MHSA Steering Committee

December 16, 2019

Richard Krzyzanowski
Consultant
Meeting Purpose

Highlight participation and engagement of the community

Combined meeting – dedicated opportunity for boards and committees to come together and hear feedback and key findings from community engagement activities

Identify key information to inform approach to identifying funding priorities
Agenda

- Welcome and Agenda Review
- Review summary of community engagement meeting feedback and preliminary survey results
- Review Criminal Justice and K-12 Public School Feedback
- Review identified gaps and disparities from meetings and reports
- Questions and Answers
- Break

- Discussion Among Committee and Board Members: Reactions and considerations for prioritizing this information
  - Approach to identifying funding priorities and factors for considering distribution of potential extra funds
  - Approach to identifying programs to target in the event of excess or deficiency of funds
- Review next steps for planning process
- Public Comment
- Closing
Summary of Community Engagement Meeting Feedback and Preliminary Survey Results
Survey Design

- 12 types of behavioral health services (next slide)
- 16 groups/population categories (subsequent slide)
- Respondents asked to provide demographic information and indicate top six groups they identified as having the greatest needs or disparities across the different types of behavioral health services the County of Orange provides
- Survey distributed electronically and in hardcopy at array of community events and made available in a variety of languages
- Online survey link emailed to 1,320 stakeholders
Survey Design

12 types of behavioral health services

- Behavioral Health System Navigation
- Outreach & Engagement
- Early Intervention
- Outpatient Treatment
- Crisis Services
- Residential Treatment (non-emergency)
- Supportive Services
- Peer Support
- Stigma & Discrimination Reduction
- Mental Health & Well-Being Promotion
- Violence & Bullying Prevention
- Suicide Prevention
Survey Design

16 groups/population categories

- Children (0-15 years)
- Youth (16-25 years)
- Adults (26-59 years)
- Older Adults (60+)
- Foster Youth
- Parent/Families
- LGBTQ
- Homeless

- Students at Risk of School Failure
- Veterans
- Criminal Justice Involved
- Mental Health w/Substance Use
- Mental Health w/Medical Conditions
- Racial/Ethnic Groups (please specify)
- Monolingual/Limited English (please specify)
- Other (Please specify)
Preliminary Survey Results

• 1,136 surveys completed (313 online, 823 hard copy)

<table>
<thead>
<tr>
<th>Language</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>885</td>
<td>78%</td>
</tr>
<tr>
<td>Spanish</td>
<td>165</td>
<td>15%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>53</td>
<td>5%</td>
</tr>
<tr>
<td>Khmer (Cambodian)</td>
<td>25</td>
<td>2%</td>
</tr>
<tr>
<td>Korean</td>
<td>7</td>
<td>1%</td>
</tr>
<tr>
<td>Farsi</td>
<td>1</td>
<td>0.1%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,136</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 or younger</td>
<td>17</td>
<td>2%</td>
</tr>
<tr>
<td>16-25</td>
<td>147</td>
<td>14%</td>
</tr>
<tr>
<td>26-59</td>
<td>758</td>
<td>71%</td>
</tr>
<tr>
<td>60 and older</td>
<td>140</td>
<td>13%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,062</td>
<td>100%</td>
</tr>
</tbody>
</table>
Preliminary Survey Results (continued)

**Respondent Gender**
(N=1,047)

- Female (N=728): 70%
- Male (N=299): 29%
- Transmale/Transman (N=1): 0%
- Transfemale/Transwoman (N=3): 0%
- Prefer not to answer (N=11): 1%
- *Other (N=5): 1%

**Respondent Race/Ethnicity**
(N=1,136)

- African American/Black (n=27): 2%
- Asian/Pacific Islander (n=406): 1%
- Hispanic/Latino (n=325): 21%
- Middle Eastern/North African (n=325): 29%
- White/Caucasian (n=242): 36%
- Prefer not to answer (n=37): 1%
## Preliminary Survey Results (continued)

<table>
<thead>
<tr>
<th>Do you identify as a consumer/client? [Paper surveys only]</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>189</td>
<td>27%</td>
</tr>
<tr>
<td>Consumer/Client</td>
<td>325</td>
<td>47%</td>
</tr>
<tr>
<td>Family Member</td>
<td>174</td>
<td>25%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>688</td>
<td>100%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Which stakeholder groups do you identify with or are you a part of? (check all that apply)</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community-based Organization</td>
<td>320</td>
<td>28%</td>
</tr>
<tr>
<td>Provider of Mental Health Services</td>
<td>205</td>
<td>18%</td>
</tr>
<tr>
<td>Advocate/Advocacy Organization</td>
<td>193</td>
<td>17%</td>
</tr>
<tr>
<td>Religious/Spiritual</td>
<td>154</td>
<td>14%</td>
</tr>
<tr>
<td>Medical/Health Care Organization</td>
<td>160</td>
<td>14%</td>
</tr>
<tr>
<td>Educational Agency/Institution</td>
<td>147</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>99</td>
<td>9%</td>
</tr>
<tr>
<td>Social Service Agency</td>
<td>74</td>
<td>7%</td>
</tr>
<tr>
<td>Provider of Alcohol/Other Drug Services</td>
<td>43</td>
<td>4%</td>
</tr>
<tr>
<td>Law Enforcement/Court</td>
<td>30</td>
<td>3%</td>
</tr>
<tr>
<td>Other OC Government Agency</td>
<td>28</td>
<td>3%</td>
</tr>
</tbody>
</table>
Preliminary Survey Results (continued)

<table>
<thead>
<tr>
<th>Location Paper Surveys</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Counseling and Supportive Services (CCSS)</td>
<td>288</td>
<td>35%</td>
</tr>
<tr>
<td>Picnic in the Park</td>
<td>195</td>
<td>24%</td>
</tr>
<tr>
<td>NAMI Walk</td>
<td>176</td>
<td>22%</td>
</tr>
<tr>
<td>Wellness Center</td>
<td>59</td>
<td>7%</td>
</tr>
<tr>
<td>Community Stakeholder</td>
<td>51</td>
<td>6%</td>
</tr>
<tr>
<td>Halloween Event</td>
<td>29</td>
<td>4%</td>
</tr>
<tr>
<td>Clinics</td>
<td>15</td>
<td>2%</td>
</tr>
<tr>
<td>Peer Support Program</td>
<td>4</td>
<td>1%</td>
</tr>
<tr>
<td>Community Counseling and Supportive Services (CCSS)</td>
<td>288</td>
<td>35%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>820</td>
<td>100%</td>
</tr>
</tbody>
</table>

Respondent County Region (N=*1,032)

- North (n=176): 17%
- Central (n=373): 36%
- South (n=288): 28%
- N/A (n=195): 19%
## Preliminary Survey Results (continued)
### Population Prioritization (Top 5)

<table>
<thead>
<tr>
<th>Behavioral Health System Navigation</th>
<th>Outreach &amp; Engagement</th>
<th>Early Intervention</th>
<th>Outpatient Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (16-25 years)</td>
<td>Youth (16-25 years)</td>
<td>Children (0-15 years)</td>
<td>Youth (16-25 years)</td>
</tr>
<tr>
<td>Children (0-15 years)</td>
<td>Homeless</td>
<td>Youth (16-25 years)</td>
<td>Adults (26-59 years)</td>
</tr>
<tr>
<td>Mental Health w/Substance Use</td>
<td>Adults (26-59 years)</td>
<td>Students at Risk of School Failure</td>
<td>Mental Health w/Substance Use</td>
</tr>
<tr>
<td>Homeless</td>
<td>Mental Health w/Substance Use</td>
<td>Foster Youth</td>
<td>Homeless</td>
</tr>
<tr>
<td>Adults (26-59 years)</td>
<td>Children (0-15 years)</td>
<td>Parent/Families</td>
<td>Mental Health w/Medical Conditions</td>
</tr>
</tbody>
</table>
## Preliminary Survey Results (continued)
### Population Prioritization (Top 5)

<table>
<thead>
<tr>
<th>Crisis Services</th>
<th>Residential Treatment (non-emergency)</th>
<th>Supportive Services</th>
<th>Peer Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth (16-25 years)</td>
<td>Mental Health w/ Substance Use</td>
<td>Homeless</td>
<td>Youth (16-25 years)</td>
</tr>
<tr>
<td>Mental Health w/ Substance Use</td>
<td>Homeless</td>
<td>Youth (16-25 years)</td>
<td>Adults (26-59 years)</td>
</tr>
<tr>
<td>Homeless</td>
<td>Adults (26-59 years)</td>
<td>Adults (26-59 years)</td>
<td>Foster Youth</td>
</tr>
<tr>
<td>Adults (26-59 years)</td>
<td>Youth (16-25 years)</td>
<td>Mental Health w/ Substance Use</td>
<td>Children (0-15 years)</td>
</tr>
<tr>
<td>Children (0-15 years)</td>
<td>Older Adults</td>
<td>Veterans</td>
<td>Students at Risk of School Failure</td>
</tr>
</tbody>
</table>
## Preliminary Survey Results (continued)
Population Prioritization (Top 5)

<table>
<thead>
<tr>
<th>Stigma &amp; Discrimination Reduction</th>
<th>Mental Health &amp; Well-Being Promotion</th>
<th>Violence &amp; Bullying Prevention</th>
<th>Suicide Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ Youth (16-25 years)</td>
<td>Youth (16-25 years)</td>
<td>Youth (16-25 years)</td>
<td>Youth (16-25 years)</td>
</tr>
<tr>
<td>Youth (16-25 years)</td>
<td>Adults (26-59 years)</td>
<td>Children (0-15 years)</td>
<td>Children (0-15 years)</td>
</tr>
<tr>
<td>Homeless Children (0-15 years)</td>
<td>Students at Risk of School Failure</td>
<td>Adults (26-59 years)</td>
<td></td>
</tr>
<tr>
<td>Mental Health w/ Substance Use</td>
<td>Parent/Families</td>
<td>Foster Youth</td>
<td>LGBTQ</td>
</tr>
<tr>
<td>Adults (26-59 years)</td>
<td>Older Adults</td>
<td>LGBTQ</td>
<td>Veterans</td>
</tr>
</tbody>
</table>
Preliminary Survey Results (continued)

Population Prioritization

Population Frequency in "Top 5" Across 12 Service Types

- Youth (16-25 years)
- Adults (26-59 years)
- Children (0-15 years)
- Homeless
- Mental Health w/ Substance Use
- Foster Youth
- Students at Risk of School Failure
- LGBTQ
- Veterans
- Older Adults (60+)
- Parent/Families
- Mental Health w/ Medical Conditions
- Monolingual/ Limited English
- Racial/ Ethnic Groups
- Criminal Justice Involved
- Other

Service Types
Community Engagement Meeting Feedback Three Meetings / Two Groups for Each

<table>
<thead>
<tr>
<th></th>
<th>Anaheim (North)</th>
<th>Santa Ana (Central)</th>
<th>Aliso Viejo (South)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization/ Sector Representatives (Providers, Advocates, Etc.)</td>
<td>29</td>
<td>28</td>
<td>21</td>
<td>78</td>
</tr>
<tr>
<td>Individual Consumer, Family, and Community Participants</td>
<td>22</td>
<td>37</td>
<td>16</td>
<td>75</td>
</tr>
<tr>
<td>Total</td>
<td><strong>51</strong></td>
<td><strong>65</strong></td>
<td><strong>37</strong></td>
<td><strong>153</strong></td>
</tr>
</tbody>
</table>
Community Engagement Meeting Feedback Structure:

Three Population Clusters

- **Children & Youth** – Children (0-15 years), Youth (16-25 years), Foster Youth, Students at Risk of School Failure
- **Special Populations** (LGBTQ, Veterans, Homeless)
- **Adults and Co-Occurring Conditions** (Mental Health and Substance Use, Mental Health and Medical Conditions)

**Important Note:**

While Older Adults, Racial/Ethnic Groups, and Monolingual/Limited English populations were not prioritized in survey, community meeting participants identified these population as priorities. Facilitators encouraged participants to include these populations in discussions re: the broader three categories.
1. What unique barriers limit service opportunities for these populations? (5 Minutes)
   *If discussing Funding, Transportation, Staffing, or Translation, please be very specific about how the barrier presents for this population.*

2. What outreach and engagement strategies or activities are needed (or work best) for these populations? (10 Minutes)

3. What existing programs, activities, and/or interventions are most successful in meeting the needs of these populations? (10 Minutes)

4. What new programs, activities, and/or interventions should be considered to meet the needs of these populations? (5 Minutes)

5. What one new or existing program, activity, or intervention is the most important or most innovative for meeting the needs of these populations? (5 minutes)
### Barriers Summary (Meetings, reports, etc.)

<table>
<thead>
<tr>
<th>Policy Level</th>
<th>Organization or System Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of funding, Limited program capacity, geographic variation</td>
<td>Fragmentation, limitations in care coordination, care transitions</td>
</tr>
<tr>
<td></td>
<td>Cultural, linguistic, physical</td>
</tr>
<tr>
<td></td>
<td>Lack of trust</td>
</tr>
<tr>
<td></td>
<td>Variation in consumer experience across service settings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual/Family/Community Level</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of information about mental health and resources</td>
<td></td>
</tr>
<tr>
<td>Stigma, self-stigma and stigma from family and community members, fear of discrimination</td>
<td></td>
</tr>
<tr>
<td>Housing across the continuum (affordable, PSH, transitional, shelter)</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
</tr>
</tbody>
</table>
Cross-Cutting Successful Outreach & Engagement Strategies

- Culturally and linguistically appropriate attention to population-specific needs
- Meeting people where they are (not just MH and health/wellness fairs)
- Faith community
- Peer services
- Wellness Centers
- Consistent communication across providers
- Customer service and empathy
- Harm reduction approach
- Supported transitions of care
- Stable housing
## Specific Successful Outreach Strategies

<table>
<thead>
<tr>
<th>Children/Youth</th>
<th>Special Populations</th>
<th>Adults &amp; Co-Occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social media</td>
<td>Shelter-targeted activities</td>
<td>Telepsychiatry</td>
</tr>
<tr>
<td>Schools/teachers on early identification of MH issues</td>
<td>Community-based efforts (not from a desk)</td>
<td>Harm reduction approach</td>
</tr>
<tr>
<td>Educate youth on importance/value of therapy for stress and emotion management</td>
<td>Include consumers in design and development of strategies. Incorporate sufficient time and space to include consumer voice -- not just over a few weeks.</td>
<td>Agency collaboration (provider)</td>
</tr>
<tr>
<td>Incorporate fun, engaging, age-appropriate activities such as sports, games, art in outreach and engagement efforts</td>
<td>LGBTQ is an umbrella term — it’s not a homogeneous group. There is great diversity of experience and different services/approaches work for different groups w/in LGBTQ</td>
<td>Integrated PC and MH</td>
</tr>
<tr>
<td>Leverage schools for proximity to youth</td>
<td>Re-entry/transition support</td>
<td>Social clubs, senior centers</td>
</tr>
<tr>
<td>Youth-oriented organizations like Little League, AYSO, Special Olympics</td>
<td>Designated safe spaces/clubs</td>
<td>Wellness Centers</td>
</tr>
<tr>
<td>Parent education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Community Identified Successful Programs

Children/Youth

- 211
- After school programs & clubs
- Anti-bullying hotlines
- Art classes
- ASPIRE
- Boys and Girls Club
- CHOC mental health programs
- Didi Hirsch hotline
- Drug abuse prevention programs
- Help Me Grow
- Huntington Beach youth shelter model
- internetmatters.net
- "Know the Signs" Training for parents and teachers

- Live Stream, Instagram, Social media — can enhance connection, but can also have negative impacts if not monitored
- savethekids.us
- School based services – screening and counseling
- Seneca Adoption support services
- socioemotionalpaws.com
- South Coast Children's
- Sports/recreational activities
- VROC support services for LGBT youth. Also includes intergenerational work, language support, social connection
- Western Youth Services programs for 0-5
# Examples of Successful Programs

<table>
<thead>
<tr>
<th>Special Populations</th>
<th>Adults and Co-Occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ tailored services (community centers, shelter beds/supports)</td>
<td>Wellness Centers</td>
</tr>
<tr>
<td>Mental Health First Aid</td>
<td>Social worker/Case Manager assistance at hospital discharge</td>
</tr>
<tr>
<td>Life skill development</td>
<td>Court Diversion programs</td>
</tr>
<tr>
<td>Employment supports</td>
<td>“One stop shop” agencies</td>
</tr>
<tr>
<td></td>
<td>Integrated primary care and mental health</td>
</tr>
</tbody>
</table>
# Programs for New or Additional Funding

## Organization/System Level
- Crisis stabilization units
- Transitional and long-term supportive housing
- Community education campaigns
- Contracting shifts to support integration and alignment of services and communication, including cross training of service providers
- Culturally and linguistically appropriate attention to population-specific needs
- Social media to promote awareness of services

## Individual/Family/Community Level
- Community-based services – where people are
- Parent and Family engagement
- Integrated whole-person approaches to care
- Care coordination
- Peer-based services
- Targeted outreach
# Programs for New or Additional Funding

<table>
<thead>
<tr>
<th>Children/Youth</th>
<th>Special Populations</th>
<th>Adults and Co-Occurring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residential programs</td>
<td>Residential programs for those with developmental disabilities and mental health issues</td>
<td>Transportation assistance</td>
</tr>
<tr>
<td>MH Spirit Week in Schools</td>
<td>Better access and coordination with medical treatment providers</td>
<td>Supportive Housing</td>
</tr>
<tr>
<td>Family retreats</td>
<td>Public hygiene centers for homeless</td>
<td>Peer supports</td>
</tr>
<tr>
<td>School counselors</td>
<td>Safe parking lots (for services at night, for homeless living in cars)</td>
<td>Increased integration and communication</td>
</tr>
<tr>
<td>Mindfulness required curriculum</td>
<td>Partnership with private funded services; MHSA cannot do it all (Community)</td>
<td>Consistent training</td>
</tr>
<tr>
<td></td>
<td>Unified case management</td>
<td>Employment supports</td>
</tr>
<tr>
<td></td>
<td>Linkage programs (e.g. Vets &amp; Big Brothers / Big Sisters)</td>
<td>Residential programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Therapists and therapy</td>
</tr>
</tbody>
</table>
Criminal Justice and K-12 Public School Feedback
Criminal Justice Community Planning

for the Orange County MHSA Three-Year Plan
FYs 2020-21 through 2022-23

Captain Lisa Von Nordheim
Orange County Sheriff’s Department
December 16, 2019
Criminal Justice CPP Meeting

• Held December 10, 2019
• Integrated Services Workgroup (n=13):
  • Orange County Courts
  • District Attorney’s Office
  • Public Defender Office
  • Sheriff’s Department
  • Probation Department
  • Correctional Health Services
  • Social Services Agency

• Discussion focused on refining needs/gaps/activities using Integrated Services Pillars
  • Emphasis on what is applicable to MHSA
Integrated into Pillars 1, 2, 4
“Increase Public Awareness of various mental health & substance abuse topics and resources”

Public Awareness Campaign Needs:

- Use data-driven approach to identify populations (who) and/or zip codes (where) for increased campaign efforts
- Ensure messages are both culturally responsive and appropriate
Pillar 1 - Prevention

“Increase Public Awareness of various mental health & substance abuse topics and resources”  

Public Awareness Campaign Needs (specific for):

• Juvenile/Transitional Age Youth (TAY)
  • Include families at-risk of Criminal Justice involvement
  • Schools
  • LGBTQ Youth
  • Foster Youth

• Adults
  • Increase awareness of resources such as CalWORKS and other benefits
Pillar 1 - Prevention

“Increase Public Awareness of various mental health & substance abuse topics and resources”  

Training Needs:

• Train Agency/Partner staff to promote behavioral health awareness when encountering at-risk and vulnerable populations, w/ messages that are culturally responsive/appropriate

• Train First Responders/Law Enforcement on:
  • Recognizing signs and Sx
  • Alternatives to bringing individuals to Emergency Department/Jail

Cont’d
Pillar 1 - Prevention

“Increase staffing resources to address increased demands for mental health services”

Needs/Approach for:

• Juveniles/TAY
  • Increase STRTP beds
  • Add clinician to North SMART

• Adults
  • Increase/Co-Locate clinicians at Probation and SSA sites

• General
  • Increase clinicians on Collaborative Court teams
  • Create a streamlined (continuous) referral process
Pillar 2 - Courts

“Develop a tool for tracking data/individuals moving through the Collaborative Court process to be used by County departments and OC Courts to evaluate program effectiveness”

Needs/Approach:

• Identify **appropriate** information-sharing approaches/strategies to facilitate clinical care
  • Streamline referral process
  • Discuss/address conditions for (universal) consent
• Do not put this task on the ‘backburner’
“Explore expansion of Specialty Courts”

What specific mental health supports are needed?

**Needs:**

- Increase Co-Occurring Collaborative Services
- Place a clinician in every Court (not just Collaborative Courts)
“Court-County Relationship”

Are there additional mental health resources not discussed above that would help support safe, effective diversion options?

**Needs:**
- Adults - Facilitate linkage to outpatient behavioral health programs while person is still in custody/jail
  - Overcome barriers as to why clinicians won’t come in jail before discharge
“Establish a re-entry system to provide for successful re-integration”

Are there additional needs beyond the existing/planned re-entry programs for individuals with MH needs? What are solutions for barriers to implementation that exist?

**Needs:**
- Coordinate MH/BH case management, starting at admission and lasting through the person’s journey, including post-custody
- Provide continuous communication trail as person moves through the CJ system
Pillar 4 - Re-Entry

“Establish a re-entry system to provide for successful re-integration” Cont’d

Are there additional needs beyond the existing/planned re-entry programs for individuals with MH needs? What are solutions for barriers to implementation that exist?

Needs:
• Increase nurses for post-release/re-entry support
• Continue psychiatric medication support for one week post-release
• Increase professional staff for in-reach
Pillar 4 - Re-Entry

“Establish a re-entry system to provide for successful re-integration” Cont’d

Are there additional needs beyond the existing/planned re-entry programs for individuals with MH needs? What are solutions for barriers to implementation that exist?

**Needs:**

- Establish a Re-Entry Center less than one mile from jail
- Provide transportation post-custody to facilitate linkage to Open Access and other BH resources
Thank You!
ORANGE COUNTY MHSA COMMUNITY PLANNING

STUDENT MENTAL HEALTH NEEDS

STACY DEEBLE-REYNOLDS
ORANGE COUNTY DEPARTMENT OF EDUCATION
MEETING INFORMATION

• Held Monday, October 21, 2019

• Invited Superintendents, Assistant Superintendents, Principals, School Counselors, School Psychologists, District Office Staff

• 110 participants attended, representing 27 Districts

• Co-Facilitated with OCDE, CEO Budget
Each district learned about existing services and came to consensus on its areas of greatest student mental health needs, by MTSS Tier and Grade Level.

Each District placed consensus ratings on wall posters, by MTSS Tier and Grade Level.

Brief discussion on wall activity results.
### District Needs

- **District needs generally consistent with results from 2019 Community Survey identifying TAY and/or Children as priority populations across all 12 service areas**

- **General Themes:** *Immediate resources/no wait period, transportation, timeliness of services, increase clinical support/reduce caseloads*

### Student Mental Health Services Continuum

<table>
<thead>
<tr>
<th>District Name</th>
<th>Funding Sources</th>
<th>Gaps in Service/Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**What Universal** mental health services or supports are you providing for ALL students? (Universal)

**What Supplemental** services and supports are you providing for Some students? (Supplemental)

**What Individualized or Intensified** services and supports are you providing for the few students who may need this?

---

[Image: Student Mental Health Services Continuum]

ALL STUDENTS

SOME STUDENTS

FEW STUDENTS
Campus / School Campaigns

- Mental Health Awareness / Stigma & Discrimination Reduction
  - Suicide Prevention  *(Community Survey identified this as a need for TAY, LGBTQ)*
- Bullying Prevention

✓ Crisis Response & Support
  following a critical incident affecting the school

Classroom / Student Curriculum

✓ Mental health and well-being curricula
✓ Digital Citizenship

*(see handout for details)*
Teacher & Staff Trainings

Some stated preference for within-District, local trainings rather than centralized locations

Building Knowledge & Awareness

- Stigma & Discrimination Reduction *(also identified as a need for parents)*
- Educational / Networking Forums for schools and school districts
- Digital Citizenship

Building Skills

- How to effectively communicate with and engage students who are struggling
- How to appropriately identify and respond to:
  - early warning signs of mental illness *(also identified as a need for parents)*
  - grief
  - trauma exposure
    - suicide risk

*(see handout for details)*
Teacher & Staff Trainings
note if your District also has interest in related parent / caregiver modules

Building Skills con’t

✅ How to help others access needed behavioral health resources (also id’d for parents)
✅ Threat Assessment
✅ Violence / Gang Prevention
   • Neurocognitive effects of exposure to violence on children
✅ Stress Management / Mindfulness techniques to use in classrooms (id’d for parents)
✅ Restorative Practices

✅ Other identified training: Support for undocumented youth/DACA recipients, secondary grades; for teachers who need additional support

(see handout for details)
Other Identified Universal Level Needs

- Screeners: Universal, all levels, staff for follow up support, sharing data w/ County to note trends
- Wellness Centers: on campus, all levels, after-hours services
- Comprehensive Needs Assessment Tool

(see handout for details)
MH & Well-Being Support

- Small student groups for at-risk students (see handout for specific topics)

Violence Exposure & Gang Prevention

- Small student groups for at-risk students

Access & Linkage to Treatment

- Screening, referral & linkage to needed services

Supportive Services

- Parenting Classes / Workshops
  - Family-to-Family peer support
  - Self-Care techniques / tips for the caregiver

(see handout for details)
Other Identified Supplemental Level Needs

- **Counseling**: Individual, family, small-group, trauma-focused, school-based, all grade levels, including for those without Medi-Cal
- **Substance use services**: including low cost
- **Wrap around services**
- **Mentoring**: Elementary, secondary
- **Services for target populations**: homeless, foster, newcomer, Student Equity Center for LGBTQ, undocumented, etc.
- **Check-In Check-Out**

(see handout for details)
Early Intervention Outpatient Services

**Students Experiencing Mental Health Conditions / Symptoms**

- Children and their parents / caregivers / families
  - Children affected by suicide
  - Youth experiencing early-onset of psychosis

**Students at Increased Risk of Developing a Mental Health Condition**

- New / expecting youth parents
- Children in military families
- LGBTQ youth

*Feedback:*

*Identified needs focused on increasing general school-based outpatient services, regardless of insurance, rather than on specialized treatment*

*(see handout for details)*
Suicide Prevention

• Crisis / Suicide Prevention Hotline
✓ Students experiencing a behavioral health emergency

Feedback:
Crisis Assessment Team: expanded services/availability, more timely response, regardless of insurance type

(see handout for details)
Other Identified Intensified Level Needs

- Staff one school Social Worker per site
- Continue services through summer
- Wraparound services
- Behavioral management
- Partnerships (providers, OCDE, HCA)

(see handout for details)
For more information, go to:

https://ocde.us/mhcos/Pages/default.aspx
Identified Gaps & Disparities From Meetings & Reports
So very many reports...
For your reading enjoyment:

- Orange County Needs and Gaps Analysis (UCSD)  
  *to be released soon*

- 2018 CalOptima Member Health Needs Assessment:  

- Annual Report on the Conditions of Children in Orange County:  

- 2018 Hate Crimes Report:  

- Orange County Health Improvement Plan 2017-19:  
  [http://www.ochealthinfo.com/about/admin/pubs/ochealthimprovementplan](http://www.ochealthinfo.com/about/admin/pubs/ochealthimprovementplan)

- 2019-20 Community Indicators Report:  

- Addressing the Opioid Crisis:  

- 2014-2018 Suicide Deaths in Orange County:  
  [http://www.ochealthinfo.com/about/admin/pubs/selfharm](http://www.ochealthinfo.com/about/admin/pubs/selfharm)

- California Association of Public Hospitals and Health Systems Reducing Health Disparities at California’s Public Health Care Systems:  

- And many more County reports are aggregated here:  
  [http://www.ochealthinfo.com/about/admin/pubs](http://www.ochealthinfo.com/about/admin/pubs)
2018 CalOptima Member Health Needs Assessment

Exhibit 3: Percent of members who needed help with basic needs in the past six months

<table>
<thead>
<tr>
<th>Basic Need</th>
<th>Sometimes</th>
<th>Almost Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childcare (n=5,157)</td>
<td>10.5%</td>
<td>4.6%</td>
</tr>
<tr>
<td>Transportation (n=5,389)</td>
<td>18.9%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Money to buy things you need (n=5,447)</td>
<td>30.3%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Housing (n=5,353)</td>
<td>11.8%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Food for anyone in your household (n=5,456)</td>
<td>22.5%</td>
<td>9.9%</td>
</tr>
</tbody>
</table>

Exhibit 7: Reasons why members (who needed to see a mental health specialist but) didn’t get services

- Didn’t know who to call or ask for help (n=175): 39.8%
- Did not feel comfortable talking about personal problems (n=168): 37.5%
- Concerned about what happens if someone found out they had a problem (n=176): 26.1%
- Hard time getting an appointment (n=173): 13.0%

Exhibit 11: How well members speak English (n=5,549)

- Very Well: 51.9%
- Well: 18.6%
- Not Well: 23.6%
- Don’t Know: 5.8%

Exhibit 12: Percent of members who were born in the United States (n=5,599)

- Yes, born in the U.S.: 59.8%
- No, not born in the U.S.: 40.3%
Figure 1. Serious Psychological Distress in the Past Year among Adults, by Race, 2011-2016

- Latino: 8.4%
- White: 6.5%
- African American: 7.8%
- API: 4.4%
- Other: 5.5%

Orange County: 6.7%

Figure 2. Serious Psychological Distress in the Past Year among Adults, by Age, 2011-2016

- 18-24: 10.6%
- 25-34: 8.3%
- 35-44: 6.3%
- 45-54: 7.1%
- 55-64: 5.2%
- 65+: 2.7%

Orange County: 6.7%
UCSD Orange County Needs and Gaps Analysis

**Figure 3. Serious Psychological Distress in the Past Year among Adults, by Sexual Orientation, 2011-2016**

- Straight/Heterosexual: 6.6%
- Gay/Lesbian/Homosexual/Bisexual: 18.3%

Orange County: 6.7%

**Figure 4. Serious Psychological Distress in the Past Year among Transitional-aged Youth, by Sexual Orientation, 2011-2016**

- Straight/Heterosexual: 8.7%
- Gay/Lesbian/Homosexual/Bisexual: 39.7%

Orange County: 6.7%
Good (?) News! – Reports, surveys, and community feedback tend to align!

2018 CalOptima Member Health Needs Assessment

- **SDOH**: Financial stressors, social isolation and safety concerns impact the overall health and well-being of CalOptima members.

- **STIGMA**: Lack of knowledge and fear of stigma are key barriers to using mental health services.

- **Culture**: Members are culturally diverse and want providers who both speak their language and understand their culture.
UCSD Orange County Needs and Gaps Analysis

• Continue to Engage MHSA Priority Populations in Mental Health Outreach and Care.

• Develop a dedicated workgroup to explore creating or supporting programs addressing African-American community’s mental health needs in Orange County.

• Add BHS resources in areas with higher levels of publicly insured/uninsured residents with no BHS treatment facilities (Capistrano Beach, San Juan Capistrano, and Trabuco Canyon)

• Relocate or Support Increased Availability of Bilingual Staff in Facilities where Speakers of Korean, Chinese, Farsi, Tagalog and Khmer Reside.

• Strive to develop a mental health work force that reflects the population it serves.

• Increase availability of peer supports across more programs, with a focus on cultural concordance.

• Expand opportunities for professional development related to empathy and building trust with diverse sub-populations.

• Scale up educational strategies to address stigma in Orange County.

Good (?) News! – Reports, surveys, and community feedback tend to align!
Break!
Discussion

- What stood out to you about the information presented? (5 minutes)
- How did this information influence your thinking from when you arrived today? (5 minutes)
- What additional questions do you have about the data and information provided? (10 minutes)
- How does this information inform your approach to identifying funding priorities? (10 minutes)
Next Steps for Planning Process

January 2020 Component Budget Updates and Program Review

Monday, January 13th, 2020 from 1-4pm: WET, CFTN, PEI

Wednesday, January 29th, 2020 from 1-4pm: CSS, (INN)

at the Delhi Center
Public Comment

2 minutes per speaker
Thank you, Happy Holidays, and All the Best for 2020!