



Summary Report
MHSOAC Community Forum – Solano County
Courtyard by Marriott Hotel, Fairfield – March 19, 2015

Summary

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Community Forum at the Courtyard by Marriott Hotel in Fairfield, California on March 19, 2015 from 3:00 PM – 6:30 PM. Overall, 153 individuals participated in this successful conference, including 126 participants from Solano, 11 from Napa, 7 from Sacramento, and 4 from Yolo County as well as a few individual participants from a few other counties.

MHSOAC staff introduced Commissioners Ralph Nelson and Khatera Aslami-Tamplen. Commissioner Nelson introduced the public officials and their representatives including: Erin Hannigan, Chairwoman of the Solano Board of Supervisors; Danny Bernardini, District Director for State Senator Lois Wolk; and Jennifer Barton, Field Representative for Assembly Member Jim Frazier.

Solano County Mental Health Director Halsey Simmons welcomed the audience to the Forum at the Courtyard Hotel. Commissioner Nelson followed by introducing MHSOAC's new Executive Director, Dr. Toby Ewing. Dr. Ewing also provided some words of welcome. He noted that Proposition 63 is groundbreaking legislation and that the MHSOAC was eager to hear from the community.

Following the introductions and comments, Esmeralda Liberato, a Solano County Mental Health Board Member and a volunteer at Circle of Friends Wellness Center, told her moving story of recovery. After Ms. Liberato's story, Commissioner Aslami-Tamplen delivered a PowerPoint with background on the Mental Health Services Act (MHSA) and the MHSOAC.

The Community Forum held the following break-out groups: 1) Clients, 2) Family, 3) Parents/Caregivers, 4) Peer Providers, 5) transition age youth (TAY), 6) County Staff, 7) Contract Providers, 8) Spanish Speakers, and 9) Public Officials/County Administrators. The discussion group members filled out MHSOAC questionnaires and engaged in fruitful dialogue about the progress and impact of the MHSA. Following the discussion groups, Solano County provided a welcome snack of sandwiches and cookies.

The forum proceeded to have a Report Out from the discussion groups with highlights of successes and challenges regarding MHSA programs and individual experiences. The Report Out offered individuals from the community the opportunity to stand and speak before the forum. Solano County was complimented for doing many things right in its provision of mental health services and it was challenged to do more.

Following the Report Out, the MHSOAC offered an Open Comment period, moderated by Commissioner Nelson. Several people discussed their individual challenges and county representatives listened carefully and offered assistance to those in need.

MHSOAC Executive Director Ewing offered a closing summary of what he had heard at the forum. He stated that there was a considerable amount of “passion for recovery” and “hope and trust” in the room. Dr. Ewing appreciated the input from people representing TAY to older adults. He noted that many had expressed hope for improvement in the mental health system. Dr. Ewing concluded by saying the MHSOAC needed to continue to go out to the public and listen to what the local communities have to say.

Attendance

The forum produced a large turnout; the attendance was over 150 participants. Most of the participants came from Solano County with some participants coming from Napa and Yolo Counties. A few participants came from other counties.

Accessibility

The MHSOAC provided interpreter services in Spanish and American Sign Language.

Information Gathered from Discussion Groups/Completed Questionnaires/Open Comment Session

The discussion group facilitators gave each participant a copy of the questions to be discussed and made fifteen minutes of quiet available for discussion group members to begin answering the questions in writing. Participants who chose to do so could continue filling out the questionnaire during the forum and then could deliver the documents to the MHSOAC staff. The facilitators collected a total of 62 written surveys from individual attendees. In addition to gathering information from questionnaires, note takers documented the content from individual discussion groups. For the most part, attendees at this Forum were well aware of the MHSA and Proposition 63. What follows is information gathered from the nine discussion groups, the questionnaires, the report out, and the open comment session.

Summary of Client Group Input (19 participants)

The Client Group had the following themes in their report out:

Positives

1. The Caminar provider is a good provider. People are happy with Caminar and specifically the Laurel Creek Transition Program.
2. County efforts for diversification regarding mental illness materials are not just for some but culturally competent for all.

Challenges

1. There is a difference between services offered in Vallejo and Fairfield.
2. There is a need for more doctors and quicker turn-around time from them.
3. The 60 day transition and follow-up support is not being engaged in appropriate ways.
 - a. Not culturally competent
 - b. Age relevant

Of the individuals who identified themselves as clients in their questionnaires, eleven reported that they had previous knowledge of Proposition 63 (MHSA) and eight noted that they had not heard of Proposition 63. Of the client respondents, sixteen reported that they or a family member were receiving mental health services and one stated that he/she or a family member were not receiving mental health services.

Clients made several suggestions regarding strategies, services, and supports to help engage people, including: engagement in church¹ (6); group therapy (2); more psychiatrists (2); all persons have to be honest; have consumer groups; peer support, culturally competent forms; Community Forums on particular topics such as depression, bi-polar disorder, and anxiety; pamphlets and posters such as those offered by provider Caminar; trust; stigma reduction; billboards; more doctor's appointments; dual recovery; more caregivers; lower co-pays for private payers; friendliness; supportiveness for clients; compassion; more community outreach; Facebook; Recovery Anonymous groups; mental health navigators; issue with UC students accessing care after graduation; and concern with website and stigma.

Client suggestions regarding the improvement of services included providing: shorter wait times which are 4-8 weeks, more early intervention, more flyers about forums, transitional housing, more stable assisted living houses, lower health care premiums, more LGBT groups known to the community, more help for LGBT individuals, earlier engagement for LGBT community, more case workers needed, the website needs improvement, more outreach from counties and eight individuals indicated they would not change anything about the services that receive.

Opportunities for clients included: staff from Wellness Center at The Circle of Friends, Caminar staff, bi-polar and depression groups run by the County, and cultural groups.

**Summary of Parent/Caregiver Group Input (Group Intended for Parents/Caregivers of Children/Youth)
(10 participants)**

The Parent Group reported out on the following top issues:

Positives

1. Solano County Children's Mental Health Case Workers are very good.
2. Parents know what they need to help their children.

Challenges

¹ Multiple comments on the same topic are listed in parentheses throughout the Summary Report.

1. Access—Outreach
2. No knowledge of MHSA planning process
3. Not enough school services
4. Parent/Caregiver respect

In their questionnaires, three parents stated they had heard of Proposition 63 and one parent stated that he/she had not heard of Proposition 63. Three parents stated they or a family member were receiving mental health services and one parent stated he/she or a family member were not receiving services.

Suggestions for strategies, services, and supports to help engage people included: home visits (2), community education, schools, educating families about available services, access through schools, and assisting with support/follow-up with services as child gets older.

The parents made no suggestions in their questionnaires regarding the improvement of services. One parent commented that “case managers are great.” The parents did note areas that needed improvement in the “challenges” section in their report out, listed above.

Summary of Family Member Group Input (Group Intended for Family Members of Adults) (10 participants)

The Family Group reported out the following:

Themes

1. Hearing more about mental illness.
2. Discussed NAMI and the fact they are getting money.
3. Not enough county services.
4. Even less services if not Medi-cal.
5. Can't find crisis stabilization services.
6. Lack of housing/programs.

Six Family Members wrote they had heard of Proposition 63. Four family members or members of their families reported they were currently receiving mental health services and one was not.

Suggestions for strategies, services, and supports to help engage people included: listening more to clients and less talking but still providing hope and feedback, finding a good therapist match for clients, providing peer support; providing holistic services (2), voluntary, and culturally competent services; NAMI programs, county support groups, work with local Community Based Organizations (CBO's) and community leaders who believe in the cause, acknowledge the value of stakeholder input; and providers need to provide more information on services.

Suggestions regarding the improvement of services included: use of harm reduction, do not insist clients go through unwanted procedures, do not treat clients with hostility or a superior attitude if they do not want to “comply” with certain directions, become trauma informed, treat clients and families with compassion, look to more than the “medical model” for treatment, take continuing education from a variety of sources, study the consumer movement, provide help

with physical health to individuals with mental health challenges, county just now starting Crisis Intervention Team (CIT) program, staff consistency is an issue.

Other comments included: there are a lack of psychiatric beds in Solano County. Housing is an issue. It is hard to get services in the county if not on Medi-Cal. The family advocate group was defunded. Shared housing options are not available. One suggested Innovation Program: try service to look out for adult children when aging parents are gone.

Summary of Peer Provider Input (19 participants)

At the Community Forum Report Out, the Peer Providers noted the following themes:

Positives

1. Stigma has been reduced for mentally ill.
2. Presence of contractors like Caminar has been positive.

Challenges

1. Lack of communication with all agencies.
2. Supported housing needed.

Peer providers reported on the various duties they perform including: office work, helping people with issues, running groups, directing services, directing programs, overseeing wellness and recovery program, peer contact, 'Ride with Pride' provider, training volunteer peer counselors, conducting intakes for consumers, providing oversight and supervision of peers, assisting with recovery and empowerment, preventing recidivism with hospitalization, referrals to Medi-Cal, and reducing stigma with groups.

The policies and strategies the peers identified that have produced positive outcomes included: providing prevention and intervention services to seniors age 60 and over, engaging patients quicker who are coming out of the hospital, referring Medi-Cal clients to peer services, providing information on available services, and providing outreach services.

When asked to describe the biggest changes in the mental health system since the implementation of the MHSA, peer responses included: more consumer involvement, bigger voice regarding recovery, broader continuum of services available, and more prevention and early intervention.

The biggest challenges identified by peers were: stigma (2), funding, limited services for seniors (especially homebound), limited services for LGBTQ seniors and the general LGBTQ community, lack of community services, and lost information leads to misdiagnosis.

If peers could change anything about MHSA services they would have: more mental health awareness, stigma reduction, more funding, more wellness and recovery, consolidation of services into a main contact for all mental health services, provide more outreach to the homebound elderly (especially to the 80 plus group) who do not normally have access to computers to research resources.

Summary of Contract Provider Input (19 participants)

Contract providers reported out on:

Positives

1. Increased collaboration
2. Stakeholder involvement/process (availability of peer support)
3. Focus on outcomes

Challenges

1. Waiting list for services
2. Lack of “training pipeline” for staff/psychiatrist
 - a. Non-competitive salaried/attractive career path
3. Lack of housing, especially transitional and respite housing
 - a. Particularly for youth and older adults
4. Unable to share information between agencies without MOU/ROI (due to HIPAA)

Contract providers indicated that some of the best policies and strategies for obtaining positive outcomes are: Full Service Partnerships (FSP’s) providing needed services (3), cultural competence outreach strategy, FSPs, TAY program at First Place for Youth has provided excellent results for clients, peer support positions, focus on PEI, stakeholder meetings, outcome measures, family partners, early identification and intervention services for youth with psychosis, integration of traditional services such as therapy with family and peer support, funding for services where both peer counselors and clinicians interact and work with clients, Wellness and Recovery Center in Vallejo, providing WRAP, DRA and social, educational support, interdisciplinary team for TAY has helped with mental health and other needs, Native American and LGBTQ PEI programs, regular stakeholder meetings, Mental Health Director’s sensitivity to the need for inclusion of consumers, requiring outcome measures, monthly meetings where clients drive development of monthly action plans, PEI strategies, early childhood universal screening, Positive Behavior Interventions and Support (PBIS), Restorative Practices, Social Emotional Curriculum, “no wrong door” entry systems, information sharing among providers, cell phone applications, and traditional therapeutic approaches.

Regarding the best strategies for engagement, county contract providers identified: operate within schools since almost all community members attend school at some point, increasing time available to provide services to clients and family, support groups, educational courses, community awareness of services, cultural sensitivity, collaboration among agencies (2), positive reinforcement, use of incentives, wraparound services with a strength based trauma informed approach, “no wrong door” policies, educational community outreach, family and peer partners involvement in engagement, psycho-education, peer driven services, large and small group forums, outreach, support groups, regular social events, involvement of client’s support system, providing community based services, community defined best practices run by community organizations, accessibility of publicity (e.g., Know the Sign Campaign), great customer service, non-judgmental staff, culturally diverse staff, mental health education, client

and family driven services, case management, promoting a wellness approach where mental health is presented as a consideration for everyone, building relationships with honest feedback.

Regarding the most positive changes seen in the mental health system because of the MHSA, contract provider staff identified: increased agency collaboration (2), implementing LGBTQ support group (2), tiered system/services, short term respite, TAY services, reduction of clients time in housing, Innovation programs, improved early identification of psychosis in youth, reduced delay to treatment, longer wait times for services, appears less services available, Native American support group, more integrated services, mandated involvement of under/unrepresented people, a sense of mission, a decrease in stigma, an increase in mental health services, more open discussion around mental health, improved linkages between systems, enhanced communication, awareness of underserved populations, FSP program, increased involvement with schools, interdisciplinary programs and a decrease in hospitalization.

Contract providers noted the following challenges that remain for providing effective services: helping clients identify real world goals, consumers lack of money, more awareness for consumers of programs offered, administrators have short term budget considerations (not seeing long term), supervisors not working with a trauma informed framework to prevent staff burnout, line staff need to deal with the holes in the support system and not fall apart when the systems fail, need more quality/qualified administrators, need more acuity of line staff, more training in evidence based practices needed, need better connection with the school system, not enough services for referrals, long wait for psychiatrist, challenge engaging young people, limited housing and employment for TAY, limited social support of TAY, lack of funding for Innovation, administrators need more sensitivity and education regarding public health paradigm, increased communication from administrators needed, access to interpreters and culturally competent services, different disciplines need to share a common language, and administrators and supervisors tend to be removed from the community.

If contract providers could change anything about the delivery of MHSA services in their county they would: have a comprehensive evaluation with a focus on outcomes, more mental health services information to the public, grassroots organizations need to be welcomed, more transparency needed about available money, greater emphasis on older adults, focus on housing, more support needed for line staff regarding vicarious trauma and career development, deficit of mental health providers--especially prescribers, lack of appropriate housing, need to increase integration of physical and mental health, embed mental health providers in adolescent medical clinics to improve early identification of psychosis, provide more opportunities to nonprofits, give more funding to LGBTQ services for adults, add transportation funding for clients, more housing for TAY, provide more meaningful opportunities for client participation in planning, require information in plans on how MHSA programs will reach under/unserved populations, more comprehensive cultural competency training, more providers for 0-5 services, more trauma informed care, embed mental health in clinical staffing, improved payment procedure for contractors, improved cultural competence, increase in outreach to religious organizations and tribes and other non-traditional groups.

Summary of County Staff Input (30 participants)

At the report out, the County Staff reported on several themes:

1. Need improved housing, both in range of housing and amount.
2. Employee integrity needs whole interoperability.
3. Need fiscal flexibility.
4. Need to expand services.
5. Need to treat the whole person with integrated care.
6. Need opportunities for staff education and development.
7. Need to have consumer driven planning and program—consumer voice.

County staff indicated that some of the best strategies for producing positive outcomes have been: FSP programs (3), funds for basic needs (3), Solano County Mental Health Collaborative (2), homeless outreach and use of MHSA funds to house clients temporarily (2), children's FSP, Solano County TAY meetings, focus on wellness and recovery, strength based approach, stopping culture of dependency, empowerment, open door policies, PEI for early screening, training and education for kids 0-5, leverage funds to expand direct services and MHSA Innovative Programs, groups for Co-Occurring Disorder clients, embedded programs, meeting the family in the home and community, allowing the clients and families to lead their own treatment, acknowledging client progress, seeing clients utilize their tools without creating dependency, intensive substance abuse groups, collaborative trainings, Day Centers, AB 109 and general probation, increased trainings using Workforce, Education, and Training (WET) funds, implementation of crisis management plans in FSPs, PEI funding, community inclusion, and reduction of caseloads.

Some of the best strategies for engagement are: providing services in convenient locations (4), collaboration of services, culturally sensitive service providers, consistency in staffing (3), a navigator or case manager (3), transportation services (3), personal engagement, family/community approach—not clinic based (3), referrals for resources, triage (2), cultural competence (2), staff embedded in jail and adult probation to identify potential FSP clients (2), follow-up—especially with homeless, truthfulness, basic needs assistance, timely service, one on one sessions, staffing with a team, support groups for far reaches of county, using peer providers, and coordination with vocational and rehabilitation services.

Some of the most positive changes seen in the mental health system since the implementation of the MHSA are: increased accountability and focus on outcomes (5), collaboration between systems (3), less hospitalization (3), increase in services to families (2), increase in evidence based practices, increased focus on wellness and recovery and client strengths, increased services, accessing education system, mental health for probation clients, more stable clients, client use of community resources, clients getting housed, integration with health clinics, healthier families, more programs, adults and SED children have more access to comprehensive services, access for providers in schools, returning clients to communities from state hospitals and IMDs, peer specialists, and Crisis Intervention Teams (CIT).

Challenges and opportunities include: lack of housing (5), disconnect between administrators and line staff (2), dual diagnosis, silos, housing, low service to African American males, lack of cultural awareness, stigma of different ethnic groups, staff need to empower clients, lack of administrative oversight for direct service providers, competing agendas between systems, administrators need to allow flexibility with work hours, supervisors need to go out into the field, line staff need to adjust to the needs of clients, non-traditional therapy, funding, staffing, client awareness how to transition clients to appropriate level of care, concern with tiered system, lack

of employment, supplantation has prevented full participation, and need transition housing for foster youth.

Suggested changes to delivery of services included: streamlining paperwork (2), access to funds for providers up front (2), more outreach to Latinos and African Americans, especially males, mandating participation for probation clients, more housing, expand cultural competency, and collaboration between state and local agencies.

Discussion on housing included: challenge to have adequate amount of Board and Care and Independent Living apartments. County doing a better job of tracking housing availability. Foster youth need help with transitional housing. Need more specialized housing by age groups. Collaboration is a challenge with housing agencies. Accountability and evaluation of housing is a challenge. Homeless are a community problem—not just an MHSa problem in Solano County. Housing is too expensive for low income.

Examples of successes and challenges in reaching out to racial, ethnic and/or cultural communities included: difficult recruitment of bilingual and bicultural staff (5), cultural competence is a challenge (2), challenge to outreach to various racial and ethnic groups, challenge that some staff not supportive of change to community based services, lack of open discussions of labeling based on race, need more Spanish Speaking services, challenge reaching out to the homeless, challenge connecting cultural groups with culturally specific services, need more dual diagnosis programs, need more food programs, need more access to health clinics, need interpreters, success in reaching Spanish speakers and gaps in reaching other cultures, challenge educating staff about Chinese and Asian Pacific Islander communities, success with serving adult forensic FSP program, and success with cultural resiliency training.

Summary of Transition Aged Youth (TAY) Group Input (2 participants)

At the report out, the TAY group highlighted the following themes:

1. Services should be flexible.
2. Providers should really care, genuinely and be able to relate.
3. TAY like that Seneca provider has services out in the community.
4. Employment services are especially helpful.

Both TAY were in the Seneca program. They prefer to meet outside of the office in less “clinical” settings. Both TAY were with Seneca for two years. Some of the benefits the TAY have seen from their services include: just sitting and talking about feelings, sometimes therapist takes the TAY places to help with things like job applications, one TAY liked that his therapist was younger, one was unhappy when therapist left agency, and Seneca allows relaxed pace of therapy. Helps to have someone close to TAY age who can relate and talk on their level. TAY have been involved in making decisions about health, employment, and housing. Employment assistance has been very helpful. The TAY thought the agency “bribed” them with incentives such as gift cards but wanted to come in because they knew they needed help. One has not seen many changes but had a new provider. They see a lot of diverse populations receiving services from their program. Would like less staff turnover. Good provider has humor and takes a personal interest. One therapist could relate and cared--more important than gift

cards. Both would not change anything about Seneca. Both have not heard of any PEI programs in their community; only know of hotline/warm line through Seneca.

Summary of Spanish Speaking Group Input (5 participants)

At the report out, the Spanish Speaking group highlighted the following strengths and challenges:

Strengths

1. General prevention programs for mental health (support groups).
2. More bilingual professionals.
3. Innovations for mental health.
4. Proposition that targets mental health.

Challenges

1. Need more education for the community and professionals.
2. Disproportionate services from county to county.
3. Stigma.
4. Discrimination against non-English speakers in mental health system.
5. Not enough Latinos working as mental health professionals.
6. Lack of continuous funding.

The Latinos did not turn in any questionnaires but we have the following summary from the Latino discussion group.

When asked if their ideas played a part in the services they receive, the Latinos responded: many children have disorders; the police are not prepared to handle mental health issues; nurses need training; Spanish speakers need help for service in Spanish; there is a need for more Spanish speaking professionals; some Latinos did not know services were available in Spanish; majority of services require insurance and most Latinos do not have insurance; there is stigma in hospitals, including nurses; and hospitals do not pay attention or place value on patient health concerns and issues.

When asked about suggestions for improving services, the Latinos suggested hiring a consumer liaison to help with problems.

When asked what services are the most effective, the Latinos said that free services are effective since most in the Latino community lack insurance. The Latinos requested more funds for the community for therapy, medicine, and transportation. The Latinos said that some programs had closed due to a lack of funds.

Public Comment

Public comment included the following statements:

1. Comment that an individual had problems being heard by doctors and others regarding her son's mental health challenges.
2. Comment that recent college student had difficulty obtaining mental health services upon return to Solano County. The individual felt that four to eight weeks for access to services was too long of a wait period.
3. Comment that the Community Forum was wonderful.
4. Comment that the individual was dual-diagnosed.
5. Comment that listening to the public works.
6. Commissioner Nelson commented that MHSA funds can be spent on dual diagnosis.
7. Comment that it was great that the MHSOAC visited Solano County. Comment that the MHSOAC should flex its muscles. The MHSOAC should use peer support. The MHSOAC should continue community forums in small communities.
8. Commissioner Nelson commented that CSS funds are in the hands of counties and stakeholders can influence how money is spent. Commissioner Nelson also stated that stakeholders should go to Mental Health Board meetings and Board of Supervisors meetings.
9. Thank you expressed by featured forum speaker for listening to her story. She would like more programs in Spanish.
10. Invitation given from County staff to public to participate in Community Planning Process.
11. Welcome to the public given from the Circle of Friends Center.
12. Consumer Liaison from Solano County said the county is working with faith communities.

Closing Comments by MHSOAC Executive Director Toby Ewing.

- Director Ewing found incredible passion in people at the event.
- He heard a lot of hope at the forum, especially from TAY.
- There was a significant amount of trust in people at the forum.
- He found commitment to partnering to improve the mental health system.
- Director Ewing saw opportunity to listen to the public. The MHSOAC can do more.
- The MHSOAC needs to engage in technical assistance to small community providers.
- He found challenges in meeting the language needs of diverse communities.
- The MHSOAC wants to respect diversity and tailor services to the communities.
- Housing, healthcare, and employment are important and there are gaps in care.
- Director Ewing said the most important thing expressed at the forum to enact change is hope and trust.