



**Mental Health Services
Oversight and Accountability Commission (MHSOAC)**

MHSA Community Forum

**June 6, 2012
Hilton San Diego Mission Valley
San Diego, California**

1



Timeline for Today

- 2:30 PM – Welcome and Introductions
- 2:45 PM – PowerPoint Presentation - Background of MHSA and MHSOAC
- 3:05 PM – Direction on Moving Into Discussion Groups
- 3:10 PM – Move Into Discussion Groups
- 3:15 PM – Begin Filling Out Questionnaires in Discussion Groups
- 3:30 PM – Begin Breakout Group Discussion

- 4:45 PM – **BREAK with Snacks**

- 5:00 PM Report from Breakout Groups
- 5:40 PM – Open Comment Period
- 5:55 PM – Closing Remarks
- 6:00 PM – Adjourn

2

Review Meeting Packets

Your Meeting Packet includes the following materials:

1. Agenda for Today's Community Forum
2. Power Point Presented Re: MHSA and MHSOAC Background
3. Two-sided Fact Sheet Providing Additional MHSA Background and Summarizing PowerPoint Information (Includes MHSOAC Contact Information.)
4. San Diego County Behavioral Health summary of MHSA programs and services

Available on outside table: Behavioral Health Services Provider Directory

Please note that a copy of the Power Point presented today will be posted online at the MHSOAC website – www.mhsoac.ca.gov on the day of the Forum.

Who Are We, Why Are We Here, and What Can We Do For You?



BACKGROUND

- Proposition 63 was a ballot initiative passed by California voters in 2004.
- Proposition 63 proposed a 1% tax on individuals whose taxable income is over \$1 million.
- Proposition 63 established into law the Mental Health Services Act known as the MHSA.
- The MHSA created the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee and account for the implementation of MHSA programs and expenditure of MHSA dollars.
- The MHSOAC, or the Commission, is sponsoring the Community Forum here today and other Forums across California.

5



Who Are We?

- Commissioners here today either Co-Chair the CFLC and Community Forum Workgroup or the Funding and Policy Committee. Their role here today is to represent the Commission, hear directly from you, and introduce the Forum.
- Members of the Community Forum Workgroup have planned the Forum event today. Their role is to facilitate the discussion groups at today's Forum.
- MHSOAC staff here today work for the CFLC, CLCC and the Community Forum Workgroup. Their role is to help facilitate the Forum, facilitate or take notes during the discussion, and answer any of your questions.

6

Why Are We Here?

The Commission is sponsoring MHSOAC Community Forums around the state to meet the following specific goals.

1. Provide opportunities for the Mental Health Services Oversight and Accountability Commission (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. Gather and collect information and stories, positive or negative, about the local experience and impact of the MHSA.
3. Expand public awareness and education about Proposition 63, the Mental Health Services Act (MHSA) and the MHSOAC.

7

Why Are We Here? (contd.)

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.

8

Why Are We Here? (contd.)

- **What we really want is to hear from you - your stories and experiences with mental health and Prop. 63, whether positive or otherwise.**
- **Your input will assist the Commission with its responsibilities that include:**
 1. ensuring that MHSOAC funds are spent in the most cost effective manner;
 2. evaluating outcomes for clients and the mental health system;
 3. providing technical assistance to counties as needed;
 4. developing strategies for overcoming stigma and discrimination;
 5. and advising the Governor and Legislature on ways to improve care and services for persons with mental illness.

9

What Can We Do For You?

- Although county mental health staff and contract providers at today's Forum will not be in the same discussion groups as clients, parents, family members and peer partners, they will hear a summary of your comments, both positive and otherwise, at the end of today's discussion.
- The MHSOAC may not be able to help you specifically with your problem or issue, but sharing your experiences will assist the Commission in providing technical assistance to counties.
- The Commission has invited members of your local Mental Health Board to this Forum to serve as problem solving resources for you.
- Your "anonymous" comments will be included in a summary report of this Community Forum and in the annual Community Forum report to the Commission.

10

What Can We Do For You? (contd.)

- Each County and the State Department of Mental Health (DMH) have processes to resolve issues or complaints you may have.
- Individuals should utilize the county issue resolution process as the first step.
- If you have an issue that you want to bring to the attention of the State Department of Mental Health your contact is:

Cynthia Burt*
Cynthia.Burt@dmh.ca.gov
Phone: (916) 654-1188
FAX: (916) 654-3198
Address: Department of Mental Health
1600 9th Street
Sacramento, CA 95814

* Because DMH contact information is subject to change, *if you need updated contact information for DMH*, you may contact the MHSOAC.

BACKGROUND on the MHSOAC

Purpose of the MHSOAC:

1. Define serious mental illness among children, adults and older adults as a condition deserving priority attention.

This means:

The authors of the MHSOAC, and the voters who supported Proposition 63 acknowledged and agreed that serious mental health challenges and conditions deserve priority attention.

2. Reduce the long-term negative effects on individuals, families and state and local budgets that result when mental health issues are not addressed or treated.

This means:

If mental health issues are not addressed or treated there are long lasting negative effects on individuals and families as well as costs to state and local government.

BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

3. Create increased funding for new local programs modeled after programs with proven results for individuals and cost effective results for communities.

This means:

Provide money for new community programs modeled after programs that have proven results for the persons they serve and cost effective results for their communities – such as reductions in hospitalization and jail days.

4. Provide state and local funds to adequately meet the needs of all children and adults identified and enrolled in MHSA programs.

This means:

Provide money to meet the basic needs of all children and adults enrolled in MHSA programs and services.

BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

5. To ensure that funds are spent cost effectively and services are consistent with recommended “best-practice”.

This means:

Make sure that money is spent efficiently and effectively and that services are based on programs that provide the best services and produce the best results for the persons they serve.

BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

6. Invest new MHSA funds in Prevention and Early Intervention (PEI) rather than institutionalization and incarceration to save taxpayer dollars.

This means:

Invest MHSA dollars in services that may prevent negative and costly outcomes such as:

hospitalization

jail time

removal of children from their home

school failure or dropout

homelessness

suicide

unemployment

prolonged suffering

BACKGROUND on the MHSA (contd.)

Core Values of the MHSA:

- Community Collaboration
- Cultural and Linguistic Competence
- Client and Family Driven
- Wellness, Recovery and Resiliency Focused
- Integrated Service Experiences
- Co-Occurring Disabilities Competency (adopted by MHSOAC)

BACKGROUND on the MHSA (contd.)

Components of the MHSA:

The MHSA was intended to provide a comprehensive approach to the development of community based mental health services, supports and systems for the residents of California.

To accomplish this they included funding and direction in the MHSA for five components as follows:

- Community Services and Supports (CSS)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Prevention and Early Intervention (PEI)
- Innovation (INN)

17

BACKGROUND on the MHSA (contd.)

Community Program Planning

In addition to the five major components of the MHSA, the MHSA provided additional direction about local, MHSA Community Program Planning (CPP).

- The purpose of Community Program Planning is to provide a structure and process Counties can use, in partnership with their stakeholders, to determine how best to utilize funds that will become available for MHSA components.
- Clients and family members including those from un-served and underserved populations are expected to participate in local community program planning processes.

18

Focus for Today's Community Forum

What we want to focus on in today's discussion are your experiences with community planning and mental health services associated with the MHSOAC.

We are particularly interested in your experience with:

- Community Program Planning (CPP)
- Community Services and Supports (CSS) - including CSS Housing Programs
- Prevention and Early Intervention (PEI) services
- Innovation (INN) services
- Workforce Education and Training (WET)

19

Just a Few More Things

- We want to be clear that our intent is to preserve your anonymity in this process today. You do not have to give your name at any time unless you choose to do so.
- Our intent is that the smaller discussion groups promote a safe space for you to share your experiences.
- **In the break-out groups you will receive a set of questions. We encourage you to fill out the questionnaire in writing and then discuss the questions in your group. You may hand in your questionnaire to your discussion group leaders or any staff person.**
- If you do identify yourself by name, that information will not appear in any report written about these Community Forums.

20

Breaking Into Discussion Groups

- Depending on how many participants are here today we are hoping to limit each discussion group to 15 to 25 persons.
- Please do not begin moving until we have identified how many persons will be in each discussion group and where that group will meet.

We will break into the following discussion groups:

1. Groups for clients, parents and family members, including caregivers
2. A group for Peer Service Providers (persons employed to provide peer support services to clients, parents or family members)
3. A group for transition age youth (TAY) ages 16-25
4. A group for county staff providers
5. A group for contract providers
6. A group for persons who speak Spanish

Following the BREAK, each discussion group will have someone report the highlights of their discussion for the entire audience. Before the BREAK, each group should identify 4 themes they want to report on including 2 themes that are positive. Each group should plan to limit their report back to 4 or 5 minutes.