

MHSOAC
Mental Health Services Oversight and Accountability Commission

**Mental Health Services
Oversight and Accountability Commission
(MHSOAC)**

Community Forum Introduction

**December 8, 2011
Modesto**

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MHSOAC
Mental Health Services Oversight and Accountability Commission

**Who Are We, Why Are We Here, and
What Can We Do For You?**

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BACKGROUND

- Proposition 63 was a ballot initiative passed by California voters in 2004.
- Proposition 63 proposed a 1% tax on individuals whose taxable income is over \$1 million.
- Proposition 63 established into law the Mental Health Services Act known as the MHSA.
- The MHSA created the Mental Health Services Oversight and Accountability Commission (MHSOAC) to oversee and account for the implementation of MHSA programs and expenditure of MHSA dollars.
- The MHSOAC, or the Commission, is sponsoring the Community Forum here today and other Forums across California.

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Who Are We?

- The MHSOAC has established five committees to provide input and guidance on various issues of interest to the Commission.
- Two of those committees are the:
Client and Family Leadership Committee (CFLC)
Cultural and Linguistic Competence Committee (CLCC)
- These two committees formed a Workgroup to plan and facilitate Community Forum events each year.
- The folks you see here today wearing different colored name tags are:
 1. Members of the Community Forum Workgroup
 2. Commissioners
 3. Staff to the MHSOAC

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Who Are We? (contd.)

- Commissioners here today are Chairs or Co-Chairs of the CFLC or CLCC and the Community Forum Workgroup. Their role here today is to represent the Commission, hear directly from you, and introduce the Forum.
- Members of the Community Forum Workgroup have planned the Forum event today. Their role is to facilitate the discussion groups at today's Forum.
- MHSOAC staff here today work for the CFLC, CLCC and the Community Forum Workgroup. Their role is to help facilitate the Forum, take notes during the discussion, and answer any of your questions.

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Why Are We Here Today?

The Commission is sponsoring Community Forums around the state to meet the following goals:

1. Provide opportunities for the Mental Health Services Oversight and Accountability Commission (MHSOAC) to hear firsthand from clients, family members and other stakeholders about their experience with the Mental Health Service Act (MHSA) in local communities throughout California including what is working and what are the challenges.
2. Gather and collect information and stories, positive or negative, about the local experience and impact of the MHSA. (Including stories from those generally un-served and underserved populations such as racial, ethnic and cultural groups [i.e., veterans, LGBT, TAY, Older Adults], parents and caregivers, and persons across the life span.)

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Mental Health Services Act
 California Statewide Community Forum

Why Are We Here? (contd.)

3. Expand public awareness and education about Proposition 63, the Mental Health Services Act (MHSA) and the MHSOAC.
4. Expand the visibility of the MHSOAC by holding community forums throughout California, including areas of the state where the Commission does not usually meet.
5. The information gathered at Community Forums will be analyzed, summarized and reported annually to the Commission to shape the development of future policy direction.

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Mental Health Services Act
 California Statewide Community Forum

Why Are We Here? (contd.)

In Summary:

- We want to hear from you - your stories and experiences with mental health and Prop. 63, whether positive or negative.
- Your input will assist the Commission with its responsibilities that include:
 1. ensuring that MHSA funds are spent in the most cost effective manner;
 2. evaluating outcomes for clients and the mental health system;
 3. providing technical assistance to counties as needed;
 4. developing strategies for overcoming stigma and discrimination;
 5. and advising the Governor and Legislature on ways to improve care and services for persons with mental illness.

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 California Statewide Community Forum

What Can We Do For You?

- We have invited members of your local Mental Health Boards and Commissions to this Forum to serve as problem solving resources for you.
- Although county mental health staff and contract providers at today's Forum will not be in the same discussion groups as clients, family members and peer partners, they will hear a summary of your comments, both positive and negative, at the end of today's discussion.
- Although the MHSOAC may not be able to help you specifically with your problem or issue, sharing your experiences will assist the MHSOAC in providing technical assistance to counties.
- Your "anonymous" comments will be included in a summary report of this Community Forum and in the annual Community Forum report to the Commission.

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What Can We Do For You? (contd.)

- Each County and the State Department of Mental Health (DMH) have processes to resolve issues or complaints you may have.
- Individuals should utilize the county issue resolution process as the first step.
- If you have an issue that you want to bring to the attention of the State Department of Mental Health your contact is:

Sean Tracy*
 Sean.Tracy@dmh.ca.gov
 Phone: (916) 651-1281
 FAX: (916) 654-3198
 Address: Department of Mental Health
 1600 9th Street
 Sacramento, CA 95814

* Because DMH contact information is subject to change, if you need updated contact information you may contact the MHSOAC.



BACKGROUND on the MHSA

Purpose of the MHSA:

1. Define serious mental illness among children, adults and older adults as a condition deserving priority attention.

This means:
The authors of the MHSA, and the voters who supported Proposition 63 acknowledged and agreed that serious mental health challenges and conditions deserve priority attention.

2. Reduce the long-term negative effects on individuals, families and state and local budgets that result when mental health issues are not addressed or treated.

This means:
If mental health issues are not addressed or treated there are long lasting negative effects on individuals and families as well as costs to state and local government.



BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

3. Create increased funding for new local programs modeled after programs with proven results for individuals and cost effective results for communities.

This means:
Provide money for new community programs modeled after programs that have proven results for the persons they serve and cost effective results for their communities – such as reductions in hospitalization and jail days.

4. Provide state and local funds to adequately meet the needs of all children and adults identified and enrolled in MHSA programs.

This means:
Provide money to meet the basic needs of all children and adults enrolled in MHSA programs and services.

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BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

5. To ensure that funds are spent cost effectively and services are consistent with recommended "best-practice".

This means:
Make sure that money is spent efficiently and effectively and that services are based on programs that provide the best services and produce the best results for the persons they serve.

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BACKGROUND on the MHSA (contd.)

Purpose of the MHSA (contd.):

6. Invest new MHSA funds in Prevention and Early Intervention (PEI) rather than institutionalization and incarceration to save taxpayer dollars.

This means:
Invest MHSA dollars in services that may prevent negative and costly outcomes such as:

<i>hospitalization</i>	<i>homelessness</i>
<i>jail time</i>	<i>suicide</i>
<i>removal of children from their home</i>	<i>unemployment</i>
<i>school failure or dropout</i>	<i>prolonged suffering</i>

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BACKGROUND on the MHSA (contd.)

Core Values of the MHSA:

- Community Collaboration
- Cultural and Linguistic Competence
- Client and Family Driven
- Wellness, Recovery and Resiliency Focused
- Integrated Service Experiences
- Co-Occurring Disabilities Competency (adopted by MHSOAC)

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BACKGROUND on the MHSOAC (contd.)

Components of the MHSOAC:

The MHSOAC was intended to provide a comprehensive approach to the development of community based mental health services, supports and systems for the residents of California. To accomplish this they included funding and direction in the MHSOAC for five components as follows:

- Community Services and Supports (CSS)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Prevention and Early Intervention (PEI)
- Innovation (INN)

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BACKGROUND on the MHSOAC (contd.)

Community Program Planning

- The MHSOAC provided additional direction about local, MHSOAC Community Program Planning (CPP).
- The purpose of Community Program Planning is to provide a structure and process Counties can use, in partnership with their stakeholders, to determine how best to utilize funds that will become available for MHSOAC components.
- Clients and family members including those from un-served and underserved populations are expected to participate in local community program planning processes.

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BACKGROUND on the MHSOAC (contd.)

Community Services and Supports (contd.)

CSS dollars fund programs, services and supports designed to serve adults with serious mental illness and children/youth (and their families) with serious emotional disturbances.

CSS provides funding for the following service categories:

- Outreach and Engagement (O&E)
- General System Development (GSD)
- Full Service Partnerships (FSPs)
- CSS Housing Program

CSS offers services for four defined age groups:

- Children and Youth
- Transitional Age Youth (16-25)
- Adults
- Older Adults

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BACKGROUND on the MHSA (contd.)

Community Services and Supports (contd.)

Outreach and Engagement provides for special activities needed to reach un-served and underserved populations including various racial, ethnic and cultural groups.

The goal of Outreach and Engagement is to:

1. Reach out to individuals and groups who are not being served and encourage them to participate in mental health programs.
2. Eliminate the inequalities or disparities in access and service by understanding and responding to ethnic and cultural values and beliefs as well as linguistic needs necessary to expanding access to un-served and underserved groups and developing programs that specifically meet their needs.



BACKGROUND on the MHSA (contd.)

Community Services and Supports (contd.)

General System Development funds are used to improve services and infrastructure for the entire local mental health system.

Examples of General System Development programs include:

1. Wellness/Recovery/Drop-in Centers
2. Housing supports



BACKGROUND on the MHSA (contd.)

Community Services and Supports (contd.)

Full Service Partnership programs were based on model programs throughout California that had proven their effectiveness through the collection and documentation of improved life outcomes for the persons served and improved system outcomes.

FSP Programs are intended to:

1. Provide services to persons from all age groups who may have multiple life challenges including mental illness or emotional disturbance.
2. Provide not only mental health services but coordinate and/or deliver other comprehensive services necessary to promote recovery including services to address: physical health, mental health, housing, school, co-occurring substance use, employment and social connections.
3. Collect and report outcomes for each person served in an FSP program including but not limited to: outcomes for housing, physical health, school performance, substance use and employment.

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Affordable Housing and Community Stabilization

BACKGROUND on the MHSA (contd.)

Community Services and Supports (contd.)

The **CSS Housing Program** provides funding to local communities to build and/or rehabilitate affordable housing units for persons receiving mental health services.

CSS Housing:

1. Provides funding for the capital costs and operating subsidies to develop "permanent supportive housing" for persons with serious mental illness who are homeless, or at risk of homelessness, and who meet the MHSA Housing Program target population criteria.
2. Supportive housing means housing with no limit on length of stay that is tied to on-site or off-site services.
3. CSS Housing Services must:
 - help the tenant retain the housing,
 - support recovery and resiliency, and
 - maximize the ability to live and work in the community.

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Affordable Housing and Community Stabilization

BACKGROUND on the MHSA (contd.)

Prevention and Early Intervention (PEI)

Prevention and Early Intervention programs are intended to prevent mental illness from becoming severe and disabling and costly to individuals, families, communities and the State.

PEI programs are intended to:

1. Improve access to mental health services for persons un-served and underserved and reduce the negative effects of untreated mental illness such as suicide, homelessness, incarceration, school failure or drop out, removal of children or older adults from their homes, prolonged suffering and unemployment.
2. Facilitate accessing support at the earliest possible signs of mental health problems and concerns.
3. Build local capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations).

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Affordable Housing and Community Stabilization

BACKGROUND on the MHSA (contd.)

Prevention and Early Intervention (contd.)

- **MHSA Prevention programs** occur prior to diagnosis of mental illness.
- **MHSA Early Intervention programs** provide low or high-intensity, short-duration approaches to improve mental health problems early in their manifestation.

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BACKGROUND on the MHSA (contd.)

Innovation (INN)

Innovation Programs are intended to increase access to un-served and underserved groups, increase the quality of services including better outcomes, promote interagency collaboration and increase access to services.

Innovation Programs:

1. Introduce new mental health practices/approaches, including prevention and early intervention, that have never been done before.
2. Innovations are defined as novel, creative and/or ingenious mental health practices that are expected to contribute to learning and are developed through a process that is inclusive and representative especially of un-served and underserved population groups.
3. Allow counties the opportunity to "tryout" new approaches that can inform current and future mental health practices/approaches.

BACKGROUND on the MHSA (contd.)

Workforce Education and Training (WET)

Workforce Education and Training programs are intended to develop sufficient qualified individuals for the mental health workforce by:

- Promoting cultural competency in all aspects of education and training program design
- Expanding the capacity of Postsecondary Education including career pathway development
- Developing and providing financial incentives: loan forgiveness, stipends, and 20/20 programs
- Promoting and expanding the employment of clients and family members in the mental health system
- Advancing training for incoming and existing staff through competency-based curricula and inclusion of cross-cultural perspectives
- Promote regional and statewide strategies

BACKGROUND on the MHSA (contd.)

Capital Facilities and Technology (CFTN)

Capital Facilities and Technology funds are intended to:

1. Support the technological needs and capital facilities necessary to providing services.
2. Fund community based facilities which support integrated service experiences that are culturally and linguistically appropriate. This includes the development of a variety of technology uses and strategies to expand opportunities to clients, their families and underserved groups.

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BACKGROUND on the MHSA (contd.)

We have now reviewed local Community Program Planning and the five MHSA components that include:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technology (CFTN)

What we want to focus on in today's discussion are your experiences with mental health services, particularly CPP, CSS (including CSS Housing Programs), PEI and/or INN services funded with MHSA dollars.

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Just a Few More Things

- As mentioned in the introductory comments – we want to preserve your anonymity in this process today. You do not have to give your name at any time unless you choose to do so.
- Our intent is that the smaller discussion groups promote a safe space for you to share your experiences.
- In the break-out groups you will receive a set of questions. We encourage you to discuss the questions in your group and fill out the questionnaire in writing. You may hand in your questionnaire to your discussion group leaders or any staff person.
- If you do identify yourself by name, that information will not appear in any report written about these Community Forums.

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Review Meeting Packets

Let's take a look at your meeting packet for today. In the packet you should find:

1. Agenda for Today's Community Forum
2. Community Forum Goals
3. Power Point Presented Re: MHSA and MHSOAC Background
4. Two-sided Fact Sheet summarizing information in the Power Point (Includes MHSOAC Contact Information.)
5. MHSA programs in Stanislaus County
6. Stanislaus Community Resource List
7. Stanislaus County Community Contacts

Please note that a copy of the Power Point presented today will be posted online at the MHSOAC website – www.mhsoac.ca.gov on the day of the Forum.

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Breaking Into Discussion Groups

We are now going to break into our discussion groups.

We will need your help to move chairs into discussion circles.

Depending on how many participants are here today we are hoping to limit each circle to 15 or 20 persons.

We want to organize two types of discussion groups:

1. Groups for clients, family members, including caregivers, and peer providers.
2. Groups for county staff and contract providers

Following the discussion groups each group will summarize their discussion for the entire audience.

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Timeline for Today

3:00 PM – Welcome and Introductions

3:15 PM – Review Background of MHSA and MHSOAC
(PowerPoint)

3:45 PM – Begin Breakout Discussion Groups

5:00 PM – Fill Out Written Questionnaire

5:15 PM – Break

5:30 PM – Report-Out from Breakout Groups

6:00 PM – Open Comment Period

6:20 PM – Closing Remarks

6:00 PM - Adjourn

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