

Client Family Leadership Committee (CFLC) Community Stakeholder Forum

NOTE: The following are the questions the CFLC will be presenting to community stakeholder partners in our open forum discussions. It is not necessary that you fill out this document in order to participate. If you choose, you may respond to the questions in writing and give this form to OAC staff, or you can just use this form for your own notes. Please do not include your name or contact information.

The **Mental Health Services Act** (MHSA) advances specific values that are intended to fundamentally change our mental health system. These values include:

- A. **Recovery and resiliency-based** mental health services and supports that emphasize hope, prevention, and personal and family strengths, rather than symptoms and labels;
 - B. **Culturally and ethnically effective services and supports.** Programs and resources that are driven by and responsive to ethnically and culturally diverse communities, which are linguistically appropriate and that counter disparities in access and quality of care;
 - C. **Community-based care that takes into consideration co-occurring conditions** in which people get what they need in the communities of their choice, rather than being taken out of their communities or displaced into long-term care facilities that are far from their natural support systems;
 - D. **Whatever it takes** programs that help persons with the greatest need on a 24-7 basis to achieve recovery and avoid the worst outcomes of illness, like repeatedly going to jail, homelessness or long-term hospitalization;
 - E. **No-wrong-door policies** to ensure that people are not shunted from one place to another in search of the right services and through which physical, mental health and substance-use problems are approached together;
 - F. **Client-directed, culturally relevant** and **family-focused** services and supports which are *voluntary* in nature. These include wellness, peer support programs, family respite care, parent partners, alternative crisis houses and *promotores de salud*;
 - G. **Efforts that challenge stigma and discrimination** associated with mental health symptoms and treatment. Programs and services that advance dignity, social inclusion and protect the rights of clients and family members.
1. Do you feel that these values have been incorporated into your MHSA-funded plans and programs in your area?

Please explain.

2. Are MHSAs planning and resources 'transforming' the mental health system in your area to be client-centered, family-focused, and culturally and linguistically competent, and keyed to the communities' needs?

Please explain.

3. Were you provided with an opportunity to participate in the MHSAs planning process? YES -a lot YES -somewhat NO
4. Did you feel valued and supported in your participation and was your feedback acknowledged? YES -a lot YES -somewhat NO

Please explain.

5. Do/did you see your planning input reflected in the final MHSAs program implementation? YES NO

Please explain.

6. Has the implementation of MHSA plans changed older, existing programs in your area? How?

7. What new programs, services or supports for mental health have been created or implemented since MHSA funding began in your area?

8. What has been the biggest change that the MHSA has brought about in your community?

9. Is there anything else you would like us to know about your experience in the ongoing stakeholder MHSA process (i.e., continuing process)?

Thank you for taking the time to share your experience with us.