OC health CARE AGENCY

Suicide Prevention and Stigma Free OC Campaigns

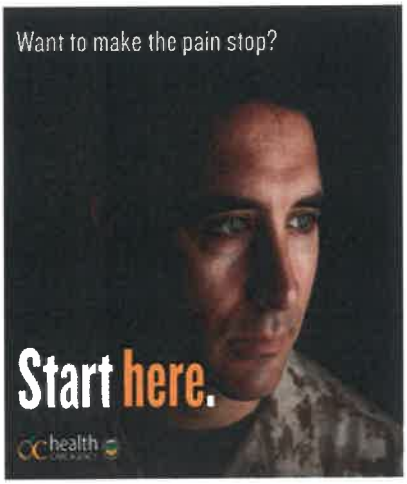
December 9, 2020

Three Multimedia Campaigns Currently Happening in OC

Help is Here

- Targets middle-age and older adult males
- Multimedia campaign includes:
  - Billboards
  - Transit Shelters
  - Television
  - Radio Spots
  - Digital and Social Media
  - Community Outreach Toolkit
- Website: HelpisHereOC.com

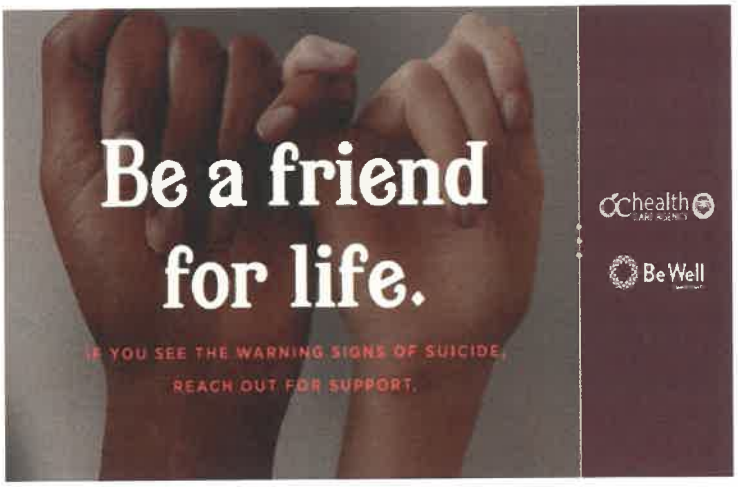
Help is Here



- Multiple ad executions were created to reflect **real men** representing this high-risk group.
- The **helpishereoc.com** website is a place to learn about the signs of suicide and find helpful resources including links to local support services.

Help is Here

Be a Friend for Life



Be a Friend for Life

Targets youth ages 15-22 years old with a specific focus on the LGBTQ+, foster youth, and high achiever demographics

Multimedia campaign includes:

- Billboards
- Transit Shelters
- Radio
- Digital and Social Media
- Outreach and Toolkit Promotion

Website: BeAFriendForLife.com

Be a Friend for Life

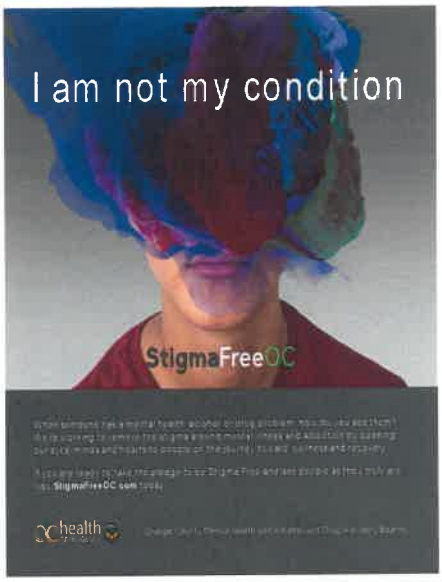
Be a Friend for Life – Youth Promotional Items

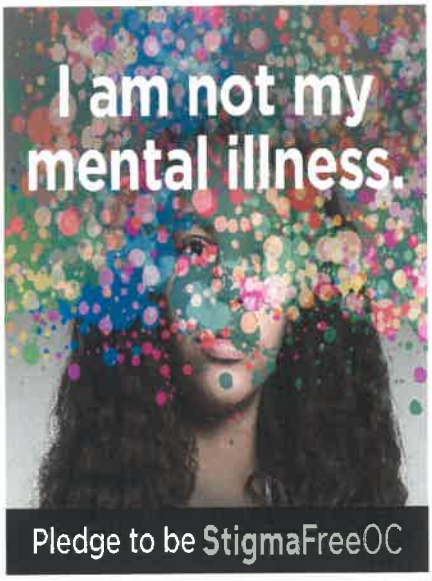
Be a Friend for Life – Youth Promotional Items

Stigma Free OC - See the Person, Not the Condition

- Targets cities, organizations and individuals of all ages
- Multimedia campaign includes:
  - Television
  - Newspaper
  - Digital and Social Media
  - Community Outreach
- Website: StigmaFreeOC.com

Stigma Free OC - See the Person, Not the Condition





Stigma Free OC - See the Person, Not the Condition

Stigma Free OC - See the Person, Not the Condition

StigmaFreeOC

ACTION PLANS
FOR BUSINESS & ORGANIZATIONS

- **Sign** the pledge to be Stigma Free, always seeing the person not the condition
- **Engage** with the community through Stigma Free partnerships and events
- **Educate** your coworkers, staff and loved ones about how they can get help

Thank You and Questions

- HelpisHere.com
- BeAFriendForLife.com
- StigmaFreeOC.com

PLEDGED SUPPORTER StigmaFreeOC.com

OC health CARE AGENCY

Orange County Needs & Gaps Analysis

Overview of the main findings and recommendations from the Oct 2019 UCSD Report

Presentation to the
OC MHB & ADAB
December 2020

OC Needs & Gaps Report Overview

Report Separated into Three Parts

1. Estimates of the Prevalence of Mental Health Symptoms and Service Utilization in Orange County
2. Geographic Access to Behavioral Health Services and a supplemental analysis on the impact of the availability of psychiatric hospital beds on overnight emergency department (ED) stays
3. Barriers to Behavioral Health Care from Provider / Advocate and Under-Represented Cultural / Linguistic Community Members' Perspectives

Link to copy of Report

Part 1: Methods

Focus

- Estimate the Prevalence of Mental Health Symptoms and Service Utilization in Orange County by specific subgroups of interest, where possible

Data

- **CA Health Interview Survey** (CHIS) - 6 waves of data
  - Children ages 4-11 years (2005-2009; n=1,216): parent-reported on brief Strengths & Difficulties Questionnaire
  - Adolescents ages 12-17 years (2011-2016; n=6,646) and Adults 18 years and older (2011-2016; n=6,780) self-reported on Kessler 6 as measure of Serious Psychological Distress
- **2016 OC HCA Outreach Civic Center Homeless Survey** (n=893 chronically homeless adults)
- **2017 2-1-1 Orange County Point-in-Time Count and Survey** (n=4,034 homeless adults)

Part 1: Methods con't

Strengths

- CHIS uses rigorous methodology to identify its sample, uses validated measures
- Consistency in items and methodology year over year allows for trend analysis in CHIS data
- UCSD uses rigorous methodology to generate direct and indirect estimates
- UCSD report yields more stable estimates than prior OC HCA/MHSA needs assessments

Limitations

- CHIS data has ~ 1 year lag before available
- CHIS does not survey those residing in jail or who are homeless; PIT does not survey homeless individuals who are living with friends/family or in a motel, hotel or emergency shelter
- Children's data in UCSD report are from earlier cohorts than adolescent/adult data
- Insufficient data for report to generate estimates of SPD among Asians or Pacific Islanders (combined into API); Cambodian under-represented in CHIS report sample
- Insufficient data for report to explore demographic differences in MH treatment utilization among TAY, or in MH need among Veterans

Part 1: Prevalence of Mental Health Issues & Service Utilization Findings

Serious Psychological Distress (SPD) Rates

- **Adults**, 18+ years (6.7%)
- **TAY**, 18-24 years (10.4%)
- **Veterans** (4.4%)
- **Adolescents**, 12-17 years (4.2%)
- **Children**, 4-11 years (5.9%)

Non-CHIS Data Sources:

- **Homeless Adults** (Point-in-Time; 12%)
- **Chronically Homeless** (Civic Center Survey; 44% any MH condition)

Demographic Groups w/ Highest Rates of SPD

- **Latino TAY** (16.6 %)
- **African-American TAY** (12.8 %)
- **LGBTQ TAY** (39.7 %) & **Adults** (18.3 %)
- **TAY** (14.1 %) & **Adults** (9.4 %) w/ **high school education**
- **Unemployed adults** (9.2 %)
- **Unmarried adults** (9.7%)
- **Latino adolescents** (6.0%)
- **Younger adolescents** 12-14 years (6.7%)
- **Boys** (6.2%)
- **Latino children** (8.3%)

Part 1: Prevalence of Mental Health Issues & Service Utilization Findings

Treatment Rates in Past Year [a]

	MAT [b]	Some Tx	No Treatment
Adults	**19.7%**	**34.4%**	**45.9%**
TAY	**13.6%**	**28.7%**	**57.7%**
Veterans	**4.4%**	-	-
Adolescents	-	-	**63.5%**
Children		-	**56.6%**

Non-CHIS Data Source:
Chronically homeless **63%** never

Demographic Groups Most Likely to Go Without Treatment in Past Year [a]

	RATE
Asian/Pacific Islander	**65.7%**
Latino	**59.6%**
African-American	**48.1%**
Straight/Heterosexual Adults	**47.7%**

[a] *Among those reporting SPD*
[b] *MAT = Minimally Adequate Treatment*

Part 1:
Prevalence of Mental Health Issues & Service Utilization Report Recommendations

Engage	Develop
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

Engage

Continue to Engage MHSA Priority Populations in Mental Health Outreach and Care

Recommendation:

In many cases, the findings in Part 1 of this report reflect known issues across California; Orange County TAY and LGBT populations are at greater risk of psychological distress, as are adults and TAY with lower education levels, unemployed adults, Latino/African American TAY, and unsheltered homeless adults. LGBT adults were more likely to receive MAT than straight adults, which may be a reflection of greater outreach and engagement to the LGBT community in recent years. Orange County should continue to focus on engaging these populations in mental health services, and many of these populations (e.g., TAY, LGBT) have already been identified as MHSA priority populations.

Engage

Continue to Engage MHSA Priority Populations in Mental Health Outreach and Care

Solutions in Progress:

- The new HCA Office of Population and Health Equity will help enhance and refine these efforts both within MHSA programs, as well as across HCA overall
- Mind OC will be hosting no fewer than 24 listening sessions with diverse groups in 2021 and 2022 to better understand behavioral health needs and barriers to access, providing reports with findings and recommendations to BHS

Develop

Develop a dedicated workgroup to explore creating or supporting programs addressing African American community's mental health needs in Orange County

Recommendation:

Based on the findings regarding lower treatment rates for African American adults and TAY, and greater psychological distress among African American TAY, the study team attempted to coordinate a focus group with individuals representing the African American population of Orange County. After comprehensive outreach efforts to local service providers and mental health advocates, we learned that there is likely not a mental health organization in Orange County that serves members of this population or has programs that target African Americans. In light of this, we recommend that Orange County develop a dedicated workgroup to explore the possibility of contracting with an organization to create programs that focus on the needs of the African American population.

Develop

Develop a dedicated workgroup to explore creating or supporting programs addressing African American community's mental health needs in Orange County

Solutions in Progress:

In addition to the general efforts described on the Engage slide:

- BHS Director and Ethnic Services Manager have met with Black/African-American community leaders in Orange County to begin dialogue focused on better understanding the community's needs
- Dialogue will be expanded to other underserved cultural and ethnic communities

Part 2: Methods

Focus

- Geographic Access to Behavioral Health Services
- Supplemental analysis on the impact of the availability of psychiatric hospital beds on overnight emergency department visits
  - *No association so not discussed further in this presentation*

Data

- May 2018 **OC HCA BHS Directory** (n=186 facilities, excluded SUD-only facilities)
- July 3, 2018 download of **SAMHSA online facility locator** (annually by public and private providers; n=15 after excluding duplicate records from OC HCA BHS Directory)
- **US Census American Community Survey**, 5-year estimates (2012-2016)
- **Office of Statewide Planning and Development** (OSHPD) – 2015 inpatient admissions and ED encounters

Part 2: Methods con't

Strengths

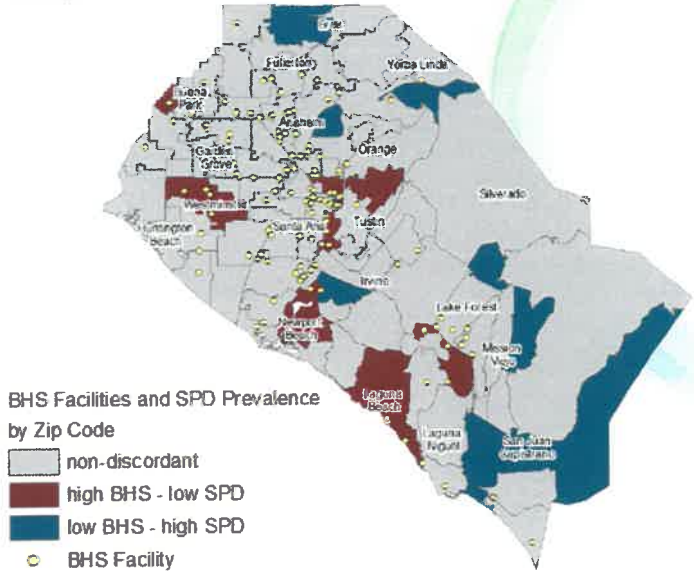
- "Density measure" of BHS facilities by population within a zip code controls for the possibility that more facilities are sited in high population areas
- Density measure is a replicable metric that can account for changes in population over time

Limitations

- Maps reflect location of facility and do not account for field-based programs/services
- Density maps don't take into account the different mandated populations to be served by funding source (i.e., MHSA, Medi-Cal, etc.)

Part 2: Geographic Distribution of OC HCA Behavioral Health Services Findings: Facilities

Figure 29: *Geographic Discordance between the Density of Behavioral Health Services (BHS) Facilities and Prevalence of Serious Psychological Distress (SPD)*



Note: Classification of high-low defined as follows: 0.49 ≤ High BHS density ≤ 6.17; low BHS density = 0; 7.3% ≤ high SPD ≤ 8.6%; low SPD ≤ 6.6%

Geographic Distribution of OC HCA Behavioral Health Findings: Bilingual Staff

Korean

Only **7 out of 35 facilities** with Korean-speaking staff were located in zip codes with many Korean-speaking residents. Additional facilities with Korean-speaking staff are needed in cities bordering Los Angeles County (Seal Beach, Cypress, La Habra, and Brea) in the north, as well as the city of Irvine.

Chinese

Only **1 out of 8 facilities** with Chinese-speaking staff were located in zip codes with many Chinese-speaking residents. Additional facilities with Chinese-speaking staff are needed in the northeast (Fullerton, Brea, and Yorba Linda), south (Irvine and Laguna Niguel), and northwest/central regions (Cypress, Garden Grove).

Farsi

Only **9 out of 47 facilities** with Farsi-speaking staff were located in zip codes with many Farsi-speaking residents. Additional facilities with Farsi-speaking staff are needed in the Northeastern part of the county (Yorba Linda, Fullerton, Anaheim Hills, Villa Park).

Tagalog

Only **5 out of 10 facilities** with Tagalog-speaking staff were located in zip codes with many Tagalog-speaking residents. Additional facilities with Tagalog-speaking staff are needed in the southern part of the county (Lake Forest, Rancho Santa Margarita, Aliso Viejo).

Khmer

Only **1 out of 3 facilities** with Khmer-speaking staff were located in zip codes with many Khmer-speaking residents. Additional facilities with Khmer-speaking staff are needed in the northeast (Brea, Yorba Linda) and northwest/central regions (Westminster, Santa Ana, Irvine, Orange).

Part 2: Geographic Distribution of OC HCA Behavioral Health Services Report Recommendations

Strengthen	Support
Add or Strengthen BHS resources in San Juan Capistrano and Capistrano Beach, which are areas with higher levels of publicly insured and/or uninsured residents with no BHS facilities	Relocate or Support Increased Availability of Bilingual Staff in Facilities where Speakers of Korean, Chinese, Farsi, Tagalog and Khmer Reside

Strengthen

Add or Strengthen BHS resources in San Juan Capistrano and Capistrano Beach, which are areas with higher levels of publicly insured and/or uninsured residents with no BHS facilities

Solutions in Progress:

- Re-map and capture range/reach of field-based/mobile programs
- Re-evaluate extent of geographic disparities
  - *Remapping on hold due to Research Analyst vacancies; exploring use of NACT data submitted to DHCS*

Support

Relocate or Support Increased Availability of Bilingual Staff in Facilities where Speakers of Korean, Chinese, Farsi, Tagalog and Khmer Reside

Solutions in Progress:

- BHS continues to recruit for bilingual staff to try and meet need
- BHS does work to shift existing bilingual staff to facilities closest to communities with specific language needs
- More consistent monitoring is now available through the Network Adequacy Certification Tool (NACT), which all counties submit quarterly to DHCS. The NACT includes, among other information, language(s) spoken by each clinician and their assigned facility

Part 3: Methods

Focus

- Barriers to Behavioral Health Care from Provider/Advocate and Cultural/Linguistic Minority Community Members' Perspectives

Data

- **Focus groups** (n=19 total)
  - **Provider/Advocate Organizations** (n=10 groups, 62 individuals):
    - OC MHB, NAMI-OC, OC MHB Older Adult subcommittee, OC Children & Families, Dayle McIntosh, LGBT Center OC, OC Women's Health Project, CDCR Day Reporting Center, OC Re-Entry Partnership/Phoenix House, Child Guidance Center
  - Individuals representing **Cultural/Linguistic groups** (n=9 groups, 78 individuals):
    - Vietnamese, Spanish, Chinese, Korean, Khmer, Farsi

Part 3: Methods con't

Strengths

- Provider and client perspectives obtained
- Interview guides were used to elicit similar types of information across groups (provider/advocate or cultural/linguistic groups)
- Semi-structured nature allowed for richness in discussion/ understanding
- Transcripts reviewed by two coders, who completed a case summary matrix and identified several themes and sub-themes across the 19 focus groups

Limitations

- Generally speaking, when focus group participants are identified through convenience/snowball sampling, this can make it difficult to ascertain how generalizeable the resulting themes/findings are to the broader communities being represented

> **"[A] focus group is very useful for needs assessment and project evaluation purposes. Given their qualitative nature, focus groups allow researchers to look beyond the facts and numbers that might be obtained via survey methodology—researchers can learn or confirm the meaning behind the facts."**
>
> Keung, F.H. (2009) Spotlight on Focus Groups, *Canadian Family Physician*, 55(2) 218-219.

Part 3:
Barriers to Accessing Behavioral Health Services: Provider/Advocate Group Themes

Orange County needs expansion of successful service delivery strategies

Barriers to accessing and using mental health care exist at multiple levels of the service delivery system

Successful engagement and retention of vulnerable populations rely on genuine and trusting relationships with clinical settings

Part 3:
Barriers to Accessing Behavioral Health Services: Cultural/Linguistic Group Themes

Community members want mental health information, but stigma can undermine dialogue about mental health

Barriers to accessing mental health care exist at the individual/family, community, and service delivery levels of care

Early intervention is essential but can be challenging

Successful engagement hinges on genuine understanding of a community's cultural context

Part 3:
Barriers to Accessing Behavioral Health Services from Provider/Advocate & Cultural/Linguistic Group Perspectives Report Recommendations

Strive	Increase	Expand	Scale up
Strive to develop a mental health work force that reflects the population it serves.	Increase availability of mental health peer supports across more programs, with a focus on cultural concordance	Expand opportunities for professional development related to empathy and building trust with diverse mental health sub-populations	Scale up educational strategies to help eliminate mental illness stigma in Orange County

Strive

Strive to develop a mental health work force that reflects the population it serves

Recommendation:

Both the cultural/linguistic minority and provider/advocate focus groups consistently noted that mental health consumers value working with mental health providers who share their identity characteristics and genuinely understand their population-specific needs (e.g., veterans/military families, LGBT), or speak the language of the communities they serve. Building on the existing strengths of Orange County's mental health workforce in this way could increase the availability of culturally/linguistically appropriate services and thus service engagement across a range of sub-populations and cultural and linguistic communities. According to provider focus group participants, Orange County could alleviate this shortage by recruiting trainees and students in Orange County's universities for employment in the Orange County mental health system.

Strive

Strive to develop a mental health work force that reflects the population it serves

Solutions in Progress:

- Strive to **hire bilingual/bicultural staff** to address the needs of beneficiaries in community
- **Monitor changing demographics** of Orange County while recruiting for staff who are fluent in the six threshold languages

Increase

Increase availability of mental health peer supports across more programs, with a focus on cultural concordance

Recommendation:

Respondents from provider and community member focus groups described the potential utility of peer supports for engaging hard-to-reach populations in mental health care, normalizing experiences with mental illness, and for honoring consumers' cultural/linguistic traditions while also supporting consumers in accessing services from different sectors of care. Mental health peer supports should be available across more programs and should be more culturally concordant to promote the engagement of under-represented cultural and linguistic minority groups.

Increase

Increase availability of mental health peer supports across more programs, with a focus on cultural concordance

Solutions in Progress:

- Increased peer support services available at outpatient clinics in 2020 by recruiting additional peer support staff
- Emphasize bilingual/bicultural qualifications in peer recruitments
- Developed peer specialist training curriculum in the community to create a peer workforce pipeline

Expand

Expand opportunities for professional development related to empathy and building trust with diverse mental health sub-populations

Recommendation:

Focus group participants described the importance of providers understanding the highly specific needs of each population they serve, such as persons from LGBT, veteran/military, justice-involved, disabled, and other culturally/linguistically unique communities. To help providers develop these skills, some organizations have developed and implemented trainings for local service providers working with LGBT persons. According to provider focus group participants, more skill-building opportunities are available through NAMI in Orange County for those who work with the aforementioned underserved populations.

Expand

Expand opportunities for professional development related to empathy and building trust with diverse mental health sub-populations

Solutions in Progress:

- **Cultural Competency 3.0** training for all BHS staff ("Unconscious Bias in the Workplace")
- Various **trainings** on sub-groups, such as LGBTIQ, religious groups (e.g. Spirituality trainings), and **short films** called "Culture Corner"

Scale Up

Scale up educational strategies to help eliminate mental illness stigma in Orange County

Recommendation:

Providers and community member participants across all focus groups described the pervasiveness of culturally-nuanced, deeply entrenched stigma in the community and across various sub-populations, noting this as a substantial barrier to recognizing and addressing symptoms of mental illness and engaging with mental health services. To alleviate stigma, focus group participants also described the importance of promoting awareness of mental illness, educating the community about mental illness, and increasing opportunities for interaction between persons with and without mental illness.

Scale Up

Scale up educational strategies to help eliminate mental illness stigma in Orange County

Solutions in Progress:

- **Community MH Educational Events** (PEI)
- Be Well Result Area 1 – **Reduce Stigma**
- Rebranding and re-launch of **Stigma Free OC**
- Multiple countywide **marketing campaigns**

Lessons Learned & Future Directions

Use validated, consistent measures:

- Kessler 6 and Pediatric Symptom Checklist-17 distributed broadly on a regular basis
- Aim to conduct surveys earlier in year, complement survey results with targeted community engagement/feedback sessions

Compare local community survey results to:

- OC CHIS results
- OC Census Data
- OC MEDS Data (*when capacity in place*)