

MHSA Program Surveys

Community Action Advisory Committee

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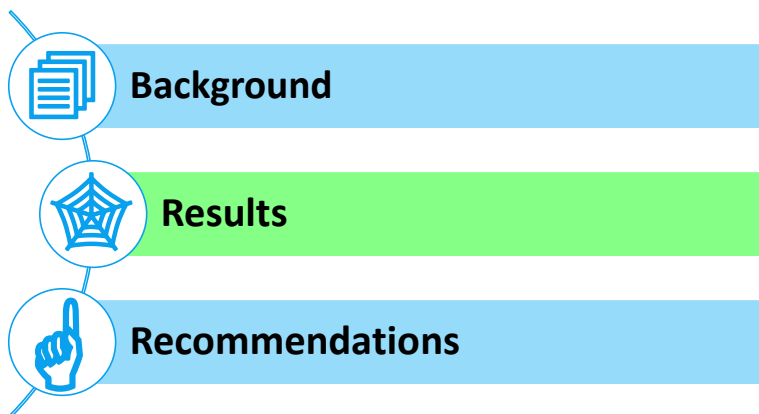
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Overview



CAAC and MHSA

CAAC

Composition

- 15 member advisory committee
- Community members with lived-experience

Mission & Goal

- Advise HCA on issues related to funding mental health services in Orange County through MHSA
- Assist HCA in ensuring MHSA programs are high quality, accessible, culturally competent, client-driven, consumer and family focused, recovery and resiliency-focused, and cost-effective

5 MHSA Core Principles



MHSA Regulations

California Code of Regulation: MHSA

CCR § 3320 states that Counties shall adopt the following standards in planning, implementing, and evaluating programs and/or services provided with Mental Health Services Act funds:

- **Community Collaboration** (CCR § 3200.060)
- **Cultural Competence** (CCR § 3200.100)
- **Client Driven** (CCR § 3200.50)
- **Family Driven** (CCR § 3200.120)
- **Wellness, Recovery, and Resilience Focused** (WIC § 5806 and §5813.5)
- **Integrated Service Experiences for Clients and Their Families** (CCR § 3200.190)

Purpose & Methods

Purpose of Survey

Fidelity

- Do Orange County's MHSAs programs adhere to the 5 core principles?

Feedback

- Provides feedback mechanism for HCA management regarding fidelity

Learning

- CAAC learns MHSAs implementation
- Providers learn about CAAC

Guidance

- Helps CAAC make well-informed recommendations during the community planning process

Methods

Survey Tool

- Developed collaboratively by CAAC and MHSA Coordination Office Staff
- 10 total questions covering 5 MHSA core principles
- Easy to score with scoring guide

Interview & Data Collection

- MHSA Office Staff coordinates time/date & accompanies CAAC
- CAAC interviews the providers
- Scores each principle on a 1-5 scale & collects qualitative information
- CAAC fills out Survey Report form, presents to committee & submits it

Changes



Improve Survey Questions



Highlights & Recommendations



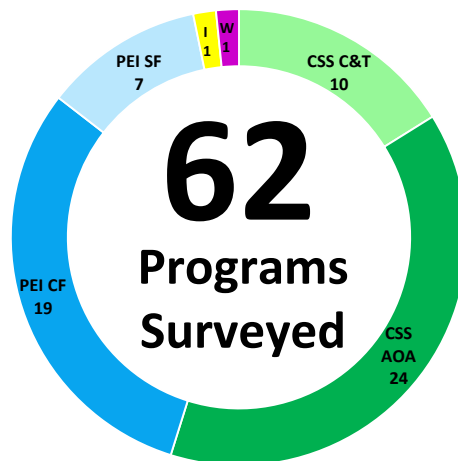
Reports for BHS Managers

Survey Results



Results - Breakdown

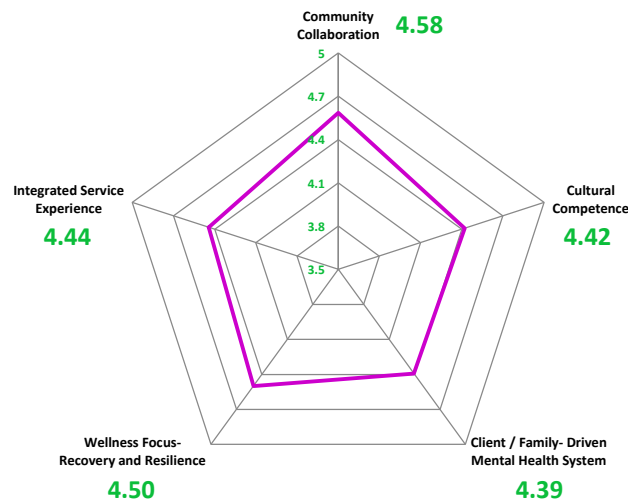
Breakdown of Surveyed Programs




- CSS Children & TAY
- PEI School Focused
- CSS Adults & Older Adults
- INN
- PEI Community Focused
- WET


Results – Overall Scores


Overall MHSA Program Scores




Qualitative Results: Community Collaboration

- 


Many collaborate with multiple agencies, organizations, programs; MH and non-MH sectors
- 


Some cross-refer, are co-located, and/or are part of multi-agency collaboratives
- 


Some do outreach, give presentations to raise awareness and promote program
- 


Most have clients participating in various programs during and after being in their program

Qualitative Results: Cultural Competence

- 


Some have staff capable of speaking most/all threshold languages
- 


Some have materials & literature in most/all threshold languages
- 


All take mandatory HCA cultural competency training, some take special trainings
- 


Some regularly discuss and do role plays regarding cultural matters during staff meetings

Qualitative Results: Client & Family Driven MH Sys.

- 


Some meet clients, have classes/groups in community, assist with transportation
- 


Many review treatment plans/goals, adjust based on clients' progress, wishes, feedback
- 


Some include family (parents, siblings, grandparents), sometimes as participants
- 


Some discuss results of surveys/evaluations, adjust based on client feedback and wishes

Qualitative Results: Wellness Focus: R&R

- 


Some have peer mentors, specialists, advocates; some are former clients who graduated program
- 


Some organize outings to help communities, e.g. food banks, beach clean ups
- 


Some allow clients to return under certain conditions, check in post discharge/graduation
- 


Many ensure client is linked to appropriate services before discharge/graduation

Qualitative Results: Integrated Service Exp.

- 

Some have physicians, NPs, nurses in-house; or work closely w/ community PCPs & psychiatrists
- 





Some perform warm-handoffs, assist client with scheduling to ensure linkages
- 

Some maintain current, comprehensive resource directory, encourage OCLinks/211
- 

Some are co-located and/or offer on-site coordination with partnering agencies





CAAC Recommendations

Recommendations 1/2

-  **Transportation: more dedicated vehicles, bus passes, gas cards, field-capable services**
-  **Outreach strategies/efforts to recruit culturally competent workforce beyond just linguistics**
-  **Perform more outreach to un-/underserved communities, work w/ appropriate agencies**
-  **Programs that are curriculum-based or rely on printed material: make sure they are translated**

Recommendations

2/2

-  **Modern mobile devices for field-capable staff to better coordinate travel, document services**
-  **More paid positions and advancement opportunities for peers & family members**
-  **Programs serving those w/ medical conditions: consider hiring health/whole health coaches**
-  **Greater use of signed consent to coordinate services with outside providers**

