

**Orange County Health Care Agency
Mental Health Services Act (MHSA) Office
Wellness/Peer Support Center Meeting**

**September 29, 2008
9:00-11:00 a.m.
Minutes**

I. Priority Programs and Services (17 items)

- Kate Pavich, MHSA Coordinator, reviewed the 17 Priority Programs and Services which were selected by the Wellness Center Planning Committee on August 16, 2007.

II. Top Six Priority Programs and Services

- Kate Pavich discussed the top six priority programs and services that were voted on by the committee on August 16, 2007. The top six priority programs and services were selected from the list of 17 priority programs and services.

III. Current Diagram of Property

Kate explained the adjacency diagrams provided by the architect.

A. Two-Story Crisis Residential Program

- The Crisis Residential Program will have a 2nd story which would allow the facility to be more home-like, to cluster staff offices and bedrooms to increase visibility, and have a downstairs commercial size laundry area and an upstairs residential laundry area. The Crisis Residential program will have a kitchen for cooking meals, a dining room and its own garden separate from the one for the Wellness Center.

B. Wellness /Peer Support Center

- In 2008, the Wellness Center Planning Committee created a list of 17 programs that was narrowed to a total of 6 priority programs; however there should be enough space available to accommodate all 17 programs. Several members were concerned that there would be no space for growth. Annette Mugrditchian explained we need to concentrate on getting this center established and then possibly grow to build additional centers throughout the County of Orange.
- The Wellness Center will not be a two-story building, to be more cost effective and also its size will allow for the requested programs and services. There will only be one main entrance to the building and the rooms will be designed to maximize use.

C. Education and Training Center

- Summarized the two programs that will be housed in the buildings – the MHSA Training Department and the Recovery Education Institute

D. Parking

- Since the transfer of Santiago Creek to the Orange County Flood Control Channel, more parking will be available. We now have a total of 118 parking spaces.

- OCTA was contacted about installing an additional bus stop in front of the site. However, since there are 4 bus stops within walking distance to the facility it is not likely that OCTA will authorize an additional bus stop.

IV. Flood Control Channel

- Orange County Flood Control took possession of the Santiago Creek area on 7-15-08. The site previously flooded due to poor drainage not because the Santiago Creek overflowed. The site will be raised, new larger drains will be installed and new sloping will be developed to avoid any future flooding.

V. “Green” Construction

- Reviewed the costs involved with becoming LEED certified (Leadership in Energy and Environmental Design) and the group decided they would rather have the money spent on programming.
- Summarized the “green” efficient programs that will be included at the site.
- Members requested landscaping with edible plants and herbs so consumers can grow them and use them in the kitchen.
- Discussed use of light and windows in the campus buildings

VI. Capital Facilities Funding

- On August 15, 2008, the state approved the Capital Facilities and Technological Needs Component and we currently have an allocation of approximately \$37,202,000.
- A “validation” study was conducted which supports demolition of the buildings due to safety issues.
- The site has a Conditional Use Permit which allows a residential psychiatric program on the property.
- A budget has been submitted for demolition and construction of a three 7,500 square foot buildings for a Crisis Residential Program, a Wellness/Peer Support Center, and a Vocational Training Center. There will be a maintenance building of about 1000 sq. ft.

VII. Project Update

- We are working on a Memorandum of Understanding with the County to negotiate the amount of rent and the timeline of the Tustin facility project.

VIII. RFP Process

- This week there will be a meeting with the RFP panel members to discuss the proposals that were submitted. It will take approximately 1 month to score the bids and set up interviews.
- Behavioral Health administration will review recommendations and a contract will be drafted which will then go to the Board of Supervisors (BOS). This process should be finalized in January of 2009.
- Half of the RFP panel members are consumers and family members. We obtained a total of 7 proposals.
- Consumers will not be involved in writing of the contract – this will be done by Health Care Agency staff.

IX. Questions and Answers

- A request was made for the arts room to be located on the outside of the building for more sunlight or towards the front of the building where there is more sunlight. This is currently in the plans. The meditation room will be located in the back of the building for less light.
- A request was made to be culturally competent, and have bicultural staff at the center. Annette Mugrditchian stated all of our contractors are required to have Vietnamese and Spanish speaking staff.
- A suggestion was made to have the genders segregated at the Crisis Residential Program. This will not be possible but a room will be available for a resident who has specialized needs.
- An agreement was made in previous meetings to have peer support staffing. Annette Mugrditchian confirmed this was still part of our plans.
- The occupancy for Crisis Residential is a total 15 beds. All rooms are for double occupancy and only one room for will be available for single occupancy.
- Program minutes from the Design Committee meetings will be available on the MHSA website under Capital Facilities.
- Another meeting will be scheduled for January 2009 to give an update on this project.
- Kate Pavich agreed that she will share the recommendations and suggestions discussed at this meeting with the Design Committee on October 1, 2008.
- A request was made that a Mental Health Board (MHB) member be part of the Design Committee meetings and Janice De Loof was asked to follow up on this.
- Concerns were expressed that the current consumer representative on the Design Committee is now an employee. A decision was made to ask another consumer to represent them on the committee.