

Summary of the
MHSA Prevention & Early Intervention (PEI)
Community Planning
Orange County Health Care Agency
Behavioral Health Services

Mark Lawrenz
Prevention & Intervention Division Manager

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Overview of Today's Meeting

- ▶ Goals of the PEI community planning process
- ▶ Overview of the community planning process
- ▶ Questions that were considered in this process
- ▶ Pending new PEI Regulations in SB 1004
- ▶ Needs and possible solutions identified in this planning process
- ▶ Final thoughts about the planning process
- ▶ Next steps

Goals of the PEI Community Planning Process

- ▶ To provide the MHSA Steering Committee with a list of community service needs along with identified populations for prioritization in the use of available MHSA funds
- ▶ To take a deeper dive into the prevention and early intervention needs of the community to better inform all MHSA/PEI programming

Overview of the Community Planning Process

- ▶ The first meeting on **August 7**, provided an overview to create a common understanding and framework of the PEI Planning Process.
- ▶ Four targeted discussions on community needs identified, within specific populations:

August 14: Focusing on family support programs, program serving families with children from birth to age 8

August 21: Focusing on school-based programs, children/youth 9-16, and TAY

August 29: Focusing on adult and older adult programs

September 11: Revisited TAY

- ▶ A fifth meeting on **September 25** will bring all the feedback together for a discussion on the over-arching themes and service needs identified.

Questions Considered in this Process

- ▶ What is the community need in each of the identified target populations?
- ▶ What PEI programs that are currently implemented that address the identified need?
- ▶ What other community programs address the identified need?
- ▶ What is needed in addition to the above resources?
- ▶ What research or data supports this as a need in Orange County?
- ▶ How can time-limited funding support this identified need?

Pending new PEI Regulations in SB 1004

- ▶ On or before January 1, 2020, the MHSA OAC shall establish priorities for the use of prevention and early intervention funds. These priorities include:
 - ▶ (1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
 - ▶ (2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
 - ▶ (3) Youth outreach and engagement strategies that target secondary school and transitional age youth, with a priority on partnership with college mental health programs.

Pending new PEI Regulations in SB 1004

- ▶ On or before January 1, 2020, the MHSA OAC shall establish priorities for the use of prevention and early intervention funds. These priorities include:
 - ▶ (4) Culturally competent and linguistically appropriate prevention and intervention
 - ▶ (5) Strategies targeting the mental health needs of older adults
 - ▶ (6) Other programs the commission identifies, with stakeholder participation, that are proven effective in achieving, and are reflective of, the goals stated in Section 5840.

Identified Need #1:

Increased Awareness of/Improved Navigation of the Behavioral Health System

- ▶ Need for an comprehensive resources inventory to assess unmet need including geo-mapping of resources.
 - ❖ A comprehensive resource inventory of school-based mental health resources, including all districts
 - ❖ Resource guide for older adults, their families and providers
- ▶ Care coordination to better link children with mental health challenges to appropriate specialty services.
- ▶ Use of technology, smart phones and apps, especially for the younger generations as it is being piloted in Innovations Technology Suite to link youth to services.

Identified Need #2:

Systematic screenings for mental illness

- ▶ Implement universal screening tools in pediatric primary care, early childcare and school settings
- ▶ Translate information and screening tools in a culturally aware manner
- ▶ Expand screenings for older adults to determine if symptoms are caused by depression or dementia

Identified Need# 3:

Training for individuals, families and providers

- ▶ Expand workforce capacity/skills to work with young children to promote, educate, prevent, identify and link to services
- ▶ Increase training opportunities through BHS Training and PEI in higher education
- ▶ Training for parents whose children are on probation
- ▶ Prevention education to foster parents on LGBTIQ and TAY issues
- ▶ Trauma-focused trainings to providers serving all target populations and age groups

Identified Need# 3 (continued): Training for individuals, families and providers

- ▶ Training for school staff on mental Health
- ▶ Continued training for faith-based community
- ▶ Training to providers who serve TAY, LGBTIQ and Veterans
- ▶ Training on mental health services to school administrators, including Colleges and Universities
- ▶ Training of support service providers for isolated and older adults, such as Meals on Wheels volunteers

Identified Need #4:

Implementation and/or Expansion of Peer Support Models

- ▶ Peer support for families, such as parent partners, to build trust and assist in navigating the services, especially for underserved and homeless families
- ▶ Peer support in the schools to further address bullying, trauma and suicide prevention
- ▶ More peer support in colleges and universities, especially for the LGBTIQ community and Veterans
- ▶ Peer support for LGBTIQ, specifically in the foster care system
- ▶ Peer support for Veterans especially not in college system
- ▶ Peer navigators and support for seniors

Identified Need #5:

Time-Limited Expansion of Existing Direct Services

- ▶ System-wide expansion of resources to promote perinatal mental health services, including for fathers (more screenings, case management and early intervention)
- ▶ Expansion of early intervention services provided at schools, such as school counselors
- ▶ Expansion of prevention services, such as violence prevention and suicide prevention services to children and TAY services
- ▶ Expansion of County counseling program to support need for bilingual therapists
- ▶ Expansion of early intervention services for older adults, age 60 and older including more gero-psychiatric hours

Identified Need #6:

Time-Limited Funding of New Services

- ▶ Demonstration project of Behavioral Health integration in pediatric primary care
- ▶ Behavioral health support services at Wellness Centers in schools
- ▶ Services for homeless youth and home schooled youth not accessing schools
- ▶ Services targeting TAY not attending Colleges or Universities
- ▶ Older adult services for adults, age 50 years and older, especially from the immigrant communities

Identified Need #7: Targeted Stigma Reduction Programs

- ▶ Awareness campaign for first responders working with children from birth to age 8
- ▶ Increased dissemination of information and education awareness in culturally sensitive and appropriate messaging with inclusive language
- ▶ Awareness campaign and engagement forum for Veterans, the LGBTIQ community, immigrants and older adults

Identified Need #8:

Additional Supports to Remove Barriers to Increase Access/Training

- ▶ Telehealth, specially for families with children from birth to age 8
- ▶ Transportation services, especially for seniors who are home-bound
- ▶ Childcare
- ▶ Compensation for substitutes teachers so they can be attend trainings

System-wide themes: Partnering, Integration and Collaboration

- ▶ Build relationships at the leadership levels between HCA, school superintendents, FRC's, colleges/universities to help eliminate systemic barriers such as time taken for MOU's, permission and access into schools
- ▶ Organized and systematic networking opportunities to share available resources, such as sharing success stories via a newsletter
- ▶ More partnering with community based organizations to provide behavioral health services at trusted community sites
- ▶ Private/Public partnerships/Integration

Final Thoughts about the PEI Planning Process

- ▶ Breaking down discussions by target age-groups was helpful
- ▶ Participants came in open to sharing ideas
- ▶ Planning Process was a good start in dialoging about community needs in the preparation of the next 3-year MHSA Plan and more is needed
- ▶ As a general theme: We are providing a lot of good services, however more awareness of services and coordination is needed

Next Steps

- ▶ Present these findings along with the findings from the BHS Community Engagement forums to the MHSA Steering Committee.
- ▶ MHSA Steering Committee to prioritize identified needs and make recommendations to HCA.
- ▶ HCA to take recommendations and build into the FY 19/20 Plan based on available funding.
- ▶ During this process, other information will be considered in the planning of additional time-limited services and supports including the UCSD Study and SB1004 if passed.



Questions