

Community Engagement Workgroup Update

Community Engagement Workgroup Members: Jeannine Farrelly, Gwen Slattery, JoAnn Johnson, Monica Nepomuceno, Kamila Baker.

Activity 1: Continue quarterly Community Forums and following each forum, provide the Commission with a summary report of potential policy implications.

- a. Assign four CLCC members and two alternates to serve on the Community Forum Workgroup.
- b. Determine strategies to encourage agencies, providers and communities to promote and involve participation for unserved, underserved and inappropriately served racial, ethnic, and cultural communities from across the lifespan.

Progress:

1a: This item has been completed. One member from the CLCC and Client and Family Leadership Committee (CFLC) member provided a forum summary report to the Commission at the May 23, 2013 and July 25, 2013 meetings.

1b:

- Continue to distribute bookmark at the Community Forums as an incentive for individuals to complete their questionnaires. The bookmark suggestion has generated a 70% return rate of forum questionnaires.
- The bookmark should include MHSOAC and the National Suicide Hotline website and contact information only.
- On MHSOAC website could have links to various other community organizations, who
- Hold an annual artwork contest to select what artwork will be on the bookmark for that year. The winner will be honored at the first forum of 2014
- Use local artwork on the flyer for each forum.
- Place forum informational materials at homeless shelters, hand out at soup lines, local schools, low income apartments, hospitals, jails and children's services organizations.
- Send a small contingency of forum workgroup members to a designated targeted underserved community in the county/city where the forum is being held. This group would in a smaller group setting, here directly from the selected
- Request MHSA and MHSOAC logos displayed at county site, program site and on documents of entities that receive MHSA funds.

Activity 2: Diversify the methods by which the MHSOAC hears concerns from people with lived experience of biological, psychological and social challenges.

- a. Determine strategies to expand and diversify participation in MHSOAC committees, stakeholder contracts, and MHSOAC meetings to the fullest extent.
- b. Determine strategies to expand methods by which people with lived experience can provide input (in person, online, written, other).

Progress/ Ideas:

- The day before the forum, forum workgroup members, staff and Commissioners will go to community gathering sites where the forum will be held, to speak with unserved, underserved cultural, racial and ethnic community members about community needs and their experiences with mental health and the MHSA. The visits would focus on a specific unserved community and utilize more culturally appropriate methods of engagement (i.e., meeting in the community, changing meeting times to more appropriately accommodate community schedules and altering the format to better fit with community styles and norms).
- Contact cultural brokers, local providers, Drop-in Centers, Wellness Center, Housing Specialists, local contact trusted by the community, County Ethnic Service Manager and MHSA Coordinator and others to identify historically unserved populations in counties where forum are being held.
- The visits should last two hours and focus on Mental Health Wellness needs and if not being met, why? The visit may include an overview of MHSA and be held in a circle with possible break-out groups
- The workgroup will work with MHSOAC Communications Officer to explore how to start the process.
- Send MHSOAC logos to county mental health directors for distribution and posting at all MHSA funded program sites.
- Request counties use MHSA and MHSOAC logos on all county documents that relate to MHSA. This will help to ensure stakeholders know what programs are funded my MHSA.
- Use social media (Facebook, Twitter, etc.) to allow stakeholder to provide input on meeting and documents.
- Collect videos stories from stakeholders and place on the MHSOAC website.

Activity 6: Communicate progress in reducing mental health disparities to continue to build collaboration in access, quality and services.