

# **Public Forum**

# **Summary & Responses**

## **for MHSA Annual Plan Update FY 18/19**

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**November 6, 2017**



# Community Planning Process

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**Sought to identify unmet BH needs**

**Invited community to speak at Oct 2 mtg**

**Accepted written input before/after forum**

**Reviewed comments; where appropriate, linked stated need to existing/planned services**

# Persons w/ Disabilities 1

- **Those with Intellectual Developmental Disabilities (DD) are not properly served or deemed ineligible for MH services; relax criteria and create bridge between DD and mental health services**

## PEI Programs:

- **Parent Education Services, Family Support, and Children's Support and Parenting Program (CSPP) currently serve families with children diagnosed with DD, including autistic spectrum disorders (ASD).**
- **School-Based Early Intervention Services, O&E and School Readiness/Connect the Tots provide support to these families and link them to appropriate services**

# Persons w/ Disabilities 1 con't

- **Those with Intellectual Developmental Disabilities (DD) are not properly served or deemed ineligible for MH services; relax criteria and create bridge between DD and mental health services**

## CSS/CYBH Programs:

- **MHSA, EPSDT and Medi-Cal FFP funds can only be used to serve individuals diagnosed with ASDs when the primary condition being treated is a qualifying mental health disorder. When this occurs, the individual is referred to the appropriate CYBH or AOABH program(s). OC cannot change these regulations.**
- **A CYBH Manager & clinician attend OC Children's Coordination Committee meetings to assist with referrals and resources at the Center for Autism and Neurodevelopmental Disorders.**
- **CYBH Division Manager attends OC Regional Center Autism Work Group, and the State Council on Developmental Disabilities, Orange County Office Health Care Task Force.**

# Persons w/ Disabilities 2

- **Expand the number of therapists trained to work with visually impaired children**
- **O&E and OCLINKS (PEI) and CYBH outpatient programs and services (MHSA and non-MHSA) can serve children who are blind, deaf-blind or visually impaired, including through home-based services. However the staff/clinicians do not necessarily have specialized training for working with these populations.**
- **This is a potential area for future training/program expansion.**

# Children Services 1

- Provide in-home services with clinicians, parent educators and case managers trained to work w/ young children who have mental and behavioral health issues; this population has recently increased

## PEI Programs:

- School Readiness/Connect the Tots is expanding further to provide a continuum of in-home services. School Readiness will provide prevention services (screenings/assessments, brief support services, etc) and clinicians from Connect the Tots will provide more intensive early intervention services.

# Children Services 1 con't

- **Provide in-home services with clinicians, parent educators and case managers trained to work w/ young children who have mental and behavioral health issues; this population has recently increased**

## CSS/CYBH Programs:

- **County and Contract programs provide in-home services when necessary to the 0-5 population.**
- **CYBH County and Contract clinics offer Parent Child Interaction Therapy (PCIT) to the 0-5 population and their families when clinically indicated. PCIT is also offered by the RENEW FSP.**

# Children Services 2

- Provide case management (CM) for children/families with mental health/behavioral problems
- Provide training for parents and caregivers of children/young adults with MH problems, especially in Vietnamese

## PEI Programs:

- O&E Collaborative provides CM, education, support groups, assessment, brief intervention, referrals/linkages, and problem-solving around barriers to ensure access to services.
- Family Support Services provides parenting courses – including some in Vietnamese – for the parents/caregivers of children with mental health conditions.
- Expanding parent training in Vietnamese could be considered as a community training to be implemented with PEI training dollars and may be something that can be provided by the O&E Collaborative.



# Children Services 2 con't

- Provide case management (CM) for children/families with mental health/behavioral problems
- Provide training for parents and caregivers of children/young adults with MH problems, especially in Vietnamese

## CYBH Programs:

- Pending Board approval, CYBH will receive positions to hire peer partners for parents and youth in County clinics.
- Project FOCUS FSP specializes in serving Asian/Pacific Islander children/TAY with mental health disorders and their families.
- CYBH PACT involves the family in services that include CM, and provides mental health education to parents.

## BHS:

- Bilingual staff in threshold languages (as of August 2017):  
Spanish: 287, Vietnamese: 86, Korean: 16, Farsi: 17, Arabic: 3

# Children Services 3

- **A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure**

## PEI Programs:

- **PEI offers various parent education workshops, student curricula, and student interactive services that aim to increase protective factors and resilience, as well as improve school climate (i.e., gang and violence prevention, stress reduction, mindfulness).**
- **Family strengthening programs and small student groups are provided in community locations such as schools, Family Resource Centers and Youth Reporting Centers.**
- **O&E provides prevention and early intervention services to these families in community locations such as homes, schools.**

# Children Services 3 con't

- **A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure**

## PEI Programs:

- **School-Based Mental Health Services works with middle school students in the SAUSD and AUHSD experiencing depression or anxiety that may be the result of trauma. Sites were selected based on risk factors including poverty indicators.**
  - **Program utilizes play therapy, Trauma-Focused Cognitive Behavioral Therapy, and Cognitive Behavioral Interventions for Trauma in Schools group curriculum.**
- **Suicide Prevention Trainings and related technical assistance are provided to schools as they implement mandated Suicide Prevention Policies.**

# Children Services 3 con't

- **A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure**

## PEI Programs:

- **Crisis Response services addresses the needs of those who may experience traumatic issues at school sites.**
- **All above programs utilize trauma-informed practices and other evidence based practices.**
- **O&E and OCLINKS staff work with this population to link them to appropriate services.**
- **Community Counseling and Supportive Services provides Eye Movement Desensitization and Re-processing, a modality used to process trauma, with participants of all ages.**

# Children Services 3 con't

- **A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure**

## CYBH Programs:

- **CYBH clinicians in all outpatient and residential programs (CSS, EPSDT) are trauma-informed and regularly attend trainings on trauma-informed, evidence-based care that has been validated with individuals from a range of cultural and ethnic backgrounds**
  - **i.e., TF-CBT, EMDR, PCIT, Integrative Treatment for Complex Trauma, Motivational Interviewing, Seeking Safety, etc.**

# Children Services 3 con't

- **A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure**

## **CYBH Programs:**

- **Staff in programs serving child welfare and probation youth received additional training on the commercial sexual exploitation of children (CSEC).**
  - **All youth entering child welfare and probation systems are screened with the Commercially Sexually Exploited Children-Identification Tool (CSE-IT).**
  - **A staff member provides intensive therapy and case management for any youth with a confirmed CSEC history.**
  - **The staff member also provides CSEC Services for Grace Court, which will provide a peer survivor component.**

# Children Services 3 con't

- A gap exists in services for children/youth with serious mental health conditions (major depression/anxiety), trauma exposure; PEI is critical to breaking ACES exposure

## CYBH Programs:

- CYBH Managers participate in the Child Welfare System Improvement Partnership with SSA and community stakeholders. This partnership absorbed the Trauma-Informed Practices Committee on which the managers had also participated.
- CEGU is currently a part of a tri-agency trauma-informed training with OCDE and SSA to ensure all Orangewood staff are trained in the same trauma-informed practices/techniques.

## BHS:

- BHS has conducted Vicarious Trauma trainings for all of BHS.

# Children Services 4

- **Children's mental health services in all communities continue to not receive sufficient support from HCA**

- **Please see response to “Children’s Services 3”**
- **In addition, PEI’s School Readiness/Connect the Tots is prepared to work with this population.**



# Children Services 5

- Support use of a Trauma-Informed curriculum that is currently being piloted for parents of children involved in juvenile justice system.
- Existing parent education and family strengthening programs are utilizing a variety of other evidence-based curriculums including Triple P, Common Sense Parenting, Strengthen Families and the Parent Project. However these are not specifically designed for caregivers of youth involved in the Juvenile Justice system and this area represents an opportunity for potential future funding.

# Housing/Homelessness 1

- **MHSA clients are homeless and need housing, particularly Permanent Supportive Housing**

## **Bridge Housing Program (CSS):**

- **HCA will contract with providers to provide housing assistance and to link individuals to housing, including permanent housing.**
- **The program will also assist homeless persons with housing vouchers to secure housing.**
- **The program will work with Housing Navigators funded by Whole Person Care to find and develop housing.**

## **MHSA Housing/Special Needs Housing:**

- **HCA/OCCR will continue to identify developers for housing.**
- **BHS is allocating additional money to the Special Needs Housing Program which can be used for permanent supportive housing.**

# Housing/Homelessness 2

- Provide tax break-incentives for owners of empty commercial buildings to create housing and comprehensive behavioral health multiservice centers that help develop independent living skills, offer job skills training, and foster wellness.
- **MHSA and HCA/BHS is not authorized to provide tax breaks. However project developers in the MHSA Housing and No Place Like Home programs can apply for tax credits to assist in the financing of construction.**
- **Identifying a site that could address all the needs outlined would be very beneficial.**

# Arts and Stigma

- Focus on arts to help to improve and maintain wellness and recovery
- Inform and educate the public in order to diminish stigma

## PEI Programs:

- **Community MH Education Events utilize the arts to promote mental health/wellness and reduce stigma by engaging the community in a dialogue about mental illness. Events are conducted throughout the County and open to all residents.**
- **Orange County contributes to CalMHSA, which funds Stigma Reduction information and activities through the Each Mind Matters platform.**

# Arts and Stigma

- Focus on arts to help to improve and maintain wellness and recovery
- Inform and educate the public in order to diminish stigma

## Wellness Centers (CSS):

- All 3 provide arts and crafts groups/activities. They are very well attended, with more than 30 arts and crafts groups and activities offered across all 3 Centers weekly. More than a dozen music/theater groups are also offered.
- Wellness Center Central holds an annual arts fair and has recently been responsible for producing the MHSA calendar.
- All Centers provide outreach to the general community to educate about what is offered, encourage participation and attendance, and reduce stigma.

# Laura's Law/AOT 1

- **Need presentations by the Laura's Law/Assisted Outpatient [Treatment], Recovery Court, and WIT Court programs to better understand these programs and the role of case managers**
- **The AOT Assessment and Linkage Team provides AOT presentations to the community as requested. The Team conducted ten trainings this year at various hospitals, police departments and community meetings, including NAMI and OCCAG.**
- **In addition, BHS program staff do community presentations about AOT and the overall system of care. Programs can be contacted to schedule community presentations.**

# Laura's Law/AOT 2

- There are insufficient programs for the severely mentally ill with anosognosia (lack of insight). There is a misconception that AOT is court-ordered but a participant does not have to follow the judge's orders. Dr. Steven Seager's video *Roadmap* describes the solution, i.e., services of increasing intensity [self-help to long-term care]; changing civil commitment laws.
- Although AOT is a 6-month court-ordered program, there are no civil or criminal penalties for someone who does not participate. The program relies on the influence of the collaborative efforts of the court and treatment team. MHSA is not authorized to change AOT or civil commitment laws.
- BHS provides a continuum of services individualized to each consumer based on their level of need and insight.

# Veterans

- **Veterans are suffering from PTSD, TBI and other mental, emotional and behavioral problems. Veterans need to receive counseling from other veterans, including combat veterans, which is rarely offered to them through the VA.**

## **PEI:**

- **OC4Vets, which is co-located at the VSO, offers these services and can be accessed by calling OCLINKS at 855-OCLINKS**

## **Innovation:**

- **The Strong Families Strong Children - BHS for Military Families project provides counseling, case management and peer support to veterans and their spouses, partners and children. The project is staffed with clinicians and peers who have knowledge and experience with military culture.**



# Veterans con't

- **Veterans are suffering from PTSD, TBI and other mental, emotional and behavioral problems. Veterans need to receive counseling from other veterans, including combat veterans, which is rarely offered to them through the VA.**
- **The Continuum of Care for Veterans and Military Families Innovation project is currently in procurement. The project will be staffed with veteran peer navigators who will train FRC staff on how to identify, screen and serve military families. Services will be provided in the FRCs throughout the County and will include peer support, case management and counseling.**

# System Navigation

- **Need more Care Navigators to assist navigating the system**

## PEI:

- **OCLinks helps navigate and link individuals to appropriate services. It can be accessed by calling OCLINKS at 855-OCLINKS**

## CSS:

- **Peer Mentors are employed throughout the system of care to help consumers and their families navigate the BHS system of care and to link them to needed community resources.**
- **The Steering Committee recently approved a major expansion of the Peer Mentoring program to the County Outpatient Clinics, which is pending Board approval on November 14.**

# Supporting Private Conservators

- Provide support and assistance for family members who are willing to be private conservators for their high risk and unengaged family members with SMI so that they may remain safely at home with their family and not become homeless

## CSS:

- One track of the STEPS FSP works with adults who are on Lanterman Petris Short (LPS) conservatorship and returning to the community from long-term care placements. The FSP provides some support to private conservators through family meetings, encouraging family participation in treatment, providing referrals to OCCAG, assisting with conservatorship documents, etc.
- However an area for potential expansion is to increase the array of in-home family support for private conservators.

# Community Outpatient

- **Need referrals in the community for low cost psychiatric treatment that includes assessment, diagnosis, medication evaluation, medication management**
- **OCLinks helps navigate and link individuals to appropriate services.**
- **County and Contract Outpatient Clinics provide these services for those diagnosed with a serious mental illness.**
- **CCSS (Community Counseling and Supportive Services) and CalOptima provide these services for those who are at risk or are diagnosed with a mild to moderate mental health condition.**
- **Private insurance and other health plans are also available.**

# Comprehensive Case Mgmt

- **Case Management to consistently help patients with Homelessness, Employment, Transportation, Finances, Food Insecurities, Health Care**
- **The Full Service Partnerships (FSPs) and Programs for Assertive Community Treatment (PACT) provide comprehensive case management through an intensive, field-based model that provides “whatever it takes” to support consumers in their recovery. FSPs and PACT serve children, TAY, adults and older adults, and the programs actively strive to reduce homelessness, food insecurity and transportation barriers, and to increase employment and access to health care.**

# Linguistic Competency

- There is a shortage of bilingual counselors, psychiatrists and nurse practitioners in mental health
- **BHS is actively trying to recruit bilingual staff in all positions, including those who interact with consumers. However this continues to be a challenging area for our system to address.**

# Crisis

- **Need more Crisis Stabilization Units and inpatient beds**
  - **Increase CAT to reduce wait times; patients would benefit from timely assessment and intervention for suicide/homicide risk or grave disability**
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- **BHS is working to identify additional CSU sites.**
  - **CAT is seeking Board approval to increase the children's team by 5 positions and the adult team by 9 positions.**
  - **MHSA cannot fund inpatient beds due to state regulations, however MHSA funds crisis residential programs for adolescents and adults, which were recently expanded. MHSA also currently provides in-home crisis stabilization services for children and their families, and an RFP for an adult program is in process.**

# SUD/Co-Occurring

- **Need a comprehensive continuum of care for substance use (inpatient and outpatient) that is county-funded rather than relying on for-profit substance abuse treatment centers**
  - **Need diversion programs from jails for those with mental health and substance use problems**
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- **BHS currently has County and Contract outpatient, residential treatment programs for adolescents and adults, and medical and social model detox programs for adults. Adolescents are referred to local hospitals if detox is required prior to enrolling in the outpatient or residential program.**
  - **Many MHSA programs specifically address the needs of individuals with mental illness who are involved in the criminal justice system (FSP, PACT, O&E, CHS Jail to Community Re-Entry). In addition, OC was recently awarded a Prop 47 grant that will fund system navigators who will link individuals to appropriate BHS services upon release. All of these programs aim to reduce recidivism.**



# Integrated Care

- **Need an integration of primary care and mental health services**

## CSS/CYBH/AOABH:

- **MHSA funds two integrated care outpatient programs:**
  - **Integrated Community Services (ICS) for adults, and**
  - **OC Children with Co-Occurring Mental Health and Chronic Acute Severe Physical Illness, Special Needs or Eating Disorders.**
  - **The children's program will be expanding to a FSP specializing in the unique needs of this population.**
- **FSPs, PACT and County and Contract Outpatient Clinics also work to link consumers to a primary care physician (PCP) and then coordinate on-going care with the PCP.**

