

## 2024-2025 ORANGE COUNTY GRAND JURY REPORT



**handwashing,  
down to a  
fine art.**

**WASH YOUR HANDS**  
LÁVESE LAS MANOS  
RỬA SẠCH TAY BÀN







**SCRUB YOUR HANDS  
WITH SOAP AND WATER**  
LAVE SUS MANOS CON  
JABÓN Y AGUA  
Rửa tay cho sạch



**RINSE YOUR HANDS**  
ENJUAGA SUS MANOS  
Rửa tay lại bằng nước



**DRY YOUR HANDS**  
SECA SUS MANOS  
Lau tay cho khô





Grand Jury

# Health Care Agency: Providing Care for Orange County

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## ACRONYMS

ADA	Americans with Disabilities Act
AIDS	Acquired Immunodeficiency Syndrome
BHS	Behavioral Health Services
BHSA	Behavioral Health Services Act
BHSS	Behavioral Health Services and Support
CDC	Centers for Disease Control and Prevention
CDCD	Communicable Disease Control Division
CIWA-B	Clinical Institute Withdrawal Assessment – Benzodiazepine
CLIA	Clinical Laboratory Improvement Amendments
COWS	Clinical Opiate Withdrawal Scale Assessment
COPD	Chronic Obstructive Pulmonary Disease
DHCS	California Department of Health Care Services
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
FSP	Full Service Partnership
HCA	Orange County Health Care Agency
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HRS	Human Resource Services
MHSA	California Mental Health Services Act
OCGJ	Orange County Grand Jury
PACT	Program for Assertive Community Treatment
PHS	Public Health Services

PSH	Permanent Supportive Housing
SMI	Severe Mental Illness
STD	Sexually Transmitted Disease
SUD	Substance Use Disorder
WIC	Women, Infants, and Children

## SUMMARY

The scope of services provided by the Orange County Health Care Agency (HCA) is extensive and comprehensive, as it has a budget of an estimated \$1.1 billion. The Grand Jury’s examination covered key operational areas of the HCA:

- Administrative Services—inside operational support for the entire agency
- Correctional Health Services (CHS)—inmate medical needs
- Behavioral Health Services (BHS)—mental illness and substance abuse
- Public Health Services (PHS)—health of the community at large with education, detection, and prevention
- Specialized Medical Services (SMS)—children and youth services, public guardian, employee health, and emergency services
- Compliance Training—employee education on rules and regulations
- Human Resource Services—the hiring process

Among other recommendations, the Grand Jury recommends that Public Health Services institute a regular written communication to the public three times per year. It should report public health information and concerns to build a stronger connection between HCA and Orange County residents.

## BACKGROUND

At the time of its separation from Los Angeles County in 1889, Orange County had a population of approximately 13,000. There were fewer than fifteen medical doctors in the county. The State required that every county and incorporated city have a health department.

The first health officer in Orange County was named in 1889. Dr. James P. Boyd served in that capacity until 1911. He was succeeded by Dr. John Wehrly, who served as county physician and health officer until 1915. Dr. Arthur H. Domann followed Dr. Wehrly.

In 1922, with the help of the Rockefeller Foundation, the County retained Dr. W. Leland Mitchell as a health administrator. The first Health Department consisted of Dr. Mitchell and a public health nurse. This marked the beginning of full-time public health services in Orange County.

In the early 1980s, the Orange County Health Department became the Orange County Health Care Agency (HCA). By 2020, the HCA was serving a population of over three million. Today's HCA provides behavioral health, medical, and public health services. HCA also provides financial and administrative services related to health and medical care and provides health services to those in County correctional facilities.

## **REASON FOR THE STUDY**

The Grand Jury's motivation for the study was to review and highlight the spectrum of services provided by the Orange County Health Care Agency: who receives the services and how the services are provided. The Grand Jury examined service delivery, its efficacy, and its efficiency. The end of the COVID-19 health emergency in 2023 presented an opportunity to review what the HCA learned from that event. The Grand Jury also reviewed anticipated changes in funding from federal and State sources.

## **METHOD OF STUDY**

- Reviewed documents, including policy and procedure manuals from the HCA
- Interviewed leadership and staff from Administrative Services, Behavioral Health Services, Correctional Health Services, Public Health Services and Specialized Medical Services of the HCA
- Reviewed strategic plans and County Health Improvement Plan of the HCA
- Interviewed staff from the Orange County Sheriff's Department who work with Correctional Services in the Orange County jails
- Interviewed Human Resources Services personnel who interface with HCA
- Conducted internet research on subject matter and best practices nationwide
- Researched CDC guidelines and best practices recommendations
- Reviewed prior California Grand Jury reports on the subject

- Toured the Health Care Agency, Behavioral Health Services, Public Health Services, and Correctional Health Services facilities

## INVESTIGATION AND ANALYSIS

The HCA is a regional provider of healthcare services, charged with protecting and promoting individual, family, and community health through collaboration of public and private sector resources. The agency is comprised of the five core service areas outlined below.

### Administrative Services

The HCA has over 2,900 employees and a budget of approximately \$1.1 billion for fiscal years 2023-24 and 2024-25. It provides a variety of services identified in this report that support the health and safety of Orange County's residents and visitors.

The HCA's Administrative Services division includes approximately 300 staff who provide operations support for all HCA service operations, including

- Accounting and financial services
- Administrative operations
- Human resource services
- Management services
- Operations, procurement, and contract services
- Technology services
- Office of Government Affairs and Communications

The Office of Government Affairs and Communications is a unit within the Administrative Services of the HCA providing additional functions, including

- Communications
- Grants and funding operations
- Legislation and policy
- Liaison to the County Board of Supervisors and CEO as well as other elected officials

### Behavioral Health Services

Behavioral Health Services (BHS), with approximately 1,300 staff, is the largest division of the Health Care Agency. It serves as a safety net for Orange County uninsured residents with severe

mental illness (SMI) or substance use disorders (SUD). This includes the subpopulations of adults and older adults, children and youth services, those working in forensics and justice system, as well as crisis and acute care services. These operational teams are supported by a data analytics team and a quality management services organization that have the responsibility to monitor and report on the programs delivered to funding providers.

The BHS budget comes close to \$750 million, but less than \$5 million of that comes from the County general fund. Before 2024, funding primarily came from the California Mental Health Services Act (MHSA), which has seen large growth in recent funding.

Table 1 Orange County MHSA Budget

Fiscal Year	Total Budget (\$M)	Yearly Growth
2020-2021	224.4	
2021-2022	237.6	6%
2022-2023	346.1	46%
2023-2024	362.1	5%

In March 2024, California voters passed Proposition 1, which significantly amended the MHSA and renamed it the Behavioral Health Services Act (BHSA). This change expanded the scope of the MHSA to include substance use disorders and changed the funding formula to reallocate funds into three new categories. With BHSA, 30% of funding will be allocated to housing interventions, 35% to Behavioral Health Services and Support (BHSS), and the remaining 35% to Full Service Partnerships (FSP). Full Service Partnerships are comprehensive, recovery-oriented programs serving the mentally ill population with housing, employment, and education. Some may be County operated, like the Program for Assertive Community Treatment (PACT) and others are to be operated by non-profit partners.

In 2026, a small percentage of BHSA funds will be shifted to State agencies to cover prevention programs and a behavioral health workforce program. Counties will be required to create comprehensive plans that incorporate all types of BHS funding, including federal sources like Medicaid and Community Block Grants for substance abuse, State realignment funds, tobacco settlement funding, and State general fund sources. Beginning in 2029, the State Auditor is mandated to produce reports covering BHSA implementation.

The benefits and drawbacks of this law will be hard to measure in the short term. Its goal is to expand services to include substance use disorder (SUD) and to prioritize housing in behavioral health treatment. Behavioral Health Services is currently reprioritizing and planning how current programs might fit in the new categories. In the short term, this may result in BHS terminating

contracts with some partners and redeploying some BHS staff. Any long-term benefits are difficult to assess because of these kinds of trade-offs.

Guidance from the California Department of Health Care Services (DHCS) suggests that Behavioral Health Services funding can be used to aid in recruitment and retention of BHS staff, including generous educational loan repayment for those who work in BHS. This would mean that medical professionals could have their student loans forgiven after working in BHS for a specified number of years—a strong incentive for securing and maintaining professionals at the HCA.

Permanent Supportive Housing (PSH) under the auspices of the Mental Health Services Act had been a big part of its programming, with more than 500 units dedicated solely to Behavioral Health Services. It will now be supported with 30% of the housing funding from the Behavioral Health Services Act. Assuming flat overall funding for the BHSA, this would potentially shift more money into housing at the cost of other services within BHS. The housing units are designated in apartment communities that support individuals experiencing chronic homelessness. The Grand Jury recommends that the County vigorously continue their search for more PSH.

Behavioral Health Services supports other forms of housing, including Emergency Shelter (Yale Navigation or Bridges), Homeless Bridge (gap housing for families awaiting rental units), and Behavioral Health Bridge (gap housing for serious mental illness (SMI) and SUD populations). For those needing the highest level of care, the County has several Long Term Care beds in Institutions for Mental Disease outside of Orange County; regrettably, the waitlists for these can be greater than six months.

Behavioral Health Services also runs outpatient clinics for SMI and SUD adult and youth populations. These clinics serve approximately 3,000 residents a year, providing individual and/or group counseling sessions with mental health professionals. Most of their clients are on Medi-Cal, allowing the counseling to be billed back to Medi-Cal. This then is a revenue source for HCA, contributing nearly twenty percent of the annual BHS budget. Newly hired professional staff in HCA, who will care for more Medi-Cal recipients, can result in additional revenue for BHS and the County.

## **Correctional Health Services**

Correctional Health Services provides all aspects of inmate medical needs. This includes physical, mental, and dental health.

When an individual is arrested, they are properly identified and processed. Following documentation of personal information and belongings, the individual is screened by qualified clinical personnel. This ensures that the individual does not require immediate medical attention.



First, the individual is examined in accordance with the Americans with Disabilities Act to ensure that effective communication is possible without support such as American Sign Language interpreters. Then the arrestee is screened for asthma/COPD, sexually transmitted diseases, diabetes, seizures, reproductive health, and blood pressure, among others. A comprehensive detox screen called the Clinical Opiate Withdrawal Scale (COWS) Assessment is also performed. These intake screenings help ensure inmates' timely access to needed medications, specialists, and appropriate levels of care.

A robust health services delivery system is crucial for inmates. Early detection and identification of infectious diseases, as well as alcohol and drug problems, are essential. Providing timely and appropriate medical and palliative care is key to safeguarding the health of both inmates and the public. This helps contain communicable diseases and control chronic conditions such as diabetes and hypertension in the inmate population. Finally, close cooperation between the Health Care Agency and the Sheriff's Department is necessary to ensure that these goals are achieved.

The Grand Jury learned that close cooperation between these two agencies has not always been the case. However, with the leadership of Sheriff Don Barnes and HCA Director Dr. Veronica Kelley, both agencies enjoy an improved partnership. Most inmates now receive necessary care within twenty-four hours of their arrival. If inmates qualify for support post-discharge, CHS creates a link for them with services from Full Service Providers (FSP). This meets some individual needs, but others may be discharged from the jails with only four weeks of prescriptions and appointments for follow-up care, leaving them at risk for a gap in care.

The Health Care Agency and the Sheriff's Department should continue their collaboration to ensure that inmates consistently receive timely medical care. The HCA must continue to recruit, train, and retain a professional work force to enable ongoing and continued improvement in Correctional Health Services.

## **Public Health Services**

Public Health Services' (PHS) goal is protecting and improving the health of the community through education, detection, and prevention. When a physician diagnoses and treats a patient for a disease or condition, and if that condition poses a public health threat, then information about this patient should be transmitted to the PHS to help it prepare Orange County for potential public health consequences.

The PHS uses preventive strategies to maintain and improve the health of the public and provides programs and services that enhance access to healthcare. The divisions of PHS are Communicable Diseases, Clinical Services, Community and Nursing Services, Environmental Health Services, Health Promotion and Community Planning, and the Public Health Laboratory.

The PHS team's visibility grew with the COVID-19 health emergency as the Communicable Disease Control Division (CDCD) had responsibility for tracking cases in the County. COVID-19 is one of around ninety diseases, infections, and disorders ranging from anthrax poisoning to the zika virus that must be reported to CDCD. Regular updates from CDCD are shared with hospitals and healthcare professionals. The public may see some public health messages filtered through social media, but direct and regular communication to residents from CDCD has been missing.

The Clinical Services teams provide access to testing, diagnosis, and treatment for STDs, HIV and AIDS, and tuberculosis, mainly at their 17<sup>th</sup> Street Clinic in Santa Ana.

Vital Records performs the official recording of births and deaths as part of Clinical Services.

A major outreach arm of PHS is the Community and Nursing Service. Public Health Nurses provide assessments, education, intensive case management and care coordination for complex and chronic healthcare needs. These community nurses get referrals from non-profit partners to care for people experiencing homelessness, pregnant and post-partum women, and newborns. They work in the community providing education and connecting vulnerable populations to services such as food and basic needs or substance use services.

Environmental Health is familiar to most residents through its retail and wholesale food protection programs and beach closure notices when microbes or waste discharges threaten public health. Their oversight also includes foodborne illness, lead exposure (Childhood Lead Poisoning Prevention Program), storage tanks, well permitting, used oil, and body art practitioner oversight. The Environmental Health unit also serves as the law enforcement agency regulating landfills, with permits, inspections, and education. This unit performs routine inspections of hotels, motels, and detention facilities. It also fields complaints about vermin, sewage overflows, and plumbing leaks. Additionally, Environmental Health performs food establishment inspections and grading.

The Women, Infants and Children (WIC) program is a key element of the Health Promotion and Community Planning unit. This unit also is the author of the [Orange County Community Health Improvement Plan 2024-2026](#) (CHIP) roadmap that integrates feedback from individuals, community organizations, health care systems, and hospitals to set priorities for the County.

The Public Health Laboratory helps protect and improve health for Orange County residents from its new facility at the Great Park in Irvine. As a Clinical Laboratory Improvement Amendments (CLIA)-certified clinical lab, it is held to federal standards for testing quality and accuracy. It is also accredited by the California Environmental Laboratory Accreditation Program, complying with the California standards for environmental testing. This lab conducts specialized testing to detect and control infectious diseases and was one of the first in the nation, outside of the CDC, to do COVID-19 testing in 2020. This enabled short testing cycles during

the national Public Health Emergency. Aggregated results were linked to a dashboard that reported testing volumes, positivity rates and strains for medical providers and interested parties. The lab also performs tests to monitor environmental health, such as water quality assessments.

PHS should receive additional funding as needed to protect the County from future health emergency risks.

## **Specialized Medical Services**

Included in Specialized Medical Services are California Children’s Services, Public Guardian, Employee Health Services, and Emergency Medical Services (EMS).

Recently, the most visible unit of SMS has been Emergency Medical Services. During the COVID-19 health emergency, the EMS Medical team oversaw the establishment of the countywide center for procurement and distribution of medical supplies, including personal protective equipment, and coordinated with private sector health providers. In the past few months, a new and expanded center opened in the Great Park in Irvine for EMS and PHS. In the event of another public health emergency, having the EMS Medical unit and Public Health Service together in the new center will improve coordination and decision making.

The certification and training of emergency medical technician (EMT) personnel is done in conjunction with the Orange County Fire Authority. This requires a significant amount of time. Recently the EMS team brought innovation to the HCA by developing and adopting a technology that enables on-scene EMTs to enter vital findings into a digital medical record that is immediately shared with the receiving hospital. This enables hospital emergency room staff to see real-time patient information, saving time and increasing coordination when care decisions are critical. This program is now being utilized by counties throughout California.

In addition to the certification and training of the EMT personnel, the Emergency Medical Services Division is responsible for the certification of the four trauma centers, which are part of the private health system network.

## **Internal Administration**

In addition to examining the medical services provided within the HCA, the Grand Jury examined compliance training and Human Resource Services in the HCA.

## **Compliance Department**

Healthcare organizations are highly regulated. Therefore, having a strong and proactive compliance program is required. In the HCA, the Office of Compliance has the responsibility of establishing standards of compliance and ethical conduct for agency staff.

The HCA compliance department should have three primary goals:

1. Make sure all employees understand and follow the laws and policies that apply to HCA.
2. Protect the organization from legal problems by ensuring compliance.
3. Identify the instances of non-compliance and collaborate with staff to address these issues, leading to improvements in HCA's operations.

The first two goals were evident in the Grand Jury interviews; however, the third, which highlights improvement in operations, did not have the same level of emphasis. To help align the HCA to all three goals, the Grand Jury recommends that leadership do more to encourage employees not only to bring compliance issues to their supervisor, but also to the Office of Compliance, with the goal of improving operations.

If the three goals are fully met, the following would accrue to each employee and the agency:

- Improved decision making
- Increased employee productivity and operational efficiency
- Increased employee awareness regarding risk management
- Eased communication and enhanced accountability
- Reduced risk of lawsuits or disputes
- Reduced workplace injuries
- Improved employee retention

Overall effectiveness of compliance training results in positive employee behavior. This should lead to increased productivity in the workplace, as employees who follow the rules and policies can do their job with less oversight.

### **Human Resource Services**

For a number of years, hiring at HCA has been centrally managed by the County Human Resources Services (HRS). The HRS Director for the HCA has indirect reporting to the agency, which means that services are delivered according to HCA priorities, but hiring processes are determined by Central HRS. In a large organization such as the County, centralization helps ensure roles and policies are consistent, but it also results in a bureaucratic and slow hiring process for the HCA.

The Grand Jury found that HCA hiring is not always efficient. HCA managers work with HRS to define the necessary skills for any new position. HRS then compares this to other positions in the County with similar skill requirements to determine the appropriate compensation level and job classification. The classification requires approval from both HCA and HRS. If Central HRS

requires additional information, the HCA hiring manager must be diligent in fulfilling these requests or the process can drag on. Some classification processes may take as long as a year, although four to six months was more commonly reported. Automatic approval of changes in classification with shorter review cycles would accelerate the hiring process.

Once the position is classified, approved, and posted, candidates may apply. The HRS recruiter screens applications assigned to the HCA and the top candidates are sent to the HCA hiring manager for review and interviews. Once the hiring manager makes a final selection, the candidate will undergo background checks including Live Scan, medical checks, and a background check by the Sheriff. These additional checks may run from one to several months, resulting in a complete hiring cycle that can take a full year from the time of the application to a confirmed start date. Sometimes a well-qualified candidate with excellent credentials will not wait that long when other opportunities become available.

Most often, HCA positions open when current employees leave. Turnover in some of the front-line and junior roles can be high, often due to higher paying positions in adjacent counties or the private sector. In the last few years, Central HRS has become more responsive to the hiring needs of the HCA. If these junior roles have requirements that match state credentialing agencies, the recruiter can skip the initial screening for those with the matching state credential.

Human Resource Services and HCA staff also initiated single-day hiring events for certain roles, which include the recruiter screening, Live Scan, medical screening, and hiring manager interview. This may result in an expedited provisional job offer, pending additional required background checks. These one-day hires are limited to lower-level roles with high turnover in the HCA. One-day events are a great win for the HCA, but other, more senior positions (especially senior physicians), have sat vacant for years, limiting the service delivery for County residents.

## **FINDINGS**

In accordance with California Penal Code Sections 933 and 933.05, the 2024-2025 Grand Jury requires (or as noted, requests) responses from each agency affected by the findings presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation “Health Care Agency: Providing Care for Orange County” the 2024-2025 Orange County Grand Jury has arrived at five findings, as follows:

- F1.** The County’s hiring process sometimes limits the HCA’s ability to hire the best-qualified candidates.
- F2.** Not all HCA employees fully cooperate with the HCA Office of Compliance.

- F3.** Correctional Health has built and maintains a collaborative relationship with the Orange County Sheriff's Department, benefitting the County, its employees, and the incarcerated population.
- F4.** Behavioral Health is undergoing and anticipating major funding changes and prioritizes their services in a reactive manner driven by State mandates.
- F5.** Public Health Services does not routinely disseminate information to the Orange County public on communicable diseases, if any.

## RECOMMENDATIONS

In accordance with California Penal Code Sections 933 and 933.05, the 2024-2025 Grand Jury requires (or as noted, requests) responses from each agency affected by the recommendations presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation "Health Care Agency: Providing Care for Orange County" the 2024-2025 Orange County Grand Jury makes six recommendations, as follows:

- R1.** The Grand Jury recommends that the HCA continue to collaborate with County HRS to further streamline the recruitment and processing of applicants through additional job fairs and other recruitment efforts including, but not limited to, one-day hiring events. (F1)
- R2.** The Grand Jury recommends that all levels of HCA management refresh their knowledge of compliance requirements on a semi-annual basis effective December 31, 2025. (F2)
- R3.** The Grand Jury recommends that whenever any HCA employee has compliance-related questions or concerns, they take those concerns to their supervisor and to the Office of Compliance. This should be reinforced by leadership sharing this recommendation in regular communication channels, such as monthly town halls and weekly senior staff meetings, commencing September 30, 2025. (F2)
- R4.** The Grand Jury commends CHS and the Sheriff's Department for their excellent working relationship and recommends that this be set forth in a written memorandum of understanding to extend beyond the terms of the current leadership. (F3)
- R5.** The Grand Jury recommends that BHS leadership engage in proactive planning on an annual basis to align their priorities with funding changes by June 30, 2026, and yearly thereafter. (F4)

- R6.** The Grand Jury recommends that PHS generate an informational report to the general public on communicable diseases known to HCA by December 31, 2025, and at least quarterly thereafter. (F5)

## RESPONSES

The following excerpts from the California Penal Code provide the requirements for public agencies to respond to the Findings and Recommendations of this Grand Jury report:

*Penal Code Section 933:*

*(c) No later than **90 days** after the grand jury submits a final report on the operations of any public agency subject to its reviewing authority, the **governing body of the public agency** shall comment to the presiding judge of the superior court on the findings and recommendations pertaining to matters under the control of the governing body, and every **elected county officer or agency head** for which the grand jury has responsibility pursuant to Section 914.1 shall comment within **60 days** to the presiding judge of the superior court, with an information copy sent to the board of supervisors, on the findings and recommendations pertaining to matters under the control of that county officer or agency head and any agency or agencies which that officer or agency head supervises or controls. In any city and county, the mayor shall also comment on the findings and recommendations. All of these comments and reports shall forthwith be submitted to the presiding judge of the superior court who impaneled the grand jury. A copy of all responses to grand jury reports shall be placed on file with the clerk of the public agency and the office of the county clerk, or the mayor when applicable, and shall remain on file in those offices. One copy shall be placed on file with the applicable grand jury final report by, and in the control of the currently impaneled grand jury, where it shall be maintained for a minimum of five years.*

*Penal Code Section 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 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.*

*(c) However, if a finding or recommendation of the grand jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the board of supervisors shall respond if requested by the grand jury, but the response of the board of supervisors shall address only those budgetary or personnel matters over which it has some decision-making authority. The response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.*

*(d) A grand jury may request a subject person or entity to come before the grand jury for the purpose of reading and discussing the findings of the grand jury report that relates to that person or entity in order to verify the accuracy of the findings prior to their release.*

*(e) During an investigation, the grand jury shall meet with the subject of that investigation regarding the investigation, unless the court, either on its own determination or upon request of the foreperson of the grand jury, determines that such a meeting would be detrimental.*

*(f) A grand jury shall provide to the affected agency a copy of the portion of the grand jury report relating to that person or entity two working days prior to its public release and after the approval of the presiding judge. No officer, agency, department, or governing body of a public agency shall disclose any contents of the report prior to the public release of the final report.*

## **Responses Required**

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code Section 933.05 are required within 90 days of the date of the publication of this report from:

### **Findings**

Orange County Board of Supervisors

F1, F2, F3, F4, F5

### **Recommendations**

Orange County Board of Supervisors

R1, R2, R3, R4, R5, R6

## **Requested Responses**

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code Section 933.05 are requested within 90 days of the date of the publication of this report from:

### **Findings**

Orange County Health Care Agency

F1, F2, F3, F4, F5

### **Recommendations**



## BIBLIOGRAPHY

California Department of Health Care Services. "7. BHSA Components and Requirements." Behavioral Health Services Act County Policy Manual. Accessed April 11, 2025. <https://policy-manual.mes.dhcs.ca.gov/behavioral-health-services-act-county-policy-manual/V1.2.0/7-bhsa-components-and-requirements>.

County of Orange. FY 2024-2025 Annual Budget. Orange County, CA: County of Orange, 2024. <https://cfo.ocgov.com/budget/fiscal-year-2024-2025/oc-annual-budget-fy-2024-25>.

Davalos, Monica, and Adriana Ramos-Yamamoto. "California Passed Prop. 1: What's Next for Behavioral Health System Reform?" California Budget & Policy Center. October 2024. <https://calbudgetcenter.org/resources/california-passed-prop-1-whats-next-for-behavioral-health-system-reform/>

Jepsen, Chris. "History of Public Health in Orange County." Orange County Historical Society (blog). January 14, 2014. <https://ochistorical.blogspot.com/2014/01/history-of-public-health-in-orange.html>.

Orange County Budget Office. *Orange County Strategic Financial Plan 2024*. Orange County, CA: Orange County Budget Office, 2024. <https://cfo.ocgov.com/sites/finance/files/2024-12/2024%20SFP%20-%20Public%20Workshop%20Presentation%20FINAL%20%28in-person%29.pdf>.

Orange County Health Care Agency, Behavioral Health Services. *Mental Health Services Act Annual Update for FY 2024-2025*. Santa Ana, CA: Orange County Health Care Agency, 2024. [https://www.ochhealthinfo.com/sites/healthcare/files/2024-03/MHSA-2024-25\\_UpdatePlan\\_Public\\_Comment.pdf](https://www.ochhealthinfo.com/sites/healthcare/files/2024-03/MHSA-2024-25_UpdatePlan_Public_Comment.pdf).