

**Mental Health Services Act
Steering Committee Meeting**

Monday, April 3, 2017

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 1:06 p.m. by Luis Martinez.

Item II State Update

Mary Hale, Behavioral Health Director

- Mary announced that the Mental Health Services Oversight and Accountability Commission (MHSOAC) recently approved Orange County's Innovation Project "Continuum of Care for Veterans and Military Families." This project will integrate veteran-specific services, resources, and trainings into various Family Resource Centers throughout the county. She also shared that Innovation staff is working hard to meet the requirement of the State and working on improving relationship with MHSOAC after experiencing some challenges with three employment focused Innovation projects being denied approval last year.
- Mary discussed about programs that receive the Medi-Cal 1915B Waiver from the Federal government for Specialty Mental Health administered by County Mental Health Plans. The Federal government requires special terms and conditions for counties to operate Specialty Mental Health such as keeping access logs to assess timeliness for linkages/appointments as well as other various compliance related matters. She shared that Orange County has been doing exceptionally well during audits and External Quality Review Organization (EQRO) reviews and our error rates are under 5% based on the tri-annual audits. She reminded the committee that more money is having to be spent to ensure compliance and there is a big focus on transparency.
- Mary shared that in January, the Governor of California announced In-Home Supportive Services (IHHS) changes that impact Social Service Agency budgets. HCA budgets and reserves may be affected by this change; such as realignment funds (spent for non-MHSA programs) but we are waiting on the May revision from the Governor for the final directive. She reminded the committee that the financial climate in the past has changed the way we spent MHSA dollars. She also mentioned the *Stepping Up Initiative* to prevent individuals with mental

illness and substance use disorders from ending up at county jails will soon go to the Board of Supervisors for approval. Lastly, she mentioned that the *Whole Person Care* grant was awarded to Orange County for Round 1 and another application for Round 2 will be submitted.

Item III

Local Initiatives

Dr. Jeff Nagel, BHS Director of Operations

- Dr. Nagel shared that the Board of Supervisors approved the contract for the Cost Benefit Study, and this week we are having the first meeting with the vendor. This is something that other counties have not really done before, and gives Orange County the opportunity to look at fiscal information related to the outcomes of our MHSA programs. For example: when we spend a MHSA dollar, what is the benefit (reductions in homelessness, hospital stay, incarceration)? Along with the Cost Benefit Study report, a Needs Assessment report will also be produced.
- Dr. Nagel also discussed the *No Place Like Home* initiative, which will collect \$2 billion out of statewide allocation over 20 years of MHSA dollars to address homelessness in the State. Technical assistance dollars will soon be allocated and followed by a non-competitive \$7 million that Orange County will get. Additional funding will be determined through a competitive bidding process. We will have more stakeholders at the table when we are bidding and applying for the money that will be awarded competitively.
- Dr. Nagel briefly updated the committee on Co-Located Services, sharing that two members of the committee Matthew Holzmann and Rick Francis met with representatives from Hoag and the city of Costa Mesa regarding co-morbidity and homelessness.
- Dr. Nagel addressed a few questions from the committee members:
 - A question regarding point in time survey of homelessness – 4% of the State’s homeless population is in Orange County
 - A question regarding BHS dependencies to the Federal government currently – It’s speculative but out of \$350 million annual budget, about 1/3 is funded by Federal dollars
 - A question regarding the timeline for the Cost Benefit Analysis and the Community Needs Assessment studies – First evaluation plan is due in 45 days. This is a 2 year contract where first year is spent gathering data and reports will be produced in the second year
 - A question regarding the homeless report done by UCI and whether that will provide useful information for the upcoming studies mentioned above – The UCI report was forwarded to the vendor, which stated that Orange County is spending \$299 million on homelessness, with the top 10% of the homeless having \$430,000 spend on each person

Item IV**Community Action Advisory Committee Update**

Denise Cuellar, CAAC President

- Denise shared CAAC toured Wellness Center West and conducted a group survey of the program on March 27. CAAC was very impressed with the facility and the services. Some other programs surveyed recently include Recovery Centers including Camino Nuevo, and Wellness Center South. She also asked regarding the status of the 12 youth inpatient beds that were recently approved, to which Mary Hale responded that MHSA oversees outpatient beds and CHOC oversees the inpatient beds. The plan is to have 18 total bed units by April 2018.

Item V**MHSA Update**

Dr. Sharon Ishikawa, MHSA Coordinator

- Dr. Ishikawa announced that the MHSA 3-Year Plan was posted on March 29, 2017 and will remain posted for 30 days for public commenting (until April 28). On May 9, a Mental Health Board public hearing will take place. Distribution of hard copies of the plan is taking place throughout the public libraries in Orange County.
- Dr. Ishikawa also shared that we are working with CBHDA with increased intensity and trying to come up with ways to standardize outcomes for various MHSA programs. Because meetings with CBHDA conflict with Steering committee meeting dates, we are looking at changing steering committee dates starting in 2018.
- Dr. Ishikawa also mentioned that while there was no steering committee meeting last month, BHS managers met with MHSA Co-chairs and continued working with them to improve the local planning process. Over the next two months, CSS and PEI/INN/WET/CFTN outcomes will be presented to the full committee instead of the sub-committees. The outcomes presentations will no longer have graphs with outcomes, but will zero in on key outcomes. She did a short presentation to the committee on terms related to outcomes, focusing on Statistical Significance and Effect Sizes to help them better understand and process the outcomes that will be presented shortly.

Item VI**CSS Children and TAY Outcomes**

Dr. Jim Harte, BHS Program Manager

- Dr. Harte presented outcomes for Children and TAY CSS Programs, grouped into 3 service areas: Crisis Services, Full Service Partnerships, and Support Services, going over key outcomes and whether the programs met the target desired

outcomes. He also went over some key points on challenges and successes, as well as future directions.

- Dr. Harte addressed a few questions from the committee members:
 - A question regarding cost of the programs – Cost per person is broken down in the MHSA 3-Year Plan
 - A question regarding workforce shortage for CAT and whether 2nd and 3rd shifts are incentivized – Yes, they are incentivized
 - A question regarding why education outcomes on TAY are not presented like Children – This only focuses on highlights, and legal requirement for education stops at age 18
 - A question regarding whether there are family psychoeducation available as it reduces recidivism – We are looking at varieties of interventions for the families such as TAY Crisis Residential Program and yes, we can do better with families
 - A question regarding CAT staff qualifications and whether on-call system has been tried – There are different clinical staff, such as licensed, unlicensed, ones working on their licensure hours. Yes, we have tried on-call but it did not work out well in the past

Item VII CSS Adults and Older Adults Outcomes

Various Adults and Older Adults BHS Program Managers

- Various BHS Program Managers took turns presenting outcomes of programs grouped into 3 service areas: Crisis Services, AOT, Intensive Outpatient, Outpatient Recovery, Integrated Care, Older Adult, Central Services, and Housing, going over key outcomes and whether the programs met the target desired outcomes. They also went over some key points on challenges and successes, as well as future directions.
- The managers addressed a few questions from the committee members:
 - A question regarding MHSA Housing and how much is needed to address the housing and homelessness problem – It's hard to say, but each of the MHSA Housing programs have over 200 people on the waitlist
 - A question regarding justice involved population and is there a program for those who are being released or planning to be released – We have an FSP program for this population (Opportunity Knocks) which has 167 slots dedicated to this population

4:08 p.m. Adjourned