

Summary of Draft Policy Paper

“Transformation of the Mental Health System Through Client and Family Leadership”

Presented to MHSOAC for First Read

**Mental Health Services Oversight and Accountability Commission
March 24, 2011**

Background:

- **July 2010 MHSOAC meeting - Commissioner Vega presents to Commissioners, staff and others regarding client and family advocacy, perspective, history and priorities, with emphasis on the client and family role in transforming the mental health system through the Mental Health Services Act.**
- **The PowerPoint presented entitled, “The California Mental Health Services Act: Client-Driven, Family-Focused Wellness Transformation.” (A copy of July 2010 PowerPoint presentation is enclosed.)**

Background (contd.):

- Based on Commission's interest in learning more about the client and family role in transforming the mental health system – the Client and Family Leadership Committee (CFLC) was directed to prepare a policy paper on “client and family driven transformation”.
- The CFLC spent remainder of 2010 and first few months of 2011 developing the “Transformation Policy Paper” for the Commission.
- Draft Transformation Policy Paper entitled “Transformation of the Mental Health System through Client and Family Leadership” presented to Commission for 1st Read March 24, 2011

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Structure of Policy Paper:

- Introduction by Commissioner Eduardo Vega
- Background
- Goals by Subject Area
- Description of “transformed mental health system” by Subject Area
- Conclusion

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Introduction:

- **Personal introduction to policy paper written by MHSOAC Commissioner Eduardo Vega**
- **Provides background about:**
 1. **Client and family advocacy**
 2. **Role and expectations for the Mental Health Services Act (MHSA) to further massive change in mental health system**
 3. **Purpose of policy paper to provide a picture of a mental health system “transformed” through client and family leadership**

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Background:

- **MHSA carried vision of client-centered, family-focused, culturally competent, resilience/recovery model mental health system**
- **Transformational elements of MHSA include:**
 1. **Focus on significant stakeholder input in planning and service delivery**
 2. **Cultural and linguistic effectiveness**
 3. **Wellness/resilience/recovery-focused services and supports**
 4. **Housing**
 5. **Prevention and early intervention**
 6. **Resources for workforce, education and training efforts to support best practice programs**

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Background (cont.)

- How request for “Transformation Policy Paper” came to CFLC
- CFLC composition
- CFLC methodology in developing paper
 1. Identify broad goals for transformed mental health system by subject area
 2. Identify barriers that would have to be overcome for “transformation” to occur
 3. How would transformed system look?
 4. MHSO provisions associated with each subject area

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Background (cont.)

MHSO Subject Areas Addressed in Policy Paper:

- Community Planning Processes
- Policymaking
- Cultural Competence and Effectiveness
- Mental Health Program and Service Delivery
- Housing
- Employment
- Education
- Prevention and Early Intervention
- Stigma, Abuse and Discrimination

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**Goals for Transformation of the Mental Health System
through Client and Family Leadership**

Goals for Community Planning Processes:

- **Mental health community planning activities are:**
 1. **Always informed by the voices of persons with lived experience including those from underserved and/or inappropriately served cultural and ethnic groups and**
 2. **Robust and ongoing regardless of fiscal issues.**
- **Clients and family members from served, underserved and/or inappropriately served community groups set local mental health goals and resource priorities.**

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**Goals for Transformation of the Mental Health System
through Client and Family Leadership**

Goals for Policymaking:

- **Clients and families including those from underserved ethnic/cultural communities, drive mental health system policymaking.**
- **Mental health policy is informed by wellness/recovery/resiliency principles, the lived experience of clients and family members, including those from underserved and/or inappropriately served ethnic/cultural communities, community needs and values, and ongoing outcome evaluation.**
- **Clients and family members have active roles in ongoing local and statewide efforts to evaluate mental health services and analyze client and system outcomes.**

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**Goals for Transformation of the Mental Health System
through Client and Family Leadership**

Goals for Cultural Competence and Effectiveness:

- As a result of individuals from underserved and inappropriately served cultural/ethnic populations being employed by or working in collaboration with the mental health system at all levels:
 1. Barriers to access for cultural/ethnic groups are diminished and a vision of wellness, recovery and resiliency is evident in communities of color.
 2. The mental health workforce is a blend of persons with and without lived experience including those from underserved and/or inappropriately served cultural/ethnic populations.
 3. The system and communities are fully informed and empowered to deliver mental health services that are culturally and linguistically appropriate.

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**Goals for Transformation of the Mental Health System
through Client and Family Leadership**

Goals for Mental Health Program and Service Delivery:

- All mental health programs reflect wellness/recovery/resiliency model values and standards for service delivery.
- Services are always delivered with dignity and respect for the individual being served, are voluntary in nature and employ soft intervention modes.
- All clients and family members have access to culturally appropriate services and get what they need to recover in a supportive network of care that is integrated rather than fragmented.
- Clients and family members are fully empowered in program settings.
- Recovery-focused “client-run programs and family supports” are an integral part of the mental health system.

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Goals for Transformation of the Mental Health System through Client and Family Leadership

Goals for Housing:

- **Quality, affordable housing is available for persons with mental illness or emotional disturbance and their families in all communities in California.**
- **Various types of housing assistance and supports, including but not limited to emergency housing, housing subsidies, Section 8 housing, master leased housing, shared housing and general affordable housing, is adequately available for individuals served at all levels in the mental health system.**

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Goals for Transformation of the Mental Health System through Client and Family Leadership

Goals for Employment:

- **Employment or other productive activity is an expectation and focus of service for clients regardless of their physical setting (i.e., residential or institutional setting). This includes support for clients and family members being employed in the mental health system or community workforce at all stages of recovery.**
- **Clients and family members, including those from underserved and/or inappropriately served cultural/ethnic groups, are employed in significant roles throughout the mental health system and in the community workforce.**

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Goals for Transformation of the Mental Health System through Client and Family Leadership

Goals for Education:

- The mental health system views education and the necessary supports to advance job skills and return to the workforce as central to recovery and program design.
- Higher education programs exist across California offering certificate and other degree programs for persons with lived mental health experience in preparation for employment in the mental health system.

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Goals for Transformation of the Mental Health System through Client and Family Leadership

Goals for Prevention and Early Intervention:

- As a result of long term strategies and campaigns aimed at reducing stigma and discrimination toward persons with mental illness or serious emotional disturbance in California:
 1. There is a reduction in discrimination toward persons with mental illness or serious emotional disturbance.
 2. Families, employers, primary care providers, school personnel and other community members are more likely to recognize the early signs of potentially severe and disabling mental illness and seek assistance.
- Prevention, Early Intervention (PEI) resources that include peer and/or family support, are sufficient and used effectively to reduce the negative outcomes of mental illness on individuals and communities and to increase timely access to services for underserved and/or inappropriately served populations.

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Goals for Transformation of the Mental Health System through Client and Family Leadership

Goals for Reduction in Stigma, Abuse and Discrimination:

- **Stigma does not prevent persons from seeking help with mental health issues, family well-being, and personal recovery for the individual.**
- **Abusive, dehumanizing and demeaning practices are eradicated from the system of mental health care.**
- **Discrimination against people diagnosed with mental illnesses and their families is eliminated in health care settings, employment, housing, education, and social or civic activities.**

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Body of Policy Paper

For each of the nine subject areas there is:

- A discussion section that identifies current barriers to client and family participation and leadership in that area.
- A section that describes, through a series of statements, what a transformed mental health system would look like.
- A section that identifies relevant provisions of the MHSA.

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Examples of Transformational Statements

Community Planning Processes:

In a transformed mental health system local mental health departments are successful in continuously engaging stakeholders through the use of timely information and updates, community education, publicity and outreach, planned stakeholder meetings and strategies for motivation and reduced stakeholder burnout.

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Policymaking:

In a transformed mental health system, clients and family members, including those from underserved and/or inappropriately served cultural/ethnic population groups, are employed in the mental health system in policymaking positions.

Cultural Competence and Effectiveness:

In a transformed mental health system, the mental health system has engaged and developed successful relationships with all of the cultural and ethnic communities who were historically underserved and/or inappropriately served.

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Mental Health Program and Service Delivery:

In a transformed mental health system, MHSOAC values, including the focus on recovery and resiliency, are the foundation of all public mental health programs.

Housing:

In a transformed mental health system, typical resistance (Not in My Back Yard—Nimby-ism) to having clients and families living in various communities is reduced and when encountered overcome with effective engagement strategies.

Employment:

In a transformed mental health system, employment or other productive activity is a standard expectation for persons receiving mental health services.

Education

In a transformed mental health system, mental health programs include a focus on education and/or employment.

Prevention and Early Intervention (PEI)

In a transformed mental health system, PEI funded long term strategies and campaigns aimed at reducing stigma and discrimination toward persons with mental illness or serious emotional disturbance in California have been successfully developed and promoted for many years.

Stigma, Abuse and Discrimination

In a transformed mental health system, clients and family members, including those from underserved and/or inappropriately served cultural/ethnic groups are employed at all levels of the mental health system

Conclusion

This policy paper is intended to:

- Suggest ways the mental health system might account for and recognize elements of mental health system transformation that are client-centered and family focused.
- Serve as a reference for those seeking to create a transformed mental health system that is effective, efficient and critically informed by the voices and wisdom of clients and family members.

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Next Steps

- **Take input and suggestions on First Read draft from MHSOAC Commissioners and the public at March 24, 2011 Commission meeting.**
- **Accept public comments and input through mid-April for Second Read draft of the policy paper.** (Final date for public input will be identified after March 24, 2011 MHSOAC meeting.)
- **Revise First Read Draft of policy paper for “Second Read” presentation at MHSOAC meeting, May 26, 2011**

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