

**Mental Health Services Act
Public Comments Received
March 29, 2017 – April 29, 2017**

Public Comment #1



County of Orange
 Health Care Agency, Behavioral Health Services
 MHSA Office
 405 W. 5th St. Suite 354
 Santa Ana, CA 92701



Phone: (714) 834-3104 E-mail: mhsa@ochca.com

**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Alisa Chatrapachay		
Agency/Organization	OC MHB Member, family member		
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Mailing address (street)	10272 Aqueduct Dr.		
City, State, Zip	Cypress	CA	90630

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input checked="" type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

COMMENTS

I'd like to see TAY FSP (i.e. OCAPICA) extend the age eligibility. OCAPICA serves a unique population and families. When partners have just started to trust their therapists, they will have need to go through transitions again. Thank you for your consideration.

Response

Thank you for your suggestion about extending the age range served by the Transitional Age Youth (TAY) FSP known as Project FOCUS as a way to continue supporting the recovery of those who have historically been un- and underserved in mental health services. We will communicate your comment – as well as others received during the community planning process about creating an adult FSP capable of serving the unique needs of the Asian/Pacific Islander community – both to BHS Management and the MHSA Steering Committee. As funding becomes available, we will use an extensive community planning process to consider needs such as the one you raised here.

Public Comment #2



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Mary Palafox		
Agency/Organization	SARDAA.ORG		
Phone number	714-323-0423	E-mail	mmfox@ymail.org
Mailing address (street)	11942 Woodlawn Ave		
City, State, Zip	Santa Ana	CA	92705

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input checked="" type="checkbox"/>	Family member	<input checked="" type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please state)

COMMENTS

From what I can see-the plan doesnt address the treatment needs for the gravely disabled patient-esp those with schizophrenia spectrum disorder (SSD). They are usually the most severely impaired-both cognitively and mentally.

Mental health court is again extremely underfunded according to OC statistics. The steps within these programs have not been updated in over 20 yrs and are not inclusive for the more severely disabled or those on conservatorship. (with cognitive impairment, treatment resistant psychosis or lacking insight into their illness). This is quite alarming since neighboring LA county has designed their courts/programs to accommodate the most disabled (usually again those with schizophrenia spectrum illness). All clients deserve the same chance and opportunity to rehabilitate regardless of the severity of their illness. It shouldn't be that they are "too ill". If that's the case, then we need to fund and adapt our programs to meet their abilities. In OC's plan the gravely disabled and those with SSD are noted to be extremely underserved. We still mainly focus on mood disorders and substance abuse.

Ive commented in the past-there needs to be support services for private conservators. If the county would assist and support private conservators, more families would be willing to take on this heavy responsibility unburdening the public guardians office and our long term care facilities. We need day care programs, FSP's, cognitive remediation therapies that work specifically to enhance cognition, family reunification and inclusion into society. There is also no clear pathway for private patients to engage in county programs and services-esp knowing they are revenue producing.

Response

Treatment Needs for those who are Gravely Disabled:

CSS funding is specifically devoted to providing a range of services for those living with serious mental illness, including schizophrenia spectrum disorders. We have used a more global term – serious (and persistent) mental illness (S/PMI) – throughout the Plan to retain the language of the Mental Health Services Act. However this was not meant to imply that those living with schizophrenia and other related disorders are not being served.

The County offers intensive outpatient services to individuals with schizophrenia and other serious mental illness through a network of services. This includes the Assisted Outpatient Treatment (AOT) Assessment and Linkage Team that specifically assesses individuals for AOT criteria and links them to the appropriate level of care, which can include the AOT Full Service Partnership (FSP). Due to the nature of the criteria, those who qualify for AOT are generally individuals exhibiting the most serious impairments that have substantially contributed to recent psychiatric hospitalizations; receipt of services in a forensic or mental health unit of a state or local correctional facility; one or more acts of serious violent behavior toward him/herself or another person; and/or threats or attempts to cause physical harm to him/herself or another person within a specified time frame. In addition to the AOT FSP, the County also provides intensive outpatient services through several other FSP programs and through Programs for Assertive Community Treatment (PACT). All of these programs are specifically designed to assist those living with schizophrenia and other forms of SPMI in their recovery, including services to increase daily and social activities. They also work to strengthen family relationships, with several FSPs in particular having recently begun to focus more efforts on reuniting families, whenever appropriate. Once individuals have made gains in their recovery and can succeed in a lower level of care, they can be referred to CSS programs such as the Recovery Centers, Clinic Recovery Services, Peer Mentoring Program and/or the Wellness Centers, all of which strive to encourage and support members' integration into their communities.

Mental Health Courts:

With regard to MHSA funding provided to the Mental Health Collaborative Courts, please note that the dollars are specifically funding the Probation Officers who work within the Collaborative Courts to help prevent the incarceration of individuals who are living with SPMI and involved with the Courts. Intensive behavioral health treatment is provided by, and separately funded through, the FSP and PACT programs, which have recently expanded.

Support for Private Conservators/Access to County Services:

Currently the County provides the following supportive services for *private* conservators through the Public Guardian's office:

- Public Guardian Quarterly Workshops – The Public Guardian invites private conservators to a quarterly meeting, during which time they are assisted with navigating the LPS reappointment process. This meeting is facilitated by a private attorney who volunteers her time.
- Orange County Conservator Assistance Group (OCCAG) meets monthly to discuss various topics related to LPS conservatorship and is designed to support and educate private conservators. Public Guardian staff and County Counsel also attend to provide information, as requested.
- Public Guardian Office – The Public Guardian offers a handbook specifically for private conservators and advises private conservators that they can contact the office at any time for assistance related to the conservatorship, placement, benefits, etc.

In addition, one track of the STEPS FSP specifically works with adults who are on Lanterman Petris Short (LPS) conservatorship and returning to the community from long-term care placements. The total number of slots for STEPS was increased to 109 in November 2016. During FY 2016/17 to date, STEPS reports that about 25% of its members are on private conservatorship, 48% on public conservatorship and 27% not on conservatorship. The FSP provides some support to private conservators (usually family members) by having family meetings as needed, encouraging family to come to treatment appointments, providing referrals to OCCAG, assisting with conservatorship reappointment documents, etc.

The County offers several intensive outpatient services programs as described above, and many MHSA-funded programs are available for individuals on conservatorship or with private insurance. Treatment for non-MediCal participants is provided on a sliding fee scale established by the State. We thank you for articulating your concerns and, as a result, we have reached out to other counties to see what MHSA services they may provide, if any, to support private conservators. We will ensure that your comments, as well as any feedback we receive from other counties, are communicated to BHS Management and the MHSA Steering Committee.

Public Comment #3



Condado de Orange
 Agencia de Cuidados de la Salud,
 Servicios de Salud del Comportamiento
 Oficina de MHSA
 405 W. 5th St. Suite 354
 Santa Ana, CA 92701



Teléfono: (714) 834-3104
 Correo Electrónico: mhsa@ochca.com

Ley de Actualización de Servicios de Salud Mental

Formulario Para Comentarios Públicos de 30 Días

29 de Marzo al 28 de Abril 2017

INFORMACION PERSONAL

Nombre	Apolonio Cortes		
Agencia/Organización	Miembro de familia & CAAC member		
Numero de Teléfono	714 699-8677 (Spanish)	Correo Electrónico	apoloniocortes@yahoo.com
Dirección (Calle)	946 W. Chestnut		
Ciudad, Estado, Zona Postal	SA	CA	92703

MI FUNCION EN EL SISTEMA DE SALUD MENTAL

<input type="checkbox"/>	Persona en Recuperación	<input type="checkbox"/>	Departamento de Libertad Condicional/Probation
<input checked="" type="checkbox"/>	Miembro de Familia	<input type="checkbox"/>	Educación
<input type="checkbox"/>	Proveedor de Servicios	<input type="checkbox"/>	Departamento de Servicios Sociales
<input type="checkbox"/>	Ley de Seguridad/Justicia Criminal	<input type="checkbox"/>	Otro (porfavor de elaborar)

COMENTARIOS

I'm aware that there will be some cuts and possible discontinue of some services, but I would to recommend that the Prevention and Intervention programs need to remain as they are essential to the overall wellness of all family members in my community. These services are extremely important to prevent mental illness, including co-occurring disorders, to develop into a more serious and persistent mental illness. These services also prevent family members to be hospitalised and use much needed resources for those with chronic mental health illness. Thank you for the opportunity to express my comment and for all the support. I trust that my comment will be taken into consideration and will be used by the county BHS to continue providing these invaluable services. On behalf on my community I would like to offer my gratitude for this opportunity.

Sinceramente,
 Apolonio Cortes

Response

Thank you for expressing your appreciation for Prevention and Early Intervention (PEI) programs and concerns about any possible loss of services. For this next three year cycle, there have been a number of program consolidations within the PEI component. During this process care was taken to ensure that there was no loss in service capacity. These changes were made to increase administrative efficiencies and, in some situations, the combining of programs actually allowed for increased service capacity going forward due to administrative cost savings.

Although two PEI programs (i.e., Professional Assessors, Drop Zone) have been discontinued, the services they provided were not eliminated but instead transferred to other existing programs already serving the same identified target population (i.e., OC4Vets, Community Counseling and Supportive Services, College Veterans Program). Thus, while the program *names* are being discontinued, the services provided by those programs remain intact.

Public Comment #4



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WELLNESS RECOVERY RESILIENCE

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

**Mental Health Services Act
 Plan Update FY 15/16**

30-Day Public Comment Form

April 8, 2016 to May 9, 2016

PERSONAL INFORMATION

Name	Rick Francis		
Agency/Organization	City of Costa Mesa		
Phone number	714-754-5688	E-mail	Rick.francis@costamesaca.gov
Mailing address (street)	77 Fair Drive		
City, State, Zip	Costa Mesa	CA	92626

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please state) Ctiy Government

COMMENTS

I'm not sure that cities understand how MHSA funding can be utilized or how they can provide meaningful input into the Public Comment process. As more cities are taking responsibility to respond to the mental health crises in their communities, it is important that cities be better informed of the opportunities that exist to use MHSA funding through the County's program. For example, now sitting on the Innovations Committee, it would be interesting for me to see how cities could band together to create a new program model that has never been devised before. I don't believe most cities know this is even a possibility.

Thanks!

Response

We appreciate your suggestion on how Orange County can improve its public comment process by involving city officials. The MHSA Coordination Office has begun actively working to identify various ways to improve and extend its community outreach efforts, including during the public comment process. In addition, BHS staff have been reaching out to coordinate the establishment of Psychiatric Emergency Response Teams with cities and local law enforcement. Furthermore, BHS Outreach & Engagement Services is partnering with several cities and law enforcement agencies to link homeless individuals and families to behavioral health services and other services including housing. We look forward to partnering with cities as part of these and other activities.

Public Comment #5



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Jamboree Road, #235		
City, State, Zip	Tustin	CA	92782
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please specify) MH Workforce Development
COMMENTS			
<p>Correction to Draft MHSA Three Year Plan:</p> <p>At the beginning of the first paragraph on Page 194, it states that "During FY 15/16, a total of 505 children and 401 parents were served by School Readiness..." This should be corrected to read "During FY 15/16, a total of 258 children and 265 parents were served by School Readiness..." (see second page of attached School Readiness UOS reports for detail).</p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><i>HCA confirmed that, as reported on the Units of Service report submitted along with the comment, the total number of children and parents served is 258 and 265, respectively. Please see response below for an explanation</i></p> </div>			

Response

During FY 15/16, the reporting of 505 children being served in the School Readiness Program and the reporting of 401 parents being served are accurate counts. The counts referenced in the public comment (258 children and 265 parents) are accurate counts for *newly enrolled* participants in FY 15/16. However – in addition to these counts – there were children and parents/caregivers who were enrolled in the previous fiscal year and continued services into FY 15/16 but not included in the 258/265 counts. There were also re-enrolled participants who were not reflected in the 258/265 counts. Consequently, there were an additional 247 children and an additional 136 parents served in FY 15/16, resulting in a total of 505 children and 401 parents served during this time frame.

Public Comments #6-7



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Stephen McNally		
Agency/Organization	Resident of Costa Mesa		
Phone number	714-600-1499	E-mail	Stmcnally1@gmail.com
Mailing address (street)	1931 Anaheim Avenue		
City, State, Zip	Costa Mesa	CA	92627
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input checked="" type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input checked="" type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please state) Son uses/used resources
COMMENTS			

Background:

We are heavy users of the MHA funded resources. Our Adult child has a serious mental illness with co-occurring disorders, receives SSI: is currently medically compliant, and sober.

My son when willing can take advantage of funded programs. Unspent funds do not address high caseloads, limited Peer/Family Support Specialists, and delayed starts for programs.

Unspent MHA Funds Are Not Working Funds (page 242):

Annual unspent fund balances range from a high of \$145 million from the prior three-year plan. This three-year plan is expected to generate e \$61 million unspent balance which will go into the next three-year cycle. Innovation dollars requiring MHSOAC pre-approval are not included.

Unspent MHSA Funds Are Not Working Funds (page 242):

The plan narrative discusses staffing shortages, recruiting difficulties, delayed program start dates and data clarity. Examples can be found using key word searches.

Spending to budget while keeping a \$70 million-dollar prudent reserve might reduce the shortfalls or going deeper within working programs before adding new programs.

A better understanding of budget and program status would allow faster re-allocation of resources:

- Budget Status: Working versus Non-Working Dollars.
- Program Status: Program Development-MHSA/MHB Approval/ 30 Day Public Review, BOS Approved BOS-RFP Issued, RFP Awarded Program Start Date)

MHSOAC Reviews Reversion Policy MHSA Funds (03/22/17)

MHSOAC is reviewing the reversion policy which has not been enforced. (see 03/22/17 document on website)

While MHSOAC may be reluctant: the legislature may be more interested in these funds.

The reallocation of MHSA funds to “No Place Like Home” acts like a reversion (money returns to the state and counties compete for funds}

Regardless, spending to budget benefits the community and provides protection against reversion.



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Jamboree Road, #235		
City, State, Zip	Tustin	CA	92782
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please specify) MH Workforce Development
COMMENTS			
<p>In order to support the implementation of a MHA Community Opportunities Fund (see previous comment with email to MH dated 4/27/17) as well new initiatives supporting existing MHA contractors, increased utilization of MHA resources should be reviewed and actions taken to address these issues. Several factors contribute to underutilization including:</p> <ol style="list-style-type: none"> 1. The gap between Actual Revenue and Budget 2. MHA expenditures that are planned but not implemented – HCA 3. MHA funds that are awarded but not spent – Contractors <ol style="list-style-type: none"> a. Vacancies b. Other program expenses not implemented 4. Spending funds but not providing services <p>It is estimated that at least \$40 million a year in MHA resources are underutilized due to the these factors. Children's Cause Orange County, in coordination with HCA and other community organizations, seeks to better clarify the amounts involved, the reasons for these areas of underutilization, and the possible solutions that can be provided directly by Orange County communities themselves.</p>			

Response

Unspent Funds:

While MHSA legislation requires a report that details program and expenditure plans over a three-year cycle, BHS actually budgets over a five-year cycle so that the revenues anticipated at the time of planning will be fully spent at the end of the five years. Thus, while fiscal reports may identify *unspent* funds at a given point in time, these funds are not necessarily *un-allocated*. That is, much of the unspent funds viewable on publicly available financial reports are actually earmarked to continue funding programs, services and/or capital investments two years beyond the time frame captured in the Three-Year Plan. This approach allows for fewer potential disruption to services and better continuity of care, particularly during times of potential fluctuations in funding that – while perhaps not significant enough for the State to authorize use of our local Prudent Reserve (described in more detail below) – can nevertheless impact our ability to sustain and/or expand services during times of greater need. Such disruptions to funding can include lower than anticipated MHSA revenues, delays in state and federal reimbursements, and other related financial impacts.

Not all funds are expended during a program's start up and implementation phase. Orange County does attempt to minimize the impact of unspent MHSA funds by performing a fiscal review each year prior to the annual MHSA community planning process. This review identifies unspent dollars during the most recent fiscal year and aligns existing program budgets more closely to actual program expenditures. Unspent dollars are identified and re-allocated on an annual basis. This budget reallocation process, in conjunction with receipt of MHSA revenue, has allowed us to increase the number of outpatient clinic staff providing new behavioral health services, PACT teams, CAT/PERT clinicians, and FSP slots over the last few years to accommodate growing community needs.

We recognize that fiscal reporting is complex and can be difficult to communicate effectively. As such, each year we invite a financial consultant to provide an MHSA Fiscal Update to the MHSA Steering Committee. The presentation for this year will occur in early FY 17/18, and announcements will be sent out to the public. We encourage all those interested in learning more about MHSA funding and challenges to attend this meeting.

Prudent Reserve:

The MHSA requires counties to establish and maintain a Prudent Reserve to ensure that a county may sustain its services when MHSA revenue falls below recent revenue averages. In addition, the Act states that (a) the county must first seek permission from the State to access Prudent Reserve funds, and (2) these funds may only be used to serve the same number of individuals that the county had been serving in the fiscal year just prior the revenue shortfall. The Prudent Reserve may not be used to increase or expand services.

The requirements surrounding the MHSR Prudent Reserve are strictly regulated. However the ability to sustain critical services during periods of economic volatility and downturn allows California's counties to continue their mental health programs during times of greatest community need.

Public Comments #8-14



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Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Michael Arnot		
Agency/Organization	Children's Cause Orange County		
Phone number	949-690-5274	E-mail	marnot@childrenscauseoc.org
Mailing address (street)	13217 Janiboree Road #235		
City, State, Zip	Tustin	CA	92782
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal	<input checked="" type="checkbox"/>	Other (please specify) MH Workforce Development
COMMENTS			
<p>[See attached email dated 4/27/2017 and supporting documents submitted as public comment for the MHSA Three Year Plan]</p>			



Michael Arnot <marnot@childrenscapeoc.org>

Actions Requested by Community Providers

1 message

Michael Arnot <marnot@childrenscapeoc.org>

Thu, Apr 27, 2017 at 3:39 PM

Hi Mary,

Yesterday, we facilitated a Community Forum of community-based organizations that work closely with the underserved populations that MHSA is intended to support. Organizations represented included Children's Bureau, The Cambodian Family Community Center, FACES, Inc, Human Options, State Council on Developmental Disabilities, The Center for Autism and Neurodevelopmental Disorders, Regional Center of Orange County, Young Lives Redeemed, Orange County Community Foundation, BPSOS-CA, Help Me Grow, Institute for Healthcare Advancement (IHA), Blind Children's Learning Center, Resilience OC, and others. What most of these groups have in common is that they provide mental health services or supports but do not currently receive MHSA funding.

The Forum identified key areas of needs within the community that our mental health system of care does not support or effectively integrate with. For example: 1) Mental health specialists who work with visually impaired children who currently do not have the capacity to address the mental health needs in this population and cannot refer to HCA therapists who do not have the training for working with this population; 2) Domestic violence services providers who have to put together their own clinical supports because they cannot find providers that work within their unique setting; and 3) an Orange County Cambodian-American community that continues to be frustrated in their efforts to establish their own program for secondary trauma.

Various organizations present had all experienced challenges in being able to access funding from HCA BHS to support their efforts. It was clear that the status quo is not working. The group reviewed the ongoing issue of MHSA underutilization and heard a presentation from Children's Bureau on their current pursuit of a School Readiness contract. The Children's Bureau experience of following all the RFP steps necessary to appeal a decision in favor of a poor performing contractor, only to have HCA staff attempt to bypass the RFP anyway, exemplifies what community based organizations often have to face in attempting to work with HCA. From the perspective of both community members and those therapists and staffs in programs such as the Children's In Home Crisis Stabilization (CIHCS) program, there are "pockets of collusion" between some of your managers and the executive leadership of the provider that seek to continue to keep these dysfunctional conditions in place at all costs. Not giving the CIHCS team an EHR system is just one example (see attached). After Children's Bureau received a notice that School Readiness RFP was being withdrawn and would soon be re-released, they learned that you had the existing contractor sign an entirely new contract anyway and that you plan to bring to the BOS on May 23rd with a 64% budget increase. These types of actions make it particularly daunting for any community based organization wishing to work with you to address some of our County's most pressing needs. It is requested that steps be taken to stop practices such as these that unfairly favor poor performing contract providers that have longstanding relationships with your staff.

There was widespread support in the group for encouraging changes in how MHSA funds are managed and made available to the community. Of the options reviewed, establishment of an MHSA Community Opportunity Fund seemed to be the most promising. Under this concept, MHSA funding currently being underutilized would be made available through an RFA process open to organizations with budgets under \$3 million or that currently do not have an MHSA funded contract. We will be submitting this communication as part of the public comment period for the Draft Three Year MHSA Plan. However, more is needed at this point from HCA than simply receiving and reviewing comments. Action is needed to provide an additional path for community based providers who are attempting to address unique mental health services needs that the current system does not provide for. As HCA continues to consolidate contracts with ever larger providers, a counterbalance is needed to provide for specialized community-based projects and programs. We request, at a minimum, that you present this concept to the MHSA Steering Committee on May 1st and seek review by the Committee for a potential addendum or modification to the Draft MHSA Plan. Please note, that a similar recommendation was brought forward to Jeff Nagel and then to the MHSA P&I Subcommittee. Even though this received broad support from members of the Subcommittee, no action was taken by your staff to bring the item forward.

4/27/2017

Michael Arnot Mail - Actions Requested by Community Providers

We were told at the time that there was not sufficient staff support to start new initiatives. Given the importance of the need in the community and the amount of MHSA funding in reserve, something is clearly broken in the system when this type of inaction occurs. We ask for your assistance in helping to push out of this cycle.

Thank you for your consideration.

Best regards,
Michael

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Michael Arnot
Executive Director
Children's Cause Orange County
13217 Jamboree Road, #235
Tustin, CA 92782
(949) 690-5274
www.childrenscauseoc.org

4 attachments

-  **Mental Health Funding - Community Forum Flyer.pdf**
203K
-  **MHB Slides 04262017.pdf**
347K
-  **School Readiness RFP - Protest Appeal & Cancellation (Redacted).pdf**
4162K
-  **CIHCS Feedback.pdf**
81K



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WELLNESS RECOVERY RESILIENCE

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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Dalit Bruchstein		
Agency/Organization	Blind Children's Learning Center		
Phone number	714-642-7057	E-mail	Dalit@znet.com
Mailing address (street)	18542-B Vanderlip Ave		
City, State, Zip	Santa Ana	CA	92705

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

COMMENTS

The counseling clinic at the Blind Children's Learning Center (BCLC) supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of \$3 million or less per year. There is a serious national shortage of mental health providers who focus on the treatment of children with visual impairments and their families with an acute lack of mental health professionals who are experienced or trained in working at early care and education setting (U.S Public Health Service 2012). **For over 55 years, deaf-blind, and visually impaired children and their families have received specialized support from Blind Children's Learning Center to maximize their full potential and meet meaningful goals and objectives.** Parents receive support and encouragement during each and every step of their child's journey toward independence. **The counseling clinic at Blind Children's Learning Center has been providing counseling services and training for children with visual impairment, their families and for the professionals who service and work with them.** The agency is also providing supervisions for trainees and interns under the clinical supervision of a licensed MFT. BCLC depend on grants and donations to ensure our ability to serve our clients MHSA funds currently are not reaching to our community **This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments.** Thank you for your considerations of inclusion and support of the mental health needs of our special community.



County of Orange
 Health Care Agency, Behavioral Health Services
 MHSA Office
 405 W. 5th St. Suite 354
 Santa Ana, CA 92701



WELLNESS RECOVERY RESILIENCE

Phone: (714) 834-3104 E-mail: mhsa@ochca.com

**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Hai Hoang		
Agency/Organization	Boat People SOS		
Phone number	714-897-2214	E-mail	hai.hoang@bpsos.org
Mailing address (street)	9842 Bolsa Avenue, Ste 205		
City, State, Zip	Westminster	CA	92841

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input checked="" type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input checked="" type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

COMMENTS

Boat People SOS supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of \$3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments.



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 Santa Ana, CA 92701



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Valerie Brauks		
Agency/Organization	Children's Bureau		
Phone number	714.517.1900	E-mail	valeriebrauks@all4kids.org
Mailing address (street)	50 S. Anaheim Blvd. Suite 241		
City, State, Zip	Anaheim	CA	92805

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please specify)

COMMENTS

Children's Bureau-Orange County would like to see better access for community-based programs and initiatives through MHSA funding. One possible strategy to improve access would be to establish an Orange County MHSA Community Opportunity Fund to address the unique needs for mental health services and supports in our community. This would provide a pathway for community programs and services implemented by organizations that are not currently a MHSA funded contractor or the organizational budget is \$3 million or less per year which makes the current bid process inaccessible. This would provide flexibility to be more responsive to our community needs and enhance the existing MHSA funded programs and services.



County of Orange
 Health Care Agency, Behavioral Health Services
 MHSA Office
 600 W. Santa Ana Blvd., Suite 510
 Santa Ana, CA 92701



WELLNESS RECOVERY RESILIENCE

Phone: (714) 667-5600 Fax: (714) 667-5612 E-mail: mhsa@ochca.com

**Mental Health Services Act
 Plan Update FY 15/16**

30-Day Public Comment Form

April 1, 2015 to April 30, 2015

PERSONAL INFORMATION			
Name	Theresa Lu		
Agency/Organization			
Phone number	(310)982-1322	E-mail	Tlu10@juno.com
Mailing address (street)	7002 Lofty Grove Dr.		
City, State, Zip	RPV	CA	90275
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input checked="" type="checkbox"/>	Other (please state)
COMMENTS			
<p>I support the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of \$3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments</p>			



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION

Name	Robert Brown		
Agency/Organization	Young Lives Redeemed		
Phone number	714-526-9046	E-mail	younglivesredeemed@gmail.com
Mailing address (street)	1351 E. Chapman Ave., Suite C		
City, State, Zip	Fullerton	CA	92831

MY ROLE IN THE MENTAL HEALTH SYSTEM

<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input type="checkbox"/>	Service provider	<input checked="" type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal justice	<input type="checkbox"/>	Other (please state)

COMMENTS

YLR connects transitional age emancipated foster youth to trauma-informed mental healthcare and addiction recovery. YLR supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our community. This fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of \$3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments. As a matter of note, the proposed budgeted funds of \$500,000 annually over the next three fiscal years in the Draft Three Year MHSA Plan for Adult Co-Occuring Mental Health and Substance Use Disorders – Residential Treatment is shamefully inadequate.



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 Santa Ana, CA 92701



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**Mental Health Services Act
 Three Year Plan FY 2017/18 – FY 2019/20**

30-Day Public Comment Form

March 29, 2017 to April 28, 2017

PERSONAL INFORMATION			
Name	Vattana Peong		
Agency/Organization	The Cambodian Family Community Center		
Phone number	714-571-1966 ext. 115	E-mail	vattanap@cambodianfamily.org
Mailing address (street)	1626 E. 4 th Street		
City, State, Zip	Santa Ana	CA	92701
MY ROLE IN THE MENTAL HEALTH SYSTEM			
<input type="checkbox"/>	Person in recovery	<input type="checkbox"/>	Probation
<input type="checkbox"/>	Family member	<input type="checkbox"/>	Education
<input checked="" type="checkbox"/>	Service provider	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Law enforcement/criminal	<input type="checkbox"/>	Other (please specify)
COMMENTS			
<p>The Cambodian Family Community Center (TCFCC) would like to commend MHSA for serving the community for over 10 years and for continued commitment to meet the individual needs of diverse communities in Orange County.</p> <p>(1) The Cambodian Family Community Center is extremely pleased to see an intention to meet the cultural and linguistic needs of the underserved Cambodian population in Orange County described on page 21 of the Orange County MHSA Three-Year Plan FY 17/18 – FY 19/20, especially an intention to release a Request For Proposal (RFP) for additional Full Service Partnerships (FSP) slots. TCFCC has had over 37 years of experience serving the Cambodian population in Orange County and our bilingual and bicultural staff have been trained and prepared, equipped with necessary knowledge and skills, and trusted by the community to serve this population. Moreover, our organization has been considered as an expert in serving this population by many community service providers/partners. Therefore, The Cambodian Family Community Center would kindly like to be your partner and be informed when the RFP is made available so that we can apply for funding resources to serve this under-resourced community.</p>			

(2) The Cambodian Family Community Center supports the establishment of the Orange County MHSA Community Opportunities Fund to address the unique needs for mental health services in our Cambodian community. Cambodians in our community are the survivors of nearly four years of concentration camp conditions in a genocidal regime before coming to America as refugees. Moreover, these Cambodian genocide survivors who fled the country experienced further victimization while traveling to or at refugee camps. They suffered torture, starvation, separation from family, and deprivation of education, religion, and culture. More than four decades later, a large number of Cambodians continue to experience high rates of psychiatric disorders. Over 51% of Cambodians reported symptoms of major depression and 62% reported post-traumatic stress disorder (PTSD); 42% reported symptoms of both disorders. However, the mental health needs of our Cambodian community continue to be unmet.

The aforementioned Community Opportunity Fund would be available for community programs and projects implemented by organizations that are not currently MHSA funded contractors or have organizational budgets of \$3 million or less per year. This new flexibility for being more responsive to community needs would enhance rather than detract from existing MHSA investments.

TCFCC would like to thank you for the opportunity to submit our comments and for your consideration.

Responses

Establishment of a Community Opportunity Fund:

The response provided here pertains specifically to the suggestion for the Community Opportunity Fund. Responses to other comments contained within these comment forms are provided under separate sections below.

Thank you for submitting the suggestion of establishing a Community Opportunity Fund for community based organizations that are not currently receiving MHSA dollars and/or have organizational budgets of \$3 million or less per year. This proposal, which recommends that MHSA dollars be awarded through a Request for Application (RFA) process, was submitted as a possible solution for organizations that have previously been unable to receive MHSA or Behavioral Health Services dollars to provide their existing community-based services.

What is being requested through the Community Opportunity Fund is a way for smaller providers to bypass the Request for Proposal (RFP) process and receive funds through a less intensive RFA process. We recently brought a Master Agreement RFA for an MHSA program to the Board of Supervisors, which was declined on April 25, 2017. For this reason, as well as county procurement requirements, we do not believe this will be a viable option for the awarding of MHSA dollars.

Contracting with counties or government has many rules and the threshold is rather high for small organizations. This is why some smaller organizations have formed coalitions, which can jointly bid. This approach has been used successfully in the past in Orange County. We have also reached out to smaller providers in the past and helped smaller organizations to understand the RFP process. When smaller organizations have won bids, we have partnered experienced organizations with the new, smaller organizations to help them be successful.

All of this being said, there is some truth that it is difficult for a small organization to have the resources to submit and win a bid for services. We have reached out to the County Procurement Officer (CPO), who indicated that his office hosts a Vendor Information Day on the first Thursday of each month (except holidays) to help orient new potential bidders to doing business with the County of Orange. More information about these meetings, including how to RSVP, can be found at: <http://olb.ocgov.com/business/vid>. The CPO has also offered to provide specific training for groups of mental health providers interested in learning how to navigate the bidding process.

Shortage of mental health providers who focus on the treatment of children with visual impairments and their families:

Thank you for your raising attention to the national shortage of mental health providers who have the skills and training to work with children who have visual impairment and their families. We will communicate your comment to BHS Management and the MHSA Steering Committee. As funding is made available, we will use a robust community planning process to consider needs such as the one brought forward here. We also encourage your participation in MHSA Steering Committee meetings.

In addition, we have a contract with the University of California at San Diego to conduct a needs/gaps assessment of our County mental health services. This community assessment will help identify unmet mental health needs within the County. This information will help the MHSA Steering Committee and BHS Management as we plan for new or expanded MHSA services.

Inadequacy of the proposed annual budget of \$500,000 over the next three fiscal years for the Adult Co-Occuring Mental Health and Substance Use Disorders – Residential Treatment Program:

While we are pleased to be in negotiations with a provider to start providing services, we also recognize that \$500,000 may not address the entire need for this service. Once these services are in place we will look at utilization data and available funding to determine need for expansion.

Underutilization of MHSA dollars/MHSA Reserve dollars:

Please see the response to Public Comments 6-7.

Unmet mental health needs of the Cambodian community:

Please see the response to Public Comment 1.