HCA Prevention and Intervention Planning Recommendations

October 15, 2018

A. Allocate funding for an early childhood mental health program targeting early childcare providers serving families and children

Recommendation includes components from identified need 1, 2, 3 and 6 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Allocate funding for an early childhood mental health program targeting early childcare providers serving young children exhibiting problematic behaviors, who are at risk of expulsion and mental illness. Services would include: • On-site Mental Health Consultation • Education and training of Early Childcare Providers • Screening/ Assessment • Parent Education • Navigation and Linkage to Services.	Per SB 1004, approved 9/27/18, "Childhood trauma prevention and early intervention to deal with the early origins of mental health needs" is an identified priority. Included in these services is the implementation of appropriate trauma and developmental screenings and linkages to early intervention services/ primary care.	• Children in preschool are expelled at 3 times the rate of children in K-12 • 1996 CSU Fullerton Survey, "Experiences Caring for Children with Behavioral Challenges or Possible Mental Health Conditions," demonstrated the need for these services • Early Developmental Index (EDI) measures the status of a child's early development. It provides information about kindergarteners in five developmental areas, including social-emotional that are known to affect well-being and school performance. This data demonstrates need for supports in specific areas of the County. • UCSD Needs & Gaps Analysis identified that the mental health need among children, ages 4-11, in OC was 5.9% and highest for Latino children (8.3%) with over half not receiving any treatment in the past year.

B. Allocate funding to expand school-based services to better address the mental health needs, K-12

Recommendation includes components from identified need 1, 3, 4, 6 and 7 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand school-based services for addressing mental health issues in K-12 schools County-wide. Allocated PEI funding could be used for: • Educational and Networking Forums • Trauma-informed Teacher and Staff Trainings/ Parent Education • Pilot Evidenced- Based Peer-Support Models • School-based Suicide Prevention and Stigma Reduction Campaigns and Activities **Innovation is exploring an opportunity to help support this Recommendation through a potential expansion of the Tech Suite to address the mental health needs of children and adolescents ***Recommend schools to implement universal screening.	Per SB 1004, Childhood trauma prevention and early intervention to deal with the early origins of mental health needs" is an identified priority. Included in these services is the implementation of appropriate trauma and developmental screenings and linkages to early intervention services/ primary care. In addition, "Youth outreach and engagement strategies that target secondary schools". Services may include stigma reduction and suicide prevention education, training staff and parents on the early identification, intervention and referral of students with mental health needs and youth mental health programming.	• UCSD Needs & Gaps Analysis identified that the mental health need among children, ages 4-11 years, in OC was 5.9% and highest for Latino children (8.3%) with over half not receiving any treatment in the past year. In addition, UCSD identified that the mental health need for adolescents, ages 12-17 years, in OC was 4.2% with nearly two-thirds not receiving any treatment in the past year. Among adolescents, the mental health need was higher for younger adolescents, ages 12-14 years. • With 28 school districts with varying levels of need and resources, further assessment is needed to determine how to best impact system with available funding.

C. Allocate funding to expand existing Gang Prevention Services

Recommendation includes components from identified need 1, 3, and 5 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand the existing MHSA/PEI Gang Prevention Services to increase services provided in the schools, targeting 5th to 8th graders at risk of gang involvement. Services would include: • Teacher, Parent and Student Education • Case Management • Navigation and Linkage to Services	Per SB 1004, Childhood trauma prevention and early intervention to deal with the early origins of mental health needs" is an identified priority. Included in these services is the implementation of appropriate trauma and developmental screenings and linkages to early intervention services/ primary care. In addition, "Youth outreach and engagement strategies that target secondary schools. Included are, "interventions for youth with signs of behavioral or emotional problems who are at risk of, or have had any, contact with the juvenile justice system."	• UCSD Needs & Gaps Analysis identified that the mental health need among children, ages 4-11 years, in OC was 5.9% and highest for Latino children (8.3%) with over half not receiving any treatment in the past year. In addition, UCSD identified that the mental health need for adolescents, ages 12-17 years, in OC was 4.2% with nearly two-thirds not receiving any treatment in the past year. Among adolescents, the mental health need was higher for younger adolescents, ages 12-14 years. • Current program demonstrates greater need than capacity through the growing number of schools in need of services. The program served 427 individuals in FY 17/18, and outcomes demonstrated improvements in protective factors and global health.

D. Allocate funding to implement services for TAY and young adults at community colleges and universities

Recommendation includes components from identified need 1, 3, 4, 6 and 7 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Implement new services specifically targeting partnerships with college mental health programs that educates and engages students and provide either on-campus support and/or linkage to off-campus mental health services. Services could be used for: • Educational and Networking Forums • Teacher and Staff Trainings • Pilot Evidenced- Based Peer-Support Models • Suicide Prevention and Stigma Reduction Campaigns and Activities • Prevention education to at-risk TAY (including LGBTIQ/Veterans) • Outreach to TAY (young men of color/LGBTIQ) ***The Innovation Tech Suite project could support this Recommendation through targeted outreach and marketing events on college campuses throughout the County to promote the use of the apps within the Suite, including the 24/7 peer chat support.	Per SB 1004, "Youth outreach and engagement strategies that target secondary schools and transitional age youth, with a priority partnership with college mental health programs". Furthermore, services may include stigma reduction and suicide prevention education, training staff and students on the early identification, intervention and referral of students with mental health needs and youth mental health programming. Serving underserved communities including LGBTIQ, victims of violence/abuse and veterans. Program would also be tasked with reducing racial disparities in access to mental health services.	• The only existing MHSA/PEI funded program formally partnering with Colleges is serving Veterans with a small amount of funding through CalMHSA to Active Minds • UCSD Needs and Gaps Analysis identified TAY as the age group with the highest unmet mental health need, especially for the LGBTIQ, Latinos and African Americans

E. Allocate funding to expand existing services for isolated older adults

Recommendation includes components from identified need 1, 2, 4, 5, 6 and 8 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand the only MHSA/PEI-funded program, specifically targeting older adults, age 60 and above: the Early Intervention Services for Older Adults Program. This would address the current wait list for services especially for the Cambodian community, services would include: • Geo-psychiatric services • Screening/Assessment • Case Management • Educational /Support groups • Navigation and Linkage to resources • Transportation Assistance (new component) • Peer Support In addition, the eligibility criteria would be expanded to include those adults age 50-59 who are isolated due social and/or economic circumstances	Per SB 1004, "Strategies targeting the mental health needs of older adults" is an identified priority for use of PEI funds.	• California Mental Health Older Adult System of Care Project by UCLA conducted key informant interviews and provided findings that identified a similar need • Current program demonstrates greater need than capacity. The program served approximately 600 individuals in FY 17/18, and outcomes demonstrated decreases in depression and increases in social functioning and global health. • Many seniors don't drive or have access to transportation. They need transportation to access basic needs, doctor's appointments, or EISOA classes at senior centers. There are not sufficient bus routes. Takes 2-3 hours to reach their destination. In addition, Senior Access program but has restricted access. Also, the cost is $7.20/ride. People on SSI cannot afford. • CalOptima Member Health Needs Assessment identified lack of transportation as a barrier to access and 29% surveyed indicated needing help getting transportation.

F. Allocate funding to provide a variety of behavioral health community trainings.

Recommendation includes components from identified need 1, 3 and 5 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Provide a variety of behavioral health community trainings for individual, families and providers. Emphasis on trauma-informed, culturally and linguistically appropriate trainings, including suicide prevention and trainings for specific communities including TAY, Veterans, LGBTIQ, families with children on probation and parents of foster youth. Trainings would include: - Recognizing the early signs and symptoms of mental illness across life span - Education related to supporting and engaging someone who needs help - Increasing awareness of resources and how to access the behavioral health system of care - Training peer support navigators	PEI Regulations require a program and strategies for Outreach for increasing recognition of early signs of mental Illness, which is defined as the process of engaging, encouraging, educating and/or training and learning from potential responders about ways to recognize and respond effectively to early signs of potential severe and disabling mental illness.	- CalOptima Member Health Needs Assessment identified Lack of Knowledge as a barrier to access with 40% of those surveyed didn't know who to call or ask for help - UCSD Needs and Gaps Analysis identified TAY as the age group with the highest unmet mental health need, especially for the LGBTIQ, Latinos and African Americans

G. Allocate funding to expand outreach to cultural and linguistic populations that continue to be underserved

Recommendation includes components from identified need 1, 2, 3 and 5 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand Outreach & Engagement (O&E) for targeted populations who are underserved in the existing O&E programs. Services would include: • Outreach & Engagement • Screening/ Assessment • Case Management • Navigation and Linkage to Resources • Support Groups & Education ***The Innovation Tech Suite project could support this Recommendation by working with the Tech Suite Marketing vendor to identify and implement targeted outreach/marketing strategies that are designed to engage diverse communities.	Per SB1004, culturally competent and linguistically appropriate prevention and intervention services are an identified priority	• CalOptima Member Health Needs Assessment identified Lack of Knowledge as a barrier to access with 40% of those surveyed didn't know who to call or ask for help when seeking a mental health specialist

H. Allocate funding to existing Community Mental Health Educational Events to Reduce Stigma

Recommendation includes components from identified need 1, 3 and 7 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand funding for Community Mental Health Educational Events. Services would include: • Increasing awareness of behavioral health resources • Education regarding mental health and stigma associated with mental illness and seeking services, promoting positive messages of hope ***Innovation is exploring opportunities to help support this Recommendation through a technology-based project designed to identify specific regions with the greatest need for prevention and early intervention efforts and stigma reduction trainings.	PEI Regulations require a Stigma and Discrimination Reduction Program, which is defined as activities to reduce negative feelings, attitudes, beliefs, stereotypes and/or discrimination related to having a mental illness or seeking services, and to increase acceptance, dignity and inclusion	• CalOptima Member Health Needs Assessment identified Stigma as a barrier to access with 26% of those surveyed being concerned about what happens if someone found out about their mental health needs

I. Allocate funding to expand services for Veterans

Recommendation includes components from identified need 1, 2, 3, 4, and 5 from the PEI Planning Meetings.

Need identified in the initial Public Forum, in the PEI Planning Meetings and in the BHS Community Engagement Meetings.

HCA Recommendation	What the MHSA/PEI Regulations Indicate	What we know about the need
Expand funding to support services for veterans and military connected families. Services would include: • Outreach & Engagement • Screening/ Assessment • Counseling • Case Management • Navigation and Linkage to Resources • Support Groups & Education ***Innovation is currently providing services to veterans and military connected families through the Behavioral Health Services for Military Families: Strong Families Strong Children project. The project is in its final year of services as an Innovation project. HCA recommends to continue funding this project through PEI funding beginning July 1, 2019 to maintain continuity of services. From project launch on July 1, 2015 through July 30, 2018, the project served 156 families and a total of 540 individual family members. Outcomes demonstrate improvement in family functioning and communication, particularly in areas of family safety, environment and social/community life.	PEI Regulations require a Prevention Program to reduce risk factors for mental illness that are associated with a greater than average risk of developing a potentially serious mental illness. Examples of risk factors include, but are not limited to, experience of severe trauma, ongoing stress, family conflict or domestic violence, traumatic loss, etc.	• Over 70% of military families live in civilian communities (National Military Family Association, 2011), but are often not known to be military-connected. • In a recent USC Veterans study and survey of over 1,200 Orange County veterans, over 70% of veterans reported their child's school was not aware that their child is military connected (Castro, Kintzle, & Hassan, 2015). • Military-connected families often go unnoticed due to the community's limited knowledge of military culture; limitations in assessment strategies; lack of coordinated community based services; and stigma associated with mental illness. • 44% of post 9/11 veterans reported not knowing where to go for help and about 24% of veterans believed they could handle the problem on their own (Castro, Kintzle, & Hassan, 2015).

Eight Needs Identified Across Planning Meeting:

1. Increased Awareness of/Improved Navigation of the Behavioral Health System
2. Systematic screenings for mental illness
3. Training for individuals, families and providers
4. Implementation and/or Expansion of Peer Support Models
5. Time-Limited Expansion of Existing Direct Services
6. Time-Limited Funding of New Services
7. Targeted Stigma Reduction Programs
8. Additional Supports to Remove Barriers to Increase Access/Training