

MHSOAC

Mental Health Services
Oversight and Accountability Commission

Stakeholder Views on the MHSOAC and Possible Improvements:

Quality Improvement Survey Response Summary

August 2011

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Executive Director

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MESSAGE TO MENTAL HEALTH PARTNERS AND STAKEHOLDERS

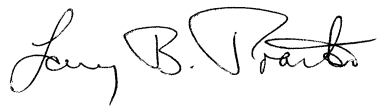
On behalf of the Mental Health Services Oversight and Accountability Commission (MHSOAC), we want to share with you the results of our first Quality Improvement (QI) Survey conducted from April 11 through April 22, 2011. This report provides a summary of MHSOAC quality improvement responses as well as additional information from open-ended survey questions and follow-up phone calls.

The MHSOAC believes that seeking and sharing feedback from our partners and stakeholders is essential in our efforts to provide oversight, accountability and leadership, as mandated by the Mental Health Services Act (MHSA). Additionally, 'Priority Six' in the 'MHSOAC 2011 Work Plan Priorities and Tasks' calls for the "Review of MHSOAC Processes" for Stakeholder Involvement. To meet this objective the Commissioners requested that MHSOAC staff conduct a Quality Improvement (QI) Survey to obtain feedback regarding the Commission's stakeholder engagement process as well as identifying what the MHSOAC is doing well and determining areas for improvement.

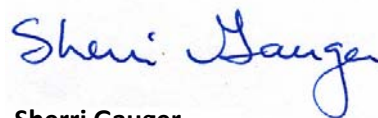
Our Mental Health Services Act (MHSA) planning and policies are the result of the contributions of diverse people, including clients, family members, mental health partners, individuals from unserved and underserved racial/ethnic and cultural communities, and those at risk of serious mental illness across the lifespan. We wish to acknowledge this outstanding support. And, we want to express our appreciation to the 210 individual survey respondents for their generous contribution of time and effort in completing the questions and sharing narratives on the positive attributes of the MHSOAC and the possibilities for improvement.

The survey has captured critical and complimentary perspectives from a wide range of participants. It is our intent to use this feedback to help shape the MHSOAC organizational efforts in order to expand and improve the quality of MHSA services provided to Californians.

Respectfully,



Larry Poaster, Ph.D.
MHSOAC Chair



Sherri Gauger
MHSOAC Executive Director

1.0 OVERVIEW

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)

California voters passed Proposition 63, now known as the Mental Health Services Act (MHSA), in November 2004 to expand and improve public mental health services. The MHSA also established the Mental Health Services Oversight and Accountability Commission (MHSOAC) to provide oversight, accountability, and leadership on issues related to public mental health.¹

The MHSOAC is comprised of 16 Commissioners, who are appointed to three-year terms without compensation. Commissioners represent a wide-range of public entities and private institutions, and contribute their breadth of knowledge to mental health policy and administration, and ultimately the well being of the citizens of California.

1.1 Purpose

The MHSOAC Commissioners requested that the Executive Director conduct a Quality Improvement (QI) Survey to give mental health partners and stakeholders an opportunity to provide specific feedback on the MHSOAC and the implementation and administration of the MHSA. The primary focus areas were:

- What is the Commission doing well?
- What could the MHSOAC do differently or improve upon (e.g., stakeholder engagement, committees, operations)?

MHSOAC staff selected the web-based application 'Survey Monkey' as it provided anonymity. It also simplified the information for users while improving the quality and usefulness of the information. The MHSOAC staff summarized the results for this report.

¹Mental Health Services Act (MHSA)

1.2 Definition

Quality Improvement (QI) is a formal approach to the analysis of performance and a systematic effort to improve organizational deficits or build upon strengths, involving both prospective and retrospective reviews. The heart of QI is improvement -- measuring where you are, and determining ways to make things better. It specifically attempts to avoid attributing blame and identifies steps to make things more efficient and effective.²

1.3 Format

The twenty-five (25) question Quality Improvement Survey was comprised as follows:

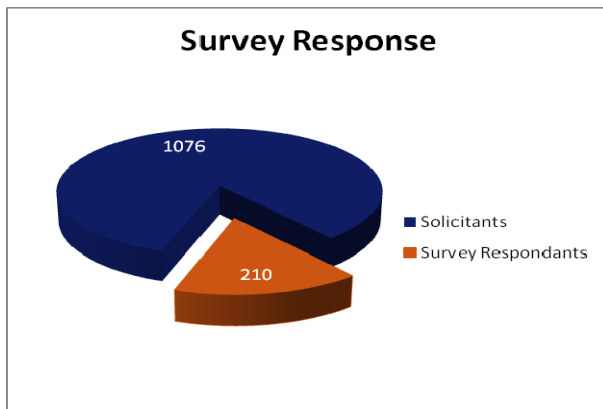
- Eighteen (18) multiple choice questions with rating choices of 1) Poor, 2) Weak, 3) Neutral or Unknown, 4) Good, and 5) Excellent. The questions attempted to obtain quality improvement information on engagement practices and on the Commission as an organization.
- Four (4) open-ended questions focused on how to improve advocacy efforts, access to helpful information, experiences with MHSOAC staff, and the experience of stakeholders.
- One (1) optional contact information question was provided for participants who were interested in discussing their thoughts on MHSOAC improvements by phone or email.
- And, (2) demographic questions that included identifying individual affiliation in all applicable categories (caretaker, community service provider staff, consumer or client, county staff, family member,

² 2005 Department of Community and Family Medicine, Duke University Medical Center

legislative staff, member of unserved or underserved ethnic and cultural community, and professional or volunteer advocate) and ranges of the number of years individuals have been involved with mental and/or behavioral health.

1.4 QI Survey Responses

A solicitation invitation was sent to approximately 1,076 individuals who were part of the MHSOAC email distribution list, as well as past Commission meeting public attendees and other MHSOAC partners. A link was also posted on the MHSOAC Website and the twenty-five-question survey was made available from April 11, 2011 to April 22, 2011. A total of 210 surveys were submitted electronically. Fifty survey respondents provided optional contact information to discuss their thoughts for MHSOAC improvements by phone or email. Follow-up contacts were made to this group and twelve individuals agreed to provide information by phone.



2.0 Survey Result Findings

This section summarizes the results of the 25 MHSOAC Quality Improvement Survey questions. The findings are grouped by question format. The number of each question displayed in the following tables corresponds to the original numbering used on the survey.

2.1 QI Multiple-Choice Questions

The 18 multiple-choice questions were designed to obtain quality improvement information on the MHSOAC Committees, website, staff, and stakeholder engagement and advocacy practices.

The percentage associated with the individual response count for each of the 18 multiple-choice survey questions has been included to assist the reader. The total number of questions answered and the total number of skipped questions are also included.

A cumulative percentage is provided that combines the 'Poor' and 'Weak' ratings and the 'Good' and 'Excellent' categories as additional context.

The highlighted areas in dark blue identify the most popular answer for each question. The results displayed in the following tables indicate that in six of the 18 multiple-choice questions, the highest response cumulative percent was received in the 'Good' and 'Excellent' rating category (Questions 7, 8, 17, 18, 19 and 20). In 12 of the total 18 multiple-choice questions, respondents scored the highest response rate in the 'Neutral/Unknown' category. In 15 of the questions, the 'Good' and 'Excellent' categories received ratings higher than the 'Poor' or 'Weak' responses.

There were also three questions (Questions 5, 10 and 13) where the negative responses 'Poor' or 'Weak' exceeded the 'Good' or 'Excellent' ratings.

Question 1. Overall, how would you rate the MHSOAC's responsiveness to stakeholder concerns?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	26	12.4%	28.6%
Weak	34	16.2%	
Neutral/ Unknown	86	41.0%	41.0%
Good	51	24.3%	30.5%
Excellent	13	6.2%	
Answered:	210		
Skipped:	0		

The responses to Multiple-Choice Question 1 indicate 41.0 percent or 86 of the 210 ratings received were scored in the 'Neutral/Unknown' category. There were more favorable than negative responses. Approximately 30.5 percent (64 respondents) rated the MHSOAC's responsiveness to stakeholder concerns as 'Good' or 'Excellent', compared with 28.6 percent (70 individuals) who felt it was 'Weak' or 'Poor'. However, twice as many people gave the most extreme negative response ('Poor', 12.4 percent)

as gave the most extreme positive response ('Excellent', 6.2 percent). This question received the second highest number of negative responses of all the multiple-choice questions.

Note: All respondents were required at a minimum to complete this initial question for successful submission of their survey, and therefore a 100% response rate with all 210 survey responders answering this question was received.

Question 2. How helpful are Commission meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	18	8.7%	19.3%
Weak	22	10.6%	
Neutral/ Unknown	100	48.3%	48.3%
Good	54	26.1%	32.4%
Excellent	13	6.3%	
Answered:	207		
Skipped:	3		

The majority of the ratings 48.3 percent, or 100 of the 207 responses, were in the 'Neutral/Unknown' rating category. For this question, there were again more favorable than negative responses. There were 32.4 percent (67 individuals) that rated the helpfulness of Commission meetings for obtaining information as 'Good' or 'Excellent', compared to 19.3 percent (40 individuals) who rated it as 'Weak' or 'Poor'.

Question 3. How helpful are Client and Family Leadership Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	13	6.4%	18.2%
Weak	24	11.8%	
Neutral/ Unknown	124	60.8%	60.8%
Good	32	15.7%	21.1%
Excellent	11	5.4%	
Answered:	204		
Skipped:	6		

Overall, 68 percent, or 124 of the 204 responses, were in the 'Neutral/Unknown' rating category. There were more positive than negative responses. The results indicate 21.1 percent (43 individuals) rated the helpfulness of Client and Family Leadership Committee meetings for obtaining information as 'Good' or 'Excellent', whereas 18.2 percent (37 respondents) rated it as 'Weak' or 'Poor'.

Question 4. How helpful are Evaluation Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	17	8.5%	19.9%
Weak	23	11.4%	
Neutral/ Unknown	119	59.2%	59.2%
Good	33	16.4%	20.9%
Excellent	9	4.5%	
Answered:	201		
Skipped:	9		

In summary 59.2 percent, or 119 of the 201 responses, were in the ‘Neutral/Unknown’ rating category. The remaining respondents were very closely split between satisfaction and dissatisfaction with the Evaluation Committee meetings’ helpfulness in obtaining information. The results show 20.9 percent (42 individuals) gave positive responses (‘Good’ or ‘Excellent’), compared to a very similar 19.9 percent (40 individuals) who responded negatively (‘Poor’ or ‘Weak’).

Question 5. How helpful are Funding and Policy Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	16	7.8%	21.0%
Weak	27	13.2%	
Neutral/ Unknown	122	59.8%	59.8%
Good	29	14.2%	19.1%
Excellent	10	4.9%	
Answered:	204		
Skipped:	6		

For this question, 59.8 percent, or 122 of the 204 responses, were in the ‘Neutral/Unknown’ rating category. As with the previous question, the number of polarized respondents in each group was very similar; however, slightly more people expressed dissatisfaction than satisfaction with the helpfulness of Funding and Policy Committee meetings for obtaining information. There were 21 percent (43 respondents) who gave a rating of ‘Poor’ or ‘Weak’, and 19.1 percent (39 respondents) provided ratings of ‘Good’ or ‘Excellent’.

Question 6. How helpful are Services Committee meetings for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	16	8.0%	18.1%
Weak	20	10.1%	28.2%
Neutral/ Unknown	116	58.3%	86.5%
Good	36	18.1%	104.6%
Excellent	11	5.5%	110.1%
Answered:	199		
Skipped:	11		

Overall, 58.3 percent, or 116 of the 199 responses, were in the ‘Neutral/Unknown’ rating category. In relation to other Committee meetings, the perceived helpfulness of Services Committee meetings in obtaining information received the highest number of positive responses and the lowest number of negative responses. Of the respondents, 23.6 percent, or 47 individuals, rated it as ‘Good’ or ‘Excellent’, compared to 18.1 percent, or 36 individuals, who rated it as ‘Weak’ or ‘Poor’.

Question 7. How helpful is MHSOAC staff for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	10	5.0%	15.0%
Weak	20	10.0%	25.0%
Neutral/ Unknown	70	35.0%	60.0%
Good	60	30.0%	90.0%
Excellent	40	20.0%	110.0%
Answered:	200		
Skipped:	10		

The data from this question shows that half of the respondents felt that MHSOAC staff is helpful in obtaining information. Fifty percent, or 100 of 200 respondents, answered ‘Good’ or ‘Excellent’, compared to 15 percent (30 individuals) who responded ‘Poor’ or ‘Weak’ to this question. Four times as many people gave the most extreme positive response (‘Excellent’, 20.0 percent) as gave the most extreme negative response (‘Poor’, 5.0 percent). And, 35.0 percent or 70 of the responses were in the ‘Neutral/Unknown’ rating category.

Question 8. How helpful is the MHSOAC website for obtaining information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	9	4.3%	13.5%
Weak	19	9.2%	
Neutral/ Unknown	78	37.7%	37.7%
Good	79	38.2%	48.8%
Excellent	22	10.6%	
Answered:	207		
Skipped:	3		

The MHSOAC website also received high ratings. A substantial 48.8 percent, or 101 of the 207 respondents to this question, believed that the website’s helpfulness in obtaining information was ‘Good’ or ‘Excellent’, compared to 13.5 percent, or 28 individuals, who felt it was ‘Weak’ or ‘Poor’. More than twice as many individuals gave the most extreme positive response (‘Excellent’, 10.6 percent) as gave the most extreme negative response (‘Poor’, 4.3 percent). And, 37.7 percent, or 78 of the responses, were in the ‘Neutral/Unknown’ rating category.

Question 10. How effective are Commission meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	27	13.2%	34.7%
Weak	44	21.5%	
Neutral/ Unknown	82	40.0%	40.0%
Good	42	20.5%	25.4%
Excellent	10	4.9%	
Answered:	205		
Skipped:	5		

Overall, 40.0 percent, or 82 of the 205 responses, were in the ‘Neutral/Unknown’ rating category. This question received the highest number of negative responses of all the multiple-choice questions. The results report 34.7 percent of respondents (71 individuals) felt that Commission meetings rated as ‘Weak’ or ‘Poor’ in their perceived effectiveness for advocacy. And, 25.4 percent (62 individuals) felt they rated as ‘Good’ or ‘Excellent’ for advocacy.

Question 11. How effective are Client and Family Leadership Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	15	7.5%	16.5%
Weak	18	9.0%	
Neutral/ Unknown	124	61.7%	61.7%
Good	33	16.4%	21.9%
Excellent	11	5.5%	
Answered:	201		
Skipped:	9		

There were 61.7 percent, or 124 of the 201 responses received in the 'Neutral/Unknown' rating category. The majority of the other respondents were satisfied with the effectiveness of Client and Family Leadership Committee meetings for advocacy. 21.9 percent (44 respondents) gave 'Good' or 'Excellent' ratings, and 16.5 percent (33 respondents) gave 'Weak' or 'Poor' ratings.

Question 12. How effective are Cultural and Linguistic Competence Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	15	7.3%	18.5%
Weak	23	11.2%	
Neutral/ Unknown	112	54.6%	54.6%
Good	40	19.5%	26.8%
Excellent	15	7.3%	
Answered:	205		
Skipped:	5		

In summary, 54.6 percent, or 112 of the 205 responses, were in the 'Neutral/Unknown' rating category. As with the Client and Family Leadership Committee, the majority of respondents selecting a category other than 'Neutral/Unknown' respondents were satisfied with the effectiveness of the Cultural and Linguistic Competence Committee meetings for advocacy. There were 26.8 percent of the survey participants (45 respondents) who gave positive ratings of 'Good' or 'Excellent', compared to 18.5 percent (38 respondents) who gave negative ratings of 'Weak' or 'Poor'.

Question 13. How effective are Evaluation Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	20	10.0%	23.5%
Weak	27	13.5%	
Neutral/ Unknown	114	57.0%	57.0%
Good	30	15.0%	19.5%
Excellent	9	4.5%	
Answered:	200		
Skipped:	10		

There were 57 percent, or 114 of the 200 response received in the ‘Neutral/Unknown’ rating category. A greater percent of respondents were dissatisfied with the effectiveness of Evaluation Committee meetings for advocacy than those who were satisfied. The results indicate 23.5 percent of respondents (47 individuals) gave ratings of ‘Weak’ or ‘Poor’, compared to 19.5 percent (39 individuals) who gave ratings of ‘Good’ or ‘Excellent’. More than twice as many people gave the most extreme negative rating (‘Poor’, 10.0 percent) than gave the most extreme positive rating (‘Excellent’, 4.5 percent).

Question 14. How effective are Funding and Policy Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	18	9.1%	19.8%
Weak	21	10.7%	
Neutral/ Unknown	116	58.9%	58.9%
Good	34	17.3%	21.4%
Excellent	8	4.1%	
Answered:	197		
Skipped:	13		

Overall, 58.9 percent, or 116 of the 197 responses, were in the ‘Neutral/Unknown’ rating category. A similar number of people were satisfied with the effectiveness of Funding and Policy Committee meetings for advocacy as were dissatisfied. For this question, 21.4 percent of respondents (42 individuals) gave ‘Good’ or ‘Excellent’ ratings, compared to 19.8 percent (39 individuals) who gave ‘Weak’ or ‘Poor’ ratings. Although the number of satisfied people is slightly greater than those who were dissatisfied, in the interest of quality improvement, it should be noted that more than twice as many people gave the most extreme negative single category rating (‘Poor’, 9.1 percent) than gave the most extreme positive rating (‘Excellent’, 4.1 percent).

Question 15. How effective are Services Committee meetings for advocacy?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	16	7.9%	18.2%
Weak	21	10.3%	
Neutral/Unknown	124	61.1%	61.1%
Good	34	16.7%	20.6%
Excellent	8	3.9%	
Answered:	203		
Skipped:	7		

In summary, 61.1 percent, or 124 of the 203 responses, were in the ‘Neutral/Unknown’ rating category. Similar to the Evaluation Committee and Funding and Policy Committee meetings, slightly more respondents were satisfied with the effectiveness of Services Committee meetings for advocacy than were dissatisfied. Also, 20.6 percent of the respondents to this question (42 individuals) gave ratings of ‘Good’ or ‘Excellent’, compared to 18.2 percent (37 individuals) who gave ‘Weak’ or ‘Poor’ ratings. Again, similar to the Evaluation and Funding and Policy committee meeting questions, twice as many people gave the most extreme negative rating (‘Poor’, 7.9 percent) as gave the most extreme positive rating (‘Excellent’, 3.9 percent).

Question 17. During your interactions with the MHSOAC, how well did staff listen to your concerns?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	9	4.5%	13.0%
Weak	17	8.5%	
Neutral/ Unknown	74	36.8%	36.8%
Good	64	31.8%	50.2%
Excellent	37	18.4%	
Answered:	201		
Skipped:	9		

The majority of respondents were satisfied with how well they felt MHSOAC staff listened to their concerns as 50.2 percent of respondents (101 of 201 individuals) gave positive ratings of ‘Good’ or ‘Excellent’. Of the 74 responses to this question, 36.8 percent were in the ‘Neutral/Unknown’ rating category, compared with 13 percent (26 individuals) providing negative ratings of ‘Weak’ or ‘Poor’. Furthermore, more than four times the number of people gave the most extreme positive response (‘Excellent’, 18.4 percent) than gave the most extreme negative response (‘Poor’, 4.5 percent).

Question 18. During your interactions with the MHSOAC, how well did staff answer your questions?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	9	4.4%	12.7%
Weak	17	8.3%	
Neutral/ Unknown	80	39.2%	39.2%
Good	64	31.4%	48.1%
Excellent	34	16.7%	
Answered:	204		
Skipped:	6		

The majority of opinionated respondents were satisfied with how well MHSOAC staff answered their questions as 48.1 percent, or 98 of the 204 respondents, gave ratings of ‘Good’ or ‘Excellent’. There were 39.2 percent, or 80 of the responses received in the ‘Neutral/Unknown’ category. And, 12.7 percent, or 26 individuals, gave ratings of ‘Weak’ or ‘Poor’. Almost four times as many people gave the most extreme positive response (‘Excellent’, 16.7 percent) as gave the most extreme negative response (‘Poor’, 4.4 percent).

Question 19. During your interactions with the MHSOAC, how well did staff provide you with helpful information?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	12	6.1%	13.7%
Weak	15	7.6%	
Neutral/ Unknown	81	40.9%	40.9%
Good	58	29.3%	45.5%
Excellent	32	16.2%	
Answered:	198		
Skipped:	12		

Again, the majority of opinionated respondents assigned positive ratings to how well they felt staff provided them with helpful information as 45.5 percent (90 of 198 individuals) answered ‘Good’ or ‘Excellent’. The results shows 40.9 percent, or 81 of the responses, were in the ‘Neutral/Unknown’ rating category. And, 13.7 percent (27 individuals) who responded ‘Weak’ or ‘Poor’. Almost three times as many people gave the most extreme positive rating (‘Excellent’, 16.2 percent) as gave the most extreme negative rating (‘Poor’, 6.1 percent).

Question 20. During your interactions with the MHSOAC, how well did staff treat you with courtesy and respect?

Rating	Response Count	Response Percent	Cumulative Percent
Poor	6	2.9%	6.3%
Weak	7	3.4%	
Neutral/ Unknown	69	33.8%	33.8%
Good	63	30.9%	59.8%
Excellent	59	28.9%	
Answered:	204		
Skipped:	6		

The majority of respondents answered that MHSOAC staff treated them with courtesy and respect. This question garnered the highest number of positive responses of any question on the survey, and the lowest number of negative response as 59.8 percent of the respondents to this question (122 of 204 individuals) gave ratings of ‘Good’ or ‘Excellent’, compared with just 6.3 percent (13 individuals) who gave ratings of ‘Weak’ or ‘Poor’. This question also received the highest number of the most extreme positive rating (‘Excellent’, 28.9 percent) of any question on the survey, and the lowest number of the most extreme negative rating (‘Poor’, 2.9 percent). Almost ten times as many people responded ‘Excellent’ as responded ‘Poor’. There were also 33.8 percent or 69 of the responses rated in the ‘Neutral/Unknown’ category.

2.2 Open-Ended Questions

The 4 Open-Ended Questions (Fill-in Survey Questions 9, 16, 21 and 22) permitted respondents to provide their own written comments. The total response percentage rate for these 4 questions averaged 49.0 percent of all the survey participants, a much lower rate than the 18 multiple-choice questions that ranged from a response rate of 94 percent to 100 percent.

The response comments to the four-open ended questions in Section 2.2 of this report have been grouped into distinct categories to assist the reader. Comments that are of a MHSOAC quality improvement nature have been counted and categorized and include some of the responses for context. Some responses included comments on other areas beyond the MHSOAC organizational processes and will be included in Section 3.0 of the report titled “Other Findings”.

Question 9. What one change would improve your ability to obtain information?

Category	Response Count	Response Percent
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Communication	54	42.2%
More/improved communication	15	
Website organization	14	
Timely information	11	
Email updates	10	
Transparency	3	
Newsletter	1	
Stakeholder Inclusion	31	24.2%
Stakeholder inclusion	19	
Outreach/Inform public about MHSA	6	
More time for input	3	
Cultural and linguistic sensitivity/inclusion	3	
Accessibility	20	15.6%
Meeting accessibility	7	
Information/Document accessibility	7	
Staff/Commissioner accessibility	6	
Oversight and Accountability	9	7.0%
Respect	5	3.9%
Staff/Commissioner Knowledge	3	2.3%
Positive Comments	3	2.3%
Focus on Outcomes/Action Oriented	1	0.8%
Quality Improvement Survey Suggestions	1	0.8%
Issue Resolution Process	1	0.8%
Categorized Comments:	128	100.0%
Unclear/Uncategorized Responses:	15	
Answered:	115	
Skipped:	95	

One-hundred-fifteen people, or 54.8 percent of all survey participants, answered this open-ended question. Fifteen of the responses were not able to be categorized or represented additional information that will be summarized in Section 3.0 of this report. The remaining 100 responses were reviewed and organized by MHSOAC staff into the categories explained below. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (128) is more than the number of responses with categorized comments (100).

1) Communication

The greatest number of comments can be grouped into the category of ‘Communication’ as 54 comments representing 42.2 percent of the overall 128 comments received responded that more and/or better communication would improve their ability to obtain information.

- a) Of the 54 comments, 15 addressed requests for more information or improved general communication. Examples of these include:
 - i) “More detailed explanations of the subjects covered.”

- ii) "There is very little detail available about the uses and outcome of MHSA funding. Information is missing, hidden, complicated, and generally unavailable or, if available, unhelpful."
- iii) Four people simply stated, "Better communication."
- b) Fourteen of the 54 Communication comments indicated that better website organization or more website features would improve the respondent's ability to obtain information. The comments included:
 - i) "Better 'advertising' of website information. Clear idea of who to contact when needing information."
 - ii) Of staff contact information: "...make it easier to locate on the website."
 - iii) "More user-friendly website."
 - iv) "Easier website."
 - v) "Organize the website: include policy documents by type of issue."
 - vi) "Publicize several means by which members of the public can request an agenda item, such as...using an online form on the MHSOAC home page."
- c) Eleven of the 54 Communication comments were requests that information be provided in a timelier manner. Examples of these comments include:
 - i) "Publish meeting minutes on web site quickly; information is most helpful when it is timely."
 - ii) "Please post documents referenced in meetings earlier to allow time to disseminate and explain to consumers and family members."
 - iii) "Information given out in a timely period."
 - iv) "Keep information fresh and relevant."
- d) Ten of the 54 comments were requests that the MHSOAC utilize its email distribution list to communicate more with stakeholders or interested parties. Several responses were included in this category because the respondent indicated that they were not aware of any MHSOAC methods of mass distribution of information, and requested that the MHSOAC make more effort to distribute information. These suggestions included:
 - i) "Make an effort to make it wide spread info, like email blasts to all county persons involved in public [sic] health and mental health."
 - ii) "Send me more emails."
 - iii) "More informative, frequent releases."
 - iv) "Regular one page summary e-mail updates with links and access to additional info, as wanted – unless in the loop have no info."
 - v) "Advanced email notification."
- e) Three of the 54 comments regarding communication were requests for more transparency on the part of the MHSOAC.
- f) One comment was a request for information in the form of a newsletter.

2) Stakeholder Participation

The second highest number of comments in a category addressed 'Stakeholder Participation' with 31 of the 128 comments (24.2 percent) falling in this category.

- a) Of those 31 comments, 19 were categorized as general requests for more stakeholder inclusion in MHSOAC processes. These comments included:
 - i) "Talk to consumers."
 - ii) "More interaction with stakeholders"
 - iii) "The Commission [should] hold hearings and Town Hall meetings across the state on a regular basis to gather comments from stakeholders."

- iv) "We need to have a 'we' point of view, not 'you' and 'us'. We need for family leadership to be brought back... to speak the voice of the consumer more."
- b) Six of the 31 requests for more stakeholder inclusion requested that the MHSOAC expend more effort informing and reaching out to the public. These comments included:
 - i) "Let people know, I don't know anything about this stuff."
 - ii) "I've never heard of the MHSOAC, so I would suggest sharing info about it more widely."
- c) Three of the 31 comments were requests for more cultural and linguistic sensitivity and inclusion in MHSOAC processes.
- d) Three comments asked that the MHSOAC provide more time for public input and questions during meetings.

3) Accessibility

Twenty of the 128 categorized comments received for 'Question Number 9' representing 15.6 percent of the comments indicated more accessibility would improve the respondents' ability to obtain information. The topic of accessibility was broken down into three areas: Meeting accessibility, information and document accessibility, and staff accessibility.

- a) Seven of the 20 accessibility comments were categorized as requests for improved meeting accessibility. These comments included:
 - i) Make meetings, "more available to consumers (nonprofessionals) who work and cannot attend all those meetings."
 - ii) "Have mirrored local meetings to what goes on in Sacramento.... Having most everything in Sacramento is still keeping our involvement distant."
 - iii) "Meetings are impossible for working folks to attend. [Having an] intro email and follow up email to gather input from those who can't attend may be helpful."
- b) Seven of the 20 were requests for improved document and information accessibility. These comments included:
 - i) "Please avoid professional and industry jargon."
 - ii) "Few of the materials are written for a public audience."
 - iii) "Shorter document summaries for the public to understand the important points being made...."
 - iv) "Translation of documents."
- c) Six of the 20 comments were requests for improved staff and Commissioner Accessibility. These comments included:
 - i) "More contact information for MHSOAC staff and Commissioners."
 - ii) "People actually answering the phones."
 - iii) "Making it easier to speak to a live person instead of getting lost in 'phone tree hell.'"
 - iv) "To have a direct contact person."

4) Oversight and Accountability

Nine of the 128 comments representing 7.0 percent of all the comments to this question were requests for improved oversight and accountability efforts on the part of the MHSOAC. These comments included:

- a) "Thorough oversight to counties to make sure MHSA dollars has been spending [sic] as the law mandates."
- b) "Make sure the counties pay their providers on a timely basis in compliance with Federal Medicaid laws. If they don't comply with these laws, make sure they pay interest and penalties."
- c) "It's not information we need, it's accountability."
- d) "Actually sending people in these programs without there [sic] knowledge and see them for real."

5) Respect

Five of the comments were requests for more respect from Commissioners and/or staff. The following opinion was echoed in many of these comments:

- a) "Commissioners and staff [sic] can show more respect for community members and committee members....If commissioners do not show interest in listening to comments from the community, it really defeats the purpose of having public comments. People may feel that it's only a formality and people are not really interested in their opinion and inputs."

6) Other Categories

Of the remaining categorized comments, three were positive comments or compliments, three were requests for improved Commissioner and/or staff knowledge of mental health issues, one was for an improved issue resolution process, one was a request that the MHSOAC be more outcome or action-oriented, and one was a suggestion for improving the Quality Improvement Survey. Although the number of comments in each of these remaining categories may be few, they are mentioned here because they recur (most with greater numbers) for each of the open-ended questions.

7) Uncategorized Responses

Fifteen of the 115 responses were not able to be categorized in whole or in part for the following reasons:

- a) The meaning was unclear.
- b) The response did not provide a MHSOAC quality improvement suggestion; "Better participation on my part!"
- c) Or the response simply indicated, "No comment at this time."

Question 16. What one change would improve your opportunity for advocacy?

Category	Response Count	Response Percent
Stakeholder Participation	43	45.3%
Stakeholder inclusion	31	
Outreach/Inform public about MHSA	5	
More time for input	3	

Cultural and linguistic sensitivity/inclusion	3	
Communication	23	24.2%
More/improved communication	16	
Timely information	3	
Email updates	2	
Transparency	2	
Accessibility	13	13.7%
Meeting accessibility	11	
Information/Document accessibility	2	
Respect	8	8.4%
Oversight and Accountability	7	7.4%
Fear of MHSOAC Retaliation	1	1.1%
Categorized Comments:	95	100.0%
Unclear/Uncategorized Responses:	22	
Answered:	103	
Skipped:	107	

One-hundred-three people answered this question. Twenty-two of the responses were not able to be categorized. The remaining 81 responses were assessed for meaning and organized into the categories explained below. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (95) is more than the number of responses with categorized comments (81).

1) Stakeholder Participation

The greatest number of comments (43) was grouped into the “Stakeholder Participation” category, and represented 45.3% of all the categorized comments for this question. These comments indicated that more stakeholder inclusion would improve the respondents’ opportunity for advocacy.

- a) Thirty-one of the 43 comments were categorized as general requests for more stakeholder inclusion in MHSOAC processes. These comments included:
 - i) “Ask for and encourage advocacy.”
 - ii) “More follow through to take ideas of stakeholders to fruition and completion.”
 - iii) “More community input.”
 - iv) “One of my frustrations is having no say in anything and no way to advocate for clients or with clients.”
 - v) “Allow policy issues to be discussed by all.”
 - vi) Two people responded, “More meetings with stakeholders.”
- b) Five of the 43 requests for more stakeholder inclusion requested that the MHSOAC expend more effort informing and reaching out to the public. These comments included:
 - i) “More outreach and community engagement to consumers and “hidden” majority via online venues.”
 - ii) “Make it wide spread on the internet.”
 - iii) Three people indicated they did not know enough to comment.
- c) Three of the 43 comments asked that the MHSOAC provide more time for public input and questions during meetings.

- d) Three comments were requests for more cultural and linguistic sensitivity and inclusion in MHSOAC processes. One person commented that they would like to see less focus on cultural competence issues.

2) Communication

The second highest number of comments in a category addressed communication topics. Twenty-three comments, or 24.2% of the comments for this question, were grouped into the 'Communication' category.

- a) Sixteen of the 23 comments addressed requests for more information or improved general communication. Examples of these include:
 - i) "As a board member to be more informed about the OAC. I did not know there were meetings available to county board and commission members."
 - ii) "Inform staff what the heck these committees do [and] if there is any true assistance available from them for the few line-staff that still exist."
 - iii) "More usable information in support of consumer empowerment concerning their rightful expectations from service providers."
 - iv) "More frequent communication regarding 'hot button' issues."
- b) Three of the 23 Communication comments were requests for timelier information from the MHSOAC.
- c) Two comments were requests that the MHSOAC utilize email updates to keep interested parties informed.
- d) Two comments were requests for more transparency on the part of the MHSOAC.

3) Accessibility

Thirteen of the 95 categorized comments received for Question 16, representing 13.7%, indicated more accessibility would improve the respondents' opportunity for advocacy. The topic of accessibility was broken down into two areas: Meeting accessibility and information and document accessibility.

- a) Eleven of the 13 accessibility comments were requests for improved meeting accessibility. These comments included:
 - i) "Since many of us work, many of us cannot take the day off work. Saturday meetings would facilitate attendance by those who are employed."
 - ii) "Schedule meetings in locations more accessible to Tulare County stakeholders."
 - iii) "Advocacy should happen when most people can attend meetings not during the day when most people are at work."
 - iv) "Committee meetings scheduled at consistent times."
- b) The remaining two Accessibility comments were requests that the MHSOAC make documents and information more accessible. These comments were:
 - i) "More printed materials."
 - ii) "Use simpler languages so we can understand what's going on, all systems have different languages in their syntax, educate the stakeholders what that is."

4) Respect

Eight of the 95 (8.4%) categorized comments for Question 16 were requests that staff and Commissioners treat stakeholders with more respect. These comments included:

- a) "Respect from Commissioners for differing points of view."
- b) "Stakeholders to be treated as equals. Many of us are educated, and have unique ideas to contribute."
- c) Of Commissioner comments following public comment at meetings: "It is inherently unfair for commissioners to then make 'rebuttal' statements in direct response to something that was

said. I think it demonstrates a lack of understanding and respect for individual speakers and for the process itself.”

d) “A genuine interest from the Commissioners to hear concerns and ideas.”

5) Oversight and Accountability

Seven of the 95 comments, representing 7.4% of all the comments to this question, were requests for improved oversight and accountability efforts on the part of the MHSOAC. These comments included:

a) “Focus on a good evaluation and reporting system that helps at the policy level.”

b) “Do true ‘oversight’ and really analyze and investigate what counties report to you.”

c) “Stronger regulations and oversight of counties.”

d) “The Commission should be a watchdog, with power to make changes and expose waste.”

6) Fear of Retaliation

One comment also mentioned a fear of retaliation from the MHSOAC. Four comments mentioned a fear of local retaliation, and will be discussed in section 3.0 of this report.

7) Uncategorized Comments

Twenty-two of the 103 responses were not able to be categorized in whole or in part for the following reasons:

a) The meaning was unclear

b) The response did not provide a MHSOAC quality improvement suggestion.

c) Or the response indicated, “No comment.”

Question 21. What one change would improve your experience with MHSOAC staff?

Category	Response Count	Response Percent
Positive Comments Regarding Staff	21	23.9%
Stakeholder Inclusion	16	18.2%
Stakeholder inclusion	11	
Cultural and linguistic sensitivity/inclusion	4	
More time for input	1	
Accessibility	13	14.8%
Information/Document accessibility	7	
Staff/Commissioner accessibility	4	
Meeting accessibility	2	
Respect	12	13.6%
Communication	12	13.6%
More/improved communication	8	
Timely information	2	
Transparency	2	
Staff/Commissioner Knowledge	8	9.1%
Oversight and Accountability	3	3.4%
Focus on Outcomes/Action Oriented	3	3.4%
Categorized Comments:	88	100.0%
Unclear/Uncategorized Responses:	27	
Answered:	94	
Skipped:	116	

Ninety-four people answered this question, for an overall response rate of 44.8%. Twenty-seven responses were not able to be categorized or represented additional information that will be summarized in section 3.0 of this report. The remaining 67 responses were reviewed and organized by MHSOAC staff into the categories explained below. Because some people had several distinct comments within their response, responses were broken down into comments. Therefore, the number of categorized comments (88) is more than the number of whole responses containing categorized comments (67).

1) Positive Comments Regarding Staff

The greatest number of comments in a category (21 comments, or 23.9% of all comments for this question) were grouped into the “Positive Comments Regarding Staff” category. These comments included:

- a) “None - they have always been incredibly helpful and informative when I speak with them.”
- b) “The MHSOAC staff are excellent in every way.”
- c) “Every interaction with MHSOAC staff has been beneficial and left me feeling valued and better informed.”
- d) “Staff are the greatest asset of MHSOAC!”

Seven of these positive comments regarding staff included a variation of the word “helpful” to describe MHSOAC staff.

2) Stakeholder Participation

The second highest number of comments in a category addressed ‘Stakeholder Participation’ with 16 of the 88 comments (18.2%) falling in this category. These comments included:

- a) Of those 16 comments, 11 were categorized as general requests for more stakeholder inclusion in MHSOAC processes. These comments included:
 - i) "A sincere valuing of stakeholder input rather than formality that must be included."
 - ii) "More consumers... on the staff."
 - iii) "...It is those who are not being given access to the process and can not navigate the bureaucratic nightmare of MHSA that must be given voice."
- b) Four of the 16 Stakeholder Participation comments were requests for more cultural and linguistic sensitivity and inclusion in MHSOAC processes. These comments included:
 - i) "Translated materials."
 - ii) "Greater knowledge base of understanding Cultural Competence."
 - iii) "Better cultural sensitivity training."
- c) One of the 16 comments was a request for more time during public comment periods at meetings.

3) Accessibility

Thirteen of the 88 categorized comments received for Question 21, representing 14.8% of the comments, indicated more accessibility would improve the respondents' experience with staff. The topic of accessibility was broken down into three areas: Information & document accessibility, staff accessibility, and meeting accessibility.

- a) Seven of the 13 comments were requests for improved document and information accessibility.
 - i) Six of these were requests for more printed materials and handouts.
- b) Four of the 13 comments were requests for improved staff accessibility. These comments included:
 - i) "Staff do not have much time to deal with stakeholder concerns."
 - ii) "How do we reach the staff?"
- c) Two comments were categorized as requests for improved meeting accessibility.

4) Respect

Twelve of the 88 comments (13.6%) indicated that more respect from staff and/or Commissioners would improve the respondents' experience with staff. These comments included:

- a) "The Commissioners need to be trained on respect and honesty."
- b) "During public comments I would appreciate a response of some kind, instead of a blank stare."
- c) "Certain staff can come across as opinionated and [condescending]."
- d) "My experience with staff has always been excellent. In contrast, my experience with commissioners has been negative; there is no motivation to listen or use my input constructively."

5) Communication

Twelve of the 88 comments (13.6%) were grouped into the category of 'Communication.' These comments indicated that more and/or better communication would improve the respondents' experience with staff.

- a) Of the 12 Communication comments, 8 addressed requests for more information or improved general communication. Examples of these include:
 - i) "Better communication."
 - ii) "I'd like to be in communication."
 - iii) "Have contact with them regarding advocacy issues...."
- b) Two of the twelve comments regarding communication were requests that information be provided in a timelier manner.
- c) Two of the twelve comments were requests for more transparency on the part of the MHSOAC.

6) Staff and/or Commissioner Knowledge

Eight of the 88 comments (9.1%) were requests for improved Commissioner and/or staff knowledge of mental health issues. These comments included:

- a) "To just keep up on their knowledge of mental health."
- b) "Consistency; May get different answers depending on person you speak to."
- c) "They were helpful but don't have a clue when it comes to what staff we have left and the realities of running a program."
- d) "If the staff had a greater understanding of the needs consumers have regarding their quality of evidence-based treatments in mental health."
- e) "More knowledgeable staff."

7) Other categories

Of the remaining categorized comments, three were requests for improved oversight and accountability efforts on the part of the MHSOAC, and three were requests that the MHSOAC be more outcome or action-oriented.

8) Uncategorized Responses

Twenty-five of the 94 responses were not able to be categorized in whole or in part for the following reasons:

- a) The meaning was unclear.
- b) The response did not provide a MHSOAC quality improvement suggestion.
- c) Or the response simply indicated, "No comment at this time."

Additionally, two whole responses and two comments represented additional information that will be summarized in Section 3.0 of this report.

Question 22. What one change would improve your experience as a stakeholder?

Category	Response Count	Response Percent
Stakeholder Inclusion	41	40.6%
Stakeholder inclusion	33	

Cultural and linguistic sensitivity/inclusion	6	
Outreach/Inform public about MHSA	1	
Communication	24	23.8%
More/improved communication	19	
Transparency	2	
Email updates	1	
Website organization	1	
Newsletter	1	
Respect	18	17.8%
Commissioner respect	10	
Staff/Commissioner respect	7	
Staff Respect	1	
Oversight and Accountability	8	7.9%
Accessibility	4	4.0%
Staff/Commissioner accessibility	2	
Information/Document accessibility	1	
Meeting accessibility	1	
Staff/Commissioner Knowledge	3	3.0%
Positive Comments	2	2.0%
Quality Improvement Survey Suggestions	1	1.0%
Categorized Comments:	101	100.0%
Unclear/Uncategorized Responses:	23	
Answered:	100	
Skipped:	110	

There were 100 individuals of the overall 210 survey participants who responded to this question for a total response rate of 47.6 percent. Twenty-three responses could not be categorized, and one comment represented additional information that will be summarized in Section 3.0 of this report. The remaining 77 responses were reviewed and organized by MHSOAC staff into categories summarized below. Because some survey participants had several distinct comments within their response, responses were reviewed as separate comments for their response. Therefore, the number of categorized comments (101) is more than the number of responses containing categorized comments (77).

1) Stakeholder Inclusion

The highest number of comments in a category addressed 'Stakeholder Inclusion' with 41 of the 101 comments (40.6 percent) falling in this category:

- a) Of those 41 comments about half were categorized as general requests for more stakeholder inclusion in MHSOAC processes. Many responses were brief simply stating "more stakeholder input" and "more involvement", while other survey participants offered more directive suggestions. Some other examples include:
 - i) "To feel heard and that I knew how to be heard."
 - ii) "To have a consumer and family member VOICE heard by OC somewhere where some corrective action can transpire. The county has to interact with consumers and family members."

- iii) "... Provide technical assistance to counties to develop a rational structure for stakeholder input-which clearly spells out the limits and parameters of community input. In all likelihood stakeholders will feel listened to and respected if they know the extent and type of input they can provide ... stakeholders don't have a sense of how, what type of input will be incorporated into plans. This often leaves stakeholders, disappointed and feeling that giving their input did not result in anything.
- iv) "I would be traveling around the state and seeing what each county is wanting or needing the most ... I want to hear the needs and concerns of the people not what the state is wanting."
- v) "More decision-making among the committee members rather than staff, chair and consultants..."
- vi) "Recommend an annual stakeholder meeting with MHSOAC leadership similar to the one convened by Chairman Poat and Vice-Chair Poster (2years ago?) to provide dialogue with stakeholders ... due to MHSA realignment it would be beneficial to convene this meeting within the next 6 months ... during a time of great uncertainty."
- b) Six of the 16 Stakeholder Inclusion comments were requests for more cultural and linguistic sensitivity and inclusion in MHSOAC processes. These comments included:
 - i) "MHSOAC should be more accessible and responsive to communities of color – now the majority in CA."
 - ii) "Increasing Commission's understanding of the importance of unserved/underserved communities not being brought to the table for discussion-same stakeholders are always at the meetings."
 - iii) "The cultural and linguistic issues are often ignored..."
- c) One of the 41 comments regarding Stakeholder Inclusion was a request for improved active outreach to the public about MHSA using peers and family members for program design as well as the role of outreach workers.

2) Communication

The second highest number of comments in a category addressed 'Communication' with 24 of the 101 comments (23.8 percent) included in this category:

- a) Of the 24 comments, 19 were categorized as general requests for more stakeholder inclusion in MHSOAC processes. Some example comments include
 - i) "Better communication."
 - ii) "More communication of what's available."
 - iii) "More frequent communication about issues."
 - iv) "To understand the selection and duties of stakeholders for MHSOAC. How the whole process works. Having access to information if not immediately involved in a committee- having summaries that informs me and allows me to select what additional information I may want to pursue or get involved with."
 - v) "Summary documents of reasonable length that would explain recent developments both at the local and state level posted on state OAC and local DMH websites."
- b) Two comments were also received on the need for "more" and "improved" transparency, as well as other comments suggesting, "email blasts about important announcement occurring between commission meetings"; "more information on the website on what is being accomplished ..."; and "more information on newsletter".

3) Respect

The third largest percentage of comments to this question addressed Commissioner and Staff 'Respect' with 18 of the 101 comments (17.8 percent) included in this category. While there were

some positive responses to the staff and Commissioners, the comments receive indicate that stakeholders want to be more respected and valued:

- i) "Genuine desire by OAC staff to understand the stakeholder experience."
- ii) "MHSOAC Commissioners need to treat stakeholders with respect."
- iii) "Respectful treatment by Commissioners at all meetings"
- iv) "I do not feel that the MHSOAC values the stakeholder input that comes from consumers and family members. I know that they are short on time, but they do not answer to the stakeholders, so they do not have reason to prioritize this."
- v) "Respectful interactions on behalf of some Commissioners. There is a sense of superiority in some cases and although there is an appearance of a stakeholder driven process ... I believe that in some cases a Commissioner may not be interested in heading a committee and as a result can be disrespectful to members and the public. The end result is not beneficial to clients. Commissioners are there to LISTEN and inform, not just inform."

4) Oversight and Accountability

Eight of the 101 comments (8.0 percent) to this question can be grouped in the category of 'Oversight and Accountability'. Examples of these comments are provided below:

- i) "Implement the law as it was passed, not as it was created by funded professional advocates and stakeholders who have forgotten about so many non professional consumers untouched by recovery.... I hope that the state advocates will consider how to ensure that the system of care is protected and expanded for those adult consumers who still require involuntary services because they have yet to receive enough treatment to recover in the community."
- ii) "Knowing there was true oversight and accountability."
- iii) "Commissioners need to exercise actual oversight and accountability for the vision, practices, and outcomes that the MHSA specifies."
- iv) "To see the MHSA money spent the way the taxpayers intended with client input before the money is spent not after...."
- v) "...Looking at the big picture and the need to re-group in this time of fiscal crisis, I am concerned that the MHSOAC is going to give counties (Bds. of Supervisors) free reign with MHSA funds and completely lose the ability to effect the system change that 'was' the promise of the MHSA."

5) Accessibility

There 4 of the 101 comments (4.0 percent) to this question mentioned that can be grouped in the category of 'Accessibility' that suggested:

- i) "Publicize who should be contacted for different kinds of issues."
- ii) "Having a contact, a person to go person for the different stakeholder groups ... to go to, or call, in order to get information about the committees."
- iii) "Meet in different locations in the State, Advertise you are doing this well enough so you know people are seeing it and will attend."

6) Other Categories

There also 6 comments received of the 101 comments received in the remaining areas of improvement suggestions on 'Staff Knowledge' (3) and 'Quality Improvement' (1) as well as 'Positive' comments (2).

7) Uncategorized Responses

Twenty-eight of the 91 responses could not be categorized in whole or in part for the following reasons:

- d) The meaning was unclear.

- e) The response did not provide a MHSOAC quality improvement suggestion.
 - f) Or the response simply indicated, “No comment at this time.”
- Additionally, one response represented additional information that will be summarized in Section 3.0 of this report.

2.3 Contact Information: Feedback

As the QI survey was anonymous, the purpose of this question was to provide survey participants with the opportunity to include contact information with a name and either a phone number or email address to discuss their thoughts on MHSOAC improvements.

Quality Improvement feedback received with this follow-up staff phone contact is summarized below in Question 23.

‘Other information’ received, in addition to the MHSOAC quality improvement process is also summarized in Section 3.0 of this report and mirrored comments in the open-ended question portion of the survey from other survey participants.

Question 23. (Optional Question) - If you would like to further discuss your thoughts for MHSOAC improvements, please provide a name and either a phone number or email address.

Contact Information Response Count	
Answered:	50
Skipped:	160

Responses were received from 50 survey participants and 12 individuals (approximately 5 percent of all possible respondents) from this group provided information by phone. Eight of these individuals also forwarded emails that augmented the information that was provided over the phone. This phone feedback related to MHSOAC quality improvement is summarized into 4 areas below:

1. Comments on the Quality Improvement Survey Process:

- One caller was impressed that the MHSOAC would follow-up with a call and that input was sought.
- Two of the twelve callers suggested a new survey commenting that the Quality Improvement Survey questions should also focus on the Commission and Commissioners. A caller recommended the QI Survey should not focus and be restricted to MHSOAC staff and committees. Another stated more questions on stakeholder engagement would have been helpful. And, one caller indicated the survey did not address veteran issues.
- One caller commented the QI Survey would have benefited from being vetted through the Cultural and Linguistic Competence Committee (CLCC) and the Client and Family Leadership Committee (CFLC).

2. Improving Stakeholder Involvement and Engagement:

- A caller shared that meaningful stakeholder involvement requires listening to concerns. Another mentioned that a larger net is needed to capture the perspectives of stakeholders,

as this person did not feel represented by the usual attendees at Commission Meetings. Another caller shared the Commission needs to understand that it is not an “us versus them” type of environment and that stakeholder perspectives are valuable.

- Another caller responded that the MHSOAC Commission has lost sight of the MHSA mandate and has become too political and added the Commission needs to have greater input from clients and family members.
- One caller what avenues will the MHSOAC use to ensure stakeholder input?
- A phone respondent shared that improving stakeholder engagement cannot be accomplished when travel restrictions are imposed and this problem is further exacerbated when both MHSOAC Commission and Committee meetings are reduced.

3. Providing More Helpful Information:

- One caller responded they would benefit from more information on mental health resources and supports. Another caller commented that not enough people know about the Mental Health Services Act.
- A caller responded that the MHSOAC would be more helpful in explaining what the system changes are in light of realignment.

4. Improving Evaluation:

- A responder commented that for evaluation purposes, the Commission needs to ask: What is being done right? The Commission needs to review, evaluate and report. Also, what steps is the Commission taking to ensure data accuracy and assurance of thorough report preparation produced by the Department of Mental Health includes up-to-date information?

2.4 Demographic Information

The final two survey questions Number 24 and 25 provided self-reporting information that identified respondents’ years of involvement and affiliation with Mental Health and/or Behavioral Health Systems and summarized with the following tables and narratives.

Question 24. Number of years involved with Mental Health and/or Behavioral Health.

Mental Health Experience	Number of Respondents	Response Percent
Less than 1 year	4	1.9%
2 to 3 years	9	4.4%
3 to 5 years	19	9.2%
5 to 10 years	39	18.9%
10 to 15 years	50	24.3%
15 to 20 years	19	9.2%

More than 20 years	66	32.0%
Answered	206	
Skipped	4	

Responses to this question indicate that 32.0 percent or 66 of the respondents have more than 20 years of mental health experience and 1.9 percent or four of the respondents have less than one year of experience. In summary 84.5 percent of the survey participants identified as having five or more years to more than 20 years whereas 15.5 percent of the overall respondents have less than five years of experience involved with mental health and/or behavioral health.

Question 25. Optional Demographic Information - Do you consider yourself (list all that apply):

Demographic Type	Number of Responses	Response Percent
Caretaker	30	7.2%
Community Service Provider Staff	52	12.5%
Consumer or Client	57	13.7%
County Staff	74	17.8%
Family Member	72	17.3%
Legislative Staff	3	0.7%
Member of Unserved or Underserved Ethnic and Cultural Community	50	12.0%
Professional or Volunteer Advocate	77	18.6%
Total Number of Responses	415	
Answered	201	
Skipped	9	

There were 201 survey participants who answered this question with the option of checking all the categories that applied to their affiliation. On average each of the 201 respondents self identified themselves in more than two categories as noted with the total of 415 responses. The results indicate a diverse range of stakeholder participation that included consumers, providers, mental health partners, legislative staff, family members, and members of unserved/underserved and inappropriately served racial and ethnic communities. The four highest demographic categories selected were Professional or Volunteer Advocate: 18.6 percent, County Staff: 17.8 percent, Family Member: 17.3 percent and Consumer or Client: 13.7 percent.

3.0 OTHER FINDINGS

This Section summarizes the ‘other area’ findings that were described by telephone and open-ended question respondents in addition to the ‘quality improvement’ survey information requested. This stakeholder feedback also provides the MHSOAC with opportunities for clarification, further review, and/or improvements.

3.1 Telephone and Open-Ended Question Additional Information Summary

The comments determined outside of the MHSOAC organizational processes from the twelve (12) individual telephone callers, which represent approximately 2.4 percent of the overall 210 survey participants are described in the five (5) areas below. Additionally, the responses from the Open-Ended Questions 9, 16, 21, and 22 outside of the MHSOAC organizational processes are also noted in these areas where applicable.¹

3.1.1 Role Definition and Public Mental Health Quality Assurance:

All twelve of the phone communication respondents mentioned issues of oversight of accountability. Defining the role of the MHSOAC was a primary concern for the callers. They also expressed a need for the Commission to help stakeholders understand: 1) the scope and meaning of ‘oversight and accountability’, 2) new responsibilities as a consequence of plan review being removed, 3) the role the Department of Mental Health (DMH) and counties will play post AB 100, 4) the check and balances that will be put in place to promote local level compliance, and 5) the Issue Resolution Process (IRP) which is a complaint process for resolving issues at the local level. Most of the callers mentioned the importance of having a complaint process that could be trusted at the local level as well. One caller related their belief that families are being destroyed and asked why are only a few individuals being served? Another commented that MHSA fund supplantation is taking place and asked who monitors the expenditure of funds to ensure consistency with the MHSA?

A total of 26¹ comments of the overall 412 comments received from the four open-ended questions were also related to the area of quality assurance for mental health services. Survey commentary reported interest in understanding the MHSOAC ‘oversight’ and ‘accountability’ role with the recent state realignment of responsibility and resources to the counties, as well as concerns with elimination of the Department of Mental Health. Questions on enforcement mechanisms and quality assurance measures to guarantee local compliance without plan review were also raised.

3.1.2 Assembly Bill (AB) 100:

AB 100, signed on March 24, 2011 amending the Mental Health Services Act (MHSA), was specifically mentioned by eight of the twelve telephone callers. Concerns were expressed with the elimination of state review and approval of county MHSA plans, elimination of the Department of Mental Health and new state realignment of responsibility and resources. Other comments included:

- “Roles and Responsibilities remain unclear”

¹ Some response duplication is possible as these open-ended comments may include telephone caller responses to the web-based survey questions.

- “The legislative changes lost the spirit of the MHSA”
- “The unknown impacts of implementing AB 100 have not been adequately evaluated”
- “Local compliance issues and enforcement responsibilities are unclear”
- “Concerns with negative impacts to the community engagement process needs to be recognized”
- “Elimination of plan review does not make sense and has raised many questions regarding the concentration of power at the local level”
- “AB 100, along with realignment, will allow counties to do whatever they want without oversight and no checks will be in place to prevent abuses”

Total of 17 responses of the overall 412 open-ended question comments addressed their perceptions of the potential adverse impacts and risk exposure of AB 100 on the quality of mental health services provided. Respondents expressed concerns that without a public mental health system of checks and balances in place to regulate expenditures, there is a risk of waste, re-direction and/or supplanting of the MHSA funding.

3.1.3 Fear of local retaliation and Issue Resolution Process (IRP):

Eight of the twelve callers used the term “retaliation” in their comments, referencing concerns that stakeholders might be subject to retaliation when formal complaints are registered and asked what can be done to improve the process and ensure protections. These telephone survey participants also wanted to know who is responsible for ensuring that complaints are addressed and monitored.

Approximately 8 responses were received from the 412 open-ended responses expressing a fear of retaliation and concerns with the current status of the Issue Resolution Process (IRP). They indicated that the Issue Resolution Process requires a system improvement to include a process for addressing issues not resolved at the local level. Additionally, the respondents indicated that “Local” retaliation towards stakeholders is exacerbated by an ineffective IRP. The comments included retaliation allegations that mental health services can be taken away from anyone who voices concerns.

3.1.4 Two-Tier System:

Four of the eleven callers asked what is the MHSOAC doing to address what they termed the ‘Two-Tier System’ that has evolved where only new clients are receiving services, while others who were already in the system have been left without services. One respondent also mentioned that not all individuals placed in a Full Service Partnership need all the services being provided and that the MHSA monies must be monitored. Another commented that individuals already in the system are now treated as second-class citizens.

3.1.5 Programs and Service Improvement:

One telephone caller cited the need for the MHSA to have a self-help focus that fully embraces wellness and recovery. Patient rights and alternatives treatments also need to be discussed by mental health partners in a larger forum.

Approximately, 16 comments among the 412 open-ended question responses received were related to Cultural and Linguistic Awareness. While there was one response that the MHSOAC should do less in this

area, overall the responses are suggesting the Commission do more to raise cultural and linguistic awareness. Comments also expressed concerns and identified as a problem that data capture techniques aggregate ethnic data and it is impossible to obtain a clear picture and understanding of the different issues impacting racial/ethnic communities. It was recommended that the MHSOAC could be proactive in suggesting steps to disaggregate data to better inform the public on mental health services for communities of color.

4.0 CONCLUSION AND NEXT STEPS:

The intent of the survey to improve the MHSOAC and thus the implementation of the MHSA is critical, in that it frames a potential quality improvement process, which can include: 1) seeking continuous quality improvement feedback from partners and stakeholders, 2) interpreting this feedback, 3) developing a quality improvement action plan and making the improvements for which the MHSOAC has responsibility and capacity, 4) transmitting recommendations outside the scope of the MHSOAC to appropriate MHSA partners having direct or shared responsibility for respective system improvement(s), and 5) sharing the results.

MHSOAC Commissions can deliberate the survey findings for their conclusions and improvement recommendations. While transformation of the public mental health system requires transparency, the pros and cons of sharing a written 'Quality Improvement Report Summary' should be fully understood. Public image, governmental/legislative considerations and partner relationships must be reviewed for potential perceptions of winners and losers.

In broad terms the results show ratings that are more positive than negative. The quality improvement ratings received suggest overall positive findings for MHSOAC Staff/Commissioners as well as suggestions for improvement. These ratings also reflect quality improvement opportunities for Counties, Commissioners, Commission Meetings, Committees, Committee Meetings, MHSOAC Oversight and Accountability, Staff/Commissioner knowledge and respect, reducing the fear of local retaliation, providing more helpful information, as well as advocacy, accessibility, stakeholder inclusion, cultural and linguistic sensitivity/inclusion and communication opportunities provided by the MHSOAC.

Other areas mentioned outside the MHSOAC quality improvement survey process were role definition and public mental health quality assurance responsibilities with the recent enactment of AB 100, fear of local retaliation, possible supplantation, Issue Resolution Process, 'Two-Tier' System, lack of services, proactive approach to data capture techniques and focus on quality services that embrace wellness and recovery.

4.1 NEXT STEP RECOMMENDATIONS:

Stakeholders and partners can accomplish much together to implement the intent and principles of the MHSA, using a quality Improvement approach that focuses on 'improvement' and not on 'blame' as a central theme – measuring where you are, and then determining ways to make it better:

1. First, if just one quality improvement could be made, survey participants in addressing their concerns and fears have expressed a foundational starting point. The place to begin is in addressing the issue of stakeholders wanting to be more respected and valued by the MHSOAC Commissioners and staff. Improving this area should have a positive impact on all other ratings categories as well. Also, address the stakeholder concerns and fear of local retaliation as well as status of the Issue Resolution Process.
2. Second, communicate information on issues of supplantation and investigate the concerns that the MHSA is creating a Two-Tier system for services and lack of services.
3. Implement the quality improvement suggestions that MHSOAC staff can make immediately and announce these results.

- a) Consider reorganizing the MHSOAC website to make staff contact information more accessible and apparent; consider relocating the "Meetings" page to a more visible and apparent location; provide links to more resources, including the Department of Mental Health Prop 63 webpage.
 - b) Announce the availability of the email distribution list at the beginning and end of each Commission meeting and direct interested people to the sign-up sheet; ensure that the sign up sheet is returned to Communications staff. In the past, this list has been kept by CIMH staff.
 - c) Send more frequent email announcements to members of the distribution list. Consider including short summaries of documents that are posted with links to the full document.
4. Address the three multiple-choice questions (Questions 5, 10 and 13) where the negative responses 'Poor' or 'Weak' exceeded the 'Good' or 'Excellent' ratings regarding the Funding Committee for obtaining information, as well as the effectiveness of Commission Meetings and Evaluation Committee meetings for advocacy.
 5. Address suggestions for improving meetings and committee work including stakeholder inclusion, accessibility, improved communication, more helpful information and cultural and linguistic sensitivity/inclusion opportunities.
 6. Complete an analysis for quality improvement suggestions and approved MHSOAC project management plans to implement priority recommendations. Assess the meanings, interpretations and expectations of 'advocacy' and communicate oversight and accountability as well as public mental health system quality assurance with the mandates of AB 100.
 7. Develop and implement a proposed response plan for addressing other findings outside of the MHSOAC quality improvement process with respective MHSA Partners including the sharing and addressing with counties concerns and fears of MHSA stakeholders.
 8. Hold a stakeholder conference similar to provide dialogue with stakeholders.
 9. Share with stakeholder group leaders that some individuals do not believe they adequately represent their issues.
 10. Share results with stakeholders and seek recommendations for survey process improvement and whether Commissioner Questions should be included.
 11. A review of the terms 'partners' and 'stakeholders' should be made and clearer distinctions sought on the affiliation of survey participants. While the stated intention of the survey was to obtain stakeholder feedback, the survey solicitation through MHSOAC email distribution list and website posting list includes individuals who consider themselves MHSA partners and not stakeholders.
 12. Improve MHSOAC survey technology. While there were no specific improvements suggested for the web-based Survey Monkey Application, staff will research other web-hosted applications for possible enhancements. The Survey Monkey Application did provide anonymity and user friendly simplicity to the survey participants.

13. Adjust response categories for next survey to capture improved data by not combining 'unknown' and 'neutral' categories. Also, rating categories such as 'excellent', 'good', 'fair', 'poor', or 'unknown' can be reviewed.
14. Suggestions should be made for improving: 1) the rating categories, and 2) the wording of the questions, as well as 3) ensuring the survey questions address all the MHSOAC Committees appropriately. Consideration can also be given to reviewing the types of questions used and their effectiveness, for example, reducing the number of open-ended questions that averaged a 49 percent response rate compared to the over 94 percent response for the multiple-choice questions.
15. Conduct a further review of the term "advocacy". There were seven (7) survey questions addressing "advocacy" that when averaged together indicate a 'Poor' rating average of 9.16 percent compared to the 'Poor' rating average of 7.4 percent for all questions. Also, questions that included the terms "committees" and "meetings" did not score as well and should also be reviewed.
16. Complete an analysis for quality improvement suggestions and approved MHSOAC project management plans to implement priority recommendations.
17. Develop a proposed response plan for other findings outside of the MHSOAC quality improvement process.
18. Conduct a second MHSOAC stakeholder quality improvement survey at least nine months after the initiation phase of the quality improvements to allow time for the changes to occur. Include questions to measure feedback on these quality improvement changes.