CAAC and MHSA

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

- Community Collaboration
- Cultural Competence
- Client & Family Driven MH Systems
- Wellness Focus: Recovery & Resilience
- Integrated Service Experience

MHSA Regulations

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 MHSA programs adhere to the 5 core principles?

**Feedback**
- Provides feedback mechanism for HCA management regarding fidelity

**Learning**
- CAAC learns MHSA 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

62 Programs Surveyed

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

Programs

CSS C&T
CSS AOA
PEI SF
PEI CF
WET

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Results – Overall Scores

Overall MHSA Program Scores

- Community Collaboration: 4.58
- Integrated Service Experience: 4.44
- Cultural Competence: 4.42
- Wellness Focus-Recovery and Resilience: 4.50
- Client / Family-Driven Mental Health System: 4.39

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

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