

# **Report to MHSOAC on 2011 MHSA Community Forums with Recommendations**

## **Submitted by the Community Forum Workgroup**

### **Introduction**

This report complies with the Client and Family Leadership Committee's (CFLC) 2011 Charter requirement to provide an annual report to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on the Mental Health Services Act (MHSA) Community Forums sponsored by the MHSOAC. This report is focused on community forums that were conducted in 2011 and held in Placer County (Roseville), San Francisco County (San Francisco), and Stanislaus County (Modesto). Detailed summary reports developed for each of these forums are included as Attachments I, II, and III, respectively.

As organized this report:

- provides background about MHSA Community Forums
- discusses the evolution of the forums since 2010
- describes the increasing value of the forums to the Commission
- identifies findings that appear consistent among the forums
- identifies findings that require additional attention by the CFLC
- identifies ongoing issues related to the forums
- Identifies recommendations to the Commission from the Community Forum Workgroup

### **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 immediately following CFLC meetings held in Tulare, Los Angeles and Humboldt counties. The structure for the first forum in Tulare County was informal and just being developed. 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 in early development.

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, theatre-style, and raised their hands if they wanted to respond to one of the questions being read aloud.

The forums that followed were 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.

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. As intended, the Workgroup would provide a dedicated focus on MHSA Community Forums and assist with planning, outreach, and facilitation of the forums.

#### Forum Development Resulting from the Community Forum Workgroup

At its first meeting, the Community Forum Workgroup raised concerns about the meeting structure not providing a “safe space” for clients and family members to describe their issues with the mental health system due to the presence of county staff and other providers in the audience. The Workgroup suggested a new forum structure that would allow forum participants to sit together for the general introduction to the forum and then break into discussion groups for: (1) clients and family members; (2) county staff and service providers; and (3) persons speaking a language other than English. As planned, each discussion group would have a facilitator and a note taker.

Although the Community Forum Workgroup was clear that the format for the forums should change going forward, due to time constraints for another forum already scheduled in Placer County (Roseville), that forum went ahead utilizing the meeting structure from previous forums. All forum participants sat together, and if they chose, responded to the original set of MHSA questions being read aloud. The Community Forum Workgroup met several times following the Roseville forum and confirmed multiple changes they wanted to develop for the next forum to be held in San Francisco.

Between the Roseville, San Francisco and Modesto forums, the Community Forum Workgroup developed and established multiple changes to the format and structure of the forums. What follows is a summary of those changes.

1. A set of goals for MHSA Community Forums was finalized 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.
2. Because several participants at the Roseville Forum seemed unfamiliar with the MHSA and the Commission, it was suggested that a more detailed introduction to the forum be developed as a PowerPoint presentation that would explain the MHSA, the MHSOAC, and the purpose of the Community Forums.
  3. A new forum structure was planned and established allowing participants to break into separate discussion groups for clients and family members, county staff and providers and persons speaking a language other than English. Based on the significant attendance of transition age youth (TAY) that began at the San Francisco forum, a separate discussion group was also established for TAY. Workgroup members, alternates, and MHSOAC staff act as facilitators and note takers for each discussion group.
  4. The Community Forum Workgroup approved a new set of MHSA related questions intended to be more easily understood and focused on hearing firsthand from forum participants about their experience with the MHSA. The intent is to solicit information both positive and negative, about services and strategies that are working well, challenges that still remain, and changes that have occurred since the MHSA. Another set of questions was developed for county staff and other providers who participate in separate discussion groups.
  5. The sets of questions developed were provided to forum participants not only to guide the dialogue in their discussion groups, but also as a questionnaire that could be filled out in writing and returned to MHSOAC staff. The questionnaire also provided an opportunity for forum participants to provide their name and contact information and identify their race/ethnicity if they chose to do so.
  6. Beginning at the Modesto Forum, additional questions were asked about participants' experience with the forum itself.
  7. In an effort to increase the number of questionnaires completed in writing, beginning at the Modesto Forum, 15 minutes was identified on the agenda to fill out the questionnaires distributed at the beginning of the discussion groups.
  8. Host counties are asked to provide resource documents for forum meeting packets that identify the services provided in their county and particularly MHSA programs available.
  9. Meeting packets are available for forum participants that contain a: (1) forum agenda; (2) copy of the forum introductory PowerPoint; (3) one page summary of the

PowerPoint with MHSA background; (4) host county resource list; and (5) host county document identifying MHSA funded programs.

10. Outreach efforts for the forums have intensified with significant concentration on populations that are typically un-served or underserved from various racial/ethnic and/or cultural communities. Beginning with the forum held in Salinas, Spanish interpreters have been available at each forum. Beginning in 2011, flyers for the forums have been distributed well in advance and include information about notifying the MHSA if interpreters are needed. Based on a specific request, sign language was provided at the San Francisco forum. The forum held in Modesto was attended by 200 individuals and utilized Spanish, Hmong, Laotian and Cambodian interpreters. Assistance with transportation to the forums for various racial/ethnic groups has been coordinated by Community Forum Workgroup members, MHSA staff and county mental health employees working together.

11. In 2011, some forum materials available for participants have been translated into Spanish, Cantonese, Hmong, Russian, Tagalog, and Vietnamese.

### **Value of MHSA Community Forums to the Commission**

There is no doubt that the goals established for the MHSA Community Forums are being met with results that are clearly of value to the Commission. As intended, a significant amount of information is being gathered from clients, family members and other stakeholders about their experience with the MHSA and the impact of the MHSA in their communities. Information both positive and negative is documented from each forum discussion group and from the written questionnaires returned by forum participants. Because the forums conducted in 2011 were conducted in areas of the state where the Commission does not usually meet and restructured to facilitate comments from more individuals, the Commission is able to hear from hundreds of stakeholders that might never have the opportunity to attend a Commission meeting.

Outreach efforts for the forums have intensified with significant concentration on underserved racial, ethnic and/or cultural communities. This is consistent with the Commission's focus on reducing disparities in access to, use of, and outcomes of mental health services for population groups that are typically underserved. As stated previously, the forum held in Modesto was attended by 200 individuals and utilized Spanish, Hmong, Laotian and Cambodian interpreters. Among those attending was a group of Cambodian monks. Each of the racial/ethnic groups expressed gratitude for the opportunity to: (1) participate in the forum; (2) utilize competent interpreters; (3) learn about the MHSA and the type of MHSA services available to their communities; (4) share their ideas; and (5) hear and learn from other forum participants. For the Commission, conducting extensive, and successful forum-related outreach to typically underserved populations, results in establishing helpful relationships with elders, community leaders and other community members. These relationships are invaluable in terms of influencing community opinion about the MHSA and the Commission itself.

The forums are not only educating forum participants about the MHSA and the role of the Commission, but also raising the visibility of the Commission and allowing it to be seen in a

slightly different light. As the sponsor of MHSA Community Forums, the MHSOAC is a body invested in learning from the expertise of persons with lived mental health experience and their families about the impact of the MHSA on their lives and communities, what works and what does not, and what has changed since the MHSA was enacted. Most participants indicated that before the forum they knew about the MHSA, but not the MHSOAC. Many indicated that they learned more about the type of MHSA services available. Feedback from the majority of forum participants indicates that the forums are useful, helpful and informative and that they learned about the MHSOAC. Many participants commented on the value of Commissioners being present and directly participating in the forums. Recent forums have also raised issues thought relevant to the Commission that will be explored by the CFLC through committee activities included in their 2012 charter. When those committee activities are complete, additional recommendations may emerge from the CFLC to the Commission.

## **Findings**

Based on the input from the Roseville, San Francisco, and Modesto Community Forums, the Community Forum Workgroup identified two types of information: (1) findings that appear consistent when reviewing the feedback from each Forum; and (2) findings that while consistent, require additional investigation and attention before recommendations are developed

### Findings that Appear Consistent Among Forums

- The majority of comments from clients and family members were positive about the impact of the MHSA, the services they were receiving and the providers of those services. Housing, peer support, peer providers, employment and culturally competent services were identified by many respondents as the most effective services.
- While some individuals from underserved racial and ethnic populations acknowledged the positive impact of MHSA services and the benefit of those services being provided by a community mental health provider from their racial/ethnic community, they also acknowledged the need for more community mental health providers from racial and ethnic communities.
- There were comments at each forum expressing concern about services and/or the lack of services. While these comments were limited in comparison to the number of positive comments they were noteworthy. Some comments indicated that services are moving “slowly toward wellness and recovery”. Others indicated that some providers still stigmatize clients and family members and that there should be more client-direction. Other comments indicated that clients and family members had more impact when the MHSA first started but now are less involved because community engagement seems to be dwindling.
- Many transition age youth (TAY), ages 16-25, turned out for the San Francisco and Modesto forums. As a result separate discussion groups were formed to facilitate their feedback. These young people expressed a strong interest in the Commission and in mental health policymaking. They raised concern that they are not represented on the

MHSOAC. The Community Forum Workgroup took note of their concern and would contribute to efforts to mentor and provide MHSA/MHSOAC background to a member of this age group should one be identified to serve as a Commissioner.

- There is a demand, particularly from traditionally un-served, underserved and/or inappropriately served populations, for more education and information about the availability of mental health services, including MHSA services, in their communities. Most often, meeting this demand would require educators who speak languages other than English and informational materials translated into multiple languages.
- Although it was reported that there are more bilingual mental health staff than before the MHSA, and several bilingual service providers indicated they were receiving assistance through various elements of the MHSA Workforce Education and Training program, there is an ongoing demand for more bilingual mental health staff.
- There is a demand for more interpreters to be available to traditionally un-served, underserved and/or inappropriately served populations.
- Although transportation to mental health appointments is difficult for many individuals receiving mental health services, it was particularly acknowledged among traditionally un-served, underserved and/or inappropriately served racial and ethnic populations.

#### Findings Requiring Additional Committee Attention

- Forum participants reported terrific success when clients and family members become employed in the mental health system and likewise the significant success that results from peer provider programs. As a result of this finding, the 2012 CFLC charter includes activities to: (1) develop strategies for promotion of client and family employment in the mental health system; and (2) provide guidance that clarifies and identifies models for consumer-run and consumer-directed programs and peer support and peer specialization.
- Forum participants emphasized the need for more Crisis Intervention Training (CIT) or equivalent activities for law enforcement in their communities. Forum participants reported multiple incidents where a mental health client was mistreated or killed as a result of an inappropriate intervention by law enforcement. As a result of this finding, the 2012 CFLC charter includes activities focused on gathering information about the status of CIT training or other equivalent activities in individual counties.

#### **Ongoing Issues for Community Forums**

While the participation of stakeholders and general success of the MHSA Community Forums has continued to increase, issues remain for the Community Forum Workgroup and MHSOAC staff. Some of these issues are identified below.

1. Need to identify further strategies to ensure that the information gathered from participants at the forums is meaningful and understood in the right context. For example, the Workgroup is considering establishing separate discussion groups and

questions for peer providers. Currently, most peer providers participate in the client and family member discussion groups but could also choose to participate in county staff and provider groups. Establishing a separate discussion group and set of questions would allow us to gather better information from the peer provider perspective.

2. Determine whether county staff and contract providers should be in separate discussion groups to promote authentic feedback from both.
3. Determine whether strategies for how the MHSOAC responds to specific concerns raised by forum participants and offers resources for problem resolution are adequate. Most recently 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 county resolution process and the Department of Mental Health (DMH) contact for the state Issue Resolution Process. In the future the intent is to provide additional information to forum participants about the DMH Interim Issue Resolution Process. (It is noted that responsibility for the state MHSOAC issue resolution process will no longer be with DMH as of July 2012. All forum materials will be updated at that time.)
4. As forum attendance continues to increase (approximately 200 forum participants in Modesto), there is a need to identify additional staff resources to facilitate more discussion groups, take notes in discussion groups and act as dedicated “floaters” available to deal with issues that may arise during the forums. (Beginning in 2012, additional staff resources were identified from existing MHSOAC staff.)

### **Recommendations to the Commission**

- 1. The Commission should continue to sponsor MHSOAC community forums around the state with trends and findings analyzed and reported to the Commission annually.**
- 2. Trends and findings identified in annual reports on the community forums should be considered when developing the Commission’s annual Work Plan.**
- 3. Consistent with the Commission’s annual Work Plan, charter activities identified for various MHSOAC committees should include tasks necessary to further explore and/or support forum findings and intended to improve mental health services in California.**
- 4. Given the number of positive comments about the value of having Commissioners present at the MHSOAC Community Forums, it is recommended that whenever possible Commissioners plan to attend MHSOAC Community Forums held in their communities.**

## **Conclusion**

While this report has provided a look at the continuing evolution of MHSA Community Forums, there is much more detail about the feedback gathered from the three forums included in Summary Reports for the Roseville, San Francisco and Modesto forums. These reports, included as Attachments I, II, and III, document the numbers of persons in attendance, the counties represented, summarize specific feedback gathered from each type of discussion group and information reported through the questionnaires turned in by participants. The detailed feedback in these reports is generally organized by “comments reflecting success/satisfaction” or “comments reflecting dissatisfaction/concerns.” For those Commissioners who have not been able to attend one of the forums, the Workgroup suggests reviewing the Summary Reports to get a comprehensive picture of these events. Consistent with the recommendation to the MHSOAC contained in this report, the Community Forum Workgroup is hopeful that in the future more Commissioners may be able to attend forums held in their communities.

The Community Forum Workgroup has been honored to plan, participate and represent the MHSOAC at the 2011 MHSA Community Forums. With the 2012 MHSA Community Forums planned for Chico, San Diego, Orange County, and San Luis Obispo, 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.

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