



**Public Forum at the  
Mental Health Services Act  
Steering Committee Meeting**  
Monday, October 3, 2016  
1:00 p.m. to 4:00 p.m.

**Delhi Community Center  
505 E. Central Ave.  
Santa Ana, 92707**

**MINUTES**

**Item I Call to Order/Welcome**

- At 1:05 p.m. by Sharon Browning
- Sharon announced the order of the meeting

**Item II Public Forum Information and Process**

*Dr. Jeff Nagel, Director of Operations/MHSA Coordinator*

- Dr. Nagel reminded the attendees the goal of the Public Forum is to identify gaps and needs in the current behavioral health system of care and how it fits in with the MHSA 3-Year Planning Process
- Dr. Nagel explained the public forum process

**Item III Public Forum**

*Sharon Browning, Facilitator*

- **Public Comment 1** (*written*):
  - The statement shared that the upcoming cost-benefit analysis should include longitudinal and before and after data that has meaning and significance to the public, and it should be able to answer whether MHSA and BHS programs are reducing hospitalizations, incarcerations, homelessness, and recidivism, while increasing interventions, stabilization, recovery, and employment. A list of suggestions for measures were also provided which include:
    - # of crisis contacts
    - # of referrals and linkages
    - 72-hour holds
    - 14-day holds
    - Long-term hospitalizations
    - # repetitive contacts/hospitalizations or imprisonments
    - Hospital Beds Available
    - Jailed mentally ill
    - Clinic clients #'s and satisfaction
    - Total Clients referred to County BHS programs
    - Total Clients successfully completing outpatient programs
    - Number of homeless mentally ill in Orange County
    - Number of mentally ill treated in jail system

- # jailed inmates diverted or enrolled in programs after incarceration
- BHS budget by year showing breakdown of County & MHSA funds
- **Public Comment 2:**
  - A service provider representing Pathways Community Services shared the gaps at the County Contracted Children’s EPSDT Clinics on services that are not billable or funded by Medi-Cal, such as outreach and engagement, completion of child abuse reports and follow-up, services addressing academic education, vocational, housing, recreation, and socialization services, services while client is a runaway, incarcerated, or hospitalized, services while a client has a lapse in Medi-Cal coverage, coordination of care within same clinic, and review of client records. Additional funding was requested to cover these non-billable services for a period of three years.
- **Public Comment 3:**
  - An individual in recovery shared that her experiences under the Khmer Rouge regime in Cambodia left her with depression which is still not cured and finding appropriate services has been difficult due to the language barrier. She shared that the agency, *The Cambodian Family* has been helping her, and asked for more programs to help individuals like her.
- **Public Comment 4:**
  - An individual in recovery shared that she has mental health issues as a result of the Khmer Rouge regime in Cambodia. She cited difficulties in accessing services due to language barrier and transportation issues and asked for more help.
- **Public Comment 5:**
  - MHSA Steering Committee Member and representative from the Saddleback College Human Services Program shared that her program recently received a HRSA grant that will help fund education for paraprofessionals with lived experience. She shared the need for more internship opportunities for placement of students in the Human Services Program and shared her email address: kbranchstewart@saddleback.edu
- **Public Comment 6:**
  - A representative from the Early Childhood Mental Health Collaborative shared that the collaborative is developing a comprehensive picture of needs and identifying a model that would support early care providers, and involve them in the care of the child, as some children are let go from programs due to behavioral health concerns. The collaborative would like MHSA to assist their efforts.
- **Public Comment 7:**
  - A family member and representative from the Orange County Conservatorship Assistance Group shared that he has a child with co-occurring illnesses currently enrolled in an FSP program. He shared that comorbidity recovery and success is difficult, and that services are sometimes refused to the co-occurring population, such as board and cares. He recommended the implementation of an Evidence Based Program from SAMHSA for service providers called “Integrated Treatment for Co-occurring Disorders” and encouraged the establishment of co-occurring treatment centers.
- **Public Comment 8:**
  - A representative from the Community Action Advisory Committee shared a list of items the committee has identified as needs and gaps. 1) Transitional living homes, 2) Peer mentors for each MHSA funded programs, 3) Greater access to transportation vans, 4) Laptops and iPads for field-based clinicians to perform documentation out of the office, 5) More trainings for consumers and family

members, 6) Programs for deaf and hard of hearing, 7) More stigma-reduction/anti-stigma programs, 8) Peer certification trainings, 9) Hiring of a County peer personnel to be a liaison for all MHSA programs, 10) Programs providing family support to family members, 11) Education scholarships for those with lived experience with greater transparency, 12) Help and technical assistance with RFPs.

- **Public Comment 9:**
  - A service provider representing CHOC Children’s Hospital shared gaps for children that have commercial insurance, as they have a harder time accessing care. She presented the idea of a psychiatry access line for frontline providers, adopted from a model developed in Massachusetts which would provide timely counseling and care for children. She mentioned feasibility and logistics of the psychiatry access line possibly funded by MHSA.
- **Public Comment 10:**
  - A service provider representing Luminance Recovery Center shared the need for Medi-Cal or Medicare contracted providers for dual diagnosed (mental health/addiction) as well as addiction alone, as people with those insurances cannot find services when they are ready for recovery. She asked for the development of more dual diagnosis inpatient and other services that take Medi-Cal clients.
- **Public Comment 11:**
  - An individual in recovery, family member, and advocate shared that older adults with mental illness are unable to get housing. They often do not speak English and are living out on the streets, unable to get medications. She shared that a peer run program could help this population and also encouraged MHSA to fund housing units for these individuals.
- **Public Comment 12:**
  - A service provider representing CHOC Children’s Hospital shared that mental illness affects children at the same rate as adults but only a small percentage of the children are getting their needs met. She stated many of problems that come out during adulthood can be prevented by meeting the needs of children and would like to MHSA’s collaboration.
- **Public Comment 13:**
  - A service provider representing Jamboree Housing shared the need to evaluate behavioral health programs to see what is being done and what can be done better. She cited housing and employment as priorities and stated that housing and supportive services are important for those getting the services that they need, as they cannot get their health needs met while homeless.
- **Public Comment 14:**
  - An individual in recovery and family member shared her thoughts on the importance of data to see which programs are doing well and which programs are not doing well. She stated there needs to be greater accountability for programs and the need to identify programs that need additional help or not performing well to ensure that the money is well spent.
- **Public Comment 15:**
  - A family member and advocate cited the lack of psychiatric beds in the county and the need for more. He also stated that wraparound care is effective, and that the county should look at it on inpatient level, as well as during acute post care. He also shared that schools need adequate school-based mental health services to reach children early for prevention.
- **Public Comment 16:**

- A service provider representing the Friendship Shelter shared the need for more short term, transitional, and permanent supportive housing. She stated her desire to look at other ways to provide services on site, through collaborative efforts, and learning from other communities. She also encouraged looking at evaluations differently and studying contrasting approaches, shared her desire to collaborate with MHSA especially with coordinated reentry.
- **Public Comment 17:**
  - A representative from The Cambodian Family Community Center shared that the Cambodian community suffers from various mental health issues such as PTSD and depression and that the older generation Cambodians have been waiting a long time gaining access to mental health services. He expressed that there is not enough staff at his organization to service the 500 Cambodian clients, and access to services for the monolingual Cambodian speaking clients in the county has been difficult. He shared that his organization specifically needs increased funding for their patient navigation program.
- **Public Comment 18:**
  - A service provider representing OC Deaf shared that Orange County is behind LA County in services for the deaf population. Some have experienced trauma from receiving mental health services and are not being understood. She cited the need for case workers who can work with the deaf population, and that interpreters are not as effective. The deaf community needs greater attention and more direct access to mental health services.
- **Public Comment 19:**
  - A representative from OC Association for Vietnamese Mental Health Awareness and Support shared the need for more Vietnamese speaking staff on the Centralized Assessment Team (CAT), to increase the response time. He encouraged the CAT to connect with Viet-C.A.R.E. for promotion. He also stated more Vietnamese speakers are needed to help their homeless population clean themselves and get food, and possibly provide an incentive to them. He encouraged more trainings for the police departments, citing 4 Vietnamese individuals with mental illness have been killed by the police in the last 6 years.
- **Public Comment 20:**
  - A family member with a child with serious mental illness and co-occurring disorders shared that there is a lack of information regarding how much MHSA money is actively being used and how much interest has accumulated on the unspent reserves. He also stated that the RFP process which could take 9 months eliminates year one of the three year planning cycle and that there is no way to see the program status. He also shared the need for more psychiatric beds and support for the veteran population. He also cited that symptoms in children and youth generally start appearing at 14, 50% of the time and by the age of 24, 75% of the time, and that this population can be better served by leveraging family, education, and faith-based communities to identify early symptoms and intervene early.
- **Public Comment 21:**
  - A representative from the City of Costa Mesa shared the need for a better outreach process for cities within the county and for public forums to encourage connecting with the city managers. He also encouraged additional outreach to law enforcement and first responders and that there is a lot to learn from their experiences. He mentioned the lack of psychiatric beds and that people on 5150 holds are being released before 24 hours, often causing a revolving door situation.

He also stated that lock-up psych facilities may be needed for long term solution in some situations.

- **Public Comment 22:**
  - A service provider representing *Grandma's House of Hope* shared the need for more permanent housing supports to place women instead of short-term stays. She cited that 70% of their clients take medication for mental illness and short-term stay is not helpful for this population.
- **Public Comment 23:**
  - A member of the MHSA Steering Committee thanked the attendees for participating in the Public Forum and encouraged them to come to the November meeting.
- Mary Hale, BHS Director thanked the attendees and encouraged them to continue coming. She commented on the need for inpatient beds and talked about alternatives using MHSA funds such as crisis stabilization units and peer run respites that have been successful in other parts of the country. She talked about adopting innovative approaches from other counties and states, in particular a one-stop shop model from San Antonio that housed crisis stabilization, urgent care mental health, sobering station, and detox in one location. She also talked about housing, sharing how County of Orange will seek to compete for a share of the funds produced by the *No Place like Home* initiative.
- Dr. Jeff Nagel stated that the comments from the public forum will be taken back and studied along with the budget true-up and HCA will produce a set of recommendations for the sub-committees to study and discuss for the November Steering Committee meeting. He also briefly mentioned the upcoming cost-benefit study and provided an update that the County is currently in contract negotiations with an identified vendor.
- Dr. Jeff Nagel addressed a question from the public and announced that public comments will continue to be taken until October 10, and shared the web address (<http://ochealthinfo.com/mhsa>) where people can submit their comments electronically. He also reminded those who want the hard copy forms that extra copies are available.
- Mary Hale, BHS Director made announcements regarding homeless shelters. The year-round shelter at Kramer Place in Anaheim will be opening next year, supported by MHSA funds. The temporary shelter at the Santa Ana Transit Tower will open on Thursday, October 6 and various BHS services will be available on site. She also shared that an existing contract for the Drop-in Center in Santa Ana will be amended to operate at nights and weekends and allow expansion of their services.

**Item IV**      **Close of the Public Forum**  
*Dr. Jeff Nagel, Director of Operations/MHSA Coordinator*

**Item V**      **New Steering Committee Member Orientation**  
*Dr. Jeff Nagel, Director of Operations/MHSA Coordinator*

- Dr. Jeff Nagel finished his new member MHSA Steering Committee orientation

**4:00 p.m.**      **Adjourned**