



Summary Report
MHSOAC Community Forum - Stanislaus County
The Seasons Multicultural Event Center, Modesto – December 8, 2011

The Mental Health Services Oversight and Accountability Commission (MHSOAC) hosted a Community Forum at The Seasons Multicultural Event Center in Modesto, California on December 8, 2011, from 3:00 – 6:30 PM. Commissioner Eduardo Vega and Commissioner Ralph Nelson Jr., M.D., provided an opening welcome and introduction. Commissioner Nelson presented a PowerPoint that provided background on the Mental Health Services Act (MHSA) and the MHSOAC, identified the goals for the community forums, explained the roles of the various MHSOAC participants including the Community Forum Workgroup members, and described the process for the rest of the day.

Following the PowerPoint presentation, Forum attendees were invited to organize into smaller discussion groups identified for clients and family members (two groups), transition age youth (TAY), Spanish speakers, Hmong speakers, Laotian speakers, Cambodian speakers, and county staff and contract providers. Each discussion group was provided a set of questions to focus and guide their discussions. Discussion groups were facilitated by Community Forum Workgroup members and MHSOAC staff.

Each discussion group reported back to the entire audience about the themes that emerged in their group. Commissioner Vega offered closing remarks and thanked the attendees and committee members for their participation.

Attendance:

This was a very positive event and the largest Community Forum hosted by the MHSOAC to date. The estimated attendance was over 200 Forum participants, not including Commissioners, workgroup members and staff.

Forum participants came from several counties as noted below. Over two-thirds of those signing in came from Stanislaus County.

Stanislaus--112	Sacramento--5
Merced--17	Calaveras--1
San Joaquin--13	Mendocino--1
Santa Clara--9	
Fresno--4	

Accessibility:

The MHSOAC provided interpreter services for Spanish, Hmong, Cambodian, and Laotian speakers. All interpreter services were utilized by participants.

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

The discussion group facilitators gave each discussion group participant a copy of the questions being discussed and made fifteen minutes available to complete the questions. Participants could choose to complete the questionnaire in writing and deliver to MHSOAC staff. The facilitators collected a total of 86 written surveys from individual attendees, 45 from clients and family members and 41 from county staff and providers. In addition to gathering information from questionnaires, forum note takers documented content from the individual discussion groups. For the most part, attendees at this Forum were well aware of the MHSA and Proposition 63. When the Commissioners asked the audience how many knew about Proposition 63 and the MHSA, most of the participants raised their hands. What follows is information gathered from both the eight discussion groups and the questionnaires.

Summary of Client/Family Member Input:

Most client and family members confirmed in their questionnaires that they had heard about Proposition 63 (MHSA). However, some client and family members reported that they were learning about the MHSOAC for the first time. Most clients at the Modesto Community Forum stated they are receiving mental health services.

There were many suggestions regarding strategies, services, and supports to help engage people, including many comments in favor of peer services. There was a suggestion to fund NAMI programs, such as “Peer to Peer” and other peer programs, that train consumers and family members to teach classes to educate their peers. Another related suggestion was to design peer support services with a culturally focused approach. Additional identified strategies for engagement was to provide alternative and holistic mental health treatment approaches and help consumers obtain employment.

Suggestions were made regarding the improvement of services with one participant requesting help in paying for medication and dealing with insurance. Another wanted to see more client-driven services. Some individuals recommended the “Mental Health First Aid” program. Participants also wanted to see more Crisis Intervention Training (CIT) for community law enforcement. There were several comments by clients who stated “without Telecare, I would be dead.”

Participants found the breakout groups quite effective, asking for more breakout groups; they also suggested the breakout groups be smaller, especially to facilitate their ability to hear what was being said in the groups. Overall, most clients and families thought the community forum was helpful, informative, and useful.

Summary of Hmong Speaking Group Input:

The experiences with mental health services among Hmong participants were varied. Some reported positive experiences, i.e., a daughter who benefitted from therapy, and others were negative, such as the lack of an interpreter during a hospital stay and not being able to request food during a hospital stay. When asked what would keep them engaged in mental health services, some suggestions were: more transportation, interpreters, group therapy for the elderly and better awareness of mental health services. Other requests included having Hmong-speaking staff, the integration of shamans in mental health services and sufficient time for clinical appointments.

Summary of Laotian Speaking Group Input:

In general, the Laotian group was concerned with a lack of mental health resources for the Laotian community. They requested more Laotian interpreters for mental health services, as opposed to other Southeast Asian interpreters. They would also like to have more information regarding resources, more written materials in Laotian and more Laotian staff in mental health. Several Laotian group members suggested providing flyers and information on mental health events and resources to the Laotian temple.

Summary of Cambodian Speaking Group Input:

For the Cambodian group, language barriers are a major issue. Many Cambodians are overwhelmed and are seeking help at their temple; the clergy are not equipped to deal with the influx. They wish mental health funding to continue and are pleased with current services. They would like to see their mental health clinic have more knowledge about Khmer culture, including spirituality.

Summary of Spanish Speaking Group Input:

The Spanish speaking group reported that MHSA services were helpful to their community but did express concern that mental health services could be cut-off. One person commented that the NAMI “Family to Family” program was helpful with mental health education. A few people commented that their social worker was helpful with interpretation and mental health education. One person commented that the police do not understand mental illness and treat Spanish speaking consumers poorly. Several people commented about stigma in the Latino community and asked for materials, such as brochures in Spanish, to help overcome stigma. There was a complaint by one person regarding abuse at an inpatient mental health center, saying they had experienced a forced injection and that restraints were used. Another person reported being abused by police which included being hit, insulted and told that he would be sent to the hospital for life. Overall, this group was positive about receiving mental health services and was able to express complaints about the problems they encountered.

Summary of Transition Age Youth (TAY) Input:

Most people in the TAY group had heard about the MHSA. Ideas that are important to TAY include: a focus on wellness, peer support, having diverse staff, community based care such as a drop-in center (i.e., Josie's Place), and "no wrong door" policies. TAY in Stanislaus County learned about the Community Forum event at a Stanislaus county drop-in center. The TAY group felt the County continues to engage TAY but not as much as they had previously. The TAY suggested a strategy of dressing down to promote engagement as well as engaging in a low key, personal, friendly, and fun manner. Many TAY had received help with obtaining employment.

Since the advent of the MHSA, the TAY participants felt there are more services now available for LGBT, Laotians, and homeless. The group suggested more local outings to let TAY know about mental health services. The TAY suggested having a better place for homeless to go, more help with education and employment, more prevention services, more staff, and more TAY oriented services. TAY have heard about junior college classes that improve understanding of mental health issues, but are concerned that mental health awareness is lacking in high schools. A TAY participant reported that more TAY would have been in attendance at the Community Forum but they had to line up early at the homeless shelter to make sure they would get a bed for the night.

Summary of County Staff and Provider Input:

County staff and providers indicated that some of the best policies and strategies for producing positive outcomes include: providing a wellness center, peer support groups, client and family involvement in stakeholder processes, increased employment of client and family members in the mental health system, results-based accountability, diversity in mental health employment, housing programs, co-occurring disorders programs, work with law enforcement, targeting homelessness, Prevention and Early Intervention (PEI) programs, Full Service Partnerships (FSPs), and partnership relationships between providers and clients.

Regarding the best strategies for engagement, county and provider staff identified: transportation, mental health education to diverse communities, culturally and linguistically appropriate services, PEI services, Community Forums on a regular basis, available mental health service education, homeless outreach, respite center for homeless instead of jail, behavioral health court, no wrong door policies, and an outreach team to find and provide services to the unserved.

Regarding the most positive changes seen in the mental health system because of the MHSA, the county and provider staff identified: participation in family services, FSP program success in decreasing hospitalizations, more consumer and family voice in decision making, increase in community based services, increase in funding for underserved, PEI implementation, services targeting a variety of age groups, fewer homeless, less jail time, fewer crisis calls, reduction in stigma, and movement to a recovery oriented system.

County staff and providers noted the following challenges that remain for providing effective services: a) for administrators: hearing the voice of consumers, dealing with reduced

budgets and staff; b) for line staff: coordinating with other agencies, being culturally competent, getting assistance to rural areas; and c) for all staff: the awareness, existence, and acknowledgement of burnout. Some of the suggestions made to improve the community forums included providing discussion questions ahead of time and providing the presentation in simpler, more user-friendly terms.