



Mental Health Services Act 2019

Community Input Process:

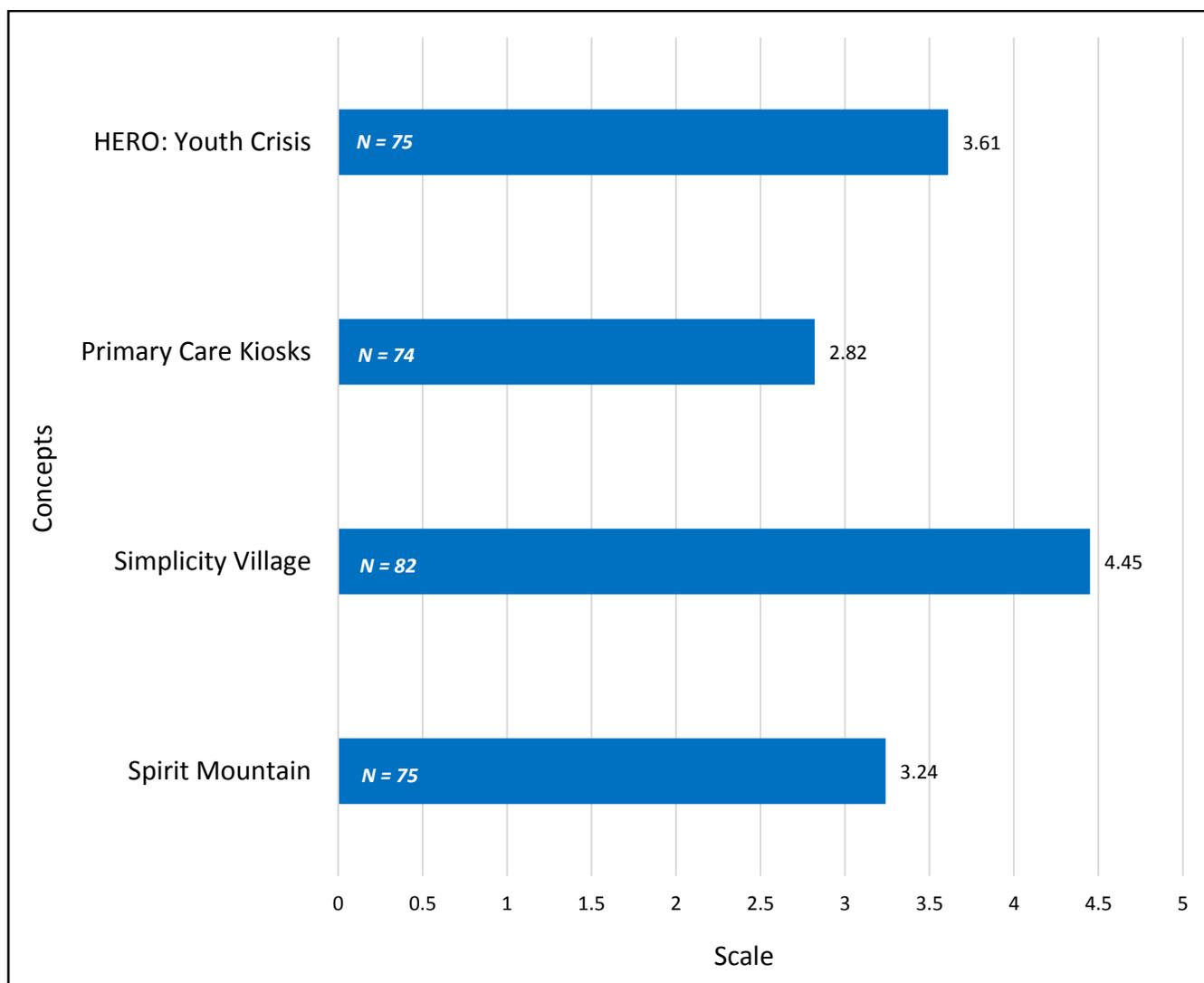
Innovation Component

This survey was offered to all stakeholders of Butte County Behavioral Health during the annual Mental Health Services Community Input Process. This survey was open from January 16th to March 1st of 2019. There were **201 surveys** taken. The results of this survey will be utilized by administration and leadership when considering where to allocate resources for future Innovation Projects.

Findings

The following section shows the ranking of each Innovation concept against each other. The second section contains all of the outcomes of all questions asked, grouped by each concept. Lastly are the demographics of all respondents.

RANKING OF EACH CONCEPT



Note: Respondents could select between 0-5 as an overall score of the concept.

Outcomes

Innovations Overall

“Please indicate any other suggestions for Innovative concepts you might have or an Innovative idea that you would like to share:”

Programs geared toward postmodern approaches and culture/strength based services/interventions.

Crisis Houses around Butte County according to population with 30 min counseling, evening groups, weekly psychiatrist visit, have clients do housekeeping, cooking to save money. A 21 day max stay with transportation at pre-established sites. This works very well in San Diego County. You can check them out on their County Behavioral Health website.

Keep culture in mind.

Utilizing peer advocates at Crisis Residential Facility.

Private housing options-not having to find folks housing through the public local market-it's almost impossible.

Natural resource diet education and gardening programs. Multimedia Digital Arts programs.

therapeutic movement and dancing

Incorporate more all staff meetings and educational opportunities for those staff who are less likely to be included in trainings as this would benefit our clients and our agency as a whole.

All police forces in the county should be trained to use less violence.

Really get engaged in stable housing for the mentally ill instead of letting them slip through the cracks to be preyed upon by transients and having them resort to meth to stay awake while they are homeless. Give a real effort at housing instead of other programs that don't matter because they are unstable while on the street when they try to access them.

I support simplicity village.

Medication mobile van. Nurse or medical practitioner who can travel for medication support

Getting more direct feedback from staff in the field when designing programs. A lot sounds good in theory but then hard to get quality trained staff to implement.

I really wish I had a great innovative idea. My opinion is that we keep reinventing the wheel just adjusting the wheel size to make it look "different" in order to fund services. I believe if there is a program that is working it should continue to be funded and possibly get additional funds to service more folks. We do not provide enough services for older adults in our community which is the fastest growing population in the country. Why don't you expand on older services before expanding or updating your youth programs?

In-Home Peer Program for Mentally Ill Older Adults.

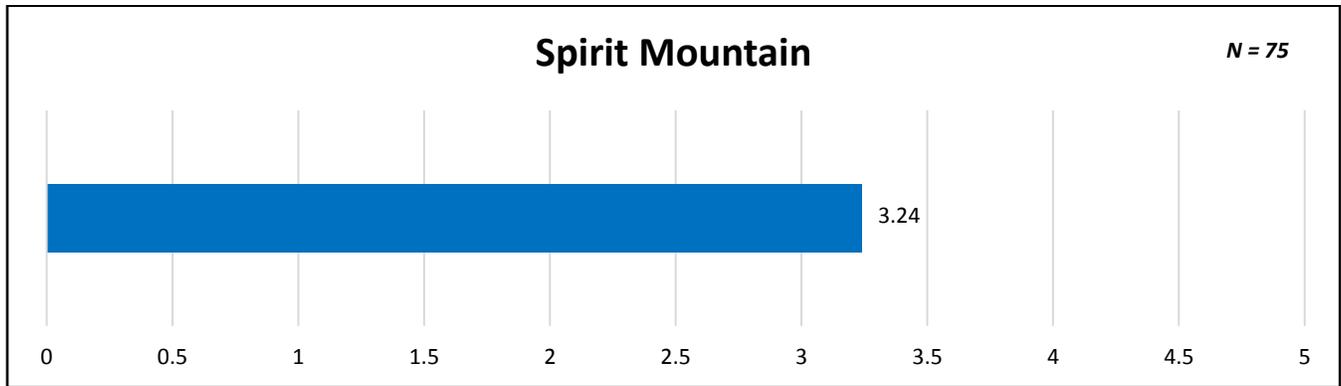
Mental health awareness and crisis training for police and law enforcement who engage with those in our community without homes or housing.

This was an interesting process - I am most in favor of Simplicity Village and would urge its immediate support. Other concepts are good and hopefully could be brought back even if not accepted. Housing is most immediate crisis for all in Butte County especially those suffering from mental health issues.

I would like to see Stronger partnerships with catalyst and rape crisis with expanded shelter available for survivors of rape/sexual assault and IPV. Stronger partnerships and expanded shelter/respite care could reduce hospitalizations and unnecessary pharmaceutical use.

Make sure adults can identify. Too many teachers turn a blind eye.

Innovation Concepts



“What would you add to this concept to strengthen it if implemented?”

Add to OUTREACH:

get to know the families...have "boots" on the ground. Contact with schools. Schools know families and histories and needs as well as strengths.

Positive publicity to raise support and awareness of community

- Teen programs.
- Painting classes/drawing classes as a way of self-expression.
- A place people can go to do research by way of computers or book. Not all families and individuals have the financial or space to have a computer.

Sounds great!

Ongoing, out-patient mental health treatment.

Along with cultural competence, draw correlations from Native American historical practices that reinforce mental health. Find points in Native American culture that are counterproductive and need to be revamped. Example: Fry bread only was creative when Native Americans lived off US government commodities. Made of white flour and lard it is not a healthy diet. Rather look at the whole foods that were part an older more authentic diet.

Anger management

Substance use/abuse "The Red Road to Recovery".
community educational opportunities would be appreciated

The concept is excellent and needed.

Nothing, given my limited knowledge of this culture and mental health services

home based support?

Im at a loss in sadness... I feel garden space perhaps... play space for the children and social space for the members in general... anything that is healthy is their right.

Assist people in pursuing membership to their tribe of origin.

Peer support

Keep police away

Don't know

This could be good for any culture

Do not know enough about the culture to know what would strengthen it.

Possibly including the environmental impact on the client ie: home environment and key members of client's supportive system.

Sounds inclusive

Residential component, as needed.

Additionally target youth who are non-native, but have failed to thrive when provided with typical mental health services, and might benefit from alternative therapies.

maybe add opportunities for more traditional native art and craft activities and nature/outdoor activities, and participation in travel for inter-tribal sharing, activities and inspiration, such as bringing groups form out of area for run for salmon etc.

Often a population that does not seek 'community' services.

Outreach services and support groups both in and outside of the clinic. Consider doing more outreach or support groups on the reservation.

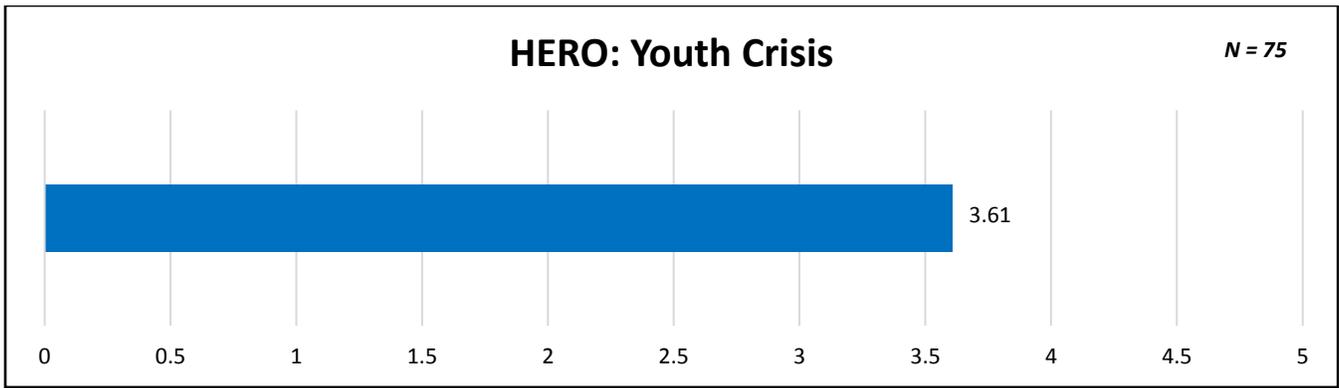
“Do you see any barriers or have any concerns about this concept?”

Yes; those who need most help do not respond. Like I said before GET TO SCHOOLS and get to neighborhoods. Old school....learn...trust...
Funding
Culture challenges
No. Except that it may not be the right time to only focus on one ethnic group since our Chico and Paradise Community is already in a crisis and needs intervention asap
Engagement in services
community support might be an issue, but I think it's a great opportunity
It seems that NVIH and FRTH already have lots of resources to do culturally specific programs and are better equipped to do so. MHSA funds can be better utilized to support programs that do not have other funding options
It would be helpful to know how many Native Americans live in the county, their proportion of the total population. Since only 2 of the projects can be funded, it makes sense to serve as many as possible. This could also be a component of another project.
If services are centrally located, will lack of transportation be a barrier for families?
Stigma, lack of trust to western educated individuals, family approach treatment.
Our for profit concerns. These people deserve all the best we can offer.
Are there enough identified Native American individuals to support putting money into this project, I don't know.
having some experience with peer and case management services, it is a challenge to find individuals that are trained to do case management and still provide cultural support and services
Location and awareness of the program by those who would access and benefit from the concept.
Not at this time
Native Stigma
Getting enough staff form the native American cultural to run the program.
Limited to nationality, yet need can be lacked by any race.
Finding an acceptable place

Ensuring that you have qualified culturally competent staff who are trained in delivering mental health services to folks with PTSD.
Community wide access. Youth access and needs very different from adult access and needs. Two programs or one?
No
How would outreach for actual engagement occur?
Might be too narrow and alienate others who could use similar culturally sensitive training and programs.
No barriers but I would also focus on parent and/or adult support groups or events. The best chance for a child's recovery is if the parents are involved.
Lack of identified population

“Any other suggestions or input for this project if it moves into development?”

it takes TIME to build trust. You can't just say, oh we offered services and they didn't come. You need time to get to know the people; who is who; what are real short term needs, so families WILL get to place to accept help. TIME, TRUST...and schools!
Publicity of project to increase awareness and support from community
Begin with basic education about identifying and processing emotions especially as it pertains to alcoholism and domestic violence.
Hiring staff with experience in the Native American Community.
Garden space and Health Activity funding.
Field trips to places of related interest and the incorporation of culturally competent art therapy.
This program is a great idea and much needed.
Not at this time
Ensure the participation of the Native American community at large in Butte County.
That those involved in the creation of this program be well appraised of political and historical challenges faced by the local Native Americans.



“What would you add to this concept to strengthen it if implemented?”

Like I mentioned in the others... TIME, build trust, and get to schools to KNOW the families and the issues/strengths. Families might be hooked up with resources, but then be dropped, as they need support to get in a routine. TIME, Trust...
Looks good
Establish classes in public schools to finally TEACH children about how to stay mentally and why. Teach kids about communication about processing emotions and using words not fists
Addressing grief/loss regarding nuclear family
feedback from youth about communication styles, preferences, and getting help would realistically look like for them - it's so much different than when we were all kids
an app might be effective with the younger generation
Drug Treatment
This is a great idea and opportunity, to provide interventions as early as possible, to provide psychotherapeutic/psychiatric support and to educate the systems a child is in to better support the child.
Counselors vs clinicians? Would it be better to have clinician's in this role or a case manager?
More services as to what to do with them when they are ready to accept help. That's the first challenge and then we have no one to send them to in a timely manner to provide the level of services they need.
Arts programs for therapeutic value as well as lesson for further a life WRAP resource
young adult/teen peer support
Keep police away
Family therapy and parent partner support

Working with the caregivers who will have the kids once out of crisis to increase their ability to manage a crisis, set limits, and support the youth.
I would ensure that our educational system and staff at schools are fully engaged and educated re: program and services.
Nothing at present
How does it involve families and adequate housing/shelter?
See the 'Handle with Care' program (from Georgia I believe) to help in school system to address trauma with students.
Training and interventions, along with respite care in order to prevent medicating foster children except as a last resort.
Youth Crisis specific talk line and urgent appointment availability both in a clinic and in schools.

“Do you see any barriers or have any concerns about this concept?”

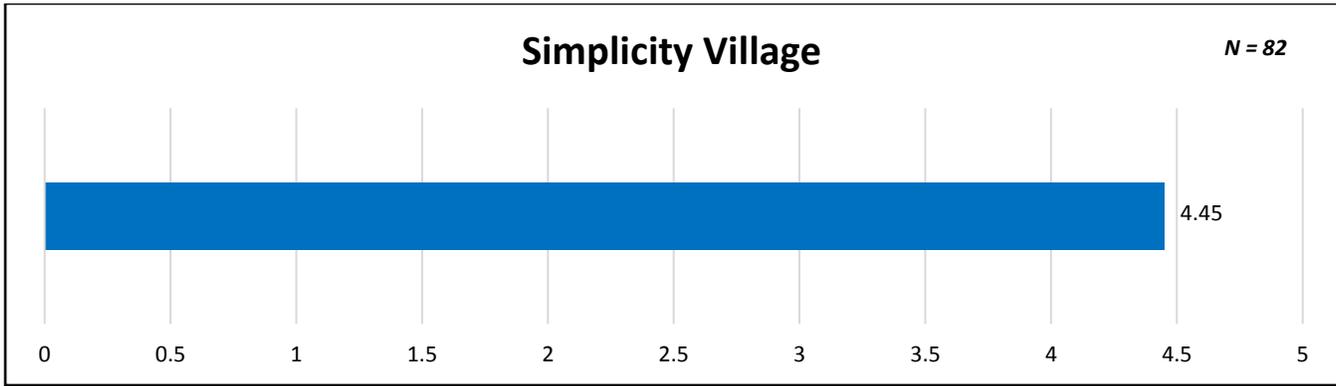
Yes, above. Need to get into neighborhoods. Talk to teachers; ask for partnerships with TEACHERS, not just BCOE or admins or counselors. Teachers work with kids daily.
Funding. Positive, education focused publicity to engage support.
Challenges of assisting families that have trauma
No
Underlying issues related to primary/nuclear family/ related trauma and loss
a lack of engagement with and ongoing education for parents and families, especially in the middle of a crisis and then through the honeymoon period when everything seems okay for a while
accessibility
How does this differ from the HERE program or what HAP does? There needs to be clear lines

regarding responsibility regarding what school counselors, care coordinators, CSD workers and others that may be involved in a child's care are.
Availability of services.
Adult therapy is in need to be intertwined for role model exemplified communication.
youth buy-in
Getting enough trained staff to implement the program. As of now to many youth get hospitalized and I've heard clinicians say they should not have hospitalized now that they know the system better.
The concept sounds reasonable based on your data, though the data is now 6 years old
BCOE commitment too.
Family access to program directly, or through school setting only?
No
Without shelter and family participation, is this limited in effectiveness?
How would this differ from the current center care project? Would services overlap or duplicate each other. (pre-k listed)
Implementing into schools. Would this be mandatory for teachers, foster parents, etc.?
Do we have a large number of youth with mental illness in detention at a juvenile facility?

they will have more buy in and the program will be better. Talk to actual classroom teachers!
A way to reduce barriers of communicating between providers.
Ensure that you have no duplication of services ie: youth programs in place currently that provide similar services. I worry that our tax dollars are being used to just provide more frosting on the cake without ensuring the cake is a high quality one.
No
Just encouraging teachers to be able to identify crises.
Define SED.
Goals 2 and 3 should appear in one point.
Have an on call clinician who can travel to schools for crisis and urgent circumstances.

“Any other suggestions or input for this project if it moves into development?”

Thank you! We NEED more support in the schools where kids spend MOST of their days. This takes TIME. Need to spend time in the neighborhoods getting to know people.
No. Seems like a good idea/plan
Have units in these classes where one or both parents are invited to participate and write a paper with them about the content of the unit.
Include attachment informed therapy and support.
If the major part of this program is educating the community, then the hours of the afternoon-evening will need to be re-evaluated.
Garden space and Arts & Digital Arts development.
Talk to the educators in our schools, very early in the program development, to see what they think. If educators believe they were consulted early



“What would you add to this concept to strengthen it if implemented?”

Publicity
Support for Simplicity Village Dear Butte County Behavioral Health. I have been supportive of CHAT’s desire to house citizens in transitional housing. I believe one of the most important components of making any housing first program successful is strong mental health support. Regardless of whether mental health was a cause of the person’s becoming homeless, or a result of being unsheltered, the care needed for stability is basically the same. On site services are crucial because for most persons in their target population, mobility is an issue. Please consider funding for the Simplicity Village population on site.
More assistance that is professional not peer orientated
Case management, individual counseling
Not much. I think WRAP is going to serve this population. too big of a commitment for mentally ill
Add medical and nutritional services.
Will there be a plan for people to move out of this community so others have a chance to utilize it?
This is a great idea. We need lots of these.
Ways for Simplicity Village residents to move into more integrated housing communities when ready, to make way for new residents in need and to encourage/support living in a diverse setting.
"Goal: -a stable living environment.
Also maybe work in something as there are chronically homeless families that would also need to be served by some additional forms of stable housing."

This has to be a low barrier/low demand place in order for it to work.
Funding ... Downtown Public Peer Oration of Caring Inspirational stories... Experience, Strength and Hope!!! Success Stories and Hope!!!
integrate alcohol and drug education and treatment into the process if it is needed
On site jobs to benefit the facility such as yard maintenance, trash pick-up. A community garden.
Potential residents need to be currently living in Butte County for a period of time.
Keep police away
case management to ensure resident participation, holding residents accountable for drug/alcohol use
Don't know at this time
Make WRAP mandatory participation for residence. Can't mandate treatment but maybe this group.
Alcohol and drug support, detox, and 12 step meetings. A fence and security to keep drug dealers out.
I think that the plan provides for a lot of flexibility in terms of issues that could arise, but other issues cannot be anticipated and will have to be dealt with as they arise.
Housing for our homeless is the humanitarian thing to do. Increases safety for the people on the streets, improves their physical and mental health, and reduces fire risk in Chico, I live next to Bidwell Park and am afraid a fire from a homeless camp could burn down this city.
Ensure that integrated services are available ie: psychiatrists. Are behavioral Health psychiatrists going to assist by working with residents?
It sounds amazing!
I think the concept as described is ready for implementation and merits our support.
Housing First!

Nothing
More financial backing from the County
It is about housing with services. Let's do two villages.
We need more and more such affordable housing.
Housing is needed-- this would just be a start.
The planning of this project has been focused on seniors. A large portion of our homeless population are not seniors, so younger members of our community ought to be included.
Continued drop in service as an option. Will also allow peer to peer interaction in crisis situations and can provide another resource for homeless assistance.
Gardening and job skills. Bike repair for example
I like the idea of involving social services in this concept. I hope that half way through the beneficiaries stay, each patient would have a social services representative assigned to meeting and working with them on post-departure social services needs so that everything is in place when they're discharged.

“Do you see any barriers or have any concerns about this concept?”

Homeless needs are given very limited priority by community.
The populations and the stigma of helping, the homeless
Substance use could be a barrier
It sounds nice. But unrealistic.
Resistance in the community
Someone moving into this kind of community before they are ready, how will adjustment periods be handled?
Maybe need a harm reduction approach and allow people to bring their pets or they may not come.
That the individual units will not have toilet facilities in them (a client of mine refused due to that), the question of quality of construction has also come up.
rules
Enthusiasm in funding and Stigma from Community
The Haters. And republicans.
An influx of homeless from other areas/states posing as Butte County residents.
Barriers are NIMBY motivated community, conservative politicians

funding, screening the residents to effectively make a difference to those that really will participate vs ones that will use this opportunity as a handout to do nothing but get high and drain resources. Community resistance; NIMBY aka Not In My Back Yard
Community members who want the homeless to be removed from sight
Substance use and lack of participation in skill building activities.
Without support to deal with resident's drug and alcohol issues it will be difficult to help individuals start to heal. Harm reduction model may need to be added. Part of the evidenced base practice for WRAP to work individuals need to voluntarily chose to participate.
No barriers as far as I can see other than urgent need to start
No, except people's preconceived prejudices against homeless populations.
None that cannot be addressed for the common good.
Community engagement and education, though CHAT has done an excellent job providing information and getting input from political and community partners.
Landlord/renter issues
Location of Houses
Will there be a set amount of time that each person is allowed to stay? If yes, the staff will need to work on recovery actions, like basic living and care needs training, so that we can move more people in and successfully graduate them from this program.
The basic Tiny House Village concept is based on successful models; the innovation of a WRAP model in a total immersion community is very exciting, indeed!
NIMBY
No, mental health begins with a stable living environment. Simplicity Village is the only proposal that offers a near-term housing alternative. It will enable residents to begin the healing process in a new and unique total immersion community.
We have to get over NIMBY. For the overriding public good.
Not just for older adults but open to all in need.
CHAT members/volunteers for safe space temporary shelter have incidents of poor boundaries, such as a nurse taking home an ill guest to better provide health care. Which while

admirable for compassion but potentially dangerous. Boundary training will need to be implemented.

“Any other suggestions or input for this project if it moves into development?”

Positive publicity and education RE: homeless needs.

I think the homeless mentally ill should be required to do some recovery work as in group therapy and individual counseling BEFORE they receive housing. In fact, I think it should be required in order to qualify for Simplicity Village. If there is no change, they will not be able to handle the housing and will take bad habits into the village.

Link with Public Health, SUD, Harm Reduction programs

Expand, expand, and expand! This project doesn't have the breadth to seriously begin addressing chronic homelessness in the county.

Educating and bringing caring lessons and speeches from peers to the public that are offering Stigma and prejudice to our need.

I hope there is a trauma informed approach. Many people who are homeless have experienced trauma.

Work closely with CHAT.

Implement a "Big Sister", "Big Brother" concept to alleviate the major social stressor of loneliness.

Do it right, pick a location that will not be influenced by readily available meth and alcohol use?

Not at this time

Have stipulations/rules or mandates that work towards WRAP or goals, not just shelter.

Having service providers all on the same page working together. Our community currently has conflicting views on the issues of homelessness.

Encourage wide acceptance and support

Only that we need to address homelessness in this community and provide services in an environment which is open meets clients where they are comfortable and ensures that residents are able to continue to participate in their choices or self-direct.

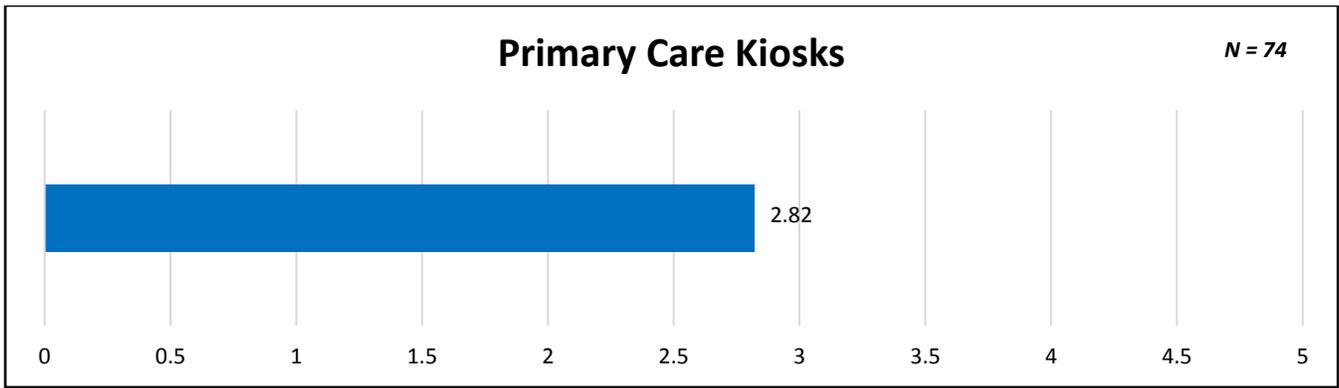
MSSP at Passages would be happy to case manage any clients who are older adults at Simplicity Village.

This type of project has proven very successful in other areas, not only for the residents but for the entire community. We would all benefit from the Simplicity Village.

Do More.

We are in a crisis. Homelessness and the lack of services is the most urgent and tragic human crisis to hit the streets of Butte County in our lifetime.

I recommend and case manager for each client that pushes them through the program and meets weekly on person goals both for the beneficiary/client and staff.



“What would you add to this concept to strengthen it if implemented?”

have in schools so it's where youth are anyway (or very near in secluded area).
Increase info. and awareness of community. We need to change funding priorities.
All good. Just that their group homes or wherever they live should be vigilant and make sure they are following through with their treatment and with other youth that are also in treatment.
Set up appointments for staff to help register youth/adults in the kiosks
can people pick their doctor?
It would be better to have more mental health options in the primary care setting versus integrating primary care into mental health settings
Great idea.
this isn't something mental health should be paying for. this should come out of medical funds and changing insurance!!!
More funding in diet and natural education. More Natural remedies and proof of care rather than proving the lack of value of human caring with toxicity. Less imposition of toxicity and more funding in diet education.
Federally Qualified Health Centers get federal funding for this. This avenue should be pursued before spending limited MHSA funds.
I would add a dental component to this project. I would also provide an incentive for attending to scheduled appointments and for taking care of routine preventative health care such as teeth cleanings, annual blood work etc.
Assigned medical nursing staff not just mental health nurses. PCP responsible to collaborate and be a team player in care and take lead where needed.

On-site lab to get blood testing done on the spot.
In-Home Primary Care for those individuals who are unable to get in to the doctor's office.
Great concept and much needed area since those with mental health have a higher rate of mortality.
Many of the negative health impacts can be attributed to pharmaceuticals and chronic, severe poverty. A mobile food bank or produce delivery may be more helpful than a primary care kiosk.
Define if this will be available during specific work hours and days. Maybe plan to implement in one site, and if successful to make available at other sites.

“Do you see any barriers or have any concerns about this concept?”

yes, needs to be in homes or in schools where youth already are. Most tell us (teachers) that it's too hard to get there...or they can't get around to leaving home once they get home. Too expensive to pay for gas somewhere else..
Funding
Challenges of *illegible* issues and coordination
Not really. If you get them in late elementary school before they are out of control and before they are serious problems, this could change their trajectory
transportation to usual services is a challenge, appointments and transportation would help
privacy concerns
The managed care companies receive lots of funding for providing health services and meeting the needs of their population. They need to step up and contribute more. The lack of psychiatric and counseling services in the community leads to a back log in the BH system. If managed care is going to have kiosks in BH clinics, they should fund it. Not MHSA. And they should be getting more

pressure to provide more psychiatric services in their own systems. We already do too much of their work for them. They need to earn the money they have already been given to serve our Medi-Cal population and Behavioral Health needs to hold them more accountable to do so. As long as we pick up their slack, they will keep their profits and dump the work on us.
It's not clear to me from the description whether patients will still need to come into a clinic for mental health or primary care services. If they do, transportation may still be a common barrier.
The lost knowledge of natural care imposed on people.
The haters.
Telehealth visits replacing physical Dr. visits, and missing signs of illness by telehealth Dr.
We don't have enough primary care providers in town. We can't provide access when there aren't any.
Not at this time
Client lack of responsibility, and more liability and flow into already busy clinics.
Individuals not having the insight into the need for basic medical treatment.
Yes I believe that we are asking non medically licensed individuals to be relied upon to deliver accurate health information for a client in a mental health setting which would be used to produce a health diagnosis.
Just getting to the clinic is difficult.
No
Unclear on who was actually use the Kiosk. Is this only for Anthem clients or open to anyone?
Confidentiality? Prescriptions?

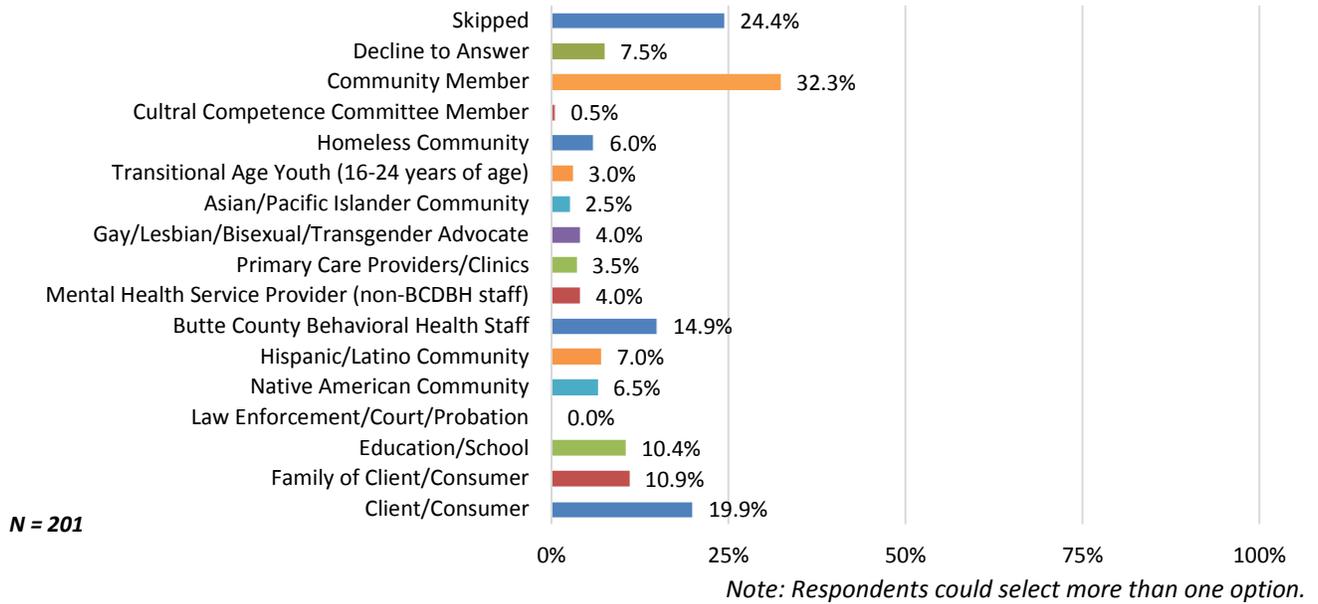
“Any other suggestions or input for this project if it moves into development?”

above or free bus passes for those who request to the services
Positive publicity to educate and increase awareness of this growing issue.

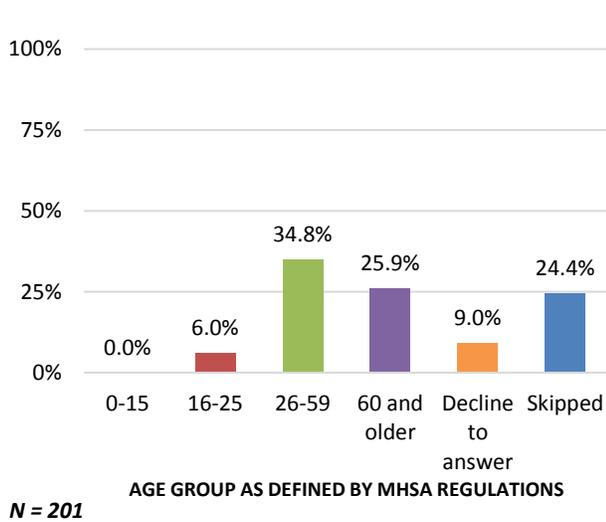
Make it a small program at first. Once real change is noted maybe work on getting the kinks out and keep on reproducing the program. Make it an optional program instead of forced.
An alternative could be a mobile clinic with the same services as above, going through each neighborhood once a week or more.
More Natural Remedies... Including Health Spas for decompressing and alleviating stress . Essential Oils as well as free steam rooms in a non offensive environment with mild clothing rules. Caring Stress Treatment before the fact of injury :)
Promote logisticare as a primary source of transport to medi-cal appointments.
You needed a way see all the projects before asking us to rank them. I would have made more informed rankings if I had seen the whole list first.
None
PCP buy-in and participation for care
Adding case management support to help client manage medical needs, follow up on specialty services if deemed necessary.
I am just wondering why we are focusing on needs around transportation to primary health care providers when transportation is built into the managed care provision of MediCal. So I wonder about the money being spent on services already included in framework of healthcare delivery. Why would we not focus on working with Ampla Healthcare Clinics to do outreach? Just saying..
No
Suggest work in concert with local physician or PA to make sure health screening is accurate. Provide simple mental health evaluation during intake.
Define SED. In the Stakeholder feedback through the Performance Survey... it should be 55% (not 53%) of those respondents identified "transportation" as a major issue.

Demographics

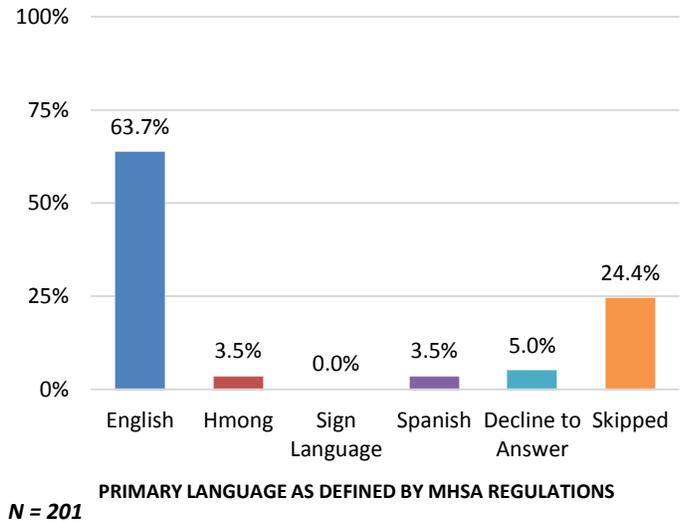
ASSOCIATION(S)



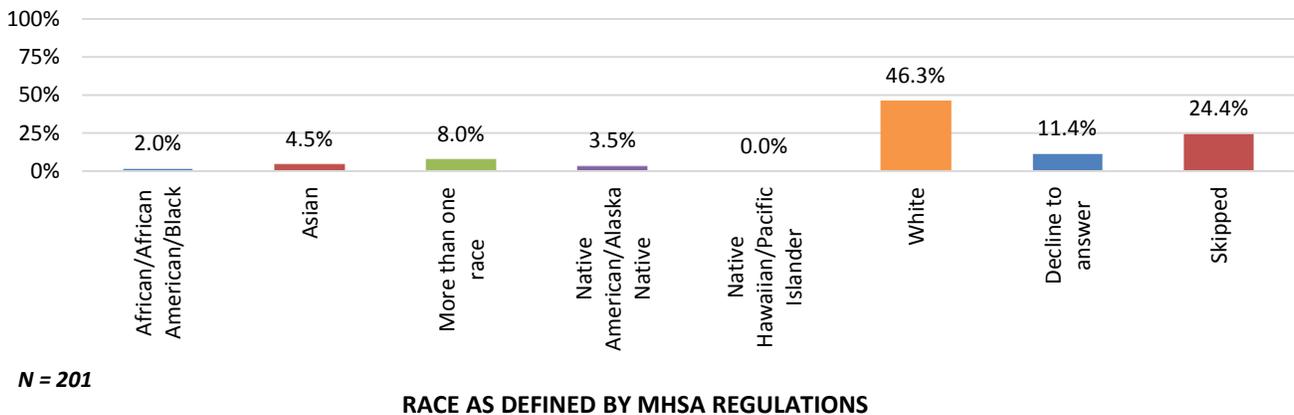
AGE



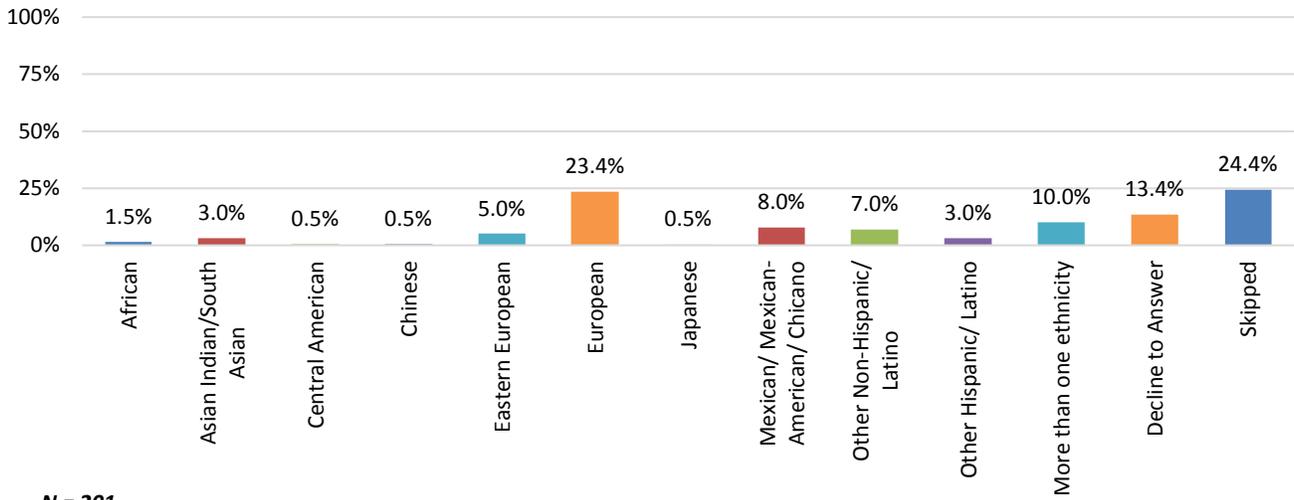
PRIMARY LANGUAGE



RACE



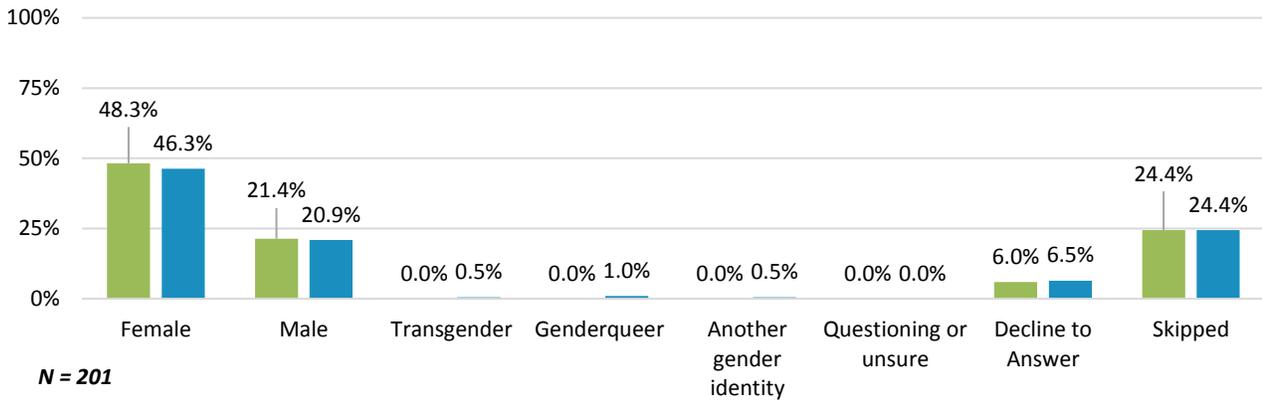
ETHNICITY



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ETHNICITY AS DEFINED BY MHSA REGULATIONS

GENDER

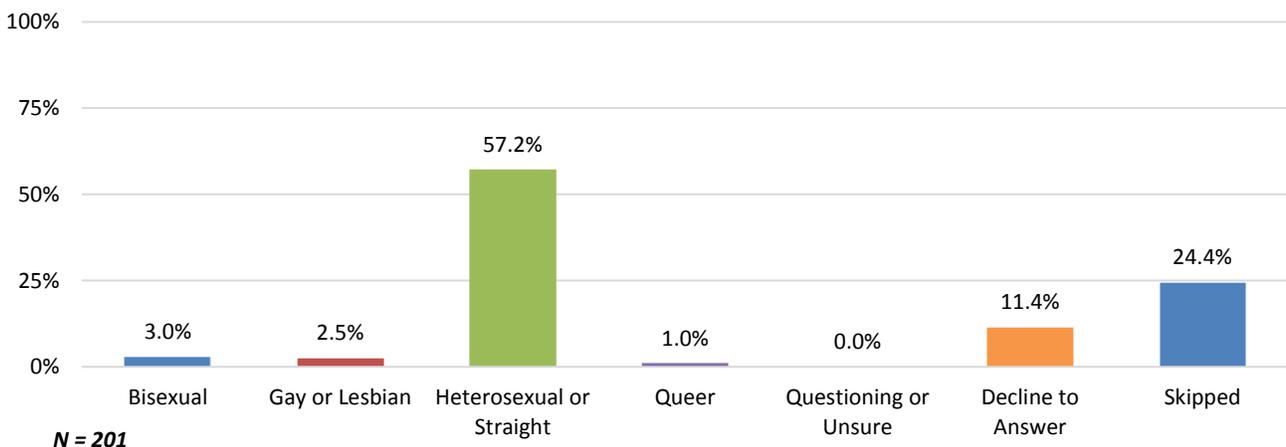


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GENDER AS DEFINED BY MHSA REGULATIONS

■ Gender (Assigned at Birth) ■ Gender (Current Identity)

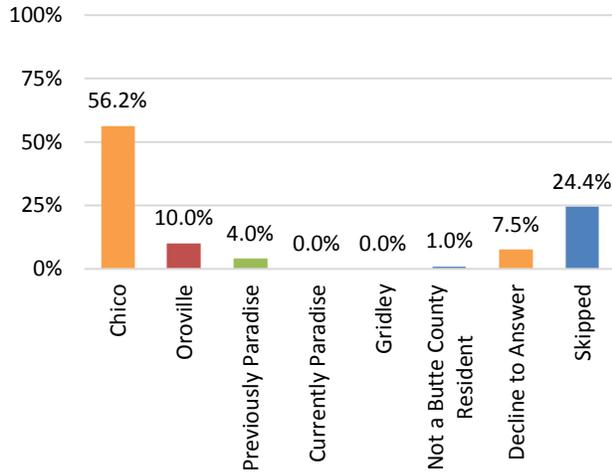
SEXUAL ORIENTATION



N = 201

SEXUAL ORIENTATION AS DEFINED BY MHSA REGULATIONS

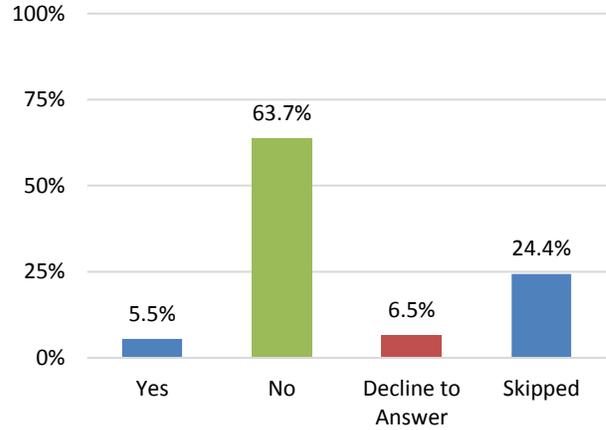
CLOSEST RESIDENT CITY



N = 201

CLOSEST RESIDENT CITY

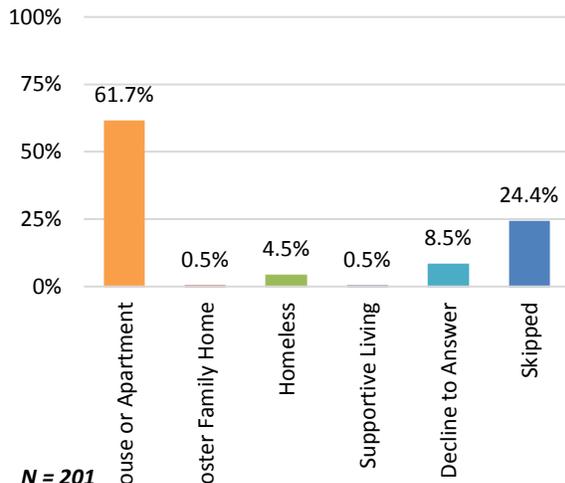
VETERAN STATUS



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VETERAN STATUS

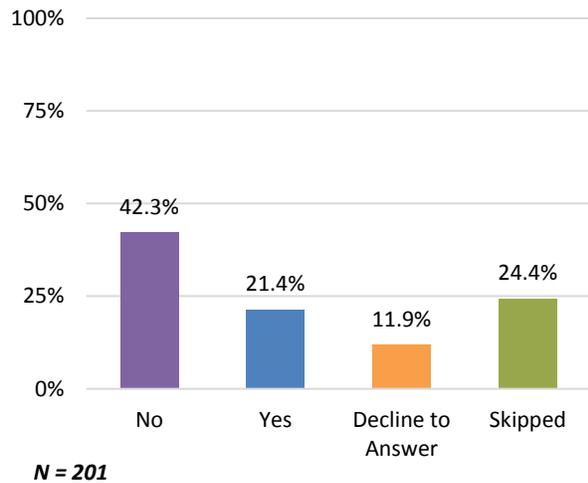
LIVING SITUATION



N = 201

LIVING SITUATION

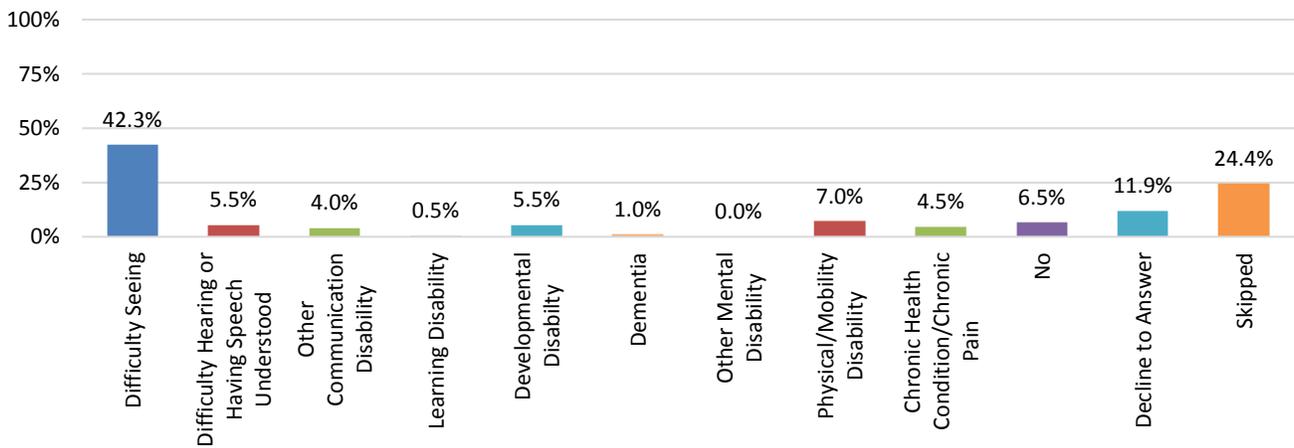
DISABILITY STATUS



N = 201

DISABILITY STATUS

DISABILITY TYPES



N = 201

DISABILITY TYPES AS DEFINED BY MHSR REGULATIONS

Note: Respondents could select more than one option.