Effective & Meaningful Client Stakeholder Participation: A Training for the Community Planning Process

This training helps you to understand how advocacy in the California mental health system works and prepares you to become an effective stakeholder in this process. As a California stakeholder, you have the right to participate in Community Program Planning (CPP) activities which may shape public policy and services for years to come. You and other stakeholders have the opportunity to envision how to better serve your community and educate service providers on your needs and hopes and most importantly on the needs of your community.

The CPP ensures that a meaningful stakeholder process guides the planning of the programs under the MHSA components. This is an ongoing inclusive process involving clients, families, caregivers and partner agencies to identify community issues related to mental illness resulting from gaps in community services and support and stigma and discrimination. The CPP assess the current capacity, defines the populations to be served, and determines the strategies for providing effective services. From this process, the MHSA work plan is developed. Every county has a different process.

Terms and Definitions

Consumer or client: consumers are active or past clients of the mental health system or eligible for services in the public mental health system.

Behavioral health challenges: mental health or emotional challenges that may include substance use, intellectual challenges, dementia and/or trauma issues

Family Member: a person with lived experience of having an adult/older adult relative with BH challenges

Parent/Caregiver: A person with lived experience of raising or having raised a child or youth with BH challenges

Stakeholder: A person or group of people who impacts or is directly impacted by mental health services or, a person who represents others' interests relative to mental health services.

Consumer or Client Driven: The client has the primary decision-making role in identifying his/her needs, preferences and strengths, and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her. Client-driven programs/services use clients' input as the main factor for planning, policies, procedures, service delivery, evaluation, and the definition and determination of outcomes. (Title 9, California Code of Regulations, §§3320 and 3200-050)

Family Driven: families have a primary decision making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

Medical Model: The medical model describes the approach to illness that is dominant in Western medicine. It aims to find medical treatments for diagnosed symptoms and syndromes and treats the human body as a very complex mechanism. Critics state that because mental illness cannot be diagnosed like heart disease or broken bones with ancillary tests that it contradicts the medical model of diagnosis and treatment. In addition, this model focuses on the disease, and the treatment is determined by the diagnosis instead of determined by the strengths of the individual.

Peer ["Pares"]: A Peer is someone who shares a like experience or background with someone else as part of a group. In the context of Behavioral Health Services, it is someone who shares personal experience with mental illness and or substance abuse. May also provide services or support to other peers. Peer Support Peer Support is mutual support, including the sharing of experiential knowledge and skills and social learning and plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

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Resiliency: "An inner capacity that when nurtured, facilitated, and supported by others– empowers children, youth, and families to successfully meet life's challenges with a sense of self-determination, mastery and hope."[1]

Transition Age Youth (TAY): youth or young adults between 16 and 25 years old

Below from SAMHSA's Working Definition of Recovery from Mental Disorders and/or Substance Use Disorders[2]

The Substance Abuse and Mental Health Services (SAMHSA) recognizes there are many different pathways to recovery and each individual determines his or her own way.

Recovery from Mental Disorders and/or Substance Use Disorders: A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

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[1] Center for Innovative Practices, Ohio DMH
[2] SAMHSA, 2012 https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

- *Health*: overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.
- *Home:* a stable and safe place to live;
- *Purpose:* meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- *Community*: relationships and social networks that provide support, friendship, love, and hope.

Guiding Principles of Recovery

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds including trauma experiences that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence

from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations □ including values, traditions, and beliefs □ are keys in determining a person's journey and unique pathway to recovery. Services should be

culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma: The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

SAMHSA has developed this working definition of recovery to help policy makers, providers, funders, peers/consumers, and others design, measure, and reimburse for integrated and holistic services and supports to more effectively meet the individualized needs of those served.

Many advances have been made to promote recovery concepts and practices. There are a variety of effective models and practices that States, communities, providers, and others can use to promote recovery. However, much work remains to ensure that recovery-oriented behavioral health services and systems are adopted and implemented in every state and community. Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that

vital recovery supports and services are available and accessible to all who need and want them.

Below are questions and answers from Disability Rights California's "Mental Health Facility Diversion & Aftercare that Focuses on Recovery"[3]

What are the key components of the recovery model?
a. Hope – by and for a consumer
b. Personal Empowerment – ability to advocate for one's self
c. Respect – consumer's self-respect and respect from others
d. Social Connections – family/friend support system
e. Self-Responsibility – consumers take ownership for their own decisions and actions

What are the necessary components of the recovery model?
a. Individualized Services
b. Peer Support
c. Self-Help or Consumer-run Services
d. Culturally and Linguistically Appropriate Services
e. Living in the Least Restrictive, Most Integrated Setting

Does a mental health treatment facility have a duty to consider recovery-focused community services as an alternative to admission?

Yes. Recovery-focused home and community mental health services are required under state and federal[4] laws to minimize the stigma and discrimination associated with institutional care. However, in reality, consumers are not always provided with referrals for alternative services. That's why consumers must have mental health providers who can facilitate recovery in the least restrictive, most integrated setting.

The Mental Health Services Act (MHSA)

Championed by consumer, family member and parent or caregivers of children and youth, Proposition 63, the Mental Health Services Act (MHSA) was passed by California voters in November, 2004. MHSA taxes all California residents' income over $1 million at 1%. This tax money has gone to the MHSA fund to expand and develop multi-cultural, innovative, integrated services. Services must reflect the cultural, ethnic, and racial diversity of consumers and families served. (MHSA, 2013)

> *"Planning for services shall be consistent with the philosophy, principles and practices of the Recovery Vision for mental health consumers:*

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[3] **http://www.disabilityrightsca.org//pubs/CM0501.pdf**

[4] *See* fact sheet, "Integration Mandate of the ADA and Olmstead Decision."

(1) To promote concepts key to the recovery for individuals who have mental illness -- hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
(2) To promote consumer-operated services as a way to support recovery.
(3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
(4) To plan for each consumer's individual needs." (WIC Section 7, 5813.5 (d))

Consumer values are explicitly or implicitly embedded in the MHSA:

- Designed for voluntary participation.
- Promotion of self-help/peer support programs
- Involvement of consumers at all levels of mental health systems
- Services that deal with the whole human being
- Involvement of consumers as part of and in training of mental health work force
- Promotion of recovery as a goal

Please also see:

CAMHPRO website resources https://camhpro.org/resources/

Disability Rights California http://www.disabilityrightsca.org/

Mental Health Services Act http://prop63.org/