Commission Presentation
Highlights from MHSA Community Forum

Rohnert Park, CA

June 13, 2013

Presented by the CFLC & CLCC's Community Forum Workgroup

July 25, 2013

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Goals for MHSA Community Forums

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 (MHSA) in local communities throughout California including what is working and what are the challenges.
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 MHSA and the Commission.
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. Gather, analyze and summarize information from Community Forums for an annual report to the Commission, intended to shape future policy direction.

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Background

- MHSA Community Forums have benefited from Commissioner participation since their inception.
- The Forum Workgroup invites and encourages Commissioners to attend and participate in forums whenever they can and particularly when they are being held in their vicinity.
- Commissioners and former Commissioners that have participated in the last 8 forums include:

1. Eduardo Vega
2. Tina Wooton
3. Richard Van Horn
4. Andrew Poat
5. Ralph Nelson
6. Senator Lou Correa
7. Victor Carrion
8. Sheriff William Brown
9. LeeAnne Mallel

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Background and Context for Forums

Format for Forums

- In 2011 the format for MHSA Forums was changed so that participants could offer their input in separate discussion groups, such as groups for clients and family members or staff providers.
- By 2013 the categories for discussion groups expanded to include:

1. Clients and family members
2. Parents and Caregivers
3. Peer Service Providers
4. Transition Age Youth (Ages 16-25)
5. County Providers
6. Contract Service Providers
7. Non-English Speakers (Interpreters provided for each language.)

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Background and Context for Forums

- Over 1,385 individuals have participated in the last 8 forums as follows:

	Attendance
a. San Francisco	165
b. Stanislaus – Modesto	over 200
c. Butte – Chico	over 120
d. San Diego	over 135
e. Orange – Santa Ana	over 300
f. San Luis Obispo	118
g. San Bernardino – Loma Linda	232
h. Sonoma – Rohnert Park	115

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Highlights from Rohnert Park Forum

General Overview:

Total Attendance – approximately 115 persons

(Counties represented included Sonoma, Napa, Marin, Mendocino, Lake, Solano, San Mateo and San Joaquin)

Discussion Groups

1. Clients and Family Members – 3 Groups – 25 participants
2. Parents and Caregivers - 3 participants
3. Transition Age Youth - 7 participants
4. Peer Service Providers - 12 participants
5. County Staff - 17 participants
6. Contract Providers - 39 participants

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Highlights from Rohnert Park Forum

General Overview (contd.)

Of the total participants approximately:

- 35 were clients/family members, parents/caregivers and Transition Age Youth (TAY)
- 12 were Peer Service Providers - meaning clients and family members currently providing services for counties and contract providers.
- 56 were county or contract providers

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- In addition to note takers documenting input from discussion groups, individual questionnaires (with discussion group questions) are provided to all participants to submit in writing as they choose.
- There were 85 questionnaires, or more than 70%, returned from the 115 participants at this Forum.
- 8 participants, or almost 29% of those who answered this question, indicated on their questionnaires that *before the Forum, they had not heard of Proposition 63 or the Mental Health Services Act (MHSA).* (28 persons answered this question.)

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- 11 participants, or 44% of persons who answered this question, indicated on their questionnaires that *they were not aware of programs and services in their communities funded with Prop. 63 MHSA dollars.* (25 persons answered this question.)
- 41 participants, or 60% of the persons who answered this question, indicated on their questionnaires that *they learned something about the MHSA and the Commission at the Forum.* (68 persons answered this question.)

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Input from Discussion Groups, Questionnaires and Open Comment

- There was positive input received about services that have changed or been expanded since implementation of the MHSA. Among some of the strategies and services identified as the most effective were:

  - Peer Providers and Peer Programs
  - Trend toward recovery
  - Support groups, pregnancy programs and services for persons with co-occurring conditions
  - CSS and PEI services for 0-5 and older adults
  - "Voices" program
  - NAMI programs – including Wellness Advocacy Center and Family Programs
  - Mental Health Court
  - Mobile Crisis Team and Crisis Assessment, Prevention and Education (CAPE) programs at Junior College/High School

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Input from Discussion Groups, Questionnaires and Open Comment

Positive Input about Services (contd.):

- 24 Hour Hotline
- Availability of more services
- Improvement in the area of stigma – still a long way to go
- Improved relationship with law enforcement and availability of Crisis InterventionTraining (CIT)
- Flexible funding available in Full Service Partnership programs
- Tracking and using data
- Collaboration and community building among providers

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Input Reported on MHSA Successes and Challenges

- Because a core value for the forums is to protect the anonymity of participants and present a safe space for persons to share their experiences, comments that are shared cannot always be attributed to a specific county.

- As mentioned, persons attending the Rohnert Park Forum came primarily from Sonoma county, with others from Napa, Marin, Mendocino, Lake, Solano, San Mateo and San Joaquin.

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Input Reported on MHSA Successes and Challenges

- Many of the services and strategies identified as improved or expanded since implementation of the MHSA were also identified as areas that require further improvement or expansion.

  For example, although many acknowledged that there has been an expansion of services since implementation of the MHSA, others commented that they have seen services and funding diminish.

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Input from Discussion Groups, Questionnaires and Open Comment

<u>Summary of Most Significant Service Challenges:</u>

1. Access to Services
2. Improvement and Expansion of Services
3. Education about Services and Mental Health Issues

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Most Significant Service Challenges (contd.)

Access

1. Need more community outreach including for diverse ethnic, racial and cultural communities. (Suggestion about using ethnic media to help with these efforts.)
2. Need different outreach approaches in different communities.
3. Need more diverse, culturally competent staff
4. Stigma still exists despite improvements – stigma still exists among some service providers
5. Need assistance with transportation
6. Some waiting lists for services were reported

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Most Significant Service Challenges (contd.)

Improvement and Expansion of Services

1. In general, services and funding has been reduced as a result of non-MHSA funding reductions
2. Need more Peer services
3. Value of Peer services should be acknowledged with increased pay
4. Need service integration and more integration of mental health in community
5. Need more attention to TAY services
6. Need expanded services for Veterans with emphasis on continuing to develop coordination of services between mental health and the VA
7. Need more services for older adults
8. Need more housing options for homeless

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Most Significant Service Challenges (contd.)

Education about Services and Mental Health Issues

1. Need more community education about mental illness in general
2. Need more community education about what services are available
3. Parents, particularly, need to be aware of what services are available to support them
4. Need better communication about opportunities for stakeholder involvement
5. Want full range or "gold standard" in Crisis Intervention Training (CIT) available for law enforcement in all communities

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Conclusion

- MHSA Community Forums have:
  - generated interest and enthusiasm with participation increasing over time
  - provided education and information about the MHSA and the Commission
- The Community Forum Workgroup and staff have continued to look for ways to improve Forum participation from clients and family members, particularly from traditionally un-served and underserved communities.
- Given the number of individuals participating, MHSA forums represent a meaningful opportunity for the Commission to ensure, as required by MHSA statute, that the perspective and participation of persons with a serious mental illness or emotional challenge and their family members, is a significant factor in the Commission's decisions and recommendations.
- It is expected that highlighting relevant information for the Commission that emerges from the forums, may impact future policy direction.

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The End

Community Forum Workgroup

WELLNESS • RECOVERY • RESILIENCE

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