

Client and Family Leadership Committee (CFLC): 2014 Annual Community Forum Report

Introduction

This report complies with the Client and Family Leadership Committee's (CFLC) 2014 Charter requirement to provide an annual report to the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission) on the Mental Health Services Act (MHSA) Community Forums. This report is focused on the MHSA Community Forums that were conducted from February through August 2014 and held in:

- East Bay Area (Emeryville—February 20, 2014)
- Superior California (Redding—May 29, 2014)
- Eastern Sierra (Mammoth Lakes—August 7, 2014)

As organized, this MHSA Community Forum Report:

- Provides an introduction;
- Identifies findings of positive feedback;
- Identifies service challenge themes;
- Discusses the Issue Resolution Process;
- Identifies recommendations to the Commission; and,
- Provides a map of previously held Community Forums in Appendix 1.
- (Appendix 1 will be available as a handout at the Commission meeting on September 30, 2014)

Based on the success of MHSA Community Forums held in 2010, the 2011 committee charters for the CFLC and the Cultural and Linguistic Competence Committee (CLCC) included activities focused on conducting quarterly Community Forums in 2011. To better organize, plan and conduct future forums, the Commission established a Community Forum Workgroup with four members each from the CFLC and CLCC, and two additional alternates from each committee. As intended, the Workgroup continues to provide a dedicated focus on MHSA Community Forums and assists with planning, outreach, and facilitation of the forums.

In 2014, the MHSOAC held forums in Alameda County (Emeryville), Shasta County (Redding), and Mono County (Mammoth Lakes). This forum report is based on the results of the three 2014 forums.

Goals

The goals for MHSAC Community Forums continued in 2014 as follows:

1. Provide opportunities for the MHSAC to hear firsthand from clients, family members and other stakeholders about their experience with the MHSAC in local communities throughout California, including what is working and what are the challenges.
2. Expand public awareness and education about the MHSAC and the MHSAC.
3. Gather and collect information and stories, positive or negative, about the local experience and impact of the MHSAC.
4. Expand the visibility of the MHSAC 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.

Attendance at Recent Forums

Attendance at the 2014 Community Forums has totaled over 386 participants. In all of the forums to date, close to 2,000 individuals have participated. The 386 participants during the past year have included 275 in Emeryville, 86 in Redding, and 25 in Mammoth Lakes.

The following counties and the City of Berkeley were represented at the past three forums:

<u>East Bay Area Forum</u>	<u>Attendance</u>
<ul style="list-style-type: none"> • Alameda County (host) • City of Berkeley (host) • Contra Costa County (host) • Marin County • Napa County • Orange County • San Francisco County • Sonoma County • Ventura County 	275
<u>Superior California Forum</u>	<u>Attendance</u>
<ul style="list-style-type: none"> • Shasta County (host) 	86

- Alameda County
- Glenn County
- Lassen County
- Modoc County
- Siskiyou County
- Solano County
- Trinity County

Eastern Sierra Forum

- Mono County (host)
- Inyo County (host)
- Alameda County
- Sacramento County

Attendance

25

Findings

Positive Feedback from the Forums

The 2014 Community Forum communities provided positive feedback about mental health services and reported mental health challenges. The positive feedback was centered on comments in favor of peer support, Wellness Centers, and stigma reduction. Challenges were noted in the areas of cultural competence, housing shortages, and client outreach.

Again this year, the most frequent comment about service strategies that have produced the best results and outcomes was the use of peer providers. Many participants from the forums in Emeryville, Redding, and Mammoth Lakes commented in favor of peer-based support. These positive comments were not limited to urban or rural communities but applied to all communities. Clients in Emeryville commented in favor of peer support groups, peer education for health and mental health, and peer led wellness activities. In Redding, county staff stated that hiring peers had positively changed how the County operates. In Mammoth, county staff noted that peer employment had been positive while client and family members stated that more peer support was needed, particularly in the hospitals.

The Emeryville and Redding forum participants listed the duties of the peer providers as including: peer support; mentorship; group facilitation; driving clients to appointments; counseling seniors; providing information and referral, client advocacy, peer referrals at the drop-in center; support to families of children with disabilities, special education, support groups, trainings, systems advocacy (Supplemental Security Income (SSI), Medi-Cal, In-Home Supportive Services (IHSS), etc.); promoting client employment; answering phone calls; supporting family members; greeting clients; and acting as patients rights advocates.

There were also very positive comments regarding the establishment of Wellness Centers with MHSA funds. These comments were made specifically at the Redding and Mammoth Forums. Although Wellness Centers were not mentioned at the

Emeryville Forum, participants at Forums in other urban areas of California have consistently identified Wellness Centers as very successful.

In Redding, the clients, parents and transition age youth (TAY) discussion groups all made positive comments about the Wellness Centers. The Redding client group put Wellness Centers at the top of their positive themes during their group report out from the discussion group. The parent group identified the Wellness Center as their second positive theme during their report out. The TAY group reported that non-clinical welcoming environments, such as Wellness Centers and Drop-in Centers, were among the top positive highlights in their communities.

In Mammoth, the client/family member group and the parent group spoke favorably about the Wellness Centers in Mono and Inyo counties. They identified the Wellness Centers among their three positive themes at group report out. In the parent group, the parents of minor children reported that the Wellness Center had been the most helpful to them and had been a source of employment for one parent. The Bishop Wellness Center in Inyo County was clearly established as a community center for the mental health community; several clients and staff members attended the forum as a result of their association with the Wellness Center.

The third area of positive feedback was a repeat from the 2012-13 Annual Forum Report (included one 2012 forum), having to do with stigma reduction. Progress was reported in stigma reduction in all three 2014 forum communities. At the same time, stigma was also reported as a continued challenge in these communities. At the Emeryville Forum, peers reported that their duties include reducing stigma. They made positive comments about efforts to reduce stigma for individuals who have attempted suicide. In Redding and Mammoth, clients and family members reported stigma reduction as a positive change in their communities. Stigma was also viewed as a challenge by TAY in Emeryville as they reported the challenge of stigma for those applying for jobs. In Redding and Mammoth, parents affirmed the challenge stigma poses for the mental health community.

Other positive comments from the forums are summarized below. In Emeryville, there were favorable comments about:

- Mentor Discharge Program
- Drug Courts are providing better justice
- Increased consumer employment and retention
- Innovation programs help introduce immigrants and refugees to MHSA programs and services
- Entire mental health system has significantly embraced the values of the MHSA

In Redding, positive input included suggestions from participants regarding successful service strategies such as:

- Success treating co-occurring disorders
- Circle of Friends (Peer support program)

- Triple P Parenting (Positive parenting program)
- School based counseling program
- Brave Faces (Stigma reduction program)

In Mammoth, participants made positive statements regarding:

- Home visits by social workers from County Mental Health
- Full Service Partnerships
- “Peapod” program which provides weekly parent-child playgroups in rural towns in Mono County
- Consumer-run support and activity groups at the Wellness Centers
- Utilizing county Spanish Speaking therapist

Service Challenge Themes Consistently Reported from the Forums

The service challenges identified at the Forums this year were consistent among all three forums and included: 1) the need for improved Cultural Competence; 2) the need for more housing; and 3) the need for improved client and community outreach. Cultural Competence has been a recurring issue at the community forums for a few years. This year was no exception with forum participants in Emeryville, Redding, and Mammoth. Participants described at the 2014 Community Forums the need for improved cultural competence among service providers. In Emeryville, contract providers reported a need for more bilingual and bicultural staff for the Asian/Pacific Islander community. In addition to staffing the forum, MHSOAC staff and Commissioner Nelson made a site visit to the Asian Community Mental Health Services offices in Oakland the day before the forum and received feedback about the need for more providers to address the needs of racial, ethnic and cultural communities. Also in Emeryville, the Spanish speaking group commented that doctors and other service providers need to be more culturally competent. In Redding, clients and family members stated the need for more cultural competence in county meetings. Peers said one of the biggest challenges was the need for more Spanish speaking providers. TAY also identified increased cultural competence as an ongoing need. In Mammoth, County Staff and Contract providers reported that it was hard to engage the Native American community in Inyo County and TAY stated that one of the community challenges was the need for more information translated in Spanish.

A second common theme reported at the forums was the shortage of housing in all three forum communities. In Emeryville, clients suggested that services would improve with more MHSA funded housing. Parents also indicated that services to help engage people should include the provision of housing. In Redding, clients, peers, and county staff all made comments detailing a housing shortage and requested more housing resources. Clients were particularly interested in receiving safe housing and they noted that many of their peers remain homeless in the community. County staff identified housing and access to funds as their first concern in their group report out. County staff recommended solutions such as crisis residential programs, board and care facilities, and temporary housing assistance. In Mammoth, the client and family member group reported that more housing is needed in Mono County. In addition, strategies for

engagement included providing amenities such as laundry, showers, and cooking facilities. County staff stated that there is not enough housing in their area and existing housing is too expensive.

Lastly, all three forums reported challenges with outreach to clients including those from un-served and underserved communities. Educating clients and communities about MHSA services has been a challenge for years, as evidenced by consistent Community Forum feedback. The Annual Forum Report in 2013 identified this issue, which remains a top challenge. Clients, family members, and parents all reported on this issue at the Emeryville Community Forum. Parents suggested a possible solution is reaching out to clients where they are: the streets, the Wellness Centers, and schools. Clients suggested offering more sincerity in approaching individuals to engage in services. In Redding, the Parent Group cited the need for more education for parents, kids, and teachers about mental health services and issues. Clients and family members suggested using social media and college mental health providers in reaching out to clients. In Mammoth, Clients and Family members, parents, TAY, and County Staff all noted the need for better outreach. As in past years, many individuals indicated that their communities are unaware of MHSA services offered in their area.

The three service challenges identified this year—cultural competence, housing, and outreach—have all come up in past Forums. These themes are included in this report because they were the most consistently noted in all three 2014 forums. There are some differences between the challenges of rural and urban communities. For example, travel time and transportation is an even greater challenge for rural communities, as noted at the Redding Forum. Having sufficient mental health providers in rural communities is an even greater challenge than in urban communities, as observed in Redding and Mammoth. Overall we have found that rural and urban communities have many common challenges when it comes to providing mental health services.

Other Workgroup Concern

In last year's Community Forum Report, we stated that while the participation of stakeholders and the general success of the MHSA Community Forums have continued to increase, there continues to be a need to determine what strategies the MHSAOAC uses to respond to specific concerns raised by forum participants and what resources are available for formal MHSA issue resolution. MHSAOAC staff have continued to invite representatives from the local mental health board or commission to each forum. These representatives are introduced to the audience as a resource for problem solving. Additionally, the introductory PowerPoint presented at the forums continues to identify both the individual county resolution process and the California Department of Health Care Services (DHCS) Issue Resolution Process (IRP) as resources for MHSA problem resolution. At the community forums in Emeryville, Redding and Mammoth, some participants did raise specific mental health service issues. MHSAOAC staff has encouraged county staff to be available to address specific concerns that are raised. An effective Issue Resolution Process at the state level continues to be a challenge.

Recommendations to the Commission

1. The Commission should direct staff to share information about the positive impact of MHSA services and the service challenges identified at MHSA Community Forums directly with county mental health departments.

Themes to be shared with counties resulting from the 2014 MHSA Community Forums will include:

- Peer services continue to be reported as one of the most effective services since the implementation of the MHSA.
 - Wellness Centers are consistently identified as successful in meeting client needs around the state and are deserving of continued support.
 - The need to increase and improve services that are culturally competent and relevant for persons from un-served and underserved racial, ethnic and cultural groups.
 - The need for increased housing to augment services for clients and particularly homeless individuals living with mental illness.
 - The need for increased services for outreach to clients and communities to educate them about MHSA services available.
 - The need to further develop stigma reduction programs in order to promote acceptance of individuals with mental health challenges.
 - The lack of transportation experienced by many mental health clients and their families that prevent them from accessing services.
2. The findings of this report will be shared with the MHSOAC Evaluation Unit to determine the feasibility of using the findings for possible future evaluations.
 3. The MHSOAC should discuss with counties and the California Department of Health Care Services (CDHCS), Mental Health Division, the necessity of an understandable and succinct Issue Resolution Process that is easily accessible for clients and/or their family members that need it.
 4. The MHSOAC should consider the recommendations included in the 2014 Annual Community Forum Report in the prioritization of activities for the 2015 Workplan.

Conclusion

With almost 2,000 individuals participating in the last 12 Community Forums, this effort has been the most significant outreach activity conducted by the Commission. Although most Forum participants were familiar with the MHSA, many were not. Even more individuals indicated they had not known anything about the Commission. Some individuals learned about the local MHSA community program planning process for the first time.

Although the Forums have been successful in attracting some individuals from racial, ethnic and cultural communities to participate, there is definite room for expanding efforts to engage these groups. There have been preliminary discussions about adding to the Community Forum outreach process by conducting focus groups with those typically un-served and underserved communities. This would involve organizing focus groups with specific racial, ethnic and cultural groups throughout California.

Overall, although some Forums have been more positive than others, Forum participants have been unanimously enthusiastic about participating and the opportunity provided to share their experiences in the mental health system with the Commission and other members of the mental health community. MHSA staff and Workgroup members that facilitate the Forums have forged positive relationships with both stakeholders and counties. The Community Forum Workgroup, on behalf of the Client and Family Leadership Committee and the Cultural and Linguistic Competence Committee, are honored to represent the Commission at these very meaningful events.

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Appendix 1

