Report to the MHSOAC on 2010 Community Forums

Submitted by the Client and Family Leadership Committee

Analysis of Community Forums

In 2010 the MHSOAC implemented the first series of MHSA Community Forums in five counties across California. The primary goal of the forums was to provide opportunities for the MHSOAC to hear firsthand about local MHSA planning and implementation from persons living in those communities. The 2011 Client and Family Leadership Committee Charter (CFLC) activities require that the CFLC provide a report on the findings of the 2010 Community Forum activities. The following are the findings and observations from the Community Forums. The five CFLC-sponsored 2010 MHSA Community Forums varied from a dozen attendees up to a high of over 80 participants. The key to having good attendance was having adequate time for outreach. In 2010, we had significant differences in lead time to conduct outreach for the Community Forums. During 2011 the MHSOAC should have improved attendance due to longer outreach windows. More MHSOAC staff have been assigned to work on the Community Forums and this should also improve the success of the forums. In addition, a Community Forum Workgroup, drawing from the CFLC and the Cultural and Linguistic Competence Committee (CLCC), has been formed to assist with planning and outreach for the forums. Overall, 2011 should see the Community Forums become a more effective tool for the MHSOAC to educate the public about the MHSA and to receive feedback from the public on the progress of the MHSA. This public feedback will provide the MHSOAC with input for policymaking from the perspective of clients and families, including members of unserved, underserved and inappropriately served communities. There were many valuable lessons learned at the 2010 Community Forums. The forums provided the MHSOAC with data and experience that will assist with the quality improvement process of the forum structure. It will be the task of the Community Forum Workgroup to use the lessons learned to refine the goals of the Community Forums and focus on policy recommendations from the outcomes of the 2011 Community Forums.

Ongoing Issues for Community Forums

The 2010 Community Forums presented several ongoing issues for the consideration of the CFLC and the 2011 Community Forum Workgroup. The CFLC discussed responses to these issues but did not resolve them all. The critical issues included the following questions which appear here with CFLC findings and responses.

Issue 1: How can the MHSOAC preserve a sense of comfort for the participants at the Community Forums and freedom from the fear of retaliation for public comments in particular where the presence of governmental or other authorities might be seen to discourage critical feedback?

Finding: This issue was first raised in CFLC discussion after the Humboldt County Community Forum. The comments from the Humboldt Community Forum were generally positive about Humboldt County MHSA planning and programs and the MHSA's impact on individuals and the community. However, at subsequent CFLC meetings, some committee members wondered if the presence of the Humboldt County mental health staff discouraged individuals from speaking freely regarding their experiences with the MHSA.

Response: In response to this issue, the CFLC decided to conduct separate community program presentations earlier in the day, followed later in the day by Community Forum dialogue. The CFLC believed that some separation between community presentations and forum dialogue would allow for more open dialogue. This CFLC concern with free speech about MHSA experiences continued after the Salinas and Long Beach forums. The CFLC noted during its regular meetings that, despite having some separation between community presentations and forum dialogue, county officials continued to attend Community Forums, although in smaller numbers. The CFLC did not completely resolve the issue of how to create a safe space for forum participants to be critical of county programs without fear of retaliation from county officials while still maintaining the required open meetings. This conundrum still faces the 2011 Community Forums and waits further attention from the 2011 Community Forum Workgroup.

Issue 2: How does the MHSOAC respond to the concerns of community members?

Finding: Several speakers at the Monterey County Community Forum had some of their concerns addressed by members of the Monterey Mental Health Commission who attended the forum. For some of the speakers not from Monterey County, the issue arose of who would address their concerns. Some members of the CFLC offered to refer attendees for individual issue resolution.

Response: Monterey County officials took contact information from individuals with complaints and promised to respond. The CFLC has determined that it will provide printed resource information at the Community Forums and invite members of County Mental Health Commissions and Boards to provide a resource during forums.

Although the CFLC will provide printed resource information at the Community Forums and will invite County Mental Health Commissions and Boards to provide a resource during forums, the issue remains what value can the Community Forums provide to local communities? What can the MHSOAC Community Forum Workgroup do to address the complaints raised by individuals at the forums? Currently, the MHSOAC has an issue resolution process of referring complaints to the Department of Mental Health for resolution. In addition, some Commissioners and Forum Workgroup members see their role as an

independent referral service for individual complainants. These two processes for issue resolution could be made clearer to Community Forum participants. The Forum Workgroup will need to decide if these referral processes are of sufficient value to satisfy the desire of participants to have their complaints resolved.

Issue 3: What will happen as a result of the Community Forums?

Finding: The Community Forums for 2010 provided a valuable learning experience with a large portion of the time devoted to creating the structure of the forums. Although there was much learned from the experience, the lessons from the forums did not result in policy recommendations.

Response: It will be the task of the Community Forum Workgroup to use the lessons learned from the Community Forums to refine the goals of the Community Forums and focus on policy recommendations from the outcomes of the 2011 Community Forums. Specifically, the 2011 Community Forum Workgroup will be providing a report on the forums to the MHSOAC at the end of 2011. This report will be an opportunity to provide policy recommendations on the implementation of the MHSA. This report could be sent back to the Community Forum communities. The Forum Workgroup will need to decide if this is a sufficient outcome of the Community Forums.

Issue 4: How do we ensure diverse and robust participation in the Community Forums?

Finding: Due to low attendance at one of the early Community Forums, the CFLC increased community outreach efforts; this had a direct impact on the attendance of the future community forums.

Response: The CFLC has determined that outreach efforts will be expanded prior to the Community Forums in order to ensure all stakeholders in the area are aware of the event. This will include direct invitations to community groups, in addition to the invitations and publicity by counties. These direct invitations will include outreach letters and flyers sent directly to community groups identified by the MHSOAC. Moreover, statewide advocacy groups and members of the Community Forum Workgroup will be encouraged to invite their associates in local area communities to the forums. In addition, media in Community Forum areas, including neighboring counties, will be notified by the MHSOAC of the forum events. Determining additional methods for outreach for invitation to the forums, beyond those mentioned, will be an ongoing issue for the 2011 Community Forum Workgroup.

Additional Findings and Responses of the CFLC

The CFLC has made the following additional findings and has had the following responses for its 2010 Community Forums:

Finding 1: Presentations by local community programs provided background, context and discussion topics for the Community Forum open dialogue that followed.

Response 1: The CFLC decided to format the day of the forum with community program presentations followed later in the day by Community Forum dialogue.

Finding 2: Multiple speakers provided comments at the Monterey Community Forum. Some speakers were from Monterey County and several had traveled from other counties in order to participate in the forum. One speaker commented on an increased awareness of the word "recovery". Another speaker commented on the increase in the county mental health staff getting out into the community.

Response 2: Awareness of the MHSA continues to grow. One of the goals of conducting Community Forums is to increase the awareness of the MHSA.

Finding 3: Public comments at the Long Beach Community Forum ranged widely. Some individuals spoke about the MHSA, but most spoke about their particular experience with the mental health system.

Response 3: The CFLC has determined that the Community Forums are a useful venue for citizens to tell their stories and express their feelings regarding their experience with the mental health system.

Finding 4: At several Community Forums, people made comments about their lack of awareness with the MHSA or knowledge of specifics about its design and intentions. .On some occasions such participants were later identified as being directly involved with MHSA-funded programs.as clients or family members. This phenomenon led Chair Vega to subsequently make the comment that the Community Forums are an opportunity to educate the public about the programs of the MHSA.

Response 4: The CFLC has determined that the Community Forums provide a great opportunity to disseminate information and educate the public about the MHSA and will make a concerted effort to increase such education at the Community Forums.

Finding 5: The comments about the MHSA and MHSA programs were divided in Long Beach between positive and critical comments. A parent of two boys with psychiatric illness commented that MHSA plans are not inclusive. Another comment was made that input from parents of schoolchildren is lacking in MHSA

planning. Lastly, a comment was made that transformation has not worked for the working poor.

Response 5: The CFLC has determined that it will provide printed resource information at the Community Forums and invite members of County Mental Health Commissions and Boards to provide resources during forums. The printed resource list will provide a resource for individuals discouraged with the process. The ultimate goal is to ensure stakeholders are in included in the process at the local level.

Background

In 2010, five Community Forums were held by the MHSOAC's Client and Family Leadership Committee (CFLC) throughout the state of California, primarily to elicit comments from the public on the progress and implementation of the Mental Health Services Act (MHSA) in local communities. The five locations for the Community Forums were: Tulare County (Visalia), Los Angeles County (City of Los Angeles), Humboldt County (Eureka), Monterey County (Salinas) and Los Angeles County (Long Beach).

The structure of the Community Forums evolved during the course of the year. In Tulare County, the forum began with presentations by Tulare County staff regarding their MHSA funded programs. By the end of the 2010 Community Forums, in Long Beach, the Community Forums had presentations from various MHSA funded programs, followed by a semi-structured discussion with formal and informal questions from the CFLC to the community participants.[1] Few notes were captured in the first two Community Forums; however, by the end of 2010, the CFLC produced summaries of the forums.[2] The following report is a summary and progression of the various Community Forums held by the CFLC in 2010. At the end of the report, we present findings and CFLC responses.

Tulare County (Visalia), February 18, 2010

The first Community Forum was held in Tulare County. The night before the forum, the CFLC membership was given a guided tour of the Transitional Living Center's housing and the CFLC members spoke with some of the residents. The next day, presentations were provided by Tulare County mental health staff and others regarding their MHSA funded programs. Presentations included programs on: a Mental Health Court, a Wellness/Recovery/Family Support program, the Transitional Living Center's consumer activities and events, a Family Advocacy program, and a Community Living Center. Additional presentations were provided by individuals with lived experience and family members of persons living at the Transitional Living Center and Community Living Center. The structure of this forum was informal and just being developed.

[1] See attached Community Forum question list.
[2] See attached example of Community Forum Summary from Salinas, September 22, 2010

Los Angeles County (City of Los Angeles), April 14, 2010

The Los Angeles Community Forum was another forum where the structure and purpose of the event was still in its infancy. A half-dozen guests attended the forum, including Kathleen Derby from NAMI California and Sharon Kuehn and Delphine Brody from the California Network of Mental Health Clients. Carey Temple, a consumer advocate, made a presentation along with Ruth Hollman, representing a consumer center. Alyssa Solomon of the Los Angeles County Department of Mental Health also spoke. Several other community members participated in the dialogue for this forum. As stated earlier, few notes were captured for this forum.

Humboldt County (Eureka), July 8, 2010

The Eureka Community Forum was the first forum where the CFLC employed concerted community outreach to get invitations and flyers out to the community to encourage attendance at the forum. The CFLC made contact with the county mental health staff and many community organizations who had participated in past MHSA planning efforts for the Community Services and Supports component and the Prevention and Early Intervention component in the county. In addition, the MHSOAC Communications Unit produced artistic flyers and public letters of invitation to the Community Forums and these were distributed to the community in advance of the forum. As a result of this outreach, over 80 members of the Humboldt County community attended the Eureka Community Forum.

At the Eureka Community Forum, the format for the remainder of the 2010 Community Forums began to gel. The beginning of the forum was comprised of community presentations followed by community discussion of CFLC questions related to the progress of the MHSA in the local community. In Eureka, the director of the Humboldt County Department of Health and Human Services, Philip Crandall, gave a welcome to Humboldt County and to their MHSA programs. Crandall was followed by the County Mental Health Director, Karolyn Stein, who described the demographics of the county and some of the mental health programs.

The additional presenters included:

- Rochelle Trochtenberg and Helen Weaver, representing the Humboldt County Transition Age Youth Collaboration. Trochtenberg and Weaver spoke on the needs of Transition Age Youth in Humboldt County.
- Susan Hoffman, staff facilitator, discussed some of the programs of the Hope wellness center.
- Client advocate Rob Chittenden talked about client advocacy.

- Jerome Simone of the United Indian Health Center (UIHC) spoke on some of the UIHC programs that do not receive MHSA funding.
- Thom Dewey, Chief of Police at Humboldt State University (HSU) discussed HSU's need for increased resources to address its mental health challenges. Dewey also spoke about the use of crisis intervention training for police officers.

CFLC Chair, Commissioner Eduardo Vega, described his mental health employment background and other CFLC members described their connection to mental health. Commissioner Vega asked for community feedback on CFLC-produced forum questions. The community feedback included a discussion of MHSA values. Many community members spoke and described their own connection to mental health and how the MHSA had impacted their lives.

The comments from the Humboldt community were generally positive about Humboldt County MHSA planning and programs and the MHSA's impact on individuals and the community. However, at subsequent CFLC regular business meetings, some committee members wondered if the presence of the Humboldt County mental health staff at the Eureka forum encouraged individuals to focus on positive comments about county programs. Chair Vega addressed this issue at the following Salinas forum.

Monterey County (Salinas), September 22, 2010

At the Salinas Community Forum, the structure of the forum progressed such that the CFLC received community program presentations around 1:00 pm and the Community Forum itself began at 4:00 pm. Chair Vega's intent was to have some separation between the community program presentations and the forum so that forum attendees would feel more secure in making their comments in public. The community program presenters during the regular business meeting in Salinas were:

- Juan Uranga, Executive Director, Center for Community Advocacy who spoke about his peer to peer program.
- John Bechtel, Staff Member of the Omni Center, who described his experience as a client and his work at the Omni Center.
- Barbara Mitchell, Executive Director of Interim, Inc. who discussed the Sunflower Gardens Housing Project.
- Dana Edgull, staff to the Avanza TAY Project, who introduced a Transition Aged Youth named Violet who spoke about her mentoring experience with Avanza.
- Mel Mason, executive director, the Village Project, who talked about his experience as the primary therapist to this project that serves primarily the African American community.

All of these community programs receive MHSA funds.

As previously stated, the Community Forum began after the regular business of the CFLC. It is noteworthy that this was the first community forum where the MHSOAC provided interpreter services to the attendees—Spanish in this case. Speakers were not identified in the summary notes produced by staff in order to provide some anonymity, if the speakers chose to omit stating their names. The CFLC asked previously developed questions of the community forum audience.[3] These questions had been developed for the Los Angeles Community Forum. These questions were also made available to the audience in printed form for written comments. In order to read the summary of the forum dialogue, please see the attached Community Forum Summary from Salinas.[4]

Some of the comments from the Salinas forum are noteworthy. Some speakers were from Monterey County and several had traveled from other counties in order to participate in the forum. Participants from Monterey County included one speaker who commented on an increased awareness of the word "recovery" and another speaker who commented on the increase in the county mental health staff getting out into the community. Several speakers, who were critical of county services, had their concerns addressed by members of the Monterey Mental Health Commission who attended the forum. For some of the speakers not from Monterey County, the issue arose of who would address their concerns. Some members of the CFLC offered to refer attendees for individual issue resolution.

Los Angeles County (Long Beach), October 27, 2010

At the Long Beach Community Forum, the CFLC followed the structure of the meeting at Salinas where the community made program presentations at the regular business meeting of the CFLC, which were followed later in the afternoon by a separate Community Forum. The following presenters made community program presentations at Long Beach:

- Gita Cugley and Allison Foster spoke representing the Children's MHSA Program of Los Angeles.
- Joe Ruiz spoke representing The Village, training director of Mental Health America, Los Angeles.
- John Lewis and John Czernak spoke representing the Long Beach Wellness Center.
- Dr. Terry Gock spoke representing the Asian Pacific Family Center.
- Keris Myrick, President and CEO of Project Return Peer Support Network, spoke.

[3] See attachment 1.
[4] See attachment 2.

The comments at the Long Beach forum ranged widely and were divided between positive and critical comments. Some individuals spoke about the MHSA, but most spoke about their particular experience with the mental health system. A parent of two boys with psychiatric illness commented that MHSA plans are not inclusive. Another comment was made that input from parents of schoolchildren is lacking in MHSA planning. Lastly, a comment was made that transformation has not worked for the working poor. Some people spoke about their lack of knowledge about the MHSA and this phenomenon led Chair Vega to repeat an earlier comment that the Community Forums are an opportunity to educate the public about the programs of the MHSA. In addition to these comments, a county mental health official spoke about the views of people in the community about the MHSA. A CFLC member later expressed concern about a county mental health official speaking about the perspective of the community.

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Attachment 1

Mental Health Services Oversight and Accountability Commission (MHSOAC)

Community Forum Discussion Questions for the Public

NOTE: The following are the questions the MHSOAC Community Forum Workgroup will be presenting to community stakeholder partners in our open forum discussions. If you would like to answer these questions in writing there are survey documents available that you may complete and give to MHSOAC staff or use for your own notes.

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** 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 avoid the worst outcomes of illness, like repeatedly going to jail 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.

Attachment 1

Question 1:

Do you feel that the values described above have been incorporated into your MHSA-funded plans and programs at the county level? Please explain.

Question 2:

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

Question 3:

Were you provided with an opportunity to participate in the MHSA planning process?

Question 4:

Did you feel valued and supported in your participation and was your feedback acknowledged? Please explain.

Question 5:

Do/did you see your planning input reflected in the final MHSA program implementation? Please explain.

Question 6:

Has the implementation of MHSA plans changed older or existing programs in your area? How?

Question 7:

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

Question 8:

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

Question 9:

Is there anything else you would like us to know about your experience as a stakeholder in the MHSA process?

Attachment 2

CLIENT AND FAMILY LEADERSHIP COMMITTEE
Community Forum Summary
September 22, 2010
4:00 PM to 6:00 PM
The National Steinbeck Center
One Main Street
Salinas, CA 93901
(831) 796-3833

CFLC Members Present:	**MHSOAC Staff Present:**
Eduardo Vega, Chair Khatera Aslami Donna Barry Richard Krzyzanowski Darlene Prettyman Jorge Wong **Members on Phone:** David Weikel Cheryl Maxson **Members Not Present:** Jamy Garcia Carmen Diaz Cynthia Gill Shannon Jaccard Sally Zinman Tracy Love	Sherri Gauger Dee Lemonds Matt Lieberman Norma Pate Filomena Yeroshek Beverly Whitcomb
Others Present: (Names of participants not listed for anonymity purposes)	

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Community Forum

Chair Eduardo Vega convened the Community Forum at 4:05 pm. Chair Vega offered the services of a Spanish interpreter to the audience.

Chair Vega spoke about the intent of the Committee to make the forum a feedback mechanism on the MHSA to the Client and Family Leadership Committee (CFLC) and the MHSOAC. Vega spoke about providing confidentiality to speakers at the Community Forum by not identifying speakers in the minutes.

The Committee asked questions of the audience regarding the MHSA. One speaker, not from Monterey County, spoke about her county plans and stated that clients' views were not adequately incorporated in her county's plans.

One speaker, not from Monterey County, commented that his psychiatrist did not collaborate with him on MHSA goals.

A question was asked about whether county plans were culturally competent. A speaker stated he thought services in Monterey County did not match the demographics of the county.

Another question focused on transformation. A speaker, not from Monterey County, discussed the progress of wellness and recovery model in his county.

An individual spoke of her experience with MHSA services and noted many complaints. She commented on her experience with discrimination. She discussed her experience with mental health groups and community centers. She stated that she wanted to be treated better. Jorge Wong asked this speaker about the grievance process in her county. The speaker discussed her experience with filing grievances in Monterey County.

Another speaker asked about finding mental health services for youth in Sacramento County.

A speaker, not from Monterey County, spoke about the consumer liaison grievance process in her county and was very positive about her county's process.

A speaker, not from Monterey County, spoke about cultural diversity in mental health services in her county.

CFLC member Richard Krzyzanowski asked a patient rights advocate about whether the MHSA had helped patients' rights advocacy. The advocate stated the MHSA was linked to the wellness and recovery model and this was positive.

One individual spoke about her experience losing friends to suicide and about her experience working for a county, not Monterey County. She described being shifted to an uninsured clinic from other prior services; she had been happy with her prior services. CFLC member Darlene Prettyman described her experience with a shift in services for a family member from one provider to another.

A speaker, not from Monterey County, described his experience as a peer mentor. He spoke about problems with receiving referrals from doctors.

Chair Vega discussed the process of individual issue resolution versus the making of broad policy direction. CFLC member Donna Barry offered to make referrals for individual issue resolution.

One speaker, not from Monterey County, discussed her negative experience with board and care service for her son.

One member of the Monterey County Mental Health Commission commented on stigma and discrimination information from "CIS" (California database) and the lack of data on the LGBTQ community. Commissioner Van Horn stated this information is not in anyone's data section.

Another member of the Monterey County Mental Health Commission stated Monterey County would be addressing an earlier speaker's complaints.

CFLC member Darlene Prettyman asked if the audience's input into MHSA plans were reflected in the plans. Monterey County officials commented on their planning process.

A CFLC member asked about the impact of the MHSA on older MHSA programs. More discussion followed on board and care program problems with Darlene Prettyman and a speaker. Chair Vega commented on the status of the MHSA Housing Fund.

Chair Vega asked what has been the biggest change the MHSA has brought to the Monterey County area. One speaker commented on an increased awareness of the word "recovery". Another speaker commented on the county mental health staff getting out into the community. Another speaker commented on increased opportunities for college students to study in the mental health field at Cal State Monterey Bay. One individual spoke about his experience with bipolar disorder. One individual spoke about improvements in TAY programs in the Monterey area.

Chair Vega commented on representation of different California regions and groups on the CFLC and also discussed the Community Forum report due in early 2011.

Chair Vega adjourned the meeting at 6:00 pm.