

Planning Advisory Committee Meeting

September 21, 2023



Agenda

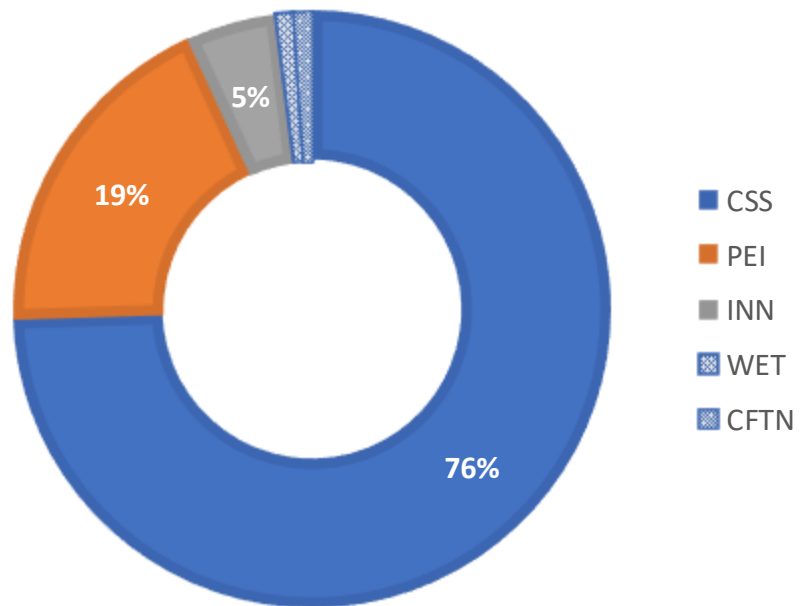
Time	Topic	Presenter
10:00-10:15	Welcome and Announcements	<ul style="list-style-type: none"> Michelle Smith
10:15 – 10:30	State Policy Updates (SB 326 and AB 531)	<ul style="list-style-type: none"> Michelle Smith
10:25 – 11:15	Specialty Services for Individuals with Clinical High Risk – Thrive Together OC OC CREW <ul style="list-style-type: none"> Community Discussion 	<ul style="list-style-type: none"> Raquel Williams, LCSW Paola Bautista
11:15 – 11:50	CHIP – Community Health Improvement Plan <ul style="list-style-type: none"> Community Discussion 	<ul style="list-style-type: none"> Regina Chinsio-Kwong, DO Karin Kalk, MHA Sharon Boles, Ph.D.
11:50- 12:00	Debrief, Next Months Priorities, Announcements, and Closing	<ul style="list-style-type: none"> Michelle Smith
Next Meeting	October 19, 2023 CARE Act Overview and Integration of PADS 10am – noon Via Zoom	

Behavioral Health Modernization SB-326 Update

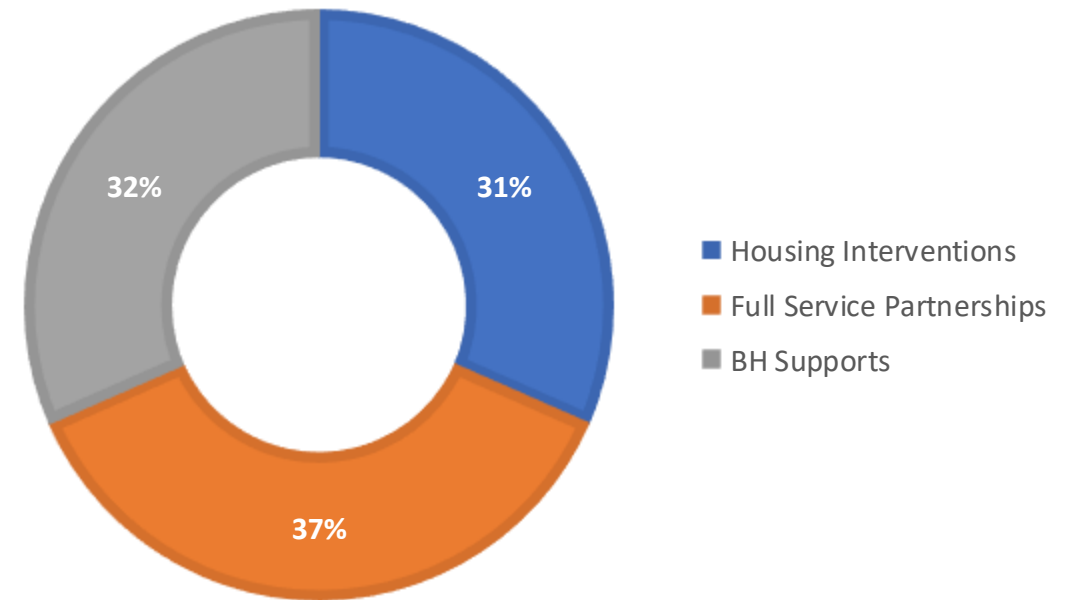


Components of MHSA and BHSA

CURRENT MODEL



SB-326 MODEL



Proposed BHSA Funding Components

Target Populations: SUD/SMI and Homeless; Justice Involved; At risk/institutionalized; Child Welfare; Veterans

35%	Behavioral Health Supports	<ul style="list-style-type: none">Includes programs that provide supports for substance use disorder programs and mental health programs. Can include investments in Capital Facilities and Technological Needs, Workforce Education and Training, and contributions to prudent reserve.Outreach and Engagement is an allowable service51% shall be used for Early Intervention<ul style="list-style-type: none">At least 51% of Early Intervention shall be used to serve individuals who are 25 years of age or younger.Emphasis on workforce
30%	Housing Interventions	<p>Housing interventions for individuals with serious mental illness/serious emotional disturbance (SED) and/or substance use disorder and experiencing chronic homelessness, homelessness, or at-risk of homelessness (using the federal HUD definition)</p> <ul style="list-style-type: none">At least 50% must be geared toward chronically homeless, with a focus on individual in encampmentsIncludes rental subsidies, operating subsidies, shared housing, family housing for children and youth, non-federal share for Medi-Cal services, and other housing supports, as defined by DHCS.May not use BHSA to pay for housing services or supports that are covered benefits under managed care plans but will cover activities identified in the Medi-Cal Community Supports, or in Lieu of Services, Policy GuideMay not direct more than 25% of this category for capital development, with DHCS approval
35%	Full-Service Partnerships	<ul style="list-style-type: none">Optimize use of Medi-Cal to leverage funds and include SUD population FSPMust implement EBPs identified by DHCS, including ACT/FACT model to fidelity, Individual Placement and Support Model, and/or High Fidelity Wraparound

The BHSA Integrated Plan Requirements

- **BHSA: Integrated Plans - *Must include SUD services***
- **Description of the Community Program Planning process and include the following programs:**
 - **Full Service Partnership program**
 - **Housing Intervention program**
 - **Behavioral Health Supports program**
- **Estimated expenditures for each categorical funding component**
- **Prudent Reserve (*capped at the 20% average of BHSA funds over 5 years*)**
- **Certification that MHRS' plan complies with all BHSA statutes and regulations.**
- ***Inclusion of all funding for all public behavioral health programs, including a description and expenditures for all substance use and specialty mental health programs (i.e., mental health block grant, realignment funds, PATH grant, Opioid Settlement, SAPG, etc.)***



BHSA

- BHSA funds cannot be used to supplant funding for existing programs.
- These funds may not be loaned to the state General Fund, or any other fund of the state, or a county general fund, or any other county fund for any purpose other than those authorized by Section 5892.
- Annual BHSA revenues must be spent within the 3-year timeframe or they are subject to reversion.
- Establishes a grant with MHSOAC, BHSA Innovation Partnership Fund (2026 through 2031 only, with consideration for future years)
- DHCS will provide a list of EBPs and CDEPs that counties can use in the delivery of services
- DHCS will create a system to collect standardized data and will be responsible for reporting to legislature beginning in 2032
- County's are allowed to "flex" 7% to 14% between categorical buckets
- SB 326 and AB 531 passed state Senate and Assembly
 - Portions will be included as Proposition 1 in the March 5, 2024 ballot
- If passed, effective date of January 1, 2025
 - Operational date July 1, 2026
 - MHSA repealed by January 1, 2027

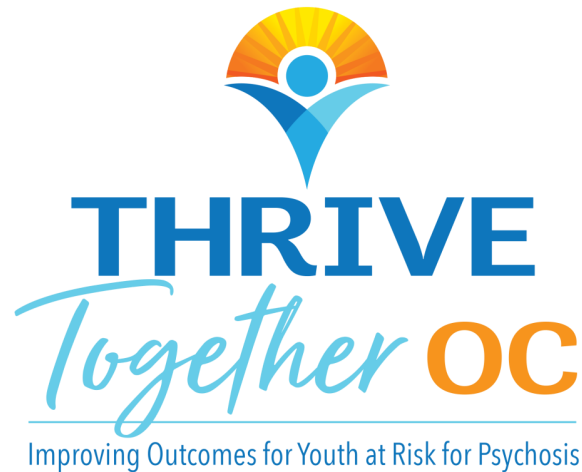


Raquel Williams, LCSW
Executive Director



Funded by the OC Health Care Agency through the Mental Health Services Act.





Program Overview

Thrive Together OC strives to improve outcomes for youth at Clinical High Risk for Psychosis (CHR-P) by:

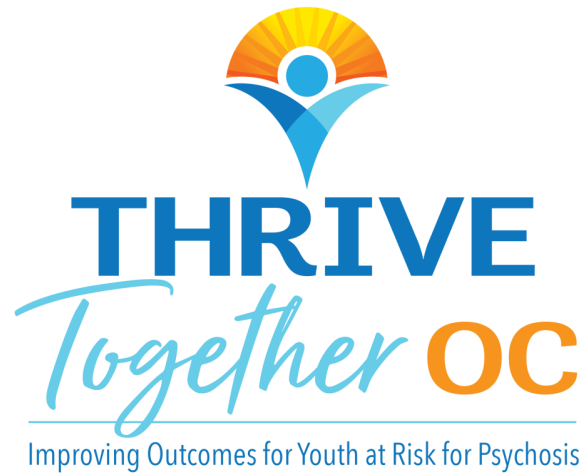
- Screening and assessing youth and young adults (ages 12-25 years old),
- Consulting with individuals, families, providers, and affiliated professionals,
- Educating the community to facilitate early identification and effective care, and
- Promptly linking individuals and families to available resources and services.



THRIVE
Together **OC**
Improving Outcomes for Youth at Risk for Psychosis

What is CHR-P?

- Clinical High Risk for Psychosis (CHR-P) is a risk state that is distressing and impairing but doesn't meet full threshold criteria for psychosis syndrome.
- The difference between psychosis risk state and psychosis are the intensity and severity of the symptoms and degree of conviction (insight to experience).



Early Warning Signs

- Feeling “something’s not quite right”
- Jumbled thoughts and confusion
- Trouble speaking clearly
- Unnecessary fear
- Declining interest in people, activities, and self-care
- Decrease in school or work performance

Screening

Ask 2 Questions:

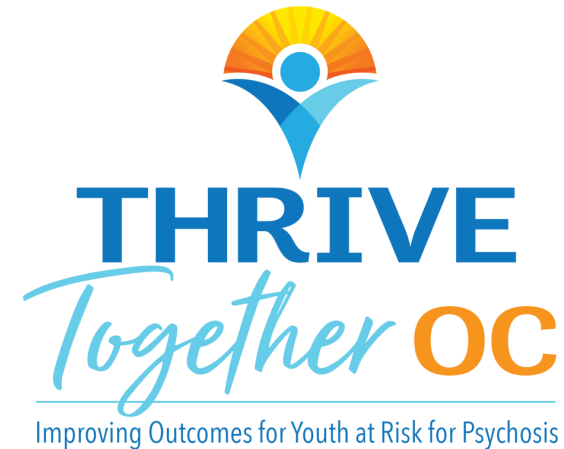
1. Do you ever hear the voice of someone talking that other people can't hear?
2. Have you ever felt that someone was playing with your mind?

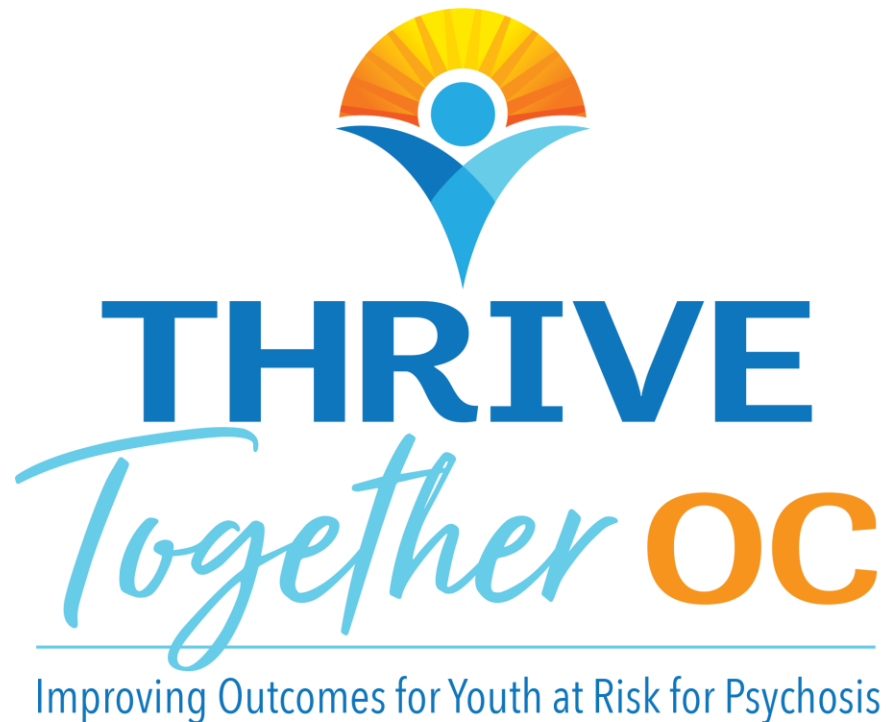
1 Use the TTOC Screener

OR

2 Call TTOC for a Consultation

Scan to Access the Screener





Assessment

Full Assessment

- *Structured Interview for Psychosis-Risk Syndrome (SIPS)*
 - *Assessment Scheduled*
 - *60-90 minute Semi-Structured Interview*

Individualized Report

- *Summary of Findings*
- *Treatment Recommendations*
- *Referrals Identified*
- *Verbal and Written Feedback provided to Youth or Young Adult, with Consent to Family or Providers Working with Individual*

Training

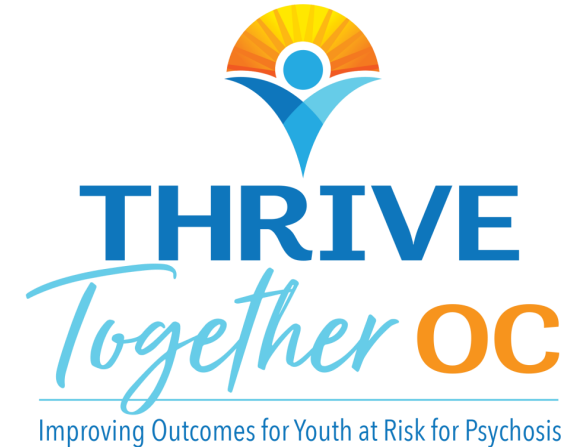
Trainings Specific to Clinical High Risk for Psychosis and Early Psychosis Spectrum Disorders

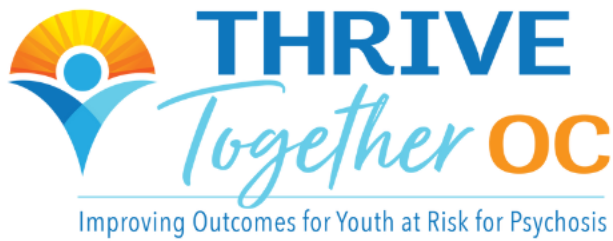
- **In-Person or Zoom Trainings Available**
- **Recorded CE Approved Trainings via**

Virtual Training Library

Trainings can be customized to meet your organizations need. If you are interested in training, please contact trainings@thrivetgetheroc.org.

Access Our Virtual Training Library





Coming Soon

**"The Mini SIPS: A Brief Assessment for Psychosis-Risk
with Transitional Age Youth"**

Presented by: Liz Martin, Ph.D. UC Irvine

**"Tools for School-Based Providers: Assessing Risk for
Psychosis in Youth"**

Presented by: Jason Schiffman, Ph.D. UC Irvine

**"Trauma, Dissociation, and Psychosis:
CBT and Other Approaches to Understanding and Recovery"**

Presented by: Ron Unger, LCSW

**"Breaking Down Binaries:
Psychosis & the Transgender Community"**

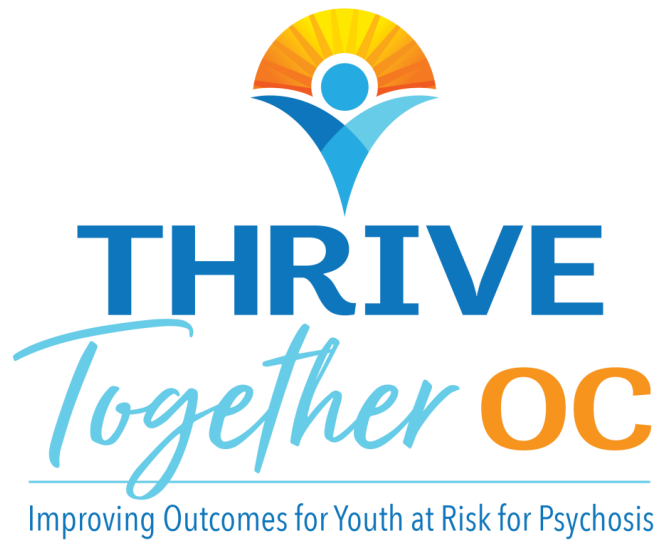
Presented by: Maggie Mullen, LCSW, DBT-LBC

**"Start the Conversation: The "When", "How", and "Then What?"
Strategies to Support Youth Experiencing Early Signs of
Psychosis"**

Presented by: Jason Schiffman, Ph.D., UC Irvine & The TTOC Clinical Team

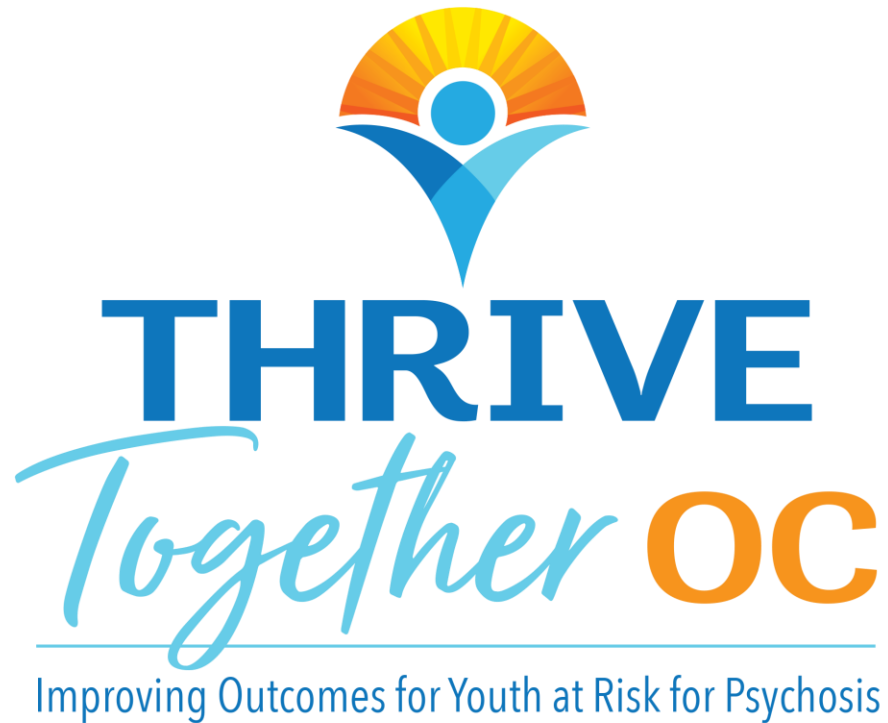
**"Dialectical Behavioral Therapy (DBT):
Informed Interventions for Psychosis In-Depth"**

Presented by: Maggie Mullen, LCSW, DBT-LBC



New Partnerships

- Orange County Department of Education (OCDE)
- Anaheim Union High School District
 - Professional Development Day for school social workers
 - “Back to School” nights
- Orangewood Foundation
 - Drop-in health & resource event
- Local Colleges & Universities
 - California State University Fullerton (CSUF)
 - Santa Ana College
- CHOC Hospital
 - Emergency Department



Program Criteria

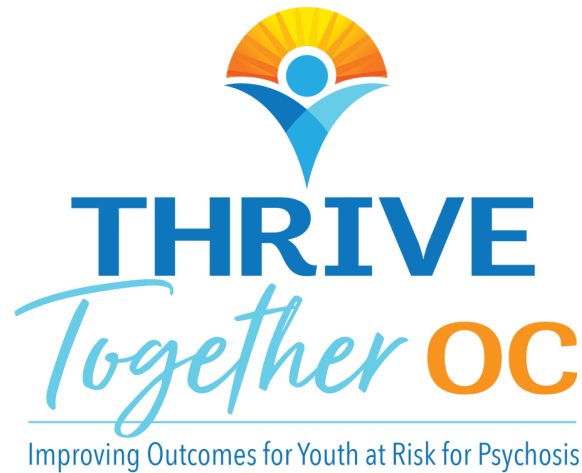
For Screening & Assessments

- Orange County Residents
- Ages 12-25 years old
- At Clinical High Risk for Psychosis

For Consultation & Training

- Professionals working in Orange County

All Services at No-Cost



For Referrals



(657) 452-6811



www.thrivetogetheroc.org



info@thrivetogetheroc.org

- General information

trainings@thrivetogetheroc.org

- Training requests

services@thrivetogetheroc.org

- Consultation
- Screening & Assessment

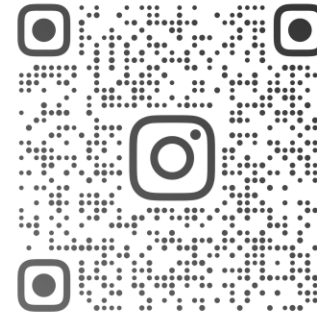
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THRIVETOGETHEROC

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Thank You!



Funded by the OC Health Care Agency through the Mental Health Services Act.



Orange County Center for Resiliency Education and Wellness (OC CREW)

Paola Bautista
Program Manager
CYS/MHRS
September 21, 2023



What is OC CREW?

- ▶ Early intervention program provided by the OC Health Care Agency with the goal of reducing the duration of untreated psychosis and providing early intervention for Schizophrenia Spectrum Disorders
- ▶ Funded by
 - ▶ Prop 63: The Mental Health Services Act (MHSA)
 - ▶ Medi-Cal

Who Does OC CREW Serve?

Transitional Age
Youth, ages 12-25
(and their families)

IQ of 70 or above

Experiencing new
symptoms of
psychosis w/in 24
months

Not enrolled in other
treatment services
for psychosis

Symptoms are not
due to

- Substance use
- A medical condition
- Trauma or mood disorder

Must be an Orange
County resident

Coordinated Specialty Care (CSC)

► According to NIMH,

Coordinated specialty care is a recovery-oriented, team approach to treating early psychosis that promotes easy access to care and shared decision-making among specialists, the person experiencing psychosis and family members

What Services Does OC CREW Provide?

Assessment

Individual therapy

Family/collateral interventions

Multifamily group psychoeducation

Social skills groups/activities

Psychiatric services

Case management

- Education support
- Vocation support

What is Psychosis?

Psychosis is a disturbance in thinking for 1-30 days

- Delusions
- Hallucinations
- Disorganized thinking and speech
- Disorganized or catatonic behavior
- Negative symptoms

More than a cultural experience/belief

Can be due to many reasons; general excess of Dopamine in the brain

Performance Changes of Someone Experiencing Psychosis

New trouble with:

- ▶ Reading or understanding complex sentences
- ▶ Attention and concentration
- ▶ Memory
- ▶ Motivation
- ▶ Speech
- ▶ Understanding what others are saying
- ▶ Coordination in sports
- ▶ Attendance or grades

Behavior Changes of Someone Experiencing Psychosis

New trouble with:

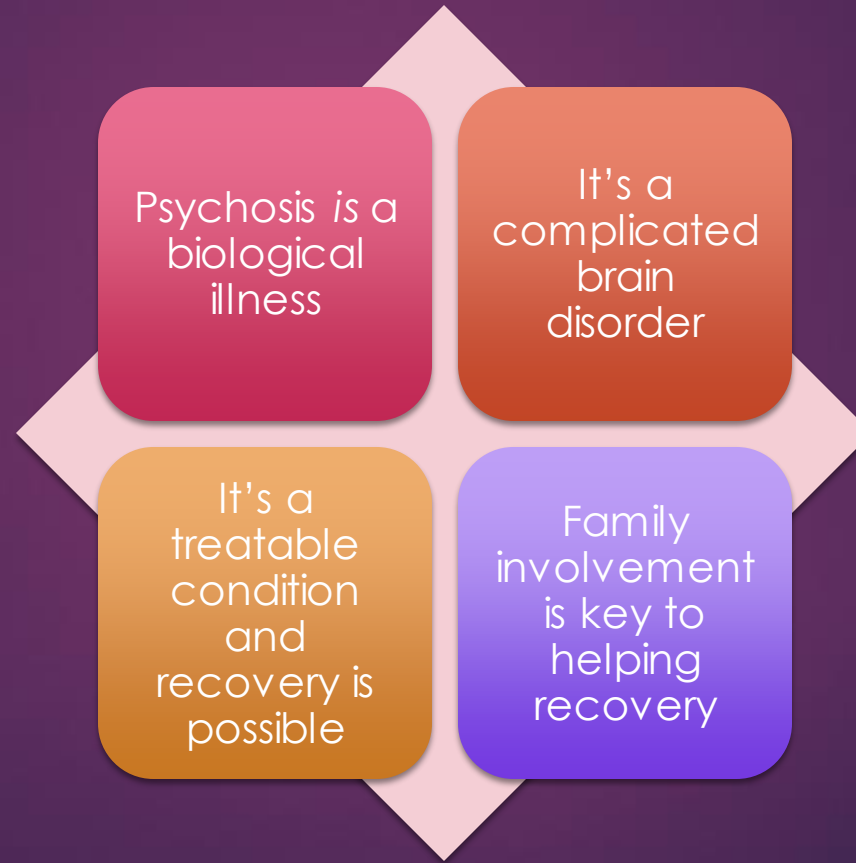
- ▶ Extreme fear for no apparent reason
- ▶ Uncharacteristic, bizarre actions, statements or beliefs
- ▶ Incoherent or bizarre writing
- ▶ Extreme social withdrawal and isolation
- ▶ Decline in appearance or hygiene
- ▶ Sleep disturbance (sleep reversal, sleeping all the time, not sleeping)
- ▶ Dramatic changes in eating

Perceptual Changes of Someone Experiencing Psychosis

New trouble with:

- ▶ Fears others are trying to hurt them
- ▶ Heightened sensitivity to sights, sounds, smells or touch
- ▶ Statements like, “I think I’m going crazy,” or “My mind is playing tricks on me”
- ▶ Hearing voices or sounds that others don’t
- ▶ Visual changes (wavy lines, distorted faces, colors more intense)

Key Concepts About Psychosis



Continuum of Psychosis



Positive Symptoms	Negative Symptoms	Cognition	Mood
Hallucinations	Social withdrawal	Memory	Feeling discouraged
Delusions	Apathy	Attention	Fear
Disorganized thoughts & behaviors	Amotivation	Processing deficits	Mood instability
	Flat affect		Inappropriate affect

Schizophrenia
Related
Symptoms
That Can
Become
Impairments

Effects of Untreated Initial Psychosis

Reduction in role and
social function

Negative change in
cognitive functioning

When the duration of
untreated psychosis (DUP)
is one year or more, the
individual is 3 times more
likely to experience a
relapse within the next two
years



Treating Psychosis

Forms of Treatment



Pharmacological
Treatments



Psychosocial
Interventions



Treatment
Settings

Psychopharmacological Treatments

- ▶ Antipsychotic medications are also called Neuroleptics or Major Tranquilizers
- ▶ Can come in the form of pills, drinkable liquids or injections
- ▶ Common side effects
 - ▶ Sedation
 - ▶ Dry mouth
 - ▶ Weight gain
 - ▶ Digestive complaints
 - ▶ Metabolic syndrome

Psychosocial Interventions

- ▶ Individual therapy
- ▶ Family/collateral interventions
- ▶ Group therapy
- ▶ Social skills groups/activities
- ▶ Vocational/education rehabilitation
 - ▶ IEP or 504 accommodations

There is an underlying goal of skill building throughout all forms of psychosocial treatment, because many skills must be relearned due to the psychosis.

Treatment Settings

- ▶ Hospitalization
- ▶ Partial hospitalization
- ▶ Intensive Outpatient Programs
- ▶ Supportive housing
- ▶ Outpatient clinics (regional or contracted clinics, PACT, or OC CREW)
- ▶ Full-Service Partnerships

Types of Social Support



Emotional support,
caring, trust, empathy



Physical
assistance/help



Sharing of information,
knowledge and/or skill



Giving and receiving
feedback or venting



Material support



Integration into the
community



Family Considerations

Common Family Needs When Their Loved One is Experiencing Psychosis

- ▶ Information, education and resources
- ▶ Skills to increase coping ability
- ▶ Hope that recover can and will occur
- ▶ Support
- ▶ Self-care to avoid burnout
- ▶ Occasional breaks

Family Skills that Contribute to Recovery

Acceptance of the individual

Attribute the symptoms to the illness, not the person

Set realistic goals

Include the individual with psychosis in the family activity and decision making

Provide a calm, relaxed environment

Praise the individual often

Only make specific criticism

Maintain a safe and reasonable distance when needed*

Family Guidelines

- ▶ Go Slow
- ▶ Keep it cool
- ▶ Give em' space
- ▶ Set limits
- ▶ Ignore what you cannot change
- ▶ Keep it simple
- ▶ Follow doctor's orders
- ▶ No street drugs or alcohol
- ▶ Pick up on early signs
- ▶ Solve problems step by step
- ▶ Lower expectations temporarily

The Impact of Family Skill Building

- ▶ The annual rate of relapse (experiencing an acute psychotic episode) reduces by more than 50% for individuals with families who have developed the skills necessary to promote recovery

How to refer to OC CREW

- ▶ OC CREW is located at:
4000 W. Metropolitan Dr., Suite 403
Orange, CA 92868
- ▶ To make a referral, call (714) 480-5100



Breakout Discussion



MHSA PAC Discussion

1. Based on the information presented by TTOC, what are some additional strategies that can identify individuals at risk even sooner?
2. In healthcare, we often qualify "client success" as reduction in symptoms.

When thinking about yourself, your friends, family members, or others that may be living with psychosis what are additional outcomes that also indicate success?

Please describe what wellness and/or recovery look like.

3. Based on the positive outcomes and prioritized population, would you support expansion of programs like TTOC and OC CREW?

Please discuss your perspective in your response.

Orange County Health Improvement Plan Development

Background, Progress & Next Steps

September 21, 2023

Regina Chinsio-Kwong, DO

County Health Officer, Chief of Public Health Services

Karin Kalk, MHA

Director

Office of Project Management and Quality Improvement

Sharon Boles, Ph.D.

Research, Policy and Quality Assurance Analyst

Office of Project Management and Quality Improvement





Agenda

Background on Health Improvement Plan (including the CHA & CHIP)

- What is it and why we develop it
- Our approach, activities and schedule to develop the 2024-26 CHIP

Update on the progress and findings to date (CHA)

- Assessments completed to date
- Key findings from the assessments

Share next steps and opportunities to become involved (CHIP)

- **Two Upcoming Virtual Events**

CHA = Community Health Assessment

CHIP = Community Health Improvement Plan

What is a CHA and CHIP?

CHA Community Health Assessment

Basis for local public health planning to assess, identify, and describe the key health needs of a community through comprehensive data collection and analysis on health condition status, community health needs, epidemiologic studies, local barriers, health disparities and much more.

CHIP- Community Health Improvement Plan

Represents consensus thinking based on CHA activities and priority areas identified and helps outline a county wide guide for health improvement efforts for identified priority areas. ¹

Key Outcome: A documented plan, with assessment findings, that invites all health care organizations to work towards a common set of goals and to contribute to improvement for those who have related needs.

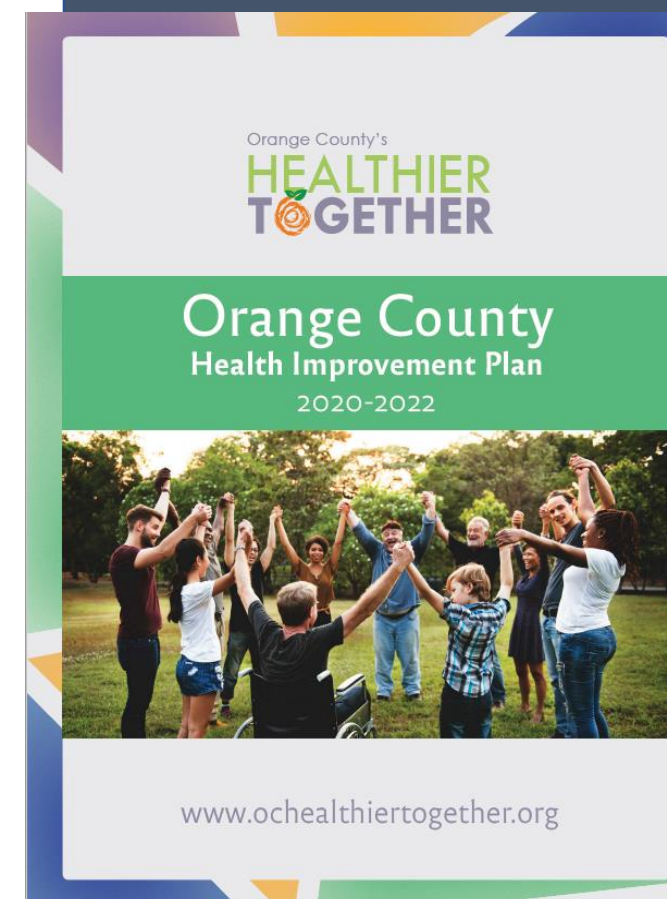
Leveraging work of Equity in OC for participation and insights

HCA has leveraged Equity in OC partnerships for continued advancement of the previous OC Health Improvement Partnerships (OCHIP) and for ongoing engagement with community partners to strengthen partnerships, address social determinants of health and build collective capacity of HCA and community partners to address health inequities. ²

Key role: guide and inform the development of an Orange County Health Improvement Plan (three year plan)

When was the last OC CHIP?

OC Health Improvement Plan 2020-2022 was published at the end of 2019 ³



1. <https://www.cdc.gov/publichealthgateway/cha/plan.html>
2. <https://www.equityinoc.com/>
3. <https://www.ochealthinfo.com/page/oc-health-improvement-plan>

Community Health Assessments

Community Themes and Strengths Assessment (CTSA):

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

Community Indicators:

- What does overall health in Orange County look like?
- How healthy are our residents?

Forces of Change (FoC) Assessment:

- What is occurring or might occur that affects the health of the community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Local Public Health Services Assessment (LPHSA):

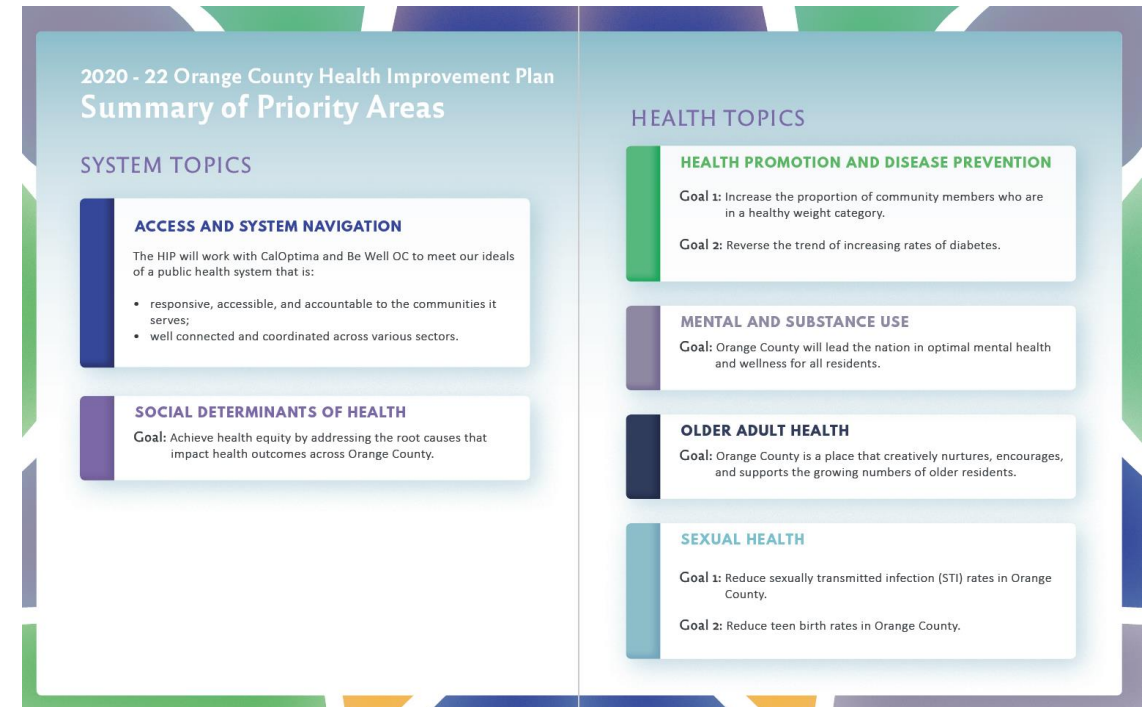
- Survey developed by National Public Health Standards;
- Measures how well the local public health system delivers the 10 Essential Public Health Services

Current Stage

Refining Priority Areas

Several Community health assessment and planning activities have been held to prioritize improvement areas.

Additional Virtual Sessions will be offered in October to engage more community members and organizations with selecting and refining priority areas for the county as a whole to focus on over the course of the next 3 years.



Priority Areas identified by the community for 2020-2022 CHIP

Orange County Community Health Assessment (CHA) 2023 Preliminary Findings *from July Community Session*



Orange County
2023 Community Health
Assessment

Findings

August 2023



Top Health Conditions

HEALTH CONDITION
PRIORITY NEED
Mental Health
Maternal/ Fetal Health
Diabetes & Obesity
Substance Use
Sexually Transmitted Diseases
Vaccine Preventable Diseases
Injuries & Accidents
Cancer
Heart Disease/ Stroke
Asthma/ COPC
Oral Health
Alzheimer's/ Dementia

MENTAL HEALTH AND MENTAL DISORDERS
(See pages 19-22 for a complete list of indicators)

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
51	Percent of Adults Needing and Receiving Behavioral Health Care Services (CHS)	47.9% (2021)	53.8%	N/A
53	Age-Adjusted Death Rate Due to Suicide per 100,000 (CDPH)	9.9 (2018-2020)	10.5	14.1 (2021)
54	Ratio of Population to Mental Health Providers (UWPH)	2831 (2022)	2361	3401

SUBSTANCE ABUSE
(See pages 61-68 for a complete list of indicators)

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
62	Age-Adjusted Drug Induced Death Rate per 100,000 (CDPH)	15.6 (2021)	17.8	32.4 (2021)
64	Percent of 9th Graders Who Use Alcohol or Drugs (CDE)	8.0% (2017-2019)	15.0%	N/A
66	Percent of 10th Graders Who Use E-Cigarettes (Vaping) (CDE)	7.0% (2017-2019)	11.0%	13.1% (2020)
68	Age-Adjusted Emergency Department Visit Rates Due to All Drug Overdoses (CDPH)	181 (2021)	148.2	N/A

OLDER ADULTS – ALZHEIMER'S DISEASE
(See page 78 for a complete list of indicators)

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
78	Age-Adjusted Death Rate due to Alzheimer's Disease	39.2 (2018-2020)	377	

ALZHEIMER'S DISEASE
(See pages 78-80 for a complete list of indicators)

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
79	Percent of Children Who Visited a Dentist in Past 6 Months (CHS)	64.3% (2021)	65.2%	N/A

CANCER
(See pages 19-22 for a complete list of indicators)

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
19	Age-Adjusted Death Rate Due to All Cancers per 100,000 (CDPH)	122.4 (2018-2020)	128.3	146.6 (2021)
20	Age-Adjusted Death Rate Due to Breast Cancer per 100,000 (CDPH)	18.5 (2018-2020)	18.2	19.4 (2021)
21	Age-Adjusted Death Rate Due to Colorectal Cancer per 100,000 (CDPH)	10.5 (2018-2020)	11.9	13.4 (2021)
22	Age-Adjusted Death Rate Due to Lung Cancer per 100,000 (CDPH)	21.5 (2018-2020)	22.9	31.7 (2021)

DIABETES, DISABILITIES, AND HEART DISEASE AND STROKE
(See pages 33-35 for a complete list of indicators)

Diabetes

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
23	Percent of Adults with Diabetes (CHS)	8.4% (2021)	10.8%	N/A
24	Age-Adjusted Hospitalization Due to Uncontrolled Diabetes per 10,000 (HCA)	24.6 (2021)	25.0	N/A

Disabilities

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
26	Percent of Adults with a Disability (ACS)	8.8% (2020)	11.2%	13.0%

Heart Disease and Stroke

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
27	Age-Adjusted Death Rate Due to Coronary Heart Disease per 100,000 (CDPH)	72.6 (2018-2020)	80.7	92.6
29	Age-Adjusted Death Rate Due to Cerebrovascular Disease (Stroke) per 100,000 (CDPH)	36.3 (2018-2020)	37.0	41.1
30	High Blood Pressure Prevalence (CHS)	22.6% (2021)	26.8%	45.7%

MATERNAL, FETAL, AND INFANT HEALTH AND FAMILY PLANNING
(See pages 44-49 for a complete list of indicators)

Maternal, Fetal Health

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
34	Percent of Mothers Who Received Early Prenatal Care (CDPH)	88.2% (2020)	85.8%	77.7%
45	Infant Mortality Rate per 1,000 Live Births (OCHCA)	2.8 (2020)	3.7	5.4
49	Pregnancy-Related Mortality Rate per 100,000 Live Births (CDPH)	11.6 (2018-2020)	15.7	17.3 (2018)

Infant Health

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
45	Infant Mortality Rate per 1,000 Live Births (OCHCA)	2.8 (2020)	3.7	5.4
46	Percent of Infants with Low Birth Weight (OCHCA)	6.2% (2020)	6.9%	8.2%
47	Percent of Infants Exclusively Breastfed at Hospital Discharge (CDPH)	67.6% (2020)	69.7%	N/A

Teen Birth

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
48	Teen Birth Rate per 1,000 Females Ages 15-19 Years (CDPH)	6.9 (2020)	11.0	15.4

Mental Health and Mental Disorders

Measures:

Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
63	Percent of Adults Needing and Receiving Behavioral Health Care Services (CHIS)	47.9% (2021)	53.8%	N/A
65	Age-Adjusted Death Rate Due to Suicide per 100,000 (CDPH)	9.9 (2018-20)	10.5	14.1 (2021)
69	Ratio of Population to Mental Health Providers (UWPHI)	283:1 (2022)	236:1	340:1

Qualitative Findings:

- Need more (and more culturally diverse) mental health providers, not enough mental health professionals work with Medi-Cal/Medicare, including peer-based providers
- Recognition of community trauma, integration of health, mental health, and social services
- Education about mental health and stigma to address mental health resources
- Difficulty accessing mental health care due to limited capacity, stigma, insurance, and cultural/language barriers of the complicated system
- Insurance companies act as a barrier for mental health and substance use treatment

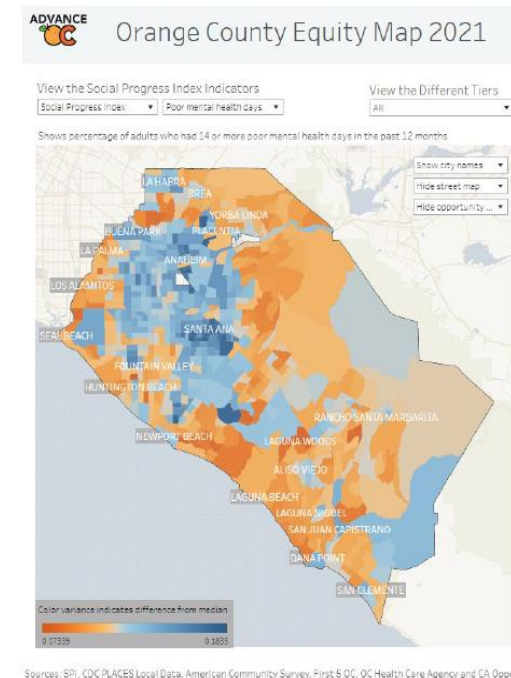
Measures Legend

Color	Meaning
Green	A shift or trend in a positive direction
Yellow	No clear shift or trend
Red	A shift or trend in a negative direction
Grey	Not enough data points for trend

Equity Concerns:

- Percent of Teens Needing Help with Emotional/Mental Health Problems: Hispanic (52.5%) reported needing help with behavioral health issues at higher rates than White (46.0%) and Asian (41.9%)
- Percent of Adults Needing and Receiving Behavioral Health Care Services: Hispanic (34.5%) and Asian (39.3%) receive BHCS at lower rates than White (58.7%)
- North and Central County regions tends to have higher than median percentage of adults who had 14 or more poor mental health days

MENTAL HEALTH



Poor Mental Health Days:

- Blue census tracts experienced more poor mental health days than orange.
- North and Central County (bluer regions) tends to have higher than median percentage of adults who had 14 or more poor mental health days.

Maternal/Fetal Health

Measures:

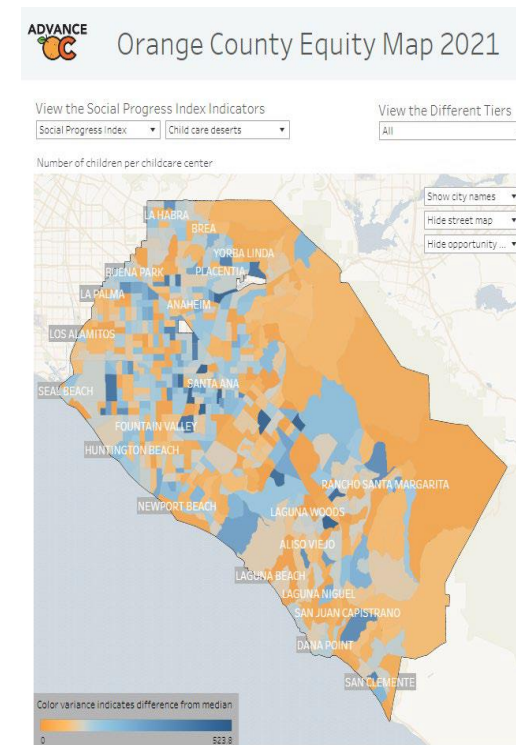
Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
52	Percent of Mothers Who Received Early Prenatal Care (CDPH)	88.2% (2020)	85.8%	77.7%
53	Infant Mortality Rate per 1,000 Live Births (OCHCA)	2.8 (2020)	3.7	5.4
57	Pregnancy-Related Mortality Rate per 100,000 Live Births (CDPH)	11.6 (2018-20)	15.7	17.3 (2018)
53	Infant Mortality Rate per 1,000 Live Births (OCHCA)	2.8 (2020)	3.7	5.4
54	Percent of Infants with Low Birth Weight (OCHCA)	6.2% (2020)	6.9%	8.2%
55	Percent of Infants Exclusively Breastfed at Hospital Discharge (CDPH)	67.6% (2020)	69.7%	N/A

Qualitative Findings:

- Need for tangible resources and increased services for maternal and fetal care
- Lack of pediatric sub-specialists in the county
- Lack of high-risk Obstetrics and Gynecologists in the county
- Professionals leaving healthcare; providers are overworked and understaffed

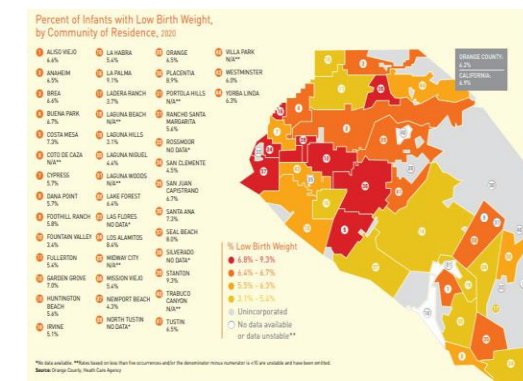
Equity Concerns:

- Percent of Infants Exclusively Breastfed at Hospital Discharge: Black (65.0%), Hispanic (61.4%), Asian (57.7%) and Pacific Islander (61.4%) infants were breastfed at lower rates than White (82.4%) and American Indian (82.4%)
- Teen Birth Rate per 1,000 Females Ages 15-19 Years: Hispanic (13.0) gave birth at a higher rate than White (2.2), Black (8.0) and Asian (0.5)
- Areas of South County have higher percentage of people who received early prenatal care compared to other regions of the County (Source: The 28th Annual Report on the Conditions of Children in Orange County).



Child Care Deserts:
Blue census tracts had more child care deserts than orange.

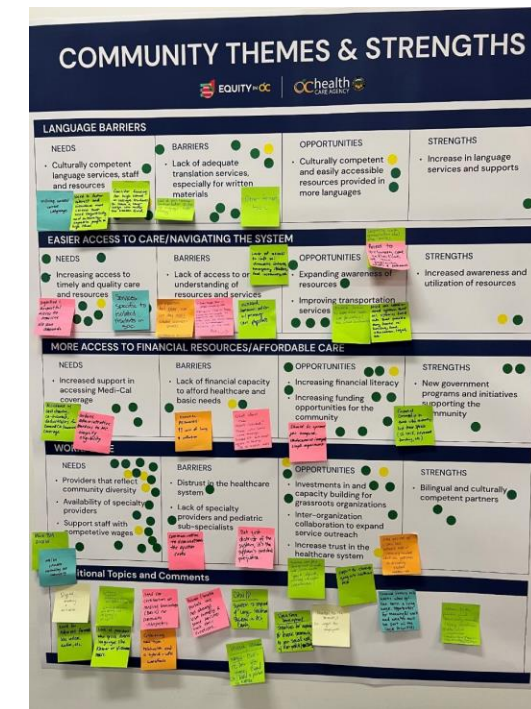
Low Birth weight:
Regions in red with higher rates of low birth weight



Sources: SPI, CDC PLACES Local Data, American Community Survey, First 5 OC, OC Health Care Agency and CA Opport.

Top Health Determinants

HEALTH DETERMINANT
PRIORITY NEED
Housing / Homeless
Workforce
Care Navigation
Health Insurance Access / Enrollment
Food Access / Nutrition
Economic Disparities
Language Access
Exercise
Immigration & Refugees
Social Media / Information Access
Data Access & Supports



Housing/Homelessness

Measures:

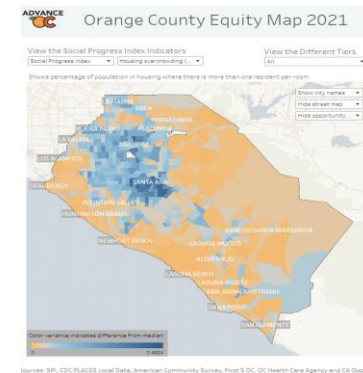
Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
	2022 Point in Time Count of persons experiencing homelessness https://www.ocgov.com/news/county-orange-releases-2022-point-time-count-results) and https://www.ocalthinfo.com/sites/hca/files/2022-05/2022%20PIT%20Data%20Info%20graphic%20-%2010.2022%20Final.pdf	5,718	171,500	

Qualitative Findings:

- Increased evictions and lack of post-eviction support
- Lack of financial capacity increases homelessness and forces choices between essential needs
- Unaffordability of Rent Prices
- Need for more shelters
- High cost of land and scarcity in places to build more housing
- Increased wealth gap leading to more homelessness
- Increase in nimbyism (Not in My Backyard)
- Optimistic for Government and Organizational Support to provide additional resources (i.e. advocacy for rent control, Implementing Regional Housing Needs Assessment, Growth of housing trust)
- Collaboration between government and Community-Based Organization's (CBO's)

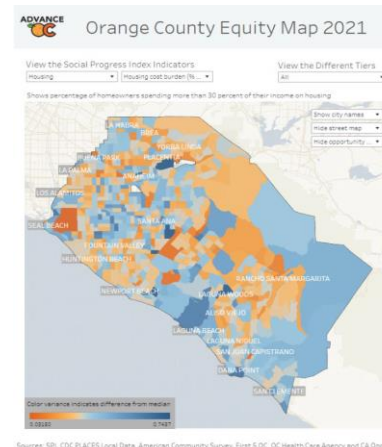
Equity Concerns:

- North (2,419) and Central (2,714) have a higher number of homeless persons than South (858) county
- More homeless persons are recorded in North (2,419) and Central (2,714) Service Planning Areas compared to the South (585) Service Planning Area
- North County had a higher percentage of population in housing where there is more than one resident per room



Housing Overcrowding:

- Blue census tracts had higher rates of housing over-crowding than in orange census tracts.
- North County had a higher percentage of population in housing where there is more than one resident per room.



Housing Cost Burden for Ownership:

- Blue census tracts experienced a lower housing cost burden (home ownership) than orange census tracts.

Language Access

Measures:

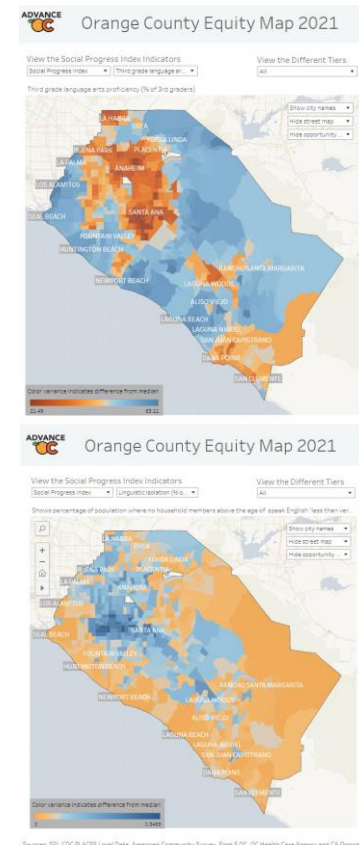
Pg #	Indicator Name	Actual Value (most recent year)	CA Value	US Value
	11th Grade Students Proficient in English/Language Arts (CA Dept of Education, KidsData)	66.8% (2021)	59.2%	N/A

Qualitative Findings:

- Need for linguistically competent services and resources increase access to resources and care
- Making healthy choices would be easier if there were clear, culturally competent and easily understood choices in multiple languages
- Linguistic and cultural barriers affect workforce and access to care
- Bilingual and culturally competent partners
- Lack of translations for written material prevent equitable dissemination of information

Equity Concerns:

- Third grade language arts proficiency is notably lower in parts of north County compared to the rest of the County (Advance OC's Social Progress index)
- More areas of north and central County had no household members who spoke English compared to rest of the County



Third Grade Language Arts:

- Orange areas are performing worse on this indicator.
- Third grade language arts proficiency is notably lower in parts of North County compared to the rest of the County.

Linguistic Isolation

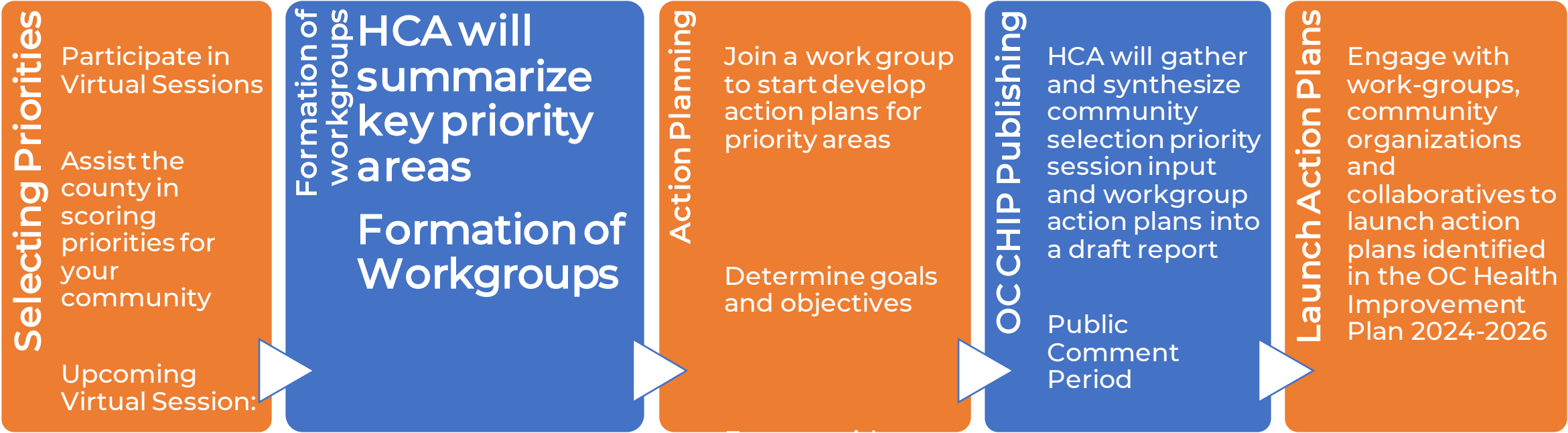
- Blue areas are performing worse on this indicator.
- More areas of North and Central County had no household members who spoke English compared to rest of the County

Priority Populations

<u>PRIORITY POPULATIONS</u>
<u>PRIORITY NEED</u>
Older Adults
Asian & Pacific Islanders
Latinx
South Asian, Middle Eastern, North African
Black
LGBTQ+
Individuals with Disabilities
Native Hawaiian / Pacific Islanders
American Indian / Native Alaskans
Corrections
Children & Families
Women
Unhoused
Veterans

Next Steps

What's Next? Get involved!



-  Opportunities for Community members and organizations to get involved
-  Orange County Health Care Agency

Virtual Sessions

Session 1: October 3, 2023 TIME: 6:00 pm - 7:30 pm

<https://us02web.zoom.us/meeting/register/tZMsduqqqjwuH9IdEwG5F6hIF9B5EEq00CHr>

or

Session 2: October 5, 2023 TIME: 12:00 pm – 1:30 pm

<https://us02web.zoom.us/meeting/register/tZYrduqpqz0oG9Q6LhK2PWYBDwh2oL62qPeM>



OC HCA Websites

OC Health Improvement Plan

[OC Health Improvement Plan | Orange County California - Health Care Agency \(ochealthinfo.com\)](https://ochealthinfo.com/oc-health-improvement-plan)

OC Health Info Dashboard:

[Data & Dashboards | Orange County California - Health Care Agency \(ochealthinfo.com\)](https://ochealthinfo.com/data-dashboards)

OC Health Data

[Community Health Improvement Plan \(CHIP\) | OC Health Data](https://ochealthinfo.com/community-health-improvement-plan-chip)

Equity in OC

[Equity in OC - An Initiative of Orange County Health Care Agency](https://ochealthinfo.com/equity-in-oc)

Equity Map

[OC Equity Map \(equityinoc.com\)](https://equityinoc.com)

Questions?

Feedback or Recommendations?

Please email sboles@ochca.com if you have
any questions



Debrief

- Please complete the survey!
- October 19, 2023 Virtual Meeting 10 am – 12 pm
 - CARE Court Overview and Integration of PADS

MHSA Office

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