

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



Mental Health Services Act (MHSA)

Stakeholder Meeting Report

Category/Title: Transitional Age Youth

Date: 08/04/2005 Time: 10:00am – 12:00pm		Coordinator: Alan Albright Contact No.: (714) 834-5572 Facilitator: Alan Albright Recorder: Stacy Vandegriff	
Meeting Location: 405 W. 5th Street, Suite 512 Santa Ana, CA		Total number of Attendees per meeting: <u>19</u>	
Breakdown by Gender: <u>7</u> Male <u>12</u> Female _____ Other _____ Decline to State	Breakdown by role in the MH System: <u>2</u> Client/Consumer <u>1</u> Family Member <u>16</u> Service Provider _____ Other	Breakdown by Primary Language: <u>19</u> English _____ Spanish _____ Vietnamese _____ Other _____	Breakdown by Ethnicity _____ African American _____ Asian/Pacific Islander <u>1</u> Latino _____ American Indian <u>15</u> Caucasian <u>3</u> Other
Breakdown by: <u>2</u> Total # of Ralph's Vouchers Distributed <u>2</u> 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	

Stakeholder Group Questions:

- What are the problems you face?
- What do you need to make better?
- What are the outcomes you want?
- What kinds of services need to be in place to achieve them?

General Meeting Comments (type):

This meeting is Part 2 of 2 of the Transitional Age Youth Stakeholders Group Meeting. Alan Albright began this meeting by distributing a handout of some vignettes that he had asked Theri Todd to put together, and then went through the scenarios as a group.

Scenario #1

John is a 19 year old with the diagnosis of Bipolar disorder with diabetes. He is non-compliant with psychiatric medication, uses methamphetamine, and lives with his older brother who has a criminal record. John has been in the psychiatric hospital multiple times and in juvenile hall for assault. He is a former dependent of the court but has not been seen in that system since he turned 18. Now John has come to the attention of the system because he went to the emergency room with complications from his diabetes.

The group discussed the case and answered the question, "What are the client's needs?"

- Ask the client how s/he would like to be helped.
- Involve the brother and/or other family members.
- Assess his drug abuse and explore motivation for change
- Check legal status
- Identify options for shelter
- Conduct assessment for psychiatric/medical needs including a Mental Status Examination
- Discuss support from mentors/peers
- Determine financial status
- Identify vocational interests and training opportunities

Scenario #2

Jane is a 19 year old diagnosed with Schizophrenia when she had her first psychotic break six months ago. Now she just sits in the house and locks herself in her room. She refuses to go to school or get a job and becomes quite hostile when confronted about this. Her parents are angry and very frustrated but willing to support her. Jane was diagnosed as school phobic at an early age, was very isolated, anxious and depressed in high school and was an AB3632 client at a local CYS clinic until age 18 when she refused to attend any more sessions. Jane was hospitalized for the psychotic break but would not go to outpatient appointments afterwards. She started on medication when hospitalized but is now non-compliant. Her parents have contacted her previous therapist because they are worried that she will harm herself.

The group discussed, "If this was your client, what would be your priority areas?"

- Mentoring – building a relationship
- Psychiatric Evaluation – Mental Status
- In-home treatment
- In-home schooling
- Therapeutic Behavioral Services or coaching
- Parental support

- Financial resources
- Long-term support/care
- Mental health resources

Alan Albright talked about this type of population having a very limited amount of resources, which is why the Mental Health Services Act needs to focus on Transitional Age Youth in our community. The few programs that do exist need to have transitional services that start at age 14, and 15, rather than 17 ½. There is also a great need to employ enough staff to provide these services.

The group was asked, “If we could create or use accessible resources to put together a program that would include everything that we have talked about in these two meetings, that would only be limited by our own creativity, a project so big that we would all need to work together to make it successful, would you want to do it?” The group responded that this would be ideal for the Transitional Age Youth in our community and a great way to spend the limited grant funds.

The suggestions from the stakeholders group will be made available to the workgroups and forwarded to the Steering Committee who will determine funding recommendations.
