

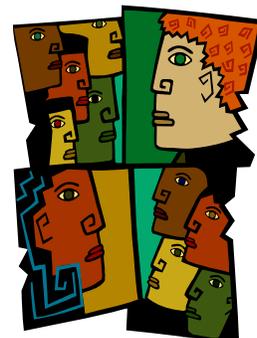
Summary Report of MHSOAC Community Forum -- Orange County September 13, 2012

Community Forum
Workgroup
February 20, 2013



Components of the Forum

- Attendance
- Information Gathered from Completed Questionnaires, Discussion Groups, Open Session
- Summary of Break out Groups
 - Client/Family Member Input (Two Groups)
 - Cambodian speaking
 - Vietnamese speaking
 - Spanish speaking
 - Korean speaking
 - Transition Age Youth (TAY)
 - Peer Support Service Providers
 - Parent Caregiver
 - County Staff and Provider



Report Out of Themes from Break Out Groups

Goals:

- To learn what is working with MHSA and the challenges that remain
- Highlight major themes/trends/categories within region and/or counties
- Findings among participants resulting from specific input from each group



Attendance

Largest estimated over 300 participants:

- 159 from Orange County
- 65 from Los Angeles County
- 23 from San Bernardino County
- 3 from Riverside County
- 3 from Sacramento County



Information Gathered from Completed Questionnaires, Discussion Groups, Open Session

Questionnaires:

- 113 written surveys were collected:

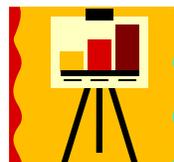
- 55 client/family members
- 40 county staff and contract providers
- 10 peer service providers
- 8 Spanish speaking



- Most participants were well aware of Prop 63 and MHSA when asked

Discussion Groups:

- 11 groups were facilitated



Summary of Themes by Groups

- Client/Family Member Input (2 groups)
 - Some learned of the MHSOAC for the first time
 - Most were receiving mental health services
 - Suggest to strengthen the recovery movement and provide better access to services
 - Need more family focused services with a "whatever it takes approach"
 - Concerns that FSPs allow a small number of people to get larger services, leaving a number of people without any service
- Spanish Speaking Group
 - Overall, positive about receiving services and should continue to incorporate culturally competent appropriateness into community
 - Stigma in the Latino community had decreased, but more work is still needed
 - Expressed need for programs to deal with substance abuse and co-occurring disorders



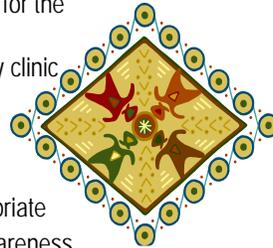
Summary of Themes by Groups, continued

- **Khmer (Cambodia) Speaking Group**
 - ❑ Positive outcomes include using socialization to reduce stress, provide transportation and interpreter services, after school programs, and having Cambodian providers that understand the culture
 - ❑ Exercise and gardening is provided in the community to promote health lifestyle
 - ❑ Recommend an Asian sub-population be identified and provide additional outreach services to encourage better awareness of the MHSA as they were not involved in the MHSA planning process
- **Vietnamese Speaking Group**
 - Need better access to additional county services, housing, employment, health and drug and alcohol services
 - Involved in community planning process and ideas used
 - Held leadership roles in Steering/Advisory Committees



Summary of Themes by Groups, continued

- **Korean Speaking Group**
 - Positives were increased education since implementation of MHSA regarding unique needs of the culture
 - Lack of culturally appropriate services and resources for the life span were a challenge
 - To reduce stigma recommend a non-profit community clinic with Korean mental health staffing
- **Transition Age Youth (TAY) Input**
 - Many positive experiences with MHSA
 - Prefer support groups culturally and ethnically appropriate
 - Expand services to foster youth and their parents awareness
 - Need transportation to services and extend services past age 18 because insurance restrictions stop at age 21
 - Started an Orange County TAY Facebook Group to help network



Summary of Themes by Groups, continued

- Peer Support Service Provider Input
 - Duties include: treat others with respect, being good listeners, provide outreach, keep clients from isolating themselves, training, being role models
 - Positive outcomes since inception of MHSA: onsite supportive services for permanent housing, transitions from homelessness, returning to school, reintegration to community for older adults
 - Challenges include: reducing stigma, increased collaboration and communication between clinicians and peer providers, being respected, giving clients more latitude to choose services they want
- Parent Caregiver Group
 - Many were familiar with MHSA and involved with planning
 - Suggested respite care for parents and assistance with age transitions such as support groups



Summary of Themes by Groups, continued

- County Staff and Provider Input
 - Considered best strategies for positive outcomes: API/Child Collaborative, trauma focused programs, providing mentors to help children become independent, mentoring parents, PEI programs, MHSA transforming for WRAP programs, homeless services, and evidence-based practices for various age groups
 - Engagement strategies: child mentoring help outside of therapy, mentors working with clinicians, focus on wellness, life coaching, "Angels on Call", going to hospitals and food to patients, NAMI peer to peer programs and judges referring people to mental health court
 - Positive changes since MHSA inception: participation in family services, FSP program success, decreasing hospitalizations, more consumer and family voice in decision, increase community based services, PEI implementation, services target all age groups, fewer homelessness, less jail time, fewer crisis calls, reduction in stigma, movement to recovery system
 - Challenges: outcome measures in FSPs not culturally relevant, lack of funds for translations, and MHSA creation of a 2-tier system



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The End

Community Forum Workgroup



WELLNESS • RECOVERY • RESILIENCE