

PEI Training Services Needs Assessment

SUMMARY OF FINDINGS

ORANGE COUNTY MHSA STEERING COMMITTEE MEETING

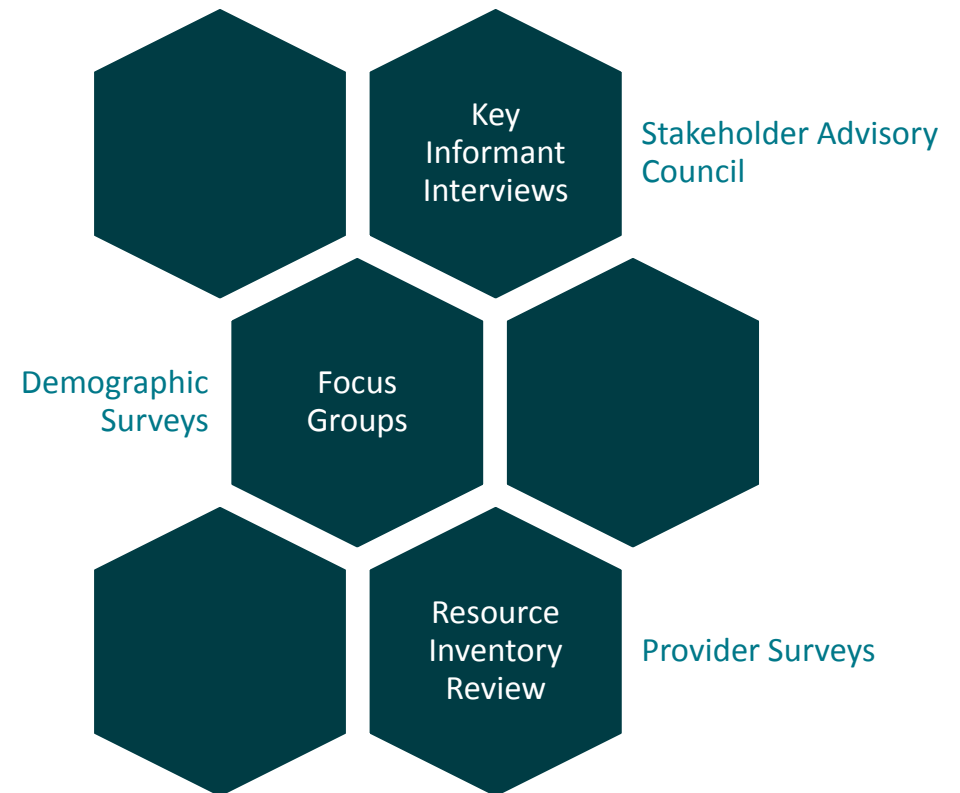
JUNE 6, 2016

Methods Overview

PEI Priority Populations

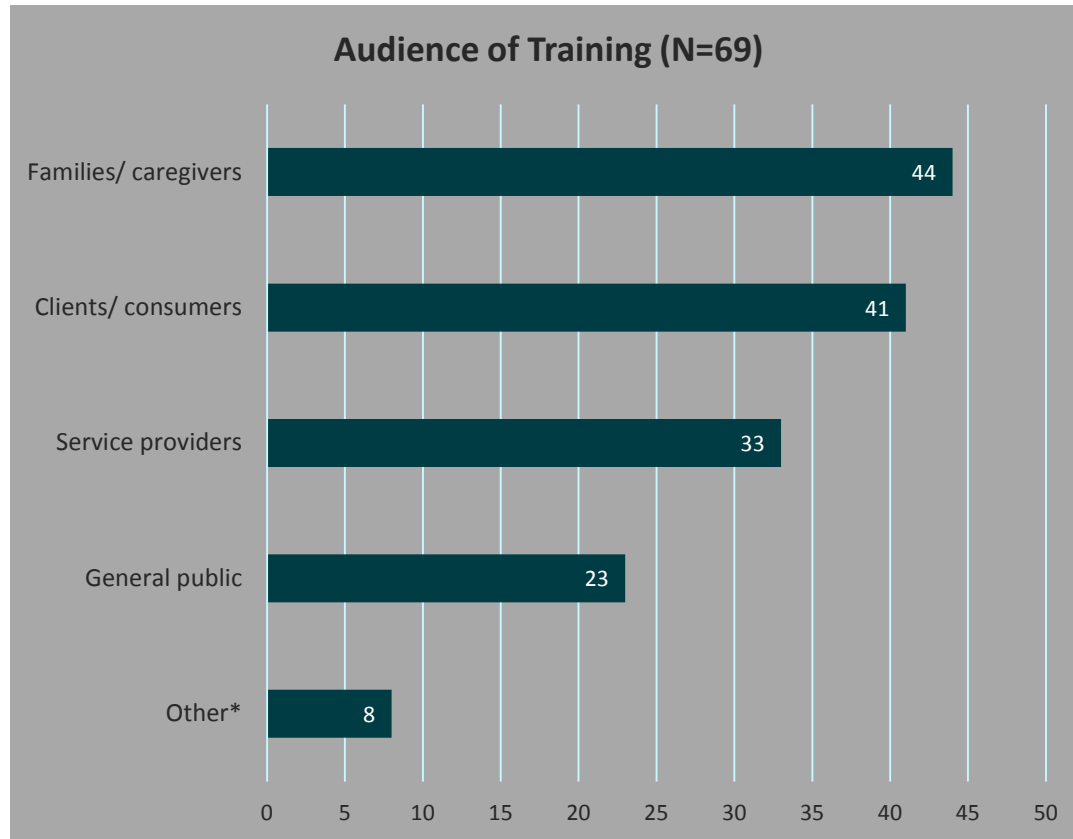


Data Collection

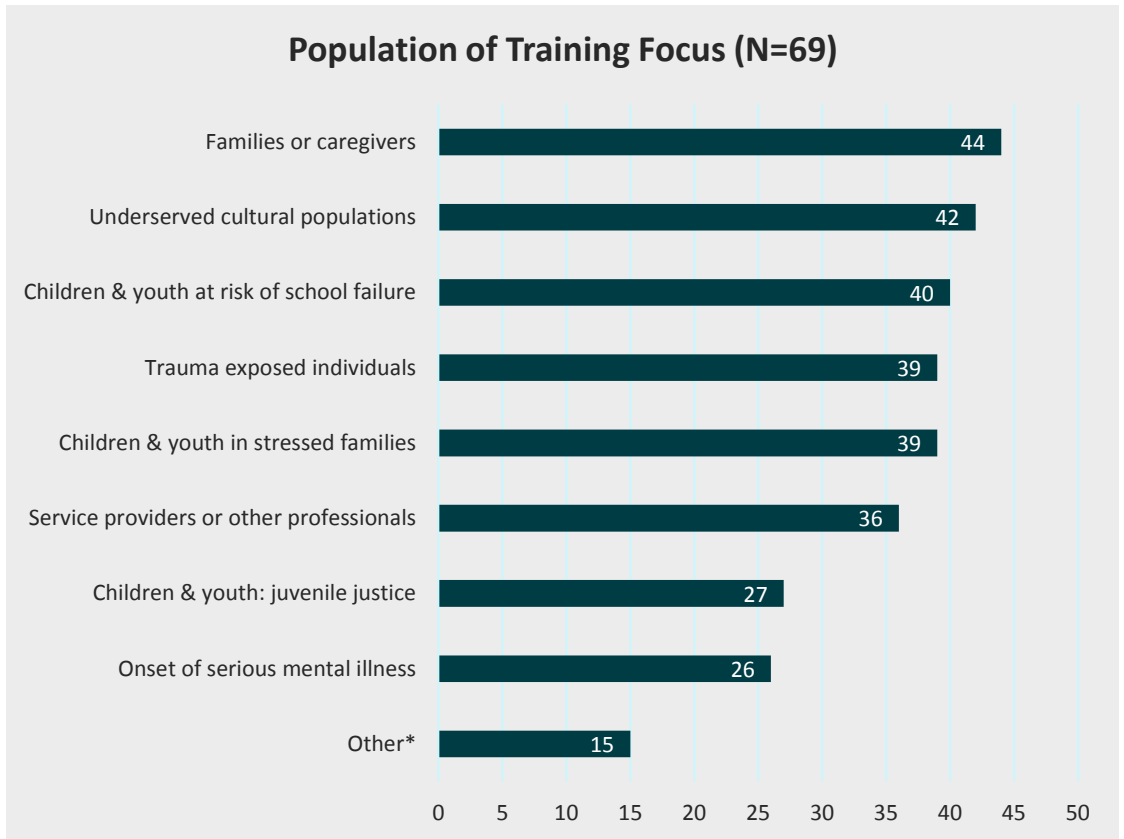


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Resource Inventory Survey Results

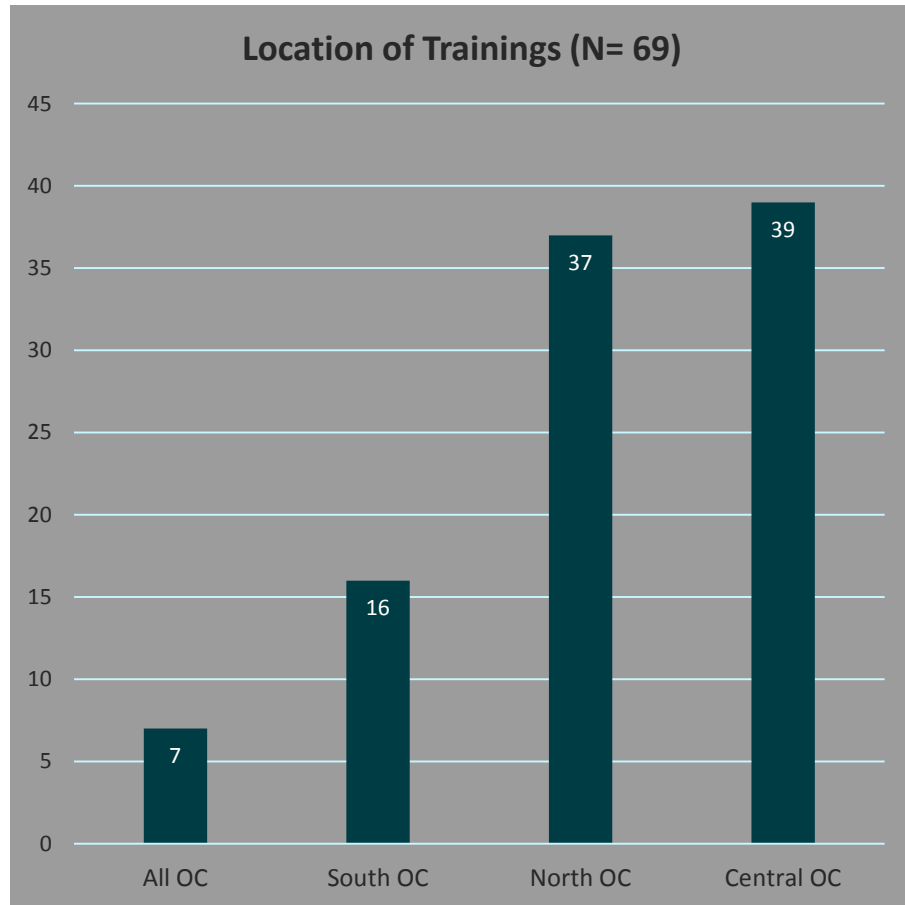


*Responses to "other" category included: older adults, employees, law enforcement, public schools, first responders, clergy & hospitals



*Responses to "other" category included: older adults, public school students, employees, recovery population, disease control, health promotion, reentry services.

Resource Inventory Survey Results



Summary of Findings



Strengths & Best Practices

Wealth of Training Resources in Orange County

- High quality, various models and practices that are working well
- Growing awareness about importance of trauma & trauma-informed practices in ALL trainings

Models that enhance linkage to resources

- Trusted Sources for mental health education, referrals and linkage
 - Promotoras and peer navigators
 - Resource centers and co-location of services

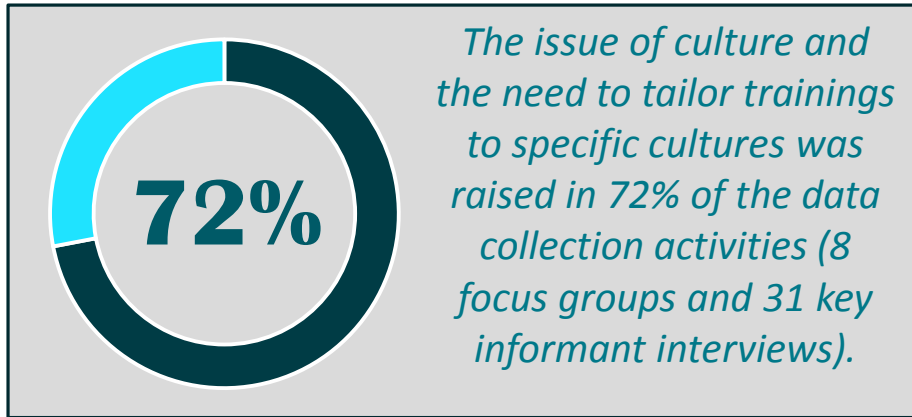
Collaborations and Partnerships

- Inter-agency/ multi-disciplinary partnerships to increase knowledge and awareness of resources
- Examples:
 - Faith communities (Faith in Motion; Saddleback Church)
 - OC Trauma-Informed Practice Steering Committee
 - Orange County Re-Entry Partnership
 - Pediatric Child Adolescent and Mental Health Task Force

“We’re what’s called a super community for trauma-informed practice. There’s actually only five in the Country. We’re working collaboratively with about 60 different partners.”

“The Pediatric Child Adolescent and Mental Health Task Force has been identifying needs... [and] has had representatives in the faith-based communities and representatives of our health care and mental health communities to think about how we can gain solutions to important unmet needs.”

Underserved Cultural Populations

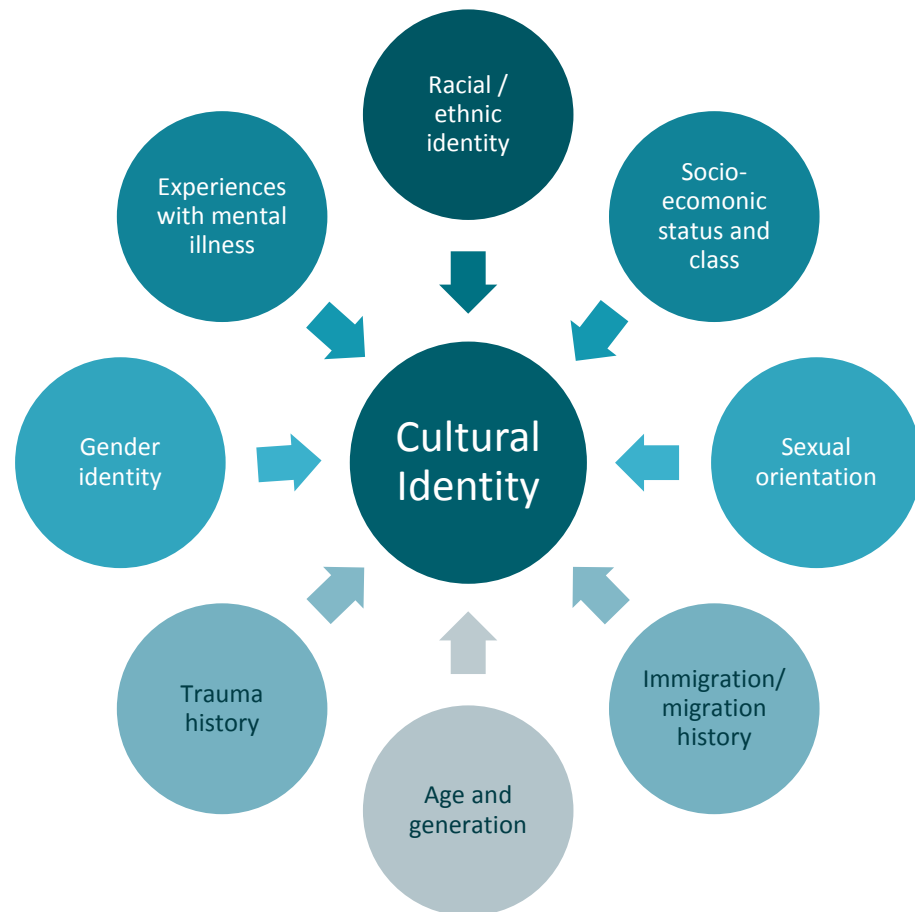


“I think those organizations should have training at least on introductions to root causes on why people join gangs and instructions to understanding trauma and how to, as an organization, operate under trauma-informed care for the whole organization.”

While there are many trainings available in multiple languages, there continues to be **a need for highly tailored, culturally relevant trainings.**

- References to culture were very nuanced and sophisticated
- Need for providers to have deep understanding of intersection between mental health and culture
- Need for trainings to help providers understand trauma within the specific cultural contexts of the individuals with whom they work
- Need for trainings that address intersection of identities

Example of components that influence cultural identity



Many participants (especially providers) expressed a need for trainings that help providers to understand the complexities of cultural identities based on a multitude of factors and experiences and how cultural identities are relevant to appropriate mental health care.

Trauma exposed individuals

Need for trauma-informed, culturally relevant trainings for specific populations, such as:

- Youth and adult who have been incarcerated
- Youth who have been removed from the home (i.e., youth in the child welfare system)
- Parents whose children have been removed from the home
- Individuals who have experienced domestic abuse/ intimate partner violence
- Victims of human trafficking
- Refugees and immigrants
- Veterans

Trainings most needed for service providers and first responders who interact with trauma exposed individuals.

"I think every provider from foster care to any kind of anything where people are placed at all, trauma should be something that they learn. What is trauma? What are the different types of trauma? How does it impact individuals? What can be done? I think, for me, the trauma piece, no matter what kind of service provider you are is important."

Child and youth populations

Participants spoke about children and youth holistically rather than by the defined PEI populations.

- Priority populations viewed as a spectrum

Communication that is tailored to children & youth populations is needed

Youth expressed need for training to teach them how to better support their peers

“I think it's important to start at the schools. For parents to recognize certain signs of what's going on in the family, the children, so they can find them the help.”

Audience	Type of Training
Parents/Caregivers	<ul style="list-style-type: none">• General mental health awareness• Identifying mental illness in youth• Communicating with youth
Teachers/school staff	<ul style="list-style-type: none">• General mental health awareness• Identifying mental illness in youth• Distinguishing between mental illness, substance abuse, and learning disability• Communicating with youth
Youth	<ul style="list-style-type: none">• General mental health awareness• Identifying mental illness in youth• Communicating with parents/caregivers and school staff• Communication with peers
Probation	<ul style="list-style-type: none">• General mental health awareness• Distinguishing between mental illness, substance abuse, and learning disability• Communicating with youth

Individuals with onset of serious psychiatric illness

Trainings needs identified included:

- Identification of onset of serious mental illness
- How to refer individuals to appropriate resources

Training needs related to age group and diagnoses that have onsets within certain developmental stages (e.g., Autism in early childhood and dementia in older adulthood).

Training audiences corresponded to who typically interacts with individuals of various ages.

Age range	Training Audience
0-5/ Early childhood	Early education staff Pediatricians Emergency medical providers (nurses, doctors)
Adolescents	Parents/Caregivers Teachers and school administration Social Services Peers
Older adults	Caregivers Police Officers Firefighters/Emergency Medical Technician Emergency room providers (nurses, doctors)

Prioritized Training Needs



Training Approach

Regardless of the audience or topic, there is a need for existing and new trainings that are:

- Culturally responsive
 - Trainings need to be highly tailored to the specific populations
 - “Culture” inclusive of multiple identities and not limited to ethnic/ racial culture
 - More trainings in languages other than English & Spanish (e.g., Farsi, Vietnamese and Korean)
 - Peer trainings or models currently delivered by organizations with comprehensive knowledge about a specific population
- Scaled to address the need
 - Many excellent models in OC that don’t have capacity to meet the demand
 - Geographically, many trainings can’t meet needs in South OC
- Provide opportunities for application of knowledge and follow-up
 - Training participants want to take information learned in a training, apply it in the real world and have the opportunity to come back to the trainer, debrief experiences and deepen learning about the topic.

Training Topics

Mental Health Awareness and Education

- More trainings are needed about basic mental health awareness and education
 - Specifically tailored to certain populations and age groups
- Stigma continues to be a barrier
- Some populations experience discrimination in addition to stigma related to mental illness

Navigating the Mental Health System of Care

- Providers, consumers and family member all reported that they need more training to help them navigate the mental health system of care
- Simple awareness of resources is insufficient
- Training needed about how to navigate eligibility criteria, reimbursement, care coordination across the continuum of severity
- Training about how to find resources that are the right “fit” for each individual

Training Audiences

Prioritized audiences:

- a) Have the potential to reach large numbers of individuals who are in need of mental health education and/or services
- b) Are more likely to benefit from prevention efforts
- c) Do not receive relevant trainings from another funding source (other than PEI)

Training Audiences

First Responders

- Critical role in crisis response and potential to link individuals to needed resources
- Participants mentioned “missed opportunities” when interacted with first responders

K-12 Staff and Educators

- Likely among the first adults to recognize mental health needs (in addition to parents & family)
- Need to discern mental health needs from defiance, substance use, and learning disabilities

Youth and young adults

- Many mental health problems have an onset when person is young
- Need for youth-specific and youth-friendly trainings that help youth support each other

Parents/ caregivers and family members of individuals with mental health problems or at risk for mental health problems

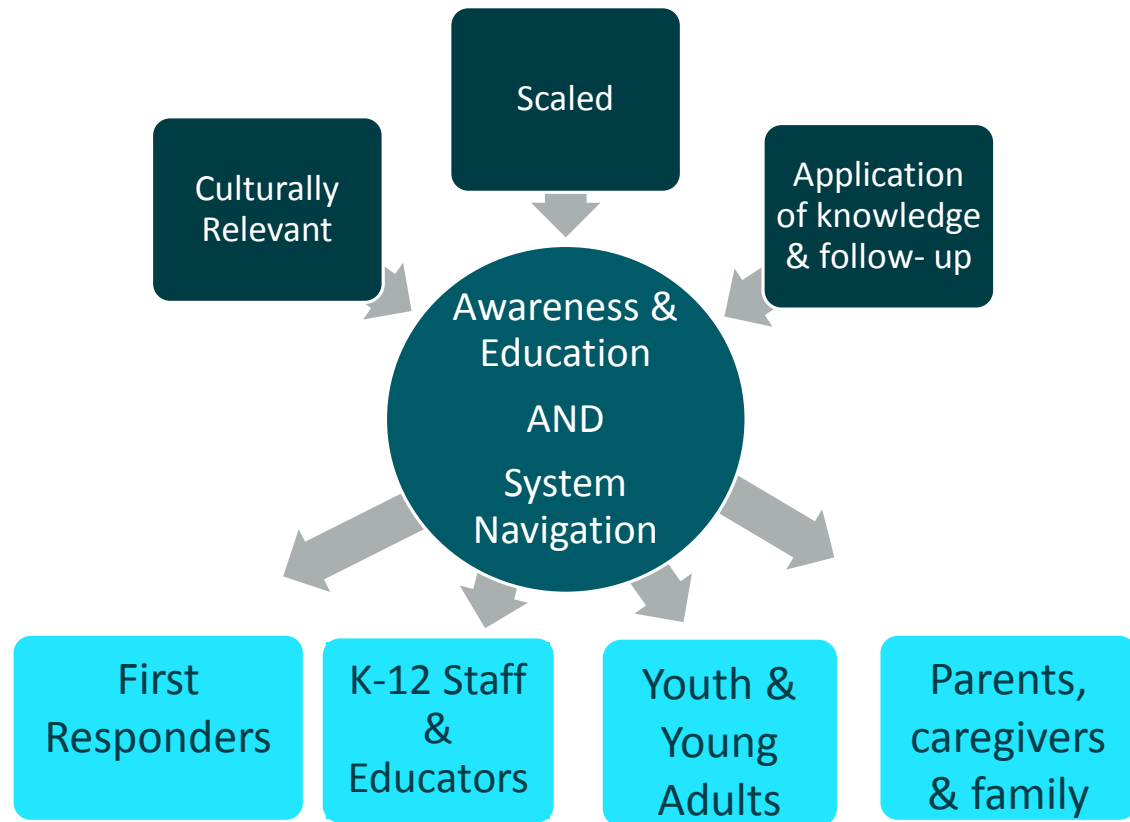
- Family play important roles in supporting their loved ones to receive appropriate screening, diagnosis, early intervention and treatment
- Many caregivers expressed needing trainings to help them with self-care and coping with caregiver fatigue

Prioritized Training Needs

Training Approaches

Training Topics

Training Audiences



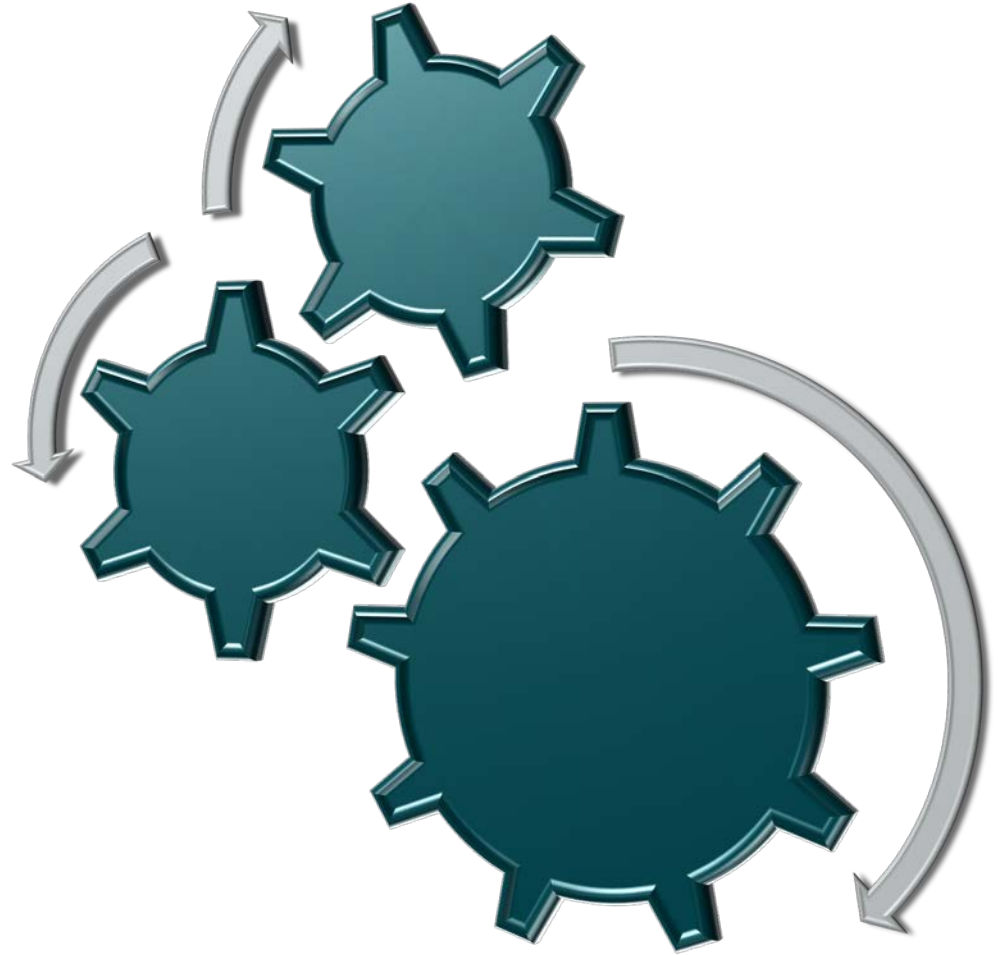
Recommendations

- I. Tailor all trainings (new and existing) to the language and culture of the intended audience
- II. Support community based organizations who are providing culturally relevant trainings to scale their models and build the cultural capacities of other providers
- III. Link access to services with specific trainings

Questions & Discussion



Methodology Overview



Background

In March of 2015, Special Service for Groups Research and Evaluation Team (SSG R&E) was contracted by the Health Care Agency in Orange County to conduct a needs assessment of the PEI Training Services Program. The aims of the needs assessment included:

- Reviewing training resources currently available to PEI priority populations, their family members and providers who work with them; and
- Assess training gaps and unmet training needs that exist in Orange County.

SSG R&E reviewed relevant existing training services (summarized in a Resource Inventory Review), conducted key informant interviews with 36 individuals from 31 unique organizations, and held 8 focus groups with 58 participants. In total, data was collected from 94 unique individuals who represented diverse stakeholder audiences and geographic regions. Participants included representatives from County departments and divisions, community based mental health organizations, advocacy organizations, mental health consumers and their family members.

Resource Inventory

Data Sources Included:

1. Document and website review
 - Related MHSA and PEI documents
 - Websites of providers and trainings in Orange County
2. Key Informant Interviews (36 individuals from 31 organizations)
3. Survey (Information on 69 trainings provided by 56 individuals)
 - Electronic survey emailed to existing P&I providers and SAC members
 - Paper survey administered during PEI Resource Fair (July 2015)

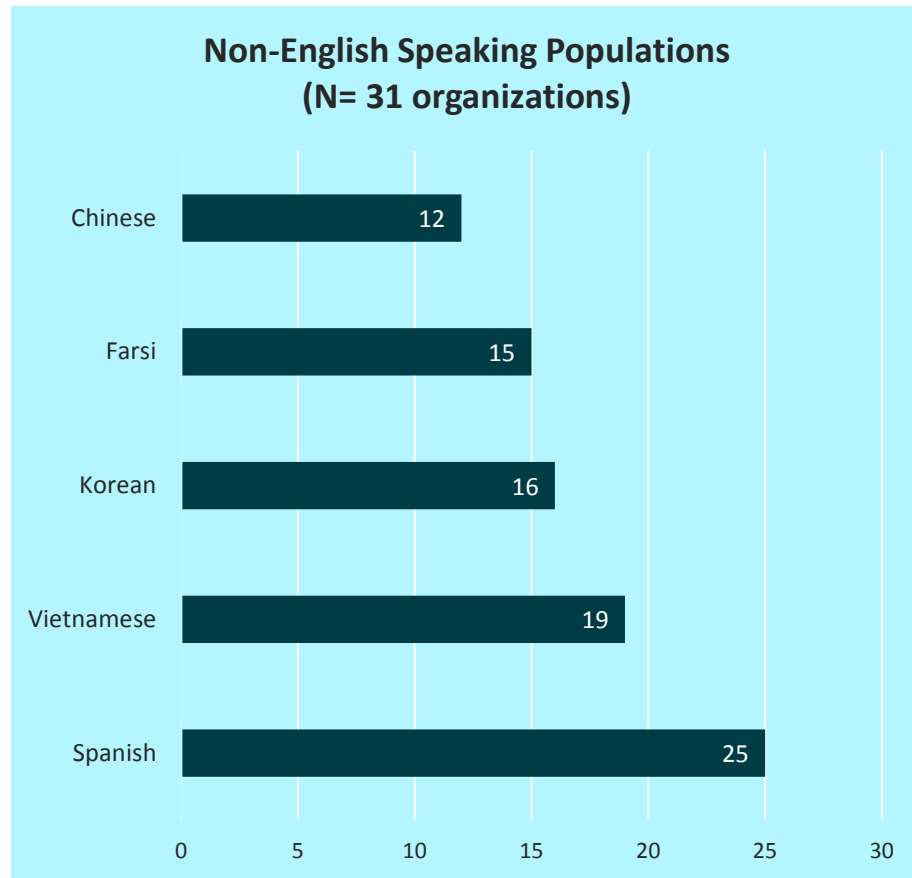
Key Informant Interviews

Interviews completed in-person and by phone with 36 individuals from 31 organizations.

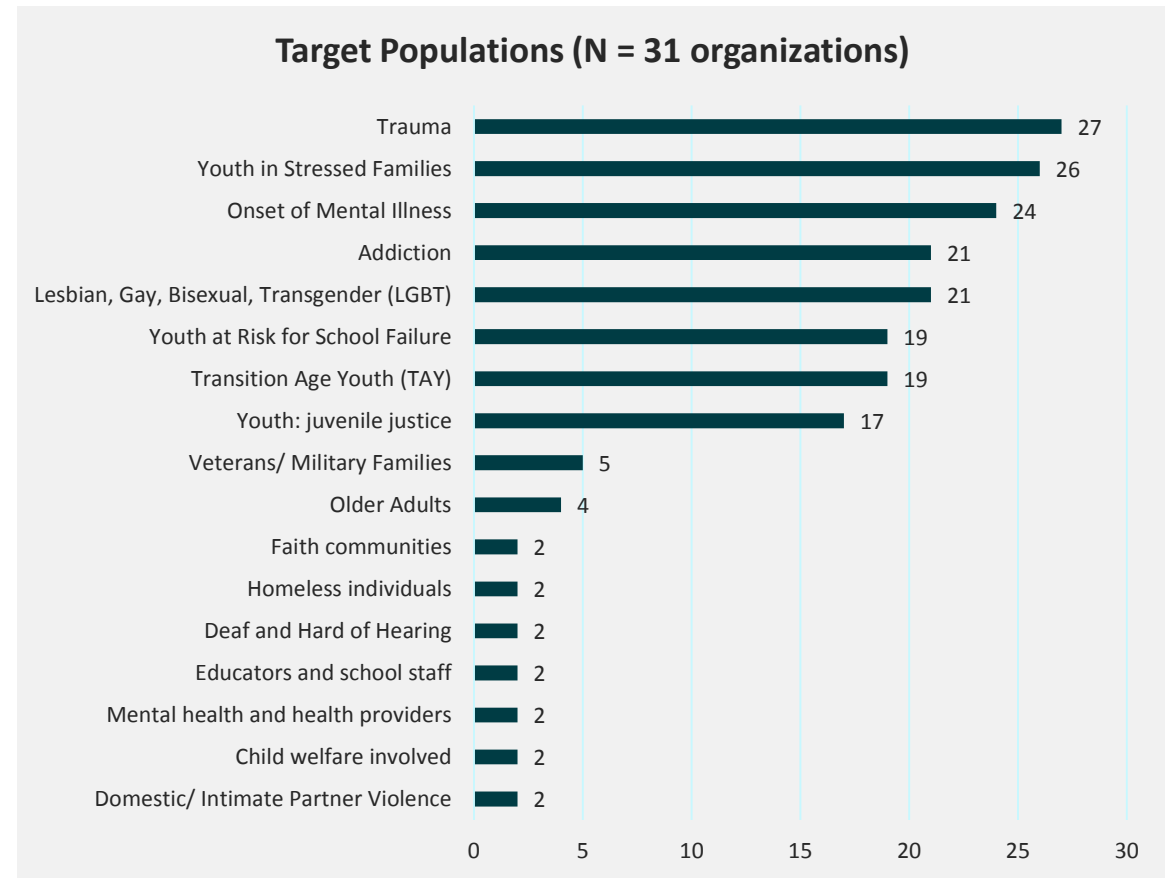
- Attempted to contact 81 individuals (from 44 unique organizations) to participate in KIIs

Organizations that participated in Key Informant Interviews	
Access California	OC HCA Behavioral Health Services, Veteran Program
Alzheimer's Family Service Center	OC HCA Workforce Education and Training (WET)
Asian Pacific AIDS Intervention Team (APAIT)	OC HCA- OC ACCEPT
Boys Town California	Orange County Children and Family Services, Social Services Agency
Child Guidance Center	Phoenix House Orange County
Children and Families Commission of Orange County/ Bridges Maternal Child Health Network	Previous Lives Shelter
Council on Aging, Orange County	Project Kinship
Council on American Islamic Relations (CAIR)	Social Model Recovery Systems, Inc.
Hope House	Social Service Agency- Child Welfare Agency- Eliminating Racial Disparities and Disproportionality (ERDD) Group
Latino Health Access	Social Services Agency- Children Services Division, Faith in Motion
National Alliance on Mental Illness Orange County (NAMI OC)	St. Joseph Health Care; South Orange County Family Resource Center
Orange County Alliance for Children and Families	Taller San Jose
Orange County Department of Education, Medical Services	UCI Child Development School
Orange County Department of Education, School Climate Initiatives	Western Youth Services
Orange County Asian & Pacific Islander Community Alliance (OCAPICA)	Women's Transitional Living Center
OC HCA Behavioral Health Services, Multicultural Development Program	

Populations of Focus for Organizations interviewed



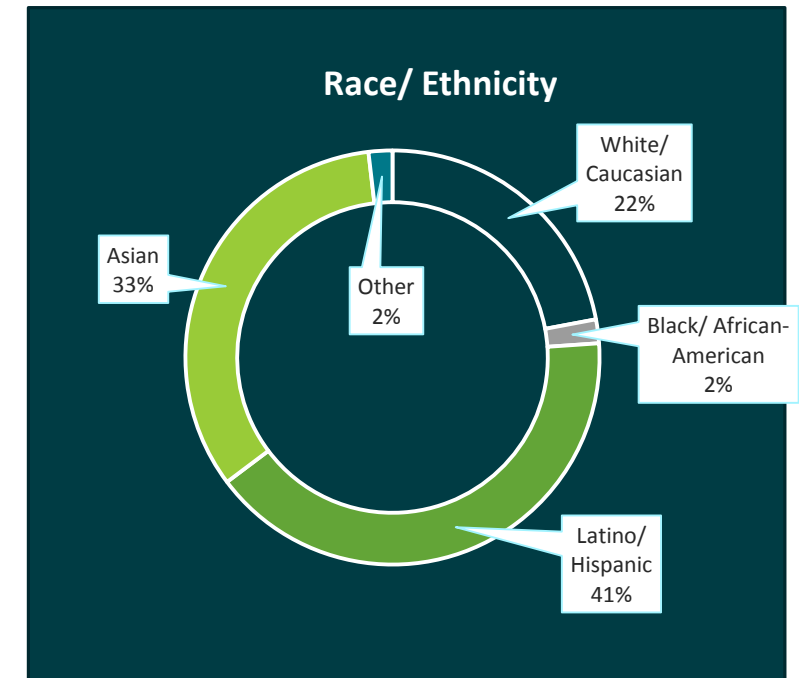
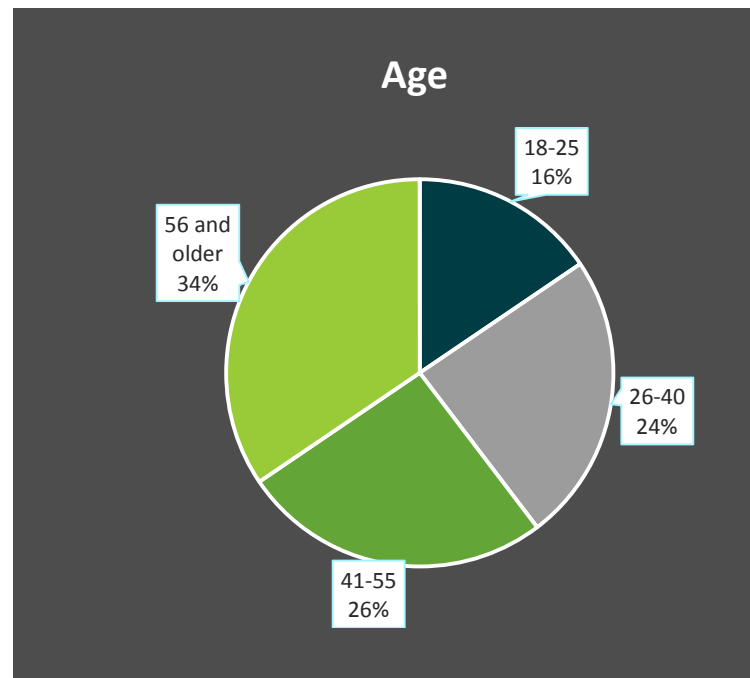
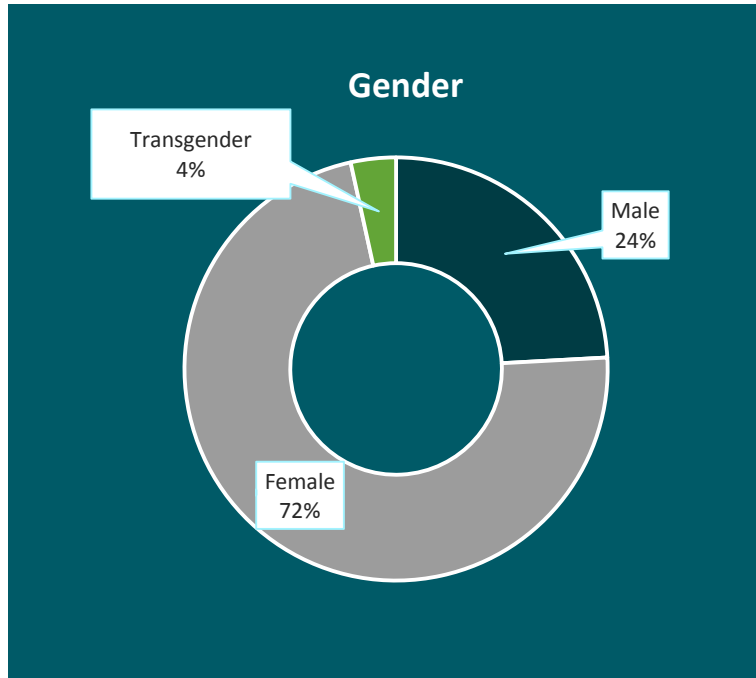
* One organization mentioned targeting the Tagalog-speaking community.



*Other populations mentioned once include: Middle Eastern and North African, HIV positive, ex workers, undocumented immigrants, children 0-5, Islamic community, Pacific Islanders, African Americans, suicide prevention, gang-affiliated individuals, and the re-entry population.

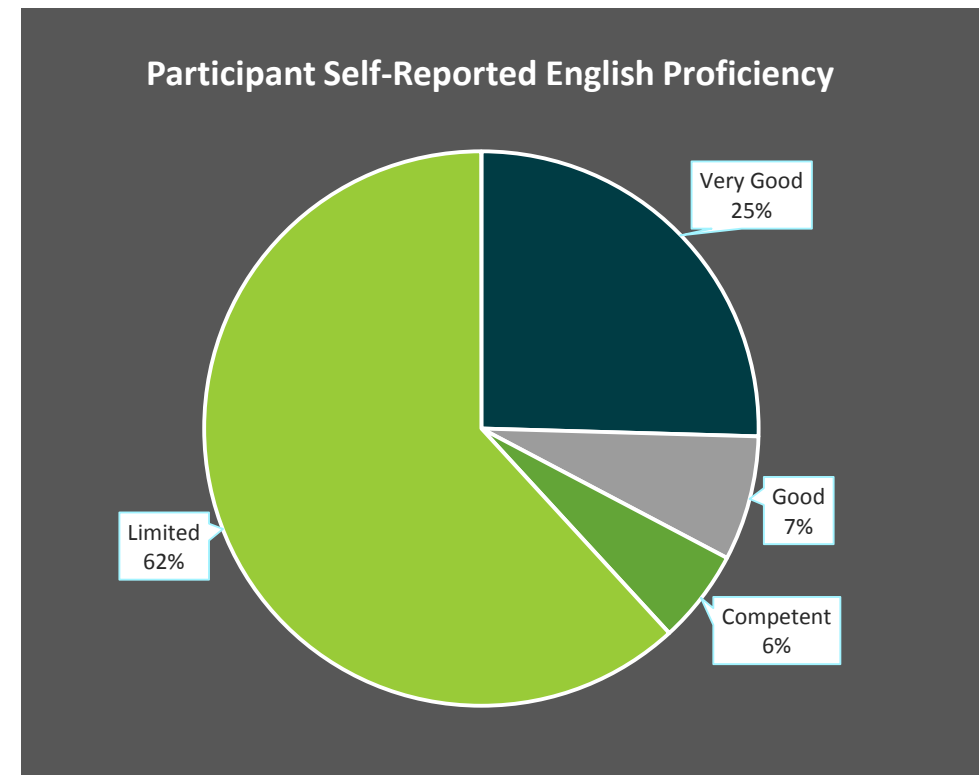
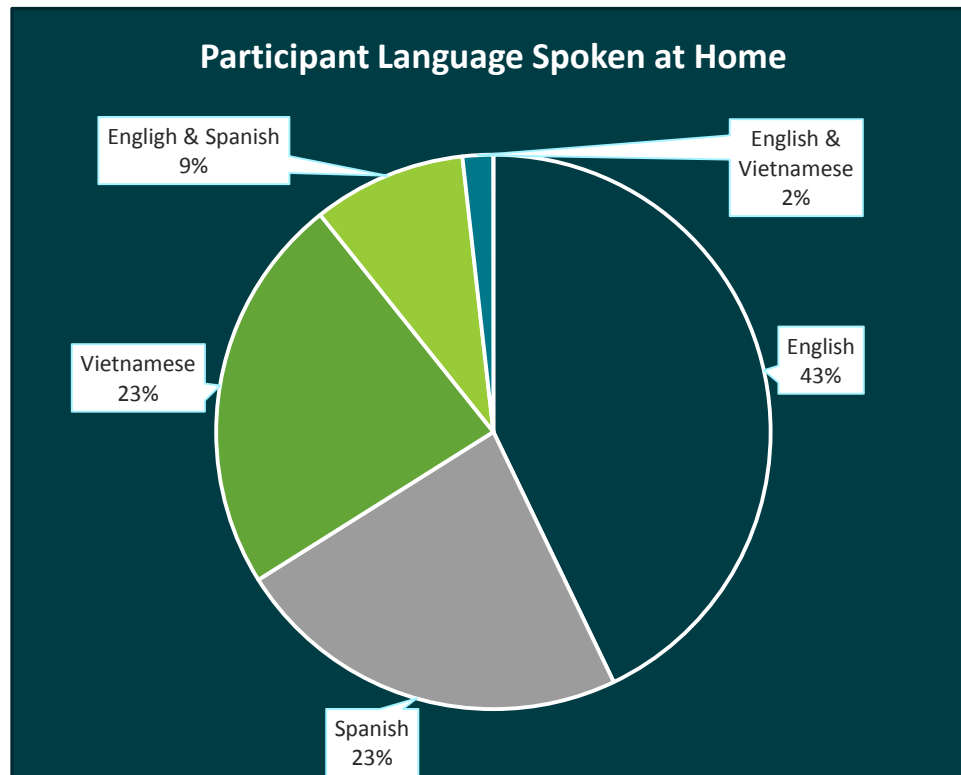
Focus Groups

A total of 8 focus groups were conducted with 58 participants.

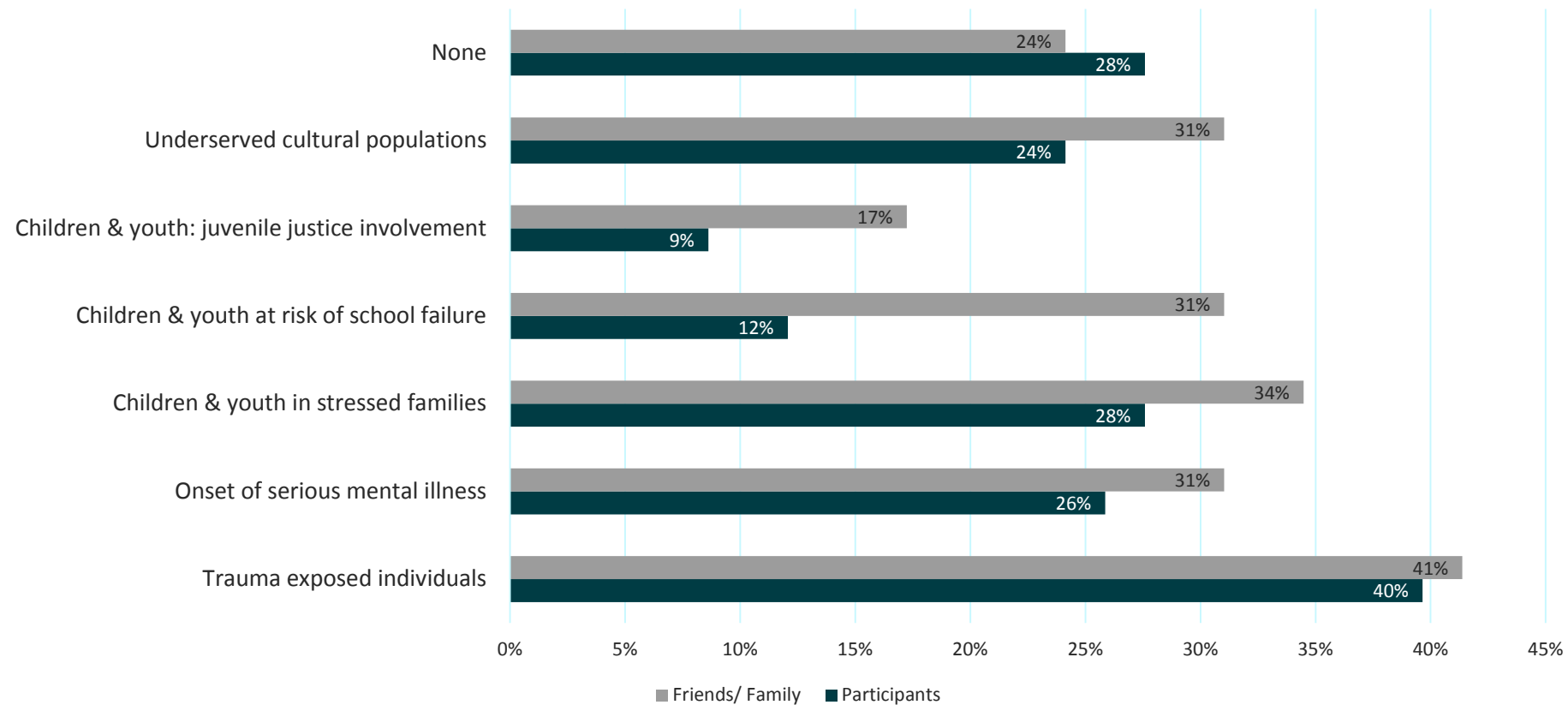


Language of Focus Group Participants

Focus groups were facilitated in English, Spanish and Vietnamese, depending on the preference of the participants.



Focus Group Participants and PEI Priority Populations



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