

County of Orange
Mental Health Board
2012 Annual Report

Health Care Agency
Behavioral Health Services



*Excellence
Integrity
Service*



MESSAGE FROM THE CHAIR

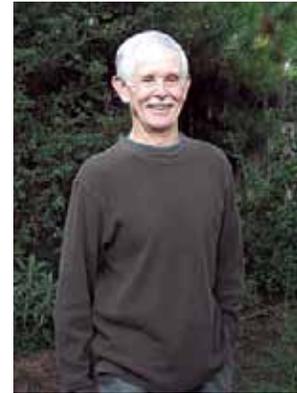
Here in Orange County the sun is shining and the world is going well for most of us. But somewhere nearby at this very moment a child or adult is crying out for help for serious emotional distress. It could be your family, friend, or neighbor. He or she needs our immediate attention. That is our charge.

During this last year, Behavioral Health Services has helped approximately 30,000 severely mentally ill individuals, as well as providing education, training, and support for countless numbers of others. The fairly recent impact of MHSA funding has allowed for an increased number of clients and services. Our county effectively serves more people than many of the smaller states in this country. Of this, I am very proud.

The Mental Health Board has done much within 2012. We have held our first Community Outreach meeting—bringing the Board to listen to the mental health concerns of citizens in the southern part of the county. We have supported the implementation of WIC 5270, which would allow the county to increase involuntary hospitalization from 14 to 30 days (when needed). Our active involvement on the MHSA Steering Committee has supported the implementation of several important programs and we have encouraged a streamlined presentation of demographic data on clients served. In addition our committees have addressed mental health concerns of adults, seniors, and access to services.

We are privileged to serve as the Mental Health Board which advises the O.C. Behavioral Health Services and the County Supervisors on mental health needs and programs for the members of our community. It is very gratifying to work on such a quality team—all volunteers representing consumers, families, and service providers. Each of us has had close contact with mental illness, and we are doing our part to make life better for those suffering from its often devastating effects. There is a strong sense of commitment and passion within our organization, directed toward retaining support for existing programs while encouraging appropriate innovations.

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



“Our county effectively serves more people than many of the smaller states in this country.”

ORANGE COUNTY BOARD OF SUPERVISORS



John M. W. Moorlach, Chairman
Second District Supervisor



Shawn Nelson, Vice Chairman
Fourth District Supervisor



Janet Nguyen
First District Supervisor



Bill Campbell
Third District Supervisor



Patricia C. Bates
Fifth District Supervisor

LETTER FROM THE DIRECTOR

Greetings ~

In collaboration with our County of Orange Mental Health Board, I am excited to present this Annual Report to the Board of Supervisors and our community partners. This report is a demonstration of the tireless work done by our Mental Health Board members, staff and constituents on a daily basis. I'm also excited to share with you amazing artwork and creative writings produced by individuals in Orange County living with a mental health diagnosis. In addition to providing an outlet for creative expression, these art and creative writing projects play a role in supporting recovery and wellness and help reduce the stigma that is often associated with mental illness.

Although this past year has resulted in ongoing changes in the operations of the California Department of Mental Health and the Mental Health Services Act Oversight and Accountability Commission, reorganization of the State Department of Health Care Services has brought new reporting relationships and a different alignment of responsibilities during 2012.

Orange County has taken an active role in improving traditional services and fostering innovative programs which support recovery and reduce stigma and we are proud of the programs we offer to those individuals with a serious mental illness.

On behalf of Behavioral Health Services, I want to thank and acknowledge the Orange County Mental Health Board. The service they provide is done so voluntarily and I am honored to work with individuals who are genuinely passionate about mental health services and who are committed to making Orange County services and programs better for the individuals we serve, their families and the community.

Sincerely,

*Mary R. Hale, M.S., Deputy Agency Director
Behavioral Health Services
County of Orange Health Care Agency*

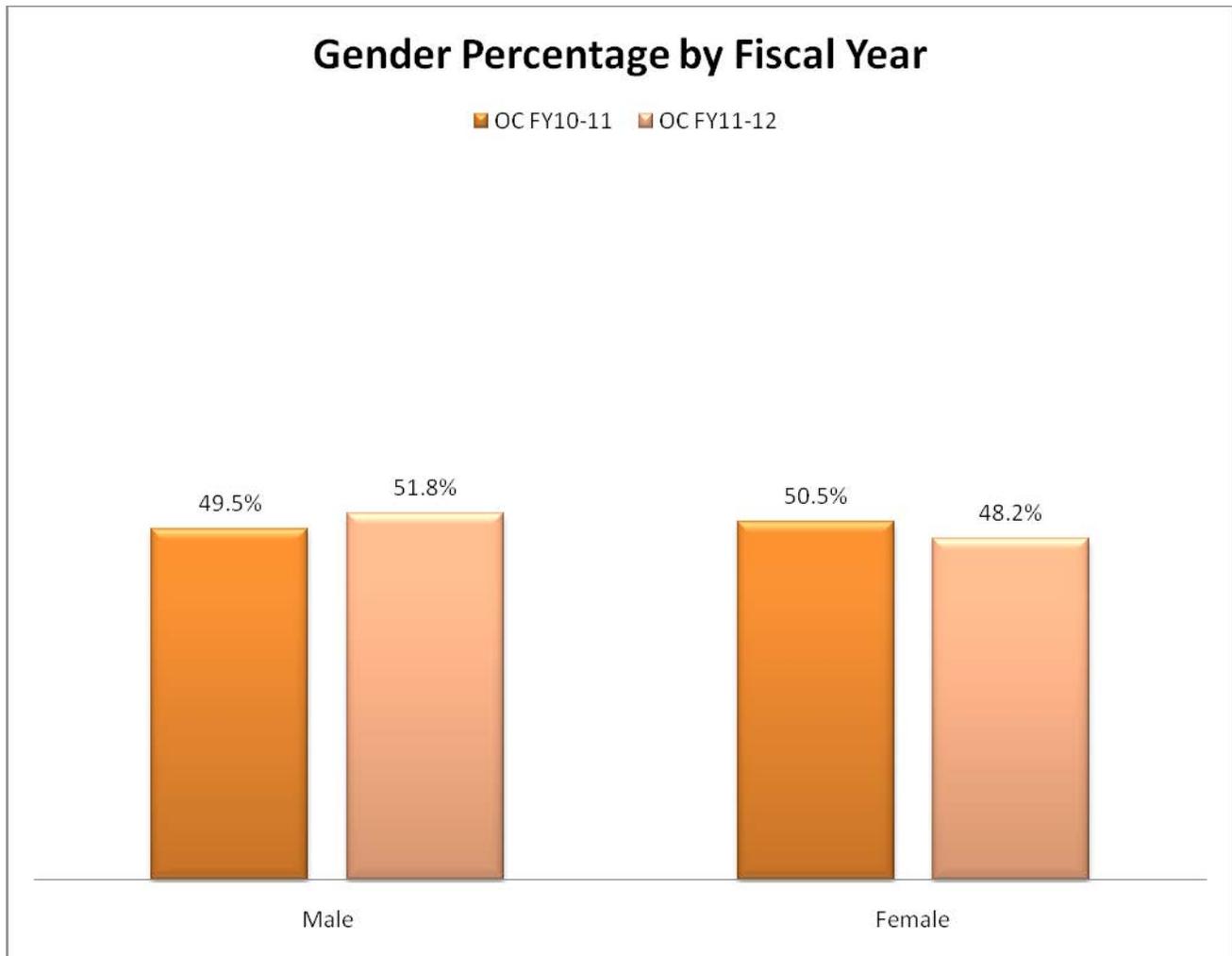


“I am honored to work with individuals who are genuinely passionate about mental health services...”

COUNTY DEMOGRAPHICS

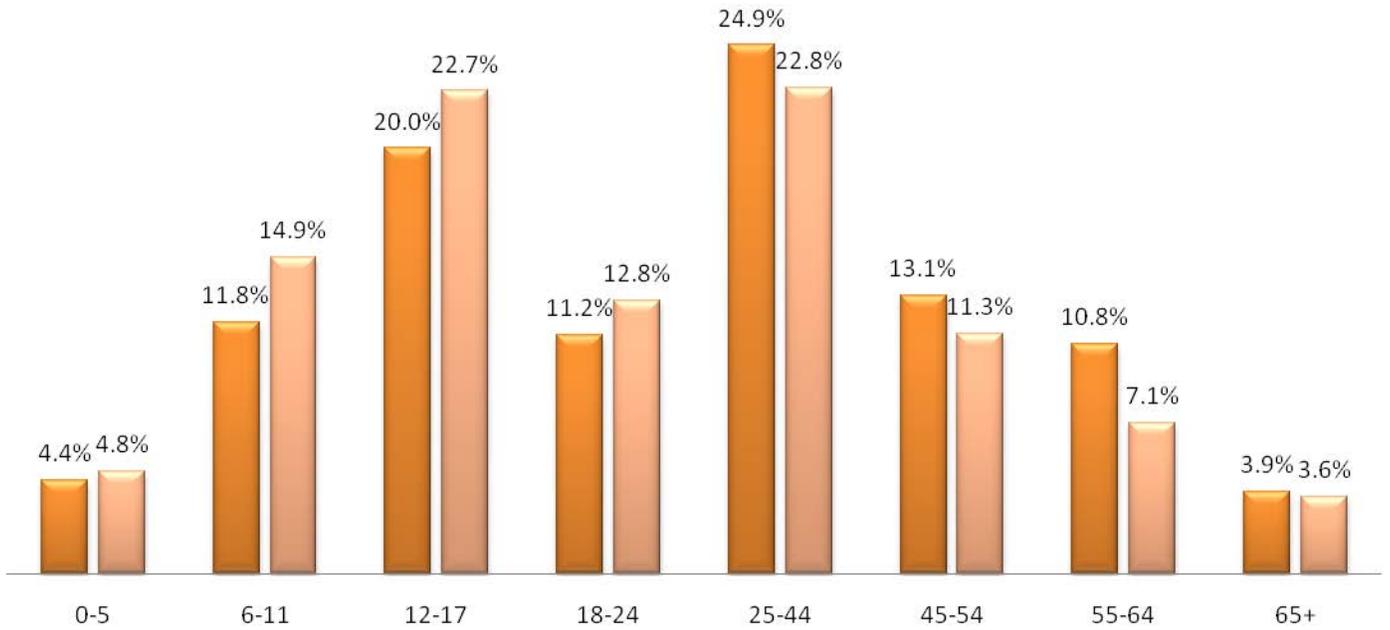
Behavioral Health Services (BHS) and its contract providers offer an array of mental health and substance use treatment services to clients in intermediate and long-term care facilities and clients receiving outpatient services.

Total clients served by gender, age and ethnicity.



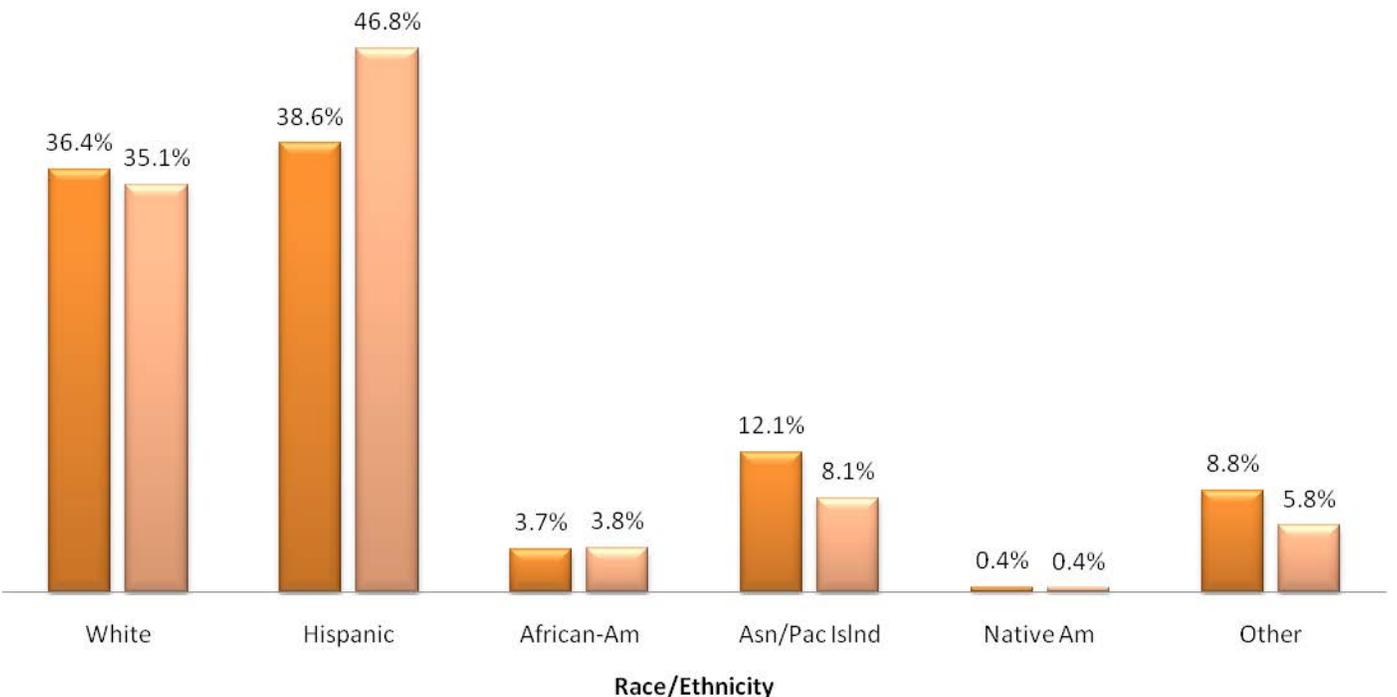
Age Group Percentage by Fiscal Year

OC FY10-11 OC FY11-12



Ethnic Percentage by Fiscal Year

OC FY10-11 OC FY11-12





Artist: Nhan Phan Hue

OVERVIEW OF BEHAVIORAL HEALTH SERVICES

Behavioral Health Services provides culturally competent services for eligible county residents in need of mental health care and/or treatment for alcohol or other drug abuse. Recovery based services are provided countywide via county-operated and contracted programs. Behavioral Health Services consists of six divisions: Alcohol and Drug Abuse Services, Adult Mental Health Services – Outpatient/Crisis, Adult Mental Health Services – Inpatient/Residential, Children and Youth Services, Prevention and Intervention and Quality Improvement and Program Compliance.

Adult Mental Health Services

Annette Mugrditchian, LCSW, Division Manager - Outpatient/Crisis

Kevin Smith, LCSW, Division Manager - Inpatient/Residential

Adult Mental Health Services (AMHS) provides recovery mental health services and episodic treatment services which emphasize individual needs, strengths, choices, and involvement in service planning and implementation. Additionally, adults who have a serious and persistent mental disorder and may have a co-occurring substance abuse disorder and impairment in their ability to function in the community or who have a history of recurring substantial functional impairment, hospitalization or symptoms can access services. Services available include assessment, evaluation, collateral therapy, individual and group therapy, substance abuse treatment, medication support, rehabilitation, linkage and consultation, placement, plan development, crisis intervention and specialized residential services.

Alcohol & Drug Abuse Services

Brett O'Brien, MFT, Division Manager

Alcohol and Drug Abuse Services (ADAS) provides a range of outpatient and residential treatment programs designed to reduce or eliminate the abuse of alcohol and other drugs within the community. Services include crisis intervention, assessment and evaluation; individual, group and family counseling; HIV education; pre – and post-test counseling, and voluntary testing; counseling and testing; referrals to other programs when indicated; and outreach to schools and the general community. Specialized programs provide services for pregnant and parenting women, persons who require methadone maintenance and detoxification, adolescents, persons who have a substance use disorder with co-occurring mental illness, and individuals referred by the Orange County Collaborative Court.

Children and Youth Services

Marcy Garfias, LCSW, Program Manager - Central Programs; Kenneth Grebel, Ph.D.,

Program Manager - Regional Programs; James P. Harte, Ph.D., Program Manager - MHSA Programs

Children and Youth Services (CYS) serve children, adolescents, and transitional age youth who are in need of behavioral health services. Problems may include disruptive behavior disorders, mood disorders, anxiety disorders, sleep and eating disorders, adjustment or personality disorders, and other severe emotional disorders as well as family problems. The above noted disorders are frequently complicated with substance use disorders. CYS also provides diagnosis and support services for children who have been removed from their homes and are residing in Orangewood Children and Family Center, Juvenile Hall, group homes, and foster placement. Early and Periodic Screening, Diagnostic & Treatment (EPSDT) provides mental health services to clients age 20 years or less who are full scope Medi-Cal beneficiaries and need services not ordinarily covered by Medi-Cal. CYS provides a broad range of services including evaluation, therapy, medication, crisis intervention, and collateral services to parents and families.

Prevention & Intervention

Jenny Qian, MS, Division Manager

Prevention & Intervention (P&I) provides a variety of prevention and intervention services designed to help prevent the development of serious emotional/ behavioral disorders and mental illness and promote behavioral health wellness. P&I is responsible for developing and implementing MHSA, Prevention and Early Intervention (PEI) component programs, which includes three service areas (community-focused, school-focused and system enhancements) and 23 programs. Services include community education and training; outreach and engagement; screenings and assessments; case management; parent education and supports; wellness activities, referral and linkage; and crisis hotline and warmline. Services are family focused and target all age groups, underserved cultural groups, and specialized services for transitional age youth experiencing their first episode of psychosis; mothers experiencing postpartum depression; stressed families; families with children at risk of school failure; families with youth involved in the juvenile justice system; families impacted by divorce, domestic violence and trauma; at-risk youth experiencing transition; isolated adults; and Veterans and their families. In addition, P&I participates in state-wide projects focusing on suicide prevention, student mental health and reducing/eliminate stigma and discrimination.

Quality Improvement & Program Compliance

David Horner, Ph.D., Division Manager

Quality Improvement & Program Compliance (QIPC) participates in a variety of quality improvement and compliance activities across all of Behavioral Health Services divisions. QIPC also monitors the following:

- Service Delivery Capacity of the Mental Health Plan
- Accessibility of Services
- Beneficiary Satisfaction
- Consumer Complaints/Appeals
- Provider Appeals
- Cultural Competency in gathering/analyzing information for performance outcome measures and consumer surveys relating to cultural issues
- Collection and analysis of aggregate data from performance outcome measures

Patients' Rights & Advocacy Services

Barbara Rocha, LCSW, Service Chief II

Patients' Rights & Advocacy Services provides advocacy services to all consumers in any Mental Health facility, program or service. Patients' Rights staff provide education and training to consumers and providers and ensure posting of Patients' Rights information in all mental health facilities, and investigate and resolve all complaints received from clients about denial of their rights or abuse. They monitor facilities for compliance with Patients' Rights laws, regulations, policies and they review records for Denial of Rights and/or ECT, Seclusion/Restraint and Involuntary Detention and facilitate liaison activities between the California Office of Patients' Rights and the County Patients' Rights Program. Patients' Rights & Advocacy Services Office provides advocacy service to involuntary hospitalized persons at Certification Review Hearings and Clinical Review Hearings. They also respond to telephone calls requesting information, assistance or inquiries and referrals.

Center of Excellence

Clayton Chau, M.D., Medical Director

The Center of Excellence seeks to coordinate the Mental Health Services Act (MHSA) planning and reporting responsibilities, provide education and training, conduct research and advocate for reducing barriers and promoting equal access to quality mental health services for all people living in Orange County. The responsibilities of this office are expected to continue to evolve as circumstances and legal mandates continue to change.



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 2012, 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.

MAJOR OBJECTIVES

- Increase our representation and involvement in the MHSA Steering Committee and planning process.
- Provide a community outreach meeting to solicit the community's involvement with the board and hear their comments/concerns regarding Orange County's mental health system.
- Conduct site visits to major programs including Adult Mental Health Services – Outpatient and Children and Youth Services.
- Streamline and target committee assignments to increase efficiency on client and program needs.
- Coordinate monthly presentations of interest to the board around the areas of the Centralized Assessment Team (CAT) and Psychiatric Evaluation and Response Team (PERT), Data, and Welfare and Institutions Code (W&I) 5270 – 30 day hold.



Artist: Debbie Odel

MEET THE MENTAL HEALTH BOARD

Supervisor Patricia C. Bates

Fifth District
patbates@ocgov.com

Jeffrey Davis

Public Interest
jdavis6761@aol.com

Cecile Dillon, Ph.D.

Mental Health Professional

Suzie Gulshan

Consumer/Family Member
spgulshan@hotmail.com

Brian Jacobs

Consumer/Family Member
bjacobs1@socal.rr.com

Carol Langone, LCSW

Mental Health Professional

Judith Lewis

Consumer/Family Member
judilewis@aol.com

Nomi Lonky, RN, RNP

Public Interest/Mental Health
Professional
nomilonky@gmail.com

Richard (Dick) McConaughy, Ph.D.

Public Interest/Direct Consumer
macmcon_41@yahoo.com

Carolyn Nguyen, M.D.

Public Interest/Mental Health
Professional
drkarolyn@drkarolyn.com

Michael Rose, LCSW

Public Interest
mrose@hoaghospital.org

Gregory Swift, MFT

Public Interest/Direct Consumer
greg.swift@hsala.org

Gregory Wright

Family Member
gdwrightla@cs.com

MENTAL HEALTH BOARD SPOTLIGHT

The year 2012 delivered an array of noteworthy accomplishments for the board. Though state and local budget challenges loomed throughout the year, the board successfully fulfilled its commitment in providing advice on program development, budget prioritization and policy and strategic planning through monthly meetings, community meetings, and site visits. The following presentations were provided to the board and community throughout the year:

- MHSA Overview & Update – Bonnie Birnbaum, Dr. PH, JD, MHSA Coordinator
- Duals Demonstration, CalOptima – Dianna Daly, Director, Behavioral Health Integration
- Centralized Assessment Team (CAT) – Gregory Masters, LCSW, Service Chief II
- Data: Ethnicity Report – David Horner, Ph.D., Division Manager, Quality Improvement & Program Compliance

Farewells



Mark A. Refowitz, LCSW, former Director of Behavioral Health Services was appointed as the Director of the Health Care Agency. Mark has served as the Director of Behavioral Health Services for the past eight years. Although the board recognized this is a loss to BHS, the board was excited to learn Mark wasn't going to be far away as the Director of the Health Care Agency.



Clayton Chau, M.D., former Associate Medical Director in Behavioral Health Services accepted a position at CalOptima as the Medical Director for their Behavioral Health Unit. Dr. Chau's passion and dedication to the County of Orange Health Care Agency, Behavioral Health Services will be greatly missed.



Cecile Dillon, Ph.D. (former Chair - 2010 & 2011 of the MHB) completed her term on December 4, 2012 after close to six years of service. Dr. Dillon was formally recognized and presented with a plaque by the Health Care Agency, Behavioral Health Services for her dedication and commitment to service to the board and Behavioral Health Services.

Special Meetings & Events

Annual Planning Retreat – Saturday, March 17, 2012

Light of the Canyon United Methodist Church

The board had the opportunity to get to know each other better, generate some interests, and develop their objectives for the year. This meeting served as one of the less formal meetings of the year in which members were able to brainstorm ideas and discuss areas within Behavioral Health Services to prioritize for the year.

Mental Health Campus – Thursday, April 19, 2012

Ribbon Cutting Ceremony with Supervisor Bill Campbell, Third District



Several members of the board, community partners, and countless members of the mental health community attended the Ribbon Cutting Ceremony of the county's Mental Health Campus. This two-acre facility is the first of its kind in the state of California. The three building facility totaling nearly 25,000 square feet is home to three Behavioral Health programs: The Wellness Center, The Recovery Education Institute and an Adult Crisis Residential Program.

MHSA Public Hearing – Wednesday, May 23, 2012

Annual Update to the Three-Year Program Expenditure Plan

The board held an open Public Hearing to hear from the community with regard to the county's MHSA Three-Year Program Expenditure Plan. This meeting included six guest speakers of consumers, family members, and community providers. At the close of the hearing, the board voted in favor of approving the plan.

Community Meeting – Wednesday, August 1, 2012

Community Outreach with Supervisor Patricia C. Bates, Fifth District

The board held a community outreach meeting in its efforts to hear and engage the community with the mental health system. Supervisor Patricia C. Bates attended this meeting and shared her passion and commitment to quality services in Orange County. The board conducted minimal board business and dedicated a majority of the meeting to hearing from members of the community of their concerns and suggestions on improving the mental health system in Orange County.

Community Meeting – Thursday, October 11, 2012

Alcohol & Drug Advisory Board Joint Meeting

The board met jointly with the Alcohol & Drug Advisory Board to discuss and share ideas related to co-occurring services in Orange County. During this meeting the board received a presentation on the county's Integrated Community Services Program by Dr. Jeanette Ponce. At the conclusion, both boards acknowledged the importance of collaboration amongst them and agreed that a Joint Meeting between both boards will continue as an annual activity.

Mental Health Board General Meeting – November 28, 2012

The MHB voted unanimously to recommend that the Orange County Board of Supervisors support the

implementation of W&I Code 5270 so that it is used as an additional tool to assist the Mental Health Community in providing the most effective care to the residents of Orange County. This legislation is an additional 30-day period of intensive treatment for persons who remain gravely disabled beyond their initial 14-day hold period of intensive treatment (W&I Code 5250).

Site Visits

Center for Opportunity, Reentry and Education (CORE) Program

Orange County Probation Department – Richard (Dick) McConaughy, Ph.D.

Dick visited the CORE Program with a tour of the facility and a visit to the classrooms. This is an Adult Day Reporting Center Program for those individuals in Orange County who are on Formal Probation to the Orange County Probation Department and are at least 18 years of age. Probationers can earn credits toward their High School Diploma or work on earning their General Education Development (GED) through the partnership with the Orange County Department of Education. Each probationer participates in Cognitive-Behavioral Therapy (CBT) in order to address criminal thinking patterns and to learn positive problem-solving, coping and social skills.

Adult Mental Health Services, Telecare STEPS Orange County

On Thursday, June 14, 2012 immediately following the Study Committee Planning meeting, members of the MHB visited the Telecare STEPS (Striving Towards Enhanced Partnerships) Program. This is a 105-member Full Service Partnership (FSP) in Santa Ana. Eighty clients are referred by residential/locked facilities and twenty-five clients are referred by the Mental Health Court treatment staff. Services are provided by a multi-disciplinary team that includes a psychiatrist, a nurse, a team lead, a clinical director, personal service coordinators with experience in drug and alcohol and mental health treatment, and specialists in housing, education and employment.

Children and Youth Services, Westminster Regional Clinic

On Thursday, November 1, 2012, members of the MHB visited the Orange County Health Care Agency, Behavioral Health Services, Children and Youth Services (CYS) – Westminster Clinic. CYS provides a broad range of services for behaviorally, emotionally or mentally disordered children and adolescents which include evaluation, therapy, medication monitoring, crisis intervention, and collateral services to parents and families. CYS provides information for hospitalization or residential treatment, and consults with local education agencies and other community programs.

MHSA CORNER



The Mental Health Services Act (MHSA) has brought a substantial increase in the number of services available, new facilities, technological improvements, the addition of prevention and early intervention services to the continuum of care, new opportunities for education and training, and a chance to develop and evaluate innovative programs. In addition to these benefits, the MHSA has been able to move forward on the road to systems transformation.

Orange County is proud of the programs and services provided with funding from the Mental Health Services Act. Most recently, MHSA funding has allowed the Health Care Agency to make substantial progress in improving the lives of people living with or at risk of developing mental illness. Some of the most notable are:

- Completed a beautiful new facility at 401 Tustin Street which currently services individuals in three different programs: The Wellness Center, The Recovery Education Institute and an Adult Crisis Residential Program.
- Made substantial progress in developing our Electronic Health Care Record System. In addition to satisfying State and Federal mandates, electronic health care records will facilitate improvements in service delivery and continuity of care while still protecting patient privacy.
- Expanded Prevention and Early Intervention programs to be available to promote wellness for individuals and families, protecting client privacy.
- Reduced homelessness, incarcerations, and psychiatric hospitalizations were achieved for clients enrolled in Full Service Partnerships.
- Provided emergency mental health evaluations, crisis intervention and follow-up services, allowing clients to remain in the community, linked to services, whenever appropriate.
- Continued collaboration with local agencies, law enforcement, advocacy groups, education institutes, social services, and non-profit providers of care to create and reinforce productive partnerships and improve client care.

MYTH VS. FACTS ABOUT MENTAL ILLNESS

Myth: “Young people and children don’t suffer from mental health problems.”

Fact: It is estimated that more than 6 million young people in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.

Myth: “People who need psychiatric care should be locked away in institutions.”

Fact: Today, most people can lead productive lives within their communities thanks to a variety of supports, programs, and/or medications.

Myth: “A person who has had a mental illness can never be normal.”

Fact: People with mental illnesses can recover and resume normal activities. For example, Mike Wallace of “60 Minutes”, who has clinical depression, has received treatment and today leads an enriched and accomplished life.

Myth: “Mentally ill persons are dangerous.”

Fact: The vast majority of people with mental illnesses are not violent. In cases where violence does occur, the incidence typically results from the same reasons as with the general public such as feeling threatened or excessive use of alcohol and/or drugs.

Myth: “People with mental illnesses can work low-level jobs but aren’t suited for really important or responsible positions.”

Fact: People with mental illnesses, like everyone else, have the potential to work at any level depending on their own abilities, experience and motivation.

Mental Health America

<http://www.mentalhealthamerica.net/go/action/stigma-watch>



BEHAVIORAL HEALTH RESOURCES

Mental Health Board website.....	http://ochealthinfo.com/bhs/about/mhb
Behavioral Health Services website	http://ochealthinfo.com/bhs/
Clerk of the Mental Health Board Danielle A. Daniels, MPA.....	(714) 834-5481 ddaniels@ochca.com

CRISIS & SUPPORT

Medical Emergency Access (24 Hours).....	(800) 723-8641
Centralized Assessment Team (CAT) & Psychiatric Evaluation and Response Team (PERT)	(866) 830-6011
Evaluation and Treatment Services (ETS).....	(714) 834-6900
Orange County Crisis (Suicide) Prevention Hotline	(877) 727-4747
Outreach and Engagement – Adults.....	(714) 517-6355
Outreach and Engagement – Children.....	(714) 480-4670
Risk Reduction and Community Health Program (REACH)	(714) 834-7926