



County of Orange

County Executive Office

August 25, 2015

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, "Orange County Mental Health: Crisis Intervention Programs"

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 and the Health Care Agency.

If you have any questions, please contact Jessica O'Hare of the County Executive Office at 714-834-7250.

Sincerely,

Frank Kim
County Executive Officer

Enclosure

cc: FY 2014-15 Orange County Grand Jury Foreman
Mark Denny, Chief Operating Officer, County Executive Office
Jessica O'Hare, Assistant to the COO, County Executive Office
Mark Refowitz, Health Care Agency



Responses to Findings and Recommendations
2014-15 Grand Jury Report:

“Orange County Mental Health: Crisis Intervention Programs”

SUMMARY RESPONSE STATEMENT:

On June 19, 2015, the Grand Jury released a report entitled: “Orange County Mental Health: Crisis Intervention Programs.” This report directed responses to findings and recommendations to the Orange County Board of Supervisors and the Director of the Orange County Health Care Agency, which are included below as a combined County response.

FINDINGS AND RESPONSES:

F.1. The County’s Evaluation Treatment Services facility does not provide needed medical stabilization services such as those included in the Psychiatric Emergency Services model.

Response: Disagrees wholly with the finding.

The County’s Evaluation Treatment Services (ETS) as a crisis stabilization unit (CSU) does provide medical screenings and stabilization services consistent with site capability. The County is currently in the process of expanding medical screening capabilities. The ETS is not a licensed acute care hospital nor does it operate under the license of a hospital and therefore cannot provide the same services as the Psychiatric Emergency Service model as described in this Grand Jury report.

F.2. The current need and demand for involuntary psychiatric emergency services in South Orange County is not being met.

Response: Disagrees wholly with the finding.

Currently the Centralized Assessment Team (CAT) and Psychiatric Emergency Response Team (PERT) provide services to South County. In addition, there are two designated hospitals located in South Orange County.

F.3. The County has an insufficient number of psychiatric beds to provide in-patient care to mentally ill clients who are not able to be referred to less restrictive treatment.

Response: Agrees with finding.

F.4. Although a plan is in place at CHOC for an 18-bed unit to open in 2017, there are currently no psychiatric beds in Orange County for children under the age of 12.

Response: Agrees with finding.

F.5. The Mental Health Services Act Steering Committee has no direct representation from local designated private hospitals.

Response: Disagrees wholly with the finding.

A representative from a private hospital has been added to the steering committee. Jena Jensen from CHOC was appointed in July 2015 to be on the MHSA steering committee. Since 2005, the Hospital Association of Southern California (HASC) has been a member of the Mental Health Services Act (MSHA) Steering Committee.

F.6. Given the language in the California Code of Regulations and the Welfare and Institutions Code regarding funding for involuntary treatment, the issue of using Mental Health Services Act funds for involuntary psychiatric clients who are gravely disabled or a danger to self or others, is unclear.

Response: Disagrees wholly with the finding.

The language is clear in the Mental Health Services Act that funds are to be used for voluntary participation. The only exception was made under SB585 for Laura's Law treatment.

RECOMMENDATIONS AND RESPONSES:

R.1. Continue with the planned expansion of the Evaluation Treatment Services facility in Santa Ana and convert it to a Psychiatric Evaluation Services model of care that includes basic medical services currently provided 5150 clients by private hospital emergency departments. (F.1.)

Response: The recommendation will be not be implemented because it is not warranted or is not reasonable.

With the expansion of ETS, currently in process, there will be increased capability for medical screening. However, the ETS cannot provide the same level of care as the Psychiatric Evaluation Services model described in this Grand Jury report which operates under an acute care hospital license.

R2. Add an additional Evaluation Treatment Services facility to be located in South Orange County and initiate substantive, concrete efforts to do so in Fiscal Year 2015-2016. (F.2.)

Response: The recommendation will be not be implemented because it is not warranted or is not reasonable.

This recommendation cannot be implemented in Fiscal Year 2015-2016. There are many steps that need to occur such as: identifying funding and a location, developing a solicitation, and developing a timeline for implementation. Additionally, it is not clear at this time if South County is the most appropriate location for a second Crisis Stabilization Unit. Data on crisis services indicate that the northern and western parts of the county, along with the central area, have higher call volumes. The Agency is in active discussions with the community, other Counties and the Hospital Association of Southern California to potentially expand psychiatric crisis services. It has not yet been determined how many facilities and which locations would be most appropriate.

R3. Continue efforts to locate and secure commitments for additional psychiatric beds in Orange County and nearby adjacent counties in order to increase the number of beds available for County use. (F.3.)

Response: The recommendation has been implemented.

A letter to the current designated facilities was sent in August 2015 from the Director of Behavioral Health inviting them to contract with the County to provide inpatient services for the Medi-Cal population. In addition, a letter was sent to the remaining psychiatric facilities in Orange County encouraging them to become a designated facility and to contract with the County for Medi-Cal Services.

R4. Follow-up on the planned children's psychiatric unit at CHOC and continue to work with appropriate private hospitals in Orange County in an effort to provide additional psychiatric beds for children in Orange County. (F.4.)

Response: The recommendation has been implemented.

A contract with CHOC was established on July 1, 2015, for the development of a plan/model for psychiatric beds for children aged 12 and under. A second contract with CHOC became effective July 1, 2015, to provide psychiatric services to children who are hospitalized with co-occurring medical and mental health issues. Emphasis will be placed on those clients whose behavioral health issues are interfering with engagement in medical treatment. HCA is engaging other inpatient psychiatric facilities in an effort to provide beds for youth with co-occurring mental health and developmental disorders.

R5. Add Mental Health Services Act Steering Committee representation from designated private hospitals that have demonstrated effectiveness in evaluating and treating Welfare and Institutions Code 5150 clients in crisis situations. (F.5.)

Response: The recommendation has been implemented.

A representative from a private hospital has been added to the steering committee. Jena Jensen from CHOC was appointed in July 2015 to be on the MHSA steering committee.

R6. Request an opinion from County Counsel regarding the purported restrictions on using Mental Health Services Act funds for involuntary mental health programs. (F.6.)

Response: The recommendation has been implemented.

A request has been made to County Counsel to review the Mental Health Services Act and its use for involuntary mental health programs.