



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

MHSA Community Forum

**November 29, 2012
Embassy Suites
333 Madonna Road
San Luis Obispo, CA 93405**

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Timeline for Today

- 3:30 PM – Welcome and Introductions
- 3:45 PM – PowerPoint Presentation - Background of MHSA & MHSOAC
- 4:05 PM – Direction on Moving Into Discussion Groups
- 4:10 PM – Move Into Discussion Groups
- 4:15 PM – Begin Filling Out Questionnaires in Discussion Groups
- 4:30 PM – Begin Breakout Group Discussion

- 5:30 PM – **BREAK with Snacks**

- 5:45 PM – Report from Breakout Groups
- 6:30 PM – Open Comment Period
- 6:55 PM – Closing Remarks
- 7:00 PM – Adjourn

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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 & Summary of PowerPoint Information (Includes MHSOAC Contact Information.)
4. County of San Luis Obispo Behavioral Health Dept. - MHSA Program Profiles
5. County of San Luis Obispo Behavioral Health Dept. - Mental Health Services Overview

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

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

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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.**

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BACKGROUND (Contd.)

- **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 Commission is sponsoring the Community Forum here today and other Forums across California.**

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Who Are We?

- You have already been introduced to the Commissioners with us today who are all anxious to hear directly from all of you.
- Members of the Community Forum Workgroup have planned the Forum event today and will help facilitate the discussion groups.
- MHSOAC staff here today work for the Commission's Client and Family Leadership Committee (CFLC), Cultural and Linguistic Competence Committee (CLCC) and the Community Forum Workgroup.

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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 Commission to hear firsthand from clients, family members and other stakeholders about their experience with the Mental Health Services Act (MHSOAC) in local communities throughout California including what is working and what are the challenges.**

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Why Are We Here?

Community Forum Goals (Contd.)

2. **Gather and collect information and stories, positive or otherwise, 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.**

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Why Are We Here?

Community Forum Goals (Contd.)

4. **Expand the visibility of the Commission 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.**

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Why Are We Here?

- **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. Advising the Governor and Legislature on ways to improve care and services for persons with mental illness**

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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 service providers, they will hear a summary of your comments, both positive and otherwise, at the end of today's discussion.
- The Commission 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.

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What Can We Do For You? (Contd.)

- 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.

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What Can We Do For You? (Contd.)

- Each County and the State Department of Health Care Services (DHCS) have processes to resolve issues or complaints you may have.
- Individuals should utilize the county Issue Resolution Process (IRP) as the first step.

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What Can We Do For You? (Contd.)

- If you have an MHSOAC issue that you want to bring to the attention of the State Department of Health Care Services, please submit your concerns by e-mail or in writing to:

mhsa@dhcs.ca.gov

or

Address: Department of Health Care Services
Program Outcomes and Evaluation Reporting Section
1600 9th Street, Room 100
Sacramento, CA 95814

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

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BACKGROUND on the MHSOAC

Purpose of the MHSOAC:

- 1. Define serious mental health challenges and conditions among all age groups as deserving 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.**

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BACKGROUND on the MHSA (Contd.)

Purpose of the MHSA (contd.):

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

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BACKGROUND on the MHSA (Contd.)

Purpose of the MHSA (contd.):

5. **Make sure that MHSA dollars are 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.**

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BACKGROUND on the MHSA (Contd.)

Purpose of the MHSA (contd.):

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

- hospitalization
- jail time
- removal of children from their homes
- unemployment
- school failure or dropout
- prolonged suffering
- homelessness
- suicide

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BACKGROUND on the MHSA (Contd.)

Core Values of the MHSA:

1. Community Collaboration
2. Cultural and Linguistic Competence
3. Client and Family Driven
4. Wellness, Recovery, and Resiliency Focused
5. Integrated Service Experiences
6. Co-Occurring Disabilities Competency
(adopted by MHSOAC)

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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 the MHSA includes funding and direction for 5 MHSA components as follows:

1. **Community Services and Supports (CSS)**
2. **Workforce Education and Training (WET)**
3. **Prevention and Early Intervention (PEI)**
4. **Innovation (INN)**
5. **Capital Facilities and Technological Needs (CFTN)**

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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 are 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.

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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 MHSA.

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)

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Just a Few More Things

- We want to emphasize 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.

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Just a Few More Things (Contd.)

- **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, at any time.)
- If you do identify yourself by name, that information will not appear in any report written about these Community Forums.

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Breaking Into Discussion Groups

We will break into the following discussion groups:

1. **Groups for clients and family members**
2. **A group for parents and caregivers** (This group may include parents of children, youth, and/or adult clients.)
3. **A group for Peer Service Providers** (Persons employed to provide peer support services to clients, parents or family members.)
4. **A group for transition age youth (TAY) ages 16-25**

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Breaking Into Discussion Groups (Contd.)

5. A group for county staff providers
6. A group for contract service providers
7. Groups for persons who do not speak English

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 minutes.

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Breaking Into Discussion Groups (Contd.)

- Depending on how many participants are here today we are hoping to limit each discussion group to 15 to 25 persons.
- As we go through the groups, please raise your hands when the group you intend to participate with is called.
- Each discussion group leader will be introduced and lead their group to their meeting space.

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