

Prevention	Children/Youth Focus	School/Student Focus	Family/Parent Focus	Specific Services/Intervention	Addressing Stigma	Addressing Trauma	Underserved/Vulnerable Communities & Groups	Culturally/Linguistically Appropriate Programs/Services	Community Education, Events, Strengthening, Building Resilience	Provider Support & Training/Staffing Related
Mckinney-Vento school programs addressing trauma	✓									
Reach all student, not just limited number of schools		✓								
Reach 100% of the school districts		✓								
Community mental health education and violence prevention for adults				✓					✓	
Violence prevention & suicide prevention in "families" because of the lack of education to prevent it				✓					✓	
Family Education programs need to be more extensive to recognize when someone is high risk for suicide			✓	✓					✓	
Culturally appropriate activities that promote mental illness prevention while embracing cultural awareness								✓	✓	
Community Wellness Program promoting cultural activities						✓	✓	✓		
Southeast Asian refugees suffered horrendous trauma which many did not come to terms with. Many genocide survivors still view mental health as a taboo concept. Therefore they're not often seeking help						✓	✓			
Community Wellness Program promoting cultural activities						✓		✓	✓	
Community mental health education in minority languages (Khmer)							✓	✓		
It is important to me because I witness a lot of stigma, violence and mental issues in my community					✓	✓			✓	
Stigma reduction among Cambodians					✓		✓			
Stigmas can be reduced by educating the community in culturally appropriate languages about mental health/wellness and how to prevent crisis					✓				✓	
Stigma reduction to teach behavioral health and mental health to be recognized as "brain disease"					✓					
Stigma reduction in all ages					✓					
Prevention from illness (ex. Diabetes among elder, how to eat properly)				✓						
Suicide (high school)				✓						
Suicide prevention for teens				✓						
Suicide prevention Jr high - 12				✓						
Suicide prevention children				✓						
Suicide All ages				✓						
Suicide prevention for transgender Families			✓	✓			✓			
Expand investment in early childhood mental health (ECMH) to at least \$10 million per year	✓									
Establish ECMH public/private funding partnership to leverage private resources for 0-5	✓									
Start @ elementary school, help teachers identify mental health issues	✓									✓
Children 0-15	✓	✓								
Early diagnoses for treatment				✓						
Mental physical behavioral health				✓						
PMD training in recognizing mental illness										✓
PMD training in prescription										✓
Help in education									✓	
Suicide in the schools for kids K-12		✓		✓						
School grades 1-12 should include a health unit on toxic masculinity		✓		✓						
Suicide mandated reporting				✓						
They should speak in regards to their rights				✓						
Group counseling services for individuals in criminal justice system and at-risk youth	✓			✓			✓			
Utilizing peer mentors! Strength based model. Prevention in employment also, before termination. A doable plan that consumer thoroughly understands. PSR model. Listen to consumers, no dictating. They need to be heard.				✓						✓
More help to the Spanish speaking community to be better informed regarding prevention								✓	✓	
More info in Spanish								✓		
More info on prevention in the community in different language depending on the culture in OC								✓		
Info in Spanish, more workshops for the parents			✓					✓		

Housing	Supportive Services and Staffing	Increase Housing Units/Availability/Access/Quality	Specialized Housing/Special populations	Affordability	Underserved/Vulnerable Communities & Groups	More Collaborations/Partnerships
Service-enriched housing instead of PSH model	✓		✓			
Affordable housing and rental assistant for individuals with mental illness who are older adults			✓		✓	
Long term rental assistance for all populations individuals/families earning/receiving 30% or below AMI					✓	
Pay/subsidize rent for extend period of time. Beyond transitional housing. Families and individuals with medical and BH needs				✓		
Very important to have stable safe housing get you rest and safe from flu, cold, etc.		✓				
Eviction advocacy for all housing	✓					
Eviction prevention for families w/ children	✓					
Housing lists need to be current. I received one that was from 2013		✓				
Secure housing and above the "basic" requirements. Some are substandard!		✓				
Better quality and addition units		✓				
Background check on staff. Also their education on subject	✓					
Individuals involved with criminal justice/courts/jail			✓			
Individuals with cooccurring SUD & mental health conditions			✓			
More dual diagnosis housing			✓			
One system that will provide families with minor's access to rapid rehousing in all OC		✓				
LGBTQ					✓	
Veterans					✓	
Veterans					✓	
Seriously mentally ill pre 65 year old adults					✓	
Transitional Age youth					✓	
More beds/housing needed for mental health Transitional age youth 16-28		✓			✓	
Older Adults					✓	
Serious mentally ill young adults					✓	
College students					✓	
More housing beds available		✓				
Access to housing not based on insurance but need		✓				
Offer more available housing in the south OC area for recovery and mental living		✓				
Separate housing according to sex and age		✓				
100+ Housing units for individuals with medical/physical disabilities		✓	✓			
Have a system of 50 units solely for families. Have accountability for them on-site	✓	✓				
More permanent supportive housing designed for individuals with serious mental illness		✓				
There needs to be Spanish speaking staff. A need for divulgation	✓					
More support for programs of residential for patients and support for residential program in the community	✓		✓			
More divulgation of residential programs		✓				
More Peer mentors	✓					
Educating landlords, managers, everyone involved about psycho social rehabilitation model, strenght-based model and to be patient with consumers weaknesses as they strive to be better themselves	✓					✓
Meeting them where they're at	✓					
Increase rent assist				✓		
Revive the Fairview developmental Center to house the mentally ill folks		✓				

Behavioral Health Clinic-Based Outpatient Services	Service Delivery/ Improving Access	Specific Services/Intervention	Expansion of Services/Staffing	Addressing Trauma	Dual-Diagnosis/Co- Occurring SUD-MH	Underserved/Vulnerable Communities &Groups	Culturally/Linguistically Appropriate Programs/Services	Children/Youth Focus	Family/Parent Focus
Cultural competency & understanding of Cambodian traumas in behavioral health clinics				✓		✓	✓		
Language Access in behavioral health clinic setting	✓						✓		
Language and cultural access							✓		
Lack of outreach and engagement in Cambodian community causes many residents to assume that they are helpless when they face problems with legal service, emotional supports and education						✓			
Proper referral to and from clinics that promotes trust in a strongly underserved community						✓	✓		
All population find mental health support to reduce stress, especially among vulnerable population		✓							
Children of Cambodian people who suffer from Cambodian genocide also suffer from mental stigma that their parents pass down to them in daily behaviors and treatments						✓	✓		
Destigmatize BH clinics among Khmer genocide survivors (may be intimidating to survivors who spent time at prison camp)	✓						✓		
Mental health is being seen as ashamed issue to talk about in Cambodian families but many people need help overcoming trauma from our history of Khmer Rouge Cambodian genocide Older Adults need mental health support and peer/community support		✓		✓		✓	✓		
need to provide daily groups: be like College Hospital		✓							
Have more group therapy, mindfulness, stress management, life skills, time management		✓							
Wraparound services for children and family		✓							
Foster youth, families, college students, ethnic/linguistic culturally/underserved, co-occurring SUD and mental health						✓	✓	✓	✓

Mobile Behavioral Health Outpatient Services

Education about police intervention
 Education in schools & community program for referrals and resources
 Educational campaigns in appropriate language of underserved communities
 Promote community based wellness & healing
 Culturally appropriate community wellness programs (don't shame cultural practices)
 Reduce disparities to access to mental health care for Cambodians (young and older)
 Target: After-school programs
 Target: Schools
 Mobile Screening (@ health fairs, etc.)
 Mobile needs to be able to provide transportation to all
 Have clinicians who visit clients in their homes travel in pairs always for safety and security
 Cultural sensitive/language access wrap around services for families and children
 More effective outreach to target populations

Community Education	Culturally/Linguistically Appropriate Programs/Services	Specific Services/Intervention	Expansion of Services/Staffing	Improved Access/Outreach	Children/Youth Focus	Family/Parent Focus
✓						
✓						
✓						
		✓				
	✓					
		✓				
		✓				
		✓		✓		
		✓				
			✓			
				✓	✓	✓
				✓		

Services for those living in Supportive Housing

Additional Services/Staffing

Oversight/Evaluation/Guidelines

Family Focus

Services need to be more and better oversight and accountability

✓

On-site mental health professionals (full-time) to provide supportive services such as case mgmt, group therapy, mentoring programs

✓

Comprehensive mental health services for families/children

✓

Follow-up research to track outcomes after a resident is discharged

✓

Assistance with monitoring those living at home and issues of concern (more support staff)

✓

Counseling, budgeting classes, drug & alcohol classes

✓

Occupational training

✓

Individual counseling

✓

In-house counseling with therapist in recovery houses, addiction and mental

✓

Provide classes on basic living skills, job interviewing, banking, shopping, basic hygiene

✓

Medication management 24/7 supervision for higher risk (suicidal) population

✓

Relapse prevention

✓

Offer more than 12-step programs

✓

Individual with co-occurring SUD & mental health conditions

✓

Keep families updated

✓

Assist families to help their loved one more easily

✓

✓

Apply MHSA rules instead of HUD rules to residents of supportive housing

✓

School-Based Mental Health Services	BH Staffing in the Schools	Screening/Assessment & Access/Linkage	Establish/Expand Services in Schools (Including Specific Services)	Underserved/Vulnerable Communities & Groups	Culturally/Linguistically Appropriate Programs/Services	Family/Parent Focus
Community education			✓			
Student education (signs, resources)			✓			
School courses on types of addictions and outcomes later in life 9-12 grade			✓			
Parent & student classes regarding mental health - mental health counselors @ schools			✓			✓
Parent education (signs, resources)			✓			✓
Mandatory course @ schools educating on forms of bullying (K-12)			✓			
Social workers/counselors	✓					
Con-site clinicians everyday	✓					
Heads up checkups screening for all secondary school children		✓	✓			
More help to adults and kids in pre K-12 to identify bullies			✓			
Monitor elementary and TAY in school for problem behavior		✓				
Suicide prevention all ages, mandated reporting			✓			
More program and resources for each school district in OC, information on services for special needs in the schools and in the community			✓	✓		
That we receive psychological help for parents when a child is diagnosed with a disability						✓
Peer mentors meeting and mentoring them through, hand in hand to appointment, dmv, social services, school, recreation, educating and informing family about progress			✓			
More services in Spanish and Flyers in spanish, more useful brochures in all languages in the lobbies Information and flyers in Spanish					✓ ✓	

Crisis Treatment	Underserved/Vulnerable Communities & Groups	Timely Access/Linkage & Availability/Navigation	CSU/Non-ED/Hospital Diversion	Service Related	Follow-up	Staffing Related	Increase Community Awareness/Outreach
Youth going through abuse at home	✓						
Home visits, assessments for minors - if police was called it should be a linkage to services with a mental health problem				✓			
Work with families and individuals for pre & post mental and addiction treatment and processes for long term needs		✓			✓		
Better navigation services for crisis treatment		✓					
Separate unit for mental health intake				✓			
Stabilization in board & care				✓			
More sensitivity training needed, more compassion for patients and their families						✓	
"Buddy" to stay with person in crisis				✓		✓	
Prepare the family and volunteers on how to treat people that are experiencing crisis so that the family understands what it needs to do and to have better treatment for the family						✓	✓
More information regarding crisis & treatment for the patient and their family, where to find help and support		✓					✓
Short-term "Housing" options for individuals undergoing a MH crisis (e.g. 1-2 week duration)			✓				✓
More training for the people that participate as members of CAAC							✓
Involve peer mentors				✓		✓	
Have service providers more access to newly admitted patients to be assessed for release		✓					

Peer & Family Support	Training/Education/Certification	Compensation	Expand Service Delivery Locations	Family-Focus	Culturally/Linguistically Appropriate Programs/Services	Addressing Trauma
Training/Education	✓					
Check OSHPD - Certification as Prequalifier	✓					
Pay Peer/Family Specialists		✓				
Offer in LPS Designated hospitals			✓			
Offer to Board & Care			✓			
Offer in-home services to private conservators			✓	✓		
It's important to have Khmer language to support family and reduce language gap				✓	✓	
Support for healthy family and community for cultural communities				✓	✓	
Family wellness support in a culturally appropriate setting (i.e. families reuniting)				✓	✓	
Family support for Cambodian refugees (older adults) that may be suffering from PTSD				✓	✓	✓
Support services for children/families of refugee survivors who may suffer from intergenerational trauma				✓	✓	✓
Support for families dealing with family loss				✓		
Interpreter services - use of interpreter (phone) operators					✓	
Important language access					✓	

Crisis Assessment**Program Implementation Challenges****Improving Accessibility****Support for Families****Improve/Expand Staffing**

Find out why so many other counties sited CSUs and we can't (PR/Community Campaigns needed)

24 Hour crisis unit with adequate language/cultural sensitivity for ethnically underserved

Provide services after 5pm

Provide services on weekends

Provide in-home support to families, allowing mentally ill to live at home

Provide in-home crisis support to private conservators

Add LPS trained nurses to PERT Teams

Expand ability to do 5150s completed by LPS trained people (e.g. nurses & licensed social workers)

Create more jobs/resources for crisis assessment in all OC Hospital Ers and most outpatient clinics

Expand CAT (psychiatric RNs that are LPS Designated)

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

SUD Residential Treatment	Specific Services/Practices	Co-Occurring	Underserved/Vulnerable Communities &Groups
Provide wraparound services	✓		
Patient's Rights Protection	✓		
Homeless/Individuals w/ Medical/PH/BH		✓	✓
SUD residential longer stays up to 6 months for all ages		✓	
Txfor TAYs with SUD and Mental Health conditions		✓	✓
If you acquire an injury or flu, you can get treatment	✓		✓
Aftercare long term housing assistance	✓		

Transportation

Transportation Assistance Needed to Access Services

Older Adult Transportation Needs

Transportation to clinics

✓

Transportation to Wellness Centers

✓

Transportation is a main lack of my community to learn to take care of themselves when they want to go out to take classes or attend workshop or visit doctors

✓

Have case workers integrate transportation option into appointment scheduling

✓

For older adults - transportation is important to seek services, like doctor's appointments

✓

✓

Transportation for low income elderly adults and the disabled to seek mental health therapist

✓

✓

Most Cambodian immigrants don't know how to drive because they came to US at an old age and the lack of language access, they stay home all day and feel depressed when their children are all busy working

✓

✓

LPS Conservatorship Support

More help and support for parents and the youths
 Involve Peer mentors

 Listen to the benefit of the needs of the consumer. If
 consumer wants to go to classes, monitor and educate
 Focus on treatment with regards to the culture
 More information in regards to client rights and
 important education for the family members so they can
 be better advocates for the patient
 Transportation for low income elderly adults and the
 disabled to seek mental health therapist
 The family should act with conscious and and
 acknowledgement
 Representatives of the program should visit all the areas
 in the community so they can do better and more
 effective outreach

Support for Parents/Family

Support for Consumer

Peer Support

**Culturally/Linguistically Appropriate
 Programs/Services**

Expand Outreach

✓

✓

✓

✓

✓

✓

✓

✓

✓

Parking Lot

Peer advocates for all

Need to hire peers with experience, without schooling

Renter Assistance

Eviction prevention

Jail - release to outpatient needs to be released with medication and follow up

Services for minors - drug rehab in OC that accepts Medi-Cal

Mentally ill loved one's rights exceed their families efforts to help them

Loved one needs to be in crisis before family can get help

Ongoing education regarding new laws

Quarterly community meetings (outreach) to discuss topics, updates (ex. Conservatorship, CalAble, new laws)

Appropriate services for mentally ill who are incarcerated or going through the judicial system

Provide lessons learned to MHSA steering committee and MHB on ways to increase participation in community engagement next year

Allow family get involved with treatment plan. The board & care and other facilities receiving county fund should not prevent family speaking to doctors

More staff (case load too big)

CAAC consumers first and family members

Make sober living places more accountable

Crisis Assessment: more teams available to get to people in crisis when they call

Cheaper bus passes or free rides