

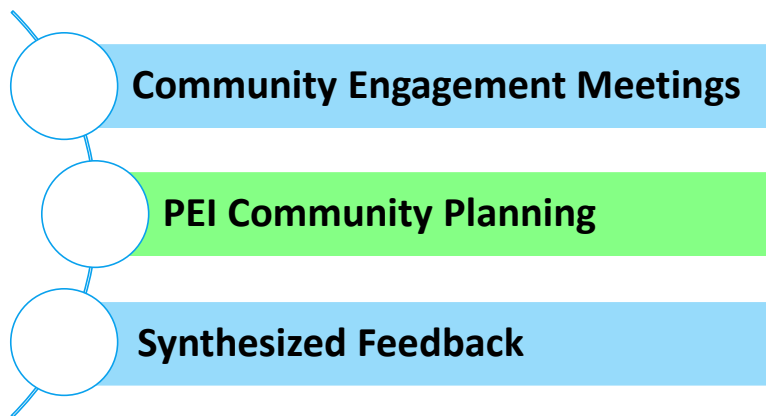
BHS Community Engagement / PEI Community Planning Meeting Summary

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October 15, 2018

Overview



BHS Community Engagement Meetings

CEMs: When?

July 31: Central

- Delhi Community Center

August 8: North

- Fullerton Community Center


August 13: South

- Norman P. Murray Community & Sr Center


August 27: Central

- Community Action Advisory Committee

CEMs: What?

- Meetings in each of three county Service Planning Areas (SPA):
 - North, Central, South
 - Two Workgroups per SPA (n = 131 total):
 - *Provider (n=93)*
 - *Community (n=38)*
 - Focus on overall Behavioral Health system
- 

CEMs: How?

- Participants randomly assigned to small workgroups (n=5)
 - Each workgroup given a list of Service Areas
 - *all of BHS, not just MHSA*
 - Each small workgroup identified the top 5 Service Areas
 - *not rank ordered*
- 

Behavioral Health Service Areas

- Prevention
- Provider Training in BH Topics/ Issues
- Crisis Prevention
- Crisis Assessment
- Crisis Treatment
- Substance Use Education
- SUD Outpatient Clinic Services
- SUD Residential Treatment
- SUD Maint. Recovery Support
- Navigation/Access & Linkage
- BH Clinic Outpatient Services
- Mobile BH Outpatient Services
- School-Based Mental Health
- Parent/Family Education
- Transportation
- Services for those living in Supportive Housing
- Employment, Educational, Vocational Support
- LPS Conservatorship Support
- Peer/Family Support
- Other (specified)

CEMs: How? con't

For each meeting:

- Staff tallied the Top 5 areas across the tables
- Participants used Post-Its to provide feedback within each Service Area:
 - *types of services*
 - *target populations*
- MHSA Staff facilitated group discussion

CEMs: Results

Service Priority Area	Provider			Community		
	N	C	S	N	C	S
Prevention	●	●	●		●	●
School-Based Mental Health	●	●	●			●
Clinic-Based Outpatient	●		●	●	●	
Housing *		●	●	●		●
Crisis Assessment & Treatment *	●		●		●	●
SUD Services *	●		●	●		
Navigation / Access & Linkage		●				
Employ. / Educ. / Voc. Support		●				
Peer / Family Support		●			●	

** Only identified in CEMs (not PFI CPP meetings)*

CEM Priority Service Area: Housing



Focal Target Populations:

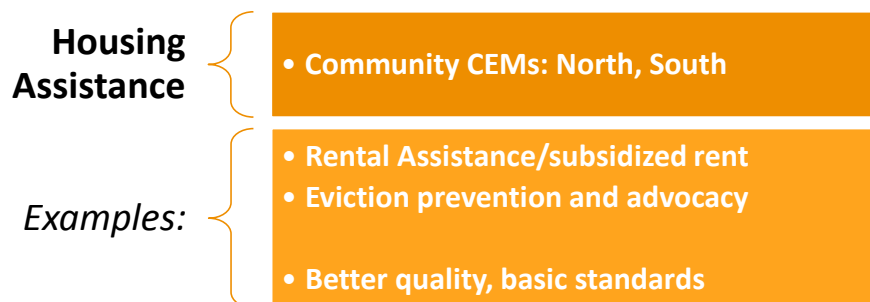
- Older Adults
- TAY (Foster, LGBTIQ)
- Vulnerable populations



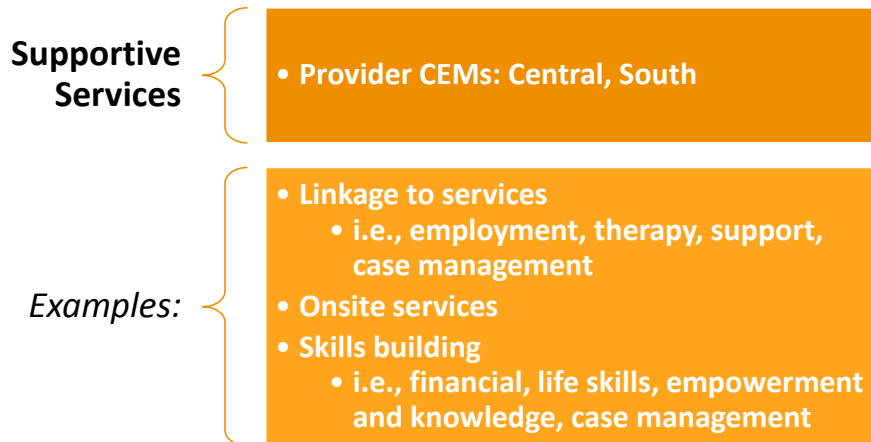
CEM Housing Themes



CEM Housing Themes



CEM Housing Themes



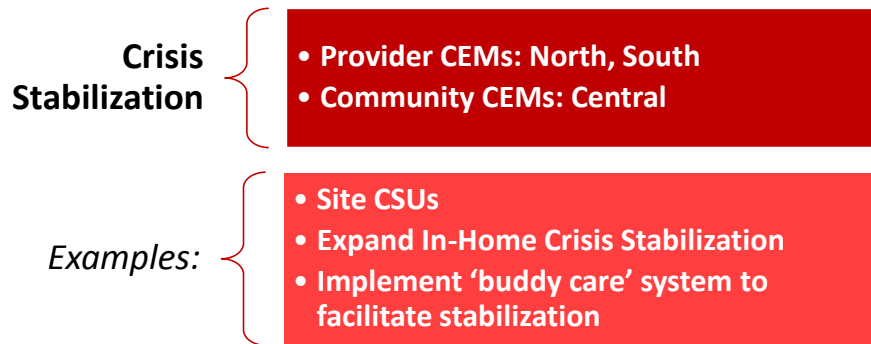
CEM Priority Service Area: Crisis Assessment/Treatment



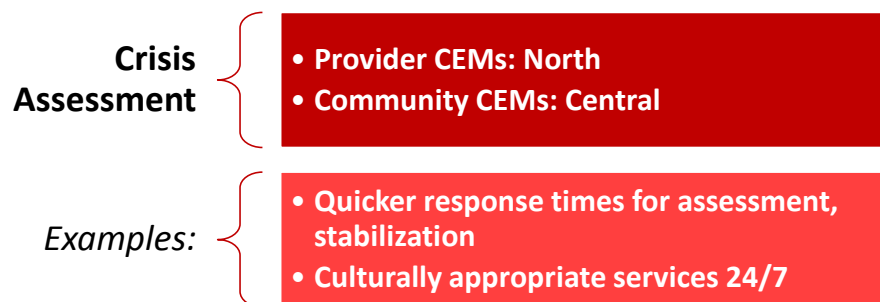
Focal Target Populations:

- Children / Youth / Minors
- TAY

CEM Crisis Assessment/Tx Themes



CEM Crisis Assessment/Tx Themes



CEM Crisis Assessment/Tx Themes

**Crisis
Aftercare/
Support**

- **Provider CEMs: South**
- **Community CEMs: South**

Examples:

- Link youth and minors to services
- Provide aftercare
- Coordinate care
- Enhance navigation assistance and resources for family members

CEM Crisis Assessment/Tx Themes

Additional

- *Central Community:* Increase LPS trained nurse/staff
- *South Provider:* Provide family services

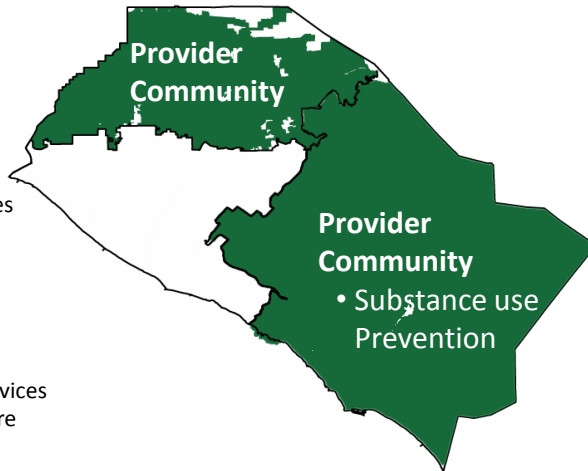
Region-Specific CEM Priority: Substance Use Services

North Provider Themes

- Detox Centers
- Coordination of after care – lower levels of care
- TAY Services: detox, dual diagnosis treatment
- Expanded outpatient services

North Community Themes

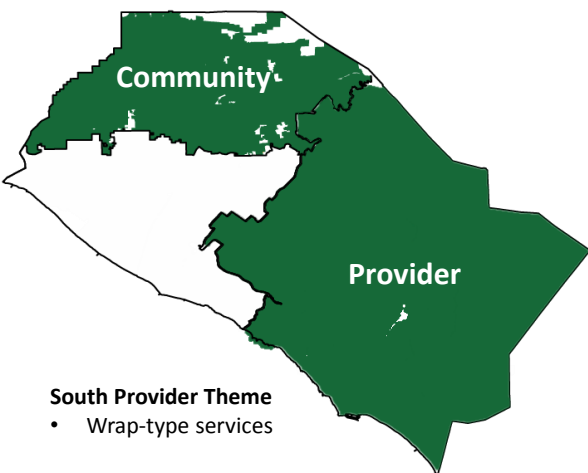
- Wrap services
- Expanded medical detox services
- Housing options for after care
- SUD treatment for all ages



Region-Specific CEM Priority: Clinic-Based Outpatient

North Community Themes

- Wrap-type services for:
 - All ages
 - Culturally underserved
 - Individuals with co-occurring and substance use needs




South Provider Theme

- Wrap-type services

CEM Feedback Available at:

[http://www.ochealthinfo.com/
bhs/about/pi/mhsa](http://www.ochealthinfo.com/bhs/about/pi/mhsa)



PEI Community Planning Meetings

PEI CPP: When?

August 7: Overview, MHSOAC PEI Regulations

August 14: Family support programs, programs serving families w/ children 0-8

August 21: School-based programs, children/youth 9-16, TAY

August 29: Adult and Older Adult programs

September 11: TAY revisited

September 25: Summary

PEI CPP: What?

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

PEI CPP: How?

- Held a series of meetings, with each meeting focused on a specific target population
- Participants identified needs and priorities in small workgroups and reported out to group
- PEI Staff summarized feedback and themes from each meeting

PEI CPP: Results


PEI CPP Identified Needs	
1	Increased awareness / 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 access/training

PEI CPP-Specific Themes

Identified Need #2 - Systematic screenings for mental illness:

- Translate information and tools in a culturally aware manner
- Expand screenings for Older Adults to determine if symptoms are caused by depression or dementia

Identified Need #5: Time-Limited Expansion of Existing Direct Services:

- Expand screenings for Older Adults to determine if symptoms are caused by depression or dementia
 - System-wide expansion to promote perinatal MH services, including for fathers (more screenings, case management, early intervention)
 - Expansion of early intervention services for older adults, with a focus on immigrant communities; include increased geropsychiatry hours
 - Services targeting TAY not attending Colleges or Universities
- 

PEI CPP-Specific Themes con't

Identified Need #8 - Additional Supports to Remove Barriers to Increase Access / Training

- Provide childcare
- 

Integrated CEM / PEI Results



Prevention



Focal Target Populations:

- Children
- 0-15 year olds
- TAY
- LGBTIQ
- College Students
- Older Adults
- Culturally / linguistically isolated and unserved



Prevention Themes

Stigma Reduction

- Provider CEMs: North, Central
- Community CEMs: Central
- PEI CPP

Examples:

- Awareness campaigns for:
 - first responders working w/ young children
 - older adults
 - Veterans, LGBTIQ community, immigrants
- Increased information and education in culturally sensitive and appropriate messaging with inclusive language

Prevention Themes

Improved Navigation / Access & Linkage

- PEI CPP
- Also in Provider and Community CEMs

Examples

- Comprehensive resource inventory...:
 - to assess unmet need, including geomapped resources
 - of school-based mental health resources, including all districts
 - for older adults, their families and providers
- Care coordination to better link children to appropriate specialty/mental health services
- Use of technology, smart phones and apps as being piloted in INN Tech Suite, with emphasis on linking youth to services

Prevention Themes

Suicide Prevention

- Community CEMs: Central, South
- PEI CPP

Examples:

- Expansion of violence prevention and suicide prevention
 - focus on children, TAY, school-aged youth

Prevention Themes

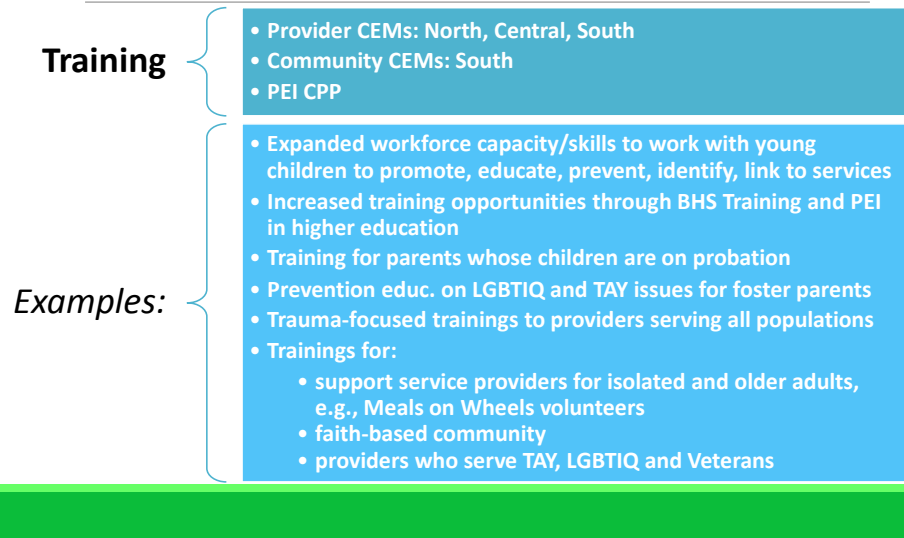
Parent/Family Support Peers

- Provider CEMs: South
- PEI CPP

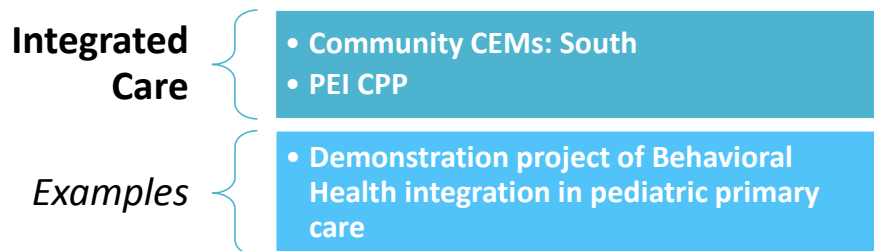
Examples:

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

Prevention Themes



Prevention Themes



School-Based Mental Health



Focal Target Populations:

- Students of all ages
- LGBTIQ students
- Parents
- School staff

School-Based MH Themes

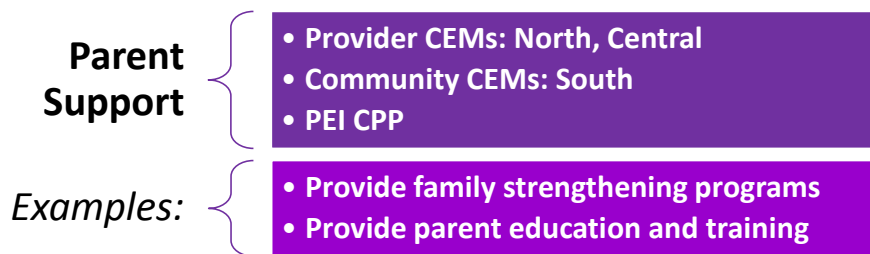
Mental Health Services

- Provider CEMs: North, Central, South
- Community CEMs: Central
- PEI CPP

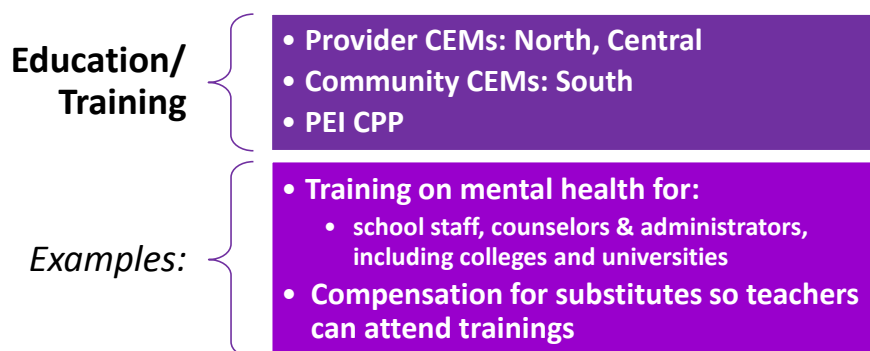
Examples:

- Increase school counselors, social workers, therapists to provide more early intervention
- Increase bilingual therapists
- Develop Wellness Centers in schools
- Provide specialized services for LGBTIQ students
- Provide mobile services

School-Based MH Themes



School-Based MH Themes



School-Based MH Themes

Screening

- Provider CEMs: North, South
- Community CEMs: South
- PEI CPP

Examples:

- Implement universal screening tools in pediatric primary care, early childcare and school settings
- Provide developmental screening for all ages
- Assess adverse childhood experiences (ACES)

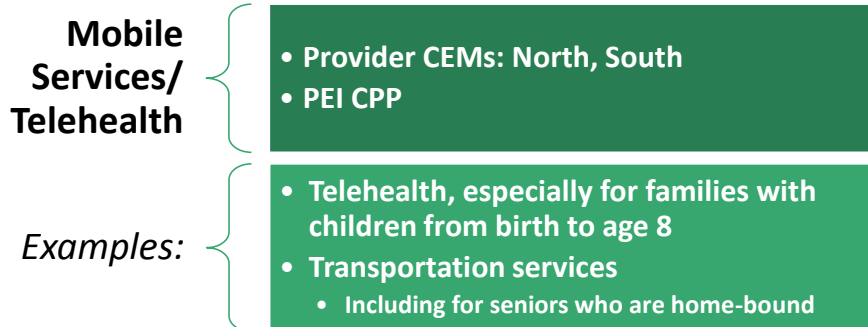
Clinic-Based Outpatient



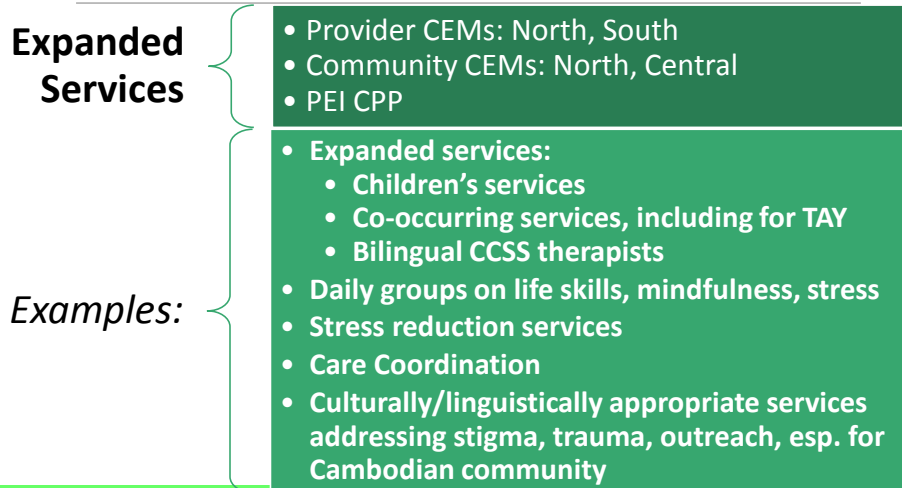
Focal Target Populations:

- Older Adults
- Children
- Vulnerable populations

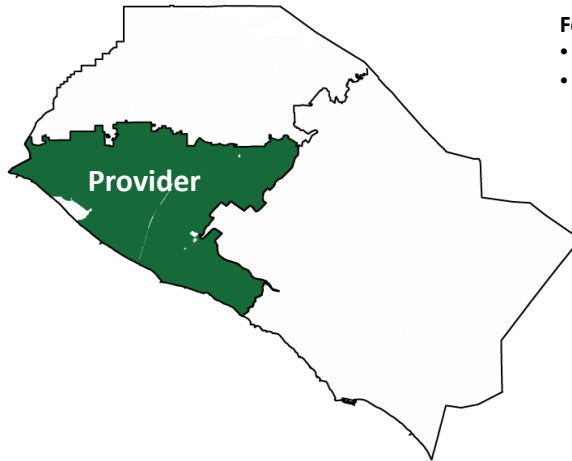
Clinic-Based Outpatient Themes



Clinic-Based Outpatient Themes



Navigation/Access to Treatment



Focal Target Populations:

- Older Adults
- Monolingual Communities

Navigation/ Tx Access Themes

Navigation
/ Access

- Provider CEMs: Central
- PEI CPP

Examples:

- Expand Outreach and Engagement Services
- Target specific populations:
 - Older adults
- Cultural and linguistic services:
 - Bilingual staffing: Spanish, Vietnamese, Cambodian speaking
- Media Campaigns, linkage fairs, drop in centers

Employment / Education / Vocational Support



Focal Target Populations:

- TAY

Employ. / Educ. / Vocational Support Themes

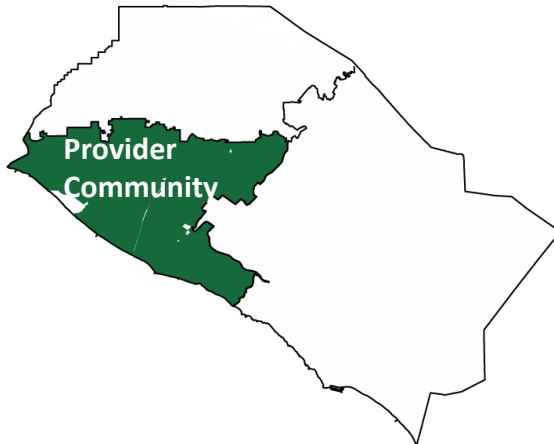
Employ. /
Educ.
Support

- Provider CEMs: Central
- PEI CPP

Examples:

- Expand employment services:
 - training, resources, job developers
- Employ paraprofessionals/staff with lived experiences
- Provide employment, training activities for individuals with mental illness to promote employment and meaningful activities

Peer / Family Support



Focal Target Populations:

- Older Adults
- LGBTIQ
- Veterans
- Foster Youth
- College Students
- Monolingual Communities

Peer / Family Support Themes

Peer / Family Support

- Provider CEMs: Central
- Community CEMs: Central
- PEI CPP

Examples:

- Expansion of peer services in all age groups:
 - Parent Partners/Peer support for families to assist in navigating services, especially for:
 - underserved and homeless families
 - culturally appropriate – Cambodian pop.
 - Peer support in the schools:
 - on bullying, trauma and suicide prevention
 - for LGBTIQ, Veteran communities
 - Board and care, designated facilities, private conservators
- Language access

PEI CPP 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

PEI CPP Summaries Available at:

<http://www.ochealthinfo.com/bhs/about/pi/mhsa>

Funds Available for PEI Planning

	Proj. FY 19/20 PEI Allocation (inc. Int)	* PEI Carry Over Funds	Total
CEO Projected Available PEI Funds for FY 2019-20:	\$30.6M	\$34.1M	\$64.7M
Current on-going PEI FY 19/20 budget:	(\$30.6M)	(\$4M)	(\$34.6M)
** Carry over funds for PEI programs in FY 18/19:		(\$0.2M)	(\$0.2M)
** Additional carry over funds for PEI programs in FY 19/20:		(\$2.9M)	(\$2.9M)
** Carry over funds for PEI programs in future years (FY's 20/21-22/23):		(\$4.5M)	(\$4.5M)
*** Projected funds available for PEI Programs:	\$0	\$22.5M	\$22.5M

* Carry Over funds are finite. Once spent, these funds will not be replenished.

** PEI programs using Carry Over PEI funds:

1. OCAVETS—Carry over funding expires FY 19/20
2. OC Links—Carry over funding expires FY 22/23
3. School Based BH—Carry over funding expires FY 20/21
4. Violence Prevention—Carry over funding expires FY 22/23
5. School Readiness—Carry over funding expires FY 22/23

*** As of 9/17/18. Amount available is subject to change pending further directed priorities.

