



County of Orange

California

Michael B. Giancola
County Executive Officer

May 20, 2014

Honorable Glenda Sanders
Presiding Judge of the Superior Court of California
700 Civic Center Drive West
Santa Ana, CA 92701

Subject: Response to Grand Jury Report, "Domestic Violence: Help Is Available"

Dear Judge Sanders:

Per your request, and in accordance with Penal Code 933, please find the County of Orange response to the subject report as approved by the Board of Supervisors. The respondents are the Orange County Board of Supervisors, Probation and Health Care Agency.

If you have any questions, please contact Mike Kerr of the County Executive Office at 714-834-7086.

Sincerely,

Michael B. Giancola
County Executive Officer

Enclosure

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cc: FT 2013-14 Orange County Grand Jury Foreman
Mark Denny, Chief Operating Officer, County Executive Office
Mark Refowitz, Director, Orange County Health Care Agency
Steve Sentman, Chief Probation Officer
Mike Kerr, Assistant to the COO, County Executive Office



County of Orange
Responses to Findings and Recommendations
2013-2014 Orange County Grand Jury Report
“Domestic Violence: Help is Available”

Introductory Comments

On April 1, 2014, the Grand Jury released a report entitled: *“Domestic Violence: Help is Available.”* This report directed responses to Findings and Recommendations from the Orange County Probation Department, the Orange County Health Care Agency and the Orange County District Attorney. The responses to findings and recommendations herein represent a combined response from the Orange County Probation Department and the Orange County Health Care Agency. The Orange County District Attorney will respond separately.

County Combined Response to Grand Jury Findings

F.5 *There is a lack of constructive communication regarding the Batterer Intervention Program (BIP) between the Probation Department, Programs Division and the BIP facilitators that have formal Memoranda of Understanding with Orange County.*

Probation Response: Disagrees with the finding.

The approved providers have complete access to a Probation staff member through telephone, email and face-to-face meeting. Instead of a “formal Memoranda of Understanding with Orange County,” the approved providers sign a Statement of Assurances. This is completed after the provider’s Program Director and Clinical Supervisor undergo the annual renewal process. Through this process and through periodic program monitoring, Probation and providers are in constant communication.

F.6 *Orange County Health Care Agency, Behavioral Health Services receives substantial annual funding from the Mental Health Services Act (MHSA) from the state of California, some of which could be applied to the problem of domestic abuse.*

HCA/ Behavioral Health Services Response: Agrees with the finding.

HCA receives funding for Prevention and Early Intervention (PEI) program services, which is one of the five components of the Mental Health Services Act (MHSA). These services seek to reduce risk factors or stressors, build skills, and increase support and early access to behavioral health services for individuals and families. The goals of these services include the prevention of behavioral health conditions and early intervention for individuals and families experiencing early signs of mental illness. PEI efforts focus on addressing key community mental health needs and specific priority populations, and this includes those impacted by the psycho-social impact of trauma including domestic violence. Addressing the needs of the

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trauma-exposed has been a priority in the MHSA/PEI planning process from the beginning. As a result, several programs have already been implemented that are benefiting individuals and families impacted by domestic violence.

The MHSA/ PEI plan was developed and implemented through a planning process involving stakeholders from a wide variety of organizations, community groups, and consumers. Focus groups were held to determine the direction and needs of the community to determine programs to be funded with the MHSA dollars. Sections of the Welfare and Institutions Code govern many aspects of the planning process:

WIC § 5848 states that each Annual Update shall be developed with local stakeholders, including:

- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of services
- Law enforcement agencies
- Education
- Social services agencies
- Veterans
- Representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests.

MHSA does not allocate funding specifically for domestic violence programs. However, the decision to allocate MHSA funding to a particular program is based on an extensive community planning process that happens through-out the year. Currently, there are several MHSA funded programs in place that have been working with families impacted by domestic violence. The following MHSA funded programs are currently operational:

1. The **Orange County Postpartum Wellness Program (OCPPW)** was implemented in November 2009 serving mothers with postpartum depression up to one year postnatal. The program provides early intervention services including assessment, case management, individual, family and group counseling, educational groups, wellness activities and coordination and linkage to community resources and community education. In addition, the program provides maternal wellness services for pregnant women at risk of developing postpartum depression. OCPPW has linked mothers to local domestic violence programs including Human Options, Women's Transitional Living Center, and Laura's House. Staff members have also been trained by Human Options staff on how to screen, develop safety plans, and link mothers to domestic violence shelters.
2. The **Children's Support and Parenting Program (CSPP)** was implemented July 2009 serving families that have a common parental history of serious substance abuse and/or mental illness; children living in families that are impacted by divorce, domestic violence, trauma, unemployment, homelessness; and children of families of active duty military/returning veterans. This program works with the entire family with the goals of strengthening the family unit, building a supportive network, and developing protective

factors and resiliency in the children. Program services include family assessment, group interventions for children, teens and parents, brief individual interventions to address specific family issues, and referral/linkage to community resources. At assessment, each family is screened for domestic violence and staff ensures family is linked to appropriate resources.

3. The **Stop the Cycle Program** was implemented in November 2009 serving families with youth with actual or potential involvement in the juvenile justice system. This program has a similar structure to CSPP and also works with the entire family with the goals of strengthening the family unit, building a supportive network, and developing protective factors and resiliency in the children. Program services include family assessment, group interventions for children, teens and parents, brief individual interventions to address specific family issues, and referral/linkage to community resources. At assessment, each family is screened for domestic violence and staff ensures family is linked to appropriate resources.
4. The **Youth As Parents Program** was implemented in November 2009 serving pregnant and parenting youth, including fathers, who are at risk of behavioral health conditions and their children. Program services were designed to prevent or mitigate the onset of behavioral health issues in the teen parents and to identify such issues in their children early in their development. Program services include case management, parent education, individual and family interventions, referral/linkage to community resources and parenting workshops provided in the community. Youth As Parents has linked participants to local domestic violence shelters including Human Options, Laura's House, and Women's Transitional Living Center.
5. The **Connect the Tots Program** was implemented in November 2009 serving families with children age 0-6 years who are exhibiting behavioral problems, putting them at increased risk of developing mental illness and experiencing school failure. The focus of this program is to reduce risk factors for emotional disturbance in young children and to promote school readiness and prepare them for academic success. Program services include case management, parent education, individual and family interventions, referral/linkage to community resources and parenting workshops provided in the community. The program has referred to local domestic violence shelters including Human Options, Interval House, Laura's House, and Women's Transitional Living Center.
6. The **School Readiness Program** provided by the Child Abuse Prevention Center was implemented in May 2013 provides services to underserved families with children age 0-6 years who are exhibiting behavioral problems, putting them at increased risk of developing mental illness and experiencing school failure. The focus of this program is to reduce risk factors for emotional disturbance in young children and to promote school readiness and prepare them for academic success. Services include children's and family needs assessment, parent education and training, case management and referral/linkage to community resources. Referrals have been received from Human Options and Laura's House.
7. The **Stress Free Families Program** was implemented in December 2011 serving families that have been reported and investigated by Child Protective Services for allegations of child abuse and/or neglect. The program is designed to reach and support these families whose stressors make the children and parents more vulnerable to behavioral health conditions. Services

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include short term interventions, brief counseling, parent education and training, case management and referral/ linkage to community resources. The Social Services Agency is the sole referral source for this program. The program has referred to local domestic violence shelters including Human Options, Interval House, Laura's House, and Women's Transitional Living Center.

8. **Veterans' Court Programs** assist Veterans by providing behavioral health expertise for Vets involved in the Orange County civil and criminal legal system, including Civil Domestic Violence Court and Veterans Treatment Court. Program staff works closely with the court and Veterans to address behavioral health concerns. Program services include screening, assessment, case management, and referral/linkage to community services. Screening for domestic violence is conducted, and resources are provided to either the Veteran and/or the partner involved.
9. The **Crisis Prevention Hotline** operated by Didi Hirsch Psychiatric Services was implemented in August 2010 and is an accredited 24-hour, toll-free suicide prevention service available to anyone in crisis or experiencing suicidal thoughts. Services include immediate, confidential over-the-phone assistance for anyone seeking crisis and/or suicide prevention services for themselves or someone they know. The program regularly provides referrals to community resources, including those for domestic violence.
10. The **Warmline** operated by NAMI-OC was implemented in August 2010 and provides telephone-based, non-crisis support for anyone struggling with mental health and substance abuse issues. The program regularly provides referrals to community resources, including those for domestic violence.
11. **Family Support Services** provided by Boys Town California, Inc. was implemented in October 2012 and provides ongoing support for families struggling with behavioral health issues. The focus is on supporting and educating families about behavioral health and parenting issues to prevent the development of behavioral health conditions in other members of the family. Services include group and individual support, weekly peer mentor support, educational workshops, a volunteer family mentor network, family matching and parenting classes for parents and guardians of children ages 13 to 18. The parenting classes are offered at locations throughout the County which have included Human Options, Interval House, Women's Transitional Living Center, and Laura's House.
12. **Parent Education and Support Services** provided by the Child Abuse Prevention Center was implemented in July 2012 and provides parent education to strengthen parenting skills and family communication. The program's over-arching goal is to reduce child abuse and substance abuse, juvenile delinquency, gang violence, learning disorders, behavior problems, and emotional disturbances. The program provides parent education classes for parents and/or caregivers of children ages 0-12. The parenting classes are offered at locations throughout the County which have included Human Options, Casa Teresa, Women's Transitional Living Center, Eli House and Human Options.

13. The **Safe from the Start Program** is part of the Violence Prevention Education Program provided by the Orange County Department of Education, and was implemented in July 2012. This program provides essential knowledge specific to the brain development of young children and scientific research on how exposure to violence can impact the neurological development of young children. Such exposure can negatively compromise learning and normal cognitive development, as well as social and emotional development. Presentations have been provided at Laura's House, Mary's Shelter, The Villa Women's Shelter, Casa Teresa, and Precious Life Shelter.
14. **REACH Outreach and Engagement Team** provides behavioral health and wellness services to adults in Orange County who are homeless/at risk for homelessness/in transitional housing, and who are at risk of behavioral health conditions. Services include street outreach and engagement, wellness screens, case-management, psycho-educational groups, and linkage to community resources. REACH has referred to local domestic violence shelters including Human Options, Interval House, Laura's House, and Women's Transitional Living Center.
15. The **Outreach and Engagement Collaborative** was implemented in August 2011 and provides mental health preventative services to unserved and underserved populations at risk of mental illness and behavioral health conditions. The program outreaches to those people who have had life experiences that may make them vulnerable to mental health problems, but who are hard to reach in traditional ways because of cultural or linguistic barriers. Mental health interventions and wellness activities at community sites focus on coping with the impact of trauma and provide easy and immediate access, information, and referral assistance to culturally competent, early intervention services as needed. The program regularly provides referrals to community resources, including those for domestic violence.
16. The **Brighter Futures Program** was implemented in April 2012 and is an Innovations Program, another component of MHSA, serving families with children age 6-13 who experience social, emotional, and behavioral health problems. The program seeks to help build personal resiliency and healthy relationships between parents and children and to reduce isolation by forming a supportive network with other families. A multi-disciplinary clinical team provides culturally and linguistically appropriate services including peer-mentorships, case management, parent education, psychotherapeutic services and linkages to supportive community services. The program has made referrals to domestic violence services including Human Options.
17. The **Collective Solutions Program** was implemented in April 2012 and is another Innovations Program funded by MHSA, serving families struggling to manage and cope with a loved one's mental illness. The program seeks to help build effective communication between family members and their loved ones, to assist in safety and crisis planning, to educate families about mental illness, and to increase coping skills and resiliency. A multidisciplinary clinical team provides culturally and linguistically appropriate peer-mentorships, case management, psychotherapeutic services and linkages to supportive community services.

All of these programs with the exception of the Stress Free Families Program are able to accept referrals from any agency in the community and are open to any eligible resident of Orange County at no cost. Participation in all programs listed is voluntary, and all programs have the capability of providing services in English and Spanish as well as other languages. For more information about these Behavioral Health Services as well as others, please check out the BHS directory at <http://ochealthinfo.com/bhs/about/pi/mhsa> or call 855-OCLinks (625-4657).

- F.7 *Orange County Health Care Agency, Behavioral Health Services staff hosts an annual meeting of County stakeholders to receive input on how best to distribute and spend MHSA funding. Agencies and non-profit organizations that deal primarily with domestic violence have not been included in the collaboration.*

HCA/Behavioral Health Services Response: Disagrees partially with the finding.

MHSA planning and coordination is a continuous process involving activities through-out the year and provides monthly, and sometimes more frequent opportunities to collaborate. These include bimonthly MHSA Steering Committee Meetings, bimonthly MHSA Sub-committee Meetings, community events, and public forums. Anyone from the community is welcome to participate, can apply to be on the committees and be added to the MHSA meeting notification distribution list. As indicated in the response to F.6 and the Welfare and Institutions Code, a diverse group of local community stakeholders are included in the MHSA planning and coordination. However, a better job can be done in outreaching specifically to domestic violence programs and inviting their participation.

- F.8 *Advocates and representatives of domestic violence victims and their batterers need additional information and understanding of Orange County sponsored mental health programs and services that can provide assistance for clients with long term mental health illnesses.*

Probation Response: Agrees with the finding.

- F.9 *There is a gap in coordination and collaboration between the Orange County Health Care Agency, Behavioral Health Services, and the Orange County Probation Department, Special Supervision Division, in addressing the mental health issues of convicted batterers under court ordered supervision.*

HCA/Behavioral Health Services Response: Agrees with the finding.

In general, there is extensive coordination and collaboration between Behavioral Health Services and Probation in terms of addressing mental health and substance use issues in the community. Some examples of these collaborations include: the BHS Deputy Director participation in the monthly OC Criminal Justice Coordinated Counsel Meetings, collaborative court programs comprised of staff from both agencies, coordinated services provided to AB109 participants, BHS staff co-located at Juvenile Hall, and family education and support services provided at the Youth Reporting Centers. In addition, a Chief Deputy Probation Officer participates in the MHSA Steering Committee Meetings as a voting member and Co-Chairs the MHSA/PEI Sub-committee meetings. In regards to coordinating services specifically for batterers, more can be done.

Probation Response: Agrees with the finding.

County Combined Response to Grand Jury Recommendations

- R.1 *Orange County Probation Department, Programs Division should begin to conduct written surveys of Batterer Intervention Program (BIP) participants and the probation staff that supervise them to obtain input and suggestions on improving the program. (F.5.)*

Probation Response: The recommendation has not been fully implemented, but will be implemented with the next cycle of provider renewals.

Probation's standards require as part of each BIP provider's application for renewal, to include a Program Evaluation, which includes survey results from its participants. Currently, each provider has wide discretion over its own survey process. Probation will work with BIP providers to determine how best to obtain written survey data from BIP participants, with the goal of improving BIP programs throughout the County. Additionally, a sample of Deputy Probation Officers who supervise BIP participants will be surveyed for their feedback on the Batterer's Intervention Program.

- R.2 *Orange County Probation Department, Programs Division should begin to conduct written surveys of the BIP facilitators to obtain input on the effectiveness of BIP and recommendations for improvement. (F.5.)*

Probation Response: The recommendation has been partially implemented.

The BIP Standards require a Program Evaluation as part of each application for renewal. This has been a self-evaluation of the program effectiveness, with wide discretion over the self-evaluation process. Prior to the next renewal, Probation will evaluate the format of evaluation to require more objective responses, and include a survey of the program facilitators.

- R.3: *Probation Department, Programs Division should promote more in-depth agendas for the CADVOC quarterly meetings that include attendee interactions and County government guest speakers such as the Behavioral Health Services. (F.5.)*

Probation Response: The recommendation will not be implemented.

As noted on page 30 of the report, CADVOC is a private entity and not in the domain of Probation. At the organization's invitation, Probation would work with its members to help in this endeavor. Currently, to promote attendee interaction, Probation provides a central meeting location, attends each quarterly meeting and provides updates on items of interest to the organization, as requested by either CADVOC members or Probation.

- R.4 *Health Care Agency, Behavioral Health Services should appoint a liaison between its office and the four domestic violence emergency shelters that receives County funds. The liaison will contact these four organizations and offer to attend their collaborative meetings as well as assist with understanding the available County mental health programs and services. (F.8)*

HCA/Behavioral Health Services Response: The recommendation has been implemented.

A BHS Liaison has been appointed and has made initial contact with the four domestic violence shelters.

- R.5 *Health Care Agency, Behavioral Health Services should appoint a liaison with the Probation Department to assist the probation staff with identifying mental health issues of convicted batterers under probation supervision. (F.8.), (F.9.)*

HCA/Behavioral Health Services Response: The recommendation has been implemented.

A BHS Liaison has been appointed. The Liaison is available to assist with reviewing standards and identifying best practices including screening tools, protocols, and trainings that could benefit probation staff with identifying the behavioral health issues of convicted batterers under probation supervision.

- R.6 *Health Care Agency, Behavioral Health Services should include representatives from the Probation Department, Batterers Intervention Program facilitators and the four domestic violence shelters in the participation of the annual Mental Health Services Act planning process as stakeholders. (F.7.), (F.8.), (F.9.)*

HCA/Behavioral Health Services Response: The recommendation has been implemented.

As referenced in the response to F.7, any community stakeholder can be part of the MHSA planning process, and the four domestic violence agencies have been included on the distribution list to receive MHSA meeting notifications. As reference in the response to F.9, the Probation Department is already actively participating in the MHSA Planning process. However, an invitation has also been extended to the Batterers Intervention Program facilitators notifying of the MHSA Committee meeting schedule.