

Behavioral Health Wellbeing & Access to Services among Adults in Avenal

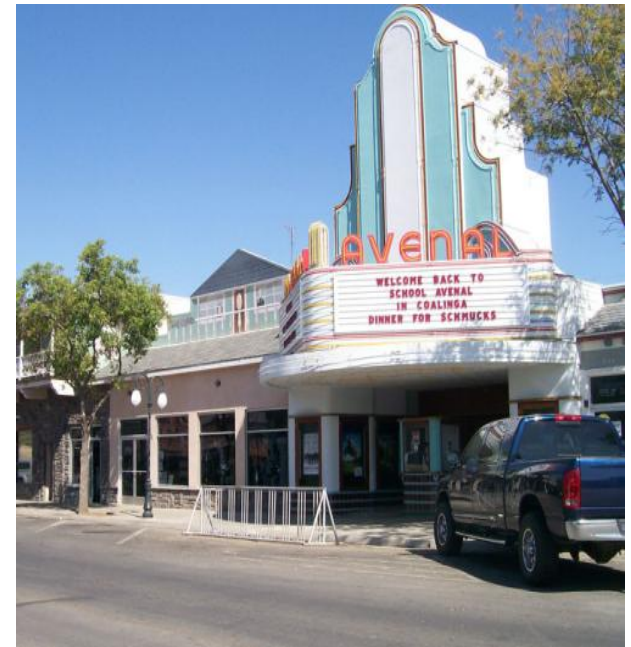
A Research Study Commissioned by
Kings County Behavioral Health

Why are services underutilized in Avenal?

Most providers under deliver on their services.

Community needs assessments and stakeholder input says there is a need/demand for services.

Why?





WHY?

Need/Demand

- * All community assessments
- * Focus Groups
- * Community Groups
- * Schools and City

Have said and asked for broad range of behavioral health services.

BUT: What questions are being asked???

Under Utilization

- * Behavioral Health
- * Community Based Providers (SUD to Mental Health)
- * County as a whole

All have experienced less the needed numbers to operate in Avenal. Unable to get consistent use of services

The Traditional Answers and Approach to solving a problem.



Play video clip

So Let Us Find Out!

So we need to actually understand what is preventing full utilization. The need and demand are there but the utilization and follow through were not occurring.

A lot of the work was based on feedback on “need” and assumptions, but we needed factual concrete data.

We need to be able to plan based on data vs assumptions.

Without data and solid information we will continue to miss the mark and expend funds in a futile manner.

How The Research Project Came To Be

- * Chance connection with Fresno State Researcher (*Dr. Iran Barrera*).
- * Roots in Avenal
- * Discussions on mental health literacy & stigma
- * Discussion on needs and prevalence. What question should be asked?
- * Subject Matter Expertise with knowledge of community
- * Opted to utilize some MHPSA funds to really understand some of the issues (Underspent PEI Funds moved to Cultural Ambassador helping with CSS/PEI balance)
- * Use information for future planning.
- * To be strategic in future efforts
- * Sole Source and Contract
- * Information can be utilized by the County (and its departments) community provider, etc. Public Info.
- * Cost Effective (\$12,000)



Findings:

- * Based on self reports/assessments three quarters of those who need mental health care services reported never needing mental health;
- * 40% of participants reported experiencing high level of exposure to childhood trauma which puts them at a higher risk of developing health and mental health problems (*ACEs measures of prevalence of childhood trauma (adverse childhood experiences)*);
- * Nearly half (45%) of the participants met the criteria for depression/anxiety (*using the Kessler Psychological Distress Scale-K10*);
- * 50% of the research participants didn't know where to go for mental health care services;
- * 42% of the participants are considered to be at a clinically significant risk of drinking or alcoholism (*based on the CAGE screening tool*).

Key Issues

- * Language for some
- * Cultural barriers/taboo
- * Stigma
- * Knowledge of services (lack of)
- * Access (transportation)
- * Community engagement
- * Limited scope of services
- * Eligibility (for some)



Recommendations

- * Develop a culturally and linguistically competent sensitive mental health literacy program aimed at educating residents about mental illness;
- * Develop a culturally and linguistically competent literacy program aimed at educating the residents about mental health and its role in overall quality of life;
- * Use social media and other means to provide information on where to access mental health care;
- * Develop and implement curriculum to connect the community and current mental health care entities by non-traditional settings (e.g., BBQ-“comidas”) to assist with destigmatizing mental health/illness.

Next Steps

- * The research findings are being shared with the community and participants in Avenal on Feb 22, 2017.
- * Shared here with the Behavioral Health Advisory Board
- * Study Session for the Kings County Board of Supervisors on March 7, 2017
- * Kings Partnership For Prevention (March Meeting)
- * Resource Development Associates (RDA) in the MHSA 3 Year Planning Process.
- * Available to the public via the www.kcbh.org

Thank you to Dr. Iran Barrera, Dr.Yumiko Aratani, Johanna Medina, MPA and the rest of the Behavioral Health Team.

Questions?