

# Commission Presentation Highlights from MHSA Community Forum

Loma Linda University, Loma Linda, CA  
March 14, 2013

Presented by the CFLC & CLCC's  
Community Forum Workgroup  
May 23, 2013



## 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.

## Background

- ▶ MHS Community Forums have benefited from Commissioner participation since their inception.
- ▶ The Forum Workgroup invites and encourages Commissioners to attend and participate in forums when they are being held in their vicinity.
- ▶ Commissioners that have participated in the last 7 forums include:
  1. Eduardo Vega
  2. Richard Van Horn
  3. Ralph Nelson
  4. Victor Carrion
  5. Tina Wooton
  6. Andrew Poat
  7. Senator Lou Correa
  8. Sheriff William Brown

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## Background and Context for Forums

### Format for Forums

- ▶ In 2011 the format for MHS 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

### Outreach for Forum Participation

- ▶ Outreach is focused on soliciting forum participation of clients, family members, parents and caregivers with particular attention to un-served and underserved racial, ethnic and cultural groups across the life span.
- ▶ Outreach is focused both on soliciting forum participation from:
  - Persons receiving services in the host county where the forum is being held
  - Persons receiving services in other counties that surround the host county
- ▶ Forum Outreach is facilitated by Commission staff, host counties, other service agencies and stakeholder groups such as NAMI, UACF, CAYEN and the Client Network.

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## Background and Context for Forums

- ▶ Over 1,270 individuals have participated in the last 7 forums as follows:

	Attendance
a. San Francisco	165
b. Stanislaus	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	232

- ▶ 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.

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## Highlights from Loma Linda Forum

### General Overview:

Total Attendance – approximately 230 persons

(Counties represented included San Bernardino, Riverside, Ventura, San Diego and Orange)

### Discussion Groups –

1. Clients and Family Members – 2 Groups – 59 participants
2. Parents and Caregivers - 5 participants
3. Transition Age Youth - 3 participants
4. Peer Service Providers - 26 participants
5. County Staff - 28 participants
6. Contract Providers - 35 participants
7. Latino Group - 27 participants
8. Indonesian - 12 participants
9. Cambodian - 1 participants
10. Vietnamese - 7 participants
11. Arabic - 3 participants



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## Highlights from Loma Linda Forum

### General Overview (contd.):

▶ There were 85 questionnaires returned by the following groups:

• Clients	18
• Family Members	2
• Parents	5
• Caregivers	3
• Unspecified (Client/Family/Parent/Caregiver)	7
• Transition Age Youth	1
• Peer Service Providers	14
• County Staff	17
• Contract Providers	15
• Persons Speaking Other Language	3

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## Highlights from Loma Linda Forum

- ▶ 14 participants, or almost 40% 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).  
(39 persons answered this question.)
- ▶ 15 participants, or more than 40% 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.  
(35 persons answered this question.)
- ▶ 29 participants, or half of the persons who answered this question, indicated on their questionnaires that they learned something about the MHSA and the Commission at the Forum.  
(59 persons answered this question.)

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## Highlights from Loma Linda Forum

### Input from Discussion Groups, Questionnaires and Open Comment

- ▶ There was lots of 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 Support Services
  - Family Education
  - Innovation Programs
  - Services in schools
  - PEI Programs
  - Cultural Sensitivity
  - Expanded Access for Un-served and Underserved
  - Services Across the Life Span
  - Services that Promote Self-sufficiency

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## Highlights from Loma Linda Forum

### Input Reported on MHSA Successes and Challenges

- ▶ As mentioned, persons attending the Loma Linda Forum came primarily from San Bernardino and Riverside counties, with a few others from Ventura, San Diego and Orange counties.
- ▶ 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.

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## Highlights from Loma Linda Forum

### 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 have been improvements in outreach and access to services for un-served and underserved racial, ethnic, and cultural groups, across the life span, many persons identified "access" as something that needed improvement.**

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## Highlights from Loma Linda Forum

### Input from Discussion Groups, Questionnaires and Open Comment

#### Summary of Most Significant Service Challenges:

1. Access to Services
2. Respite Services
3. Supported Employment/Education for Improved Life Outcomes
4. Coordination and Navigation Between Public and Private Healthcare Services
5. Community Education

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## Highlights from Loma Linda Forum

### Access

1. For improved access there needs to be more outreach to un-served and underserved ethnic, racial and cultural groups.
2. Significant waiting lists for services were reported by clients, family members, parents, caregivers and county and contract service providers.
3. All five foreign language groups represented reported the need for more outreach and education about: MHSA services in general, what services are available, and more materials published in their own languages.

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## Highlights from Loma Linda Forum

### Access (contd.)

4. The need for appropriate and culturally sensitive approaches to outreach that are customized for different groups and demonstrate cultural humility and respect for different cultures was reported.
5. The need for outreach that focuses on wellness, resiliency and healthy lifestyles rather than on mental illness was reported. This is particularly true for many ethnic, racial or cultural groups for whom the term mental illness or mental health may have a negative connotation.
6. Geographic distance often prevents persons from accessing services. Services need to be more broadly available, offered in rural areas, not just by region and with transportation vouchers.

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## Highlights from Loma Linda Forum

### Respite Services

1. The need for respite services was identified across all age groups. The general definition for respite services is short-term care that is designed to provide primary caregivers a break from constant care giving. This could occur by offering a temporary, alternative living situation for a child, youth or older adult being cared for by parents, family members or caregivers.

For adults who typically do not have a caregiver, "respite" could mean there is an opportunity for them to go to a crisis residential or crisis stabilization program rather than be hospitalized if they need additional support. Peer to peer support and peer-led respite is also an option.

*As with many "support services," respite care is not paid for by Medi-cal but may be paid for with MHSAs funds when services are not covered by federal programs. Consistent with the California Code of Regulations for MHSAs Community Services and Supports (CSS), Section 3620(a)(1)B.(vi), MHSAs funds may be used to provide respite care in Full Service Partnership (FSP) programs.*

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## Highlights from Loma Linda Forum

### Supported Employment/Education for Improved Life Outcomes

1. It was reported that there should be more employment and education services available to support improved life outcomes for individuals living in the community.
2. "Supported" employment and/or education requires that support services be available to persons engaged in seeking, gaining and retaining employment and/or educational opportunities.
3. Supported employment services should be available for persons seeking employment in the mental health system as well as in the general community.

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## Highlights from Loma Linda Forum

### Coordination and Navigation Between Public and Private Services

1. It was reported that sometimes persons with private insurance are denied MHSA services. For example, parents that may have private insurance may be denied MHSA rehabilitative or support services for their child that are only available through the MHSA. As stated in the Act, MHSA funds are intended to pay for services not already covered by individual or family insurance programs.
2. Individuals and families need help and support to navigate between public and private healthcare systems and access appropriate services as needed. This includes helping them link to non-mental health services that are available.
3. With the implementation of the Affordable Care Act, individuals and families will need even more help navigating between healthcare systems because there will be more confusion about how to access all appropriate services.

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## Highlights from Loma Linda Forum

### Community Education

1. There is a need for expanded community education about the MHSA and the services available to support mental health, wellness, recovery and resiliency. Most foreign language participants at the Forum were unaware of the MHSA and the types of services it provides.

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## Highlights from Loma Linda Forum

### Conclusion

- ▶ MHSA Community Forums have
  - generated interest and enthusiasm with participation increasing over time
  - provided education and information about the MHSA and the Commission
- ▶ 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