Mental Health Services Act
Steering Committee Meeting

Monday, May 4, 2015

health
CARE AGENCY

State and Local Update

Mary Hale
Behavioral Health Director

Community Action Advisory Committee Update

Denise Cuellar,
President of CAAC

MHSA Update
Dr. Jeff Nagel
MHSA Coordinator

CAAC MHSA Program Survey

Kyle Chang
Denise Cuellar
William Gonzalez

Summary

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

MHSA Background

The passage of Proposition 63 (or the Mental Health Services Act) in November 2004 provided increased funding, personnel and other resources to:

- support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families.
- address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

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.**

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 will interview providers in pairs**
- **Providers are given the survey questions ahead of time to prepare for the interview**
- **MHSA staff will coordinate interview time and location**
- **CAAC interviewers will 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 will 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 Tool Development

- Focus group members read state documentation on the 5 standards
- Discussed each of the 5 standards
- Asked focus group members what each element meant to them
- Focus group members gave examples of when providers provided services that were in accordance with the values of the standards
- High Scores (5) were based on excellent performing programs

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.

Training and Improvement

- **Training**
  - ○ **Explanation of each score (1 through 5)**
  - ○ **Real-world examples of exceptionally performing programs (e.g., Volunteer to Work)**
  - ○ **Practice run with an actor portraying a provider director**
    - • **Developed a consensus on scores to achieve greater inter-rater reliability**
    - • **Expectations concerning quality of answers**
    - • **Watch out for empty answers that sound good!**
- **Debrief during CAAC meetings**
- **Follow-up calls with provider directors for feedback concerning interview**

Proposed Analyses

- **Average scores for each program**
- **Distribution of scores for programs**
- **Analyses by division**
- **Other research questions**

Sample Results

Average Scores for Programs in ABC

Sample Results

Distribution of Scores for Client/Family Driven Services
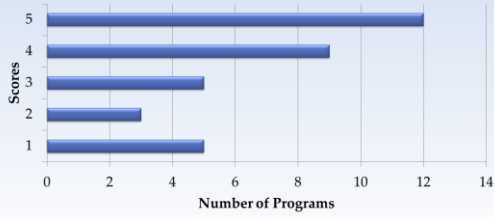
Other Research Questions

- Which programs scored an excellent on Cultural Competence?
- What types of programs scored the lowest?
- What areas do PEI programs need to work on?
- What are some examples of what programs did to score an excellent in community collaboration?
  - During the monthly debriefings, interviewers will present findings from their previous interview

Subcommittee Updates

1. Alyce Mastrianni and Pam Kahn - PEI
2. Helen Cameron & Patti Pettit – CSS Adults/Older Adults
3. Kelly Tran – CSS Children/TAY

Steering Committee Comments

Public Comments

Thank you for attending