BHS Community Engagement / PEI Community Planning Meeting Summary

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Overview

- Community Engagement Meetings
- PEI Community Planning
- Synthesized Feedback
BHS Community Engagement Meetings

CEMs: When?

July 31: Central
  • Delhi Community Center

August 8: North
  • Fullerton Community Center

August 13: South
  • Norman P. Murray Community & Sr Center

August 27: Central
  • Community Action Advisory Committee
CEMs: What?

- Meetings in each of three county Service Planning Areas (SPA):
  - North, Central, South

- Two Workgroups per SPA (n = 131 total):
  - Provider (n=93)
  - Community (n=38)

- Focus on overall Behavioral Health system

CEMs: How?

- Participants randomly assigned to small workgroups (n=5)

- Each workgroup given a list of Service Areas
  - *all of BHS, not just MHSA*

- Each small workgroup identified the top 5 Service Areas
  - *not rank ordered*
### Behavioral Health Service Areas

- Prevention
- Provider Training in BH Topics/Issues
- Crisis Prevention
- Crisis Assessment
- Crisis Treatment
- Substance Use Education
- SUD Outpatient Clinic Services
- SUD Residential Treatment
- SUD Maint. Recovery Support
- Navigation/Access & Linkage
- BH Clinic Outpatient Services
- Mobile BH Outpatient Services
- School-Based Mental Health
- Parent/Family Education
- Transportation
- Services for those living in Supportive Housing
- Employment, Educational, Vocational Support
- LPS Conservatorship Support
- Peer/Family Support
- Other (specified)

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### CEMs: How? con’t

For each meeting:

- Staff tallied the Top 5 areas across the tables
- Participants used Post-Its to provide feedback within each Service Area:
  - *types of services*
  - *target populations*
- MHSA Staff facilitated group discussion
## CEMs: Results

<table>
<thead>
<tr>
<th>Service Priority Area</th>
<th>Provider</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>C</td>
</tr>
<tr>
<td>Prevention</td>
<td>●</td>
<td>●</td>
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<tr>
<td>School-Based Mental Health</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Clinic-Based Outpatient</td>
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<tr>
<td>Housing *</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Crisis Assessment &amp; Treatment *</td>
<td>●</td>
<td>●</td>
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<td>SUD Services *</td>
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<td>●</td>
</tr>
<tr>
<td>Navigation / Access &amp; Linkage</td>
<td>●</td>
<td></td>
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<tr>
<td>Employ. / Educ. / Voc. Support</td>
<td>●</td>
<td></td>
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<tr>
<td>Peer / Family Support</td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

* Only identified in CFMs (not PFI CPP meetings)

## CEM Priority Service Area: Housing

**Focal Target Populations:**
- Older Adults
- TAY (Foster, LGBTIQ)
- Vulnerable populations
**CEM Housing Themes**

**Increased Availability**
- Provider CEMs: Central, South
- Community CEMs: South

**Examples:**
- Permanent Supportive Housing
- Affordable housing
- In all regions of county
- SUD Housing for recovery / support

**CEM Housing Themes**

**Housing Assistance**
- Community CEMs: North, South

**Examples:**
- Rental Assistance/subsidized rent
- Eviction prevention and advocacy
- Better quality, basic standards
CEM Housing Themes

Supportive Services

- Provider CEMs: Central, South

Examples:

- Linkage to services
  - i.e., employment, therapy, support, case management
- Onsite services
- Skills building
  - i.e., financial, life skills, empowerment and knowledge, case management

CEM Priority Service Area: Crisis Assessment/Treatment

Focal Target Populations:
- Children / Youth / Minors
- TAY
CEM Crisis Assessment/Tx Themes

Crisis Stabilization
- Provider CEMs: North, South
- Community CEMs: Central

Examples:
- Site CSUs
- Expand In-Home Crisis Stabilization
- Implement ‘buddy care’ system to facilitate stabilization

CEM Crisis Assessment/Tx Themes

Crisis Assessment
- Provider CEMs: North
- Community CEMs: Central

Examples:
- Quicker response times for assessment, stabilization
- Culturally appropriate services 24/7
CEM Crisis Assessment/Tx Themes

Crisis Aftercare/Support

- Provider CEMs: South
- Community CEMs: South

Examples:
- Link youth and minors to services
- Provide aftercare
- Coordinate care
- Enhance navigation assistance and resources for family members

CEM Crisis Assessment/Tx Themes

Additional

- *Central Community*: Increase LPS trained nurse/staff
- *South Provider*: Provide family services
Region-Specific CEM Priority: Substance Use Services

North Provider Themes
- Detox Centers
- Coordination of after care – lower levels of care
- TAY Services: detox, dual diagnosis treatment
- Expanded outpatient services

North Community Themes
- Wrap services
- Expanded medical detox services
- Housing options for after care
- SUD treatment for all ages

Region-Specific CEM Priority: Clinic-Based Outpatient

North Community Themes
- Wrap-type services for:
  - All ages
  - Culturally underserved
  - Individuals with co-occurring and substance use needs

South Provider Theme
- Wrap-type services
CEM Feedback Available at:

http://www.ochealthinfo.com/bhs/about/pi/mhsa

PEI Community Planning Meetings
PEI CPP: When?

August 7: Overview, MHSOAC PEI Regulations
August 14: Family support programs, programs serving families w/ children 0-8
August 21: School-based programs, children/youth 9-16, TAY
August 29: Adult and Older Adult programs
September 11: TAY revisited
September 25: Summary

PEI CPP: What?

• To provide the MHSA Steering Committee with a list of community service needs and target populations for prioritization in the use of available MHSA funds
• To take a deeper dive into the PEI needs of the community to better inform all MHSA/PEI programing
PEI CPP: How?

- Held a series of meetings, with each meeting focused on a specific target population
- Participants identified needs and priorities in small workgroups and reported out to group
- PEI Staff summarized feedback and themes from each meeting

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PEI CPP: Results

<table>
<thead>
<tr>
<th>PEI CPP Identified Needs</th>
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<tbody>
<tr>
<td>1 Increased awareness / Improved navigation of the Behavioral Health System</td>
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<tr>
<td>2 Systematic screenings for mental illness</td>
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<td>3 Training for individuals, families and providers</td>
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<td>4 Implementation and/or expansion of peer support models</td>
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<td>5 Time-limited expansion of existing direct services</td>
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<td>6 Time-limited funding of new services</td>
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<td>7 Targeted stigma reduction programs</td>
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<td>8 Additional supports to remove barriers to access/training</td>
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</tbody>
</table>
**PEI CPP-Specific Themes**

**Identified Need #2 - Systematic screenings for mental illness:**
- Translate information and tools in a culturally aware manner
- Expand screenings for Older Adults to determine if symptoms are caused by depression or dementia

**Identified Need #5: Time-Limited Expansion of Existing Direct Services:**
- Expand screenings for Older Adults to determine if symptoms are caused by depression or dementia
- System-wide expansion to promote perinatal MH services, including for fathers (more screenings, case management, early intervention)
- Expansion of early intervention services for older adults, with a focus on immigrant communities; include increased geropsychiatry hours
- Services targeting TAY not attending Colleges or Universities

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**PEI CPP-Specific Themes con’t**

**Identified Need #8 - Additional Supports to Remove Barriers to Increase Access / Training**
- Provide childcare
Integrated CEM / PEI Results

Prevention

Focal Target Populations:
- Children
- 0-15 year olds
- TAY
- LGBTIQ
- College Students
- Older Adults
- Culturally / linguistically isolated and unserved
## Prevention Themes

### Stigma Reduction

- Provider CEMs: North, Central
- Community CEMs: Central
- PEI CPP

**Examples:**
- Awareness campaigns for:
  - first responders working w/ young children
  - older adults
  - Veterans, LGBTIQ community, immigrants
- Increased information and education in culturally sensitive and appropriate messaging with inclusive language

### Improved Navigation / Access & Linkage

- PEI CPP
- Also in Provider and Community CEMs

**Examples:**
- Comprehensive resource inventory...:
  - to assess unmet need, including geomapped resources
  - of school-based mental health resources, including all districts
  - for older adults, their families and providers
- Care coordination to better link children to appropriate specialty/mental health services
- Use of technology, smart phones and apps as being piloted in INN Tech Suite, with emphasis on linking youth to services
Prevention Themes

Suicide Prevention

Examples:
- Community CEMs: Central, South
- PEI CPP
- Expansion of violence prevention and suicide prevention
  - focus on children, TAY, school-aged youth

Prevention Themes

Parent/Family Support Peers

Examples:
- Provider CEMs: South
- PEI CPP
- Peer support:
  - in schools to further address bullying, trauma and suicide prevention
  - in colleges and universities, especially for the LGBTQI community and Veterans
  - for LGBTQI, specifically in foster care
  - for Veterans not in the college system
- Peer navigators and support for seniors
- Parent partners who build trust and assist in navigating services, especially for underserved and homeless families

### Prevention Themes

#### Training
- Provider CEMs: North, Central, South
- Community CEMs: South
- PEI CPP

**Examples:**
- Expanded workforce capacity/skills to work with young children to promote, educate, prevent, identify, link to services
- Increased training opportunities through BHS Training and PEI in higher education
- Training for parents whose children are on probation
- Prevention educ. on LGBTIQ and TAY issues for foster parents
- Trauma-focused trainings to providers serving all populations
- Trainings for:
  - Support service providers for isolated and older adults, e.g., Meals on Wheels volunteers
  - Faith-based community
  - Providers who serve TAY, LGBTIQ and Veterans

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### Prevention Themes

#### Integrated Care
- Community CEMs: South
- PEI CPP

**Examples**
- Demonstration project of Behavioral Health integration in pediatric primary care
School-Based Mental Health

Focal Target Populations:
• Students of all ages
• LGBTIQ students
• Parents
• School staff

Examples:
• Increase school counselors, social workers, therapists to provide more early intervention
• Increase bilingual therapists
• Develop Wellness Centers in schools
• Provide specialized services for LGBTIQ students
• Provide mobile services
School-Based MH Themes

Parent Support
- Provider CEMs: North, Central
- Community CEMs: South
- PEI CPP

Examples:
- Provide family strengthening programs
- Provide parent education and training

School-Based MH Themes

Education/Training
- Provider CEMs: North, Central
- Community CEMs: South
- PEI CPP

Examples:
- Training on mental health for:
  - school staff, counselors & administrators, including colleges and universities
- Compensation for substitutes so teachers can attend trainings
School-Based MH Themes

**Screening**
- Provider CEMs: North, South
- Community CEMs: South
- PEI CPP

**Examples:**
- Implement universal screening tools in pediatric primary care, early childcare and school settings
- Provide developmental screening for all ages
- Assess adverse childhood experiences (ACES)

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Clinic-Based Outpatient

**Focal Target Populations:**
- Older Adults
- Children
- Vulnerable populations
Clinic-Based Outpatient Themes

Mobile Services/Telehealth

- Provider CEMs: North, South
- PEI CPP

Examples:

- Telehealth, especially for families with children from birth to age 8
- Transportation services
  - Including for seniors who are home-bound

Clinic-Based Outpatient Themes

Expanded Services

- Provider CEMs: North, South
- Community CEMs: North, Central
- PEI CPP

Examples:

- Expanded services:
  - Children's services
  - Co-occurring services, including for TAY
  - Bilingual CCSS therapists
- Daily groups on life skills, mindfulness, stress
- Stress reduction services
- Care Coordination
- Culturally/linguistically appropriate services addressing stigma, trauma, outreach, esp. for Cambodian community
Navigation/Access to Treatment

Focal Target Populations:
- Older Adults
- Monolingual Communities

Navigation/Access Themes

Provider CEMs: Central
PEI CPP

Examples:
- Expand Outreach and Engagement Services
- Target specific populations:
  - Older adults
- Cultural and linguistic services:
  - Bilingual staffing: Spanish, Vietnamese, Cambodian speaking
- Media Campaigns, linkage fairs, drop in centers
Employment / Education / Vocational Support

Focal Target Populations:
• TAY

Examples:
• Expand employment services:
  • training, resources, job developers
• Employ paraprofessionals/staff with lived experiences
• Provide employment, training activities for individuals with mental illness to promote employment and meaningful activities
Peer / Family Support

Focal Target Populations:
- Older Adults
- LGBTIQ
- Veterans
- Foster Youth
- College Students
- Monolingual Communities

Examples:
- Expansion of peer services in all age groups:
  - Parent Partners/Peer support for families to assist in navigating services, especially for:
    - underserved and homeless families
    - culturally appropriate – Cambodian pop.
- Peer support in the schools:
  - on bullying, trauma and suicide prevention
  - for LGBTIQ, Veteran communities
- Board and care, designated facilities, private conservators
- Language access
PEI CPP System-wide Themes

Partnering, Integration and Collaboration

• Build relationships at the leadership levels between HCA, school superintendents, FRC’s, colleges/universities to help eliminate systemic barriers such as time taken for MOU’s, permission and access into schools

• Organized and systematic networking opportunities to share available resources, such as sharing success stories via a newsletter

• More partnering with community based organizations to provide behavioral health services at trusted community sites

• Private/Public partnerships/Integration
Funds Available for PEI Planning

<table>
<thead>
<tr>
<th>Description</th>
<th>Proj. FY 19/20 PEI Allocation (inc. int)</th>
<th>* PEI Carry Over Funds</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO Projected Available PEI Funds for FY 2019-20:</td>
<td>$30.6M</td>
<td>$34.1M</td>
<td>$64.7M</td>
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<tr>
<td>Current on-going PEI FY 19/20 budget:</td>
<td>($30.6M)</td>
<td>($4M)</td>
<td>($34.6M)</td>
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<tr>
<td>** Carry over funds for PEI programs in FY 18/19:</td>
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<td>($0.2M)</td>
<td>($0.2M)</td>
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<tr>
<td>** Additional carry over funds for PEI programs in FY 19/20:</td>
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<td>($2.9M)</td>
<td>($2.9M)</td>
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<td>** Carry over funds for PEI programs in future years (FY's 20/21-22/23):</td>
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<td>($4.5M)</td>
<td>($4.5M)</td>
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<tr>
<td>*** Projected funds available for PEI Programs:</td>
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<td>$0</td>
<td>$22.5M</td>
</tr>
</tbody>
</table>

* Carry Over funds are finite. Once spent, these funds will not be replenished.

** PEI programs using Carry Over PEI funds:
1. OC4VETs—Carry over funding expires FY 19/20
2. OC Links—Carry over funding expires FY 22/23
3. School Based BH—Carry over funding expires FY 20/21
4. Violence Prevention—Carry over funding expires FY 22/23
5. School Readiness—Carry over funding expires FY 22/23

*** As of 9/17/18. Amount available is subject to change pending further directed priorities.