

**Orange County Health Care Agency
Behavioral Health Services**



Mental Health Services Act (MHSA)

Stakeholder Meeting Report

Category/Title: Crisis Services

Date: August 2, 2005 Time: 2:00-4:00		Coordinator: Contact No.: 834-5026 Facilitator: Annette Mugrditchian Alan Edwards Recorder: Danielle Craycroft	
Meeting Location: 1200 N. Main #200 Santa Ana, CA 92701		Total number of Attendees per meeting: <u>14</u>	
Breakdown by Gender: <u>8</u> Male <u>6</u> Female Other _____ Decline to State _____	Breakdown by role in the MH System: <u>1</u> Client/Consumer <u>1</u> Family Member <u>11</u> Service Provider <u>1</u> Other	Breakdown by Primary Language: <u>14</u> English Spanish _____ Vietnamese _____ Other _____	Breakdown by Ethnicity African American _____ Asian/Pacific Islander _____ <u>1</u> Latino American Indian _____ <u>13</u> Caucasian Other _____
Breakdown by: <u>1</u> Total # of Ralph's Vouchers Distributed Total # of OCTA Bus Passes Distributed _____ Total # of consumers transported _____ Total # of family members transported _____ Total # of childcare recipients _____ Other _____		Breakdown by: <u>0</u> Total # of people requesting a Spanish Translator <u>0</u> Total # of people requesting a Vietnamese Translator	

General Meeting Comments (type):

What are the problems you face?

- Amount of time it takes First Responders to arrive.
- Lack of education for responders (police, fire, EMS)

- Delay in crisis services
- Lack of crisis stabilization beds
- Lack of diversion options
- Lack of crisis response at ER's
- Lack of medical psychiatric beds
- Access to crisis medications
- Mentally Ill patients in crisis, who present to the ER, are underserved.
 - Few County resources for inpatient treatment
 - Patients languish in ER with no (or few) psychiatric medications
 - Psychotic patients refusing needed medical care
- Mentally Ill / Psychotic patients admitted to medical units often evidence behaviors that interfere with, or prevent, medical treatment.
- The cost of patients in ER's is greater. ER has slow access for proper treatment of Mental Illness.
- Severely extended wait times to ETS
- Inability to give adequate psychiatric treatment to patient waiting for ETS placement
- Lack of ability of county ETS to care for simple medical problems
- Lack of follow up care

What do you need to make better?

- Psychiatric consultations in non-designated facilities
- De-criminalizing Mental Illness
- In-home support for families
- We need County facilities to prioritize transfers from acute care facilities.
- Expanded ETS which is also able to accept psychiatric patients with medical problems

What are the outcomes you want?

- Decreased ER visits for non-medical emergencies
- Increased access to wraparound services
- Decreased time for disposition from ER
- Decreased incarceration
- Decreased homelessness
- Decreased hospitalization
- Increased access to psychiatric medications for patients in acute care hospital/ER
- Faster, better, less expensive treatment for mentally ill patients in acute care hospitals.
- Rapid removal of psychiatric designated patients, from the ERs, to an appropriate setting – including ETS

What kinds of services need to be in place to achieve them?

- Police partnerships with clinicians
- Crisis residential services
- Supported housing
- Emergency medication clinic
- Community integration
 - 24 hr. crisis stabilization clinic
- More dual diagnosis services
- Integration of medical and psychiatric services
- Locations of crisis centers (more locations)
- Cultural competency training
- More “peer support”
 - 24 hr phone support/ Warm Line
- More family support groups / family education
- Psychiatric consults in non-designated hospitals