

MHSA Steering Committee

December 16, 2019



Richard Krzyzanowski
Consultant



WELLNESS • RECOVERY • RESILIENCE

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

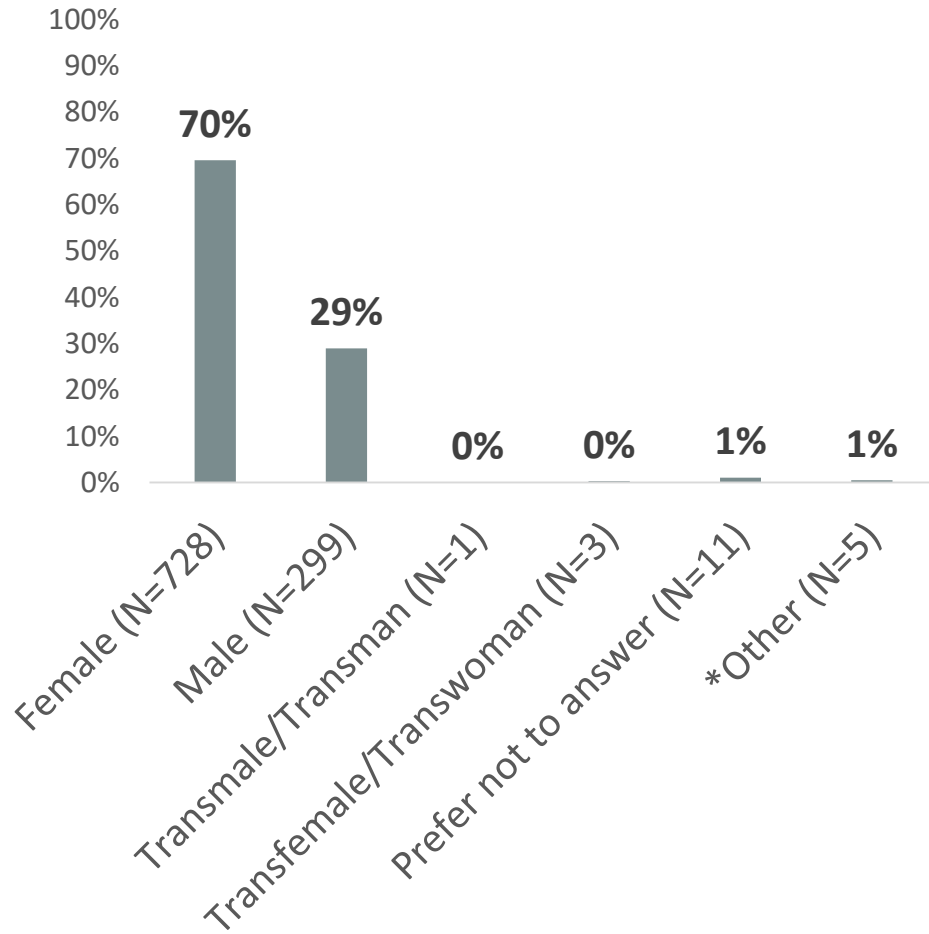
- 1,136 surveys completed (313 online, 823 hard copy)

Language	#	%
English	885	78%
Spanish	165	15%
Vietnamese	53	5%
Khmer (Cambodian)	25	2%
Korean	7	1%
Farsi	1	0.1%
TOTAL	1,136	100%

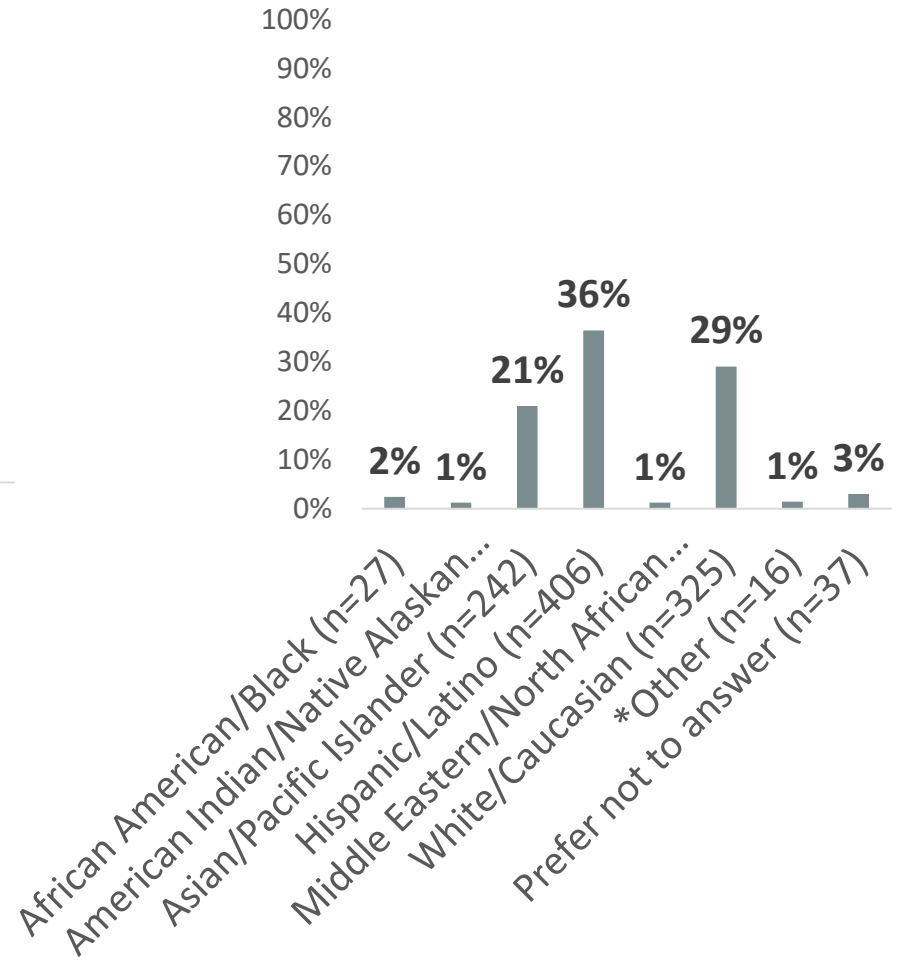
Age	#	%
15 or younger	17	2%
16-25	147	14%
26-59	758	71%
60 and older	140	13%
TOTAL	1,062	100%

Preliminary Survey Results (continued)

Respondent Gender
(N=1,047)**



Respondent Race/Ethnicity
(N=1,136)



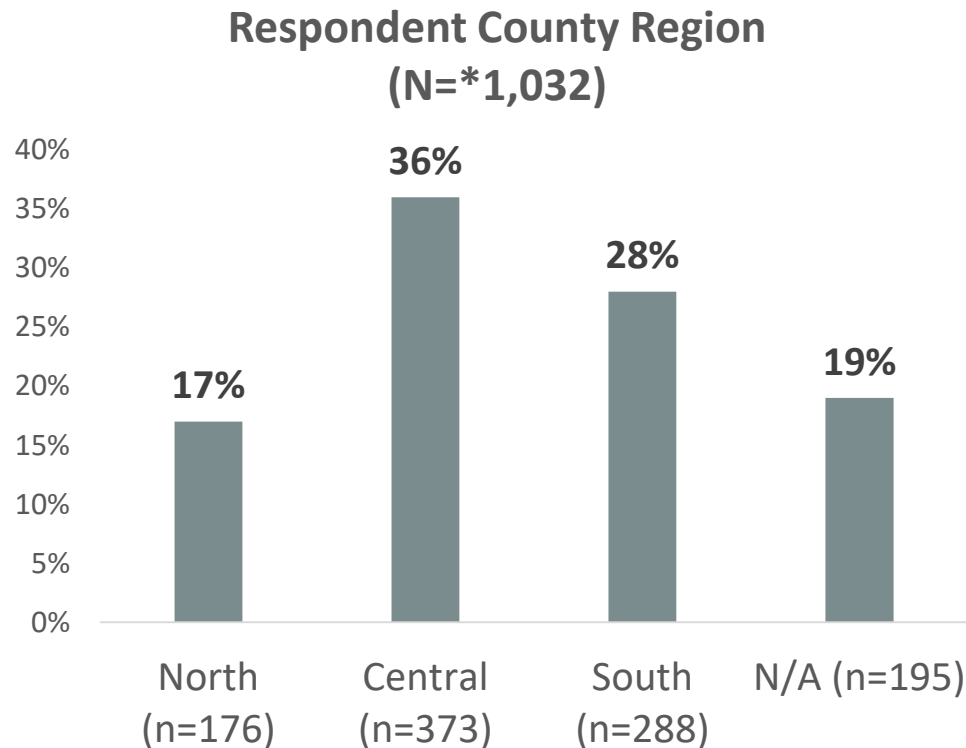
Preliminary Survey Results (continued)

Do you identify as a consumer/ client? [Paper surveys only]	#	%
No	189	27%
Consumer/Client	325	47%
Family Member	174	25%
TOTAL	688	100%

Have you/your organization ever received a County MHSA service provider contract?	#	%
No	748	73%
Yes	283	27%
TOTAL	1,031	100%

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

Preliminary Survey Results (continued)



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

Preliminary Survey Results (continued)

Population Prioritization (Top 5)

Behavioral Health System Navigation	Outreach & Engagement	Early Intervention	Outpatient Treatment
Youth (16-25 years)	Youth (16-25 years)	Children (0-15 years)	Youth (16-25 years)
Children (0-15 years)	Homeless	Youth (16-25 years)	Adults (26-59 years)
Mental Health w/ Substance Use	Adults (26-59 years)	Students at Risk of School Failure	Mental Health w/ Substance Use
Homeless	Mental Health w/ Substance Use	Foster Youth	Homeless
Adults (26-59 years)	Children (0-15 years)	Parent/Families	Mental Health w/ Medical Conditions

Preliminary Survey Results (continued)

Population Prioritization (Top 5)

Crisis Services	Residential Treatment (non-emergency)	Supportive Services	Peer Support
Youth (16-25 years)	Mental Health w/ Substance Use	Homeless	Youth (16-25 years)
Mental Health w/ Substance Use	Homeless	Youth (16-25 years)	Adults (26-59 years)
Homeless	Adults (26-59 years)	Adults (26-59 years)	Foster Youth
Adults (26-59 years)	Youth (16-25 years)	Mental Health w/ Substance Use	Children (0-15 years)
Children (0-15 years)	Older Adults	Veterans	Students at Risk of School Failure

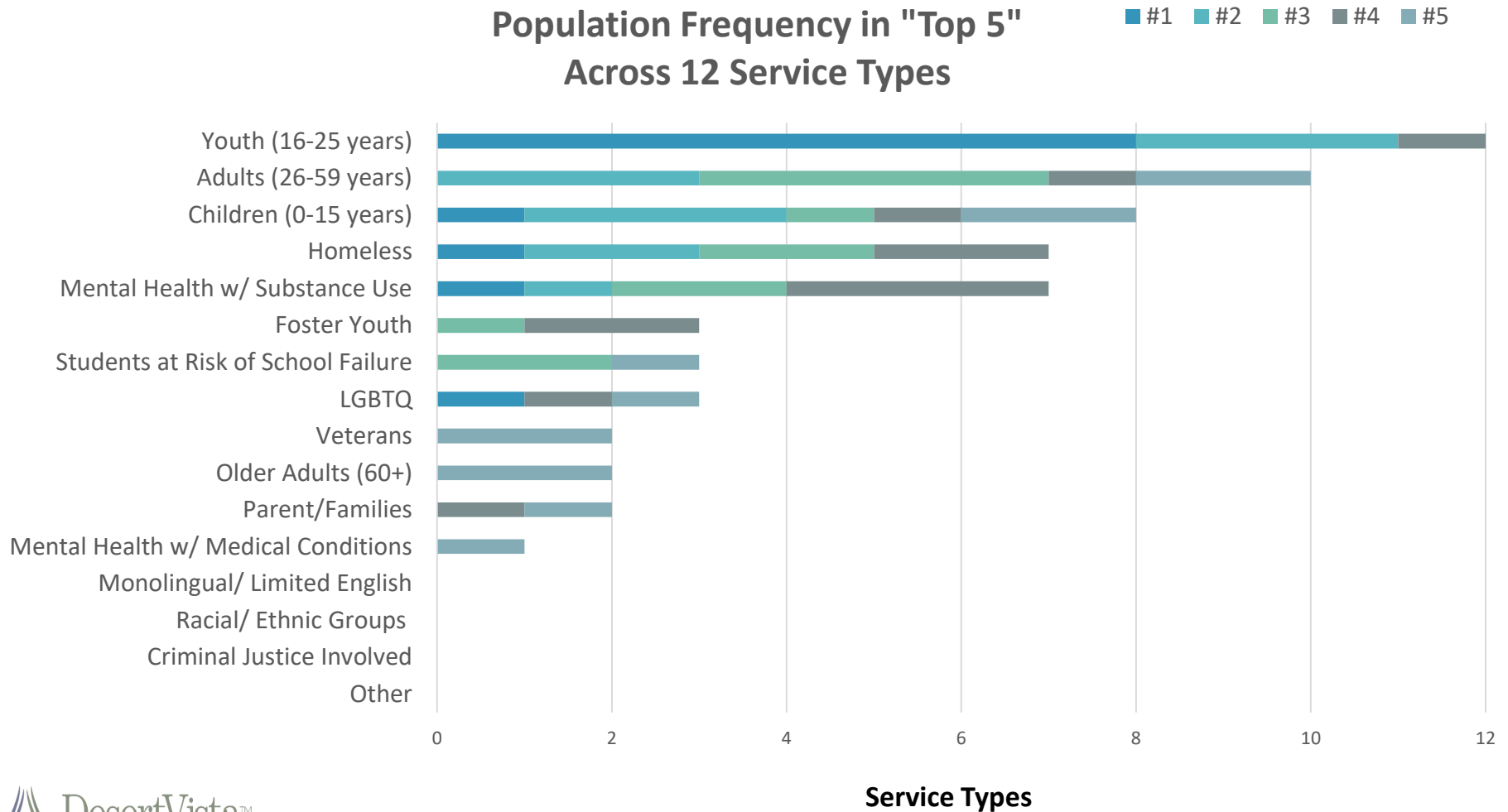
Preliminary Survey Results (continued)

Population Prioritization (Top 5)

Stigma & Discrimination Reduction	Mental Health & Well-Being Promotion	Violence & Bullying Prevention	Suicide Prevention
LGBTQ	Youth (16-25 years)	Youth (16-25 years)	Youth (16-25 years)
Youth (16-25 years)	Adults (26-59 years)	Children (0-15 years)	Children (0-15 years)
Homeless	Children (0-15 years)	Students at Risk of School Failure	Adults (26-59 years)
Mental Health w/ Substance Use	Parent/Families	Foster Youth	LGBTQ
Adults (26-59 years)	Older Adults	LGBTQ	Veterans

Preliminary Survey Results (continued)

Population Prioritization





Community Engagement Meeting Feedback Three Meetings / Two Groups for Each

	Anaheim (North)	Santa Ana (Central)	Aliso Viejo (South)	Total
Organization/ Sector Representatives (Providers, Advocates, Etc.)	29	28	21	78
Individual Consumer, Family, and Community Participants	22	37	16	75
Total	51	65	37	153



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.



Community Engagement Meeting Feedback Structure: 5 Discussion Questions per Population

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.)

Policy Level	<ul style="list-style-type: none">• Lack of funding, Limited program capacity, geographic variation
Organization or System Level	<ul style="list-style-type: none">• Fragmentation, limitations in care coordination, care transitions• Cultural, linguistic, physical• Lack of trust• Variation in consumer experience across service settings
Individual/Family/Community Level	<ul style="list-style-type: none">• Lack of information about mental health and resources• Stigma, self-stigma and stigma from family and community members, fear of discrimination• Housing across the continuum (affordable, PSH, transitional, shelter)• Employment• Transportation• Social isolation



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

Children/Youth	Special Populations	Adults & Co-Occurring
Social media	Shelter-targeted activities	Telepsychiatry
Schools/teachers on early identification of MH issues	Community-based efforts (not from a desk)	Harm reduction approach
Educate youth on importance/value of therapy for stress and emotion management	Include consumers in design and development of strategies. Incorporate sufficient time and space to include consumer voice -- not just over a few weeks.	Agency collaboration (provider)
Incorporate fun, engaging, age-appropriate activities such as sports, games, art in outreach and engagement efforts	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	Integrated PC and MH
Leverage schools for proximity to youth	Re-entry/transition support	Social clubs, senior centers
Youth-oriented organizations like Little League, AYSO, Special Olympics	Designated safe spaces/clubs	Wellness Centers
Parent education		



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**
- **socialemotionalpaws.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

Special Populations	Adults and Co-Occurring
LGBTQ tailored services (community centers, shelter beds/supports)	Wellness Centers
Mental Health First Aid	Social worker/Case Manager assistance at hospital discharge
Life skill development	Court Diversion programs
Employment supports	“One stop shop” agencies
	Integrated primary care and mental health



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

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

Criminal Justice and K-12 Public School Feedback

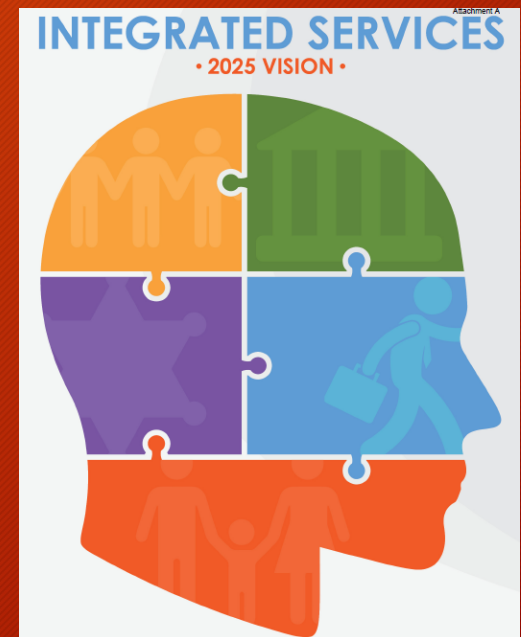
Criminal Justice Community Planning

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

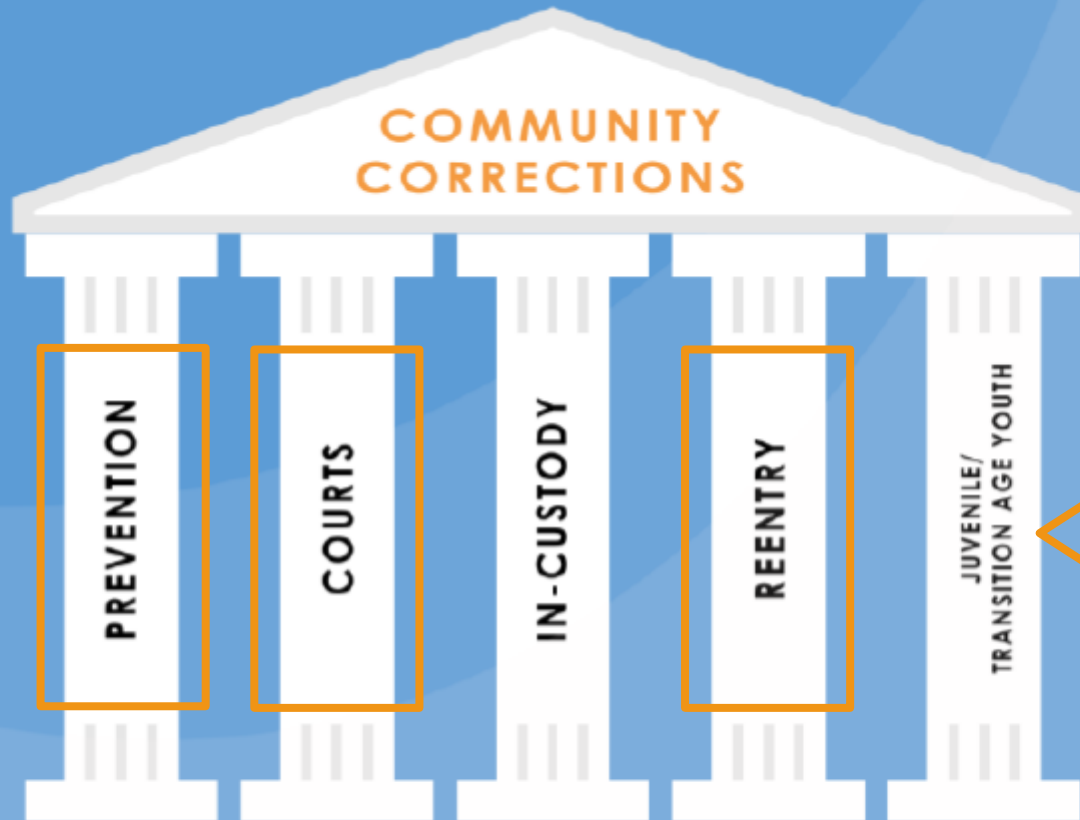
Captain Lisa Von Nordheim
Orange County Sheriff's Department
December 16, 2019

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



COMMUNITY CORRECTIONS SYSTEM: 5 Pillars of Service.



Integrated
into Pillars
1, 2, 4



**COMMUNITY
CORRECTIONS**
SYSTEM

Pillar 1 - Prevention

“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” *Cont’d*

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” *Cont’d*

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

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’

Pillar 2 - Courts

“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)

Pillar 2 - 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

Pillar 4 - Re-Entry

“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

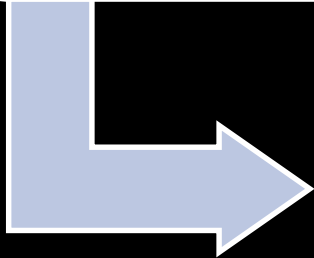
MEETING INFORMATION

- **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**

SCHOOL NEEDS & GAPS BY MTSS LEVEL

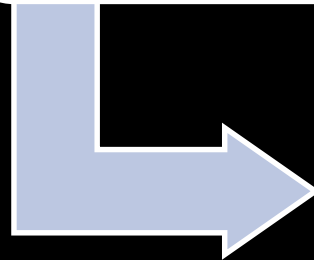
**Group
Activity**

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






**Wall
Activity**

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



**Brief
Review**

Brief discussion on wall activity results

Student Mental Health Services Continuum--_____District Name		Funding Sources	Gaps in Service/Needs
 <p>ALL STUDENTS</p>	<p>What Universal mental health services or supports are you providing for ALL students? (Universal)</p>		
 <p>SOME STUDENTS</p>	<p>What Supplemental services and supports are you providing for Some students ? (Supplemental)</p>		
 <p>FEW STUDENTS</p>	<p>What Individualized or Intensified services and supports are you providing for the few students who may need this?</p>		

- ***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***



ALL STUDENTS

UNIVERSAL SUPPORT

Evidence-based priorities and practices that support the academic, behavioral and social-emotional success of all students in the most inclusive and equitable learning environment

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)



ALL STUDENTS

UNIVERSAL SUPPORT

Evidence-based priorities and practices that support the academic, behavioral and social-emotional success of all students in the most inclusive and equitable learning environment

Teacher & Staff Trainings

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

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)



ALL STUDENTS

UNIVERSAL SUPPORT

Evidence-based priorities and practices that support the academic, behavioral and social-emotional success of all students in the most inclusive and equitable learning environment

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)



ALL STUDENTS

UNIVERSAL SUPPORT

Evidence-based priorities and practices that support the academic, behavioral and social-emotional success of all students in the most inclusive and equitable learning environment

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)



SOME STUDENTS

SUPPLEMENTAL SUPPORT

Additional services provided for some students who require more academic, behavioral and social-emotional support

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*)



ALL STUDENTS

UNIVERSAL SUPPORT

Evidence-based priorities and practices that support the academic, behavioral and social-emotional success of all students in the most inclusive and equitable learning environment

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)



FEW STUDENTS

INTENSIFIED SUPPORT

Targeted academic, behavioral and social-emotional support directed toward the few students with greater needs

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)



FEW STUDENTS

INTENSIFIED SUPPORT

Targeted academic, behavioral and social-emotional support directed toward the few students with greater needs

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)



FEW STUDENTS

INTENSIFIED SUPPORT

Targeted academic, behavioral and social-emotional support directed toward the few students with greater needs

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

CalOptima
A Public Agency
Better. Together.

Member Health Needs Assessment

Final Report
March 2018

Addressing the Opioid Crisis

in Orange County, CA

cchealth
CARE AGENCY

Orange County Alcohol and Drug Advisory Board & OC Health Care Agency

Orange County Needs and Gaps Analysis

FINAL REPORT – 2019

Part 1: Prevalence of Mental Health Symptoms and Service Utilization
Part 2: Geographic Access to Behavioral Health Services and Other Behavioral Health Provider Facilities
Part 3: Barriers to Behavioral Health Care from Provider/Advocate and Cultural/Linguistic Minority Community Members' Perspectives

cchealth
CARE AGENCY

HEALTH SERVICES RESEARCH CENTER
UNIVERSITY OF CALIFORNIA, SAN DIEGO

THE 25TH ANNUAL REPORT ON THE CONDITIONS OF CHILDREN IN ORANGE COUNTY

2019-20 COMMUNITY INDICATORS

Tracking Orange County's economy, health, education, workforce, housing, and more.

BROUGHT TO YOU BY

FIRST5
ORANGE COUNTY
BUSINESS COUNCIL

United Way
ORANGE COUNTY
BUSINESS COUNCIL

CalOptima
Better. Together.

ORANGE COUNTY BUSINESS COUNCIL

Community Foundation

REDUCING HEALTH DISPARITIES AT CALIFORNIA'S PUBLIC HEALTH CARE SYSTEMS

THROUGH THE MED-CAL 2020 WAIVER'S PRIME PROGRAM

INTRODUCTION

Health disparities are an unacceptable element of systemic inequity across all sectors in California, and throughout the nation. These disparities have been well-documented along first and foremost race, ethnicity, language, income, education level, sexual orientation, gender identity, and even zip codes.

For example, according to the California Department of Public Health, the stroke average life expectancy for African Americans is 75.1 years, compared to 85.3 years for Asian Americans – and neither the city of Oakland alone, an African American child born in a low-income neighborhood will die at least twice as often as a white child born in a more affluent neighborhood.

California's 24 public health systems serve a diverse, low-income patient population who are generally most at risk for poor health outcomes and otherwise significant health disparities. These disparities reduction plans can reach so many important objectives about the health and well-being of the state's population, and the health care system's ability to reduce disparities and improve health outcomes.

Now, for the first time, all of California's public health care systems statewide are undertaking coordinated and harmonized efforts to use data to identify and reduce specific health disparities. These disparities reduction plans can reach so many important objectives about the health and well-being of the state's population, and the health care system's ability to reduce disparities and improve health outcomes.

PRIME's Disparity Reduction Requirement

Through the Public Health Waiver and Investment in Medi-Cal (PRIME) program, public health care systems must prepare a plan to identify and reduce health disparities, and a plan to improve the health of underserved populations, and a plan to improve the health of underserved populations.

This work will directly improve the health of patients in the populations identified in the plan, and the public health care systems will be designing and funding programs to reduce health disparities and improve the health of underserved populations.

To date, PRIME has required systems to begin collecting sex and ethnicity and gender identity (GID) data, and improve data collection and analysis.

1. Data collection: Collection of sex, ethnicity, and gender identity data.
2. Data analysis: Analysis of data to identify and reduce health disparities.
3. Data use: Use of data to improve the health of underserved populations.

2014 - 2018 Suicide Deaths in Orange County, California

cchealth
CARE AGENCY

Orange County Healthier Together

Orange County Health Improvement Plan 2017-19

An update to Orange County's 2014-16 health assessment and improvement plan.

www.chealthiertogether.org

“Orange County should be known as more than the place where our son died; it should also be a place that acted against Hate in all its forms.”

—Gideon & Jeanne Bernstein

2018 Hate Crimes Report

SEAL OF ORANGE COUNTY, CALIFORNIA

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: https://www.caloptima.org/~media/Files/CalOptimaOrg/508/Community/CommunityGrants/2018_M_HNAFinalReport.ashx
- Annual Report on the Conditions of Children in Orange County: <http://www.ochealthinfo.com/phs/about/family/occp/report>
- 2018 Hate Crimes Report: <http://www.ochumanrelations.org/hatecrime/hate-crime-reports/>
- Orange County Health Improvement Plan 2017-19: <http://www.ochealthinfo.com/about/admin/pubs/ochealthimprovementplan>
- 2019-20 Community Indicators Report: https://www.ocbc.org/wp-content/uploads/2019/09/CommIndicators_Report_091219-WEB.pdf
- Addressing the Opioid Crisis: <http://www.ochealthinfo.com/civicax/filebank/blobdload.aspx?BlobID=106463>
- 2014-2018 Suicide Deaths in Orange County: <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: <https://caph.org/wp-content/uploads/2018/04/disparity-reduction-brief-1.pdf>
- And many more County reports are aggregated here: <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

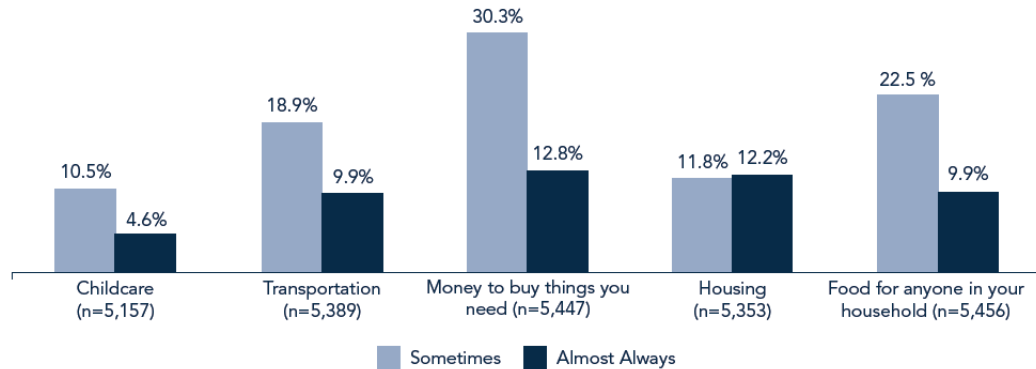


Exhibit 7: Reasons why members (who needed to see a mental health specialist but) didn't get services

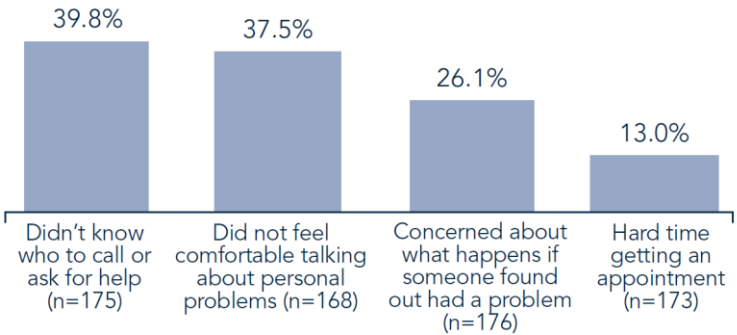


Exhibit 11: How well members speak English (n=5,549)

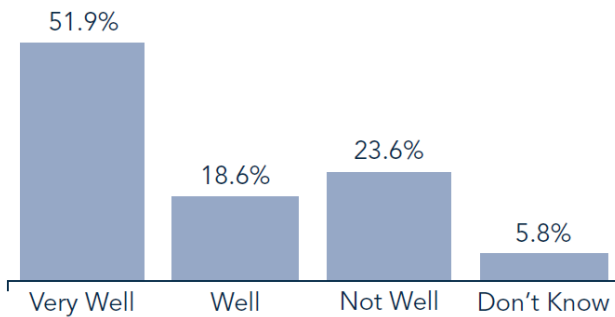
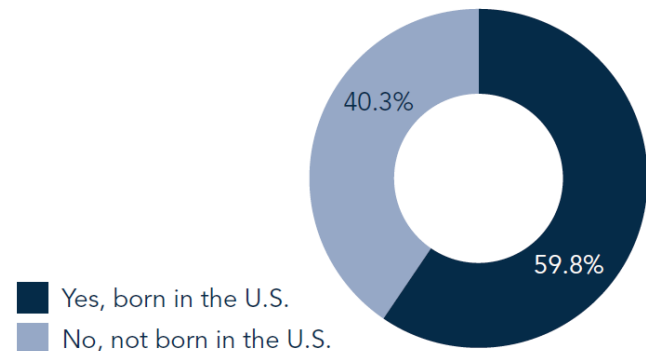


Exhibit 12: Percent of members who were born in the United States (n=5,599)



UCSD Orange County Needs and Gaps Analysis

Figure 1. *Serious Psychological Distress in the Past Year among Adults, by Race, 2011-2016*

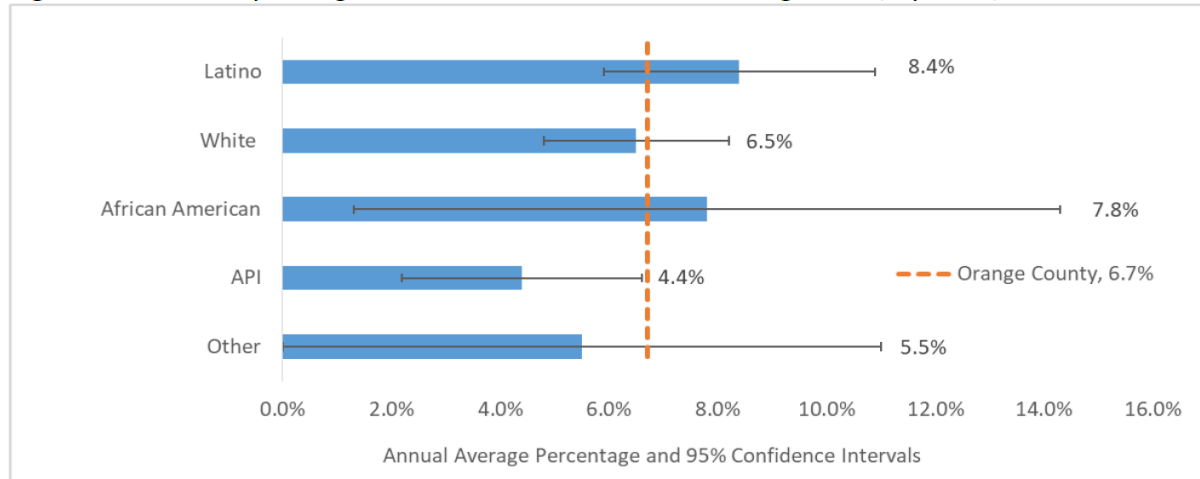
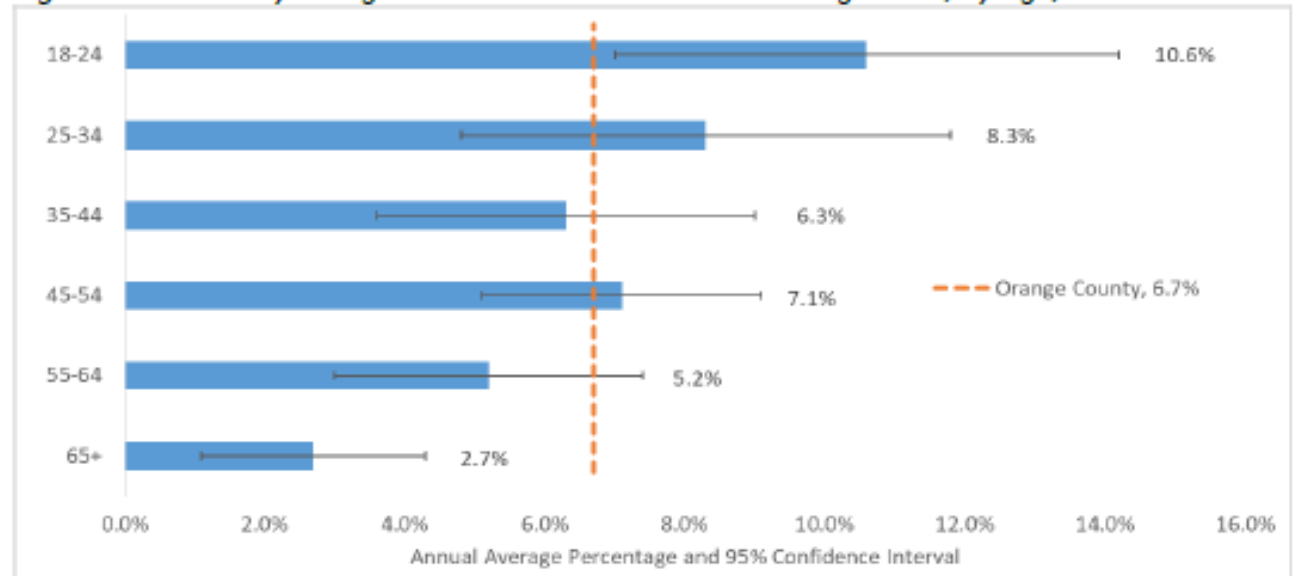


Figure 2. *Serious Psychological Distress in the Past Year among Adults, by Age, 2011-2016*



UCSD Orange County Needs and Gaps Analysis

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

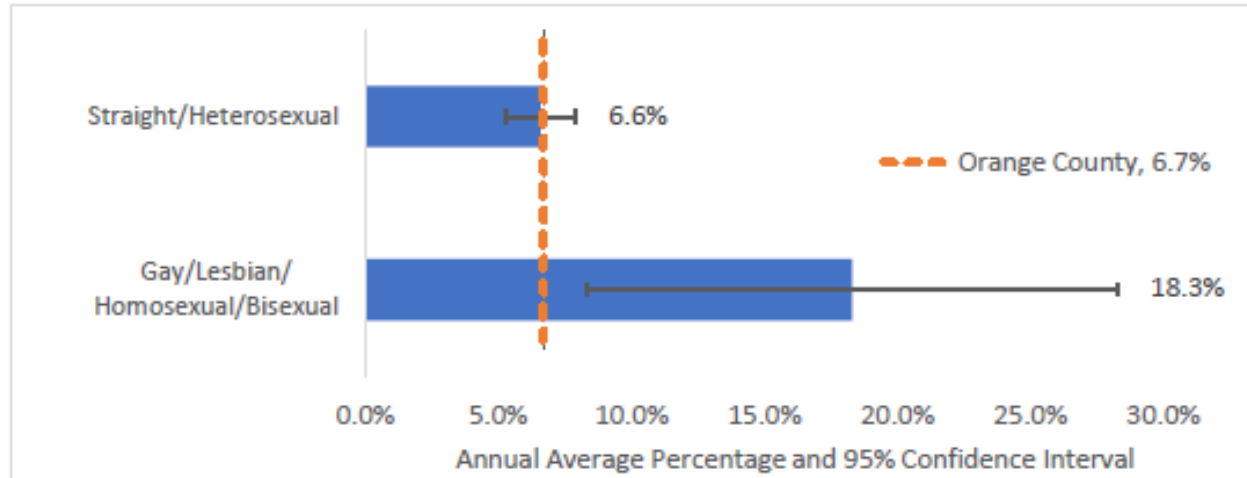
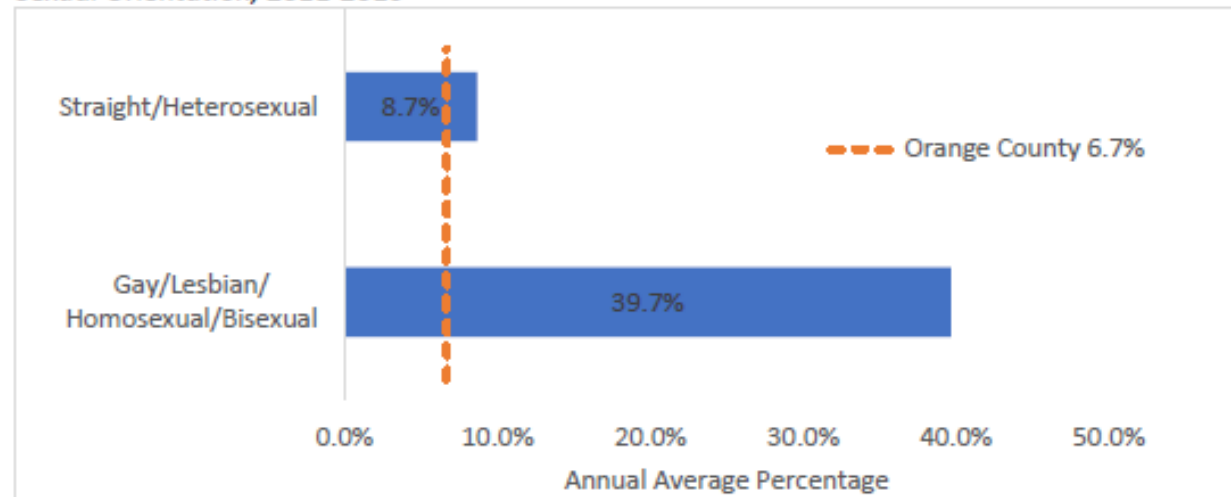


Figure 4. Serious Psychological Distress in the Past Year among Transitional-aged Youth, by Sexual Orientation, 2011-2016





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.



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

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 sub⁶²-populations.
- Scale up educational strategies to **address stigma** in Orange County.



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!