Orange County Health Care Agency
Behavioral Health Services
Prevention and Intervention Programs

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Overview
- Brief Overview of Structure of PEI Plan
- Notable Changes
- FY 14/15 Participant Demographic Information
- Description of 3 Outcome Measures used across several programs:
  - WHO-5
  - PARCA-SE
  - PHQ-9
- School-Based BHIS Outcomes
- Program Successes and Challenges
- Next Steps

Service Areas
- The 3 Service Areas Include:
  1. Community Focused Services
  2. School Focused Services
  3. System Enhancement
- These service areas contain 30 prevention & early intervention programs
Community Focused Services
- Stress Free Families
- OC CREW
- OCPPW
- Early Intervention Services for Older Adults
- Youth As Parents
- Community Counseling and Supportive Services
- Crisis Prevention Hotline
- Survivor’s Support Services
- OCACCEPT
- Parent Education & Support Services
- Family Support Services
- Children’s Support and Parenting Program (CSPP)
- Stop the Cycle
- Outreach & Engagement Services
- WarmLine
- Professional Assessors
- OC4Vets
- School Based Mental Health Services
- School Based Behavioral Health Intervention and Support-Early Intervention Services
- School Readiness/Connect the Tots
- College Veterans Services (The Drop Zone)
- School Based Behavioral Health Intervention and Support
- Violence Prevention Education
- Transitions
- K-12 Coping Skills to Manage Stress
- Information & Referral
- Training, Assessment & Coordination
- Training on Physical Fitness & Nutrition Services
- Stigma Reduction/Elimination
- Statewide Projects
Changes in PEI Reporting

- Implementation of new Prevention and Early Intervention Regulations by Mental Health Services Oversight and Accountability Commission
- New information in the MHSA Update
  - Community Impact
  - Changes/Challenges/Barriers
  - Strategies to Increase Access
  - Strategies for non-stigmatization and non-discrimination

Who We Served

FY 14/15 Age Breakdown

- 0-15 years old (Children), 32.4%
- 16-25 years old (TAY), 17.7%
- 26-59 years old (Adults), 41.9%
- 60+ years old (Older Adults), 5.9%

n = 83,049
FY 14/15 Gender Breakdown
- Female, 57.5%
- Male, 41.6%
- Other, 1.0%
- n = 89,315

FY 14/15 Race/Ethnicity Breakdown
- Hispanic/Latino, 62.1%
- White, 17.9%
- Asian/PI, 12.4%
- Black, 1.9%
- Native American, 0.9%
- Other, 4.8%
- n = 52,614

FY 14/15 Language Breakdown
- English, 74.8%
- Spanish, 20.8%
- Vietnamese, 1.7%
- Farsi, 0.4%
- Korean, 0.4%
- Other, 1.9%
- n = 86,143
Program Outcomes

WHO-5 Well-Being Index
- 5-Item scale that assesses well-being
  - "I have felt cheerful and in good spirits."
  - "I have felt calm and relaxed."
  - "I have felt active and vigorous."
  - I woke up feeling fresh and rested."
  - "My daily life has been filled with things that interest me."
- 10% increase indicates significant change in well-being
- Administered at beginning of program (baseline/pre-test) and after receiving services (follow-up/post-test)

Scores on Well-Being (WHO-5) FY 14/15
Parenting Children and Adolescents Scale - Self-Efficacy

- Assesses confidence in parenting
- Has 3 subscales and a total score:
  - Supporting Good Behavior (“Stand back and let your child work through problems s/he might be able to solve?”)
  - Setting Limits (“Explain what you want your child to do in clear and simple ways?”)
  - Proactive Parenting (“Break a task or chore into small steps?”)
- Administered at beginning of program (baseline/pre-test) and after receiving services (follow-up/post-test)
PHQ-9

- 9-item measure that assesses the severity of depressive and suicidal symptoms
- Possible scores ranges from 0 to 27, with a score greater than 10 indicating clinically significant symptoms of depression
  - 0-4: none/minimal depression
  - 5-9: mild depression
  - 10-14: moderate depression
  - 15-19: moderately severe depression
  - 20-27: severe depression

Scores on Depressive and Suicidal Symptoms (PHQ-9) FY 14/15

School-Based Behavioral Health Intervention and Support

Provides services and curriculum for students and their families for the purpose of preventing and/or intervening early with behavioral health conditions.
- Elementary Schools Served: 18
- Middle Schools Served: 5
- High Schools Served: 5
- Three tiers of service:
  - Tier 1: Classroom Prevention
  - Tier 2: Student-Based Interventions
  - Tier 3: Family Intervention
Classroom Prevention
Prosocial Behaviors
BHIS - FY 14/15

Baseline
Most Recent Follow Up
Score

= 24
min = 5
n = 2,383 participants

Student-Based Intervention
Self-Concept
BHIS - FY 14/15

Baseline
Most Recent Follow Up
Score

max = 80
min = 6
n = 273 participants

In Their Own Words...

“I used to feel all walked over. Now, I feel like I can stand up.” - BHIS

“Thank you so much for your tremendous care. You’ve literally kept me alive. When I look back at the point I was at back when I first called to now, I can’t even explain what a difference it is. It’s unbelievable that there is a program like this that there are people out there who I can reach out to and offer this level of care. Thank you so much.” - Hotline

“Thank you for giving me the help I needed to fix the relationship I have with my children and family. My child’s behavior has improved and I feel a lot more happy.” - Connect The Dots

“This program has helped me maintain my care and think of a better way to approach my son so that I may have a better relationship with him and understand his problems.” - O&E

“Estuve contenta con el programa. Este programa me ayudó a que fuera otra vez la persona que yo anta era. Una mamá feliz.” - OCPPW

“Through this course, I know parenting techniques to teach my kids to be more wise and well-behaved, to parent problem behaviors, and to teach them social skills.” - Family Support Services

“This program has helped me with my self-esteem and how to approach my daily issues. I feel that I don’t have to get stressed, I am learning how to resolve my family problems.” - OBEC

“My therapist has been an essential part of my recovery. More specifically she has helped me truly get to know myself better, learn to cope with difficult daily life situations and most of all bring positivity and incredibly valuable advice.” - OC CREW
Program Successes

- The BHS Information and referral line, OCLinks, which began in October 2013 had its second anniversary, increasing average monthly calls from 721 in 2014 to an average of 1,023 monthly calls in 2015.

- The WarmLine has more than tripled the number of calls annually since its first full year of operation in FY 2011-2012. In FY 2014-2015, the Warmline received over 36,000 annual calls and 383 live chats, a 49% increase from the previous fiscal year alone.

- The Crisis Prevention Hotline has increased calls by 35% since its first year of operation in FY 2011-2012. In addition, 182 staff-initiated rescues have resulted from calls since the beginning of program through June 2015.

Program Successes

- The Crisis Response Network services, a component of the Violence Prevention Education Program, provided immediate responses to several student suicides this fiscal year, providing critical supports to families, students and school staff impacted.

- The BHS Outreach and Engagement Team conducted a Homeless Survey in the Civic Center area in August 2015, which provided detailed insights into the needs of the Civic Center homeless population and guided increased targeted behavioral health outreach in area.

Program Successes

- The Community Counseling and Supportive Services Program began May 2015 and is currently providing counseling services to all age groups with over 200 enrolled participants through January 2016.

- The School Based Mental Health Services Program began piloting early intervention services in the Santa Ana Unified School District in their middle schools in June 2015.
Program Challenges

- OCCREW has not been able to reach full program caseload capacity. As a result, the program has expanded eligibility criteria, lowering the age of admission from 14 to 12, and taking participants with up to 24 months of untreated symptoms instead of just 12 months.
- Early Intervention Services for Older Adults use of gero-psychiatrist has been underutilized. As a result, the program has started to utilize psychiatrist in providing direct service.
- Survivor Support Services implemented a new service, Survivors of Suicide Attempt (SOSA) groups, yet the referral of participants has been slow. As a result, the program has initiated relationships with hospital’s emergency department and a wellness center.

Program Challenges

- Retaining and hiring bilingual and bicultural staff to meet the needs of the diverse community in OC.
- Evidence-based practices (EBPs) and outcomes measurement tools may not be translated or tested with certain communities.
- Telephone-based services continue to have fewer callers in languages other than English despite outreach efforts.

Program Challenges

- Coordinating services in the schools continues to be a challenge with scheduling and schools’ reluctance to take on additional responsibilities.
- Approving MOUs and agreements take time and can result in delays impacting number served.
- Data collection for some outcomes is limited when consents are not signed, such as confirming linkages to services.
Program Challenges

- Minimum wage increase has increased program costs.
- Need for more child-care support services, which continue to be a barrier for a number of programs.
- EBPs and outcomes measurement tools are often proprietary and expensive to purchase.

Next Steps

- Share results of the PEI Training Needs Assessment with sub-committee
- Data Standardization across BHS
- Full Implementation of the MHSA/PEI Regulations
- Continuous quality improvement using outcomes as well as satisfaction survey data

Questions?
Thank You!