

# Steering Committee Meeting

August 1, 2011

## Downtown Community Center, Anaheim

Facilitator: Sharon Browning

Meeting called to order at 1:10 p.m.

### **Item 1: Mary Hale: State and Local Updates**

1. State and Local Level
  - a. The State cut O.C. general funding by \$48 million. The BOS is exploring a legislative fix to restore the funding.
    - i. Look for a 1<sup>st</sup> quarter budget adjustment if that is unsuccessful.
  - b. Realignment and MHSA funding shift have all been approved and now the details are being finalized, including the final allocation for EPSDT, Mental Managed Care, and AB 3632.
  - c. Reorganization of the State Dept. of MH and the State Dept. of Alcohol Drugs is currently in process. The state is seeking public input on the reorganization.
    - i. Stakeholder meetings will be held on what the new roles should be for the state level Mental Health and Alcohol and Drug programs. There is no meeting in Orange County, but there is one in Los Angeles on August 25. The State hopes to have a transition plan to the legislature by October 1.
2. Questions concerning redevelopment dollars and schools.
  - a. There will be no backfilling of redevelopment programs with funds designated for educationally related mental health services, those dollars are restricted.
3. Nancee Lee Allen from NAMI Orange County was recognized for her contribution to mental health services and her participation on the Steering Committee. She is taking a new job in Los Angeles and will no longer serve on this Committee.

### **Item 2: Bonnie Birnbaum: MHSA Update**

1. Announced that Cheryl Sannebeck is returning to the Center of Excellence.
2. Sixty six percent of the counties are now members of CalMHSA, and the hope is to have all counties join by December.

3. Resources Development Agency (RDA) has signed a contract to provide assistance with evaluation of PEI and Innovation programs.
4. UCLA has been hired to develop statewide MHSA evaluation reports.
  - a. They have previously reported on FSPs from data counties that submitted data, and found trends such as a decrease in homelessness, reduction in psychiatric hospitalizations, as well as arrests/incarcerations.
  - b. Additional reports will have a much more in depth look at MHSA programs
5. CSS FY11-12 information that was in our plan.
  - a. A chart showing how many people we anticipate serving, as well as how much was budgeted. If you need a copy please contact the Center of Excellence.
  - b. We will also provide information on how many clients were served in FY10-11. We are hoping to have all the necessary information by September.
6. A series of questions were asked by Steering Committee members concerning the recent Kelly Thomas event, sensitivity trainings for police departments, funding issues, and having a list of MHSA projects to review to be sure they are doing what they originally intended to do.
  - a. Staff will put together a presentation for the Steering Committee at an upcoming meeting that should be able to meet all the requests by discussing funding of programs, the impact of MHSA, how we are getting programs known throughout the community, who is receiving services, what steps have been done with MHSA programs and where are we going onward. We look forward to sharing this information to help all of those who have brought these issues to our attention.

### **Item 3: Gerry Aguirre and Nhung Phan – Community Cares Project**

1. This is the latest Innovation project to be implemented.
2. The program will have a team of clinicians and trained consumers/family member mentors linking those in need to private practice providers who will offer their services pro bono.
  - a. Age, ethnic and culturally specific services will be provided.
3. Clients to be served are those with a diagnosable mental health issue, but who are not considered serious, chronic, or persistent.
4. Program will serve people of all ages, specifically those with no insurance or any means to cover treatment costs.
5. Once the consumers are matched up with professionals for short term therapy, the program para-professional staff will provide follow-up services
6. The staff of the project includes the project lead and outreach staff.

- a. The project lead is responsible for contacting private practitioners to recruit them into the program; develop and implement an intake/screening and referral system; match participant needs with practitioner's specialty; monitor progress of each referral.
  - b. The outreach staff (consumers and family members) will work with referral sources to meet possible participants; discuss potential mental health needs; recruit mental health professionals from the community; and develop a network of community providers willing to treat one participant for free.
7. To evaluate program success, data will be collected on number of pro bono cases; percentage of those clients who speak another language; number of practitioners of different ages and groups (vets, deaf, etc.) and participants of different ethnic and linguistic groups who are matched appropriately; percentage taken into treatment and the number of weeks of service; and impact of treatment using a Likert-type self-reporting scale, as well as a satisfaction survey to be administered to provider and participant.
8. Tools to be used include written surveys, questionnaires, and Likert-type scales.
9. Question: What type of practitioners are you looking for, and is the program up and running?
  - a. The project is scheduled to begin on August 2, 2011. Any private practitioner who is willing to work pro-bono may participate.
10. Question: What makes this innovative compared to FSPs and other programs?
  - a. Clientele that might not meet requirements are being served, as well as the use of peer based workers.
11. Question: Are you currently recruiting professionals for this work?
  - a. Yes, we are.

#### **Item 4: Clayton Chau: Center of Excellence**

1. A presentation on the Integrated Community Services Program will be prepared for the Steering Committee.
2. Volunteer to Work Program is in contract negotiations
3. Family Consumer Development is also in negotiations. (This will provide trained peers for all programs.)
4. The Training Education Institute is also in negotiations
5. The Deaf and Hard of Hearing Project is ready for negotiations with the purchasing department
6. The Workforce Education and Training 2<sup>nd</sup> Institute for Peer Services is scheduled for August 25 at the Delhi Center. If you are interested please contact Richard Krzyzanowski.
7. The Disparities Conference is scheduled for Monday October 31-November 1.

8. The Cultural Competency Conference is scheduled in Ontario for November 2 & 3
9. The 401 Tustin Ave. campus ribbon cutting ceremony has been postponed to December to accommodate Supervisor Campbell's schedule.

**Item 5: Jim Harte: Children and Youth Services**

1. The Board of Supervisors has approved all of the CYS MHSA contracts
2. Recently, CYS has sponsored a successful resource fair serving TAY clients
3. A recent TAY client put together a video to show the work he has done. He thanks the TAY programs for their help.

**Item 5: Linda Molina: Crisis Services for Adults**

1. Of the past 2,294 CAT evaluations, 56% were diverted and 89% were responded to within 30 minutes, meeting the goals specified in the balanced scorecard.
2. In the first year, Crisis Residential had 121 Admissions, 92% were discharged to a lower level of care, and 84% were linked with an adult mental health provider.
3. Question: When will the CAT team actually come out, rather than telling the person who is requesting assistance to call police?
  - a. There are occasions when it is better to call the police if there is a real threat or danger. The police do contact the team to go out to homes. When looking for an assessment, sometimes the situation doesn't reach the necessary level. There is a children's assessment team available during business hours (8 a.m. -5 p.m.), after hours; all calls go to the same team.
4. Question: There was recently a client at a location who wanted to give up her child but she would not go seek services, would this have been a reason to call CAT?
  - a. The purpose of crisis intervention is to de-escalate the situation. It is very possible that this would have qualified.

**Item 6: Jenny Qian: Prevention and Early Intervention**

1. RFP for a mobile assessment team for non-crisis situations is coming out.
2. Capacity Building – two state wide projects
  - a. Two forums have been conducted so far; PEI is planning for one in September and November
  - b. PEI continues to update information for the website, as well as the network of care.
3. Contracted programs
  - a. The Positive Behavioral Supports and Violence Prevention Program was renewed for two years with an additional 20 schools added for services.

- b. Positive behavior intervention program has increased to serve 16 children annually.
  - c. Latino Health Access has been approved to provide Promotora services.
  - d. The Master agreement for Isolated Adult and Older Adult Socialization program will be going to the Board for approval.
  - e. The Outreach, Engagement and Intervention Program will also be going before the Board for approval.
  - f. The School Readiness Program proposals have been evaluated and are now awaiting recommendation.
  - g. The Stigma Reduction Art Event was held June 23 at the Bowers Museum, with approximately 500 attendees.
  - h. Community Training Projects are in final negotiations for recommended providers for services, including Stress Management for Caregivers, Child Development Training, 1<sup>st</sup> Onset Psychosis, and Postpartum Depression
  - i. The Parent Training Program proposals are being evaluated for a recommendation.
4. County Operated Programs
- a. Transitions is a 12-session program designed to prevent school failure, behavioral problems, violence and other high risk behaviors among at-risk students. Four high schools in Placentia/Yorba Linda Unified School District will begin this program in the fall.

**Item 7: Judy Iturriaga: MHSA Housing**

- 1. Doria is the building with 10 units being leased in Irvine
- 2. Avidenda Villas are hoping to break ground early in 2012
- 3. Other projects are in various stages of development, two for older adults and one for adults
- 4. The TAY project must still resolve structural issues

**Item 8: Kindra Dimitriadis Technology**

- 1. Technology funding money has been received
- 2. Hoping to post the EHR project very soon
- 3. Kiosks were important to the Steering Committee and consumers. BHS plans to implement them. The Anaheim Innovations Office will be a kiosk site.

**Item 9: Steering Committee Questions/Comments**

- 1. Is it possible to get the information on sensitivity training to distribute to cities?
  - a. CIT trainings have a contract with Golden West. We have met with every single Police Department in the County. If we are looking to advocate to each city, let them know about the classes once a month at the sheriff's

center. Urge you to go to city councils to let them know that CIT services are available.

**Item 10: Public Comments**

1. Why do we not train our police officers in this issue (mental health services)? MHSA dollars were brought up at the public memorial for Kelly Thomas. We need to reach the front line street officers more effectively.
2. Joy Torres was at the OAC in Sacramento and wanted to let the Committee know that they are listening to us.