Attachment II

MHSOAC

MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Summary Report
MHSOAC Community Forum - San Francisco County
LGBT Center, San Francisco - September 27, 2011

The Mental Health Services Oversight and Accountability Commission (MHSOAC) held a Community Forum at the LGBT Center in San Francisco on September 27, 2011, from 3 –6 PM. Commissioner Vega, Commissioner Nelson and Commissioner Van Horn provided an opening welcome and introduction. Commissioner Van Horn presented a PowerPoint that provided background on the MHSA and the MHSOAC, identified the goals for community forums, explained the roles of the various MHSOAC participants including the Community Forum Workgroup, and described the process for the rest of the day.

Following the PowerPoint presentation Forum attendees were invited to organize into smaller discussion groups identified for either clients and family members, transition age youth (TAY) or county staff and contract providers. Each discussion group had a set of questions to focus and guide their discussions. There were four discussion groups for clients and family members, one group for TAY and one group for county staff and providers.

Each discussion group reported back to the entire audience about the themes that emerged in their group. An open question and answer period was conducted by Commissioner Nelson, Commissioner Vega and Commissioner Van Horn that provided Forum participants an opportunity to ask additional questions of the Commissioners.

Commissioner Van Horn and Commission Vega offered closing remarks and thanked the attendees and committee members for their participation.

Attendance:

This was a very “high energy” event and the largest Community Forum hosted by the MHSOAC to date. There were approximately 165 chairs set up in the meeting room - most were full with many staff standing. There were 117 individuals that signed in on the sign-in sheets provided. Some persons chose not to sign in. The estimated overall attendance was 140-150 Forum participants not including Commissioners, workgroup members and staff. Of the 106 persons participating in the discussion groups, approximately 52 were clients and family members, 12 were TAY and 42 were county staff and providers.

Forum participants came from several counties as noted below.

San Francisco – 34	Santa Clara - 5
Alameda – 42	San Mateo - 3
Alameda/Berkeley – 1	San Diego - 3
Marin – 15	Sonoma - 3
Sacramento – 5	Contra Costa – 2

Accessibility:

There were no requests for language translation although a Spanish translator was available. One individual requested and was provided sign language services. There was one comment about lack of accessibility that was related to noise distraction from the close proximity of the discussion groups.

Information Gathered from Completed Questionnaires/Discussion Groups/ Open Session:

Each discussion group participant received a copy of the questions being discussed and could choose to fill out the questionnaire in writing and deliver to MHSOAC staff. A total of 37 written surveys were collected from individual attendees, 27 from clients and family members and 10 from county staff and providers. Information from the individual discussion groups was also documented by note takers. For the most part attendees at this Forum were well aware of the MHSA and Proposition 63. When the audience was asked how many knew about Proposition 63 and the MHSA, almost all participants raised their hands. Only a few persons indicated that they were not receiving any public mental health services. What follows is information gathered from both the six discussion groups and the questionnaires that were returned.

Summary of Client/Family Member Input:

Overall, there were many positive comments from clients and family members about the services people were receiving and the providers of those services. Many persons felt the positive impact of services provided to racial and ethnically underserved populations and the benefit of services provided by a community mental health provider from their racial/ethnic community. Persons that identified as part of a strong peer support group were generally pleased with their services as well as opportunities to be educated about mental illness and participate in advocacy efforts. There were comments about services “moving in the right direction” or moving slowly toward wellness and recovery. Others indicated that some providers still stigmatize clients and family members. Other comments indicated that clients and family members had more impact when the MHSA first started but now are less involved because community engagement is dwindling. Other comments indicated that while “services language” may be changing, treatment has not. There was a comment that MHSA funds have been used for “business as usual” and other concerns about the future of MHSA funds. Housing, peer support, peer providers and culturally competent services were identified by many respondents as the most effective services.

Summary of Transition Age Youth (TAY) Input:

Many participants in the TAY discussion group indicated that they have been involved in local processes through grant planning activities, youth committees and educational and community events. Almost unanimously they wished to be more involved and identified a disconnect between youth and State decision makers. Participants acknowledged good outreach to persons already served in the system but felt it was more difficult to reach out to community organizations and persons outside the system. While some participants indicated that programs are more open to youth involvement and are inviting TAY to voice

their issues others felt that programs valued educational degrees over relevant experience. A common concern had to do with youth not wanting to have another stigmatizing label with negative impact, such as mental illness. Several participants identified services and community events focused on prevention and avoiding more serious problems such as peer support groups and statewide outreach and educational groups. Persons that identified as Transition Age Youth (TAY) on the questionnaires were interested in being included in policy activities, were pleased that services were available at their schools, suggested paying stipends to TAY to perform outreach and engagement activities and wanted more focus on jobs and employment.

Summary of County Staff and Provider Input:

The response from county staff and providers indicated that some of the best policies and strategies for producing positive outcomes included: culture specific strategies to increase the voice of diverse populations; money from counties to community providers; creative outreach; expanding the size of client run drop-in centers; ethnic specific program initiatives; Prevention and Early Intervention (PEI) programs at community sites; PEI programs targeted at helping people stay in school; and positions for consumers. In terms of the best strategies for engagement they identified bilingual, bicultural staff, going where people gather in the community including churches, meeting people where they are, participatory research, Workforce Education and Training programs focused on increasing diversity and the principles of wellness, allowing TAY to define wellness strategies for themselves and hiring persons with lived experience to do outreach and engagement. With regard to the most positive changes from the MHSA they identified more consumer involvement in the way services are delivered, providers learning to be partners rather than authoritarians in care, the presence of PEI funds, dedicated housing, drop-in programs, wellness and recovery programs, less focus on symptoms and more focus on strengths, and the use of evidence-based practice.

A more comprehensive report on the San Francisco Forum will be posted at a later date with an analysis of the issues and themes that emerged in the discussion groups and from the questionnaires.