

Discussion Questions for MHSA Community Forums (Peer Service Providers)

Thank you so much for coming to this MHSA Community Forum discussion. As you know from the information at the beginning of the meeting, the Mental Health Services Oversight and Accountability Commission (MHSOAC) is conducting these community discussions across California to learn from clients, parents, family members and caregivers about the impact of the MHSA and how MHSA services and supports have made a difference for themselves and their communities. The Commission is also very interested in hearing the perspective of county staff and contract service providers about the impact of the MHSA. As Peer Providers we know that you may have valuable experience both as a client of the mental health system, including parents or family members, and as a service provider. We are interested in hearing your impressions from both points of view.

To promote authentic dialogue and understand the context for an individual's feedback, separate discussion groups have been established for: (1) clients, parents, family members and/or caregivers; (2) clients, parents, family members and/or caregivers speaking a language other than English; (3) transition age youth (TAY); (4) peer providers (client, parent or family); (5) county staff; and (6) contract service providers.

You will be given 15 minutes at the beginning of your discussion group to answer some of the questions in writing. As you listen to the discussion in your group you can follow along with this document and decide if you want to answer any additional questions in writing. Although feedback from your discussion group will be documented by a note taker, it will be very helpful if you also choose to answer the questions in writing and turn them in to any Commission staff before you leave the forum today. The stories and information we gather will be summarized at the end of the year for a report to the Commission on what we learned.

- **There is absolutely no requirement to fill out this survey in writing or to include your name if you do.**

- **If you do fill out the survey OR participate in the discussion:**
 1. **Your name will not be identified or included in any report on this Forum.**
 2. **The county where you deliver services will not be identified and associated with your remarks in any report on this Forum.**
 3. **Information about what you said will be summarized based on what discussion group you were with.**

If you have any questions about what you have heard or read, feel free to ask during the discussion or ask any Commission staff you see.

NAME: (Optional) _____ County: _____

Contact Information: (Optional)

Phone: _____

E-mail: _____

Discussion Questions for Peer Service Providers

1. Are you currently employed as a peer provider (client/parent/family) by the county or a community-based contract provider?

Employed as Peer Provider: Client _____ Parent _____ Family _____

Employed by: County _____ Community-based Contract Provider _____
Other _____

2. Do you know if your position was established and/or funded as a result of the MHSA?

Established as result of MHSA? Yes _____ No _____

Funded by MHSA? Yes _____ No _____

3. Are you employed by a consumer-run/consumer-operated program or a family-run/family operated program?

Employed by: Consumer-run program _____ Consumer operated program _____
Family-run program _____ Family operated program _____

4. What are your primary responsibilities as a Peer Provider?

5. What policies and strategies have you seen implemented in your county or agency that have produced the best results or outcomes for both the persons served and the system. Please specify if directly related to the MHSA.

6. Does the program you work for track any outcomes on the persons served?

Yes _____ No _____

If “yes”, do you personally have an opportunity to review outcomes?

7. What are the biggest changes in the mental health system since the implementation of the MHSA?

8. What do you think are the biggest challenges and opportunities that remain for providing effective services?

9. If you could change anything about the delivery of MHSA services in your county or agency, what would it be?

10. Do you feel valued as a Peer Provider among your colleagues in the mental health system?
Yes _____ No _____

If “No” – please explain.

11. In your opinion has there been a reduction in stigma towards persons with mental illness in the mental health system as a result of employing Peer Providers?

12. Have you been through some type of certification process for your position as a Peer Provider?
Yes _____ No _____

If “Yes”, who sponsored the certification program?

Voluntary Information on Race and Ethnicity

Because the MHSOAC honors diversity, is committed to reducing racial, ethnic and cultural disparities, and promotes equity for all, we would be interested in knowing your race and/or ethnicity.

Please check the race/ethnicity categories that apply to you and write in specific information. (You may check more than one box for race/ethnicity.)

For Example: Race: (check) Asian
(write-in) Japanese

- AMERICAN INDIAN OR ALASKAN NATIVE** – Persons having origins in any of the tribal peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Enter tribal identification or affiliation _____

- ASIAN** Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes China, Japan, and Korea.
Specify: _____
- BLACK** Persons having origins in any of the black racial groups of Africa.
Specify: _____
- FILIPINO** Persons having origins in any of the original peoples of the Philippine Islands.
Specify: _____
- HISPANIC** Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Specify: _____
- PACIFIC ISLANDERS** Persons having origins in the Pacific Islands, such as Samoa.
Specify: _____
- WHITE** Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
Specify: _____
- OTHER** Specify: _____

How Would You Evaluate Today's Forum?

We are very interested in hearing what you thought about today's Community Forum including any ideas for improving Forums in the future.

1. **Do you feel today's Forum was:** (Check all that apply. Any additional comments are appreciated.)

Helpful _____ Informative _____

Useful _____ Other _____

2. **Did you learn anything about the MHSA or MHSOAC that you did not know before today's Forum?**

MHSA _____

MHSOAC _____

3. **Did you feel that your participation and comments were important to the persons running the meeting and the discussion groups.**

Yes _____ No _____

4. **Do you have suggestions for improving Community Forums hosted by the MHSOAC in the future?**

