

## **THE MENTAL HEALTH SERVICES ACT IN ORANGE COUNTY: WILL IT MEASURE UP?**

### **SUMMARY**

In November, 2004, the voters of California passed Proposition 63, the Mental Health Service Act (MHSA). The proposition levies a one percent tax on residents with taxable personal income of more than one million dollars to fund new, innovative, and additional mental health services for unserved and underserved populations of children and youth, adults, and older adults with serious mental disorders. Orange County's Community Services and Supports (CSS) Plan for the implementation of Proposition 63 is consistent with the MHSA's requirements. The programs are based on principles of proven successful programs and best-practices models. Of the sixteen programs outlined in the CSS plan, eleven are implemented by contractors. The Orange County Health Care Agency (HCA) monitors contractor activities extensively, but this monitoring is chiefly focused on administrative matters, with little or no direct client interaction. The Grand Jury is concerned that multiple programs and contracts may have similar purposes, creating unnecessary redundancy which may negatively impact services that are delivered to clients under the CSS Plan.

The Orange County CSS Plan was the result of a concentrated effort by large groups of stakeholders in the mental health system. The goal was to develop a plan to better serve those Seriously Mentally Ill (SMI) and Seriously Emotionally Disturbed (SED) individuals and families living in Orange County who are unserved or underserved. The CSS three year plan cannot fully meet the backlog of unmet needs. However, the County can and should continue the services currently available, and expand efforts to bring care to racial and ethnic minority populations that have been traditionally underserved.

### **REASON FOR INVESTIGATION**

Since HCA has received a portion of Proposition 63 funds and commenced offering services and programs under the CSS Plan, a study to inquire whether the money is being spent in a manner consistent with the legislative mandate is timely. The original CSS Plan assumed that Orange County would receive approximately \$25.5 million in CSS funding per year for fiscal years FY2005-2006, FY2006-2007, and FY2007-2008. However, this funding is now expected to increase to \$34.8 million per year by spring of 2007 as a result of increased tax collections. Orange County will also receive an additional \$9.4 million in one-time funding to establish permanent and transitional housing for homeless individuals with mental illness.

### **METHOD OF STUDY**

The Orange County Grand Jury studied existing legislation and Orange County's Proposition 63 implementation plans. The Grand Jury attended:

- Juvenile Justice Commission meetings;
- Orange County Children and Families Commission meeting;
- the Mental Health Oversight and Accountability Commission meeting; and
- the Twelfth Annual Conditions of Children in Orange County Forum.

The Grand Jury interviewed:

- Proposition 63 program managers, coordinators and staff members;
- social workers;

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- MHSA staff members; and
- law enforcement agencies.

The Grand Jury visited:

- program sites;
- the Child Abuse Registry Center;
- the Mental Health Center; and
- Family Resource Centers.

The Grand Jury reviewed:

- SB163 – Wraparound;
- AB 2034;
- Proposition 63 – MHSA;
- the Orange County CSS Plan; and
- the Welfare and Institutions Code.

### **BACKGROUND**

Proposition 63 represents one of the largest mental health initiatives since the 1967 Lanterman-Petris-Short Act, which was designed to organize and finance service through locally controlled, county operated mental health systems. The McCorquodale Act reaffirmed the Short-Doyle Act structure in 1991. This system is based on concepts arising from the deinstitutionalization movement, in which emphasis on mental health services was placed on local community-based systems rather than state-run hospitals.

Between 1957 and 1988 state mental hospital population was reduced by 84 percent. While planning and delivery for county mental health services is conducted on a local level, a 1991 California Senate Office of Research study, “The History of Neglect,” found that state funds accounted for 85 percent of mental health services. Prior to passage of this initiative, California counties relied on state and federal government funds to provide psychiatric assistance, hospitalization, substance abuse treatment and other needed services to the SMI/SED population.

The MHSA has been hailed as the most important mental health act since deinstitutionalization. The intent and purpose of the act is stated in the legislation:

- a. To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care.
- b. To reduce the long-term adverse impact on individuals, families, and state and local budgets resulting from untreated serious mental illness.
- c. To expand the kinds of successful innovative service programs for children, adults, and seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including furnishing medically necessary psychiatric services and other services to individuals most severely affected by or at risk of serious mental illness.

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- d. To provide state and local funds to adequately meet the needs of all children and adults who can be identified and enrolled in programs under this measure. State funds shall be available for needs that are not already covered by federally sponsored programs or by individuals or families insurance programs.
- e. To ensure that all funds are expended in the most cost effective manner and services are provided in accordance with recommended best practices, subject to local and state oversight to ensure accountability to taxpayers and the public.

Prior to receiving Proposition 63 funds, each county mental health agency in the State was required to submit a three year expenditure plan to the State Department of Mental Health (DMH) for approval. The Orange County Board of Supervisors approved the County's plan on December 16, 2005. HCA submitted the three year plan and approval was granted by the DMH on April 28, 2006 (retroactive to April 1, 2006). This plan covers three fiscal years: 2005-2006, 2006-2007 and 2007-2008.

DMH established the Mental Health Services Oversight and Accountability Commission (MHSOAC). The purpose of the commission is to recommend policies and strategies to further the vision of transformation and address barriers to system change, as well as to provide oversight to ensure funds being spent are true to the intent and purpose of the MHSA. The MHSOAC also reviews the County's three year plan and reports the results of its review to the DMH.

### The Planning Process

The Orange County Health Care Agency planning process for implementing Proposition 63 programs and services was broad and inclusive. Hundreds of Orange County residents, consumers, family members, and many mental health service providers participated in the process. Prior to passage of Proposition 63, Orange County Behavioral Health Services (BHS) held meetings with community groups to educate the public about the purpose, scope and contents of the ballot initiative. After passage of Proposition 63, HCA held 35 public information meetings, community forums and made presentations at various locations throughout Orange County. The Mental Health Service Act Behavioral Service staff created a short documentary film entitled, "Orange County: The Untold Story." This film focused on the needs of the homeless mentally ill population in the county. In making the film, three outreach workers, each of whom either is a consumer or has a family member who is a consumer, took the lead in interviewing mentally ill individuals or family members. During the planning process workgroups were established for each of the DMH required age groups: Children and youth, age 0-15; Transitional age youth, age 16-25; Adults, age, 26-59; and Older Adults, age 60 and older. A 59-person steering committee was formed to provide leadership in the decision making process. This committee consisted of clients/consumers, MHSA staff/volunteers, service providers, family members and community stakeholders. The work groups prepared a comprehensive list of community issues in each specified age group. From that list, children and youth, transitional age youth (TAY), adults, and older adults were deemed most critical to Orange County and are addressed in the first three year plan.

### The Programs

DMH proposed a model for programs in which counties would:

- Identify issues resulting from untreated mental illness;
- analyze the mental health needs in the community;
- identify populations for full service partnerships;

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- identify program strategies to meet the needs;
- access capacity to expand current programs and implement new strategies; and
- develop work plans with timelines and budgets/staffing.

The County's CSS Three Year Plan is consistent with this model. Initially the CSS Plan consists of sixteen innovative programs that are designed to meet the needs of SMI and SED individuals.

### Wraparound

The MHSA requires all counties to implement wraparound (SB163) services pursuant to the Welfare and Institution Code Section 18250, or provide substantial evidence that it is not feasible in the county. Orange County meets this requirement and is experienced in the wraparound process. The MHSA requires wraparound programs to be consistent with the requirements found in the California Welfare and Institutions Code Sections 18250-18252.

Wraparound (SB163) is a process that consists of a series of engagement, planning and implementation of activities in which a team of service providers, facilitators, and other supporters work in collaboration with clients and their families to create an individualized plan of service and support tailored to the specific needs of each client and family, and then implement and adjust those plans over time. Wraparound requires services to:

- Be family centered, individualized, culturally relevant and strength based;
- be team and community based;
- rely on natural community supports;
- develop a child and family team plan to identify service needs;
- track and evaluate outcomes; and
- be cost neutral to the State and reinvest cost savings into child welfare programs.

To meet the needs of DMH required age groups, Orange County used the Request for Proposal (RFP) process to select contractors to implement most of the programs/services outlined in the CSS Plan. As of March, 2007, of the sixteen programs implemented under the CSS plan, HCA has retained contractors to implement eleven. There are several other programs pending selection of contractors. HCA contracts specify that data on cost, service quality, and outcomes shall be reported to HCA by the contractor in great detail. Because HCA staff has little or no direct interaction with the clients, HCA essentially relies on this reporting to monitor, track and control contractor activities.

The following is a summary of the individual programs being implemented under the CSS Plan as of March 2007.

### Children and Youth and Transitional Age Youth (TAY) Programs

There are two separate categories of programs for young people; one set for children and youth, and another set for Transitional Age Youth (TAY). The services offered in each category are similar. Orange County selected a contractor/provider who has two facilities to implement programs/services to these age groups. One facility is located in the city of Orange; as of March 2007, it had 147 clients enrolled in its program. The other is located in Costa Mesa; as of March 2007 it had 124 clients enrolled.

Children's Full Service Partnership Wraparound Program

The Children's Full Service Partnership Wraparound (FSP/W) Program is a community-based family-centered program where individualized, client-driven plans are developed. It focuses on client strengths and strives to meet the needs of children and their families in all aspects of their lives. Its goal is to promote success, safety, and permanence in the home, school and community through a "Whatever it takes" approach. It is modeled on HCA's experience in the current successful Orange County wraparound program and on Children's System of Care principles.

The contractor uses FSP/W to meet the needs of the individuals who participate in this program. The care coordinator and the client develop an individual plan that will identify the needs of the client. Then other members join the team. The composition of a FSP/W team depends on the client's needs and wants. It could, for example, include a therapist, psychiatrist, friend, family member, teacher; other members may be added if required. The care coordinator meets with the client at various locations throughout the County. The meetings could be held at the park, coffee house or any location that is convenient or comfortable for the client. Sometimes meetings are held at Family Resource Centers, which are located in communities throughout Orange County.

Care coordinators' case loads average about ten (10) depending on the severity of the issues addressed in the client's individual plan. The client/coordinator activities are recorded on charts that are reviewed by the contractor's Program Manager and an HCA staff member who is a licensed clinical social worker (LCSW). The assigned HCA staff member visits the contractor's sites two or three times each week. The purpose of the visits is to provide assistance to the contractor and to review charts and interview care coordinators. However, the HCA staff member does not participate in field visits with the care coordinators and clients unless requested. Outcomes (for example, high school graduation, employment by the client, or other major life events, plus quarterly updates on each case) are recorded on input sheets to be entered into the State's Data Collection Reporting (DCR) system.

The contractor submits weekly, monthly and quarterly reports to HCA. The reports include the following:

- Master client list which summarizes latest status of each client (name, diagnosis, therapy, race or any new development);
- monthly cost report in detail, actual versus budgets (salaries, benefits, services and supplies);
- report of licenses obtained for licensed employees;
- quarterly or monthly projections;
- startup cost report in detail;
- capital equipment acquisition report; and
- care coordinator time spent with each client, in minutes.

This information is entered into HCA's Integrated Records and Information System (IRIS) monthly. HCA and the service provider hold monthly management meetings to review the reports listed above.

Based on dated estimates from the California Department of Finance in 2003, Orange County's population is 51% Caucasian, 31% Latino, 14% Asian/Pacific Islander and 1.5% African-American. These figures were used by the Proposition 63 implementation team as a beginning point to determine the disparities in county mental health service levels for children and youth. It was

determined that Latino youth represent 55% of the children in the county and 69% of the low-income children. It has also been identified that Latinos who are newborn to 15 years of age have the largest population of SED among children and youth. It was reported that 49% of the children and youth who received County mental health services were Latino. Even at this service consumption level, Latino children and youth are underserved, based on their over-all numbers in the County. The contracted services under Proposition 63 are geared to the non-English-speaking Latino communities in Orange County. Moreover, the services provided by the existing Family Resource Centers (FRCs) supported by the Orange County Social Services Agency are likewise skewed toward the non-English-speaking Latino population, even though they provide services to those with or without mental health issues.

Seventy percent or more of FRC and Proposition 63 services go, or will go, to non-English speaking Latinos. According to the contractor's response to the RFP under "Culturally and Linguistically Competent Programs" they will utilize seven teams specializing in providing these services to Latinos, one team for Vietnamese and one team for the Lesbian/Gay/Bisexual/Transgender community. In addition, under the heading of "In-home Intensive Case Management and Other Services" of the same RFP response, " (Contractor) plans to provide a significant amount of home-based services through the Delhi Center, which is located in an area with a high concentration of unserved and underserved Spanish speakers." Also, "Barriers may also occur if families do not want the Case Manager in their homes because they are afraid they will report them to the ICE due to possible undocumented status." ICE is the Federal Immigration and Customs Enforcement agency.

#### Children's Outreach and Engagement (OE)

This program has two coordinated service components, consisting of a community based contract provider and a county operated program, to concentrate on a significantly underserved and isolated Asian Pacific Islander population in Orange County. HCA selected two contractors to implement services/programs to this underserved population. One is located in Buena Park; the other is located in Garden Grove. The Grand Jury was unable to visit one of the program sites because HCA told the service provider to cancel the initial meeting that the Grand Jury and the provider had previously scheduled. The Grand Jury plans to visit the program site in May, 2007. The program information is based on the CSS plan and information provided by HCA program managers. The county operated service is provided by HCA/Children and Youth Services (CYS).

#### Crisis Residential

This program will promote resiliency in youth in crisis by providing them and their families with a short-term temporary residential resource that can facilitate the teaching of coping strategies to reduce at-risk behavior, peer and family problems, out-of-home placement and involvement in the child welfare and juvenile justice system. It is in the beginning stage; it started on February 1, 2007.

#### In-Home Crisis Stabilization

In this program a mental health worker and a mental health professional form a Family Support Team (FST) and are available to provide services to families in crisis on a 24-hour per day, seven days per week basis. The teams engage the family and mutually assess the client and family's immediate needs and develop a long-term safety plan. The team also provides services in the form of crisis intervention, individual and family therapy, and case management to assist the child and family in establishing a FSP if needed.

Adult Integrated Service Program

Under the CSS Plan, Orange County will expand its array of integrated service programs by increasing the number of clients currently being served by the AB2034 program. Orange County Integrated Recovery Services (IReS) is one of the State's current AB2034 programs. The Orange County IReS team has provided outreach, engagement and assertive community treatment since 2000. The team has demonstrated success in outreach and engagement, reducing homelessness, decreasing incarceration and hospitalization, and increasing employment. However, these services are not available outside normal working hours. The Adult Integrated Service Programs implemented with Proposition 63 will advance the goals of MHS by providing 24 hour, seven days a week access for its enrolled clients.

The Adult Integrated Service Program will provide county-wide individualized, integrated, culturally-competent services for adult homeless with SMI who may also have co-occurring disorders such as substance addiction.

Adult FSP Intensive Recovery Services

This program offers a high staff to client ratio (1:10) and it provides 90% of its services in the community, such as in the client's home, the mall, a coffee house, the park or wherever the client is comfortable. The contractor/service provider uses a multidisciplinary team, which includes a psychiatrist, a nurse, a Master's degreed Clinical Director, team leaders, and Personal Service Coordinators with backgrounds in drug/alcohol, vocational rehabilitation and/or housing and community resources.

The target population for this program is adults with SMI, including those with co-occurring substance abuse disorders, who are at risk of institutionalization, criminal justice involvement, and/or homelessness or who have recently been discharged from institutions or jails. Orange County's innovative adult programs will offer "whatever it takes" to engage SMI adults. (Engagement is relationship focused with a no harm, no fault policy).

The Adult FSP Intensive Recovery Services program is an FSP with three different community-based contractor/providers, each with its own target population.

*Telecare and Orange County* (TAO) serves SMI clients some of whom may be dually diagnosed with co-occurring disorders of substance abuse, who are homeless or at risk of becoming homeless.

*Opportunity Knocks* (OK) serves SMI clients who are being discharged from the Orange County jail system. This program was developed for clients who recycle through the correctional system and are often without the appropriate support in the community to maintain their stability.

*Whatever It Takes* (WIT) court serves chronic and persistently SMI clients, some of whom may be dually diagnosed with co-occurring disorders of substance abuse. Clients in this program are referred by the WIT court and are offered the opportunity for treatment rather than further incarceration. The WIT program staff engages clients while in jail and assesses them. Then, in collaboration with the WIT team which includes the Public Defender, Prosecutor, Judge, Clinical Staff, and the Probation Department, the staff makes recommendations to the court as to whether the client is a suitable candidate for participation in the FSP program.

Crisis Assessment Team and Psychiatric Emergency Response Team (CAT/PERT)

This program is administered by HCA and for the second quarter of 2007 has provided service to 393 clients. The program has a capacity for 2,000 individuals. HCA indicated that 65% of those clients could be diverted from hospitalization. HCA staff continues to promote outreach to local law enforcement agencies, which includes participation in roll call briefings.

A unified approach to the needs of the County emergency departments has been established; currently two CAT/PERT teams are operational. One team rides along with the Westminster Police Department; the other with the Garden Grove Police Department. Each team consists of a licensed mental health care clinician and a law enforcement officer. Staffing was scheduled to provide access 24 hours per day, 365 days per year, to the County of Orange. HCA will not be able to implement this program in all Orange County cities per the following statement: "Due to limitation of MHSA funding, we will not be able to team with all thirty-four Orange County cities. The program will initially serve those cities with the highest unmet needs."

Adult Supported Employment Program

The Adult Supported Employment Program will provide education and support to people with SMI and co-occurring disorders who require long-term job supports. The program will provide training in:

- job preparation;
- workplace responsibilities and expectations;
- communications skills;
- managing symptoms and stress;
- grooming and dressing;
- resume writing; and
- successful job application techniques.

This program is provided by a contractor.

Adult Outreach and Engagement Program

HCA issued a Solicitation of Interest and Qualification for a contractor to implement this program but received no responses. However, HCA has selected two contractors to implement OE for the Children, Youth and TAY programs. The primary goal of OE is to meet the needs of the unserved and underserved targeted population, regardless of age. Potentially the same contractors, with facilities in Buena Park and Garden Grove, could be contracted to provide OE services for this adult program.

Adult Crisis Residential

This program is not yet implemented.

Older Adults (over 60)

Older Adults Mental Health Recovery

This program is administered by HCA. As of March, 2007, there were 135 clients enrolled in the program and 100 referrals pending. The program has capacity for 164 clients according to the CSS Plan. Services are provided in the senior's place of residence, senior centers, or other locations that the client selects. The program is fully staffed with clinicians who are experienced in geriatric mental health. Two Life Skills Coaches are employed as part of the program team and HCA has plans to



add two more to the staff. The number of pending referrals indicates that the program may reach capacity before the three year CSS Plan horizon ends.

Services in this program include:

- assessment;
- mental health rehabilitation and recovery;
- co-occurring disorders;
- physical health;
- education regarding medications;
- client and family education regarding mental illness; and
- case management.

#### Older Adult Support and Intervention System (OASIS)

This program targets mentally ill seniors who are unserved or underserved and homeless or at risk of homelessness. OASIS focuses on inclusion of all ethnicities and cultures to reduce disparities in the population. Wellness for seniors is stressed, and clients are linked to coordinated primary physical health care and mental health treatment. A recovery philosophy will guide all treatment planning, including access to entitlements and community resources and stigma elimination.

Older adults tend to utilize multiple services provided by several agencies. Therefore, there is a need to provide a geriatric educator who will establish relationships and provide information to community support and service agencies dealing with the elderly, which include the police/fire/paramedics, emergency room staff, community clinic staff, and primary care physicians. The program has a capacity for 125 clients. As of March, 2007, there were 40 clients enrolled.

#### Housing

Safe affordable housing is one of the basic requirements to promote recovery/wellness for individuals with SMI or SED. Appropriate housing is crucial to maintaining stability in the community. For those with very low incomes who are homeless, finding affordable housing is a real challenge in Orange County. Under the CSS Plan, housing will be developed for each age group based on their needs and provided in a culturally-sensitive manner, with special attention paid to language, ethnicity, and gender.

#### Education and Training

\$5.1 million of the \$25.2 million budget in the first year of CSS Plan implementation is allocated to Education and Training. This is the single largest program other than housing in the entire plan and, as such, merits particular examination. Additionally, HCA is making extensive use of contractors to deliver the other services contemplated under the CSS Plan; these contractors must be trained in order to provide services to SMI/SED individuals in a manner consistent with the principles of FSP. Finally, these contractors are required, under the provisions of the MHSA, to hire consumers of mental health services (including both the mentally ill and their families) as mental health workers; clearly these consumers will need extensive training in order to effectively deliver quality service to the target population. For all these reasons, the speed and quality with which the training and education component of the CSS Plan can be implemented are critical factors in the success of the entire plan.

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The main focus of the training is to teach mental health workers and community supports to recognize mental illness and to provide culturally appropriate services to the mentally ill, in order to achieve positive treatment outcomes according to the recovery/wellness model.

The topics addressed in the training include:

- early identification of mental illness;
- cultural competency, including outreach to underserved cultural groups;
- the provisions of MHSA and how they are being implemented in Orange County;
- co-occurring disorders and integrated treatment; and
- methods of benefits acquisition (MediCal, SSI, educational benefits, etc.).

The specific groups to be trained according to the CSS plan are:

- 1600 County and contractor staff are to receive cultural competency training;
- 100 current consumers, former consumers and their families are to receive basic training and paid fieldwork training for jobs in the County mental health system;
- 1200 County and contractor staff working in the behavioral health field are to receive training on co-occurring disorders;
- 300 primary medical care providers are to receive training to facilitate identification and referral of persons with severe emotional disabilities or severe mental illness;
- 360 County Social Services Agency (SSA) staff and housing providers are to receive training to assist them in integrating the CSSP recover/wellness model and cultural competence into their services;
- 250 local law enforcement officers are to receive training in crisis intervention;
- Over two years, 200-300 families of consumers are to receive community based training in small groups (120-180 individual classes);
- 800 County and contractor staff are to receive 12.5 hours of training in working with families of mental health care clients; and
- 800 County and contractor staff are to receive training in benefits acquisition methods, with 30 of these staff receiving additional in-depth training as benefits experts.

To date, the majority of this training has been provided by HCA staff. The cultural competency training was provided by a contractor who provided three two-day classes with a capacity of 50 persons per class, or a total of 150. (HCA's CSS plan implementation status reports state the total capacity of those training sessions as 200. The average actual attendance at the classes that were actually offered as of April 2007 was only 36 per class. The fact that the classes were not filled is interesting, given the cost and the magnitude of the training need. The training contractor has no further contracts with HCA as of April 2007.)

According to the CSS plan the entire budget for all the training described above was scheduled to be expended during the first three years in the CSS plan planning horizon. In reality, the training is taking longer, as the example of the cultural competency classes indicates. The State Department of Mental Health (DMH) is allowing unexpended training funds to be carried forward to subsequent fiscal years.

## **CONCLUSION**

On November 2, 2004, the voters of California passed Proposition 63, the MHSA. This Act proposes to expand mental health services in California and pay for it by taxing residents who have a taxable income of more than one million dollars. Under Proposition 63, counties are required to develop and implement programs and services for children, adults, and seniors who are seriously mentally ill and are unserved or underserved. The Orange County HCA is responsible for implementing these programs.

There are sixteen programs outlined in the County's CSS Plan. Of these, eleven are implemented by contractors. All of these programs outlined in the CSS Plan use the principles of FSP.

The MHSAOAC stated in its quarterly review that: "It was evident throughout Orange County Community Services and Supports plan that they sought to truly implement the intent of the Act and to transform mental health services in their county." The Grand Jury agrees with this statement. However, regarding the FSPs, the Commission wrote, "The fact that most of the services are going to be contracted out raises the issue of how well the county's commitment will translate to the day-to-day operations of a contractor."

The Orange County Grand Jury visited program sites and interviewed HCA staff assigned to work with contractors, and found that HCA staff use most of their time performing administrative responsibilities (managing the contractor) while little or no time is spent with clients that are served. The CSS Plan is well written; however, the County should evaluate the strategies for implementing the MHSA programs, including a contractor oversight process having direct HCA staff involvement with the SMI/SED individuals and families living in Orange County who are underserved and unserved.

## **FINDINGS**

In accordance with California Penal Code sections 933 and 933.05, each finding will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. The 2006-2007 Orange County Grand Jury has arrived at the following findings:

- F-1. HCA makes extensive use of contractors to implement Proposition 63. Eleven of sixteen services in the CSS Plan are provided by contractors as of March, 2007, with several other contractors pending approval.
- F-2. HCA staff monitors contractor activities extensively; however, HCA has little or no direct contact with SMI/SED clients. HCA Staff relies on information recorded on charts/logs by the Care Coordinators.
- F-3. Training by HCA staff and training contractors of County employees and contractors providing MHSA services appears to be behind the schedule implied in the CSS plan.
- F-4. A training contractor's records of what training has been delivered do not match HCA's CSS Plan implementation status reports. HCA's status reports indicate that more training has been given than the contractor indicates.
- F-5. Multiple programs/contractors may cause overlap in service.
- F-6. HCA's management requires contractors/providers to contact HCA before scheduling meetings with the Grand Jury.
- F-7. HCA has two CAT/PERT programs in place; Garden Grove and Westminster police department.

**Responses to Findings F-1 through F-7 are requested from the Health Care Agency. A Response to Finding F-1 is required from the Board of Supervisors.**

### **RECOMMENDATIONS**

In accordance with the California Penal Code sections 933 and 933.05, each recommendation will be responded to by the government entity to which it is addressed. The responses are to be submitted to the Presiding Judge of the Superior Court. Based on the findings of this report, the 2006-2007 Orange County Grand Jury makes the following recommendations:

- R-1. Ensure that adequate resources are in place at HCA to audit contractor outcomes.
- R-2. HCA staff should conduct ride-alongs with the contractors' care coordinators to develop a better understanding of the daily activities of the contractors' personnel.
- R-3. Devote more resources to training of County employees and contractors delivering actual MHSA services to clients.
- R-4. Clearly identify what training has actually been given and adjust CSS plan implementation status reporting to more accurately reflect the facts.
- R-5. A program performance audit of MHSA programs should be conducted by an internal or external auditor at the end of each CSS Plan cycle to ensure that services are not duplicated.
- R-6. HCA should allow and not impede the ability of contractors and providers to communicate with the Grand Jury, if the contractors and providers so choose.
- R-7. HCA should collaborate with law enforcement in Orange County cities to expand the CAT/PERT program as additional Proposition 63 funds become available.

**Responses to Recommendations R-1 through R-7 are requested from the Health Care Agency.**

**Responses to Recommendations R-1, R-5, R-6 and R-7 are required from the Board of Supervisors.**

### **REQUIRED RESPONSES**

The California Penal Code specifies the required permissible responses to the findings and recommendations contained in this report. The specific sections are quoted below:

- §933.05(a) For purposes of subdivision (b) of Section 933, as to each grand jury finding, the responding person or entity shall indicate one of the following:
- (1) The respondent agrees with the finding.
  - (2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefor.
- (b) For purposes of subdivision (b) of Section 933, as to each grand jury recommendation, the responding person or entity shall report one of the following actions:
- (1) The recommendation has been implemented, with a summary regarding the implemented action.
  - (2) The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
  - (3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared

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for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefor.