County of San Diego
Health and Human Services Agency
Behavioral Health Services

COMMUNITY ENGAGEMENT REPORT 2017

HARBAGE CONSULTING

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County of San Diego
Health and Human Services Agency
Behavioral Health Services
Community Engagement Report - 2017

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I. Executive Summary

San Diego County is home to more than 3.3 million Californians, of which more than 700,000 are Medi-Cal beneficiaries. The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS), provides behavioral health services and programs to more than 70,000 individuals each year through 11 County of San Diego operated programs, more than 300 contracted programs, and 800 fee-for-service providers.

Each year, BHS engages the community through a series of in-person forums and focus groups, this year adding two tele-town hall options to solicit feedback on programs and services. This year, the community engagement and feedback process sought to understand the value of behavioral health services to the local community and to recognize how BHS can improve how they deliver services to better serve that community.

Harbage Consulting was contracted to develop and implement the 2017 BHS community engagement strategy. Harbage Consulting conducted two in-person community forums, one community tele-town hall, three population-specific focus groups, one innovative population-specific tele-conference focus group, and one frontline worker tele-town hall in August and September 2017. Additionally, BHS identified five specific populations for targeted engagement: Clubhouse members, homeless Clubhouse members, justice-involved individuals, justice partners, and frontline staff. Altogether, feedback was collected from nearly 400 San Diego County residents, including consumers, caregivers, providers, justice partners, frontline staff, community members, and other stakeholders.

Results from the 2017 community engagement process indicated that BHS programs and services demonstrably improve and save lives. Community members, providers, and clients agreed that BHS should increase investment in existing programs and services to grow and enhance them, in lieu of funding new and untested programs.

Aside from focusing resources on enhancing existing programs, feedback indicated that individuals who are eligible for behavioral health services need more resources dedicated to service navigation. Many discussions focused on simplifying eligibility to reduce barriers to accessing services and ensuring that there truly is a “no wrong door” approach to getting care. Participants were frustrated that the system designed to treat individuals with complex behavioral health diagnoses (which often include acute and urgent episodes) is so complicated—with wait lists requiring extensive follow-through on behalf of the impacted individual. Participants believed that system simplification, improved care coordination, an increase in case managers and staffing resources, and accurate and accessible resources describing the services and how to access them would be helpful in alleviating some of these issues.

Additionally, feedback showed that the care BHS provides needs to be culturally competent, delivered in the local community, and should include peer workers. From the feedback, the definition of high value care may be summarized as follows: San Diego residents want and need to feel comfortable reaching out for help, and to connect with someone who understands their community, culture, language, and lived experiences.

II. Process and Methodology

The goal of the community engagement process was to answer the question of how the San Diego County community **values** behavioral health services and the **impact** those services have on consumers, as well as moving the community towards the goals of *Live Well San Diego*. This strategy will inform BHS in making decisions on how to balance priorities on behalf of their consumers.

The approach used multiple innovative modalities to reach the general community, as well as targeted populations. Harbage Consulting was contracted to design and implement a countywide process to engage the community and collect their feedback.

A. Defining the Value of Behavioral Health Services

How does the community value their behavioral health services? What impact do those services have on consumers? How do services move the community toward the goals of *Live Well San Diego*? The goal was to get answers to these questions.

Given the diversity of populations, engagement events, and modalities, different groups were asked slightly different questions. The overall goal of each set of questions, particularly for consumers and community stakeholders, was to find answers to the following questions:

1. *How can we connect individuals to care?* How are consumers finding services? What barriers exist to care? How can BHS help overcome those barriers?
2. *How can we keep individuals connected to care?* How can BHS deliver services in the way that works best for consumers? What about those services makes consumers want to continue to work towards their mental health and substance use disorder treatment goals? What supports do consumers need?
3. *What is the value of services for individuals receiving care?* How are clients experiencing services? What impact are services having on their lives?
4. *How should BHS plan and budget for behavioral health services?* What are the goals that BHS should seek to achieve in delivering behavioral health services? What outcomes should BHS prioritize in planning and budgeting?

B. Community Engagement Process

Harbage Consulting used a variety of methods to reach consumers, caregivers, providers, advocates, stakeholders, as well as everyday San Diego County residents, and engage them in the community feedback process.

Engaging a new and diverse set of stakeholders was a priority. To ensure BHS reached a wide variety of stakeholders in the community feedback process, Harbage Consulting relied on our deep connections to the behavioral health community and community organizations to conduct

outreach. Additionally, BHS identified targeted populations and audiences who had not traditionally participated in past community engagement processes from whom they wished to hear. Harbage Consulting researched agencies and organizations that served these populations and welcomed them to the community engagement process and opportunities.

Using an outreach list with over 100 diverse organizations and agencies, outreach staff contacted organizations beginning in July, 2017, one month before the community forums. Outreach staff emailed each organization and set up phone meetings with about one-third of the organizations on the list. During the phone meetings, Harbage Consulting staff shared information about the various feedback opportunities and asked for their help in distributing the information to their constituencies. Harbage Consulting staff followed up regularly with email announcements to keep them informed of new information and resources.

Additionally, the community forums were widely advertised in local newspapers, on the radio, on social media, and in the community through fliers, community calendars, and announcements at events throughout the behavioral health community. Behavioral Health Services also sent out announcements through its listserv of contractors and providers.

Online Resource Hub

To ensure easy access to the feedback opportunities, Harbage Consulting created an online resource hub at www.SDLetsTalkBHS.org. (See *Figure 1)* This webpage included logistical information about the community forums and tele-town hall, a link to register for each event, and a flyer that could be downloaded, printed, and shared.

Figure 1: www.SDLetsTalkBHS.org Screenshot

Social Media Resources

When possible, the Harbage Consulting outreach staff leveraged the social media channels of BHS and community organizations to reach a broad set of stakeholders in the community feedback process. To this end, staff created a Community Engagement Social Media Kit that included an image and sample text organizations could use to post on their social media channels. Approximately 10 organizations, including BHS, shared information about the community forums through social media channels, such as Facebook and Twitter. (See *Figure 2)*

Figure 2: Social Media Samples

Language Access

Nearly 40 percent of San Diego County residents speak a language other than English at home, according to the U.S. Census. Recognizing the importance of engaging communities whose primary language is not English, Harbage Consulting ensured all materials were translated into the five threshold languages determined by BHS: English, Spanish, Arabic, Vietnamese, and Tagalog. Translated materials included:

- Separate webpages in each language on the resource hub that included logistical information about the community forums, a link to register for each event, and a resource flyer;
- Community forum agendas; and
- Community forum feedback surveys.

Community forum advertisements were also placed in newspapers that catered to Spanish and Tagalog speakers and a newspaper catering to the African-American Community. Each community forum also offered on-site interpreters for Spanish, Arabic, Vietnamese, Tagalog, and American Sign Language.

Harbage Consulting made available translated Community Engagement Social Media Kits, but did not receive any requests.

C. Community Feedback Methodology

This year's process continued BHS' historical commitment to creating open forums for community feedback that include consumers, caregivers, providers, stakeholders, as well as everyday San Diego County residents. To gather feedback from a range of audiences, Harbage Consulting planned two large community forums and a tele-town hall, all of which were open to all community members.

Community Forums

Two in-person community forums were held, one on August 10, 2017, in North County with 63 participants, and one on August 29, 2017, in Central San Diego with 157 participants.

At each forum, small groups of 8 to 10 participated in roundtable formats with trained moderators to provide their perspectives on the following three questions:

1. Why do you think someone might not be getting the care they need for mental health or substance use disorders?
2. In what ways could BHS better support you or others in getting care for mental health and substance use disorders?
3. There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?

For each question, a set of response options were provided for the group to rank in order of most important to least important, see *Appendix A* for the full set of questions and responses. The participants had about twenty minutes to discuss the question and the proposed answers before ranking them. The goal of the discussion was for the group to come to a consensus on the ranking of the answers for each question. In addition to recording how the group ranked the answers for each question, the moderators took detailed notes on the discussion to inform this report. After each question discussion, each table reported to the whole group on their top answer and rationale.

Attendees were able to submit comments on any issues not covered by the questions and answers through "parking lot" posters posted along the walls in each venue. Parking lot responses can be found in *Appendix H.*

Community Tele-Town Hall

For the first time, BHS hosted a tele-town hall to collect community feedback. This proved to be an innovative way to collect feedback, required minimal effort, and it created the opportunity for participants to ask questions, provide feedback, and join in live discussions via telephone.

Participants were recruited two ways: through the outreach methods described above and through random dialing of a San Diego resident call list. The tele-town hall vendor made 6,266 outbound calls to San Diego County residents, and 451 people answered the phone. There were as many as 271 people participating in the tele-town hall at one time, and more than 40 people participated in the call until the very end. Individuals who participated in the tele-town hall and who filled out a satisfaction survey received a $5 gift card.

Tele-town hall participants were polled on their top answer to three questions:

1. Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders?
2. How can BHS better support San Diego County residents in getting care for mental health and substance use disorders?
3. There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?

The parameters of the tele-town hall software allowed for up to five response options for each question, so the response options from the in-person community forums were condensed as needed. The tele-town hall questions and response options can be found in *Appendix B*.

Following each question, the results of the poll were announced and participants were invited to give verbal feedback or ask questions in a moderated discussion. Both the poll results and discussion comments were recorded for use in this report.

Targeted Population Feedback Methodology

Five populations for target engagement were identified by BHS. A unique engagement process and set of questions were developed specifically for each group:

- Clubhouse Members
- Homeless Clubhouse Members
- Justice-Involved Individuals
- Justice Partners
- Frontline Staff

Clubhouse Members

There are 14 Clubhouses located throughout San Diego County offering a variety of services to support individuals in recovery from a mental health issue or substance use disorder. The

Clubhouses are operated by contracted entities and each serves a slightly different population. The exact services and programs vary by clubhouse and generally include classes to help with skill development, access to counseling or other behavioral health care, and peer supports.

Ten of the Clubhouses (*Appendix C*) participated in an innovative 90-minute tele-conference focus group. Each Clubhouse recruited up to 10 members to participate, as well as staff to help facilitate the conversations. In four Clubhouses, Harbage Consulting staff served as in-person facilitators, and in six Clubhouses, Harbage Consulting staff served as phone moderators supporting in-person Clubhouse staff facilitators. Clubhouse members received a $5 gift card for participating in the focus group.

The group considered the following overall themes about their individual and community experience:

- How did Clubhouse members get connected to the Clubhouses?
- Why do they keep coming back?
- How have Clubhouse services impacted their lives?
- What is their advice to BHS in planning and budgeting for behavioral health services?

Each Clubhouse discussed a series of discrete questions as a small group, and then was joined back to the broader group of all the participating Clubhouses to report back on their answers. Note-takers ensured the full conversation was captured to be reflected in this report.

More information on the Clubhouse focus group process can be found in *Appendix C*.

Homeless Clubhouse Members

San Diego County has several facilities providing behavioral health services to individuals who are homeless or have unstable housing, including the Episcopal Community Services Friend to Friend Clubhouse (F2F). The F2F Clubhouse provides non-residential outreach, engagement, and intensive case management to homeless adults with serious mental health diagnoses, as well as to those with co-occurring substance use disorders (SUDs). It is F2F's goal to help those who are interested improve their social and vocational skills. While not providing medical services, F2F case workers help clients connect with needed services.

To gather input from individuals served by F2F, program staff recruited nine members to participate in a 90-minute focus group. Participants included two women and seven men, and their length of time receiving BHS services ranged from less than one month to more than 10 years, with most participants having been involved with the program around one to two years.

Like the other Clubhouse focus group participants, this group considered questions relating to the overall themes around the community input process:

- How did Clubhouse members get connected to the Clubhouses?
- Why do they keep coming back?
- How have Clubhouse services impacted their lives?

- What is their advice to BHS in planning and budgeting for behavioral health services?

More information on the homeless Clubhouse focus group process can be found in *Appendix D*.

Justice-Involved Individuals

Many individuals with serious mental illnesses or substance use disorders are likely to rely both on BHS programs to help manage those conditions and have contact with the justice system. Given this correlation, Harbage Consulting conducted a focus group for 10 justice-involved adults receiving a variety of outpatient services from organizations in San Diego County, including Exodus, Telecare, and Center Star. Several participants live in sober-living centers.

- *Exodus* provides two types of programs in San Diego County for individuals with behavioral health needs who are justice-involved or at risk of becoming involved in the justice system:
    - AB 109 Program: Individuals who are under Post Release Community Supervision (PRCS) and Mandatory Supervision receive individualized care plans and case management to ensure they receive appropriate behavioral health and other supportive services.
    - Project Connect: Individuals with intellectual and developmental disabilities who are actively being served by the San Diego Regional Center are provided with individual and group counseling. Project connect teams ensure that participants are connected to the necessary support services and are in compliance with mental health care and criminal justice mandates.

- *Telecare* has two programs that serve individuals who are involved, have been involved in, or are transitioning out of the justice system.
    - CORE SD: Corrections Outpatient Recovery Enhancement program serves residents who are currently on parole and referred by the California Department of Corrections and Rehabilitation. Individuals can access a wide variety of support services, such as case management, employment services, and treatment.
    - Behavioral Health Collaborative Court: Uses a multidisciplinary team and partnerships within the community to provide individuals with an individualized recovery plan. Individuals receive proper training to help them manage their conditions more effectively and achieve their goals.

- *Center Star* provides individuals who are referred through hospitals, jails, and drug courts with all-inclusive case management and outpatient rehabilitation services. Treatments are community-based and designed to meet the unique needs of each individual.

The 90-minute focus group participants included five women and five men receiving services from these programs. Their length of time receiving BHS services ranged from less than six months to 10 years. Topics included transitions from custody to the community, as well as how

the programs have impacted participants' lives and what advice they would give BHS in planning and budgeting. Participants received a $10 gift card as an incentive.

More information on the justice-individuals focus group process can be found in *Appendix E*.

Justice Partners

For several years, BHS has been working closely with justice agencies to improve coordination and communication in serving the justice-involved population, including through the Health and Justice Integration Committee. As a part of the community engagement process, a special meeting of this Committee was organized, including broader participation of frontline staff, to have a focused discussion on identifying gaps in the current transition from custody to community services and strategies to address those gaps.

Thirteen participants gathered representing City of San Diego City Attorney, San Diego County Public Defender Office, Health and Human Services Agency, Neighborhood Justice and Collaborative Courts Unit, Probation Department, Public Safety Group and the San Diego County Sheriff's Department.

More information on the Justice Partners engagement process can be found in *Appendix F*.

Frontline Staff

A tele-town hall format was used to gather feedback from the frontline staff that are either providing or supporting behavioral health services as a contractor of BHS. Unlike the questions for the community and other targeted populations, the questions for frontline staff were designed to better understand workforce satisfaction and engagement. Staff were asked eight polling questions (not including demographics) and three discussion questions.

An email invitation was sent to staff with information on how to register for and join the tele-town hall. The call was to include both polling and discussion questions. (See *Appendix G*)

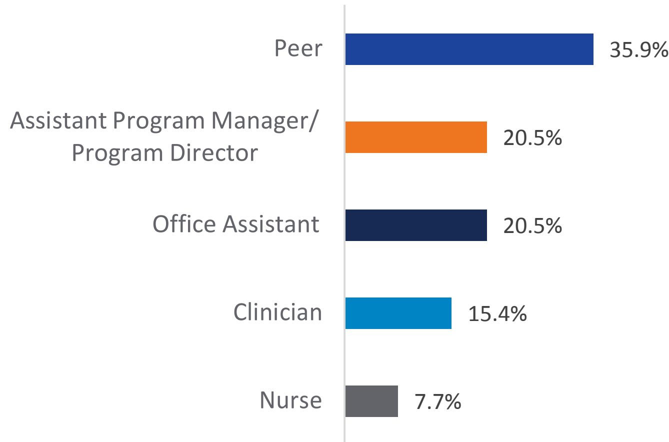
Forty-two frontline staff joined the September 12, 2017, tele-town hall. Unfortunately, seven questions into the 13-question call, the conference call vendor's system experienced a system-wide outage and the call could not be completed. Every staff member who registered for that first call was re-registered for a follow-up call on September 21, 2017 and contacted via email. The follow-up call completed the five remaining polling and two remaining discussion questions, as well as duplicating three polling questions and one discussion question asked on the first call. Two polling questions were repeated in order to assess the demographics of the call (job titles and length on job), and the third repeated polling question was used to re-orient participants to the repeated discussion question, both focusing on the most challenging parts of staffs' jobs. Fourteen front line staff participated in the follow-up call, including 11 individuals who had participated in the first call.

The responses for both calls are combined in this discussion of the results, and responses are available separately for each call in *Appendix G*. However, the need for two calls, due to the

vendor system outage, resulted in several data limitations worth noting. The first is the significant level of attrition between the first and follow-up calls. While the total number of participants on both calls was relatively low, there was a 74 percent decline in the number of participants between the original tele-town hall and the rescheduled meeting. Additionally, due to software limitations, Harbage Consulting is unable to fully, and confidently, understand the extent to which participants of the first call may have also participated in the second. Harbage Consulting is also unclear whether staff who participated in both calls may have changed their responses between the first and second. As such, the findings from this tele-town hall should be interpreted with caution, and results are not likely generalizable.

Participants were well distributed across different jobs, with most identifying as peer workers (35.9 percent), and similar numbers of participants serving in administrative leadership or support roles (20.5 percent for each), or as a clinician or nurse (23.1 percent), *see Figure 3.*

Figure 3: Frontline Staff Tele-Town Hall Participant Job Titles



9/12 and 9/21 call data; 39 of 45 participants responded, including BHS and HC staff.

Most participants had been on the job less than three years (64.1 percent).

More information on the frontline staff engagement process can be found in *Appendix G*.

III. Community Feedback

In all three community input sessions – the two in-person forums and the tele-town hall participants were asked questions around three themes:

1. *Connecting to Care:* How are San Diego County residents finding the behavioral health services they need? Why might they not find or connect to those services? Stigma, including shame and cultural competency issues, and a lack of awareness of what is available were the top reasons community members identified as barriers to care.
2. *Staying in Care:* Community members were asked about *how* BHS could support individuals receiving services, ensuring that those individuals can stay in care and continue to receive needed services.
3. *Planning and Budgeting Considerations:* Community members were asked what BHS should consider when budgeting for behavioral health services. Timeliness of services, availability of peer support, and availability of all various medical and social services people need were the top priorities.

A Note About Interpreting Community Forum Data

For each question, participants sitting in small groups at tables were asked to rank response options from highest (one) to lowest (eight, five, or seven). Thus, a more favorable ranked answer would have a lower numerical score. Each table's rankings were combined into a weighted ranking. The figures presented below show the response option weighted rankings from the most favorable ranked (at top) to the least favorable ranked (at bottom).

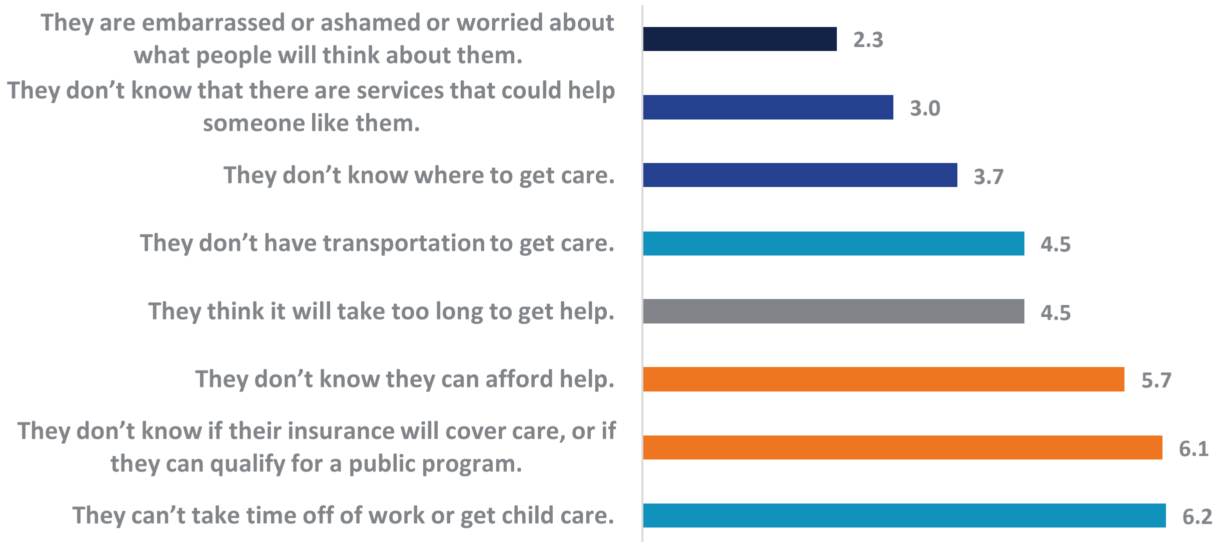
A. Connecting to Care

Question One: "Why do you think someone might not be getting the care they need for mental health or substance use disorders?"

At the forums, community members were asked to rank and discuss eight potential barriers to care for individuals in need of mental health or substance use disorders in small groups; the weighted rankings are displayed in *Figure 4*. The answer most commonly ranked as most likely was *"They are embarrassed or ashamed or worried about what people will think about them."*

Figure 4: Community Forum Weighted Rankings Question One

Why do you think someone might not be getting the care they need for mental health or substance use disorders? Rank in order from 1 to 8 where 1 is most likely and 8 is least likely.



Due to software limitations, tele-town hall participants were asked to select one of four options to the same question. Most participants chose *"They don't know where to get care or that there are services that could help someone like them"* – a combination of the second and third most likely answers at the community forums. *(*See *Figure 5)*

Figure 5: Community Tele-Town Hall Question One

Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders? There are four options, please select one choice.

Represents 25 responses.

Stigma and Cultural Competency

Most participants at both community forums identified the top barrier keeping individuals from getting the care they need for their mental health or substance use disorder as *being embarrassed, ashamed, or worried about what others would think*. A higher percentage of

tables ranked this as the top issue at the Vista forum than at the San Diego forum (see *Appendix A* for more detail on the Vista and San Diego forums).

*"We need to focus on **reducing stigma and fear**, the fear to motivate to seek services. Mental health can too often be seen as weakness."*
– Central San Diego Forum Participant

"Whether someone accesses care depends on the culture: maybe the care is not culturally-appropriate or it is not part of culture to seek care or help."
– Central San Diego Forum Participant

In the table discussions, many participants expanded on this theme. Participants identified culture as being a key part of this barrier and noted some cultural communities have less awareness or acceptance of behavioral health issues, which increase barriers to care. One way participants suggested BHS could combat this barrier was by ensuring that services are provided in local communities by members of those communities, making it more comfortable for individuals facing these barriers to seek care.

*"People want to **feel like they have a connection**, a familiarity with providers and staff; putting services in communities where there is stigma can help address that problem and reduce stigma." – Central San Diego Forum Participant*

Participants also connected this concept of stigma to real-world consequences. For example, participants noted that undocumented individuals in some communities may fear seeking help if they believe it may increase their deportation risk. Participants also discussed that some individuals may fear that seeking help for their mental health or substance use disorder will have negative impacts on their job, lead to being fired, or trigger Child Welfare Services and impact their ability to care for their children.

"People are fearful of being punished for seeking help – for example being deported, fired, etc." – Vista Forum Participant

Awareness

After stigma, most community forum participants identified *barriers related to not knowing what services are available* as the most likely to keep individuals from connecting to care. This was the top barrier identified by tele-town hall participants. Forum participants specifically discussed not knowing that there are services available, for someone like themselves, or not knowing where to receive services. Participants identified a continuum of barriers to services, from individuals not understanding that they have a behavioral health issue that can be treated to not being ready to seek treatment for their issues.

"They may not be educated and be knowledgeable enough to recognize the symptoms they are having are related to mental health disorders and issues."
– Vista Forum Participant

In other discussions, participants flagged that the 211 system [a system that connects individuals to essential community services] and existing outreach efforts may not be sufficient. Participants suggested that websites and brochures be made more user-friendly and that public information be regularly updated.

*“The County should create **a no wrong door policy**, a hub where people can walk in and receive services in their neighborhood.” – Central San Diego Forum Participant*

Many participants suggested that individuals may not know where to start in accessing programs and services, with one participant recommending that “no-wrong-door” policies could help address this barrier, such that once an individual tries to access services, they receive assistance finding the right program.

Navigating the System

Once an individual has determined they need to access services, barriers continue. Participants at the forums identified transportation issues and wait times as the next most likely barriers to care.

Examples provided by participants included the challenges around public transportation. One participant suggested that an individual would need to be highly motivated to take five bus lines to get to treatment, while also dealing with their mental health or substance use disorder and any other issues in their lives. The participant added that if the individual then had to be put on a wait list that required making repeat phone calls or returning to the service center, the barrier to care may become insurmountable.

“When they are in crisis mode, they’re not going to [navigate a frustrating process] because they are barely holding on.” – Central San Diego Forum Participant

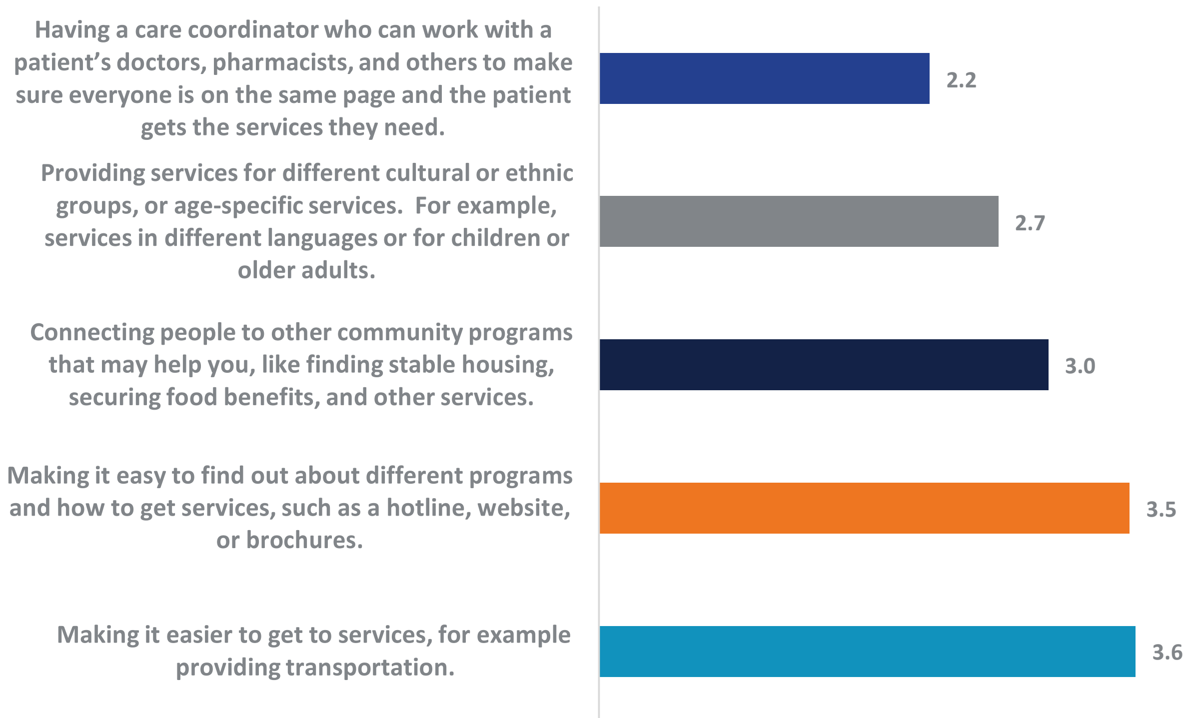
B. Staying in Care

Question Two: “In what ways could BHS better support you or others in getting care for mental health and substance use disorders?”

Community members were asked to rank and discuss five different ways BHS could provide services that might help individuals stay in the care they need for their mental health or substance use disorder. *Care coordination* was the response identified as most helpful, followed by *providing culturally-competent or age-appropriate services*. (See *Figure 6*)

Figure 6: Community Forum Weighted Rankings Question Two

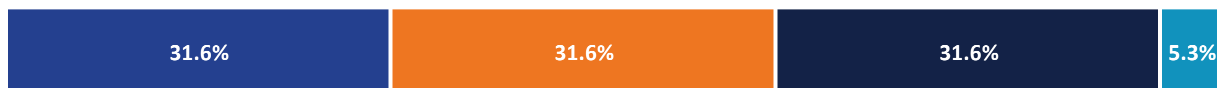
In what ways could BHS better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful.



Tele-town hall participants were asked to choose one of five answers to the same question about BHS support. Three answers tied for the top choice: care coordination, more education/information about services, and building connections to other community programs. (See *Figure 7*)

Figure 7: Community Tele-Town Hall Question Two

How can BHS better support San Diego County residents in getting care for mental health and substance use disorders? There are 5 options, please select one choice.



- Having a care coordinator who can work with a patient's doctors, pharmacists, and others to make sure everyone is on the same page and the patient gets the services they need.
- Making it easy to find out about different programs and how to get services, such as a hotline, website, or brochures.
- Connecting people to other community programs that may help them, like finding stable housing, securing food benefits, and other services.
- Providing services for different cultural or ethnic groups, or age-specific services. For example, services in different languages or for children or older adults.
- Making it easier to get to services, for example providing transportation.

Represents 19 responses.

Care Coordination

Among community forum participants, care coordination was the top service reported to help individuals stay connected to care, and was tied for first among tele-town hall participants. This is closely tied to some of the top barriers to care – the frustration and difficulty in identifying available services and then accessing them. Participants also identified the additional challenges behavioral health clients may face in staying connected to care, due to their diagnoses. They suggested that BHS could play a more active role in ensuring that clients adhere to their treatments and follow-through on their programs.

"Clients give up because they [go] place to place not knowing what they qualify for."
– Vista Forum Participant

During the discussion, participants raised the issue that care coordinators could only facilitate this improved access if they were adequately funded with reasonably-sized caseloads. Participants also suggested that care coordinators or case managers with lived-experience would better be able to relate to their clients, and that they should be trained to help motivate clients to engage in services.

*"Care coordinators play a vital role for people who don't know how to navigate the system and access services. They are more than just case managers. They are like **a hub in communication**, one contact person, for a person to access health care, providing client-centered care. They would serve a very beneficial role for people who need behavioral health services because **many people fall through the cracks** and get lost in the system." – Central San Diego Forum Participant*

Culturally Competent Services

Community forum participants expressed the importance of tailoring services to the population. Beyond cultural competency, this included offering services in multiple languages, targeting different populations such as refugees, transition age youth, justice-involved, the undocumented, and the homeless. A clear finding is that providing services in San Diego's diverse communities that reflect the needs and preferences of those communities is a way to both connect individuals to care and help keep them in behavioral health programs.

"If you want to reach the community, be IN the community."
– Central San Diego Forum Participant

*"People feel more comfortable when they receive services in their own language and with **health care providers who understand their culture**."*
– Central San Diego Forum Participant

Participants also discussed how many populations in San Diego County, such as refugees, in need of behavioral health services could benefit from trauma-informed care principles.

Interestingly, no participant in the tele-town hall selected the provision of culturally-competent services as the top way BHS could assist residents in getting the behavioral health services they need. However, discussion feedback suggests that participants viewed cultural competency as an inherent and critical element of their selected response option.

Connecting to Other Community Services

The third highest-ranked answer at the community forums on how to keep individuals connected to care was to *help connect individuals to community programs*. This answer was also selected by nearly a third of tele-town hall participants.

*"**Clients need to feel secure** and have some sort of stability and a good foundation, before seeking help for mental health." – Central San Diego Forum Participant*

"People cannot focus on behavioral health services without finding food first. They need to satisfy those needs first." – Central San Diego Forum Participant

A common theme in discussions at the forums and on the tele-town hall was the difficulty individuals faced in dealing with their behavioral health issues if they had unmet basic needs like housing, food, or transportation.

*"If their housing situation is stressful or makes them unhappy, it impacts them, **makes it harder to get or continue care**." – Vista Forum Participant*

Participants discussed several ways BHS could continue to work on this issue. For example, participants suggested that BHS could make sure their providers know what other social service programs are available and how to refer their clients or make warm hand-offs for services, to the extent they are not already doing so. Participants expressed a desire for BHS to invest in other ways to ensure that their clients understand what programs are available and how to navigate those resources, which could help reduce barriers and enable them to focus on their behavioral health needs.

C. Planning and Budgeting Considerations

Question Three: "There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider?"

Community forum participants were asked to rank and discuss seven considerations in planning and budgeting for behavioral health services in San Diego County. Getting people who need help, the right kind of help in a timely manner, was the clear top choice at both forums and the tele-town hall. (See *Figures 8 and 9*, respectively)

Figure 8: Community Forum Weighted Rankings Question Three

There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? Rank in order of importance where 1 is most important and 7 is least important.

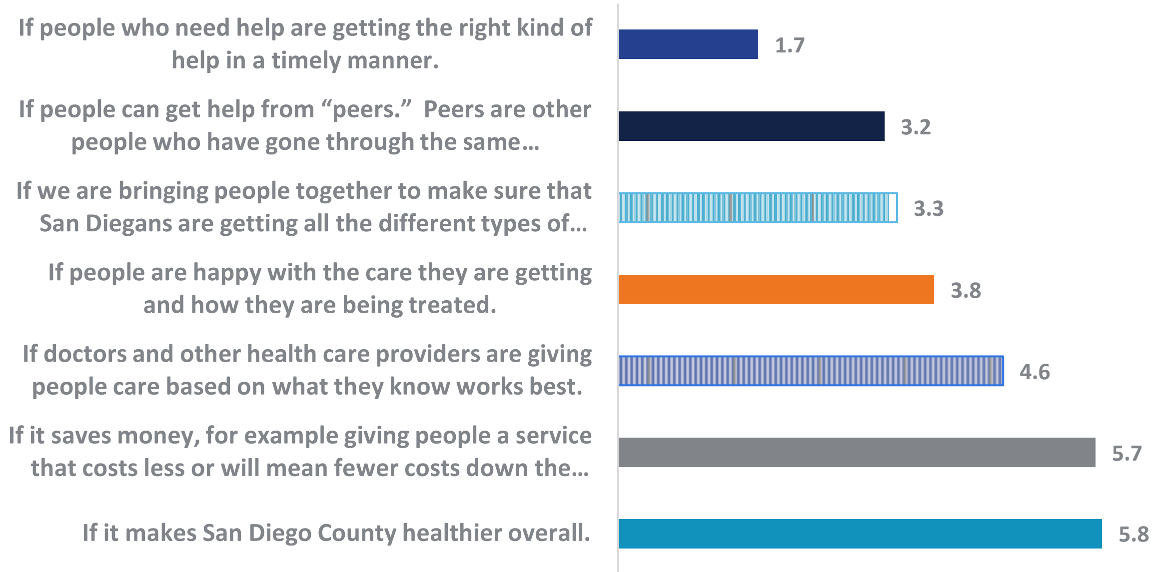
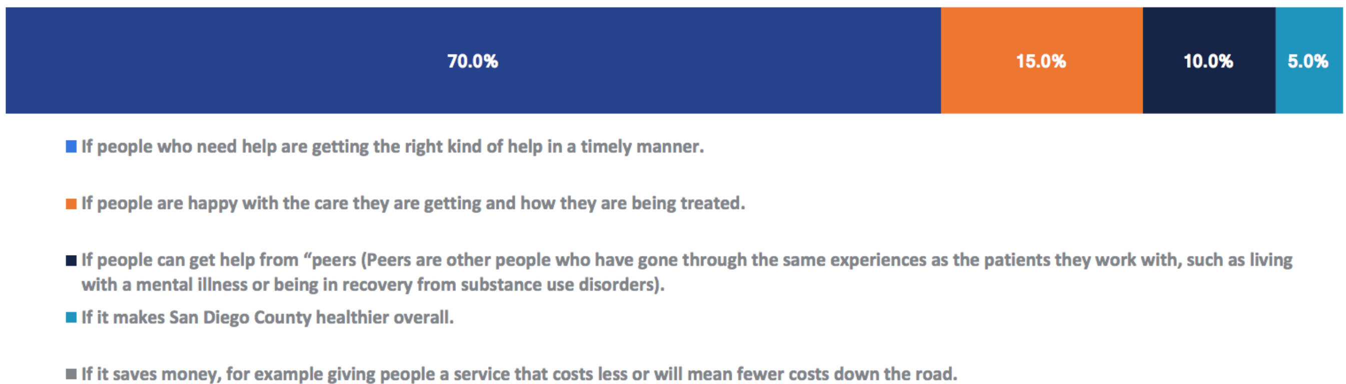


Figure 9: Community Tele-Town Hall Question Three

There are many needs and issues that BHS must balance when creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? There are 5 options, please select one choice.



Represents 20 responses.

Access to Care

By far, the top issue community members wanted BHS to consider in planning and budgeting is *timely access to services*. This was reflected in participant discussions, as community members shared frustration with resource shortages and waiting lists for many programs.

*“**Access should be the County's number one question and priority**, but programs need more staff to provide good services and timely access.” – Vista Forum Participant*

Generally, San Diego County residents reported high levels of satisfaction with the existing behavioral health services. Consumers noted that they like the programs, and providers believe they are delivering needed services. The challenge most often reported was with capacity – with making sure that programs and services are available to the individuals who could benefit. Clients reported knowing staff at their programs were overworked and struggled to keep up. Frontline staff also reported a high volume of paperwork that took them away from clients, and the providers at community forums expressed frustration at not having the resources to serve everyone who needed their services.

This also echoes feedback in support of coordination and improving connections between existing programs and services. Enhancing the existing infrastructure serving San Diego County was a top priority expressed during the community feedback process.

Peer Support

Peer support was another strong priority for both the community feedback and targeted populations. Individuals and communities appreciate, and are more comfortable, receiving services from others with shared experiences and cultural backgrounds.

“Peers and others bring people together. Peers need more value [in the system], they are underutilized and cost-effective.” – Central San Diego Forum Participant

Connecting Services

Many tables identified this option as being important for BHS planning and budgeting, citing earlier conversations about the importance of care coordination; the importance of providing transportation, child care, and other supports; and the importance of individuals having their basic needs like food and housing met before they can focus on their behavioral health issues. Connecting these services for individuals, making it easy for them to navigate and access the system, was strongly valued by the community.

*“There are already so many resources-- we need to tap into them better. **Programs are just siloed** due to funding.” – Vista Forum Participant*

Patient Satisfaction

Overall, many of the forum and tele-town hall participants recommended ways to make the system work better for the people it was serving – improving access to services, ensuring culturally competent services are provided in local communities, and assisting with care coordination and connections to other community resources. While some participants flagged that clients can sometimes be difficult and hard to please, there was also recognition that some of that stemmed from frustrations with the current system. Additionally, there was recognition that for behavioral health services to be effective and have an impact on people’s lives, individuals must be ready and willing.

It is important that people are happy and ENGAGED (as the caveat) in being treated in their healthcare, then this is the way the budgeting should be decided as no matter how much money is saved or the other options, if people are not ENGAGED, motivated, and happy to receive care the rest falls apart as the services are not being rendered and patients are left untreated or partially treated which is not effective.
– Vista Forum Participant

D. Value and Impact: Key Takeaways

The aim of this community input process was to help BHS better understand the value and impact of their services, and to identify ways they could improve service provision to better serve their communities. Some clear themes and recommendations emerged to help guide BHS in their planning and budgeting processes.

Care Coordination and Navigation
Individuals reported having a hard time understanding if they qualify for services and programs. Providers reported wait lists and difficulties for individuals to access services in timely ways. The focus should be on how BHS could better help individuals, who are ready to address a mental health or substance use disorder, understand what services are available, how they can access those services, and then how to access the other community resources like food, housing, and transportation that will help them be stable enough to stay in care.

The focus should also be on improving a "no wrong door" policy among the BHS's many providers, helping educate their networks about available services and programs. This can help lift the burden of navigating the system from the individual consumer and make sure they connect with the right care, no matter where they turn.

Cultural Competency and Peer Workers
From breaking down stigma and other cultural barriers, to creating an environment where individuals feel comfortable tackling their behavioral health issues, addressing cultural competency, leveraging peer workers, and placing services in local communities were persistent themes. Delivering services in this way can maximize value and impact for the people they serve. For example, BHS could focus on identifying individuals receiving services who may be good ambassadors for their programs, or identify ways to hire individuals from diverse backgrounds who speak the languages of the communities they will serve.

Education and Outreach
A corollary to both improving care coordination and cultural competency is to ensure that San Diego residents are aware of the programs that are available and that there is help in navigating the system, and aware they can receive services in their language, or in their community. Continuing this education and outreach to normalize behavioral health issues in diverse communities can help address disparities and connect more individuals to care.

IV. Targeted Populations Feedback

A. Clubhouse Members

Ten Clubhouses gathered up to 10 members each to participate in an innovative tele-conference focus group to gather feedback on how members are experiencing Clubhouse services and how the value and impact of those services could be improved.

Connecting to Care

Clubhouse members reported two main avenues of identifying Clubhouse services: referrals from other service or care providers, and personal referrals.

- *Provider Referrals:* The types of organizations or providers who were most likely to refer individuals to the Clubhouses were often other BHS programs such as Exodus, Catalyst, and Telecare. But, many individuals also reported receiving information about the Clubhouses from their psychologist (or psychiatrist) during a hospital stay or from an outpatient clinic.
- *Personal Referrals:* Individuals also found out about the Clubhouses from friends and family members, and those friends and family members were often Clubhouse members themselves.

A small number of individuals reported actively seeking out services and finding the Clubhouse through either 211 or a resource list.

Value of Care

Focus group participants overwhelmingly reported finding a great deal of value in the Clubhouses. When asked what was most helpful about being a Clubhouse member, the most common responses were: 1) having a sense of community; 2) classes and skill development; and 3) finding confidence and a sense of purpose.

"This place gives me a lot of hope." – Escondido Member

"I have a place for healing, learning, and growth. It helps to reduce my symptoms and I have people to relate to and communicate with." – East Corner Member

"Go to the clubhouse. You'll start to feel better. They understand you and give you skills that help and meet people and staff that help you out so you get better." – Casa Del Sol Member

"I really like the GED classes here – I feel like I'm actually accomplishing something." – Casa Del Sol Member

"I like volunteering and having a purpose. I feel useful instead of useless." – Escondido Member

- *Sense of Community:* There were several different elements associated with the sense of community that Clubhouse members reported as being most helpful. Many appreciated having a place to go and no longer feeling alone and isolated at home. At the Clubhouses, members appreciated the opportunity to socialize, particularly among others with shared experiences, and feeling accepted and not stigmatized. In turn, having this community and friendship helps members with their underlying issues, as members reported being less depressed, less anxious, and more likely to maintain recovery.

"The Clubhouse provides resources that help give me a safe space when my family doesn't understand what I'm going through. This place helps me to better my coping skills when dealing with family." – Escondido Member

In addition to helping members develop a sense of community within the Clubhouse, the Clubhouse services helped members increase their connections with their own families and communities. Members reported learning communication and social skills that helped them interact with their friends and family members, including increased confidence in being able to communicate about their behavioral health challenges.

Members of the East Wind Clubhouse, many of whom are immigrants, reported a particularly significant sense of community building through their program, in some ways "recreating" the community they had left behind when immigrating to the United States. This, in turn, has helped them transition into their new communities and be less fearful of interacting with strangers and neighbors in their communities.

- *Classes and Skill Development:* The tangible benefits of the Clubhouses are also important to members, who cited classes including cooking, citizenship, computers, job skills, English as a Second Language (ESL), and general education diploma (GED).

"The classes I take here have helped me deal with and cope with suicidal thoughts. I'm less depressed." – Casa Del Sol Member

Additionally, members reported that classes helped them directly work on the behavioral health issues that brought them to the Clubhouses, for example, learning to manage their depression or schizophrenia, or classes on substance use disorder recovery.

- *Confidence and Sense of Purpose:*

Many members reported significant changes in their self-esteem and confidence due to the Clubhouses. Several members reported the value of being able to improve their lives, including classes and volunteering, as being helpful. Members reported that having a specific role and responsibilities helps connect them to the Clubhouses, improving their self-esteem, and helping reduce anxiety.

*"Overall, my confidence is higher. I'm out of my comfort zone. I'm expanding my boundaries each day, each month, **I gain more confidence**." – East Corner Member*

Feeling less alone and having connections to others with a shared experience also helped members deal with their behavioral health issues. Others reported learning patience, coping skills, and ways to deal with stress as improving their confidence and ability to achieve their goals. Exercise and wellness programs helped members live more healthfully.

*"My lifestyle has changed a lot. I struggled with self-esteem and how to spend my time. I was kinda lost. I started coming here and taking classes and I found that it was useful and valuable to me. It gave me a **sense of purpose and direction** and a place to go." – Corner Member*

"The Clubhouse can give you purpose and direction." – Escondido Member

These methods of building confidence within the Clubhouse have translated to members having more confidence outside the Clubhouse, helping members go back to work and live more actively in the community.

Missing Services & Supports

While members were overwhelmingly positive about the services they were currently receiving, there were consistent themes in the ways members reported BHS could invest in and improve Clubhouses. Largely, members were looking for investment in the existing infrastructure and services, as well as increased connections between existing services and programs.

- *Invest in Infrastructure:* Members were interested in both expanding offerings at their Clubhouse, and expanding access to these offerings – primarily through transportation supports. For example, members wanted more class offerings and better supplies. More wellness programs and healthier food was another common request. Longer hours and more staff were also mentioned. Transportation to help members get to the Clubhouses was another common issue, particularly at Clubhouses where transportation was not, or no longer, offered.

  Both Clubhouse members and staff reported that job opportunities for members were in demand, and that while the Clubhouses run transitional employment programs, the pipeline doesn't extend into available BHS or County of San Diego jobs.

- *Connect Services:* Many Clubhouse members reported needing and accessing services beyond the Clubhouses themselves, and wished the Clubhouses could serve as a "one-stop-shop" to help them apply for social security income (SSI) or Section 8, and then navigate the eligibility for those programs. Having help from a case manager or legal aid was a similar request.

Value and Impact: Key Takeaways

The Clubhouses are a highly valued program, and are helping San Diego County residents with behavioral health needs both address those needs and live more fulfilled, healthy lives in the community. The following priorities should be considered by BHS when thinking about planning and budgeting considerations:

- *Build Connections:* Stronger connections between Clubhouses and existing community resources, such as housing, employment, and food/nutrition, could make it easier for members to access the supports they need.

- *Increase Resources:* Consider ways to increase resources to support the existing Clubhouse infrastructure, either through expanded class offerings, meals, transportation, or longer hours.

B. Homeless Clubhouse Members

Nine members of the Friend to Friend (F2F) Clubhouse participated in a 90-minute focus group to gather feedback on how members are experiencing Clubhouse services, and how the value and impact of those could be improved.

Connecting to and Staying in Care

Participants reported three primary ways that they learned about available behavioral health services: outreach workers, referrals from existing services, and from other homeless San Diego County residents.

- *Outreach Workers:* Several participants shared stories of having been approached by street outreach workers who help connect them with available services, and all participants agreed that this was an important way to identify and connect with homeless individuals in need.

- *Referrals:* Connecting with one service is often an opening to connections to other services. Participants shared that they had learned about F2F from case workers or other staff at shelters or other living facilities. They suggested that BHS invest in more education to ensure that all frontline staff is familiar with the kinds of programs and services available, as well as their eligibility rules, to connect individuals to supports.

- *Peers:* Several group participants volunteered at the Clubhouse in their free time, and reported working to educate their peers about the available programs and services. Other participants echoed the efficacy of this approach, particularly as homeless individuals may be more likely to trust peers and others with similar lived experiences.

Value of Care

Participants overwhelmingly agreed that F2F is valuable. In particular, they found value in the emotional support and educational and life skills they have access to through F2F.

- *Provide Emotional Support*: Participants noted that F2F made them feel welcomed, safe, respected, and closer to their families. One said that calling F2F "saved my life." The absence of judgement on the part of staff and peers and the feeling that everyone at F2F is "trying to do the same thing you're trying to do" and that they "got your back" were noted as reasons why participants continue to go to F2F. Another credited F2F with giving him a reason to stay sober. Several participants agreed that F2F helped them connect with family members. Overall, having F2F as a reliable resource made participants feel capable of recovery.

*"It's my **safe place**—it gives me armor for the rest of the day."*

*"F2F makes me **feel wanted**, gives me friends and family."*

"They welcome you in, even if you're dirty."

*"Without F2F **I'd be on the bottle**. Still couch surfing, doing drugs. I go to F2F everyday so **I don't go back down the road**."*

- *Help Build Educational and Life Skills*: Participants found the skills they learned through F2F, such as how to use the internet, how to find housing, how to search and apply for jobs, and how to find a counselor, vital to their overall health. One participant noted that classes on developing and maintaining healthy relationships and yoga helped him to "keep [his] mind straight."

Missing Services & Supports

Participants largely reported that they believed there was a wide range of programs and services for homeless San Diego County residents, but believed there are still challenges in the system including: accessibility, availability of appropriate services and resources, and an understanding of the homeless population.

- *Help with Navigation:* Participants reported difficulty in navigating the system, identifying what services were available, and then getting connected. One participant said, "getting information about the services is the hardest part," noting that a homeless man sat right out front of a F2F building without ever realizing the services that were available to him inside. There was awareness that case managers in the system have large caseloads and workloads, but there was still some frustration that this makes getting information difficult. One participant said that accessing services is "almost like a scavenger hunt." Connecting clients to services could be facilitated by more outreach workers on the streets, building trust with homeless, and being more direct in advertising the services as being specifically for the homeless.

*"[Accessing services] is almost like a **scavenger hunt.**"*

- *Expand Availability:* While participants like the services they were receiving from F2F, multiple noted a lack or shortage of both mental health and medication counseling services.

*"It takes more than being ready to get help, **the help has to be there**."*

- *Promote Peer Workers and In-Community Services:* Participants felt that outreach workers should be peers who have benefited from the program they are promoting. One participant said (other participants elaborated on this) that hearing about the program from a police officer is not helpful, and that **"**Case managers need to walk a mile in the homeless shoes."

*"It would be great to have someone from the program come out and promote it as someone who has used the services. **Peer connection is important**. You lose people if the outreach person hasn't had the experience. When you sit in a group of 20 with people who have been in the trenches and hear their voice and their story, you get so much more out if it."*

Participants wanted outreach workers and other staff to understand their perspective—that "there is a sense of freedom to being homeless" and that structure, such as living in transitional housing in a small apartment with a roommate, can be stifling and less attractive than staying homeless. Some suggested bringing all services to clients on the street or having all services (beds, showers, medical, social service benefits, therapy, and medication management) in one place that they could visit regularly. Others wanted transitional housing that was less structured to help them acclimate to a housed lifestyle.

Value and Impact: Key Takeaways

Participants noted that these clubhouses were life changing, and in some cases lifesaving. The compassion and respect participants receive from staff at F2F keeps them coming back, and helps those with SUDs stay sober. The following priorities should be considered by BHS when thinking about planning and budgeting considerations:

- *Hire Peer Outreach and Case Management Staff:* Participants were vocal about how important it was for them to be referred to the program by peers and for case managers and other staff to understand their perspective and what they have been through.
- *Increase linkages to counseling services:* Participants seem to be getting the skill-based and social supports they need from F2F but asked for more medication and mental health counseling. While F2F case workers can make these linkages, participants reported lack of consistent availability.
- *Identify Creative Housing Solutions:* Some participants want to get off wait lists and into housing, others find the housing requirements to be too restrictive, and some would like services included in housing (such as access to showers, bathrooms, clean clothes, and a warm place to sleep) to be available to them on the streets. BHS should explore more flexible transitional housing and ways to provide increased services to those on the streets who are unable or unwilling to get into housing.

C. Justice-Involved Individuals

Ten individuals with experience in the justice system and receiving services from BHS participated in a 90-minute focus group to gather feedback on how they are transitioning to the community, how they are receiving those services, and how the value and impact of services could be improved.

Value of Services

Participants clearly valued the services they receive and the positive impact they have on their lives. Specifically, they valued their strong relationships with program staff that have helped them to:

- *Navigate Medical and Social Services*: Participants noted that program staff helped them to make lists of appointments, both for medical care and to access social services, even transporting them to the appointments, if needed. Because of this help, participants noted that they were able to keep on track with medications, access transportation vouchers, renew identification cards, and apply for General Relief funds.

*"[Telecare Staff] **helped me and encouraged me.** They helped me with my appointments and made sure I kept them" - Telecare Client*

- *Connect Back to the Community:* Some participants noted that the programs and program staff, specifically, have helped them to connect with old family and friends and reintegrate into their communities.

*"[Telecare Staff] helped me get back in touch with my daughters and grandsons. **It helped me to get that relationship back**." - Telecare Client*

*"**I finally feel like I can tell the truth** and go back to my family [in Tennessee] for the first time since Hurricane Katrina" – Exodus Client*

- *Find Housing and Establish Independence:* Many participants were happy that the programs helped them connect to housing, though they did see room for improvement. Through the programs, some participants have been able to transition from group living situations to living independently.

"[Center Star] moved me into the independent living that I wanted. I got to move in with my friend. Now I finally found an apartment of my own" – Center Star Client

*"Center Star offers permanent housing. Living on SSI with the housing crisis in San Diego—**Center Star offers stability**" – Center Star Client*

- *Find Value and Confidence in Themselves:* The clearest theme among participants was that these programs helped them to find value in themselves, and feel more confident in their recovery.

I feel better about myself. Before Telecare I didn't feel anything, I didn't like myself. ***Today I have a future, I have a goal, and I am looking forward to it****."- Telecare Client*

"I'm succeeding. I know I need to make healthy decisions. Knowing that I will have my freedom back [after probation] is exciting" – Unknown Program Client

Missing Services & Supports

The top issue reported wasn't directly related to behavioral health services. Rather, it was housing and the lack of affordable options, as well as the stress of being in an unsafe or uncomfortable housing environment. While, as mentioned above, some found housing to be a highlight of Center Star, others found the housing they received to be detrimental to their recovery. Having roommates, in particular, made some participants feel unsafe, at risk of contracting diseases, and/or at risk of relapsing.

*"****My roommate is unhealthy for me****, causing me to want to relapse. She is negative, I am positive. She's lazy, I'm not. We're both depressed, but live differently."- Exodus Client*

"Housing vouchers are too little—only enough for a drug-infested place. I found my own place. Credit checks are prohibitive. More help finding a place would be helpful." – Center Star Client

Additionally, those who received housing said that housing alone was not sufficient in meeting their basic needs. A few participants mentioned that it would have been helpful to also be supplied with basic needs such as food, blankets, and basic housing supplies. While some received help with these items upon being placed in housing, others did not, leaving them to wonder why there was an inconsistency in how people were treated.

"When I was taken to my first house all we had was our food. Staff should ask- do you have food? Do you have blankets? Do you have stuff to cook with? They ended up helping my roommate [purchase items] but not me. It seems like a curse to be high functioning" – Center Star Client

Aside from housing, access to other services and an understanding of what services they are eligible for were issues participants noted. For example, participants noted that lack of accessible transportation makes it difficult to pick-up medications and get to doctor's appointments.

"It's hard to get medications. I can't get there. Transportation to pick people up and get their meds [would be helpful]. Give them a bus pass." – Telecare Client

Additionally, participants thought it would be helpful to better understand what services they are eligible for and which services they are not. This would make the system easier to navigate.

"Don't have services listed that are only for certain clients." – Center Star Client

Participants also seemed to understand that the programs are short staffed. They felt the stress of overworked staff, and felt that it prevented efficient communication and care coordination services. Some participants felt that their calls were not returned in a timely fashion, due to staffing issues.

"We shouldn't have to feel the stress of staff turnover. Programs should keep us in the loop. ***Calls should be answered in a timely fashion****, like three to five days."*
- Center Star Client

"I wish that if I called them they called me back. Communication is dropped a lot. Need follow through with communication" – Center Star Client

Lastly, participants felt that it is important they receive follow-up after being placed in housing or transitioning out of the programs.

Value and Impact: Key Takeaways

Participants clearly value the services they receive and the support to get a second chance. The following priorities should be considered when thinking about planning and budgeting:

- *Empathetic Case Managers:* Participants highly valued their relationships with case managers. Trust and follow through is particularly important.

"I have trust issues but they came through. ***They gave me something I could believe in."***
– Telecare Client

- *Increased Staffing Resources and Improved Communication:* Participants do not like feeling like they are a burden on program staff. Those that had complaints about services focused mostly on unreturned phone calls that prevented them from getting the services that they needed. Increased staffing could alleviate this issue.

"It's a good program, but I kept saying there was a problem, and they wouldn't call me back" – Center Star Client

- *Continued Care Coordination:* Participants would like help understanding what services are available to them and what they specifically qualify for. They appreciate the help they receive in making and getting to appointments and getting their medications, and find it vital to their success in the programs.

"Telecare has helped me a lot with my meds. It's helped me do things I couldn't do when living on the streets" – Telecare Client

- *Increased housing and resources to meet basic needs:* Participants that did not receive help with transportation, food, and other basic needs found it hard to also focus on treating their behavioral health issue(s). Access to transportation vouchers, more help accessing General Relief, and prioritizing finding safe, affordable housing, would help them to focus on improving their health.

"[Getting] SSI, housing makes you feel more responsible. Like you're actually getting somewhere in life. Makes you motivated to do better" – Telecare Client

D. Justice Partners

Justice partners representing multiple behavioral health services and justice system agencies and coalitions gathered for a 90-minute discussion on the following question:

How might we design a comprehensive warm hand-off from custody to services in the community to improve engagement in services?

Scope of the Challenge

Participants described the volume of individuals moving through San Diego County's justice system, with approximately 80,000 bookings per year. A third of the current population in custody receives care for mental health needs. According to participants, approximately 70 to 80 percent of individuals in jail have substance use disorder needs.

Successes

Participants reported that there are many parts of the system that are working well in serving this population; efforts are underway to strengthen these areas.

For example, the Mandatory Supervision process efficiently connects individuals to services.

The Community Transition Center connects individuals on Post-Release Community Supervision to behavioral health and other community services. The Community Resource Directory is an online tool to help refer and connect individuals with services. Other efforts underway to support transitions include efforts to share criminal justice and health data across systems. There are a number of programs that are developing models on how best to provide navigation services, including HHSA's Whole Person Wellness.

Challenges

There were a number of challenges identified to supporting transitions from custody to community services, including:

- *Eligibility for Services:* Individuals may not be linked to county services if they are not identified as seriously mentally ill at key transition points, such as the time they are leaving custody. These individuals may have been temporarily stabilized in custody but do need a very high level of care.
- *Insufficient Resources:* There isn't always a treatment bed or an opening in program when an Individual needs these services and is ready to engage in treatment.
- *Fragmented Services:* Many behavioral health services have different procedures for

getting in the program or on a wait-list, such as requiring individuals to show up at a certain time once a week or making repeated phone calls until a spot opens up. Justice- involved individuals may lack the skills, persistence, or assistance to navigate these challenges.

Potential Strategies to Improve Transitions

- *Education Efforts:* Participants suggested that increasing awareness about the types of programs and services available might help. For example, posting educational materials or creating a "resource center" at the courts as individuals are entering the justice system, or expanding access to information about services to individuals who are currently in custody.

- *Expand In-Reach Services:* Participants noted that in-reach programs, operating in custody, are an effective way to connect individuals. Expanding the use of peers with behavioral health experience, and possibly with lived experience in criminal justice, helps to connect and motivate justice-involved individuals.

- *Develop a One-Stop-Shop:* Participants acknowledged that while intensive case management was the best way to support transitions, it would be difficult or impossible to provide this service to every individual going through the justice system. However, the current system is very fragmented with multiple individuals and case managers competing for a limited number of beds or spots in programs. Often, getting into a program can be the result of having a motivated and educated advocate and not necessarily the result of need. Centralizing access to services could create a fairer system, but would need to ensure that individuals are assessed and connected to the program that is the best fit.

  One example discussed by participants was to have resources available to individuals as they are leaving custody, much like what's available in Los Angeles County. For example, co-locating services at a resource center where individuals leaving custody could learn about how to get a new identification card from the Department of Motor Vehicles, how to apply for Medi-Cal or housing resources, as well as how to find and apply for behavioral health services, might lead to smoother transitions without requiring an investment in navigation services.

- *Community Resource Directory:* Participants acknowledged efforts currently underway to connect the Community Resource Directory (CRD) to *ConnectWellSD* and create a universal system of resources. Participants suggested that expanding access to the CRD in the short-term could be a good intermediate step while the database system remains under development.

- *Continue to Improve Data & Communications:* Barriers to data sharing also create inefficiencies in the system, and participants recommended the County of San

Diego continue to work through those legal and regulatory issues. For example, there are currently at least three different electronic health record systems being used across the county, creating interoperability challenges.

- *Expand Use of Cognitive Behavioral Therapy (CBT):* CBT and criminogenic treatment could be incorporated into more or all existing behavioral health services. This type of treatment has shown to be effective, and if providers can provide this treatment to any individual who needs it BHS could create more "no wrong doors" for the justice- involved population.

E. Frontline Staff

A tele-town hall format was used to better understand workforce satisfaction and engagement among frontline staff who are either providing or supporting behavioral health services on behalf of BHS.

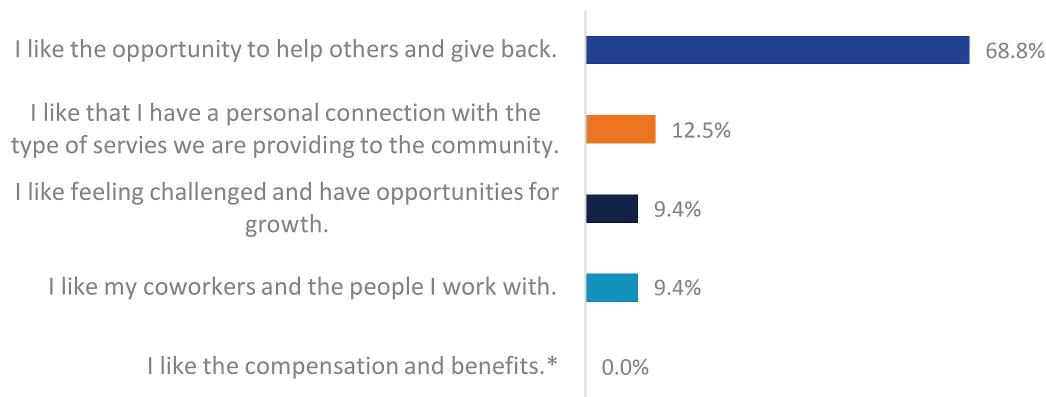
Giving Back is Rewarding

Both through the tele-town hall polling and open discussion, staff reported finding their work, and the ability to give back and make a difference, rewarding.

More than two-thirds (69.8 percent) of tele-town hall participants reported that the opportunity to *help others and give back* was the best part of their jobs. Nearly equal numbers of the remaining respondents reported that the best part of their job was *having a personal connection with the type of services they are providing to the community* (12.5 percent); *liking their coworkers* (9.4 percent); or *feeling challenged and having opportunities for growth* (9.4 percent). This indicates that staff has an emotional connection with their work. (See *Figure 10)*

Figure 10: Frontline Staff Tele-Town Hall Question 3

What do you like best about your job? There are 5 options, please select one.



**Wages, health care, retiree benefits, paid leave, flex time, etc.*
9/12 call data; 32 of 36 participants responded, including BHS and HC staff.

During the discussion, staff reported how rewarding it was to see their clients achieve their goals, work toward resiliency, and integrate into the community. Staff reported that they like working with leadership and their coworkers as a team, and finding creative solutions to helping their clients.

*"It's rewarding working with the mentally ill and homeless population. **Seeing the client's faces when they're meeting their goals** and connecting back to the community and feeling more independent and not having to depend on others." – Housing Specialist*

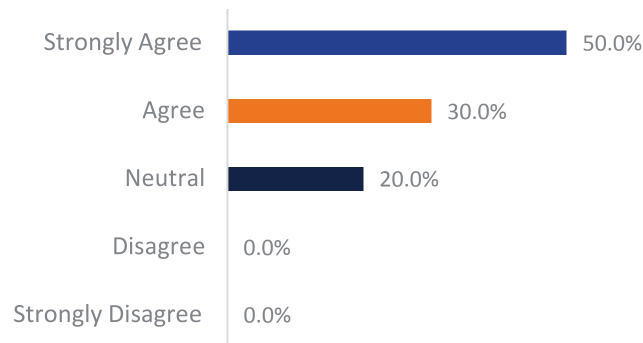
*"I help parents be the best parents they can be. **We don't judge them, we support them** and we help them with no strings attached." – Vista Hill staff*

*"**It's personal for me**. I can relate to the families that we serve." – Grief Counselor*

In the follow-up call, staff validated the sentiment shared that they find their jobs rewarding, with 80 percent of respondents saying they agreed or strongly agreed with that statement. (See *Figure 11*)

Figure 11: Frontline Staff Tele-Town Hall Question 8e

Do you agree or disagree with the statement: "I find my job rewarding." There are five options from strongly agree to neutral to strongly disagree, please select one.



9/21/17 call data; 10 of 13 participants responded, including BHS and HC staff.

Challenges and Opportunities

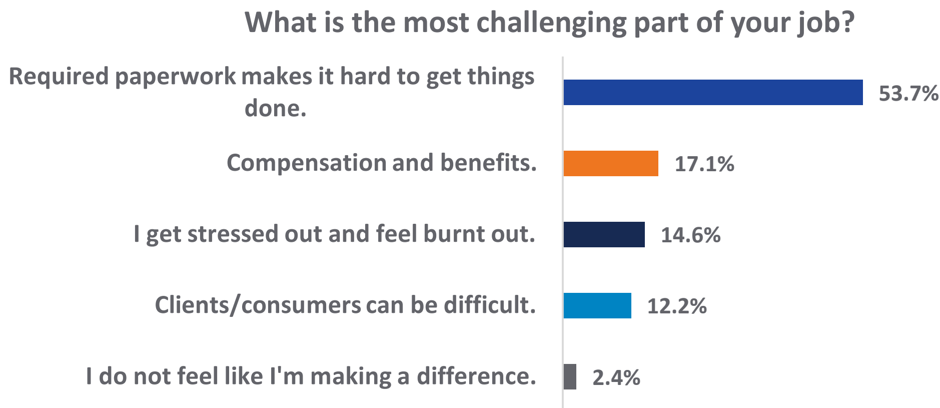
The first tele-town hall was interrupted during the discussion around what staff found most challenging about their jobs, just following the "challenges" poll question. Thus, the "challenges" poll question was repeated for the follow-up call to create continuity leading into the discussion question. This is the only question for which this was done. The responses for both calls are combined here (including some duplication from participants responding in both calls), but responses are available separately in *Appendix G*.

Just over half of respondents (53.7 percent) identified paperwork as the main challenge in their jobs, and several followed up in the discussion section with anecdotes and other feedback about the amount of time they spend on paperwork, instead of clients.

While just 17.1 percent of respondents identified wages and compensation, the discussion identified disconnect between wages and the cost of living in San Diego County, a challenge to keeping qualified staff. (See *Figure 12*)

Figure 12: Frontline Staff Tele-Town Hall Question 6

What is the most challenging part of your job? There are five options, please select one.



9/12 & 9/21 call data; 41 of 50 (duplicated) participants responded, including BHS and HC staff.

"When I meet anyone on the street, I have to enter data and paperwork in multiple places. I don't get to spend as much time working directly with youth on the street, connecting them to services, etc. I have to spend as much as 25 percent of my time on paperwork." – Youth Outreach Worker

Workforce Satisfaction, Supports, & Compensation

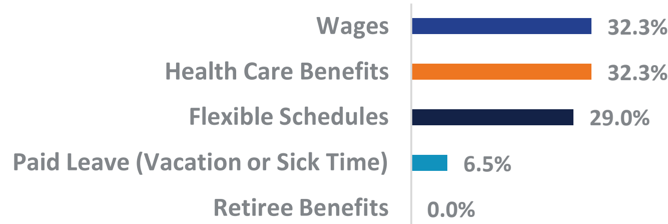
Tele-town hall participants were asked a series of questions around their satisfaction with the mechanics of their positions: compensation, benefits, work-life balance, training, and similar topics.

Participants were asked which type of compensation they found most valuable, and most participants selected one of three options: wages (32.3 percent), health care benefits (32.3 percent), and flexible schedules (29.0 percent).

No participants selected retiree benefits as most valuable, and few selected paid leave. It may be worth exploring whether this reflects dissatisfaction with these benefits currently, or if this simply reflects a preference for other types of compensation. (See *Figure 13*)

Figure 13: Frontline Staff Tele-Town Hall Question 5

Which type of compensation or benefits are most valuable to you? There are five options, please select one.



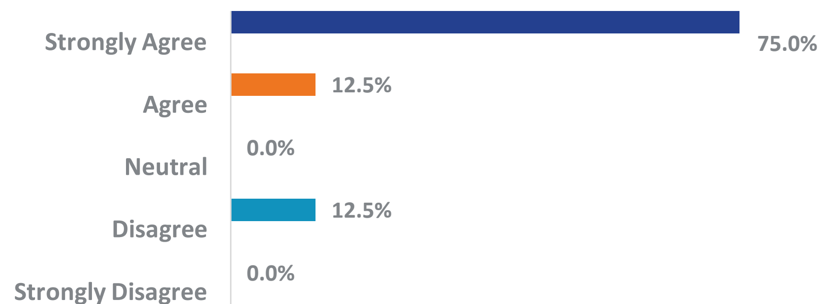
9/12 call data; 31 of 38 participants responded, including BHS and HC staff.

The following questions were asked of the smaller audience on the second call, but reflect some positive feedback on how frontline staff is experiencing their jobs, including: opportunities for training; work-life balance; knowing where to go for help with problems; and feeling safe in the workplace. While the numbers of individuals disagreeing with these issues was small, it does reflect areas where BHS may want to do more outreach to better understand frontline staff experiences, particularly in the areas of safety and work-life balance.

Most participants (87.5 percent) agreed, or strongly agreed, that they have adequate training or opportunities for training. Despite this, in the discussion period one participant identified training in leadership and team-building as one area where staff could receive more support. (See *Figure 14)*

Figure 14: Frontline Staff Tele-Town Hall Question 8d

Do you agree or disagree with the statement: "I have adequate training or opportunities for training." There are five options from strongly agree to neutral to strongly disagree, please select one.

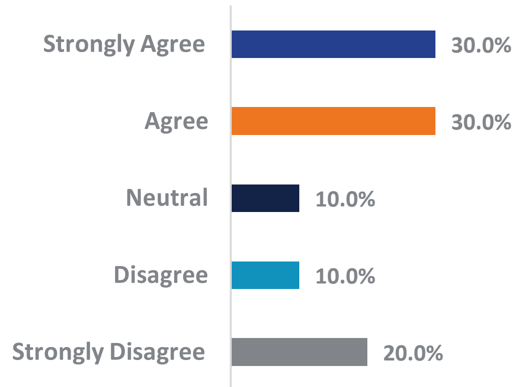


9/21 call data; 8 of 13 participants responded, including BHS and HC staff.

While 60 percent of participants agreed, or strongly agreed, that they have work-life balance, 30 percent of participants disagreed, or strongly disagreed, with 20 percent strongly disagreeing. This is an area BHS may want to explore more, particularly when paired with the finding that a high proportion of employees value flexible schedules (29 percent), which may be more conducive to better work-life balance. (See *Figure 15*)

Figure 15: Frontline Staff Tele-Town Hall Question 8a

Do you agree or disagree with the statement: "I have work-life balance." There are five options from strongly agree to neutral to strongly disagree, please select one.

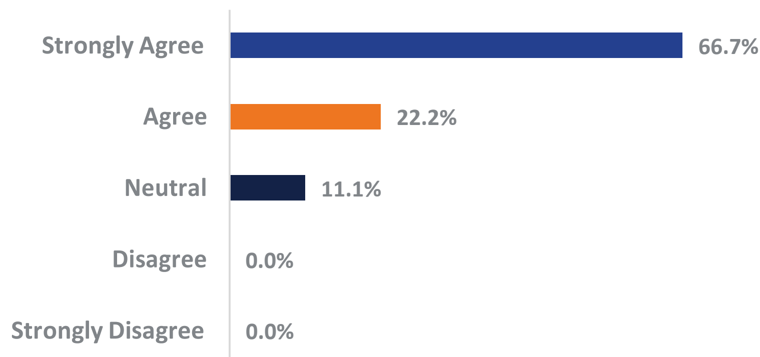


9/21 call data; 10 of 13 participants responded, including BHS and HC staff.

Most participants reported knowing who to ask for help with a problem or challenge (88.9 percent), and no participants reported not knowing who to ask for help. Despite the small sample size of this survey, this indicates that staff experience support from their organization, or supervisors or others, in navigating challenges in the workplace. (See *Figure 16)*

Figure 16: Frontline Staff Tele-Town Hall Question 8b

Do you agree or disagree with the statement: "When I have a problem or challenge, I know who I can ask for help." There are five options from strongly agree to neutral to strongly disagree, please select one.

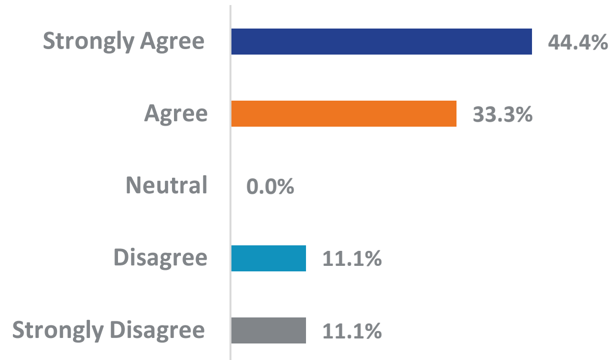


9/21 call data; 9 of 13 participants responded, including BHS and HC staff.

While the vast majority of participants agreed or strongly agreed that they felt safe in their work environment (77.8 percent), several participants either disagreed or strongly disagreed with that statement (22.2 percent). This is an issue that BHS should continue to explore with staff. (See *Figure 17)*

Figure 17: Frontline Staff Tele-Town Hall Question 8c

Do you agree or disagree with the statement: "I feel safe in my work environment." There are five options from strongly agree to neutral to strongly disagree, please select one.



9/21 call data; 9 of 13 participants responded, including BHS and HC staff.

Workplace Satisfaction and Engagement: Key Takeaways

Frontline staff generally find their jobs rewarding, and appreciate the opportunities to give back and feel personally invested in the work they are doing and the clients they are serving.

However, paperwork and administrative burdens are the largest identified challenges for staff. Current administrative requirements should be reviewed to find areas to streamline or reduce that burden. For example, creating streamlined and consistent reporting across contracted partners.

Additionally, BHS should continue to explore several key areas, including work-life balance and ensuring workplace safety.

V. Conclusion

Throughout the 2017 community engagement process, BHS and Harbage Consulting were able to connect with nearly 400 San Diego County residents, including consumers, caregivers, providers, justice partners, frontline staff, community members, and other stakeholders. Data from forums, focus groups, and tele-conferences demonstrate that San Diego County residents are generally happy with the services available from BHS. This report documents the value and impact of these services, and provides detailed data from participants regarding the importance of improving service accessibility; focusing on cultural competency and peer workers; enhancing service coordination and navigation tools; and prioritizing existing services and workforce development when making budgeting decisions.

Appendix A: Community Forums

A. Questions and Format

Two in-person community forums were held in San Diego County, one on August 10 in North County with 63 participants and one on August 29 in Central San Diego with 157 participants who were recruited through community outreach methods, including newspaper announcements, community calendars, flyers, and leveraging stakeholder communications.

Each community forum was a 90-minute event, with participants seated at tables of 8 to 10 people with trained moderators. County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) Director Alfredo Aguirre opened the events with a brief introduction. Then, each table had three 20-minute discussions focused on a series of three questions. Each question had a set of proposed response options. The goal of the discussions was to rank the proposed answers as well as to provide additional input on the questions and proposed answers. Following each question discussion, the facilitator hosted a round robin on the topic, allowing each table to share their input in their own words.

Additionally, large posters were hung around the community forum space to allow participants to record "parking lot" issues that came up during the discussions. This allowed participants to provide feedback to BHS outside the structured question and answer discussion format, that feedback is available in *Appendix H*.

These are the questions and response options discussed at the community forums:

1. Why do you think someone might not be getting the care they need for mental health or substance use disorders? *Rank in order from 1 to 8 where 1 is most likely and 8 is least likely.*
    - They don't know they can afford help.
    - They don't know if their insurance will cover care, or if they can qualify for a public program.
    - They don't know that there are services that could help someone like them.
    - They are embarrassed or ashamed or worried about what people will think about them.
    - They think it will take too long to get help.
    - They don't have transportation to get care.
    - They don't know where to get care.
    - They can't take time off of work or get child care.

2. In what ways could the BHS better support you or others in getting care for mental health and substance use disorders? *Rank in order of importance where 1 is most helpful and 5 is least helpful.*
    - Having a care coordinator who can work with a patient's doctors, pharmacists, and others to make sure everyone is on the same page and the patient gets the services they need.

- Making it easy to find out about different programs and how to get services, such as a hotline, website, or brochures.
- Providing services for different cultural or ethnic groups, or age-specific services. For example, services in different languages or for children or older adults.
- Making it easier to get to services, for example providing transportation.
- Connecting people to other community programs that may help you, like finding stable housing, securing food benefits, and other services.

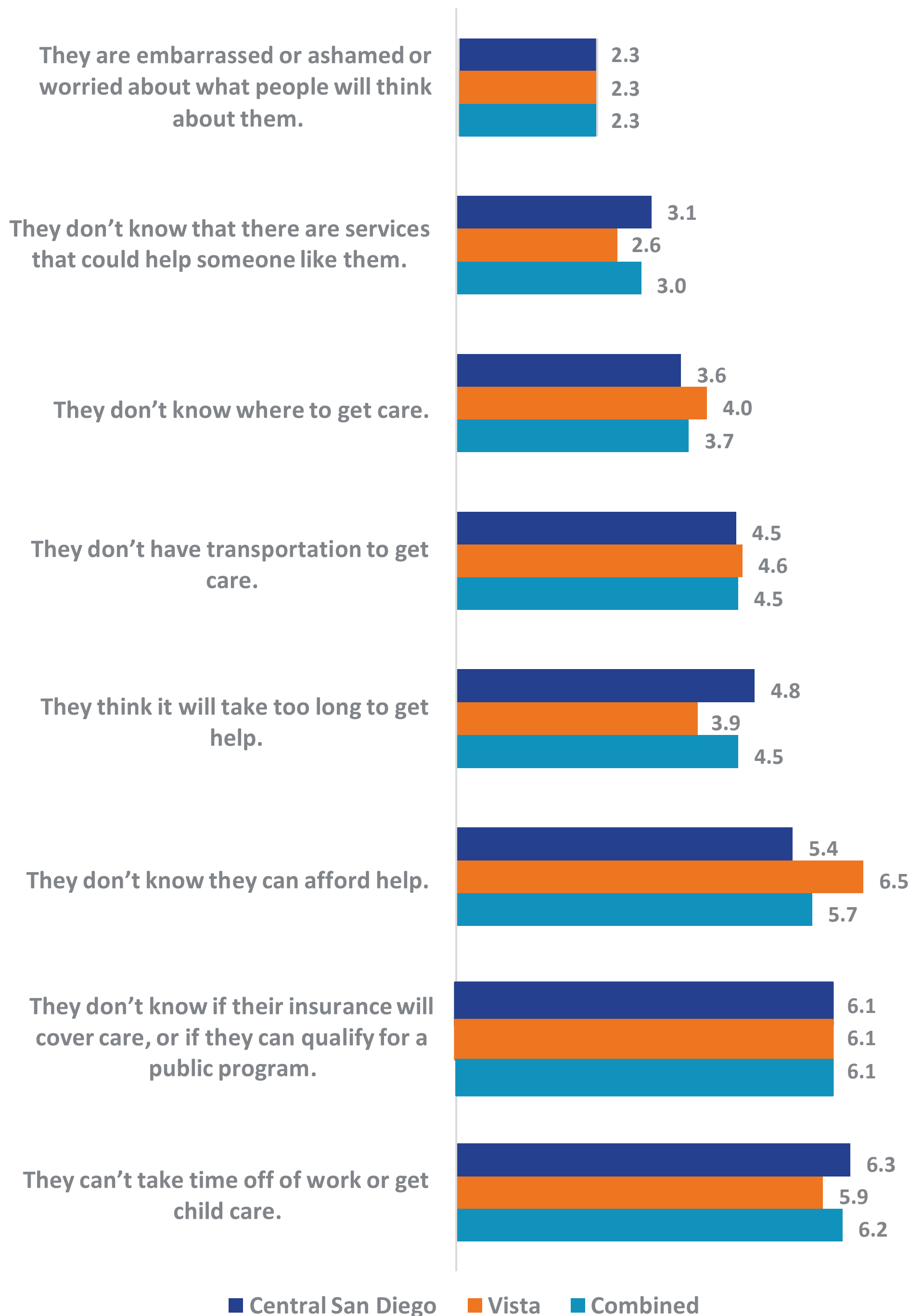
3. There are many needs and issues that BHS must balance when they are creating a plan and budget for serving the community. What do you think are the most important things for BHS to consider? *Rank in order of importance where 1 is most important and 7 is least important.*

- If people are happy with the care they are getting and how they are being treated.
- If people can get help from "peers." Peers are other people who have gone through the same experiences as the patients they work with, such as living with a mental illness or being in recovery from substance use disorders.
- If it makes San Diego County healthier overall.
- If people who need help are getting the right kind of help in a timely manner.
- If doctors and other health care providers are giving people care based on what they know works best.
- If we are bringing people together to make sure that of San Diego County residents are getting all the different types of help they need.
- If it saves money, for example giving people a service that costs less or will mean fewer costs down the road.

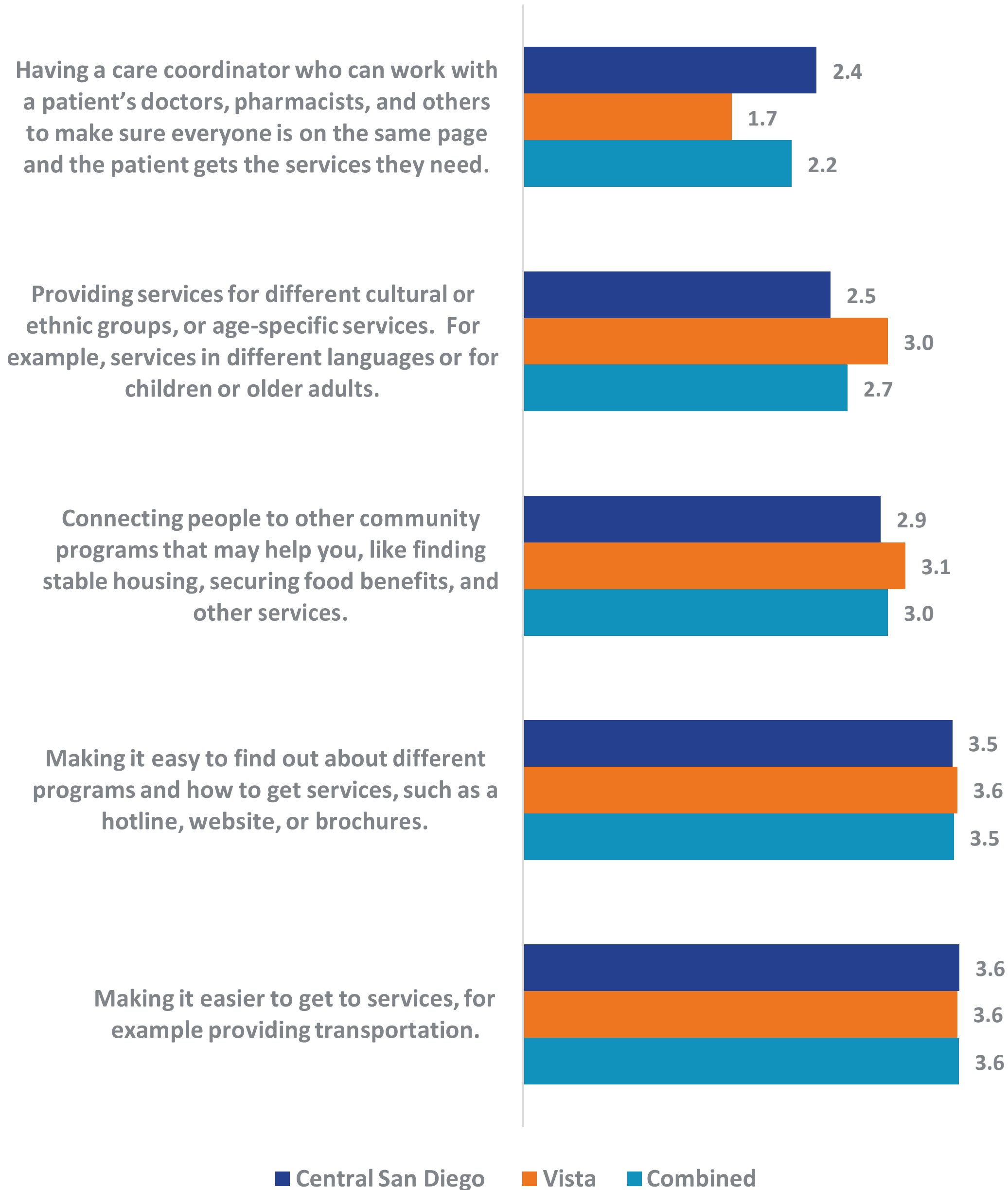
B. Community Forum Feedback Data

Participants in groups were asked to rank answers where one was the highest, "best," score, thus these graphs show the weighted rankings from highest to lowest.

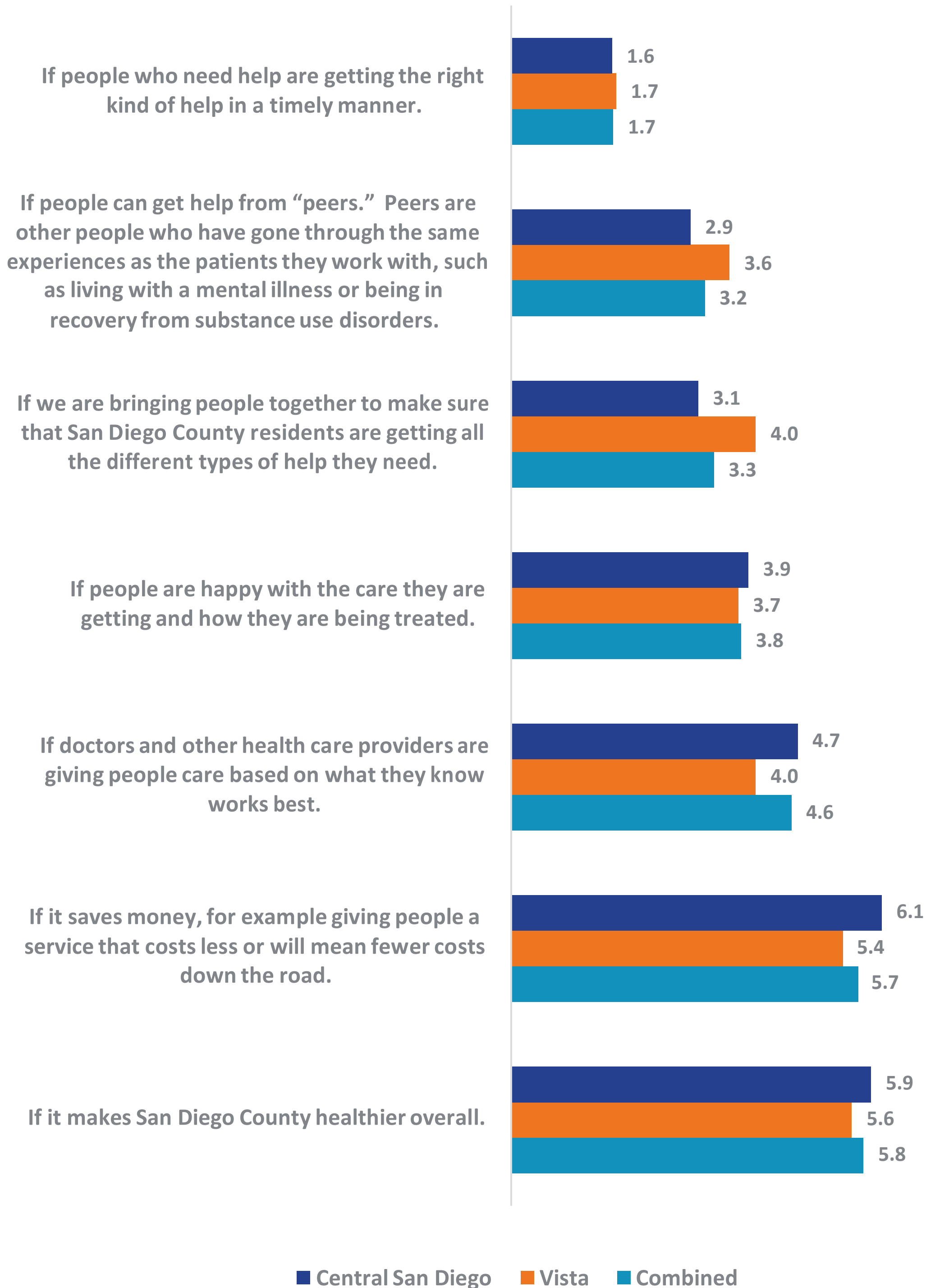
1. *Why do you think someone might not be getting the care they need for mental health or substance use disorders? Rank in order from 1 to 8 where 1 is most likely and 8 is least likely. (Weighted rankings displayed.)*



2. *In what ways could the County better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful. (Weighted rankings displayed.)*



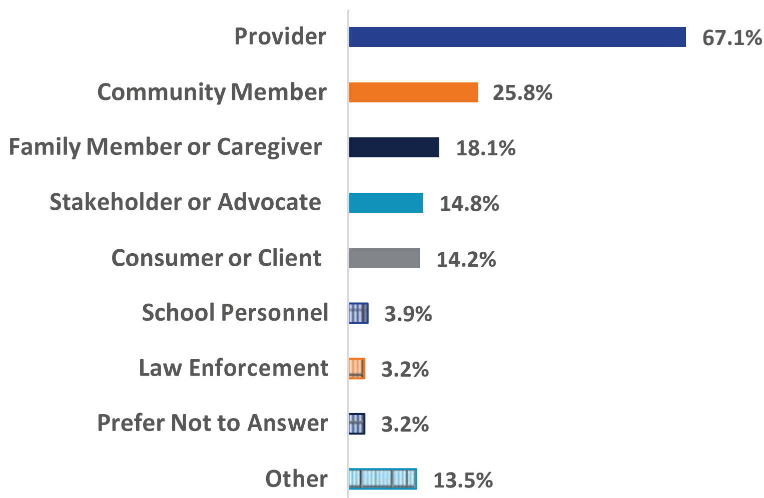
3. In what ways could the County better support you or others in getting care for mental health and substance use disorders? Rank in order where 1 is most helpful and 5 is least helpful. (Weighted rankings displayed.)



C. Participants

There were 220 participants at both community forums combined and 155 participants filled out a post-forum satisfaction survey, a 70.5 percent completion rate. At the Vista community forum, 53 of the 63 participants completed a survey, an 84.1 percent completion rate. At the Central San Diego Forum, 102 out of 157 participants completed a survey, a 65 percent completion rate. The data for both forums are combined in the figures below. Some charts may not add to 100%.

1. Group Identification



Other includes: County staff and contractors, community-based organizations, peer workers, faith-based groups and insurers.

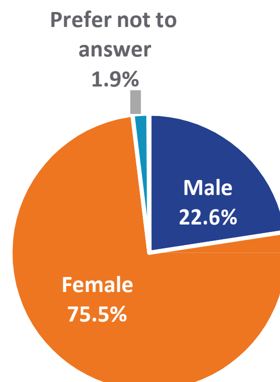
2. Zip code

Zip code	Count		Zip code	Count
91910	5		92083	1
91913	2		92084	8
91915	2		92093	1
91921	1		92101	1
91941	3		92102	3
91942	5		92103	3
91945	3		92104	6
91950	3		92105	5
91977	6		92107	1
92008	3		92108	4
92009	1		92110	2
92019	3		92111	2
92020	1		92113	4
92021	2		92114	6
92025	4		92115	4
92026	1		92116	1
92027	3		92117	2
92037	2		92119	4
92054	2		92120	3
92056	4		92121	1
92057	1		92123	4
92058	1		92124	1
92061	1		92126	1
92064	2		92127	1
92065	1		92128	2
92069	1		92129	1
92071	1		92130	2
92075	1		92131	1
92078	4		92154	2
92081	2		92173	1
92082	1		Skip	4

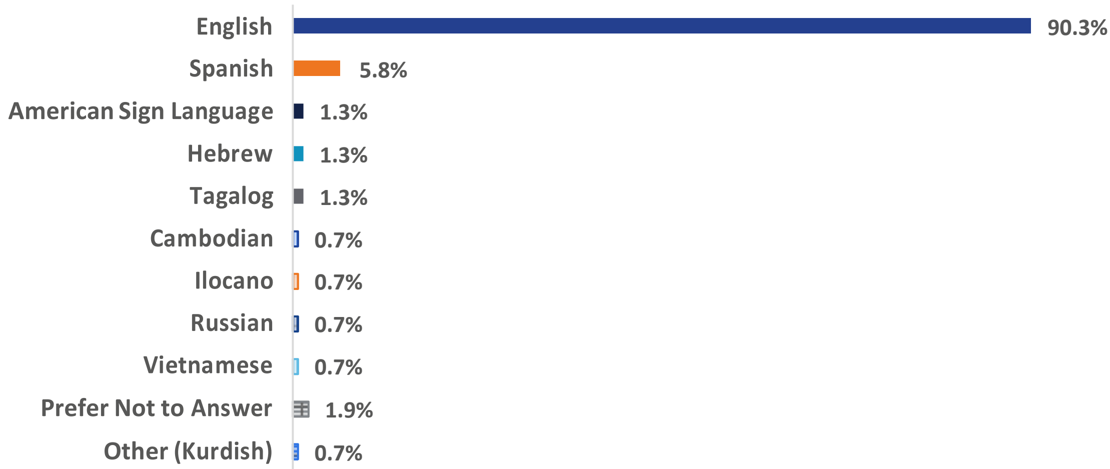
3. Age

Age Range	39 to 69 years old
Average Age	55 years old
Median Age	58 years old

4. Gender

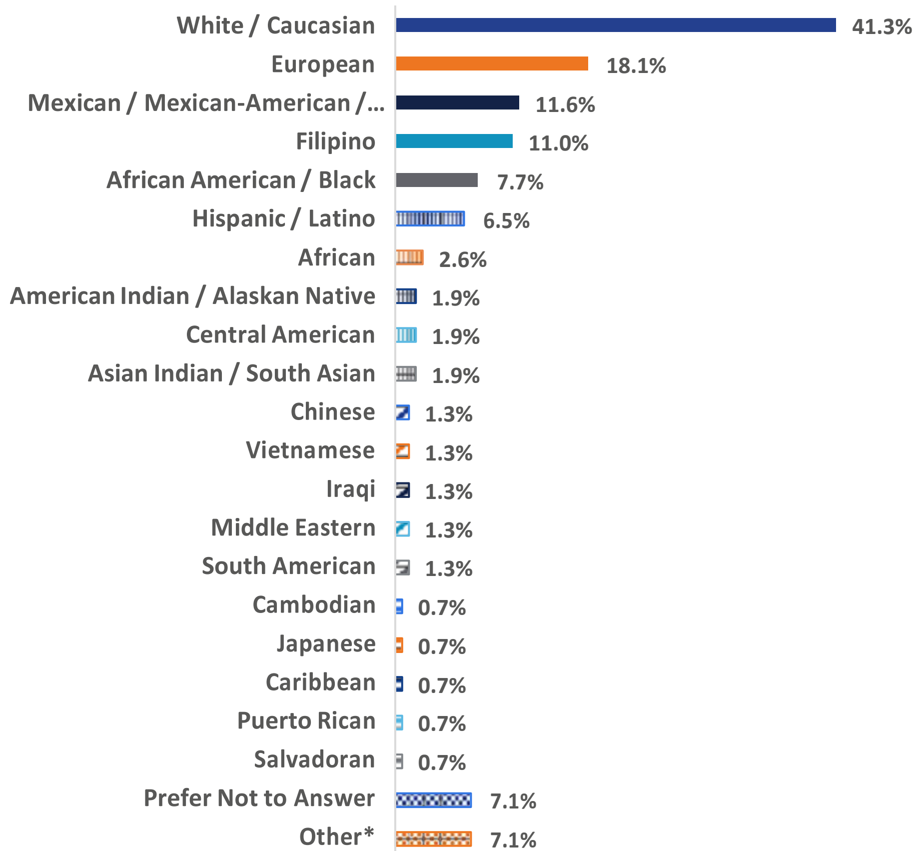


5. Language



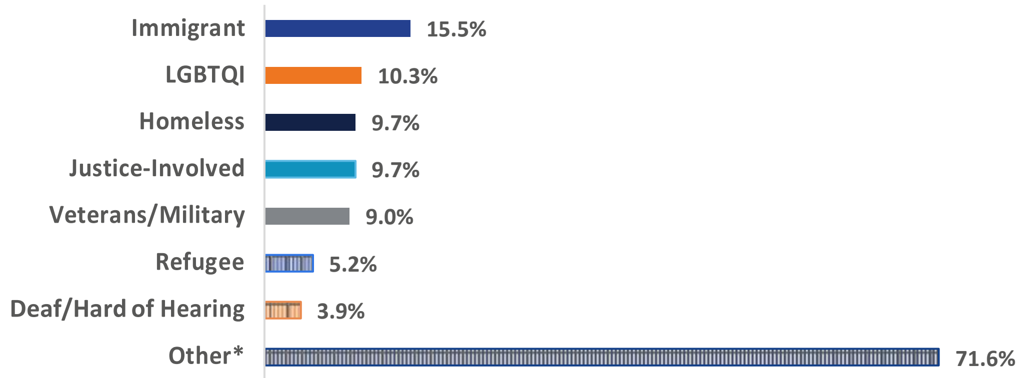
Unrepresented languages: Arabic, Armenian, Cantonese, Farsi, French, Hmong, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Samoan, Thai, and Turkish.

6. Race/Ethnicity



Unrepresented races/ethnicities: Hmong, Korean, Laotian, Mien, Pacific Islander, Native Hawaiian, Samoan, Chaldean, Cuban, Dominican.

7. Special Populations



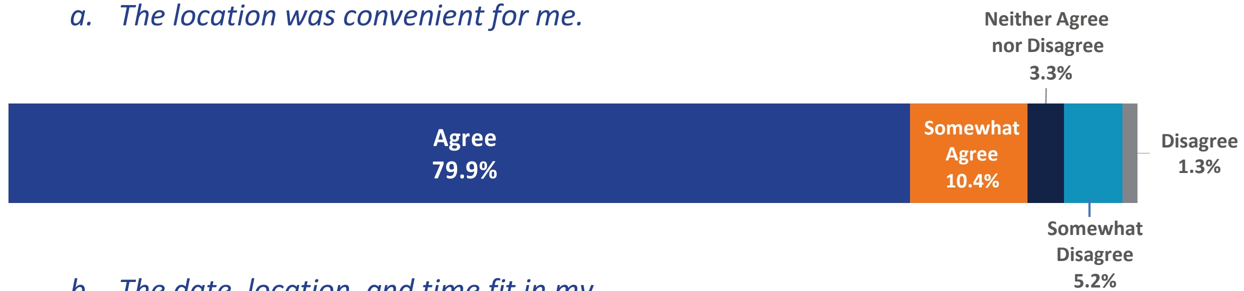
**Other/Prefer not to answer/None of the above*

C. Community Forum Evaluations

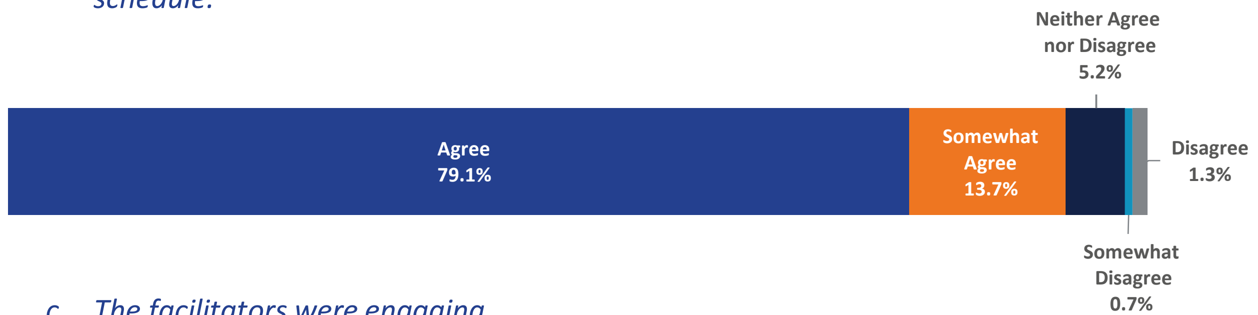
1. *Overall, how would you rate the focus group?*

2. *How would you rate the focus group?*

a. *The location was convenient for me.*



b. *The date, location, and time fit in my schedule.*



c. *The facilitators were engaging.*

d. *The format of the forum allowed me to share my honest feedback.*

3. *How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?*

4. *How can we improve our community engagement process?*
    - On-going daily basis feedback opportunities via internet/social media forum.
    - Allow more write in options for questions and answers and eliminate the directed answers. The provided answers were limiting and didn't fully represent the ideas/feedback/concerns.
    - Provide questions prior to forum to allow providers to discuss with clients.

Appendix B: Community Tele-Town Hall

A. Questions and Format

Participants were recruited both through community outreach methods, including newspaper announcements, community calendars, flyers, and leveraging stakeholder communications, as well through cold/anonymous outbound calls using voter data based on San Diego County zip codes. Participants were eligible for a $5 gift card if they participated in the call until the end, provided their email address, and then filled out a post-tele-town hall satisfaction survey.

The tele-town hall was a 45-minute call. After a brief opening presentation by County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) Director Alfredo Aguirre, participants were asked the following series of polling questions, similar to those discussed at the in-person community forums. Following each poll question, the moderator announced the results and then led a discussion on the topic, allowing participants to share their input in their own words and ask questions.

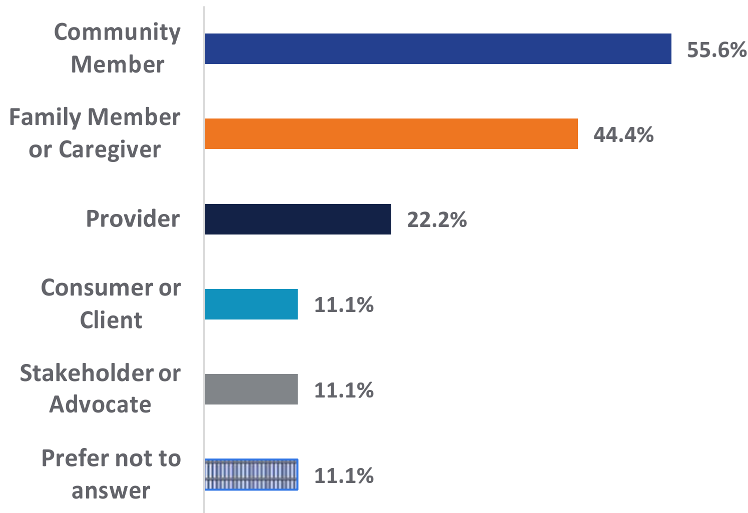
1. Why do you think San Diego County residents might not be getting the care they need for mental health or substance use disorders? *There are four options. Please listen to all the options, then make your choice.*
    - ***Press 1:*** They don't know if they can afford help or if their insurance will cover that care.
    - ***Press 2:*** They don't know where to get care or that there are services that could help someone like them.
    - ***Press 3:*** They are embarrassed, ashamed, and/or worried about what people will think about them.
    - ***Press 4:*** They don't have transportation, child care, and/ or can't take time off work.

2. How can BHS better support San Diego County residents in getting care for mental health and substance use disorders? *There are five options. Please listen to all the options, then make your choice.*
    - ***Press 1:*** Having a care coordinator who can work with a patient's doctors, pharmacists, and others to make sure everyone is on the same page and the patient gets the services they need.
    - ***Press 2:*** Making it easy to find out about different programs and how to get services, such as a hotline, website, or brochures.
    - ***Press 3:*** Providing services for different cultural or ethnic groups, or age-specific services. For example, services in different languages or for children or older adults.
    - ***Press 4:*** Making it easier to get to services, for example providing transportation.
    - ***Press 5:*** Connecting people to other community programs that may help them, like finding stable housing, securing food benefits, and other services.

3. There are many needs BHS must balance when they are creating a plan and budget for serving the community. What do you think are the most important things for them to consider? *There are five options. Please listen to all the options, then make your choice.*
    - ***Press 1:*** If people are happy with the care they are getting and how they are being treated.
    - ***Press 2:*** If people can get help from “peers (Peers are other people who have gone through the same experiences as the patients they work with, such as living with a mental illness or being in recovery from substance use disorders).
    - ***Press 3:*** If it makes San Diego County healthier overall.
    - ***Press 4:*** If people who need help are getting the right kind of help in a timely manner.
    - ***Press 5:*** If it saves money, for example giving people a service that costs less or will mean fewer costs down the road.

B. Participants

1. Group Identification



Unrepresented Groups: Law Enforcement, School Personnel

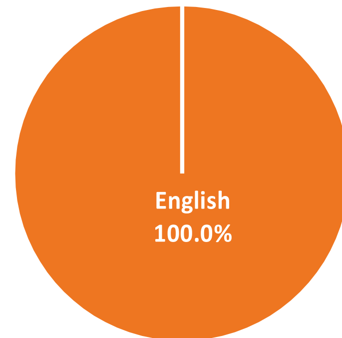
2. Zip code

Zip Code	Count
92118	1
92117	1
92071	1
92065	1
92021	2
92020	1
92019	1
91941	1

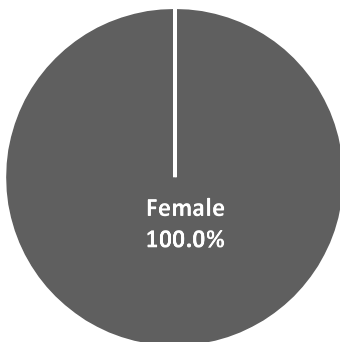
3. Age Range

Age Range	39-69 years old
Average Age	54.8 years old
Median Age	58 years old

4. Languages

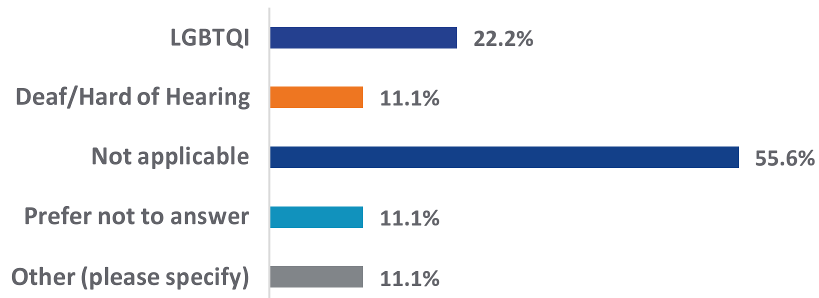


5. Gender



6. Race/Ethnicity

7. Special Groups

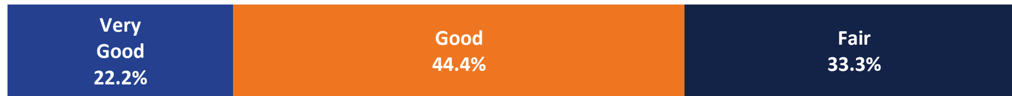


Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Homeless, Justice-Involved

Some charts may not add to 100%.

C. Community Tele-Town Hall Evaluation

1. Overall, how would you rate the tele-town hall?



2. How would you rate the tele-town hall format?

a. The date and time fit in my schedule.

b. The facilitators were engaging.

c. The format of the forum allowed me to share my honest feedback.

3. How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?

4. How can we improve our community engagement process?

- Visuals of the questions and answers would be helpful.
- Having the survey online instead.
- Longer and more comprehensive surveys/discussions.

Appendix C: Clubhouse Members Focus Group

A. Questions and Format

There are 14 Clubhouses located throughout San Diego County offering a variety of services to support individuals in recovery from a mental health issue or substance use disorder. The Clubhouses are operated by contracted entities, and each serves a slightly different population. The exact services and programs vary by clubhouse, but largely include classes to help with skill development, access to counseling or other behavioral health care, and peer supports.

Ten of the Clubhouses participated in an innovative 90-minute tele-conference focus group.

Clubhouse	Key Services
Central Region	
Corner (Community Research Foundation) *Population: Client Directed Clubhouse*	• Vocational: pre-vocational training, computer clinic • Educational: GED tutoring, community resource library, job development support • Social: holiday celebrations, social events, dances, special events
NH Friendship (Neighborhood House Association) *Population: Adults*	• Health and Wellness classes and activities • Self-help groups • Recovery groups and classes • Recreational and entertainment activities, including arts and crafts, community garden, life skills classes, computer literacy classes • Peer support and advocacy • Vocational and employment support • In-house and community volunteering • Referrals
The Meeting Place *Population: Adults*	• Employment • Education • Recreation • Health and Wellness • Other Support (i.e. housing, filing for SSI, daily living skills, personal finances, and advocacy)
North Central Region	
East Wind (Union of Pan Asian Communities) *Population: Primarily Asian-American communities, including immigrants*	• Physical health, mental health wellness and nutrition education • Traditional arts, knitting, crocheting, mixed media art classes • Music therapy • ESL classes, Citizenship classes, food handlers classes • Computer classes • Support groups

	• Medical Health Resources • Employment support and readiness, resume building, interview process practice and job search
Oasis (Pathways) *Populations: 16-25 years old*	• Life skills training • Member run Oasis council • Educational assistance • Job skills and development • Peer mentoring and support • Volunteer opportunities • Community integration services • Social and recreational activities • Mental health support and linkage • Recovery groups • Community service opportunities • Transportation assistance
South Region	
Casa Del Sol (Community Research Foundation) *Population:* *Client Directed Clubhouse*	• Vocational: pre-vocational training, computer clinic • Educational: GED tutoring, community resource library, job development support • Social: holiday celebrations, social events, dances, special events
Visions (Mental Health America of San Diego County) *Population: 18+*	• Self-help support groups • Life skills, social activities, vocational and pre-vocational training, psycho-social rehabilitation
East Region	
East Corner (Community Research Foundation) *Population:* *Client Directed Clubhouse*	• Vocational: pre-vocational training, computer clinic • Educational: GED tutoring, community resource library, job development support • Social: holiday celebrations, social events, dances, special events
North Coastal Region	
Mariposa (Mental Health Systems) *Population: 18+*	• Assisting with educational goals • Supporting vocational goals • Affording wellness education • Providing mentorship • Creating social activities • Offering social security advocacy
North Inland Region	
Escondido (Mental Health Systems) *Population: 18+*	• Assisting with educational goals • Supporting vocational goals • Affording wellness education • Providing mentorship • Creating social activities • Offering Social Security Advocacy

Each Clubhouse recruited up to 10 members to participate, as well as staff to help facilitate the conversations. In four Clubhouses, Harbage Consulting staff served as in-person facilitators, and in six Clubhouses, Harbage Consulting staff served as phone moderators supporting in-person Clubhouse staff facilitators.

Each Clubhouse discussed a series of discrete questions as a small group, and then was joined back to the broader group of all the participating Clubhouses to report back on their answers.

The Clubhouse focus group covered the following questions.

Introductions

1. How long in San Diego?
2. How long have you been receiving services from this Clubhouse?

History/Service Utilization

3. How did you find out about the services you are receiving at this Clubhouse?
4. What services do you find most helpful?
5. What additional services or support do you need at this time?

Round robin report out.

Specific Service Experience & Value

6. What has changed in your life since you started receiving services from this Clubhouse?
7. Since you've started coming here, has it helped increase your connection with your community? Or your family? Is there more that could be done at this Clubhouse to build those connections?

Round robin report out.

Informing County Decision Making

As you may or may not know, the services you receive here are provided by the County of San Diego, BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

8. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego County?

Round robin report out.

Wrap-up (5 minutes)

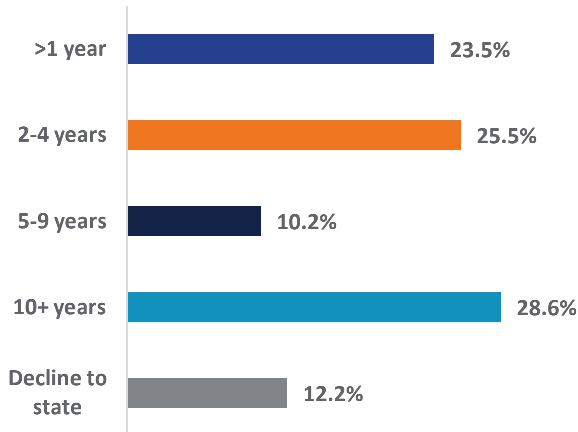
Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

9. Please read what you wrote.
10. Last question – is there anything else you want us to know?

B. Participants

The ten Clubhouses recruited up to ten members per site, and submitted 98 post-focus group satisfaction surveys. Some charts may not add to 100%.

1. Length of Time in Program/Receiving Services



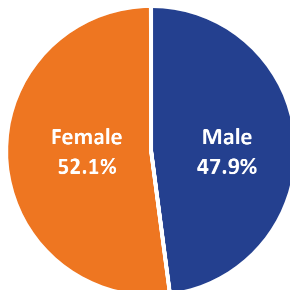
2. Zip code

Zip Code	Count	Zipcode	Count
91254	1	92104	5
91910	8	92105	2
91911	3	92110	1
91912	1	92111	16
91941	1	92113	6
91942	1	92114	1
91945	2	92115	1
91978	1	92116	1
92018	1	92120	1
92020	4	92123	3
92021	4	92124	1
92025	4	92126	1
92027	3	92129	1
92028	1	92139	1
92054	2	92154	7
92064	1	92173	1
92071	1	92192	1
92101	3		
92102	4		

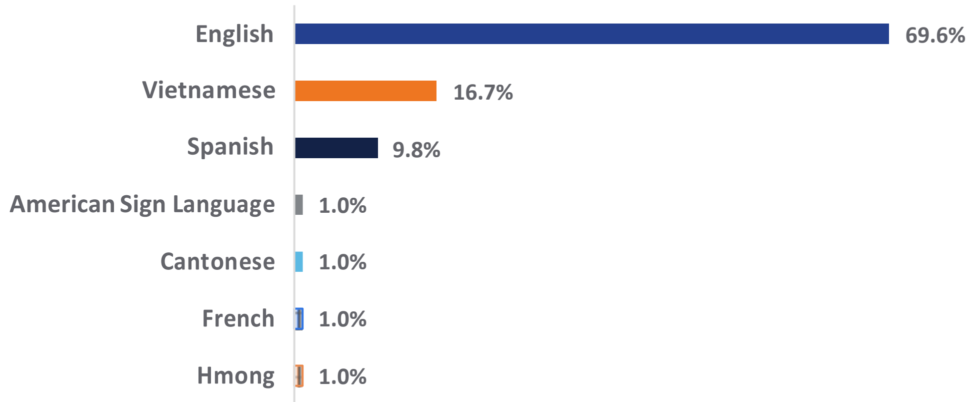
3. Age

Age Range	19-82 years old
Average Age	50.6 years old
Median Age	54 years old

4. Gender

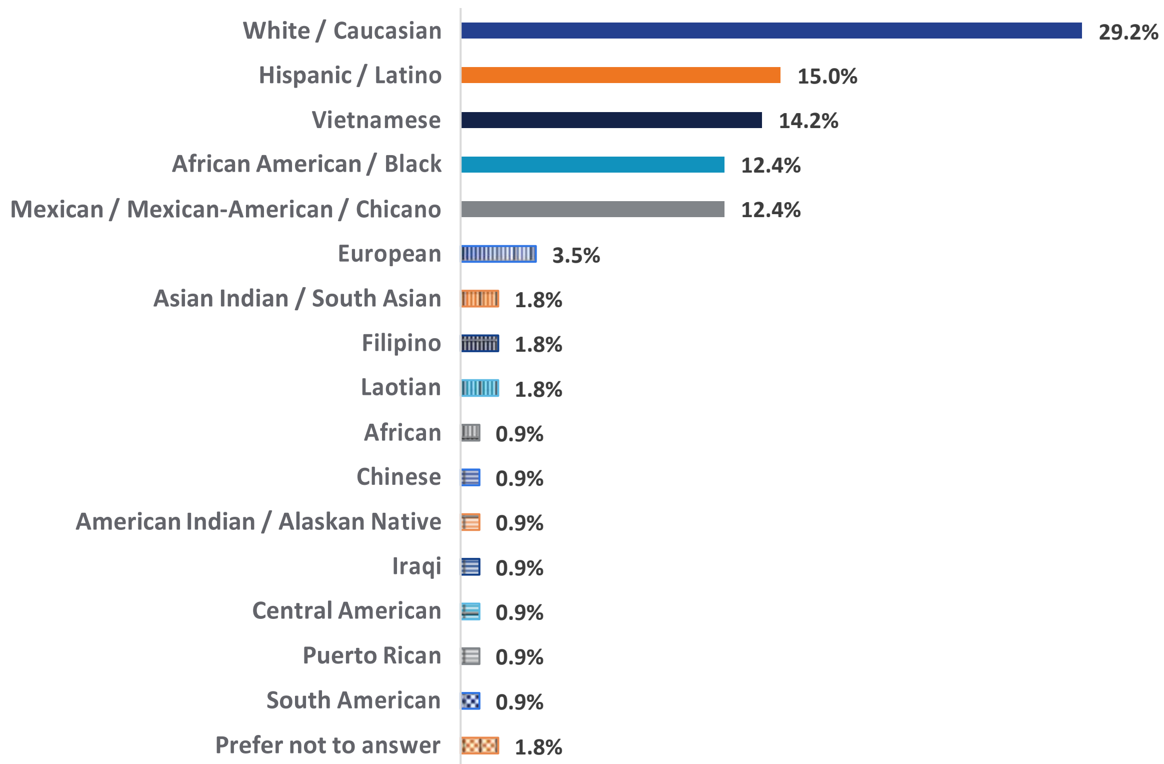


5. Language



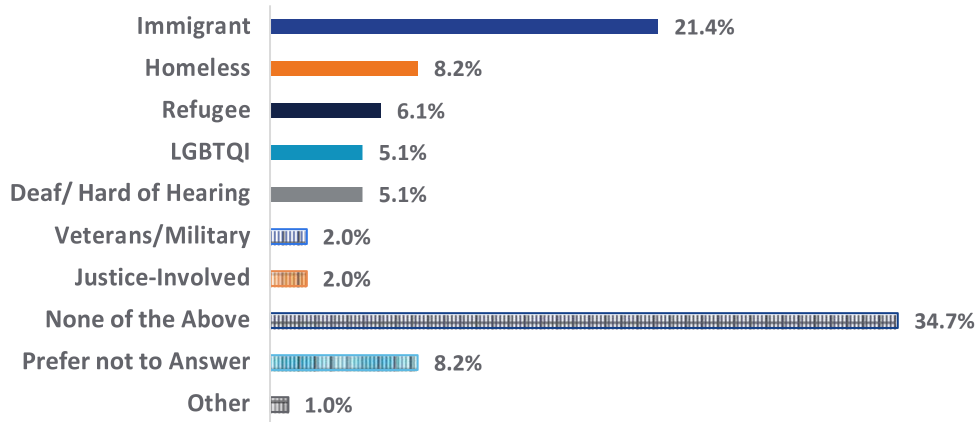
Unrepresented Languages: Arabic, Armenian, Cambodian, Farsi, Hebrew, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, Turkish

6. Race/Ethnicity



Unrepresented Races/Ethnicities: Cambodian, Hmong, Japanese, Korean, Mien, Pacific Islander, Native Hawaiian,

7. Special Populations



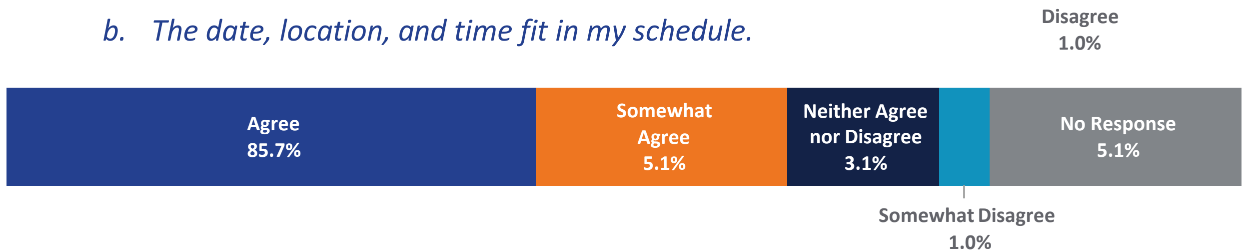
C. Clubhouse Members Focus Group Evaluation

1. Overall, how would you rate the focus group?

2. How would you rate the focus group?

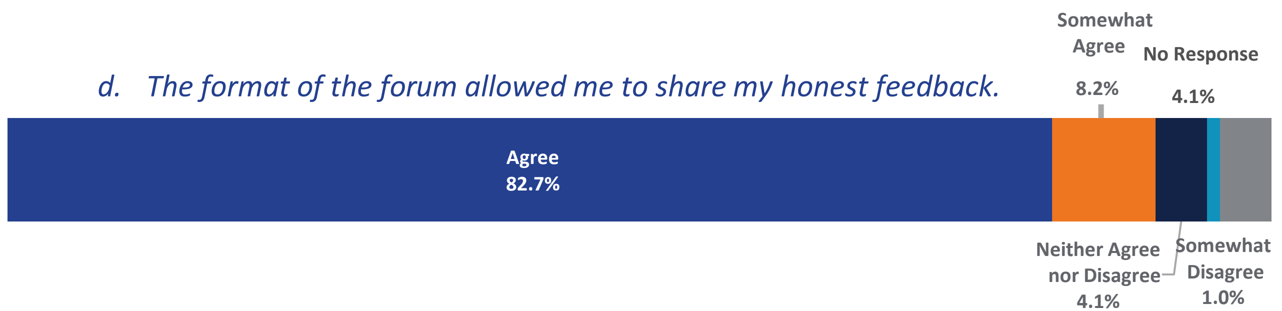
a. The location was convenient for me.

b. The date, location, and time fit in my schedule.



c. The facilitators were engaging.

d. The format of the forum allowed me to share my honest feedback.



3. How likely is it that you would recommend participating in this community event to a friend, family member, or colleague?

4. How can we improve our community engagement process?

- Continue to reach out; keep the doors open.
- Better use of technology (i.e. online access to give input/wifi at clubhouse).
- More financial support for the county.
- Facilities improvements.

Appendix D: Homeless Clubhouse Members

A. Questions and Format

The County of San Diego has several facilities providing behavioral health services to individuals who are homeless or have unstable housing, including the Episcopal Community Services Friend to Friend Clubhouse (F2F). The F2F Clubhouse provides non-residential outreach, engagement, and intensive case management to homeless adults with a serious mental health condition diagnoses as well as to those with co-occurring substance use disorders (SUDs). It is F2F's goal to help those who are interested improve their social and vocational skills. While not providing medical services, F2F case workers help clients connect with needed services.

To gather input from individuals served by F2F, program staff recruited nine members to participate in a 90-minute focus group. Participants included two women and seven men, and their length of time receiving county services ranged from less than a month to more than 10 years, with most participants having been involved with the program around one to two years.

The homeless Clubhouse focus group covered the following questions.

Introductions

1. How long in San Diego; how long have you been homeless?
2. Which program(s) do you receive services from and how long?

History/Service Utilization

3. How did you find out about the services you are receiving?
4. What kind of services are you receiving right now at your program?
5. What additional services or support do you need at this time?

Specific Service Experience & Value

6. If you were talking to a friend, how would you describe the services you are receiving?
7. What services do you find the most helpful?
8. What has changed in your life since you started receiving services?
9. Is there anything you need that is missing from the program that would be helpful to you?
10. Since you started coming here, has it helped increase your connection with your community? Or your family? Is there more that could be done by the County or by your program to build those connections?

Informing County Decision Making

As you may or may not know, the services you receive here are provided by BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

11. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego County?

Wrap-up (5 minutes)

Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

12. Please read what you wrote.
13. Last question – is there anything else you want us to know?

B. Participants

Of the nine participants in the homeless Clubhouse focus group, eight filled out the post-focus group satisfaction surveys, an 88.9 percent response rate. Some charts may not add to 100%.

1. Length of Time in Program or Receiving Services.

Length of Time	Number of Participants
1 to 3 months	2
1 to 2 years	2
10 or more years	3
Other (Response = “years”)	1

2. Programs

- Friend to Friend
- Family Health Centers
- Joshua House, St. Vincent’s
- Smart Program Sober Living
- Narcotics Anonymous
- Alcoholics Anonymous

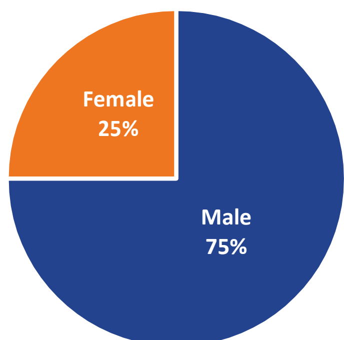
3. Zip Codes

Zip code	Number of Participants
92101	3
92104	2
92105	1
92021	1

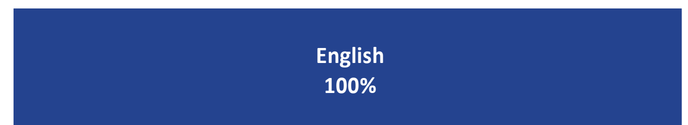
4. Age

Age Range	38 to 64 years old
Average Age	53 years old
Median Age	55 years old

5. Gender

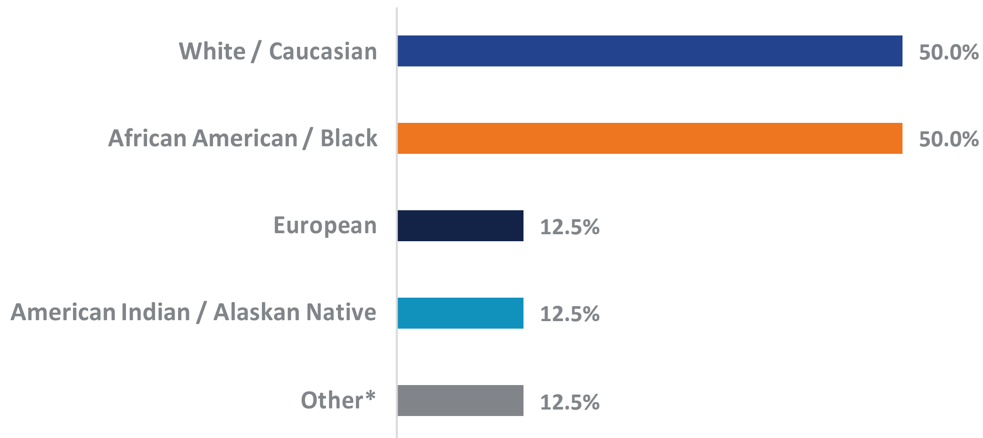


6. Language



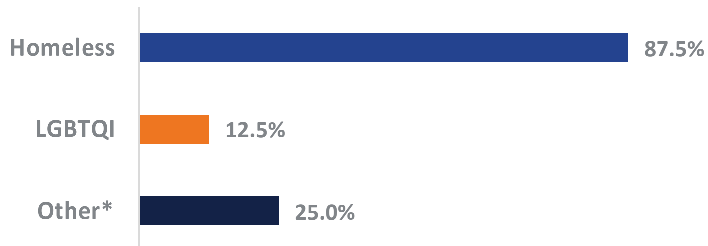
Unrepresented Languages: American Sign Language, Arabic, Armenian, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai,

7. Race/Ethnicity



Unrepresented Races/Ethnicities: African, Asian Indian/South Asian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, Chaldean, Iraqi, Middle Eastern, Hispanic/Latino, Caribbean, Central American, Cuban, Dominican, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadoran, South American
**Response = "Mexican Mixed"*

8. Special Groups



Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Deaf/Hard of Hearing, Justice-involved, None of the above, Prefer not to answer.
**Response = "church" and "was homeless"*

C. Homeless Clubhouse Members Focus Group Evaluation

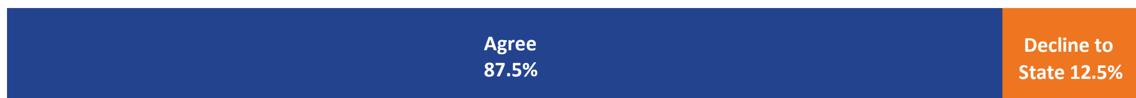
1. Overall, how would you rate the focus group?

2. How would you rate the focus group?

a. The location was convenient for me.

b. The date, location, and time fit in my schedule.

c. The facilitators were engaging.



d. The focus group allowed me to share my honest feedback.

3. How likely is it that you would recommend participating in a focus group to a friend?

4. How can we improve how we are getting input from the community?

- Keep doing what you are doing.
- Continue word of mouth.
- I feel the group was great just the way it went.
- You are fine.
- Media input addressing homeless.
- Community outreach.
- More groups.

Appendix E: Justice-Involved Individuals

Many individuals with serious mental illnesses or substance use disorders are likely to both rely on County-provided services for those conditions as well as have contact with the justice system. Given this correlation, Harbage Consulting conducted a focus group for 10 justice-involved adults receiving a variety of outpatient services from organizations in San Diego County including Exodus, Telecare, and Center Star. Several participants were living in sober living centers.

- *Exodus* provides two types of programs in San Diego County for individuals with behavioral health needs who are justice-involved or at risk of becoming involved in the justice system:
    - AB 109 Program: Individuals who are under Post Release Community Supervision (PRCS) and Mandatory Supervision receive individualized care plans and case management to ensure they receive appropriate behavioral health and other supportive services.
    - Project Connect: Individuals with intellectual and developmental disabilities who are actively being served by the San Diego Regional Center are provided with individual and group counseling. Project connect teams ensure that participants are connected to the necessary support services and are in compliance with mental health care and criminal justice mandates.

- *Telecare* has two programs that serve individuals who are involved, have been involved in, or are transitioning out of the justice system.
    - CORE SD: Corrections Outpatient Recovery Enhancement program serves residents who are currently on parole and referred by the California Department of Corrections and Rehabilitation. Individuals can access a wide variety of support services such as case management, employment services, and treatment.
    - Behavioral Health Collaborative Court: Uses a multidisciplinary team and partnerships within the community to provide individuals with an individualized recovery plan. Individuals receive proper training to help them manage their conditions more effectively and achieve their goals.

- *Center Star* provides individuals who are referred through hospitals, jails, and drug courts with all-inclusive case management and outpatient rehabilitation services. Treatments are community-based and designed to meet the unique needs of each individual.

The 90-minute focus group participants included five women and five men receiving services from these programs, and their length of time receiving county services ranged from less than six months to between two and 10 years. Topics included transitions from custody to the community, as well as how the programs have impacted participants' lives and what advice they would give the BHS in planning and budgeting. Participants received a $10 gift card as an incentive.

The Clubhouse focus group covered the following questions.

Introductions

1. How long in San Diego?
2. Which program(s) do you receive services from and how long?

History/Service Utilization

3. What kind of services are you receiving right now at your program?
4. Can you tell me about a time you had a helpful interaction with a mental health or substance use disorder provider in the last year?
5. What additional services or support do you need at this time?

Specific Service Experience & Value

6. Did you receive services while you were in custody or jail – any services that helped you transition back to the community?
7. Let's talk about when you were released from custody: did you have your ID, a place to live, someone to help you? If you take prescription medication were you able to easily access them? What kind of challenges did that create for your ability to deal with a mental health or substance use disorder?
8. How did you find out about the services you are receiving now?
9. How would you describe to a friend the services you receive?
10. What services do you find helpful? What keeps you coming back, keeps you attached to these services?
11. What has changed in your life since you started receiving services?
12. Is anything missing that you need?
13. Since you've transitioned back into the community, have the behavioral health treatment services you've received helped increase your connection with your community? Or your family? Is there more that could be done to build those connections?

Informing County Decision Making

As you may or may not know, the services you receive here are provided by BHS. We are here today in part to help give the County input on what they should consider as they are planning and budgeting for behavioral health services for the community. This includes both the services we've talked about so far, as well as all the other services they provide to the community.

14. What advice would you give the County as they consider planning and budgeting for the future of behavioral health services in San Diego?

Wrap-up (5 minutes)

Handout - Please turn the page in your handout. You will see a prompt and a blank page. If you knew someone was experiencing the same types of issues that brought you to these services and program, what advice would you give them? Please write down that advice, in your own words, why you think they should consider coming here for help.

15. Please read what you wrote.
16. Last question – is there anything else you want us to know?

B. Participants

1. Length of Time in Program or Receiving Services

Length of Time	Number of Participants
Less than a year	6
2 to 4 years	1
9 to 10 years	2
Other (Response: years)	1

2. Programs

- Friend to Friend
- Family Health Centers
- Joshua House, St. Vincent's
- Smart Program Sober Living
- Narcotics Anonymous
- Alcoholics Anonymous

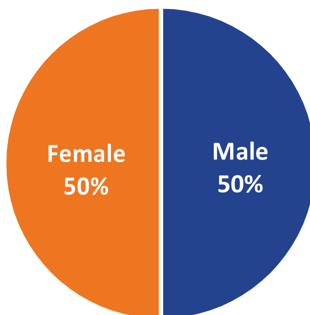
3. Zip Codes

Zip code	Number of Participants
92015	3
92103	1
92104	2
92105	3
92113	1

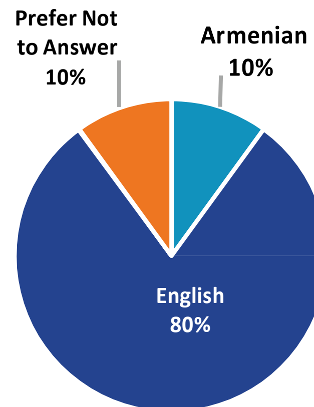
4. Age

Age Range	15 to 67 years old
Average Age	44 years old
Median Age	47 years old

5. Gender

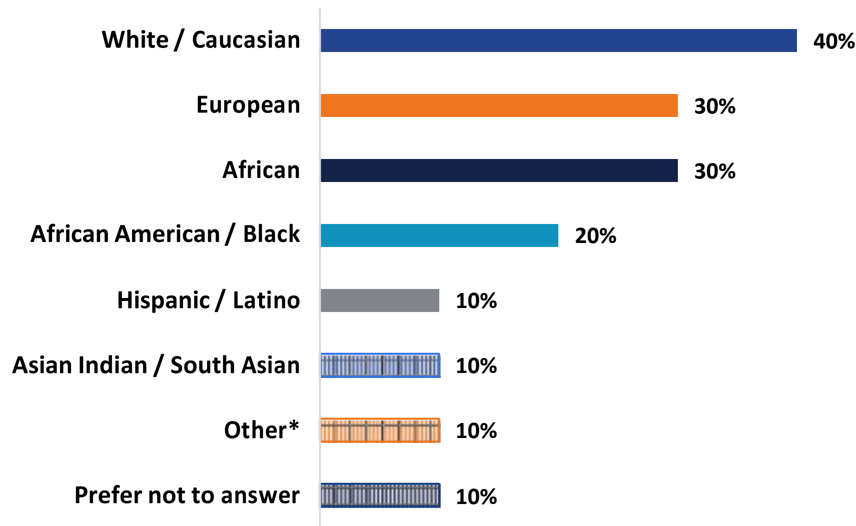


6. Language



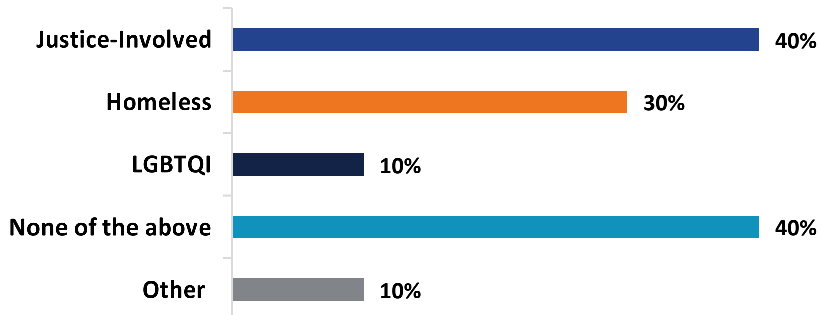
Unrepresented Languages: American Sign Language, Arabic, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Spanish, Tagalog, Thai, Turkish, Vietnamese.

7. Race/Ethnicity



Unrepresented Races/Ethnicities: Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, American Indian/Alaskan Native, Chaldean, Iraqi, Middle Eastern, Caribbean, Central American, Cuban, Dominican, Mexican/Mexican-American/Chicano, Puerto Rican, Salvadorean, South American, Prefer not to answer.
**Write-in Response: "Multiracial"*

8. Special Groups

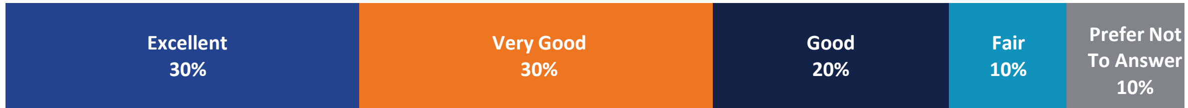


Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Deaf/Hard of Hearing, Prefer not to answer.

Some charts may not add to 100%

C. Justice-Involved Individuals Focus Group Evaluation

1. Overall, how would you rate the focus group?



2. How would you rate the focus group?

a. The location was convenient for me.

b. The date, location, and time fit in my schedule.

c. The facilitators were engaging.

d. The focus group allowed me to share my honest feedback.

3. How likely is it that you would recommend participating in a focus group to a friend?

4. How can we improve how we are getting input from the community?

- Try reaching out more and more to them.
- More groups.
- Listen.
- A concert.
- Just set out and talk.
- Ask.

Appendix F: Justice Partners

A. Questions and Format

The County of San Diego Health and Human Services Agency (HHSA) has been working closely with justice agencies to improve coordination and communication in serving the justice-involved population. As a part of the community engagement process, partners were convened including frontline staff, to have a focused discussion on identifying gaps in the current transition from custody to community services, and strategies to address those gaps.

Thirteen participants gathered representing the San Diego County Sheriff's Department, the District Attorney's Office, the City of San Diego City Attorney, the Public Defender Office, the Probation Department, and the Health and Human Services Agency.

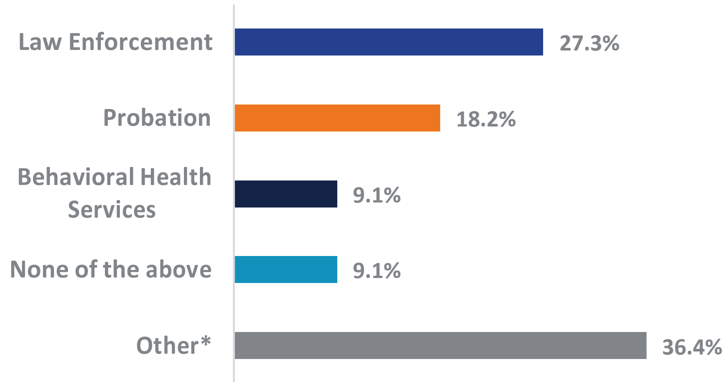
Justice partners representing multiple behavioral health services and justice system agencies and coalitions gathered for a 90-minute discussion on the following question:

How might we design a comprehensive warm hand-off from custody to services in the community to improve engagement in services?

B. Participants

Some charts may not add to 100%.

1. Group Identification



Unrepresented : Behavioral Health or Health Care Provider, Community Organizations
**2 Public Defenders and 2 HHSA*

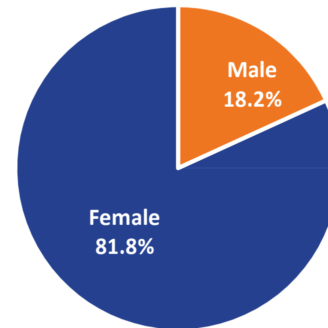
2. Zip Code

Zip Code	Count
92130	1
92120	2
92117	1
92116	1
92115	1
92108	1
92101	1
92071	1
92008	1
91942	1

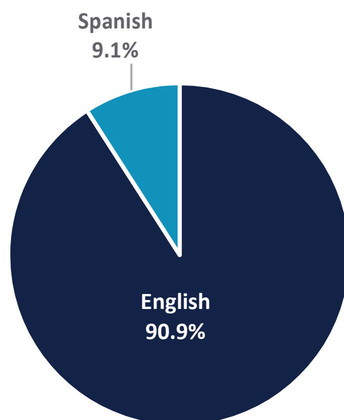
3. Age

Age Range	32-56 years old
Average Age	44.8 years old
Median Age	46 years old

4. Gender

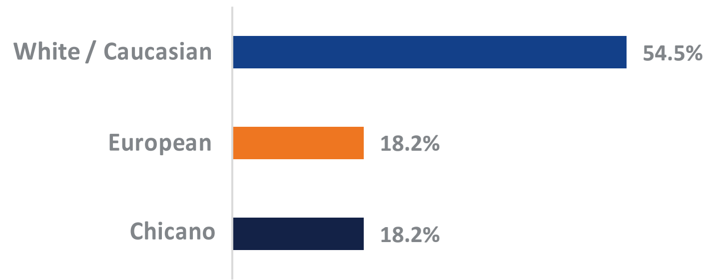


5. Language



Unrepresented languages: Arabic, Armenian, Cambodian, Cantonese, Farsi, French, Hebrew, Hmong, Ilocano, Italian, Japanese, Korean, Lao, Mandarin, Mien, Polish, Portuguese, Russian, Samoan, Tagalog, Thai, Turkish, and Vietnamese.

6. Race/Ethnicity



Unrepresented Races/Ethnicities: African American/Black, Cambodian, Chinese, Filipino, Hmong., Japanese, Korean, Laotian, Mien, Vietnamese, Native Hawaiian, Samoan, Chaldean, Iraqi, Middle Eastern, Caribbean, Central American, Cuban, Dominican, Puerto Rican, Salvadoran, South American.

C. Justice Partners Focused Discussion Evaluation

1. Overall, how would you rate the focus group?

2. How would you rate the focus group?

a. The location was convenient for me.

b. The date, location, and time fit in my schedule.

c. The facilitators were engaging.

d. The focus group allowed me to share my honest feedback.

3. How likely is it that you would recommend participating in a focus group to a friend?

4. How can we improve how we are getting input from the community?

- Getting the agenda beforehand to bring ideas.
- Better explanation as to direct goals and context of purpose of forums.
- Going to providers and providing focus groups with clients and service providers.
- Gather suggestions for forum topics.
- More communication, bridging gap between agencies, connecting with vulnerable populations in custody and linking them to services.

Appendix G: Frontline Staff

A. Questions and Format

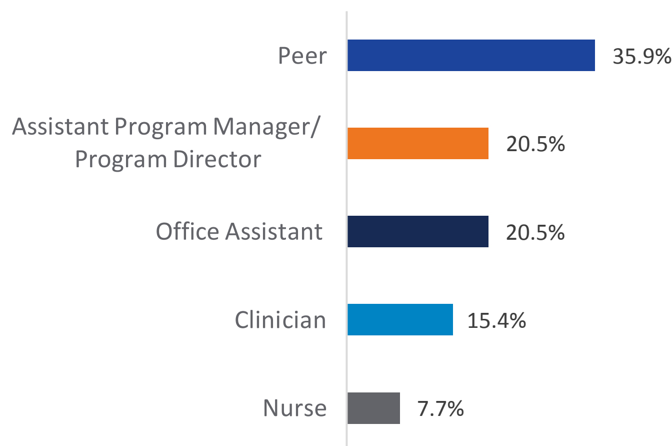
A tele-town hall format was used to gather feedback from the frontline staff who are either providing or supporting behavioral health services on behalf of the County of San Diego. Unlike the questions for the community and other targeted populations, the questions for frontline staff were designed to better understand workforce satisfaction and engagement. Staff were asked eight polling questions (not including demographics) and three discussion questions.

Behavioral Health Services invited staff from more than 300 contracted services to join the tele-town hall by an email invitation, and staff then registered for the call. The call was to include both polling and discussion questions *(See Appendix G).*

Forty-two frontline staff joined the September 12, 2017 tele-town hall. Unfortunately, seven questions into the 13-question call, the conference call vendor's system experienced a system-wide outage, and the call could not be completed. Every staff member who registered for that first call was re-registered for a follow-up call on September 21, 2017, and contacted via email. The follow-up call completed the five remaining polling and two remaining discussion questions as well as duplicating three polling questions and one discussion question asked on the first call. Two polling questions were repeated in order to assess the demographics of the call (job titles and length on job) and the third repeated polling question was used to re-orient participants to the repeated discussion question, both focusing on the most challenging parts of staffs' jobs. Fourteen of frontline staff participated in the follow-up call, including 11 individuals who had participated in the first call.

The responses for both calls are combined in this discussion of the results, and responses are available separately for each call in *Appendix G*. However, the need for two calls due to the vendor's system outage resulted in several data limitations worth noting. The first is the significant level of attrition between the first and follow-up calls. While the total number of participants on both calls was relatively low, there was a 74 percent decline in the number of participants between the original tele-town hall and the rescheduled meeting. Additionally, due to software limitations, Harbage Consulting is unable to fully, and confidently understand the extent to which participants of the first call may have also participated in the second. Harbage Consulting is also unclear whether staff who participated in both calls may have changed their responses between the first and second. As such, the findings from this tele-town hall should be interpreted with caution, and results are not likely generalizable.

Participants were well distributed across different jobs, with most identifying as peer workers (35.9 percent), and similar numbers of participants serving in administrative leadership or support roles (20.5 percent for each) or as a clinician or nurse (23.1 percent).



9/12 and 9/21 call data; 39 of 45 participants responded, including BHS and HC staff.

Most participants had been on the job less than three years (64.1 percent).

Below are the questions asked in the frontline staff tele-town halls, with the call dates noted:

1. *Poll (9/12 and 9/21):* What best describes your job title? Choose one option.
   a. Office Assistant
   b. Peer
   c. Clinician
   d. Assistant Program Manager/Program Director
   e. Nurse

2. *Poll (9/12 and 9/21):* How long have you been at your job?
   a. Up to one year
   b. Up to three years
   c. Up to five years
   d. Up to 10 years
   e. More than 10 years

3. *Poll (9/12):* What do you like best about your job? Choose one option.
   a. I like the opportunity to help others/give back
   b. I like my coworkers and the people I work with
   c. I like feeling challenged and have opportunities for growth
   d. I like that I have a personal connection with the type of services we are providing to the community
   e. I like the compensation and benefits. (wages, health care, retiree benefits, paid leave, flex time)

4. *Discussion (9/12):* Does anyone want to share the parts of their job they like best?

5. *Poll (9/12):* Which compensation or benefits are the most valuable to you? Choose one option.
    a. Wages
    b. Health care benefits
    c. Retiree benefits
    d. Paid leave, like vacation time or sick days

6. *Poll (9/12 and 9/21):* What is the most challenging part of your job? Choose one option.
    a. Clients/consumers can be difficult
    b. I do not feel like I'm making a difference
    c. Required paperwork makes it hard to get things done
    d. I get stressed out and feel burnt out
    e. Compensation and benefits

7. *Discussion (9/12 and 9/21):* Does anyone want to share the parts of their job they find most challenging?

8. *(9/21)* We're going to do some ranking polls using a 5-point scale. 5 means you strongly agree, 3 is neutral, 1 is strongly disagree. Select one option.

    a. *Poll:* I have good work-life balance.

    b. *Poll:* When I have a problem or a challenge, I know who I can ask for help.

    c. *Poll:* I feel safe in my work environment.

    d. *Poll:* I have adequate training or opportunities for training.

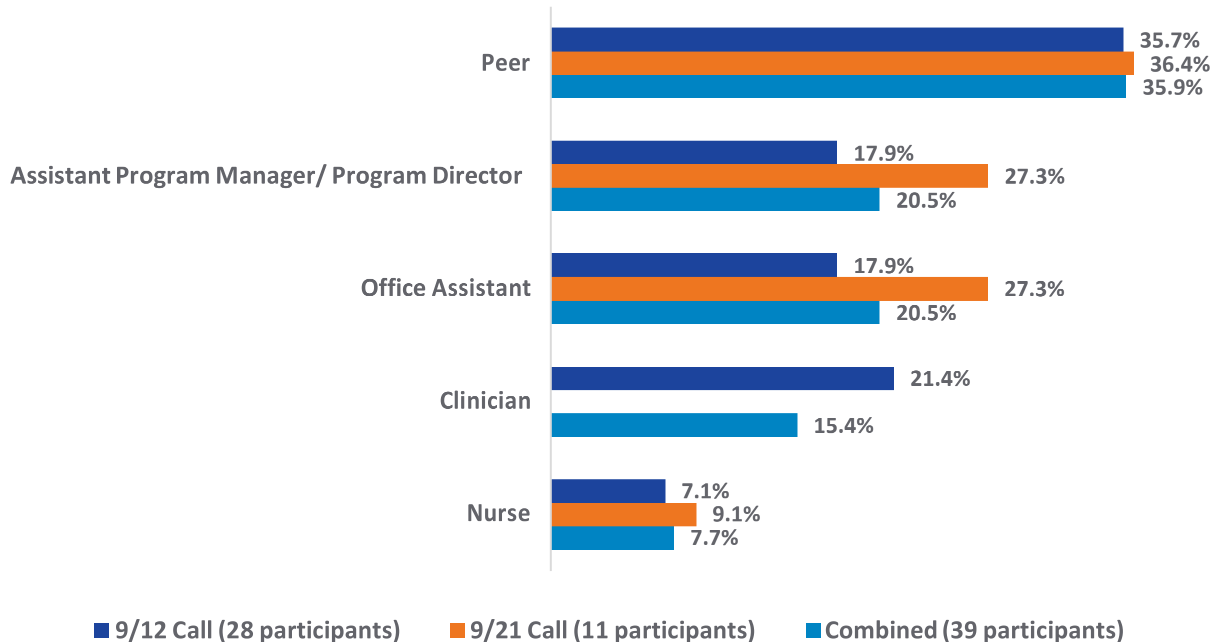
    e. *Poll:* I find my job rewarding.

9. *Discussion (9/21):* What would make you feel more supported at work (not related to compensation, benefits, or work schedule)?

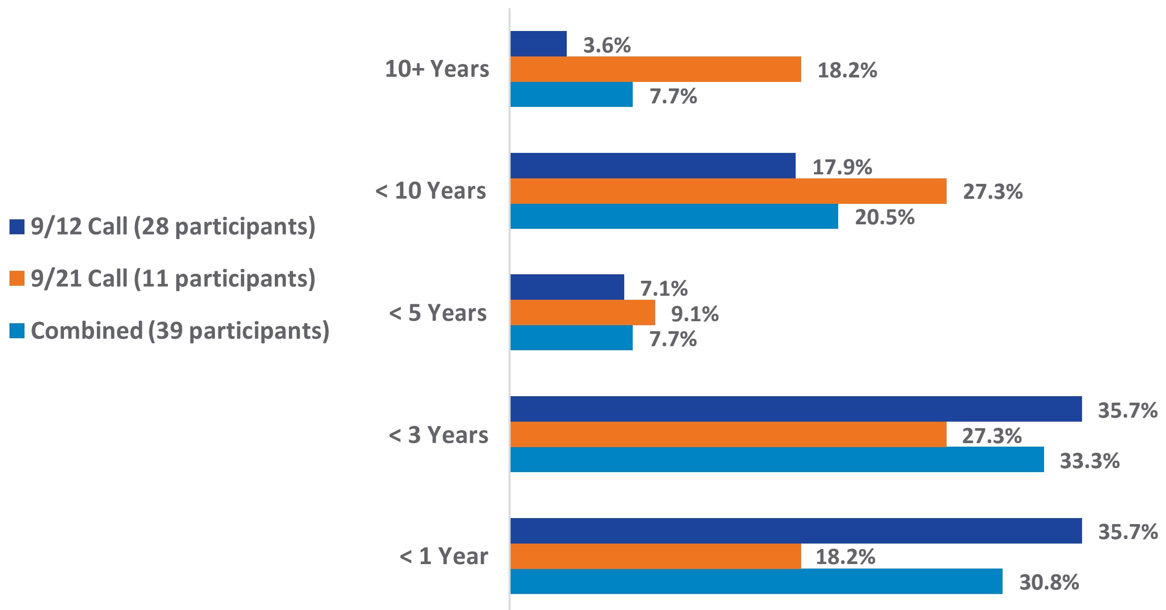
B. Frontline Staff Tele-Town Hall Data

Some participant data were collected during the tele-town halls. These data are shown here to allow a comparison of the participants at the first and second town halls. Some charts may not add to 100%.

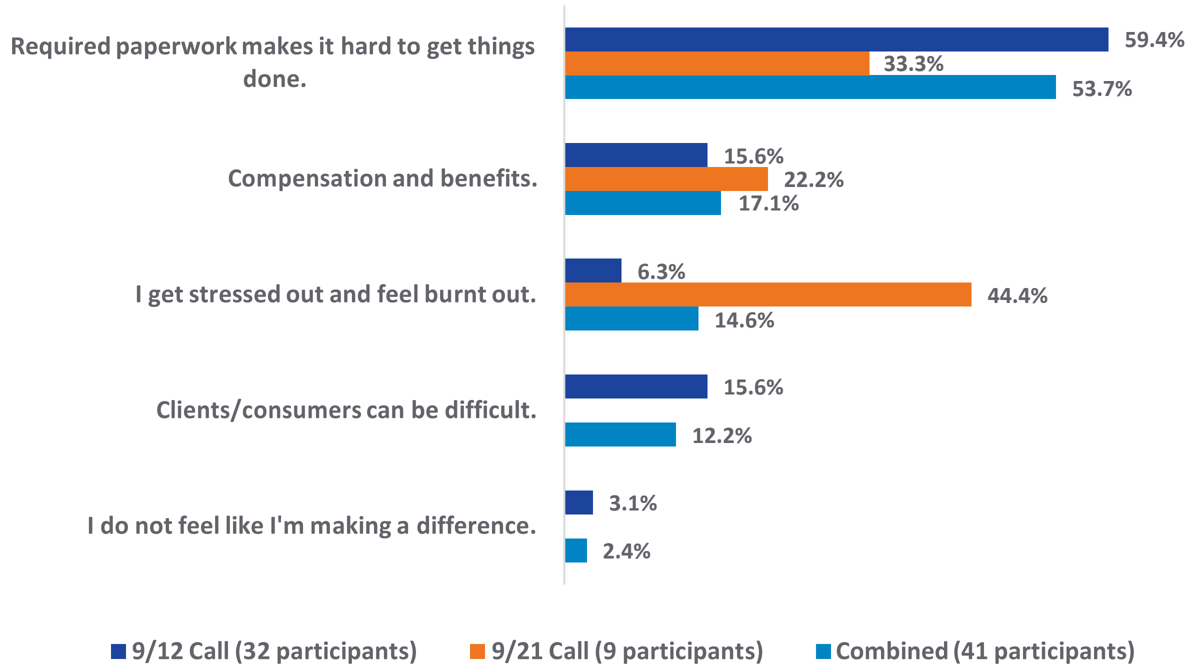
1. Participant Job Titles (Frontline Staff Tele-Town Hall Question 1)



2. Length of Time at Job (Frontline Staff Tele-Town Hall Question 2)



3. "What is the most challenging part of your job?" (Frontline Staff Tele-Town Hall Question 6)



C. Participants

Of the 45 total tele-town hall participants, ten participants completed the online tele-town hall satisfaction surveys, a 22 percent response rate. Of the surveys received, half of respondents reported that they participated in the first tele-town hall and half of respondents reported participation in both tele-town halls. Some charts may not add to 100%.

The following data reflect the 10 tele-town hall participants who completed online surveys.

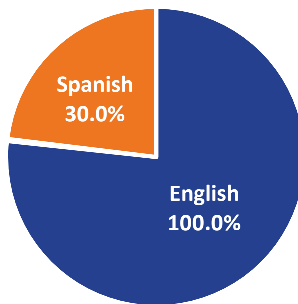
1. Age

Age Range	27-99 years old
Average Age	47 years old
Median Age	40 years old

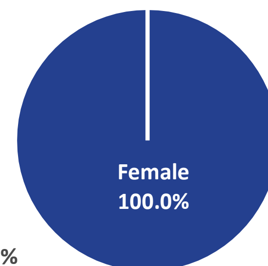
2. Zip Code

Zip Code	Count
92113	1
92106	1
92105	1
92103	1
92102	1
92056	1
92029	1
91977	1
91906	1

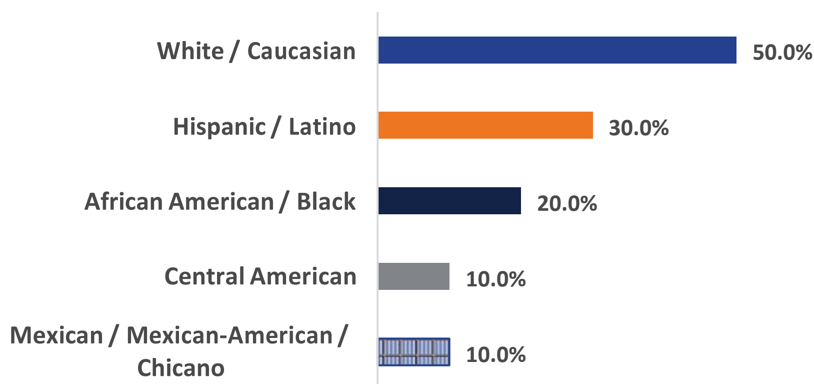
3. Languages



4. Gender

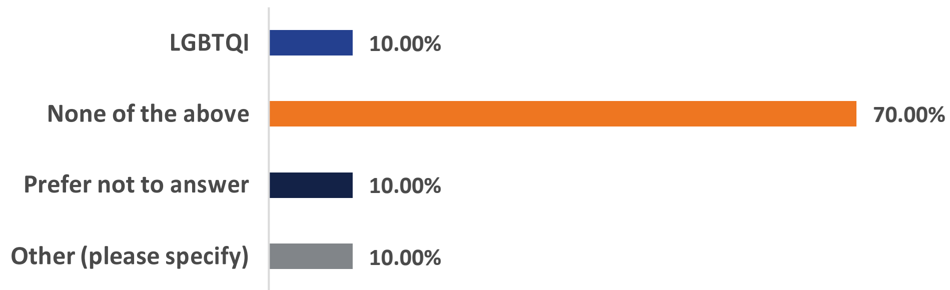


5. Race/Ethnicity



Unrepresented Races/ Ethnicities: African, Asian Indian/ South Asian, Cambodian, Chinese, Filipino, Hmong, Japanese, Korean, Laotian, Mien, Vietnamese, Pacific Islander, Native Hawaiian, Samoan, American Indian/Alaskan Native, Chaldean, European, Iraqi, Middle Eastern, Caribbean, Cuban, Dominican, Puerto Rican, Salvadoran, South American

6. Special Populations



Unrepresented Groups: Immigrant, Refugee, Veterans/Military, Homeless, Deaf/Hard of Hearing, Justice Involved

D. Frontline Staff Tele-Town Hall Evaluation

2. Overall, how would you rate the tele-town hall?

5. How would you rate the format and feedback?

a. The date and time fit in my schedule.

b. The facilitators are engaging.

c. The format of the forum allowed me to share my honest feedback.

6. How likely is it that you would recommend participating in this type of community event to a friend, family member, or colleague?

7. How can we improve our staff engagement process?

- Better software.
- Just work on tech issues.
- Staff engagement was good.
- I think it went very well.
- For me, knowing there are others participating would give me confidence that not only my voice was heard and perhaps the results would have a greater impact. "We have x participants today or welcome everyone or all of you", etc. If that language was used, I missed it.

Appendix H: Parking Lot

At each community forum, participants had the opportunity to put "parking lot" issues up on poster boards displayed around each venue. Parking lot issues included anything participants thought was important for the County of San Diego to know or consider in their planning and budgeting processes but which was outside the scope of the topics and questions under discussion in the forums. Those issues have been compiled here by theme. Multiple mentions of an issue are noted. *Comments are transcribed verbatim.*

A. Central San Diego Community Forum

Funding	1. Put more money into effective programs. (i.e. I got well in Scripps Mercy Behavioral Health Outpatient and they had to close due to lack of funding!) 2. Board of Supervisors earmarking county taxes to support BHS/mental health services 3. Increase funding for 0-5 years old
Services	1. Prevention/Early Intervention (2 mentions) 2. Recovery Oriented vs. "Revolving Door" cycle 3. Safe services for undocumented 4. Major need for 0-5, especially with First 5 in decline. Need to reduce pre-school/ childhood suspension and expulsion 5. Shortages of available services vs. need 6. Need for more outreach services 7. Use of evidence-based models and practices 8. Supported employment 9. Need mandated treatment services 10. Program capacity (waitlists, staff/program resources) 11. Co-occurring clients need to be treated at the same time 12. Transportation (2 mentions) a. Bus tokens, more funding for public transportation (including Uber, etc.) b. Transportation 13. Professional development—scholarships and continuing education 14. Family Services (4 mentions) a. Full family interventions providing family services for all affected by trauma b. Supportive services for CWS involved families (3 mentions) c. Need to support military families' transition into new schools when kids have behavior concerns

	d. Need to take a whole family approach – caregivers of children with behavior challenges need support and children of parents with behavior challenges need intervention too 15. Peer support groups (amongst themselves) 16. Wrap-around services (3 mentions) a. More wrap-around services available at program sites, all inclusive b. True WRAP services (current services, transportation, housing, etc.) c. Need wrap-around services that meet needs of tends, especially access to OZ short term residential treatment 17. Need to support inclusion for children with behavior needs in out-of-school-time care
Housing	1. Housing (3 mentions) a. Affordable in all areas of county. More homeless services in East County b. Various challenges c. Supportive/transitional housing 2. Housing for families with children (4 mentions) a. Especially for fathers in reunification through CWS b. Especially for families with various challenges (MH, reunification, sober living, youth allowed)
Staffing	1. Having care coordination with caseloads that are manageable 2. Higher pay (8 mentions) a. High pay for staff so that they stay longer and provide better quality care and services b. High pay level for AOD counselors and mental health counselor in AOD program c. Peer support specialists- high wages d. Higher wages for all staff to increase continuity of care e. Higher salaries for service providers f. Higher pay for staff- obtain/sustain/maintain g. Higher compensation for staff which will allow them to stay employed at the company longer – decreasing how often clients need to "start over" building rapport with the staff/ salaries in social service increase. More money = more retention h. Allocations for budget 3. Hospital social workers do not know how to apply for social security funding (claims)
Other	1. Lack of enforcement 2. County conservator does not use legal aid to appeal SSI denial 3. Being mindful of holding community events during holidays

	4. Bureaucracy – Greed 5. Research project to track number of mental health (co-occurring) cases using the Public Defender's Office because behavioral health system is broken 6. Schools are a closed system – need to get info in to students 7. Some clients do not access services due to readiness to change

B. Vista Community Forum

Funding	1. Funding services in a sustainable and long term way 2. Funding
Reasons Individuals Don't Get Care	3. Language and cultural barriers, hours of operation, denial of need, rural community versus urban/suburban, housing, TAY services 4. Unaware of mental health diagnosis and/or risk factors/symptoms. Addressing/understanding co-occurring SUD with SMI and MI 5. They don't think they have a problem 6. Symptoms of MI are too vague for people to be aware of their risk/diagnosis 7. Ask these questions directly to client 8. Needing more help with organization 9. Fear of immigration status 10. Eligibility criteria
Services	1. Outreach and engagement of mentally ill people and their families 2. Engage patients using MI (Motivational Interviewing) to motivate, build confidence, and engage them in their own health solutions. And then coordinate care. 3. More psych beds for pediatric care 4. Language access 5. Cultural competency 6. Housing (2 mentions)
Staff/Resources	1. Retention of experienced staff 2. Capacity (program/staff work load, residential beds and esp. detox, housing) 3. Use resources already have more collaboratively, easiest for clients, share space, personnel, etc. to best match client need
Other	1. Using successful models of how to improve (Jewish Family Service, Alliance for African Assistance)