum itself allowing time for forum participants to respond to the MHSA related questions originally developed. Although attendance at these forums was fairly limited, the stories and experiences shared by forum participants were noteworthy and provided evidence of the value of continuing MHSA Community Forums in 2011.

Outreach for the Forums

Before each Community Forum, the CFLC, CLCC and other MHSOAC staff engage in a three month outreach to each prospective forum community. County mental health staff is brought in for forum planning consultation and support for outreach. County staff send MHSOAC flyers and invitations to their stakeholder lists and MHSOAC staff send materials to MHSOAC researched local community lists. In addition, MHSOAC staff often make individual phone calls to community based organizations and county contractors to encourage them to bring their clients and staff to the forums. MHSOAC staff also contact local media to publicize the forums, including contacting radio outlets such as Radio Bilingue in Monterey County. Also, staff send invitations and flyers to the MHSOAC subscribers list, provide forum materials to statewide mental health advocacy

groups and mental health professional organizations or guilds, and place invitations in mental health organization newsletters.

Format for the Forums

The format for the forums has been consistent since the San Francisco forum in September of 2011. The forums begin with a PowerPoint about the MHSA and the MHSOAC. The general session then breaks into discussion groups: one or more client and family groups, a peer provider group, a parent/caregiver group, a transition age youth (TAY) group, a contract provider group, a county staff group, and non-English speaking groups. Questionnaires are handed out to discussion group participants for them to fill out before the discussions. Since the Sonoma County forum in June 2013, participants who turn in their questionnaires are given an MHSOAC bookmark with client art, as incentive to respond. Next, the forums have a report out to the general session from the discussion groups. Finally, there is an open comment period.

Appendix 2

