MHSOAC
Mental Health Services
Oversight and Accountability Commission

Summary of
Draft Policy Paper
"Client-driven, Family-focused Transformation of the Mental Health System through the California Mental Health Services Act"

Presented to the MHSOAC for

2nd Read and Adoption

by the Client and Family Leadership Committee

May 26, 2011 Commission Meeting

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Background

- July 2010 MHSOAC meeting - Commissioner Vega presented 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.

- Based on Commission's interest in learning more about transformation, the recovery/resiliency model, and the central role clients and family play in achieving it– the Client and Family Leadership Committee (CFLC) was directed to prepare a policy paper on "client and family driven transformation."

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Background (cont'd.)

- The CFLC spent the remainder of 2010 and the first few months of 2011 developing the "Transformation Policy Paper" for the Commission.

- March 24, 2011 - Draft Policy Paper entitled, "Transformation of the Mental Health System through Client and Family Leadership" presented to Commission for 1st Read.

- May 26, 2011 - Draft Policy Paper entitled "Transformation of the Mental Health System through Client and Family Leadership" presented to the Commission for 2nd Read and adoption.

Context for Policy Paper

- **The MHSA** provides a comprehensive vision for mental health systems focused on recovery and resiliency ***and informed by the lived experience of clients and family members.***
- **The MHSOAC** was established to oversee all of the elements of the MHSA and ***charged with ensuring that the lived experience of clients and family members would inform their decisions and provide continuous guidance.***
- **The Policy Paper** presents a picture of a mental health system ***"transformed" in the way it values, utilizes, and promotes the voices and wisdom of clients and family members.***

Overall Focus of Policy Paper

This paper is focused on transformation of the mental health system as informed by the recovery/resiliency vision.

This vision is driven by the experience and inherent understanding the client/family community has developed about their own needs, what works and what does not, and how systems can utilize that expertise to achieve radically better outcomes for systems and the individuals they serve.

The Message of the Policy Paper

1. **Mental health service transformation to a recovery-based system of supports is an essential goal for improved public health as identified at the level of national policy and is achievable in California through the engine of the MHSA.**
2. **To accomplish this, systems must include clients and family members in all mental health system planning, policy, and service delivery not just to meet requirements for inclusion.**
3. **Mental health planning, policy and service delivery efforts and outcomes improve when informed by the perspectives of persons with lived mental health experience including those from un-served, underserved and/or inappropriately served racial, ethnic, or cultural communities.**

The Message of the Policy Paper (cont'd.)

4. **Clients and family members have experienced both the negative outcomes of mental illness as well as positive experiences of wellness, resiliency and recovery.**

   Their wisdom:

   a. **cannot be found elsewhere,**
   b. **is essential to serving others with similar circumstances, and**
   c. **is critical to achieving positive outcomes for individuals, systems, and communities.**

The Message of the Policy Paper (contd.)

5. **To be successful mental health systems must be guided and informed by:**

- **individuals with a life experience of mental health challenges who have significant roles at all levels of the system,**
- **individual, family, system and community outcomes including the cost effectiveness of services for mental health and its community partners.**

Special Areas of Focus in the Policy Paper

- Recovery and resiliency as a major transformation– what these entail in terms of change
- Choosing and using the most respectful, inclusive language and terminology when referring to clients and family members
- Addressing the needs of persons from un-served, underserved, and/or inappropriately served racial, ethnic, and cultural groups
- Identification of persons with co-occurring conditions of mental illness and substance use as an underserved cultural group
- The need for clients and family members to have active roles in ongoing local and statewide efforts to evaluate mental health services, analyze client and system outcomes, and ensure that the findings are used to inform future funding and program decisions

Organization of the Policy Paper

- **Introduction and Background sections discuss national and State trends in mental health policy and the essential role of clients and family members including those from un-served, underserved and/or inappropriately served racial, ethnic and cultural groups.**

- **Goals for system transformation through client and family leadership are identified for the following MHSA subject areas:**

  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**

Organization of the Policy Paper (cont'd.)

- **The body of the Policy Paper is a narrative discussion of what it will take to achieve the system transformation goals identified for each subject area. This section includes a discussion of barriers to transformation and identification of specific elements of change that could eliminate those barriers.**

For Example:

Barrier:	**Mental health policies and procedures are frequently developed without input from those with lived mental health experience.**
Element of Change:	**System resources are dedicated to policy positions for those with lived mental health experience, advocacy training for clients and family members and mentorship of those leaders seeking to become policymakers.**

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Organization of the Policy Paper (cont'd.)

- **Identification of MHSA statutory provisions and language relevant to each subject area discussed are incorporated throughout the document.**

- **Conclusion**

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Summary of Input Received on Transformation Policy Paper Since 1st Read – March 24, 2011, Commission Meeting

- **Change "title" of Policy Paper**

  From: "Transformation of the Mental Health System through Client and Family Leadership"

  To: "Client-driven, Family-focused, Transformation of the Mental Health System through the California Mental Health Services Act"

- **Add reference to AB 3777 and correct the numbers of persons participating in MHSA community planning in California.**

- **Incorporate a focus on "outcomes' throughout the document.**

- **Add goal of improved outcomes for persons served under Mental Health Program and Service Delivery goals.**

Summary of Input (cont'd.)

- **Identify the ways this paper contributes to efforts to measure transformation.**
- **Reference the "un-served" when discussing the underserved and/or inappropriately served so that persons who receive no services are also included as appropriate.**
- **Add "culturally-relevant" when referencing wellness/recovery/resiliency since different cultures have different meanings for these terms.**
- **Explain the term "cultural effectiveness".**

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Summary of Input (cont'd.)

- **Expand goals and transformational change elements for Cultural Competence and Effectiveness section.**
- **Clarify that Cultural Competence goals include both (1) ensuring that the mental health community has an understanding of how racial, ethnic, and cultural groups view mental health issues, and (2) racial, ethnic, and cultural groups have a better understanding about mental health issues and services.**
- **Suggest additional bullet stating that each county should have a cultural competence task force that reports to the County Mental Health Director.**

Summary of Input (cont'd.)

- **Add point to PEI goals to include the reduction of mental health disparities in racial, ethnic, and cultural communities.**
- **Add element that focuses on PEI outcomes for community members.**
- **Clarify that focus on "resiliency" is not exclusive to children.**
- **Acknowledge the role of "age" as similar to culture, race, and ethnicity.**
- **Explain that there is a broader definition of "culture" that may include social, ethnic, or age groups.**

Summary of Input (cont'd.)

- **Acknowledge the culture and prevalence of "co-occurring conditions" and need for integrated services.**
- **Expand discussion about benefits of listening and learning from clients and family members.**
- **Include an element indicating that in a transformed system mental health staff and other community partners are trained to respect and learn from those with lived experience.**
- **Clarify that there are goals for persons with lived experience to become employed in the mental health system and/or the community workforce.**

Summary of Input (cont'd.)

- **Add that persons working in higher education settings receive training about mental health and must systematically include persons with lived mental health experience in planning, program-design' and program-delivery.**
- **Add element that reflects that in a transformed system everyone with serious mental illness has stable housing that reflects their priorities.**
- **Address the issue of reducing "internalized stigma".**
- **Other minor edits suggested in each subject area.**