

CAAC MHSA Program Survey

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Summary

Consumer Action Advisory Committee (CAAC) members met with Health Care Agency (HCA) providers to evaluate Mental Health Services Act (MHSA) programs. Through a structured interview and with the aid of a short survey tool, CAAC members evaluated each program's fidelity to the 5 MHSA standards.

Mental Health Services Act Regulations

“The County shall adopt the following standards in planning, implementing, and evaluating the programs and/or services provided with Mental Health Services Act (MHSA) funds. The planning, implementation and evaluation process includes, but is not limited to, the Community Program Planning Process...and the manner in which the County delivers services and evaluates service delivery.”

California Code of Regulations; Title 9. Rehabilitative and Development Services; Division 1. Department of Mental Health; Chapter 14. Mental Health Services Act; Section 3320. General Standards.

MHSA Standards

MHSA is based on 5 standards:

- ▶ Community Collaboration
- ▶ Cultural Competence
- ▶ Client/Family Driven Services
- ▶ Wellness focused
- ▶ Integrated service experience

Community Collaboration

- ▶ Community collaboration refers to the process by which various stakeholders including groups of individuals or families, citizens, agencies, organizations, and businesses work together to share information and resources in order to accomplish a shared vision.

Cultural Competence

- ▶ Culturally competent programs and services are viewed as a way to enhance the ability of the whole system to incorporate the languages and cultures of its clients.

Client Family Driven Services

- ▶ Adult clients and families of children and youth identify their needs and preferences which lead to the services and supports that will be most effective for them.
- ▶ Adult services are client-centered and child and youth services are family driven; with providers working in full partnership with the clients and families they serve to develop individualized, comprehensive service plans.

Wellness Focused - Recovery and Resilience

- ▶ **Recovery** refers to the process in which people who are diagnosed with a mental illness are able to live, work, learn, and participate fully in their communities.
- ▶ **Resilience** refers to the personal qualities of optimism and hope, and the personal traits of good problem solving skills that lead individuals to live, work and learn with a sense of mastery and competence.

Integrated Service Experience

- ▶ Services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care.

Purpose of Survey

- ▶ Provides a method to determine from the consumer perspective whether Orange County is implementing MHSA programs in alignment with the five standards
 - ▶ Provides feedback mechanism for HCA management regarding fidelity to MHSA standards
 - ▶ Inform steering committee about the implementation of MHSA programs
- ▶ Engage and empower the consumer and family member voice

Why CAAC Members?

- ▶ CAAC is an existing MHSA committee of consumers and family members
- ▶ CAAC members bring a unique perspective as a consumer with lived experience and actively incorporates that voice into the stakeholder planning process
- ▶ Serves as educational tool:
 - ▶ Lets providers know about CAAC and its role in the community
 - ▶ CAAC members learn about the services provided by a provider

Methods

- ▶ CAAC advocates interview providers
- ▶ Providers are given the survey questions ahead of time to prepare for the interview
- ▶ MHSA staff coordinate interview time and location
- ▶ CAAC interviewers visit the provider site
 - ▶ Short tour of facilities
 - ▶ Interview with director
- ▶ Providers are graded on a 1 to 5 scale on each element and are also given a summary score
- ▶ Interviewers present findings during CAAC meetings
- ▶ Individual site visits will be summarized into aggregate data for an annual report, which will be presented to the steering committee

Survey Tool

- ▶ Survey was created with the help of CAAC members and MHSA staff
- ▶ Based on the values of the 5 MHSA standards
- ▶ 20-30 minutes to administer
- ▶ 1-3 questions on each of the standards, plus a summary score of the program
- ▶ Easy to score
- ▶ Scoring sheet attached for quick reference
 - ▶ Minimizes need for retraining

Survey: Community Collaboration

Survey Questions:

1. How does your program demonstrate community collaboration?
2. What programs do clients go to when they leave your program?
3. Do clients interact with other community programs while engaged in your program?

Survey: Community Collaboration

Scoring System:

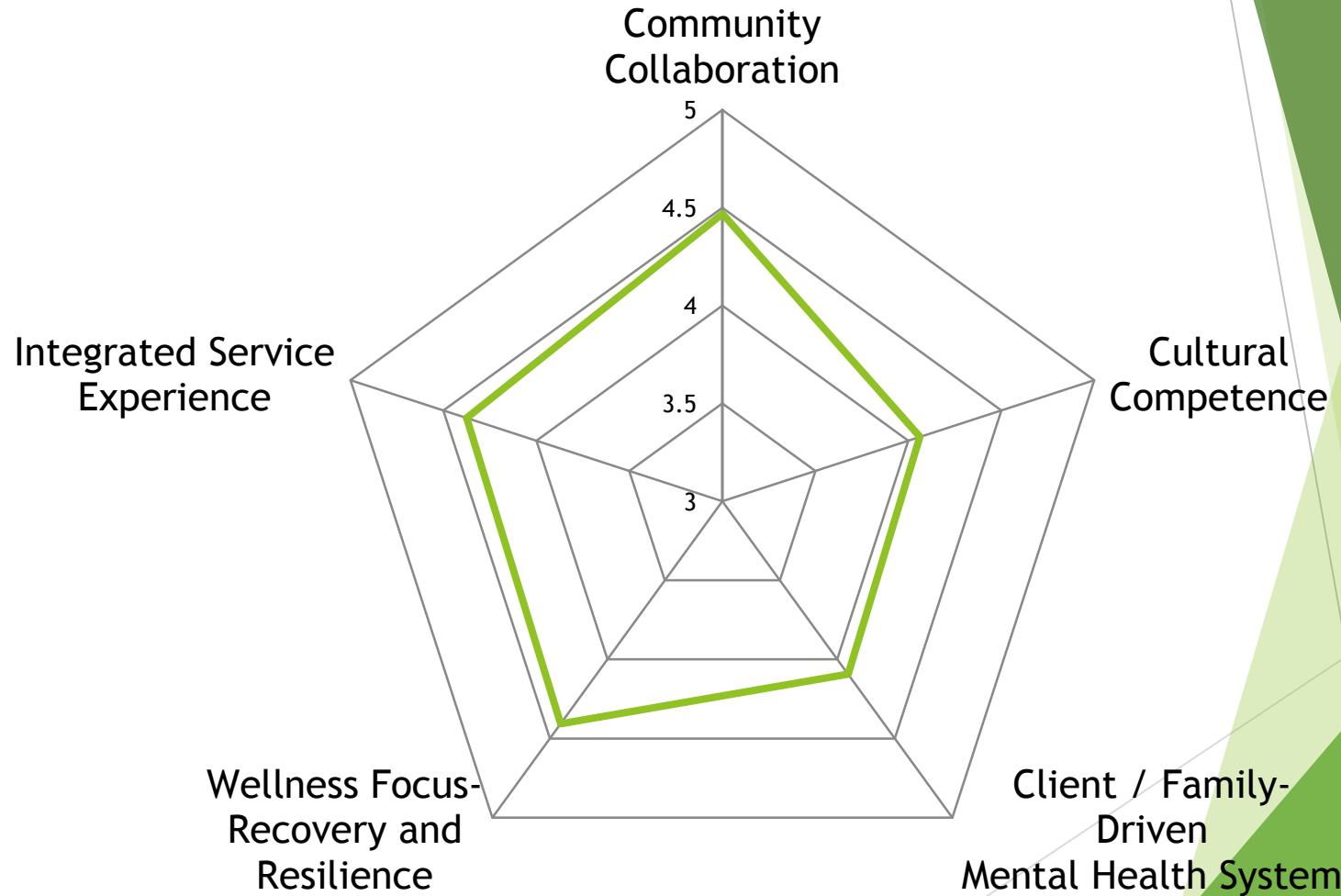
5	Provider was very knowledgeable about other services in the community (e.g., agencies, organizations, and business) and demonstrates collaboration with these services. Provider actively seeks connections with a variety of local groups through outreach and through community functions. Provider was able to give several examples of when they referred a consumer to a local community group. The referral was appropriate for the client and the situation (e.g., LGBTQ groups, cultural groups, religious organizations).
4	Provider was knowledgeable about services in the community and demonstrates collaboration with these services. They were able to give at least one example of when they referred a consumer to a local community group.
3	Provider was knowledgeable about services in the community, but does not demonstrate any collaboration with these services.
2	Provider failed to demonstrate how they work with other services in the community.
1	No interest in community collaboration.

Results

- ▶ 16 programs evaluated (through Dec 2015)
- ▶ Numbers from each functional area
 - ▶ 1 PEI programs
 - ▶ 5 Children's programs
 - ▶ 9 Adult Programs
 - ▶ 1 WET

Results

MHSA Program Scores



Results

- ▶ What are some things that programs did to receive an excellent score?
 - ▶ Cultural Competency
 - ▶ One program had all the threshold languages (English, Spanish, Farsi, Korean available) and several others available
 - ▶ Community Collaboration
 - ▶ One program was able to name a dozen other community organizations that they work with
 - ▶ Client Family Driven Services
 - ▶ Several programs provide their own transportation and daycare services

Future Research Questions

- ▶ Which standards do each functional area need to work on?
- ▶ Were there any differences among functional areas?
- ▶ Who does better, county or county-contracted programs?