



MHSOAC Communications Unit Strategic Plan 2009

Mission Statement

The MHSOAC Communications Unit seeks to ensure Californians understand mental health is essential to overall health. We seek to promote wellness, recovery, resilience, and the reduction of stigma for individuals living with mental illness and their families.

Target Audiences

Clients, families, providers, state government (particularly the Governor and the Legislature), counties, the media, community-based organizations, and unserved and underserved communities are our target audiences.

Guiding Principles

Transformation of the public mental health system through:

- **Transparency in Government**
Offer opportunities to know what goes on when MHSOAC conducts business, including access to information and understanding about how decisions are made. In support of transparency, all MHSOAC meetings, including committee meetings, are open to the public and provide opportunities for public input.
- **Wellness, recovery and resilience**
Highlight strength-based approach to mental health that includes recognition and support for each person's unlimited potential, hope, empowerment, advocacy, respect, social and family connections, responsibility, mutuality, self-determination, and confidence.
- **Community collaboration**
Enhance access to effective shared decision-making among people with a stake in the MHSA and California's mental health.
- **Client and Family driven policies**
Ensure that all levels of California's mental health system promote the priorities and perspectives of people with lived experience of serious mental illness/emotional disturbance, including clients of all ages, parents/caregivers and family members.

- **Cultural & Linguistic Competency**
Implement essential strategies to reduce disparities in access, utilization, and quality of mental health services and supports and mental health outcomes.
- **Prevention**
Promote mental health and well being, prevent adverse consequences of mental illness, and prevent, where possible, mental illness. Prevention strategies can be directed at risk factors or can reduce the severity, course, duration and associated disability of a mental health disorder.
- **Co-occurring Disorders Competency**
Move behavioral health and related systems, services, and supports toward achieving core competencies to serve individuals with co-occurring psychiatric and substance-use disorders.
- **Integrated service experiences for clients and their families**
Locate MHSA services in accessible locations where people can obtain or easily connect to other resources and supports that might be helpful.
- **Being Trauma informed**
Move behavioral health and related systems, services, and supports to respond effectively to the impact of trauma and facilitate healing.
- **Measurable outcomes**
Assess and quantify the impact of MHSA programs, services and supports. Evaluating the outcome of MHSA funding is essential for accountability to taxpayers and the public.

Communications Goals

1. Keep the public, Commissioners, and stakeholders informed of the successes and challenges of MHSA implementation in order to promote transparency in government.
2. Provide Commission communication to the Governor or Legislature regarding actions the state may take to improve care and services for people with mental illness in order to promote wellness, recovery and resilience. (See MHSA, W & I Section 5845(d)(6).
3. Establish two-way communication between stakeholders and the MHSOAC through the use of the MHSOAC website in order to promote community collaboration.
4. Raise public awareness and influence of the MHSOAC in order to promote client and family driven policies.
5. Promote MHSOAC communication in threshold languages with public information tools in order to build cultural and linguistic competency.

Communication Goals continued

6. Highlight Commission funding of Prevention and Early Intervention programs in order to promote prevention goals of the MHSA.
7. Distribute and publicize the MHSOAC Report on Co-occurring Disorders in order to promote Co-occurring Disorders competency.
8. Highlight successful examples of integrated service experiences for clients and families.
9. Provide Commission and mental health stakeholders with information about trauma in order to promote awareness of trauma victims and their experiences.
10. Highlight MHSOAC, state, and county efforts to develop measurable outcomes for mental health programs.

Activities

1. Public Information Tools
 - a. Newsletter:
 - i. Publish quarterly.
 - b. Website: Launch by Spring 2009, with the goal of providing the public with a more user friendly, and interactive form of communication.
 - c. Listserve: Use the Commission Listserve to disseminate MHSA information.
 - d. Press Events: As required, the Communications Unit will invite the media to cover MHSOAC and MHSA activities to help spread the positive results of the MHSA.
 - e. Press Releases: The Communications Unit will regularly draft and send out press releases, as well as maintain relationships with members of the press, with the goal of encouraging coverage of the positive results of the MHSA and the activities of the MHSOAC.
 - f. Other Informational Material: The Communications Unit will develop, design, write, and produce brochures, fact sheets, and

Activities continued

other non-electronic materials to inform the public of the goals and policies of the MHSA and the MHSOAC.

- g. Spokespeople: The official spokesperson for the MHSOAC is the Chair. When the Chair is unavailable, the Vice-chair, and subsequently, the Executive Director will speak with the press.
- h. The Communications staff lead will coordinate press calls and will answer questions when the Chair, Vice-chair, and Executive Director are unavailable.

2. Outreach & Education

- Five Year Anniversary Educational Forum.
- Site Visits by MHSOAC and staff to local mental health facilities.
- Community meetings with stakeholders.
- Presentations by MHSOAC and staff to the public.
- Mental Health Planning Council visits.
- Local Mental Health Board visits (depending on staff availability)

3. Evaluation

- Monthly reports to MHSOAC on work in progress.
- Reports to Executive Director at weekly meetings.
- Year-end or twice a year summary for Report to the Legislature.

Communications Staff

- a. Public Information Officer or Lead Communications Staff Member
- b. Associate Mental Health Specialist
- c. Staff Services Analyst
- d. Student Assistants