

Responses to Questions posed at the October 6th MHSa Steering Committee Meeting following the presentation on Behavioral Health Outreach and Engagement Services

- What are the results of Outreach and Engagement (O&E) Participant Satisfaction Surveys for participants with Serious Persistent Mental Illness (SPMI) and how does it compare with data from other participants with mild to moderate conditions?
 - When working with participants with SPMI in an outreach setting, the BHS O&E staff does not collect satisfaction surveys unless the person is already engaged with the program. The program predominantly focuses on outreach to build a sense of trust and connection to allow linkage to community based programs for whatever that person's needs are. In the County operated O&E program, satisfaction surveys are only collected in small numbers for those participating in case management or Seeking Safety groups.
- How do we serve undocumented participants and what are the challenges?
 - The BHS O&E program does not require US residency status for eligibility for services, but rather only requires current residency in Orange County, which is self-disclosed. The program staff is challenged by the programs we are referring to when trying to make a link. For example, staff may be working with an individual to address barriers to linking to mental health and support services. Immigration status would impact someone if they were eligible for MediCal, so staff would need to find appropriate community providers and county programs when referring for behavioral and physical health. Staff members are resourceful and do their best to find services the individual would be eligible for. Housing might be another challenge when considering eligibility for a federally funded program for permanent housing, as well as employment options. Again, eligibility will vary from service to service depending on funding source, so staff members keep updated about eligibility criteria when making linkages.
- Why do individuals “fall out of recovery”? In other words, what do they identify as the reason or triggering event for relapse? If we know, then maybe we can better help by focusing strategies on that.
 - The O&E staff identifies a variety of reasons for ‘falling out of recovery’ and more specifically, challenges for linking people and families to behavioral health services. This includes having unmet needs, such as lack of transportation, shelter and insufficient food which become higher priorities. Especially for those who are homeless, daily survival sometimes trumps things like treatment. There are also language, cultural, and generational barriers that keep people from linking to services. The fears and stigma associated with seeking treatment prevent access. Finally, many people have daily obligations like family, employment, caring for children or elderly in their families that prevent them from prioritizing their own needs and seeking or staying in treatment. MHSa funded programs continue to address these issues in all services in the continuum of care. This is a short response to a much more complex issue.
- Why is the number of African Americans served so “dismal” or small?

- The percentage of Blacks/African Americans served by O&E in FY13-14 was 1.7% (n=430). The percentage in the 2010 Census for OC was 1.5%, and historically has rarely surpassed 2%. So, a proportionate number are being served, yet we are always looking for better ways to outreach and engage underserved communities.
- Why is the number of males so low... think would be higher than the chart presented 10/6/14?
 - Overall unduplicated FY13-14 numbers for participants across all BHS Outreach and Engagement Services (25,859 participants) indicate that nearly 60% were female (58.5% female, 40.6% male, 0.9% other). Similarly, overall outreach numbers for FY13-14 (116,568 outreach contacts across all BHS Outreach & Engagement Services) also indicate that nearly 60% of participants were female (59.5% female, 31.1% male, 9.4% other). However, there are differences when comparing the gender of participants by County operated vs. Contracted and Outreach vs. Engagement services. Among Engagement participants, contracted programs served more females (59.5% female, 39.6% male, 0.9% other) while County operated programs served more males (55.1% male, 44.9% female, 0.1% other). Among Outreach participants, the same differences were found between County operated and contracted programs, but with higher percentages. Contracted providers' outreach services served 61% females, 29% males, and 10% other, whereas County operated outreach services served 64.7% males, 34.9% females, and 0.4% other. So, the number of males was actually higher in the County operated programs, which specifically targets those who are homeless.
- Comment about agoraphobia...some people do not want to go out of their homes....maybe a good idea to use consumers to help them.
 - Agoraphobia along with many other mental health and substance use disorders can act as barriers to anyone accessing the services they need to improve their quality of life. Behavioral Health Services like Outreach and Engagement exist to provide any resident of Orange County the services that reduce the risk factors that impair their daily functioning. Many of the PEI funded program services are provided in the field, and staff will go into participants' homes removing barriers to access.