



County of Orange
C a l i f o r n i a

Thomas G. Mauk
County Executive Officer

August 21, 2007

Honorable Nancy Wieben Stock
Presiding Judge of the Superior Court of California
700 Civic Center Drive West
Santa Ana, CA 92702

Subject: Response to Orange County Grand Jury Report, "The Mental Health Services Act in Orange County: Will It Measure Up?"

Dear Judge Stock:

Per your request, and in accordance with Penal Code 933, enclosed please find the County of Orange response to the subject report as approved by the Board of Supervisors. If you have any questions, please contact Theresa Stanberry at (714) 834-3727 in the County Executive Office who will either assist you or direct you to the appropriate individual.

Very truly yours,

A handwritten signature in cursive script that reads "Thomas G. Mauk".

Thomas G. Mauk
County Executive Officer

Enclosure

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2006-2007 Grand Jury Report
“The Mental Health Services Act In Orange County: Will It Measure Up?”
Response to Findings and Recommendations

FINDINGS

- F-1 **Use of Contractors:** HCA makes extensive use of contractors to implement Proposition 63. Contractors provide eleven of sixteen services in the CSS Plan as of March 2007, with several other contractors pending approval.

Response: *Agree with the finding.*

- F-2 **Contract Monitoring:** 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.

Response: *Disagree partially with the finding.*

Health Care Agency (HCA) monitors contractor activities extensively. However, HCA receives information on the services provided by contractors through a number of processes that are in place, including contact with clients.

Contract monitoring activities help to ensure the quality of services provided. Activities include, but are not limited to, receiving weekly reports on caseloads and new admissions, monitoring of outcome data, conducting client focus groups, on-site visits to contract programs, client satisfaction surveys, investigating and following up on concerns expressed by clients, development and provision of annual provider training, conducting secondary assessments of clients as needed and conducting outreach activities to individuals in the community that help to bring clients into these services.

- F-3 **Training:** 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.

Response: *Agree with the finding.*

MHSA training is behind the schedule proposed in the CSS Plan; however, all training included in the plan will be completed within the current MHSA planning cycle.

- F-4 **Accuracy of Status Reports:** A training contractor's records of what training had 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.

Response: *Agree with the finding.*

The training occurred in two parts, separated by up to two months and using separate sign-in sheets. Some participants were inadvertently counted twice. Some participants also signed-in for the same session on multiple sign-in sheets because they hold multiple professional licenses. This was done to ensure they receive appropriate education credits for participation, but it resulted in more sign-ins than actual participants. The steps being taken to correct the training records are outlined in the response to Recommendation R-4.

F-5 **Multiple Contracts**: Multiple programs/contractors may cause overlap in services.

Response: *Disagree with the finding.*

A process already exists to identify any duplication of enrollment by clients in multiple programs. If a duplication of enrollment occurs, HCA staff would work with the client to determine the appropriate program in which he or she should be enrolled.

In some cases, overlap of programs and services is appropriate and is actually part of the program design. For example, the MHSA guidelines from the California Department of Mental Health acknowledge that transitional age youth may be served in both children's and adult programs. For this reason, the defined age range for children is 0-18, and for transitional age youth the range is 16-25. This ensures that transitional age youth can access the programs that best meet their needs as they approach adulthood.

F-6 **Meetings with the Grand Jury**: HCA's management requires contractors/providers to contact HCA before scheduling meetings with the Grand Jury.

Response: *Agree with the finding.*

HCA asked that contractors inform the agency of meetings scheduled with the Grand Jury. The request does not intend to limit the contractor's ability to meet with the Grand Jury. Instead, it serves to inform HCA that the meeting will take place.

F-7 **CAT/PERT Programs**: HCA has two CAT/PERT programs in place, Garden Grove and Westminster police department.

Response: *Disagree with the finding.*

There are currently three Psychiatric Emergency Response Teams (PERT) in place: Garden Grove, the City of Orange and Westminster. In addition, all law enforcement agencies in Orange County can access the services of the Crisis Assessment Team (CAT), and continuing outreach efforts to law enforcement regarding the availability of the CAT team has resulted in a significant increase in utilization of these services. The Orange County Chiefs of Police and Sheriff's Association has adopted a protocol instructing officers to contact the CAT team as their first response when they are presented with an adult mental health patient who may require an assessment. This protocol became effective August 2, 2006.

Response to Recommendations

- R-1 **Contract Monitoring:** Ensure that adequate resources are in place at HCA to audit contractor outcomes.

Response: *The recommendation has been implemented.*

HCA and the Board of Supervisors believe the staffing level is adequate for monitoring contracts.

- R-2 **Familiarity with Daily Program Activities:** HCA staff should conduct ride-alongs with the contractors' care coordinators to develop a better understanding of the daily activities of the contractors' personnel.

Response: *The recommendation has not yet been implemented, but will be implemented in the future.*

Staff from HCA Behavioral Health will begin participation in ride-alongs with full service partnership contract providers by September 1, 2007. HCA believes that conducting ride-alongs with these contract providers will improve our understanding of the daily program activities and improve the contract monitoring process.

- R-3 **Resource Allocations:** Devote more resources to training of County employees and contractors delivering actual MHSA services to clients.

Response: *The recommendation has been implemented.*

Additional resources have been devoted to developing training contracts and exploring technological solutions (e.g. on-line and video based training) to speed up training.

- R-4 **Training:** Clearly identify what training has actually been given and adjust CSS plan implementation status reporting to more accurately reflect the facts.

Response: *The recommendation has been implemented.*

The number of persons receiving cultural competency training for managers has been revised so that each attendee is counted only once. The CSS plan implementation status reports have been revised accordingly.

- R-5 **Performance Audit:** 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.

Response: *The recommendation has been implemented.*

HCA already conducts a semi-annual evaluation of all contractors. In addition, an existing internal process ensures that duplication of enrollment by clients in multiple programs does not occur. This is done with all HCA Behavioral Health Services programs, not just those that are a part of MHSA.

- R-6 **Meetings with the Grand Jury:** 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.

Response: *The recommendation has been implemented.*

HCA contract providers have always been advised that they may communicate directly with the Grand Jury. The only request HCA has made of the contractor is to inform HCA that said communications would be taking place.

- R-7 **Collaboration with Law Enforcement:** HCA should collaborate with law enforcement in Orange County cities to expand the CAT/PERT program as additional Proposition 63 funds become available.

Response: *The recommendation has been implemented.*

HCA, as it has done in the past, will continue to collaborate with law enforcement agencies on the provision of CAT/PERT team services and is currently working with the Orange County Sheriff's Department toward the implementation of a fourth PERT team.

HCA staff actively outreaches to law enforcement through attendance at roll-call meetings to ensure officers know about the availability of the CAT team. The Orange County Chiefs of Police and Sheriff's Association has adopted a protocol instructing officers to contact the CAT team as their first response when they are presented with an adult mental health patient who may require an assessment. This protocol became effective August 2, 2006.