



County of Orange Mental Health Board 2014 Annual Report

Health Care Agency Behavioral Health Services



Message from the Chair



2014 has been a year of continued growth for the Mental Health Board (MHB) and Behavioral Health Services (BHS). There have been several significant new programs which have their origins in community needs and have received ongoing support from the MHB. I would like to highlight two areas in particular; the Assisted Outpatient Treatment (AOT) Program and OC Links Information and Referral Line. First, the AOT Program is based on Assembly Bill 1421, known as Laura's Law. It is designed to provide the appropriate level of care services for the most severely mentally ill. Orange County is the first large county in California to implement this program. Another significant area I would like to highlight is OC Links. OC Links provides an active (and highly visible) phone referral and program linkage service for those individuals inquiring about county and contract programs. This is provided by licensed clinicians who effectively respond to the need for increased client access to BHS services and programs.

“The success of these and other programs is primarily due to the outstanding job and commitment of BHS personnel at all levels.”

The success of these and other programs is primarily due to the outstanding job and commitment of BHS personnel at all levels. This year, I would like to especially recognize the BHS Management Team. Under their leadership, both innovative and essential programs have been implemented which energize and compliment the array of services to our mental health clients. Finally, I have had the opportunity to meet many of the managers and see their operations in action over the last several years. I have found the BHS Management Team to be a group of highly skilled and motivated professionals who are constantly improving the quality of mental health services in Orange County.

A job well done!

*Richard E. McConaughy, Ph.D., Chair
Orange County Mental Health Board*



“Shower Me With Love”
By: Nga Hoang



“Wheel of Life”
By: Anthony Pflaum

Orange County Board of Supervisors



Shawn Nelson, Chairman
Fourth District Supervisor



Patricia C. Bates, Vice-Chairperson
Fifth District Supervisor



Janet Nguyen
First District Supervisor



John M. W. Moorlach
Second District Supervisor

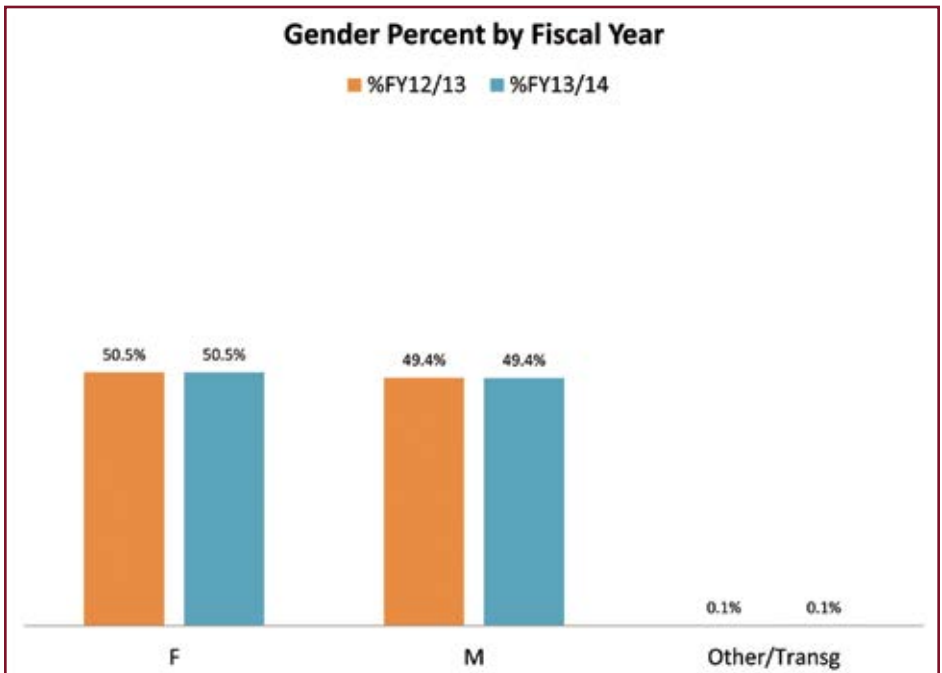


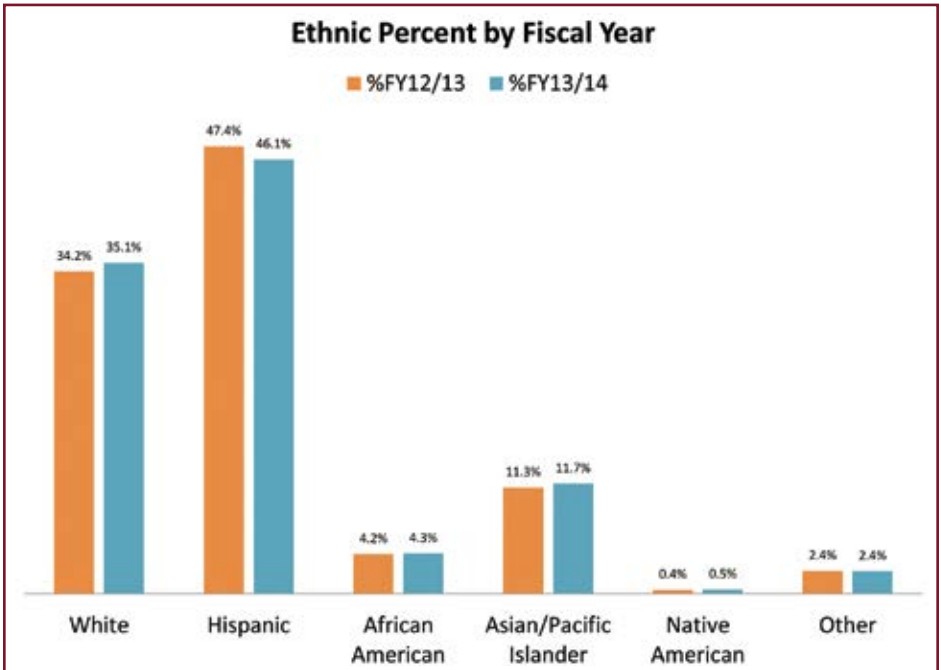
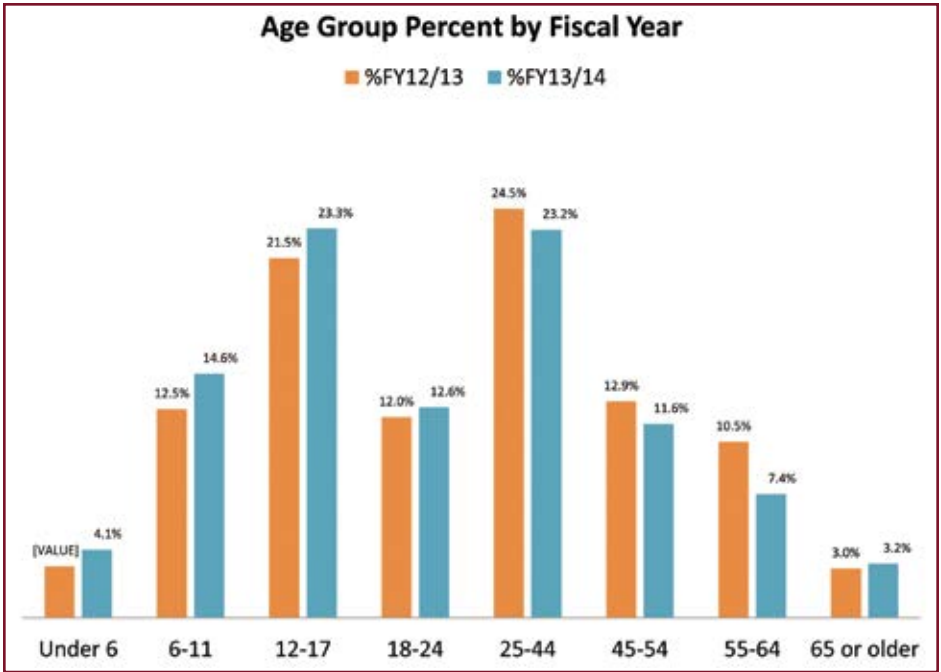
Todd Spitzer
Third District Supervisor

Demographic Characteristics of Clients Served by Orange County Health Care Agency

Behavioral Health Services (BHS) and its contract providers offer an array of mental health and substance use treatment services to clients in intermediate and long-term care facilities and clients receiving outpatient services.

Total clients served by gender, age and ethnicity.







Pictured from left to right: Gregory Swift, Ehsan Gharadjedaghi, Michael Rose, Richard McConaughy, Nomi Lonky, Karyn Mendoza, April Guajardo, Brian Jacobs, Carolyn Nguyen

About the Mental Health Board

The annual report of the Mental Health Board (MHB) is submitted in accordance with the California Welfare and Institutions Code 5604.2(a). Under state law the Mental Health Board is required to review and evaluate the mental health needs, services, and special projects in the Orange County Community. The Mental Health Board requirements also include advising the Board of Supervisors and Behavioral Health Services Director as to any aspect of the local mental health programs.

The Mental Health Board is comprised of 15 members plus one member of the Board of Supervisors. Each Supervisor makes an individual appointment, and the MHB Nominating Committee also recommends the appointment of new members. The categories of membership include:

- Member of the Board of Supervisors
- Consumer
- Family Member
- Mental Health Professional
- Public Interest

In 2014, the board met regularly twice a month at a Study Committee Planning Meeting and General Meeting. The Mental Health Board serves as a link between the Board of Supervisors and Behavioral Health Services by enhancing public input into the execution of community behavioral health care services.

Meet the Mental Health Board

Supervisor Patricia C. Bates
Fifth District
patbates@ocgov.com

Jeffrey Davis
Public Interest
jdavis6761@aol.com

Ehsan Gharadjedaghi, Psy.D.
Direct Consumer
info@mypost.com

April Guajardo, MS
Family Member
aguajardo@sce.edu

Brian Jacobs
Consumer/Family Member
bjacobs1@socal.rr.com

Judith Lewis
Family Member
judilewis@aol.com

Nomi Lonky, RN, RNP
Public Interest/Mental Health Professional
nomilonky@gmail.com

Karyn Mendoza, LCSW
Family Member
kmendoza@tallersanjose.org

Richard McConaughy, Ph.D.
Public Interest/Direct Consumer
macmcon_41@yahoo.com

Carolyn Nguyen, M.D.
Public Interest/Mental Health Professional
drcarolyn@drcarolyn.com

Michael Rose, LCSW
Public Interest
mrose@hoaghospital.org

Gregory Swift, MFT
Public Interest/Direct Consumer
greg.swift@hsala.org

Frances M. Williams, Ed.D.
Professional
fmarabou@yahoo.com



“The True Self”
By: Debbie Odell

Farewell



Richard McConaughy, Nomi Lonky, Brett O'Brien

Nomi Lonky, RNP

Nomi was appointed to the Mental Health Board on October 21, 2008 as a Board of Supervisor, District Representative for the 3rd District, Supervisor Bill Campbell’s Office during that time. Nomi served two complete terms (6 years) on the board. During her service on the board, Nomi was instrumental on various committees such as the Mental Health Services Act (MHSA) Steering Committee and the Centralized Assessment Team (CAT) Committee. As a family member, Nomi brought a wealth of personal experience dealing with both mental illness and mental disabilities.

Over the years, Nomi has been one of the MHBs most passionate and servant family advocates. Nomi was recognized for her dedication and service on the board and presented with a plaque of appreciation at the MHB General Meeting on November 26, 2014.

Welcome to our newest MHB members!

Please join us in welcoming our newest member to the board. We are thrilled about the level of expertise and knowledge of mental health system Dr. Williams will bring.

- * *Frances M. Williams, Ed.D* served as the Owner/Chief Executive Officer of The Williams Institute in Orange, California. The Williams Institute, a non-profit, social service agency providing residential care and treatment for at-risk female youth ages 12-17 years. She also served as President and Chair of the South Orange County YWCA and was a key participant in the organization and development of Wiseplace Hotel for Homeless Women. Dr. Williams fills a Professional position on the board.

Major Objectives

Each year, the MHB has an Annual Retreat Planning meeting to brainstorm and prioritize current goal and objectives for the year. This event gives board members and participants the opportunity to foster creative thinking, processing of ideas and the enthusiasm and commitment necessary to successfully fulfil established objectives. On Saturday, February 22, 2014 at the Upper Newport Bay Preserve in Newport Beach, and through increased collaboration with BHS, the MHB established the following major objectives for 2014 at their Annual Retreat Planning Meeting:

- Monitor and follow-up on the CAT Ad Hoc Committee recommendations presented to BHS in 2013
- Designate hospitals and the availability of beds for mentally ill clients
- Satisfaction surveys for consumers, family members and referral services
- Follow-up for individuals ending their program and/or services
- Town Hall Meeting

Major Accomplishments

2014 delivered an array of noteworthy accomplishments for the MHB. The board successfully fulfilled its commitment in providing advice and recommendations on program development, budget prioritization, and policy and strategic planning through monthly, community and committee meetings, and site visits.

General Meeting Presentations

The following presentations were provided to the board and community throughout the year:

Psychiatric Evaluation Team (PET)/Designated Facilities Update

- Jim Harte, Ph.D., Program Manager, Children, Youth and Behavioral Health
- Linda Molina, LCSW, Adult and Older Adult Behavioral Health

OC Links Program Update

- Jason Austin, MFT, Program Manager, Prevention and Intervention

Mental Health Services Act (MHSA) Update

- Bonnie Birnbaum, JD, Dr.Ph, MHSA Coordinator, Behavioral Health Administration

Affordable Care Act (ACA)

- Alan Edwards, M.D., Medical Director, Behavioral Health Administration

Transitional Age Youth (TAY) Services

- Mark Lawrenz, LCSW, Division Manager, Prevention and Intervention
Marcy Garfias, LCSW, Division Manager, Children and Youth Behavioral Health
Ian Kemmer, MFT, Program Manager, Adult and Older Adult Behavioral Health

Assisted Outpatient Treatment (AOT) Program

- Anthony Delgado, LCSW, Division Manager, Adult and Older Adult Behavioral Health

Behavioral Health Services Budget Update

- Tan Suphavarodom, Budget Manager, Financial and Administrative Services

Committee Reports

Assisted Outpatient Treatment (AOT) Ad Hoc

Member: Brian Jacobs

The AOT Ad Hoc Committee is pleased to report that BHS implemented the Assisted Outpatient Treatment (AOT) Program on October 1, 2014. AOT, also referred to as Assembly Bill 1421 (Laura’s Law) provides court-ordered treatment for persons with severe mental illness who meet the legislative criteria. On May 13, 2014, the Board of Supervisors adopted the resolution to authorize the implementation of Laura’s Law in Orange County. The program is being enthusiastically put into effect, supported and promoted in Orange County by BHS and members of the BHS Management Team are pleased with the initial progress. In June 2015, BHS provided data to the California State Department of Health Care Services (DHCS) and an evaluation on the effectiveness of the program. BHS has shown excellent leadership throughout this process and counties across California are implementing and/or considering implementing an AOT Program in their area.

Bylaws Committee Update

Members: Brian Jacobs, Carol Langone (Past Member), Richard McConaughy

The Bylaws Committee met several times in 2013 to discuss possible revisions which will align with the needs of the MHB and BHS. The last MHB Bylaws amendment was approved by the Board of Supervisor in 1993. After much discussion, on items such as an amendment to strengthen the attendance requirements of the MHB and its committee and the addition of a clause for members to attend a meeting by teleconference in accordance with Government Code, Section 54953(b), the committee presented a draft revision of the Bylaws to the MHB. On February 26, 2014, the MHB approved the recommended revisions by the Bylaws Committee. Finally, on April 8, 2014 the Board of Supervisor approved and adopted the amended Orange County Mental Health Board Bylaws. To view a full copy of the MHB Bylaws, please visit our MHB webpage at <http://ochealthinfo.com/bhs/about/mhb>.

California Association of Local Mental Health Boards and Commissions

Members: Ehsan Gharadjedaghi, Richard McConaughy

The California Association of Local Mental Health Boards and Commissions (CALMHB/C) is composed of representatives from mental health boards around the state. The association meets quarterly throughout the state. Their purpose is to assist local Mental Health Boards and Commissions to carry out their mandated duties and to advocate at the state level for the improvement in the quality, quantity, and cultural competency of mental health services available to the people of California. In 2014, the CALMHB/C created a strategic plan for 2015-17 to include a proposed name change from the CALMHB/C to California Association of Local Behavioral Health Boards and Commissions (CALBH/C). Also, the organization will focus on obtaining a state mandate for the association in efforts of securing state funding to support the mission and goals of the organization.

Older Adult Services Committee

Member: Michael Rose

The mission of the Older Adult Services (OAS) Committee is to assist the MHB in performing its function. The committee shall provide information and propose actions and policy positions to the Mental Health Board regarding

the mental health needs of older adults. In 2014, the OAS Committee met a total of 6 times with an average attendance of 16 participants. The committee was primarily engaged in the gathering of information regarding mental health issues facing older adults. One of the focus topics for the year was the gap in service provision for older adults who have a history of mental illness and then develop an additional diagnosis of Dementia. Related topics included: prescription drug abuse and medication management, emergency and long term placement options, insurance coverage, conservatorship, isolation in older adults, Cal Optima, and the need to work on policy issues at the state level. Presentations by both public and private organizations were coordinated in an effort to further inform committee members on the issues. The committee respectfully submitted the following recommendations to the Mental Health Board:

1. MHB to advocate for the creation of appropriate emergency placement options for at-risk seniors.
2. MHB to advocate on a state level for the needs of older adults who have a history of mental illness and then develop an additional diagnosis of Dementia. This may require looking at policy analysis and systemic change.
3. MHB to have regular representation at MHSA Older Adult Committee meetings. A greater percentage of resources should be dedicated to services targeting older adults.

Quality Improvement and Program Compliance Committee

Members: Judith Lewis, Richard McConaughy

The Quality Improvement and Program Compliance (CQIC) Committee consists of professional and community members and BHS staff. The committee meets every other month and its purpose is to review and discuss the evaluation of BHS programs, including state and federal audits, and compliance reporting. This committee also regularly discusses data retrieved from client satisfaction surveys and medication monitoring reporting.

Site Visit and Tour

On June 10, 2014, the MHB held their Study Committee Planning Meeting at the Mental Health Campus. Following their meeting, members of the board visited and toured the three programs at this facility. The MHB is impressed by the staff at these programs. Staff presented a comprehensive tour

of each of the facilities and gave detailed information about the programs and services offered. Particularly, the board appreciated the opportunity to see the programs in action and staff interaction with the clients being served. Finally, the board would like to acknowledge and commend both the leadership and staff of these programs for their work ethic and professionalism they provide for the program participants.

Mental Health Campus
401 S. Tustin Street
Orange, CA 92866

Programs at the Mental Health Campus:

The Recovery Education Institute

Phone: (714) 244-4322

Website: <http://www.pacificclinics.org/mhwc.html>

Program Description: The Recovery Education Institute provides pre-vocational workshops, student advisement and some college level courses offered through Saddleback Community College, Santiago Canyon College, and the Centennial Education Center.

Peer Support and Wellness Center

Phone: (714) 3661-4860

Website: <http://ohealthinfo.com/bhs/about/pi/mhsa>

Program Description: The Peer Support and Wellness Center (also known as The Wellness Center) provides services to walk-in adults, 18 years of age and older, who have been diagnosed with a serious mental illness, may have a co-occurring substance use disorder, and have demonstrated progress in their recovery. The Wellness Center assists individuals in their personal growth and development, and in minimizing the stigma associated with their mental health conditions. Activities are designed to encourage and empower members to seek interests and passions outside of their adult system of care, and offer a pathway for full integration back into the community. Services include, but are not limited to, group and individual activities, classes and workshops, indoor recreation and community involvement. The program also encourages creation and maintenance of an outdoor garden, health and well-being, and relationship building. Assistance is also offered with employment readiness, job searching, educational opportunities, setting employment and educational goals, identifying volunteer or paid employment opportunities.

Telecare TREE House – Adult Crisis Residential Program

Phone: (714) 289-3936

Website: <http://www.telecarecorp.com/programs/116>

Program Description: The T.R.E.E. House (“Total Recovery Enriching Experience”) is an adult crisis residential program. It is a safe environment for adults experiencing a mental health crisis and in need additional support to avoid hospitalization, to stabilize symptoms, and return to their previous level of functioning. The program also provides co-occurring services for individuals who are experiencing a mental health crisis and that also have substance abuse issues. The program provides short-term, voluntary services, typically lasting 7 to 14 days. The focus of the program is client-centered and recovery-focused and underscores the concept of personal responsibility for the client’s illness and independence. The program is designed to enhance an individual’s social connection with family or community so that they can move back into the community and prevent an inpatient stay. Services include crisis intervention, development of a Wellness Recovery Action Plan (WRAP), individual and family therapy, group rehabilitation treatment, assistance with self-administration of medications, case management and discharge planning.

Mental Health Board Highlights



WELLNESS • RECOVERY • RESILIENCE

Mental Health Services Act (MHSA) Three Year Annual Update

2014 marked the first year since 2005/06 that counties have been asked to prepare a Three-Year-Program and Expenditure Plan. Behavioral Health Services worked closely with the Mental Health Board to develop preliminary recommendations, which were then reviewed and discussed by the MHSA subcommittees and the MHSA Steering Committee. Based on projections of MHSA revenues for the next three years, it was determined that there will be approximately \$25 million per year available for expansion of existing programs and/or implementation of new programs to address identified unmet needs for services. As a result of the community planning process, the following program expansions and additions were included in the Three-Year Plan, which went into effect in July 2014.

The following Community Service and Supports (CSS) programs will be added or expanded.

- Program for Assertive Community Treatment (PACT) – Expanded
- Children’s Crisis Residential – Expanded
- Children’s In-Home Stabilization – Expanded
- Wellness Center (South County) – New
- Transportation – New
- Laura’s Law Program/Assisted Outpatient Treatment – New
- Adult/Transitional Age Youth In-Home Crisis Stabilization Program – New
- FSP Expansion – Expanded
- Mental Health Court (Probation Officers) – New
- Drop in Center – New
- Housing for Homeless – New
- Housing and Year Round Emergency Shelter Services – New

- Orange County Children with co-occurring mental health and chronic/severe acute illnesses – New
- Outpatient Mental Health Services Expansion – Expanded

The following Prevention and Early Intervention (PEI), programs will be added or expanded.

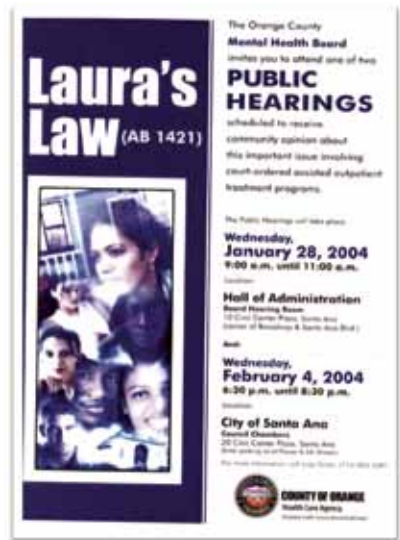
- BHS Mental Health Counseling Program – New
- Orange County Post-Partum Wellness (OCPPW) Program – Expanded
- Socialization Program – Expanded
- A K-12 Coping skill to manage stress – New
- Continue funding Statewide Projects – New
- Continuation of the WarmLine for after-hours services – Expanded

On April 30, 2014, the MHB held a Special Meeting to discuss and vote on the MHSA Three-Year Program and Expenditure Plan FY 2014/15 – 2016/17. During discussion of the plan, members acknowledged consumer advocates for their creative input in the planning process. The MHB also recognized BHS and the overall community stakeholder process in composing a comprehensive plan to address the needs of Orange County residents. Further, members commented that this plan is the best plan in the past 10 years and they greatly appreciate the collaborative efforts between BHS and the MHB in making initial recommendations on the expansion and implementation of new services. Finally, the MHSA Three-Year Plan for Fiscal Year 2014/15-2016/17 was unanimously approved by the MHB.

To view the complete MHSA Three-Year Program and Expenditure Plan for FY 2014/15 – 2016/17, visit the MHSA webpage at <https://media.ocgov.com/gov/health/bhs/about/pi/mhsa/updates/default.asp>.

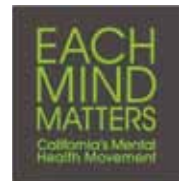
Assisted Outpatient Treatment (AOT) Program

The MHB is extremely proud to report that the Orange County Board of Supervisors approved the adoption of Assembly Bill 1421 – Laura’s Law making Orange County the first largest county in California to implement an Assisted Outpatient Treatment (AOT) Program. For over 10 years, the Mental Health Board has advocated for the implementation of this legislation. The Act became effective in California on January 1, 2003. In 2004, former members of the MHB such as Janice DeLoof (Past Chair and Vice Chair), Theresa Boyd (Past Chair), Rachel Pedraza, and Randy Beckx were instrumental in raising awareness and coordinating efforts to educate the Orange County community about this new legislation. On October 1, 2014, Orange County’s AOT Program was implemented. The MHB formally recognizes Mary R. Hale, BHS Director and her team of staff for their dedication and commitment to the implementation of AOT. Attached to this report, please find the AOT Information card. For additional information about Orange County’s AOT Program, visit the AOT website at <http://ohealthinfo.com/bhs/about/amhs/aot>.



Directing Change Recognition

Approximately 20 percent of youth ages 13 to 18 experience mental disorder in a given year and 103 youth in California die by suicide each year. Directing Change is a student video contest that is part of a statewide effort funded by the MHSA to prevent suicide, reduce stigma and promote student mental wellness. Participating students create 60-second public service announcements for suicide prevention and for ending the silence about mental illness by educating the public about stigma, suicide warning signs, words to use to offer help to someone you are concerned about



and resources that are available. There were a total of 432 Directing Change submissions, representing 996 students from 112 high schools and 9 UC campuses and 31 counties were received. At the May 28, 2014, MHB General Meeting, the MHB collaborated with Mark Lawrenz, Division Manager, Prevention and Intervention, to formally recognize those local students who placed in the contest and those students who received an honorable mention. These students were presented with a resolution from the Orange County Board of Supervisor. The following students were recognized:

- Will D’Epagner, 1st Place Award, San Juan Hills High School for “Through the Tunnel”
- Kimberly Stratton, Stephen Garcia, Casidy Foelsch and Nocholas Jackson, 1st Place Award, Canyon View High School, for the video “Hey Taylor”
- Nick Walker, 1st Place Award, Canyon View High School, for the video “If We Speak Loud Enough”
- Alexis Guzman and Thomas Foroughi, Honorable Mention, Canyon View High School, for the video “Take Action”
- Nick Jackson and Ennis Machta, Honorable Mention, Canyon View High School, for the video “Happy”
- Angelina Phan, Kiana Kikuchi and Shari Sirontnak, Honorable Mention, Canyon View School, for the video “Before and After”
- Osvaldo Cardenas, Johnny Castellon, Francisco Goroztieta and Candis Johnson, Honorable Mention, Buena Park High School, for the video “Light at the End of the Tunnel”
- Hai Do, Kalei Grogan and Jahnel Rico, Buena Park High School, for the video “Pass It On”
- Laura Castillo, Antonio Aguilar, Eric Rodriguez and Aurora Garcia, Honorable Mention, Nova Academy Early College High School, for the video “Hear Your Heart Beat Think Twice”
- Ellen Naruse, 2nd Place Award, Corona Del Mar High School, for the video “It Does Not Define Me”

To view the student videos, please visit the Prevention & Intervention webpage at <https://media.ocgov.com/gov/health/bhs/about/pi/change.asp>.

OC Links One Year Update

As previously reported, the MHB has prioritized access to services for clients, family members and participants. The MHB was



Orange County | Behavioral Health Information & Referrals

855-OC-Links
(625-4657)

The MHB was ecstatic about BHS' implementation of OC Links in 2013. OC Links is an information and referral line which provides telephone and online support for anyone seeking information or linkage to any of the Health Care Agency's Behavioral Health Services. The goal of OC Links is to assist callers in the navigation of county and contract provided services and programs. As of October 21, 2014, OC Links Information and Referral Line have been in operation for one full year. According to the Prevention and Intervention (P & I), Navigation Unit, it has been an incredible year helping people learn about the over 200 behavioral health services available through the Health Care Agency. P & I has created a user friendly brochure outlining the statistics from OC Links users and their comments about the program.

Here are some of the stats following one year of service:

Total Calls:	7,534
Total Chats:	253
Total Calls and Chats:	7,787
Total Webpage Hits:.....	9,701
Callers Linked:	43%

Top 6 Referrals for Services:

Alcohol & Drug Inpatient:	3,296
Alcohol & Drug Outpatient:	2,053
Adult Mental Health:.....	1,665
Prevention/Early Intervention:.....	721
Child Mental Health:.....	589
Parenting:	349
 Total Referrals:.....	 8,673

For more information about our OC Links Program, visit the Prevention & Intervention webpage at <http://ochealthinfo.com/bhs/about/pi/oclinks/>.

Behavioral Health Services
Health Care Agency



Message from the Director



As the Behavioral Health Services Director, it remains my top priority to ensure that we provide our clients, family members, and participants with exemplary services. 2014 was a very productive year for the Mental Health Board (MHB) and Behavioral Health Services (BHS).

I am very excited about the recent changes in our department resulting from our reorganization. I am even more excited about moving forward in developing an integrated approach to behavioral health services for adults, children and families in Orange County. Attached to this report, please find my comprehensive update on the progress of our BHS restructure and our new organization chart.

The progress that the MHB and BHS continue to make in collaborating about critical programs and services in Orange County is remarkable. I am honored to work with individuals who serve as volunteers and who are genuinely passionate about improving services to the residents of Orange County.

*Mary R. Hale, M.S.
Deputy Agency Director
Behavioral Health Services*

*The progress that the MHB
and BHS continue to make in
collaborating about critical
programs and services in Orange
County is remarkable.*

Behavioral Health Services & Mental Health Board Contact information

Behavioral Health Services

<http://ohealthinfo.com/bhs/>

Office: (714) 834-6023

Mental Health Board

<http://ohealthinfo.com/bhs/about/mhb>

Danielle A. Daniels, MPA

HCA Program Supervisor II

ddaniels@ochca.com

Office: (714) 834-5481

Crisis & Support

OC LINKS: Information and Referral Line

(855) OC-LINKS / (855) 625-4657

TDD Number: (714) 834-2332

<http://ohealthinfo.com/oclinks>

Centralized Assessment Team (CAT)

(866) 830-6011

*For assessment and evaluation of individuals experiencing psychiatric emergencies including threats to harm self, others, or gravely disabled

24-Hour Suicide Prevention Line

(877) 7 CRISIS / (877) 727-4747

*Provides 24-hour, immediate, confidential over-the-phone suicide prevention services to anyone who is in crisis or experiencing suicidal thoughts

NAMI WarmLine

(877) 910 WARM / (877) 910-9276

*Provides telephone-based, non-crisis support for anyone struggling with mental health and/or substance abuse issues.

Attachments

I. AOT Information Card

**Assisted Outpatient Treatment (AOT)
(855) HCA-1421 or (855) 422-1421**

Who Can Request AOT?

- Immediate adult family members
- Adults residing with the individual
- Director of treating agency, organization, facility or hospital
- Treating licensed mental health professional
- Peace officer, parole or probation officer supervising the individual

Who Qualifies for AOT?

- County resident, minimum 18 years of age
- Person is suffering from a mental illness
- Clinical determination that the person is unlikely to survive safely in the community without supervision
- History of lack of compliance with treatment for his or her mental illness, at least one of the following is true:

<p>Person's mental illness has, at least twice within the last 36 months, been a substantial factor in requiring hospitalization, or services in a forensic or mental health unit of a state or local correctional facility.</p> <p>Person's mental illness resulted in one or more acts of serious violent behavior toward himself or herself or another, or threatens, or attempts to cause physical harm to himself or herself or another within the last 48 months.</p>	<p>Person has been offered chance to participate in development of their treatment plan for services and continues to fail to become involved.</p> <p>Person's condition is substantially deteriorating. AOT would be the least restrictive placement, that is appropriate and feasible, and necessary to ensure recovery and stability.</p> <p>—AOT referral and criteria verification: (855) HCA-1421</p>
---	---

Adult and Older Adult Behavioral Health • www.ochealthinfo.com

II. Behavioral Health Services Restructure Update and Organization Chart By: Mary R. Hale, Director, Behavioral Health Services

In December of 2013, I announced that the BHS reorganization had been implemented. The intent of the restructuring was to allow for the functional consolidation and a more clearly defined set of service groupings that would result in increased cost-effectiveness and help us to better achieve the four primary goals for BHS. As a reminder, these four goals are:

- Improve access to services to those in need
- Increase multicultural development to ensure that services are provided in a way that clients from many cultures and who speak different languages will feel at ease when accessing services.
- Increase the ability to seamlessly provide services to individuals with co-occurring disorders (both substance use and mental health).
- Improve the quality of services of services provided to clients

Throughout the year, BHS has undergone many changes with the reorganization and I want to share an update of the progress thus far. BHS is pleased to report that Jenny Qian is fully in her role as Chief of Behavioral Health Operations. Beyond providing overall support to BHS, Jenny is now overseeing the Mental Health and Alcohol and Drug Advisory Boards; MHSA Coordination; and the Public Guardian.

In addition, the three Directors are in their new positions over the three new Function Areas. Brett O'Brien, as the Director of Children, Youth & Prevention Behavioral Health, is now overseeing Children Youth Behavioral Health (CYBH), Prevention and Intervention (P&I), and Innovations. Within P&I, the BHS Navigation unit has been designed to be one point of access for all of BHS and is now the home of the Office of Family and Consumer Affairs along with the BHS information and referral line, OCLinks. In addition, the two county operated outreach & engagement (O&E) teams, formerly under REACH and Adult Mental Health Services (AMHS), have been combined into one BHS O&E Team. The new BHS O&E Team serves individuals of all ages with the full continuum of behavioral health issues from those with serious to mild conditions to those at-risk of behavioral health conditions. Finally, all substance use disorder (SUD) adolescent services and all former Children and Youth Services have merged into to CYBH where all children and youth mental health and SUD services continue to be integrated.

Annette Mugrditchian, as the Director of Adult and Older Adult Behavioral Health (AOABH), is now overseeing the following service areas: Collaborative Services, Crisis Services, Clinic Operations, Inpatient Services, Central Services and Residential Services. The largest change across all the service areas in AOABH is the integration of adult substance use disorder services and adult mental health services. Former adult Alcohol and Drug Abuse Services (ADAS) and AMHS are now combined in this Function Area. One example of this change is in the area of Clinic Operations where the adult outpatient clinics will be comprehensive behavioral health clinics, providing seamless screening, assessment and treatment of both SUD's and mental health in one location. This will provide easier access to treatment for clients as well as improve the quality of our treatment of co-occurring disorders. Another example is in the area of Collaborative Services which now includes all the collaborative courts. In the past the adult mental health treatment court programs and adult SUD treatment court programs were housed in different divisions, and now they are included within Behavioral Health Courts. This

again will improve treatment options and enhance co-occurring capability. A final example of this change is in the area of Residential Services where MHSA housing (traditionally mental health) and residential treatment for SUD's have merged into one service area. These are just a few examples of the changes in Adult and Older Adult Behavioral Health.

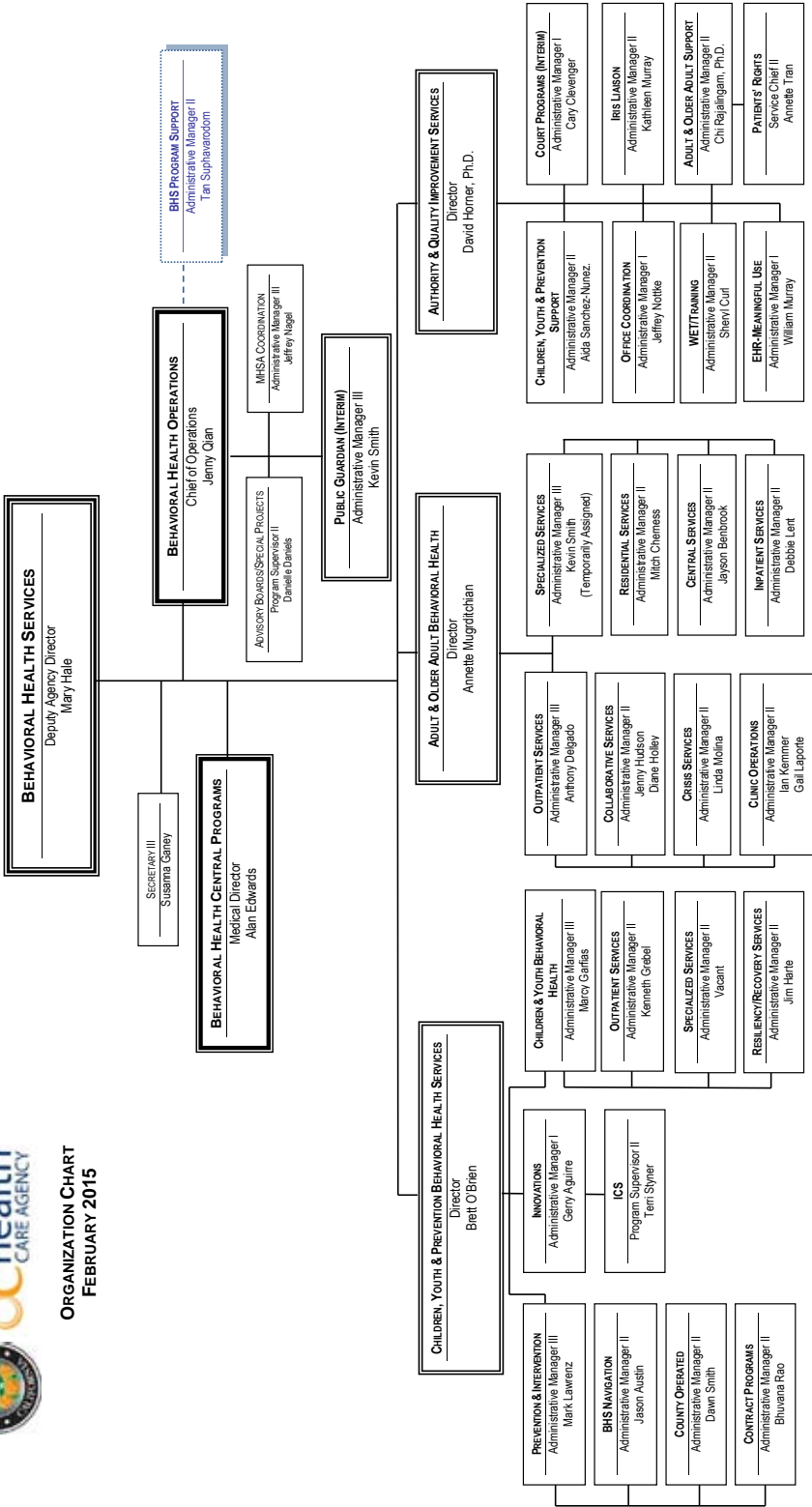
Dave Horner, as the Director of Authority and Quality Improvement Services (AQIS), is now overseeing the Quality Improvement Support for all BHS programs, Workforce Education and Training (WET), Electronic Health Record (EHR)/Meaningful Use, Mandated Court Programs, IRIS Liaison, and BHS Office Coordination. WET also includes our Multicultural Development Program to ensure that we are enhancing our cultural and linguistic responsiveness in all behavioral health services through supportive services, training and education. The Mandated Court Programs formerly within ADAS remain to be fully transitioned, and the transition of all the program office staff into this unit continues to be under discussion with HR at this time.



“Touched”
By: Shawwna Morphis



**ORGANIZATION CHART
FEBRUARY 2015**



Also reports to Administrative Services



“Watercolor”
By: Ginny Rowan