



Client and Family Leadership Committee (CFLC) Generated Strategies to Increase Stakeholder Input to MHSOAC Committees resulting from October 21, 2014 CFLC Meeting

At the October 21, 2014 meeting, members reviewed and discussed generated strategies resulting from prior meetings that the Committee discussed as recommendations for ways to diversify methods to increase input to the MHSOAC and Committees from people with lived experience. Below is a compilation of the comments/suggestions that resulted from the discussions that include the latest suggestions in red and the first 10 prioritized items.

At the June 4, 2015 meeting, members will brainstorm ideas to engage groups that are un-served, underserved and inappropriately served to increase their involvement in MHSOAC and Committee meetings and consider the items already compiled from the following list.

1. Community Forums could be presented as Focus Groups to include underserved populations in counties that don't traditionally participate and counties could sponsor an accessible location to consider for holding our events.
2. Provide outreach to engage Latino Communities **and other underserved communities** after hours since they work during the day **and offer child care options.**
3. Offer new types of Forums to explore ways to do outreach to entities not connected to the counties so there aren't possible biases.
4. Need to partner with varying organizations that aren't typically at the table and learn from them on how to encourage their participation in advance of the event so they are comfortable and feel welcome by what we offer, **including faith based organizations.**—Some organizations feel that having an individual attend is a burden, as opposed to being part of a group that they can identify with.
5. Offer a stipend or a contract agreement with local organizations to help provide the financial means to individuals in communities to get them to come.
6. Boards and Commissions have good relationships in communities and can be built upon because they offer good leadership training to advocate for the residents in the county that include clients and family members that can access the training they offer.
7. Outreach to members of Mental Health Boards and Commissions should be considered because they don't report directly to counties and have a unique way to get representation without being considered as part of a bureaucracy.
8. There could be posters and letters sent to individuals at Board and Care Homes about the approaching Community Forums to extend invitations directly to clients living there.
9. Consider outreach to schools to encourage parent participation from adult education systems and to also outreach to environments that advocate for new learning opportunities, **including special education programs.**



10. Use the internet to present Webinars or offer Skype opportunities for meetings for broader public viewing and participation **and consider other technological advances that are available and feasible.**
11. Have a suggestion box for public comment at committee meetings and determine which comments should go to specific committees for a response.
12. There needs to be mechanisms available to reach out to underserved populations, such as what NAMI provides known as “Connections” which is a support group for peers. It could be used as a model design for focus groups and to provide outreach and training from the feedback provided from the clients that attend.
13. Ask mental health directors to send their people to take the information back to their communities so they can be responsive to their own political intricacies. In CA there are State versus county issues especially since the State Dept. of Mental Health is no longer there, and counties operate differently now.—some of the funds that used to be there are currently not available.
14. Grass roots organizations, such as CAMPRO are a link to a multi-group organization that offer broad access across the board to include family members/clients that could be expanded upon to help with outreach.
15. The Client Stakeholder Project is to end soon and something similar should be made available to continue to offer stipends for stakeholder participation.
16. Residency programs in psychiatry are available to increase the workforce and psychiatrists should be considered for inclusion when doing outreach because they are one of the most isolated groups in the mental health system.
17. It may take involvement with the Department of Health Care Services and the California Mental Health Planning Council since they oversee the training contracts to Boards and Commissions and could encourage them to participate.—DHCS could inspire participants from Boards and Commissions to become more involved. Letters from the CFLC could be generated to them to possibly utilize friendly staff to share their knowledge and feedback to the community.
18. **Provide an orientation before the Community Forum to offer a pre-meeting that suggests ways to effectively participate as a stakeholder similar to what the client stakeholder organizations already do now.**
19. Homeless shelters and organizations where consumers are located that include Wellness Centers and faith based community organizations should be considered when doing outreach.
20. Suggest using “Go to Meeting” as an electronic option that could be available to reach a broader audience that could participate remotely in their own community and not have to travel to participate.
21. Offer educational material that describes the purpose of the event and what the potential take-a-ways are for attending it, that includes information about the organization that is inviting the participants.



22. Offer transparent options as a consideration to go to different regions throughout the State to hold Community Forums so delegated travel to attend is available.
23. The material that is circulated to encourage outreach should inform the invitee about why they should participate so they understand the benefit for them to attend. The material should be published at a level that speaks to the individuals that are being invited to participate and not be too formal. A video could be published to be viewed as a first step to encourage outreach to the underserved or unserved groups that don't traditionally participate.
24. Consider what can be done to learn more about our stakeholder's individual needs, so their voice and issues are heard so the purpose for their attendance at Community Forums is understood to them.
25. Consider offering kiosks at local county mental health hospitals for clients and family members use. The kiosks could provide MHSO information and services in a variety of formats that could be accessed on an as needed basis. A feed could also be provided to give live persons access to "211" services.