

Orange County MHSA Community Feedback Survey Report January 2020

Prepared by Desert Vista Consulting, January 2020

Karen W. Linkins, Ph.D.

Jennifer Brya, MA, MPP

John Freeman



WELLNESS • RECOVERY • RESILIENCE



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Introduction

Orange County has conducted extensive stakeholder engagement activities associated with the Community Program Planning Process (CPPP) for its Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23. This input is a key component of the CPPP and helps ensure that proposed MHSA programs and services reflect the core principles of MHSA (i.e., community collaboration; cultural competence; wellness, recovery and resilience; consumer- and family-driven decision making; and integrated service experience).

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs that provide services to people with mental illness or those at-risk of developing mental illness, to educate and train the mental health workforce, and to ensure that counties are equipped to serve those in need.

In recent years, HCA primarily solicited stakeholder input from written and oral public comments provided during an annual Public Forum. In 2018, HCA shifted toward engaging local community members and providers through separate community engagement meetings (CEMs) hosted in each of the County's three Service Planning Areas (SPAs; north, central, south). Through this new process, HCA reached a total of 121 community and provider participants in 2018. The 2019-20 CPPP is being carried out on a significantly larger scale than any of the previous public forums or community planning meetings that the MHSA Office has hosted.

One portion of this engagement effort consisted of fielding a survey to the community for input and feedback to help the Orange County Health Care Agency better meet the needs of the county's diverse residents. The survey was distributed electronically and in hardcopy at an array of community events and made available in a variety of languages. The online survey link was emailed to 1,320 stakeholders. As detailed below, 1,136 surveys were completed, with representation across the three SPAs.

Survey Overview

Respondents were asked to provide demographic information and to indicate the top six groups they identified as having the greatest needs or disparities across the different types of behavioral health services the County of Orange provides. The following table summarizes the service areas and populations/groups respondents were asked to consider.

Table 1: Service Areas and Populations/Groups

Service Areas	Populations/Groups
Behavioral Health System Navigation	Children (0-15 years)
Outreach & Engagement	Youth (16-25 years)
Early Intervention	Adults (26-59 years)
Outpatient Treatment	Older Adults (60+)
Crisis Services	Foster Youth
Residential Treatment (non-emergency)	Parent/Families
Supportive Services	LGBTQ
Peer Support	Homeless
Stigma & Discrimination Reduction	Students at Risk of School Failure
Mental Health & Well-Being Promotion	Veterans
Violence & Bullying Prevention	Criminal Justice Involved

Service Areas	Populations/Groups
Suicide Prevention	Mental Health w/ Substance Use
	Mental Health w/ Medical Conditions
	Racial/Ethnic Groups
	Monolingual/Limited English
	Other

Summary Findings

Across the 12 types of behavioral health services, **Youth** (16-25 years) was one of the top five prioritized populations in every single service type. Youth (16-25 years) was the number one prioritized population for eight service types. **Adults** (26-59 years) was one of the top five prioritized populations in 10 service types (all except Early Intervention and Violence & Bullying Prevention). **Children** (0-15 years) were one of the top five prioritized populations in eight service types. Individuals living with **Mental Health and Substance Use** disorders as well as those experiencing **homelessness** were each one of the top five prioritized populations in seven service types.

The following tables summarize the top five prioritized populations in each service type.

Table 2a: Top Five Prioritized Populations – Behavioral Health System Navigation; Outreach & Engagement; Early Intervention; Outpatient Treatment

Behavioral Health System Navigation	Outreach & Engagement	Early Intervention	Outpatient Treatment
Youth (16-25 years)	Youth (16-25 years)	Children (0-15 years)	Youth (16-25 years)
Children (0-15 years)	Homeless	Youth (16-25 years)	Adults (26-59 years)
Mental Health w/ Substance Use	Adults (26-59 years)	Students at Risk of School Failure	Mental Health w/ Substance Use
Homeless	Mental Health w/ Substance Use	Foster Youth	Homeless
Adults (26-59 years)	Children (0-15 years)	Parent/Families	Mental Health w/ Medical Conditions

Table 2b: Top Five Prioritized Populations – Crisis Services; Residential Treatment (non-emergency); Supportive Services; Peer Support

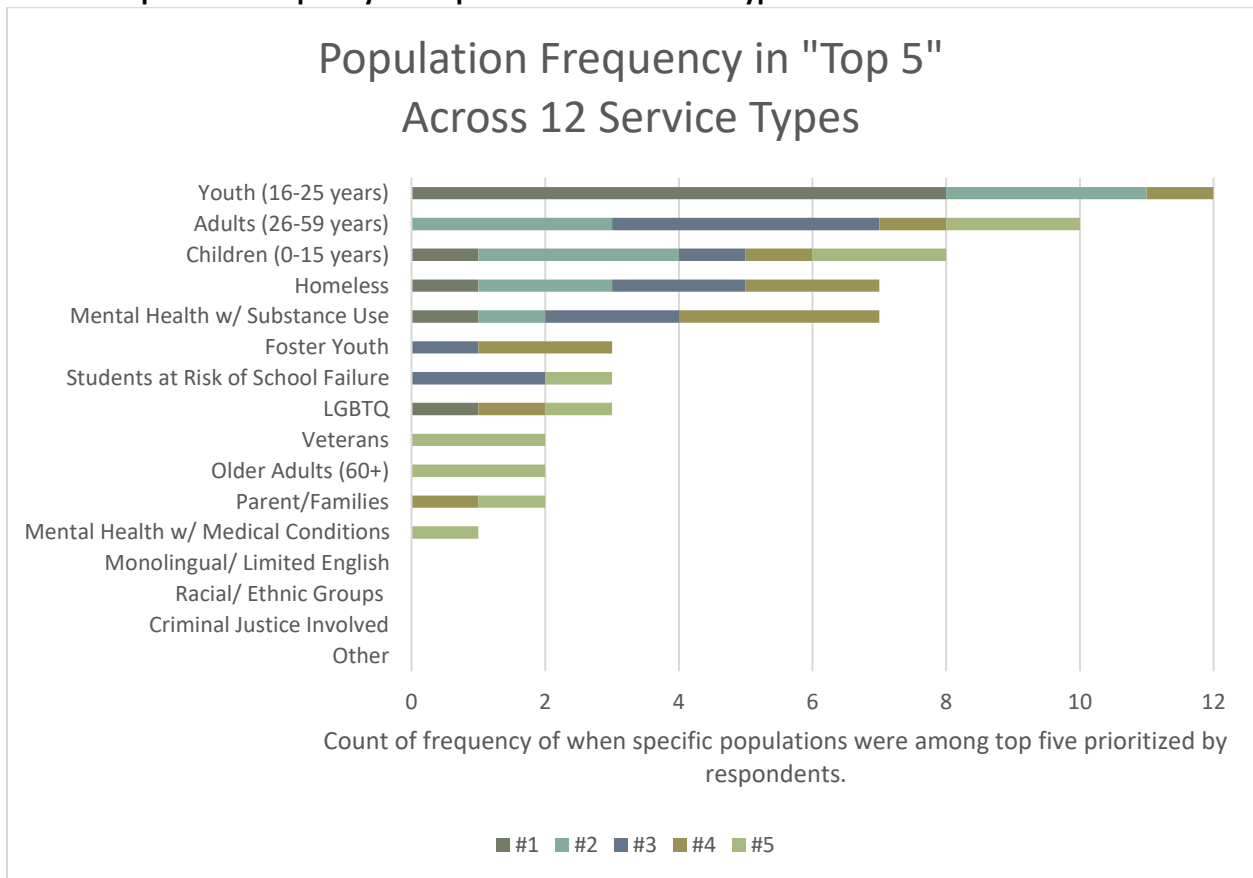
Crisis Services	Residential Treatment (non-emergency)	Supportive Services	Peer Support
Youth (16-25 years)	Mental Health w/ Substance Use	Homeless	Youth (16-25 years)
Mental Health w/ Substance Use	Homeless	Youth (16-25 years)	Adults (26-59 years)
Homeless	Adults (26-59 years)	Adults (26-59 years)	Foster Youth
Adults (26-59 years)	Youth (16-25 years)	Mental Health w/ Substance Use	Children (0-15 years)
Children (0-15 years)	Older Adults	Veterans	Students at Risk of School Failure

Table 2c: Top Five Prioritized Populations – Stigma & Discrimination Reduction; Mental Health & Well-Being Promotion; Violence & Bullying Prevention; Suicide Prevention

Stigma & Discrimination Reduction	Mental Health & Well-Being Promotion	Violence & Bullying Prevention	Suicide Prevention
LGBTQ	Youth (16-25 years)	Youth (16-25 years)	Youth (16-25 years)
Youth (16-25 years)	Adults (26-59 years)	Children (0-15 years)	Children (0-15 years)
Homeless	Children (0-15 years)	Students at Risk of School Failure	Adults (26-59 years)
Mental Health w/ Substance Use	Parent/Families	Foster Youth	LGBTQ
Adults (26-59 years)	Older Adults	LGBTQ	Veterans

The following chart summarizes the frequency that specific populations were among the top five prioritized by respondents, along with the ranking within the “top 5.”

Chart 1: Population Frequency in "Top 5" Across 12 Service Types



Demographics and Respondent Characteristics

Language

Respondents were given the option to complete the paper and online surveys in multiple languages. The following table indicates the languages in which the surveys were completed.

Table 3: Language

Language	Frequency	Percentage
English	885	78%
Spanish	165	15%
Vietnamese	53	5%
Khmer (Cambodian)	25	2%
Korean	7	1%
Farsi	1	0.1%
TOTAL	1,136	100%

Age

Question: Please indicate your age.

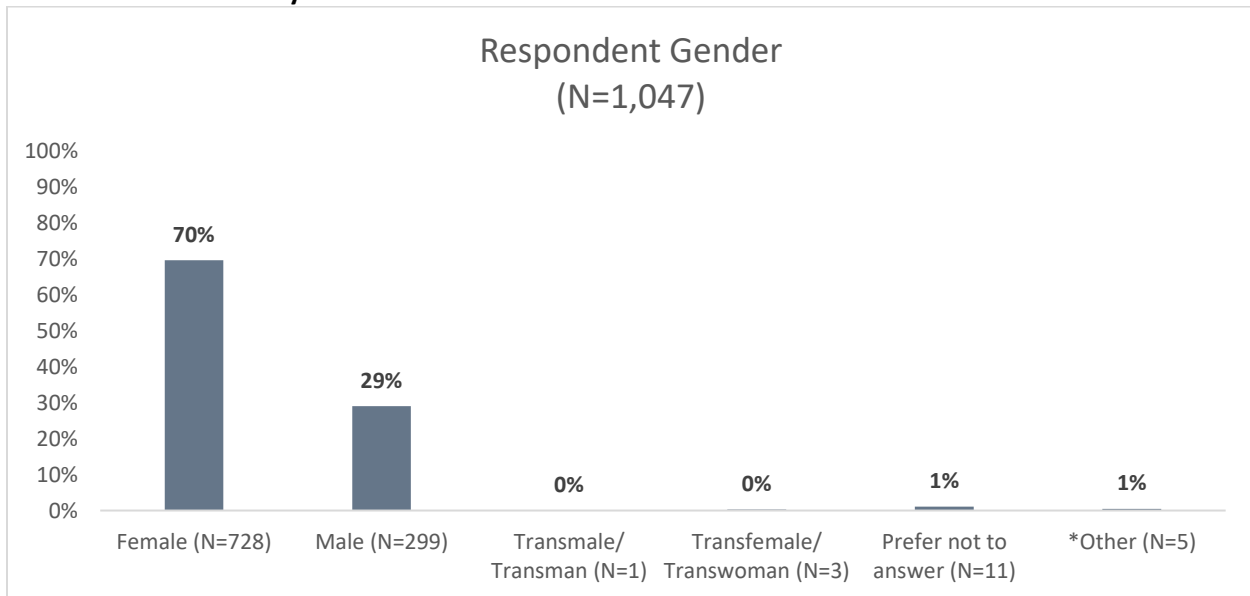
Table 4: Age

Age of Respondent	Frequency	Percentage
15 or younger	17	2%
16-24	147	14%
25-59	758	71%
60 and older	140	13%
TOTAL	1,062	100%

Gender Identity

Question: Please indicate the gender you identify with.

Chart 2: Gender Identity

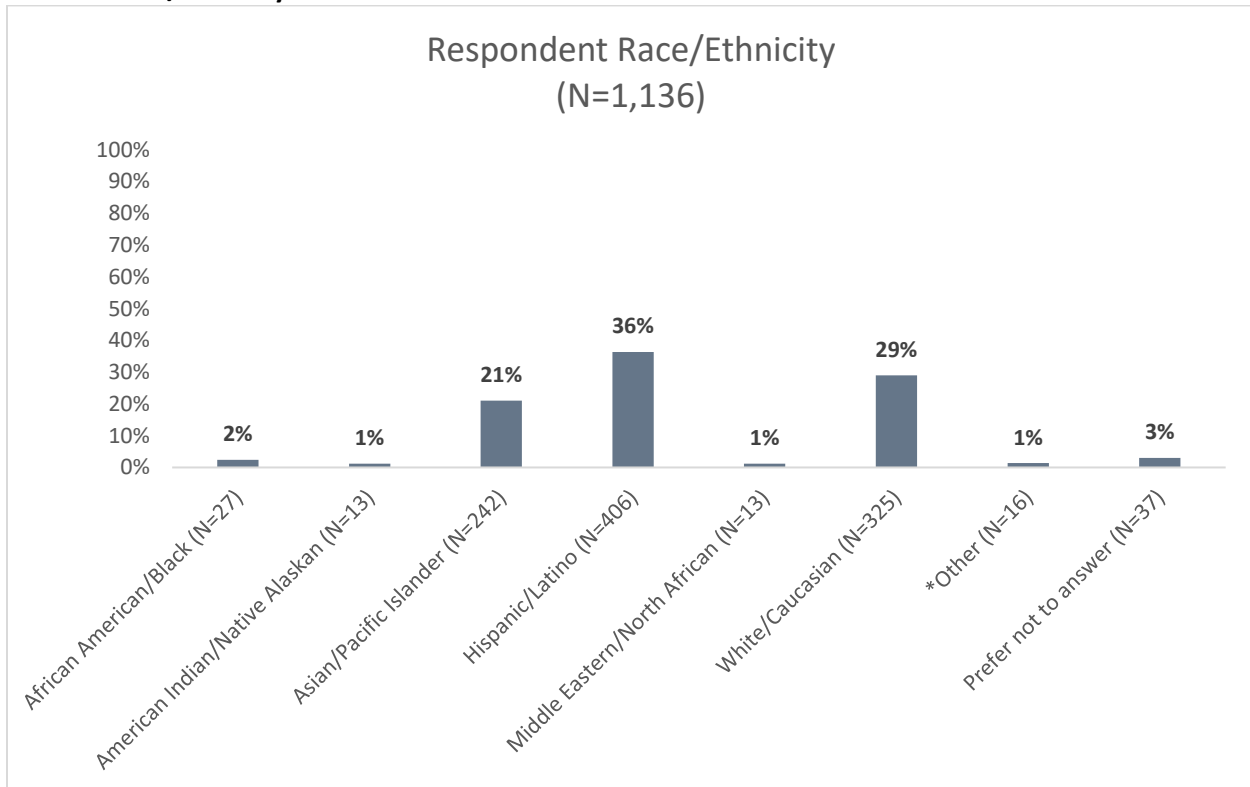


*Other includes: Binary/queer (n=1), Gender fluid (n=1), human (n=1), biracial (n=1) and Sex is not gender (n=1)

Race/Ethnicity

Question: What is your race/ethnicity?

Chart 3: Race/Ethnicity



*Other includes: Adopted/unknown (n=1), Asiatic (n=1), Cambodian (n=2), Hmong (n=1), Italian (n=1), Italian American (n=1), Italian/Puerto Rican (n=1), Lebanese (n=1), Mixed (n=1), Scandinavian (n=1), South East Asian (n=1), Vietnamese (n=1).

Note: 1 respondent answered, 'recipient of service' and 1 respondent, who answered 'other', did not specify

Consumer/Client and Family Member Identification

Question Asked: Do you identify as a consumer/client? [Paper surveys only]

Table 5: Consumer/Client and Family Member Identification

Identification Response	Frequency	Percentage
Consumer/Client	325	29%
Family Member	174	15%
No	189	17%
Not captured*	448	39%
TOTAL	1,136	100%

*NOTE: Data for this question was not captured for a total of 448 survey respondents, including 132 paper survey respondents who did not answer this question as well as the online survey respondents. The question was omitted from the online survey to protect personal information.

Stakeholder Group Identification

Question: Which stakeholder groups do you identify with or are you a part of? (check all that apply)

Table 6: Stakeholder Group Identification

Stakeholder Group	Frequency	Percentage
Community-Based Organization	320	28%
Provider of Mental Health Services	205	18%
Advocate/Advocacy Organization	193	17%
Medical/Health Care Organization	160	14%
Religious/Spiritual	154	14%
Educational Agency/Institution	147	13%
Other	99	9%
Social Service Agency	74	7%
Provider of Alcohol or Other Drug Services	43	4%
Law Enforcement/Court	30	3%
Other Orange County Government Agency	28	3%
Veterans/Veterans Organizations	16	1%

Contract Status

Question Asked: Have you/your organization ever received a County MHSa service provider contract?

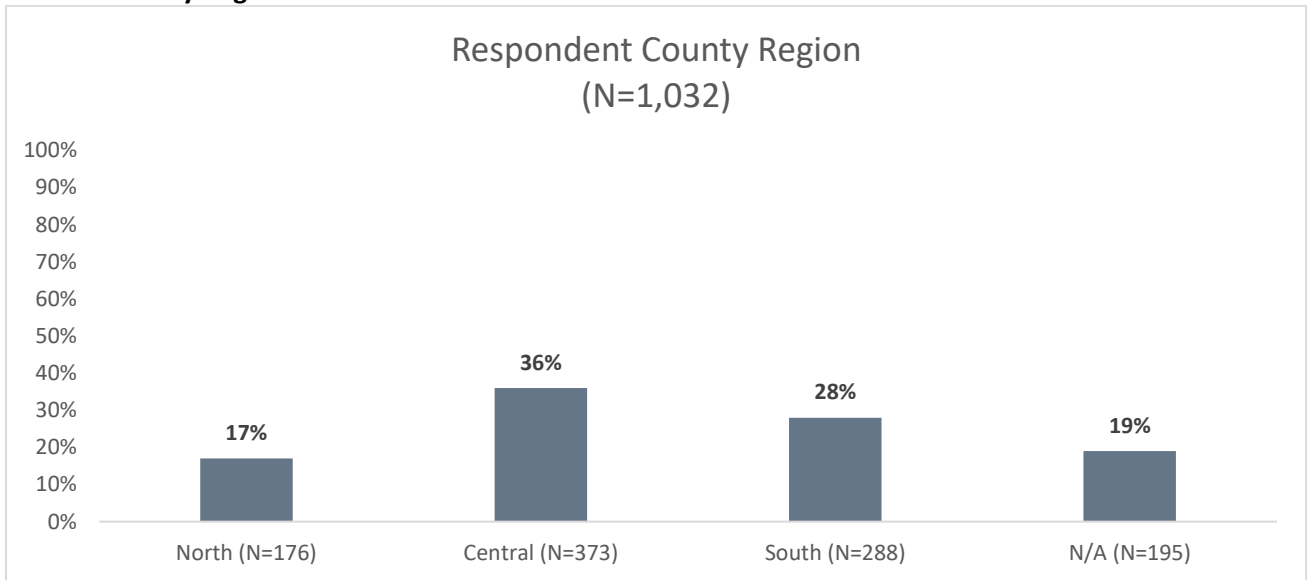
Table 7: Contract Status

Contract Status Response	Frequency	Percentage
No	748	73%
Yes	283	27%
TOTAL	1,031	100%

County Region

Question: In which part of Orange County do you primarily receive or provide services?

Chart 4: County Region



Paper Survey Location

Surveys were made available in multiple venues and settings. The following table indicates where paper surveys were completed.

Table 8: Paper Survey Location

Location	Frequency	Percentage
Community Counseling and Supportive Services Program (CCSS) PEI Program	288	35%
Picnic in the Park	195	24%
NAMI Walk	176	22%
Wellness Center	59	7%
Community Stakeholder Training Meeting	51	6%
Delhi Center Halloween Event	29	4%
BHS Outpatient Clinics	15	2%
Peer Support Program	4	1%
Supported Employment Program	3	0.4%
TOTAL	820	100%

Overall Ranking of Target Populations by Services Category

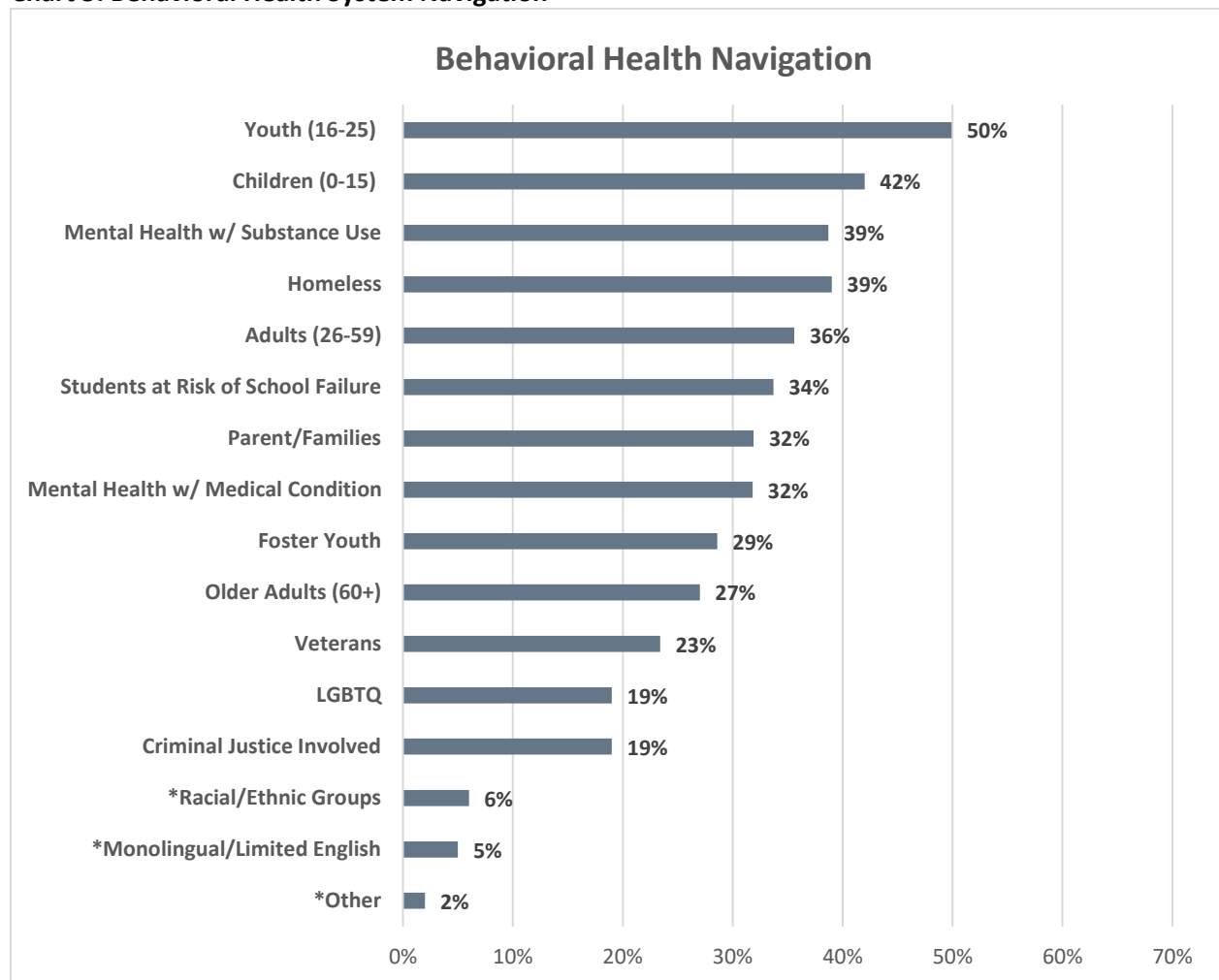
Respondents were asked to contemplate the different types of behavioral health services the County of Orange provides and then indicate the top six groups that they think have the greatest needs or disparities in that service type.

Behavioral Health System Navigation

Programs that help individuals find and enroll in the behavioral health service(s) best suited to their needs.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 5: Behavioral Health System Navigation



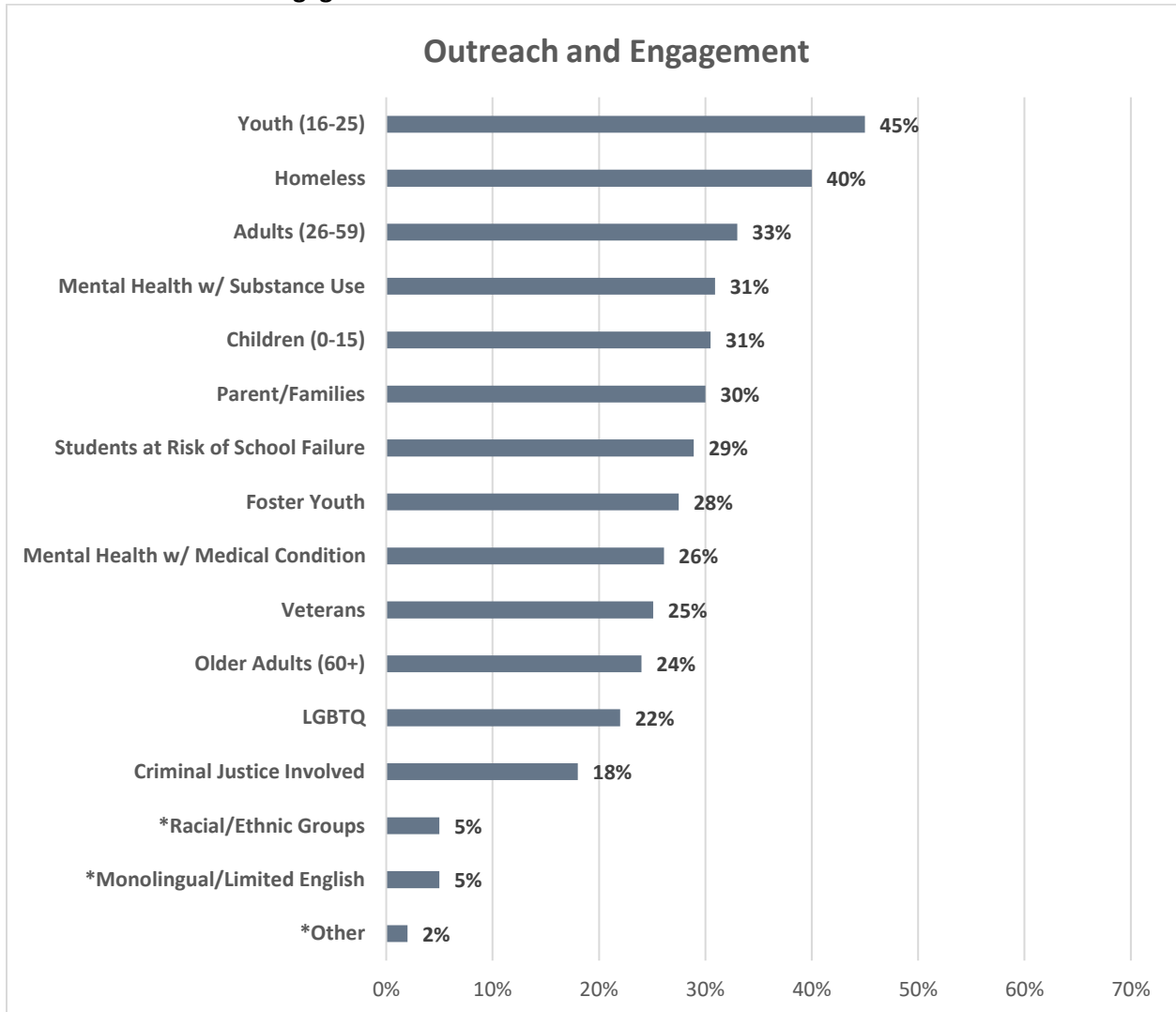
**In general, the open-ended responses reflected the threshold languages and related populations. Examples: African American/Black, Asian and Pacific Islander, Immigrants, Undocumented, Vietnamese, Hispanic/Latino, Chinese, Cambodian. "Minority communities with limited knowledge about mental health and in cultures where mental health is highly stigmatized."*

Outreach and Engagement

Programs that identify unserved individuals who are in need of mental health services, help overcome barriers and link them to appropriate services.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 6: Outreach and Engagement



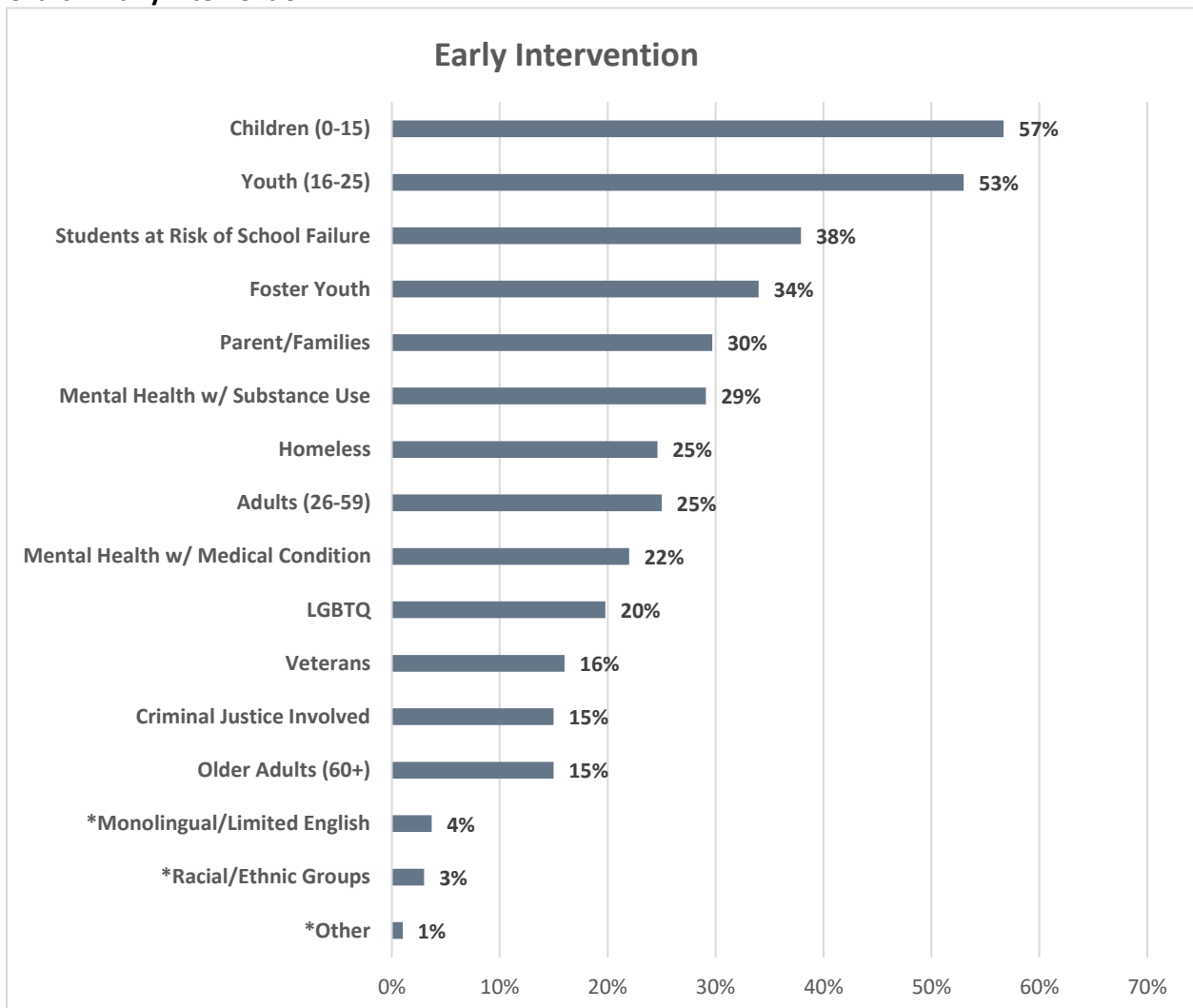
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Early Intervention

Short-term, outpatient treatment for individuals who are experiencing mild to moderate mental health symptoms or who are at-risk of developing a mental health condition. Services can include therapy, medication, referrals for services, family education, etc.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 7: Early Intervention



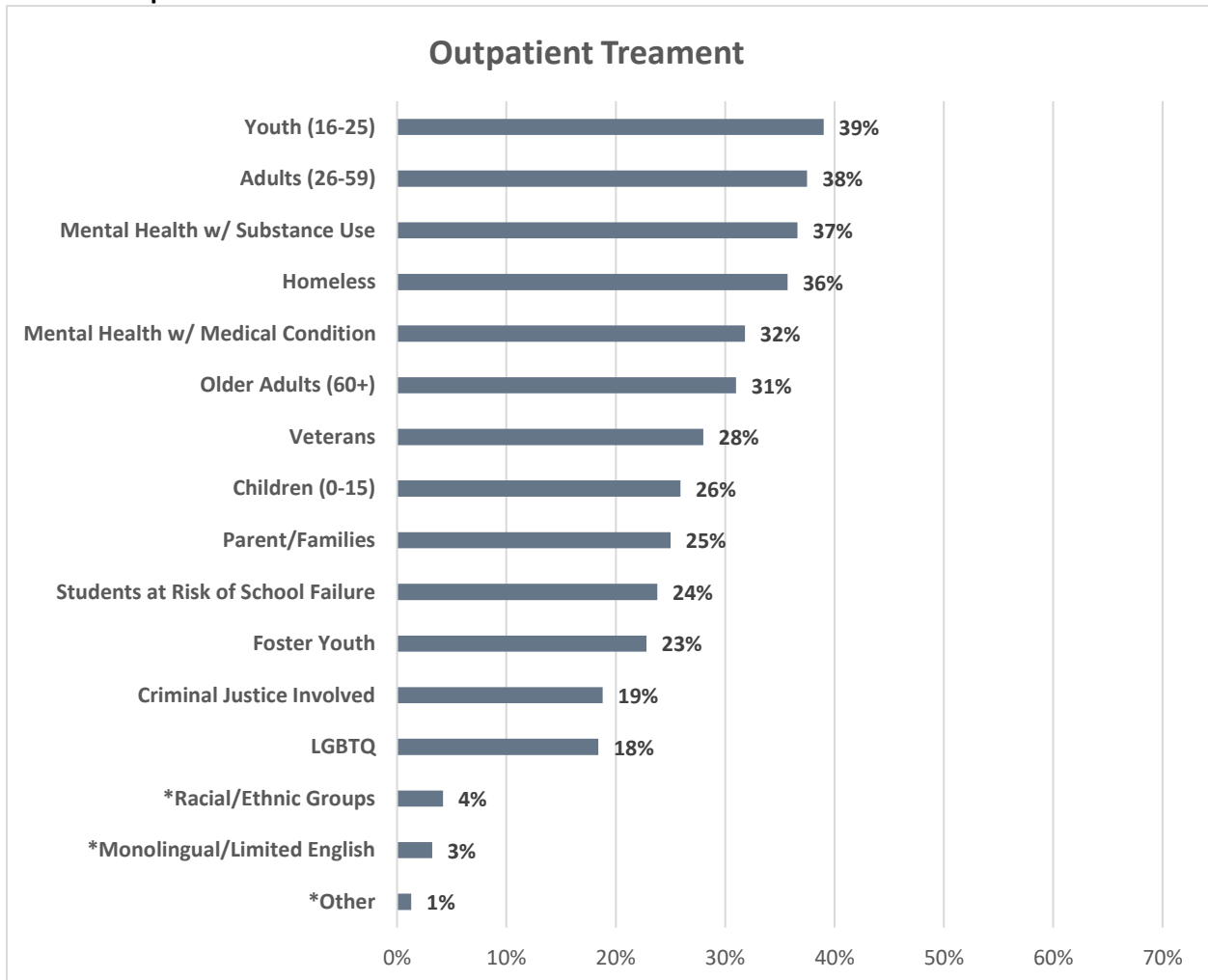
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Outpatient Treatment

Outpatient treatment for individuals living with mental health conditions severe enough to interfere with daily life (i.e., relationships, school, employment, etc.). Services can include therapy, crisis intervention, medication, peer support, referrals for services, family education etc. Type and frequency of services are tailored to the person's needs.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 8: Outpatient Treatment



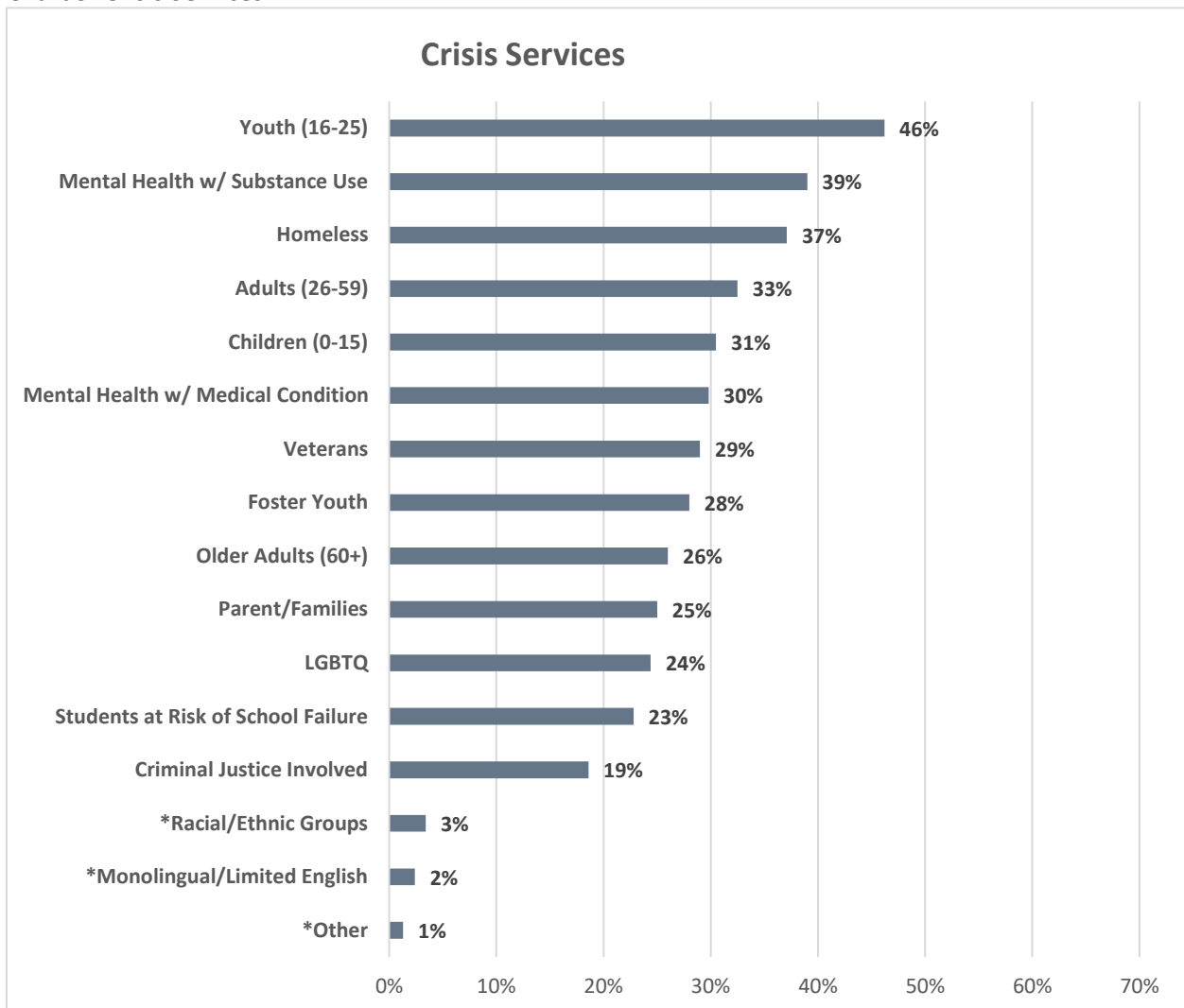
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Crisis Services

24/7 support for individuals who are experiencing a behavioral health emergency. Services range from crisis assessment to short-term (one day to three weeks) crisis stabilization provided in a clinical unit, residential treatment setting or person's home.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 9: Crisis Services



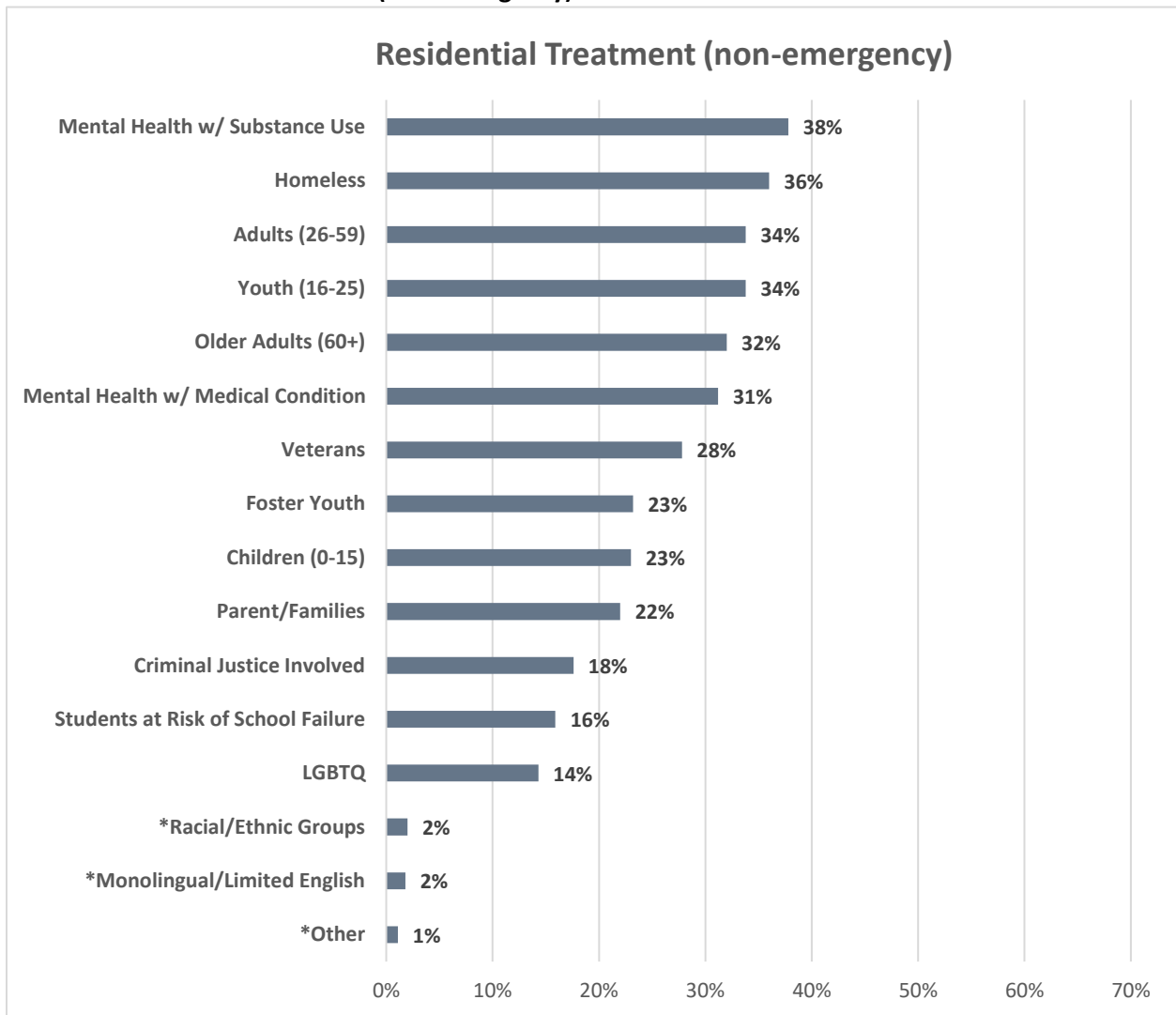
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Residential Treatment (non-emergency)

Short-term, voluntary care provided in a residential setting for individuals who are living with a behavioral health condition requiring intensive, round-the-clock support and care.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 10: Residential Treatment (non-emergency)



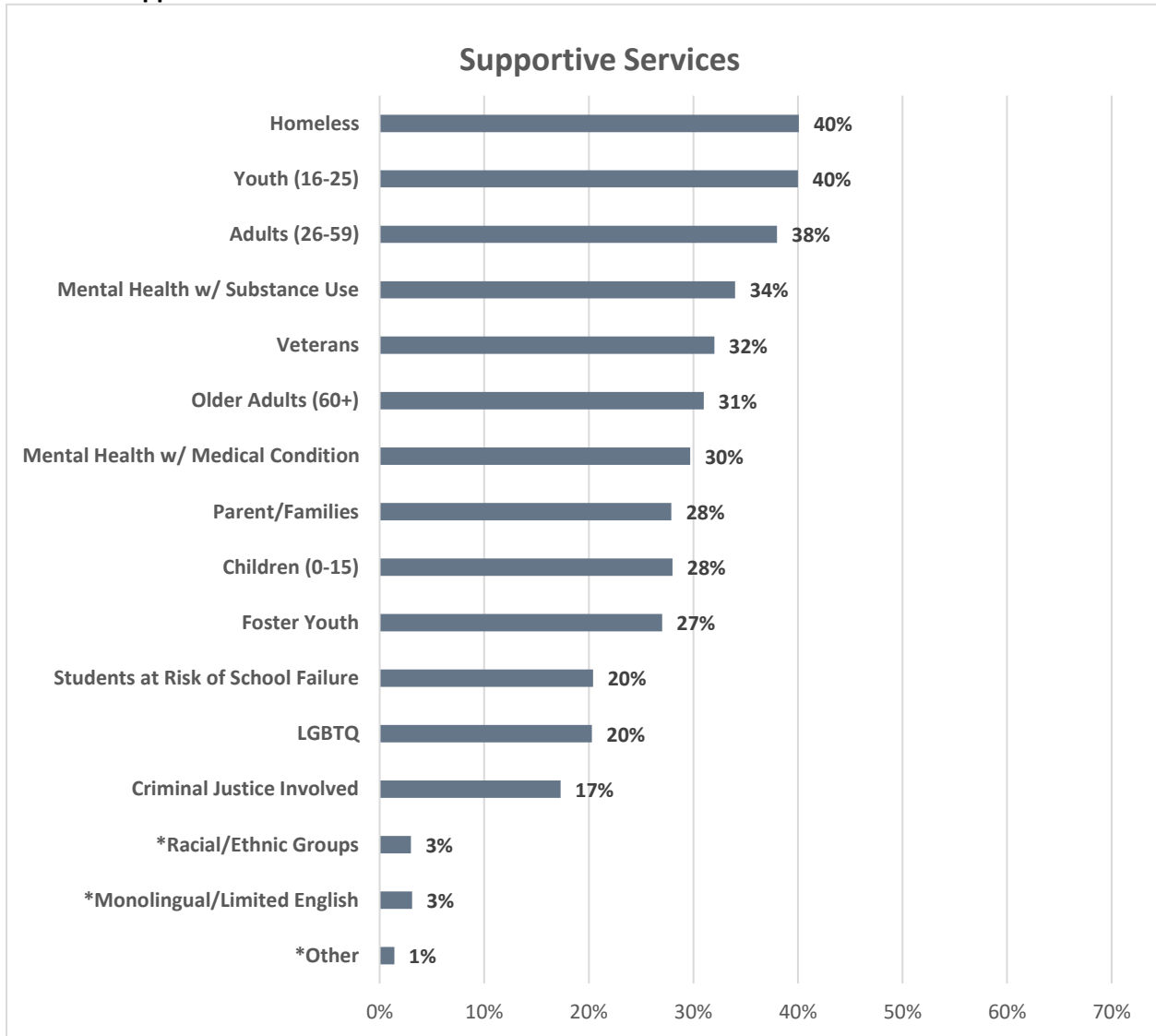
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Supportive Services

Services that help individuals who are living with a serious mental illness learn daily living skills, find or maintain housing, employment, etc.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 11: Supportive Services



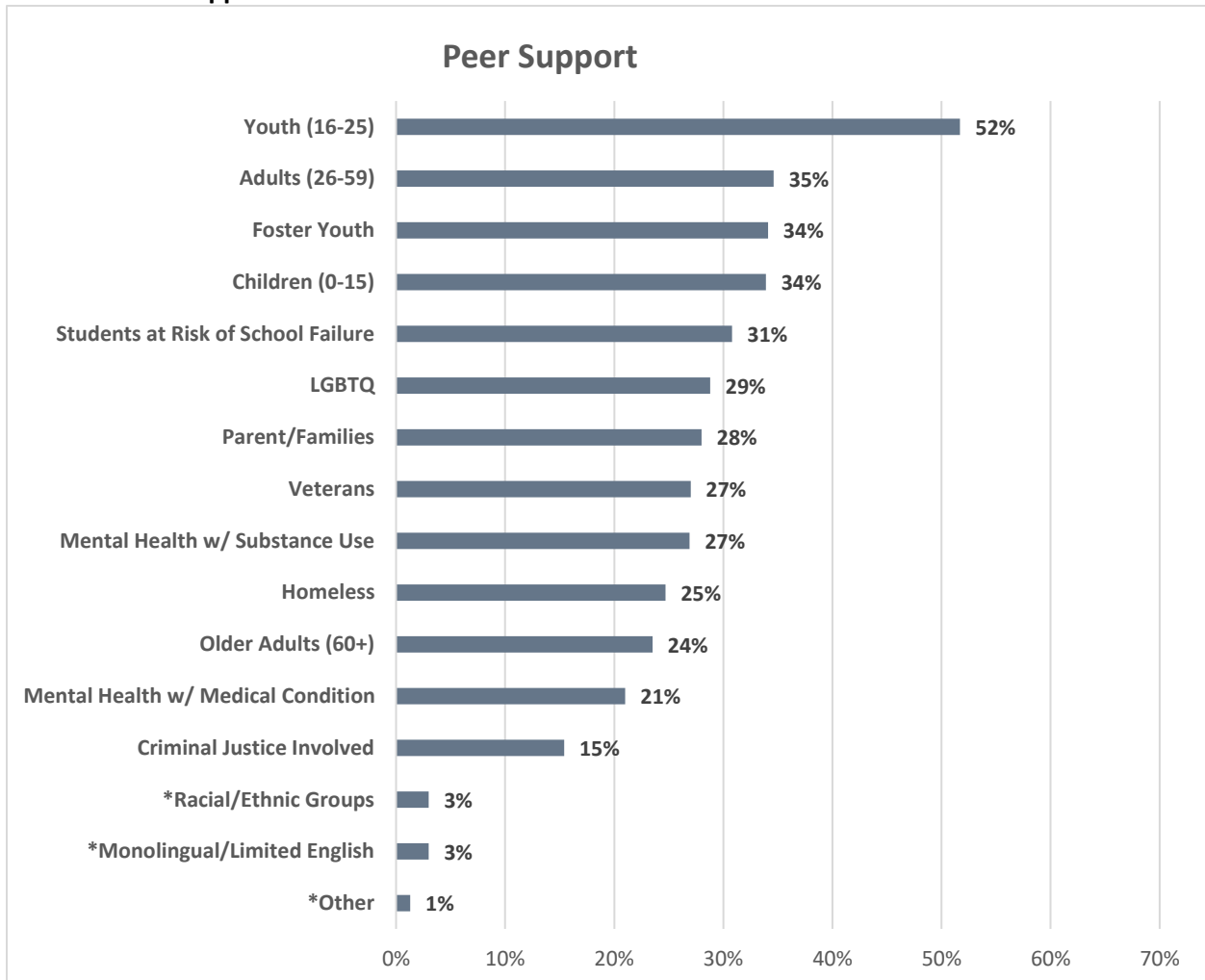
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Peer Support

Supportive services provided by people who have lived experience with behavioral health recovery and/or their family members. Services can include help finding community resources, engaging in services, achieving short-term health and wellness goals, increasing socialization etc. Family Support Specialists partners help support family members of individuals enrolled in behavioral health services.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 12: Peer Support



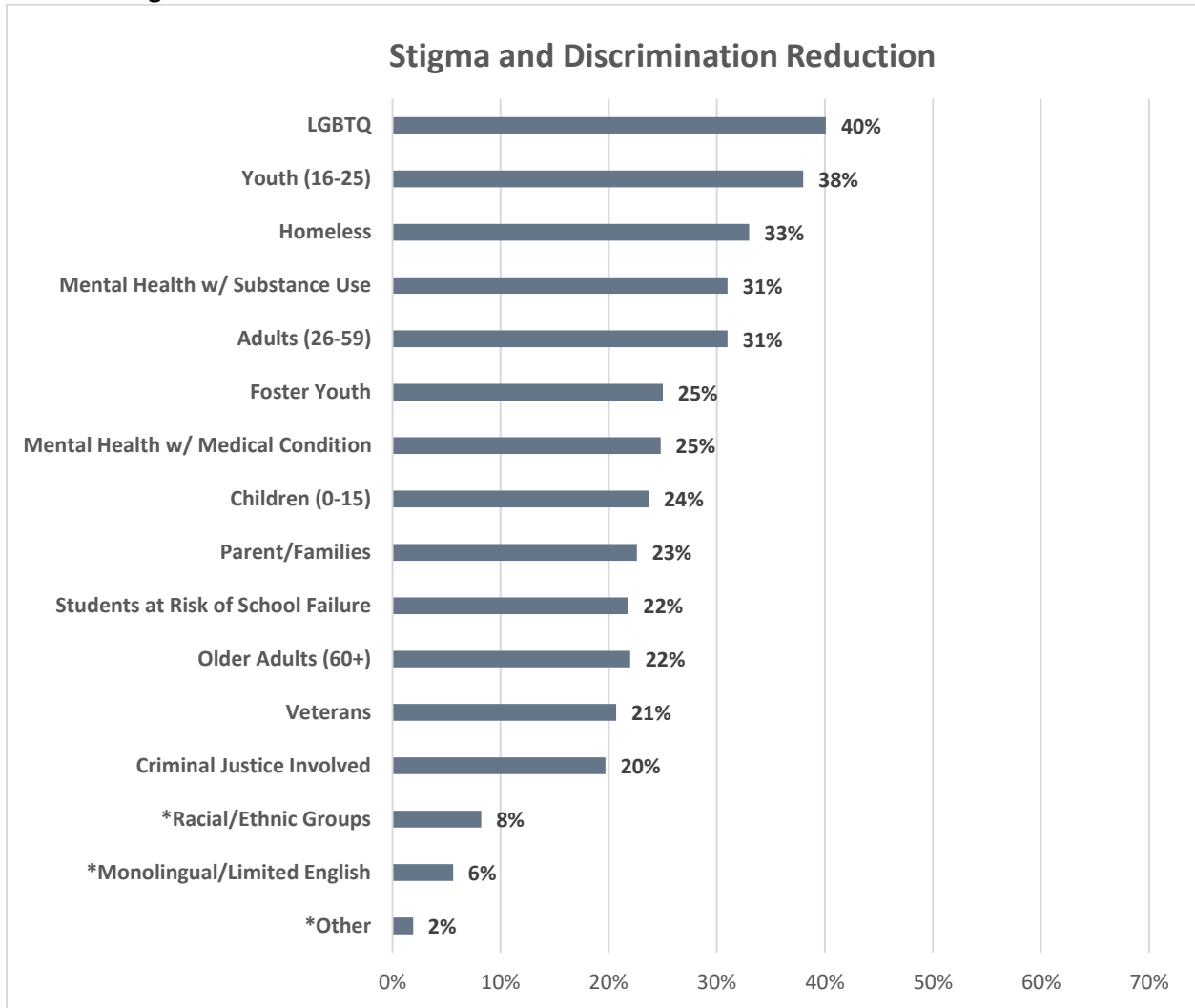
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Stigma and Discrimination Reduction

Wide-scale activities that build knowledge and help change negative attitudes about mental illness, or support help-seeking behavior.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 13: Stigma and Discrimination Reduction



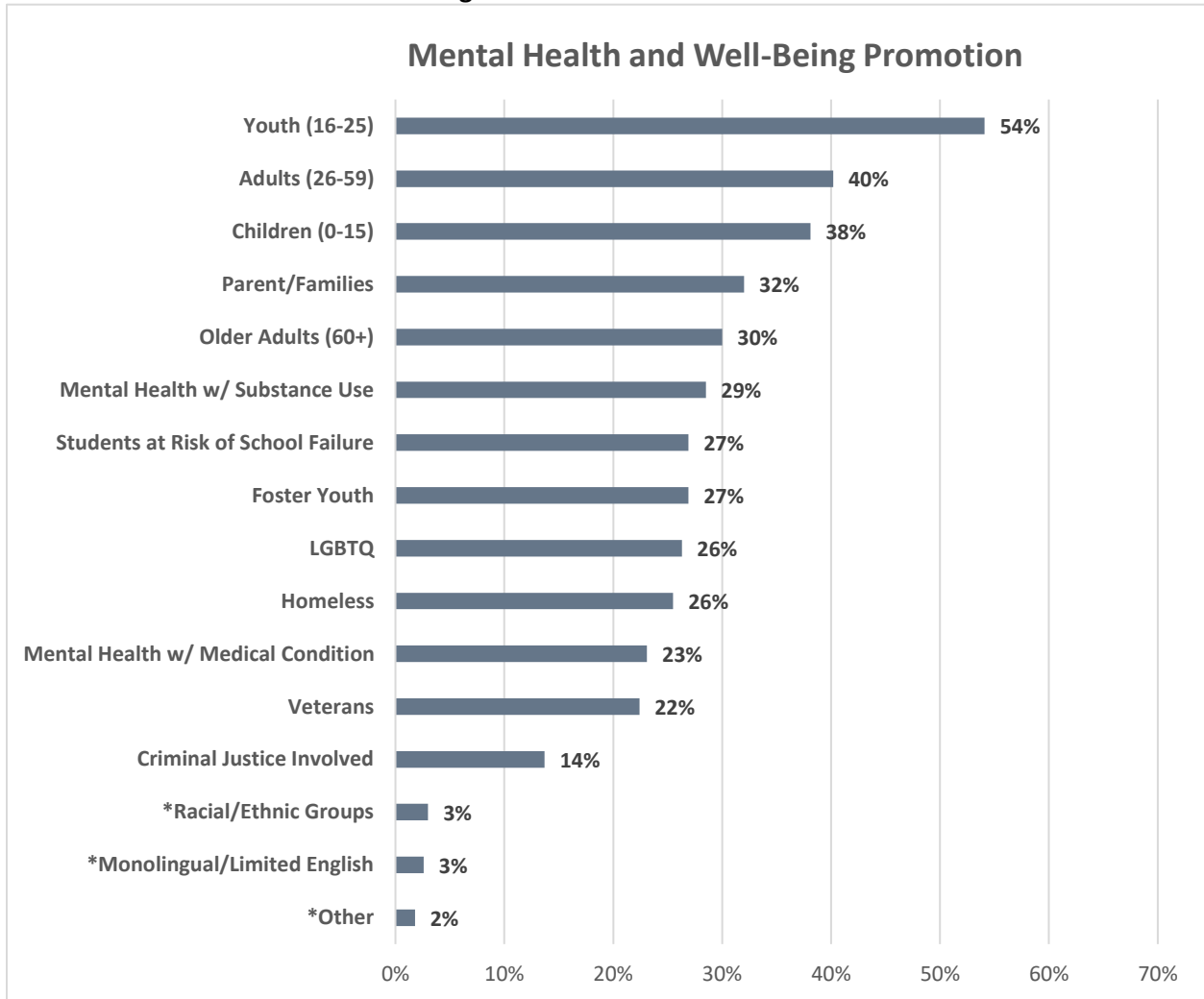
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Mental Health and Well-Being Promotion

Wide-scale activities that increase mindfulness, positive coping skills, healthy habits and/or social support as a way of enhancing resilience, recovery and well-being for individuals and families.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 14: Mental Health and Well-Being Promotion



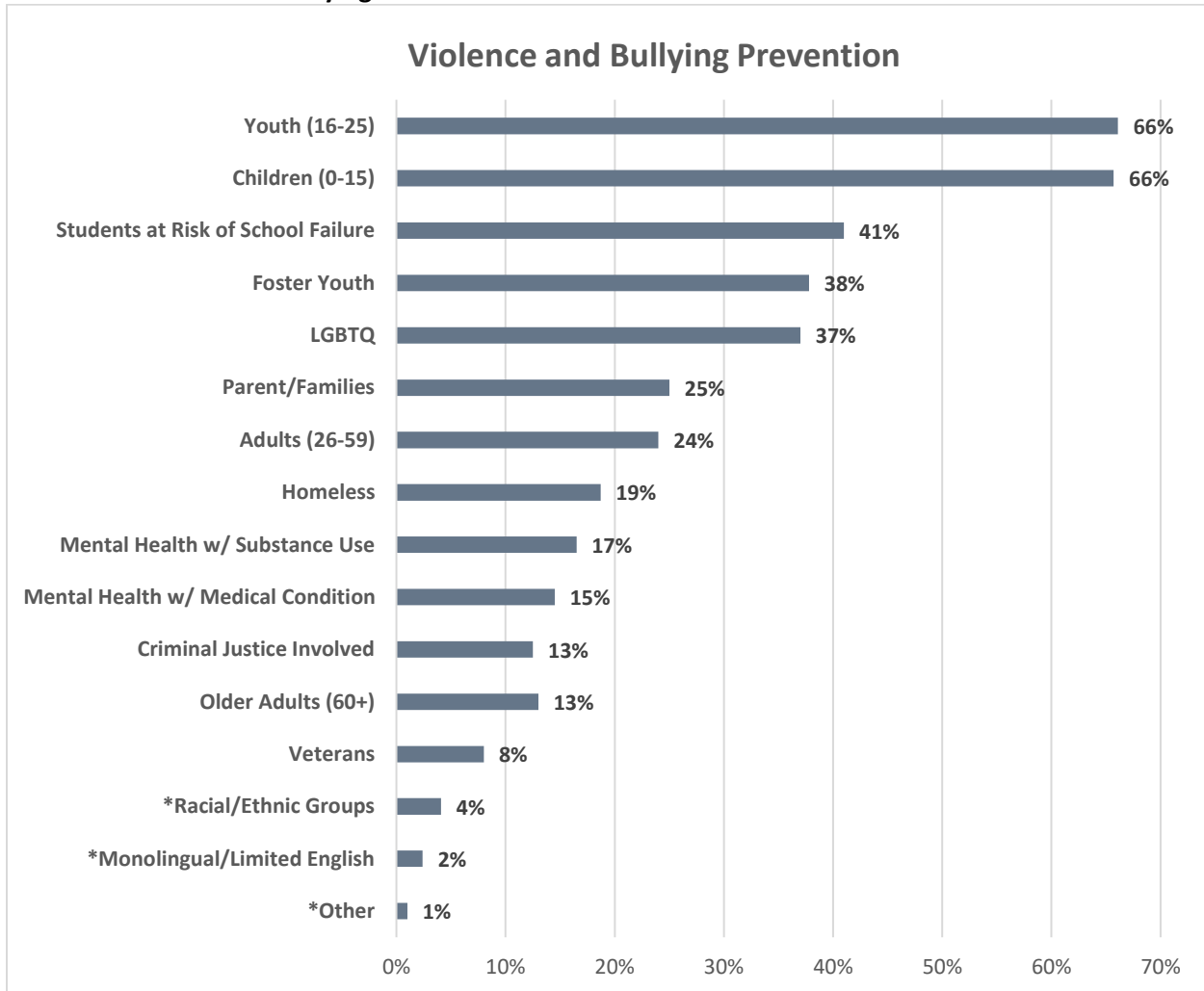
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Violence and Bullying Prevention

Wide-scale activities that decrease various forms of bullying, cyber-bullying, and interpersonal violence that may place individuals at-risk of developing a mental health condition.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 15: Violence and Bullying Prevention



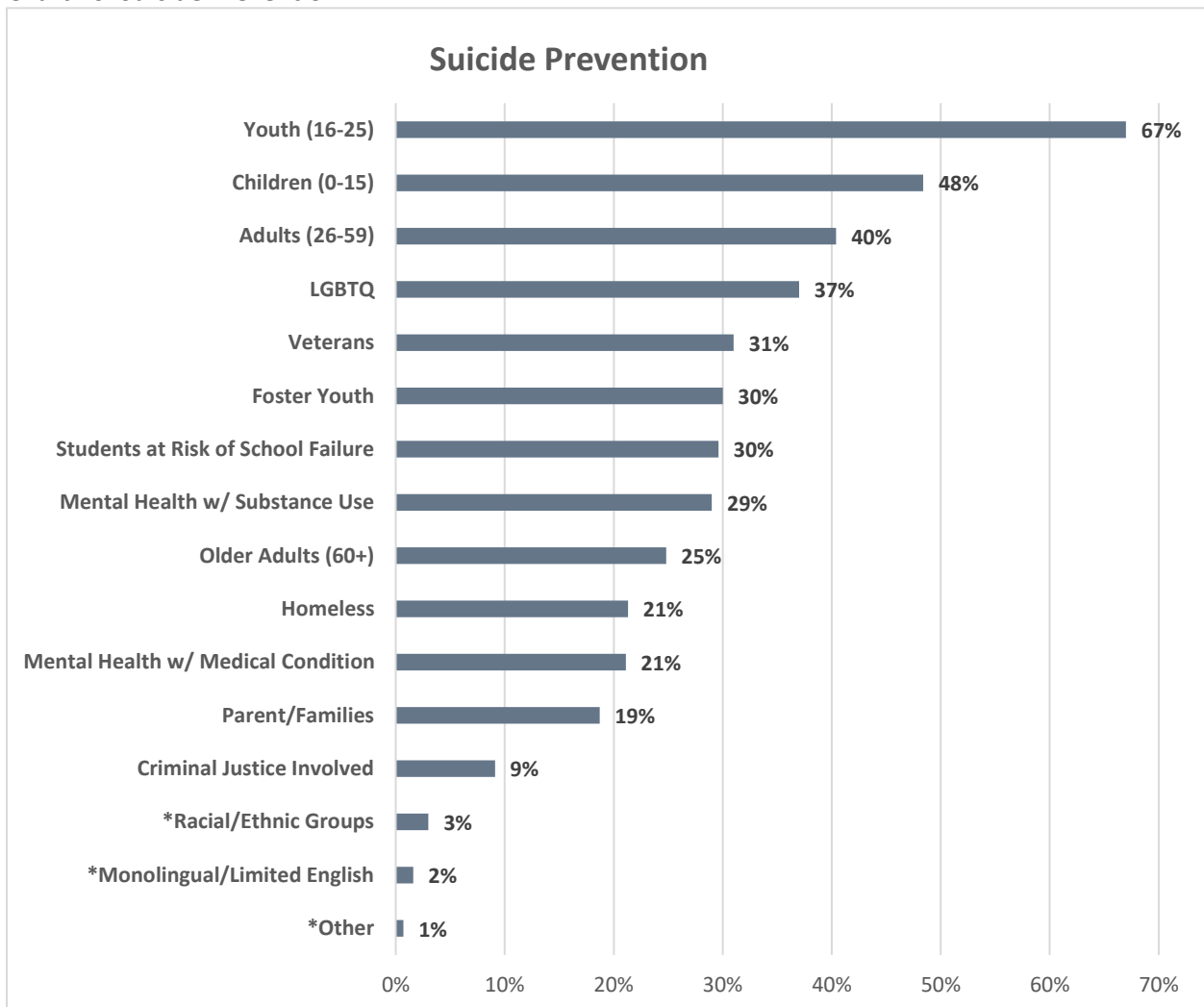
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Suicide Prevention

Wide-scale activities that educate people on how to identify and respond appropriately to warning signs of suicide, as well as crisis hotline support and supportive services for individuals whose lives are affected by suicide/suicidal thoughts.

The chart below illustrates the percentage of respondents who included the listed population in the top six groups that they think have the greatest needs or disparities in this service type.

Chart 16: Suicide Prevention



**In general, the open-ended responses reflected the threshold languages and related populations. Examples: African American/Black, Asian and Pacific Islander, Immigrants, Undocumented, Vietnamese, Hispanic/Latino, Chinese, Cambodian. "Minority communities with limited knowledge about mental health and in cultures where mental health is highly stigmatized."*

Strengths and Challenges

Strengths

Question: Please describe the strengths of providers (i.e., public, commercial, nonprofit) in meeting the needs of underserved populations, including racially and ethnically diverse populations.

A total of 138 survey respondents provided narrative feedback to the question asking about provider strengths. These responses were coded for thematic content. The following table presents the frequency of aggregated responses based on thematic categories of the respondents' qualitative entries. Survey respondents often provided feedback that spanned multiple content areas; therefore, the categories below are not mutually exclusive and will not total 100 percent. A sample of representative quotes from the qualitative entries are also provided below.

Table 9: Summary of Qualitative Responses Regarding Strengths of Providers

Provider Strengths	Frequency	Percentage
Empathy, Compassion, Trust, Understand Stigma	47	34%
Cultural Competency & Linguistic Capacity, Diverse clients	36	26%
Outreach to special populations; Community Engagement	22	16%
Access to low/no cost services/providers	22	16%
Specialized & Tailored services	21	15%
Education, Resources & Knowledge	15	11%
Collaboration & Partnership	13	9%
Community based services	11	8%
Peer Support Services	4	3%
Prevention activities	4	3%
Use of EBPs	3	2%
TOTAL RESPONSES	138	***

*** Coded themes and content are not mutually exclusive; column total will exceed 100%.

Representative quotes from qualitative entries regarding provider strengths:

“Mental health providers have been able to accommodate working parents with children under the age of 18 to utilize mental health services. The wrap around programs have made mental health more accessible to the public and services are provided collaboratively amongst other mental health professionals.”

* * *

“Orange County is building a well-coordinated system of care thanks to the diligent efforts of many stakeholders with a shared desire to reduce barriers to access and increase the quality and effectiveness of care.”

* * *

“Staff was compassionate, empathetic, & supportive. Provided all-around care (housing, medical/psychiatric, enrolled me in social security, and food stamps) when I was homeless. That was extremely important especially because social security was an extremely difficult and complicated process.”

* * *

“The providers have been reaching out to more diverse clientele over the past 10 years. There has been great outreach to the homeless over the past couple of years which has brought them more services. It is great to see them out of the riverbeds but there is still a long way to go. The veterans also seem to be getting more services which is nice instead of them having to go all the way to the VA.”

Challenges

Question: Please describe the challenges faced by providers (i.e., public, commercial, nonprofit) in meeting the needs of underserved populations, including racially and ethnically diverse populations.

A total of 199 survey respondents provided narrative feedback to the question asking about the challenges faced by providers. These responses were coded for thematic content. The following table presents the frequency of aggregated responses based on thematic categories of the respondents’ qualitative entries. Survey respondents provided feedback that spanned multiple content areas; therefore, the categories below are not mutually exclusive and will not total 100 percent.

In describing funding gaps, many respondents provided examples of specific services and programs where funding was a significant challenge and those examples are listed below. Provider capacity and potential burnout was a broader challenge mentioned by respondents, with specific gaps mentioned related to waitlists for services, high caseloads, psychiatry capacity and South County providers. Respondents provided feedback on specific sub-populations that face challenges in accessing services. Cultural and linguistic capacity of providers is another example of a “provider capacity” challenge, but because respondents mentioned specific ethnic groups that face challenges accessing culturally competent providers and/or services in their native language, we included this as its own category. Respondents provided numerous examples of challenges that are related to the mental health treatment system itself, and those are provided in the table as well. Finally, challenges associated with homelessness are highlighted as a distinct category because they span beyond the mental health provider treatment system and include broader shelter and housing capacity issues faced by Orange County.

A sample of representative quotes from the qualitative entries are also provided below.

Table 10: Summary of Qualitative Responses Regarding Challenges Faced by Providers

Challenges Faced by Providers	Frequency	Percentage
Funding for Services, Programs & Resources	74	37%
<i>Example sub-categories:</i>		
▪ Outreach/Planning		
▪ School-based programs/services		
▪ Residential treatment		
▪ Crisis services		
▪ Transportation		
▪ Housing		
▪ SUD treatment		
▪ Co-Occurring Disorder treatment		

Challenges Faced by Providers	Frequency	Percentage
Provider Capacity/Burnout <i>Example sub-categories:</i> <ul style="list-style-type: none"> ▪ Waitlists for services ▪ Caseload size ▪ Psychiatrists ▪ South County providers 	49	25%
Access to Services (Populations) <i>Example sub-categories:</i> <ul style="list-style-type: none"> ▪ Youth ▪ LGBTQ ▪ Criminal justice involved ▪ Older Adults 	32	16%
Cultural/Linguistic Capacity <i>Example sub-categories:</i> <ul style="list-style-type: none"> ▪ Monolingual communities ▪ Immigrants/refugees ▪ Native Americans 	27	14%
System Level Challenges <i>Example sub-categories:</i> <ul style="list-style-type: none"> ▪ Fragmentation/Silos (County/Community; Public/Private; MH/SUD) ▪ Navigating the system ▪ Administrative Burden/bureaucracy ▪ Provider Competition ▪ Hours of operation 	23	12%
Knowledge of Existing Resources	19	10%
Client Engagement & Follow Through in Treatment	16	8%
Stigma	12	6%
Homelessness <i>Example sub-categories:</i> <ul style="list-style-type: none"> ▪ Outreach ▪ Shelter ▪ Permanent Supportive Housing beds ▪ Affordable housing 	10	5%
Reimbursement Rates	10	5%
TOTAL RESPONSES	199	***

*** Coded themes and content are not mutually exclusive; column total will exceed 100%.

Representative quotes from qualitative entries regarding challenges faced by providers:

“Administrative barriers to access both on the commercial and public side. Shortage of qualified, culturally competent providers. Continued reimbursement challenges for Medi-Cal and commercial patients. Bifurcation of the Medi-Cal system between CalOptima and the County leads to confusion and fragmentation of care.”

“Increasingly high need in Chinese & Mandarin-speaking monolingual populations but lack of providers and a lack of translated materials (e.g. there are no notice of privacy practices translated in Chinese, there are no translated CAT team brochures in Chinese, which make it hard for monolingual families to access resources).”

** * **

“One of the challenges is not having enough of the staff to provide treatment needed in the API population. Challenges also include not being able to provide the appropriate linkages due to other community providers not having the language and cultural capability to provide services in the families' language.”

** * **

“One of the main challenges is the long wait list for individuals to connect to therapy. The lack of transportation may impact the client's ability to attend resources in the community, despite the motivation and openness towards attending the resources.”

** * **

“Oversized caseloads, limited dedicated direct time with clients/students, underpaid, burn out, lack of proper supervision, lack of professional development opportunities by employer.”

** * **

“There is a lack of housing for foster youth, LGBTQ and victims of human trafficking. Too many barriers to be accepted into housing and they are quickly kicked out due to mental health needs. Need more crisis and emergency housing.”