

County of
Sacramento

Department of
Health Services

Division of
Behavioral
Health

Adult Outpatient Mental Health System

Focus Group Feedback Sessions
September – December 2019



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OVERVIEW

GOAL

Obtain input on what's working well in the Sacramento County Division of Behavioral Health Services (BHS) adult mental health system of care and utilize this information to strengthen services for the community.

FOCUS GROUP PARTICIPANTS

BHS requested assistance from contracted Community-Based Organizations (CBO's) providing outpatient mental health services to our adult population in coordinating onsite focus groups to gather feedback from 3 targeted populations: 1) consumers 2) family members of consumers, and 3) staff providing direct services to consumers. These focus groups were held independent from one another. A total of 59 participants attended. Consumer and Family Advocate Liaisons, in partnership with BHS staff, developed questions specific to each group and facilitated the focus groups. Participants had the opportunity to voluntarily self-identify their race/ethnicity.

Total Focus Group Participants	
Consumers	54%
Direct Services Staff	37%
Family Members of Consumers	9%

Total Race/Ethnicity of Participants	
White	32%
Latino/Hispanic	14%
Black/African American	10%
Asian/Pacific Islander	5%
Multi-Ethnic	3%
Not Identified	36%

PROVIDERS

Eight outpatient providers participated in this collaboration, the providers agreed to a regional approach with one provider as a standalone due to its unique services:

- **West County Region:** El Hogar Regional Support Team (RST) & Northgate Point (NGP) RST
- **North County Region:** Wellness & Recovery Center-North (WRC-N), TLCS-HRC RST & Transitional Community Opportunities for Recovery (TCORE)
- **South County Region:** Wellness & Recovery Center-South (WRC-S) & Visions Unlimited RST
- **Standalone:** El Hogar Guest House (homeless mental health services access point)

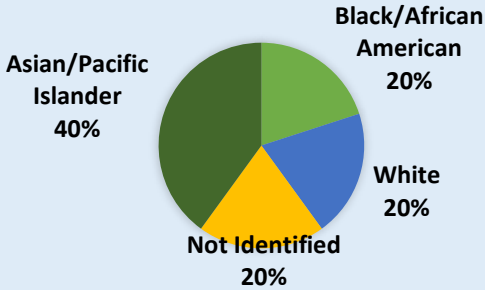
FEEDBACK

Consumer and Family Advocate Liaisons, in collaboration with BHS staff, developed questions specific to each population and facilitated the focus groups. Participants were asked a series of questions, unique to their population, and a total of 661 unique comments were received. Responses were categorized into common themes and further grouped into Glows and Grows. Glows indicate satisfaction in the current system of care and Grows indicate suggestions for improvements or enhancements

Focus Groups

Consumer Focus Groups															
Date:	Region:	Provider Grouping:	Number of Participants:												
9/10/19	South County Region	WRC-S & Visions RST	6												
10/7/19	West County Region	El Hogar RST & NGP RST	8												
10/10/19	North County Region	WRC-N, TLCS-HRC RST & TCORE	12												
12/16/19	Standalone	El Hogar Guest House	6												
			Total Participants: 32												
Consumer Participant Race/Ethnicity:	<table border="1"> <caption>Consumer Participant Race/Ethnicity Data</caption> <thead> <tr> <th>Race/Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>34%</td> </tr> <tr> <td>Not Identified</td> <td>31%</td> </tr> <tr> <td>Black/African American</td> <td>13%</td> </tr> <tr> <td>Latino/Hispanic</td> <td>16%</td> </tr> <tr> <td>Multi-ethnic</td> <td>6%</td> </tr> </tbody> </table>			Race/Ethnicity	Percentage	White	34%	Not Identified	31%	Black/African American	13%	Latino/Hispanic	16%	Multi-ethnic	6%
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White	34%														
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Group Specific Questions:	<ol style="list-style-type: none"> 1: What services do you receive that you find most helpful? 2: What would you like to see that is not currently available? 3: Do you discuss with your provider your recovery goals? 														
Feedback Highlights:															
Service Design															
Glows:	Grows:														
<ul style="list-style-type: none"> • “Clubhouse feels secure, safe, welcoming, relaxing [with] nice people” • “Place to get showers” • “Addressed my anxiety/panic attacks” • “Having a place to go is a blessing for me” • “Having the same doctor has benefited me so much” • “Lounge is open 6-7 days a week” • “Recovery the road to independence and self-support. I learned this at TCORE” • “I benefit from personal worker and classes” 	<ul style="list-style-type: none"> • “I am not hearing or talking about recovery at all” • “I’m in transition from 1 program to another, so I don’t feel like I get this, [we] don’t talk about recovery” • “My recovery is important, no help for crack and meth” • “Better explanation of transitioning through levels [of care]” • “Less staff turnover. [You] have a relationship and then you lose it. You lose your trust” • “Sucks when doctors leave and start all over with a new doctor” • “Counseling without a 3 month wait” • “[Offer] AA/NA meetings here” 														

Life Skills Development	
Glow: <ul style="list-style-type: none"> • “I’m shy, [group session] really helped me to open up, good program, and good peer learning” • “Ready to Rent was really helpful” • “How to read a lease, credit report, how to do a walk thru, and find a good place” 	Grows: <ul style="list-style-type: none"> • “Employment Services, Department of Recovery didn’t understand bipolar” • “Re-entry to work/employment [support]” • Request for more computer, typing, meditation, yoga, and exercise classes
Peer Support	
Glow: <ul style="list-style-type: none"> • “Support Groups” • “Looking out for each other” • “Lot of love in this building” 	Grows: <ul style="list-style-type: none"> • “Stronger ongoing peer support” • “More peer to peer [and] more clubhouses”
Staff Professionalism	
Glow: <ul style="list-style-type: none"> • “Staff are good with people” • “Staff bring good life experiences to benefit others” • “Going for a walk with staff who didn’t know me” 	Grows: <ul style="list-style-type: none"> • “Workers who antagonize, [they] need effective communication” • “Attitude of the front desk/reception” • “[They] need a positive approach”
Supplementary Support	
Glow: <ul style="list-style-type: none"> • “Rides are nice” • Housing Support: “I appreciate all the support I’ve received and now being in housing” • “VOA Restart Program” (Linkage to Community resources) 	Grows: <ul style="list-style-type: none"> • “Housing for couples, especially not married couples” • “Everyday [it’s] a struggle to get here” • “Vans used to pick us up and bring us in, I want my van back”
Treatment	
Glow: <ul style="list-style-type: none"> • “MD supported my meds...this place saved my life” • “Medication management benefits me” • “Pharmacy and staff supports are good” 	Grows: <ul style="list-style-type: none"> • “Opportunities where my medical conditions are treated with my mental health care” • “More medical support [such as a] medical support group”(Physical Health)

Family Members Focus Groups			
Date:	Region:	Provider Grouping:	Number of Participants:
10/17/19	North County Region	WRC-N, TLCS-HRC RST & TCORE	1
10/28/19	West County Region	El Hogar RST & NGP RST	Cancelled due to no participants
11/1/19	South County Region	WRC-S & Visions RST	4
12/20/19	Standalone	El Hogar Guest House	Cancelled due to no participants
			Total Participants: 5
Family Member Participant Race/Ethnicity:	 <p>A pie chart illustrating the distribution of participant race and ethnicity. The chart is divided into four segments: a large green segment representing Asian/Pacific Islander at 40%, a blue segment representing Black/African American at 20%, a yellow segment representing White at 20%, and a small red segment representing Not Identified at 20%.</p>		
Group Specific Questions:	<ol style="list-style-type: none"> 1. What are the strengths of the service provider as it relates to family inclusion? 2. What are the current barriers you encounter in your efforts to be involved in your family member's treatment? 3. What recommendations do you have to improve family member inclusion? 		
Feedback Highlights:			
Family Inclusion			
Glow:		Grows:	
<ul style="list-style-type: none"> • "I have a Release of Information and appreciate being involved in treatment" • "Staff invite me in to participate" • "Dr. is very efficient. He involves the family in the conversation." • "I like the resources available to me" 		<ul style="list-style-type: none"> • "Not involved in my daughter's care. Provider discourages parental support." • "I feel discouraged to be involved, it should be more inviting" • "Nobody smiles when I come into the building" • Ombudsman for families [of clients with] mental health disabilities" • More Family support groups • More opportunities for families to learn more about mental health conditions and skills to support our family members 	
Service Design			
Glow:		Grows:	
<ul style="list-style-type: none"> • "My sister leaves fulfilled. She gets food and support and loves this program. She wants to be here." 		<ul style="list-style-type: none"> • "The outpatient program doesn't do enough 1:1 therapy" 	

<ul style="list-style-type: none"> • “Offering 1:1 therapy, behavioral approaches” • “I liked the communication from the mental health court team on how my son was doing.” 	<ul style="list-style-type: none"> • “Waitlist for 1 year to get 1:1 therapy. All I received is a referral to outside therapist.” • Turnover: family member has been seen by 3 psychiatrists
Staff Professionalism	
<p>Glow:</p> <ul style="list-style-type: none"> • “Friendly, sincere, engaging people” • “I may walk in upset, but I always leave satisfied” • “People are respectful” 	<p>Grow:</p> <ul style="list-style-type: none"> • “It takes forever to get information from doctor... Just be open to my questions” • “Not getting the information I need” • Recommendation: “Service providers encourage family members to be more involved.”
Treatment	
<p>Glow:</p> <ul style="list-style-type: none"> • “I appreciate the services and supports offered by the nurse practitioner and doctor” • “Services are working, I appreciate the supports I receive” • “Medication Support” 	<p>Grow:</p> <ul style="list-style-type: none"> • “Better communication on medications between client, family, doctor, and pharmacist” • “Use language that is more familiar to me...” • “Talk to doctors about medical problems as well as mental health”

Direct Services Staff Focus Groups

Date:	Region:	Provider Grouping:	Number of Participants:
10/18/19	North County Region	WRC-N, TLCS-HRC RST & TCORE	6
10/22/19	West County Region	El Hogar RST & NGP RST	6
10/29/19	South County Region	WRC-S & Visions RST	6
12/18/19	Standalone	El Hogar Guest House	4

Total Participants: 22

Staff Participant Race/Ethnicity:	<p>A pie chart illustrating the racial and ethnic distribution of staff participants. The largest segment is 'Not Identified' at 45%, followed by 'White' at 32%, 'Latino/Hispanic' at 14%, 'Asian/Pacific Islander' at 5%, and 'Black/African American' at 4%.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Race/Ethnicity</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>32%</td> </tr> <tr> <td>Not Identified</td> <td>45%</td> </tr> <tr> <td>Latino/Hispanic</td> <td>14%</td> </tr> <tr> <td>Asian/Pacific Islander</td> <td>5%</td> </tr> <tr> <td>Black/African American</td> <td>4%</td> </tr> </tbody> </table>	Race/Ethnicity	Percentage	White	32%	Not Identified	45%	Latino/Hispanic	14%	Asian/Pacific Islander	5%	Black/African American	4%
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Group Specific Questions:	<ol style="list-style-type: none"> 1. What are the strengths of your program? 2. What aspects of your work do you consider to be the greatest challenge? 3. What recommendations do you have to strengthen the way outpatient programs are designed? 4. What recommendations do you have to measure successful treatment outcomes for the individuals you serve? 5. What do Direct Service Staff need to be supported and be successful in your work?
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Feedback Highlights:

Service Design

<p>Glows:</p> <ul style="list-style-type: none"> “Clubhouse holistic care and fun stuff In addition to medication service” “Socialization provided at clubhouse” “Walk-in mental health services that benefit homeless” “Abundance of services, flexibility and diversity” “Job readiness at the clubhouse” 	<p>Grows:</p> <ul style="list-style-type: none"> Suggestion: “have everything in one place, medical, psychiatrist, dental...one stop shop” “One stop shop so people don’t need to move around” Suggestion: “client incentives, recognition of progress made, meeting every 6 months and do rewards/certificates of completion” “inappropriate referrals, may need to increase or decrease level of care” Challenge: “getting clients to a higher level of care” “Hard to balance between work/documentation vs. what individual needs” “No cap on volume of clients”
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	<ul style="list-style-type: none"> • “High staff turnover impacts productivity negatively” • “Limited number of therapists... not enough therapists to meet need, long waitlists” • “[Provide] walk-in assessment of eligibility for services at any outpatient clinic”
Supplementary Support	
<p>Glow:</p> <ul style="list-style-type: none"> • “Advocacy on clients’ behalf in particular with housing, room and board, and financial issues” • “Empowering clients for independence • “Clubhouse breakfast, lunch and coffee everyday” 	<p>Grows:</p> <ul style="list-style-type: none"> • “Lack of transportation, motivation, resources” • “consumers not having access to phones to stay engaged” • Challenge: “connect[ing] with managed care” • “More collaboration between county and service staff”
Resources/Access	
<p>Glow:</p> <ul style="list-style-type: none"> • “Free peer program” • “Coordinating with jail, hospital and link to services after a crisis” • “Ability to provide referrals to attorneys” • “Agency encourages linkage to primary care physician, dental, whole health” 	<p>Grows:</p> <ul style="list-style-type: none"> • “Lack of community knowledge that wellness centers exist” • “...agencies and providers don’t know about each other’s services. I know little about alcohol/drug services and they know little about ours” • “[Need] alcohol or drug (AOD) cross knowledge” • “Firmer grip on AOD services” • Challenge: “finding a detox center [for consumers]” • “Respite center for Mental Health clients and their pets”
Staffing	
<p>Glow:</p> <ul style="list-style-type: none"> • “Multi-disciplinary teams: psychiatric care, mental health workers, therapy and counseling, peer partners, and housing” 	<p>Grows:</p> <ul style="list-style-type: none"> • Request: “AOD staff – licensed” • “More staff/lower caseloads” • Request: “training and skills development” • “More therapists [to reduce] long waiting list” • “Appointments are so far out, clients don’t return”

Feedback Analysis

Consumers

Feedback from the consumer focus group provided BHS with valuable insight from the consumer point of view on what is working. Feedback indicates an appreciation for peer support and opportunities to socialize in safe spaces, such as community center environment. As one consumer stated, “having a place to go is a blessing for me.” These opportunities to interact with peers, in a community center or lounge, encourages engagement and provides a sense of community inclusion. Peer support groups was a common theme, consumers reported they feel supported, with comments like “looking out for each other” and “lot of love in this building.” As for areas consumers want to see enhanced, consumers would like their individual recovery goals to be integrated into treatment and at the forefront of discussions with their providers. One consumer requests a “better explanation of transitioning through levels [of care].” Discussions of recovery, including the consumer’s journey within their level of care treatment provides the consumer hope and optimism. For maximum buy-in and engagement, recovery goals should be defined by the consumer and supported by the program. Employment was identified as their recovery goal, and requests were made for employment services and support from their provider to achieve this goal. Additionally, consumers indicated the need to reduce staff turnover and wait times for appointments. One consumer indicated dissatisfaction with turnover as it relates to losing trust: “[you] have a relationship and then you lose it. You lose your trust.”

Family Members of Consumers

Family members appreciate communication, support, and inclusion. For some family members, their feedback indicated a sense of not feeling welcomed at sites and suggest groups for family members to connect with other family members to learn how to be more involved in their loved one’s treatment. Identified grow points included a need for open communication and additional support for families. Despite efforts to encourage family participation, sessions were canceled due to lack of participation. Family/Support systems are often a key component to the recovery process. BHS recognizes the opportunity to improve family member engagement in both the current system and with any future program planning.

Direct Services Staff

Feedback from direct services staff echoed consumer feedback on program strengths, such as the importance of socialization in a community center setting, employment services and job readiness, and the need to increase staffing to reduce appointment wait times. Direct services staff identified the need to collaborate more with BHS, and the need to provide more communication about services available to the community. Grow points related to the inappropriate level of care for consumers and consumers having to transition from provider to provider was also addressed. Staff suggestions to address this included “one stop shop so people don’t need to transition within the system,” and “have everything under one place.” As noted in consumer feedback, consumers want to discuss their recovery goals and progress and feedback from direct services staff suggested regularly providing “client incentives, recognizing progress made.” Furthermore, direct services staff also highlighted grow points with time spent

on documentation and billing, training needs to better serve and support consumers, and a need for on-site integration of substance use prevention and treatment services.

Next Steps

With the insight gathered from the three focus group populations, BHS has gained a greater sense of the strengths and challenges of the current Adult Outpatient system and will use this information to influence current priorities and future program development. BHS recognizes the time and personal information shared in these focus groups to better our system and extends its most sincere gratitude to the consumers, family members and direct services staff.