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Evaluation of Orange County’s MHSOAC Three Year Expenditure Plan

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February 27, 2006

Review of Planning Process

The following identifies issues for potential oversight by the Commission, specific questions regarding Orange County CSS plans to be addressed by Orange County or the Department of Mental Health, and comments intended to inform the continued work of the Commission, Orange County and the Department of Mental Health.

Overall, the CSS review committee was impressed with Orange County’s MHSOAC plan. It was evident throughout the plan that they sought to truly implement the intent of the Act and to transform mental health services in their county. They reached out to all populations within their county and recognized that ethnic minority groups need increased access to mental health services as they are significantly under-represented within the mental health system. The county is cognizant of the difficulties of immigrant families adjusting to life in a new country and is aware of the difficulties facing children of immigrant parents who speak English in the community and another language at home with their parents and the intergenerational conflict this creates.

Orange County is to be commended for their community outreach; half of the participants at their public hearings consisted of consumers and family members of consumers. The county received meaningful participation from consumers and family members and the county was creative in the incentives it offered its public hearing participants. The CSS review committee would like to congratulate the county for their comprehensive workshop sessions, for conducting them in other threshold languages, for the variety of times and locations sessions were offered, and for the provision of MHSOAC training to participants. Furthermore the county is to be commended for providing training to its staff on recovery and resilience-based mental health. Additionally, it is evident that the county is partnering with local educational institutions to provide training for its staff and to recruit future employees.

OAC Concerns:

- During the planning process to identify priority issues the county stated that a comprehensive list of issues were identified and from that the priority issues deemed the most critical were addressed in their three year plan. *It would be*

helpful to the OAC for future evaluation purposes to understand by whom and how these priorities were “deemed” most critical. The report does not explain this process. (page 8)

- During the five community-wide training workshops there were several items on the agenda, one being the identification of service gaps and areas of improvement for the county mental health system. *This information already compiled by the county would be helpful to OAC to understand what service gaps were identified and which areas of improvement the county has targeted. (page 66)*
- Throughout the proposed plan it stated the formation of an advisory council. *The OAC would like clarification if this is a council for each age group being served or one advisory council for the county mental health system as a whole?*

Review of Consumer and Family Involvement

The OAC sees that consumers and families were represented throughout the planning process and that it is evident in the workplans that the county intends to hire consumer and family members. There is no detail on wages of consumer and family members. However, the OAC assumes these are competitive wages, and encourages Orange County to develop positions allowing for upward mobility within the mental health system. OAC notes that the county was not able to estimate the wages since their programs will be contracted out to community based organizations. These providers were members of the county’s steering committee and participated in the workgroups. Additionally, the county reached out to the homeless population by going out on the street to discuss mental health services with them.

Fully Served, Underserved/Inappropriately Served, Unserved

The OAC appreciates and recognizes the county’s frank assessment of community mental health needs and the numbers underserved or inappropriately served. Orange County is making a concerted effort to serve its ethnic minorities and families recently settled in their area. It has observed a need within immigrant families who are struggling with parent/child relationships while adjusting to American culture while maintaining the culture of their country of origin. The County is reaching out to at-risk children and TAY, the homeless or those living from motel room to motel room or cars, juveniles aging out of the child welfare system, older adults with frequent hospitalizations and co-occurring substance abuse issues and at risk of suicide. It is evident that the county is aware of its underserved/inappropriately served and unserved populations. The county is working on reuniting families with children in foster care by including them in the population to be fully served if this will allow for expediting reunification.

Wellness/Recovery/Resilience

The County is to be commended for their recognition of the need to address the different cultural needs of consumers in achieving wellness and recovery that will extend beyond traditional services. The county is moving to transform its system in this area.

OAC Concerns:

- The county currently has a SB163 Wraparound program and states that the program has 300 slots and currently serves 200 families, and is considered a very

successful service. In their plan, the County states it will establish a wraparound program based upon a similar philosophy, but serving a wider group of SED children and their families. *Estimated cost per client is \$23,000. When the program is launched, the OAC will want to understand the scope of program services and the county's assessment of its success.*

- The OAC did not notice the County addressing the service needs of children and their families who are experiencing their 'first break'. (The OAC does note that this is addressed in the TAY population.) *The OAC would like to know if these children are served elsewhere within their mental health system.*

Education and Training and Workforce Development

Orange County acknowledges in its proposed plan that it is having difficulty in hiring bilingual staff to successfully meet the needs of racial and ethnic minority populations. The county is to be commended in its efforts to partner with CSU Fullerton to provide ongoing education to existing staff and assisting staff with the financial costs. Classes are held at county sites to make it more accessible to staff. It is developing a system to 'grow their own' staff. Furthermore, the County is working on recruiting staff from local educational institutions. In addition, they are to establish working relationships with consumers' physicians, community leaders and clergy. The County documented that it will be establishing treatment centers at nontraditional sites realizing that some cultures will not access services in traditional mental health centers.

OAC Concerns:

- County workplans created with MHSA funding are going to be contracted out to community based organizations, and thus lack detail on expenditures and staffing. This decision to contract for almost all services is based upon the desire to accelerate transformation and make significant strides in cultural competency. *When these programs are underway, the OAC will be interested in the county's experience in ensuring that these programs are properly implemented by each community-based organization. Is there an oversight system in place for the many individual contracts?*
- The County plan stated that it will be working with clergy to ensure culturally competent services. *The OAC would like to know if clergy also incorporates spiritual leaders of other faiths that do not fit under the title of clergy. (page 96)*
- The County designates several positions for consumer and family members. *It stated on page 106 the difficulty consumers face surrendering their benefits to assume positions within the mental health system and would like this to be addressed at the state and national level.*
- *The OAC would be pleased to hear from Orange County on how Commissioners can work with counties on this and other issues related to such disincentives to employment.*

Collaboration

Orange County had approximately 4,000 individuals participate in its planning process for which they are to be commended. Community collaboration is evident throughout their plan. They have committed to working with various other agencies throughout their

county. Half of their participants in the public hearings were consumers and family members of consumers. Orange County has identified 20,000 urban Native Americans residing within the county and this population is represented as a member of the Steering Committee. Orange County collaborated with many groups during their planning process as evidenced by the broad representation of members in their Steering Committee. They also have a representative from the Gay and Lesbian Community Center of Orange County on their Steering Committee. Overall collaboration is addressed in the County's plan as they discuss partnering with various organizations including law enforcement, Regional Center of Orange County, Adult Protective Services and CSU Fullerton to name a few. Furthermore, as one of the County's objectives for its outreach and engagement programs, it will seek to forge new partnerships with community organizations.

Review of Workplans

Children

The CSS Committee believes that the proposed plans for children and youth incorporated the goals and vision of the MHSA overall. Orange County has an existing wraparound program and seeks to establish a modified wraparound program to serve other target populations. Children and youth programs included innovative approaches to reach unserved and underserved families and increase the effectiveness of services, such as offering In-Home Crisis Stabilization Services. The committee felt that the County exhibited good partnering with community clinics in its outreach program and embraces a 'help first vs. fail first approach' to mental health services.

OAC Concerns:

- *Will Orange County review cases of children currently placed out of the county for inclusion in the full service partnership program?*

TAY

The CSS Committee felt that the proposed plans for youth incorporated the goals and vision of the MHSA overall. Orange County demonstrates the development of nontraditional methods to serve unserved clients through both mental and physical health needs. Orange County will be focusing their efforts on emancipating TAY and providing educational and vocational support to them. In addition, the County hopes to be at the front end of providing services to those TAY who are at a risk to drop out of school and to reach TAY before they lose touch with their social workers and/or separate from family. Outreach workers will ensure linkage to mental health services by accompanying TAY to their initial mental health services assessment. And, they will seek out those TAY who are homeless to provide them access to mental health services. The County's TAY program illustrates their commitment to collaboration as evidenced by their strategies to interface with community health care providers and the faith based community.

Adults

The CSS Committee of OAC felt that the proposed plans for adults incorporated the goals and vision of the MHSA overall. The OAC supports the County's decision to provide a full service partnership to its adult population to fill a gap in services for the county. They recognized an important need by implementing a supported employment program, crisis assessment team and psychiatric emergency response team. The OAC is interested in

seeing how these programs develop. The County also recognized the importance of transportation in ensuring vocational success. The adult programs further illustrate Orange County's ability to collaborate with other agencies as evidenced by the homeless courts and partnering with law enforcement.

Older Adults

The CSS Committee of OAC felt that the proposed plans for older adults incorporated the goals and vision of the MHSA overall. The County has extensive knowledge of who is doing what for older adults within their county. This provides a foundation for them to build their program for older adults and allows for great partnership building. Orange County is reaching out to older adults in IMD's and bringing them into their full service partnership program. The OAC is further encouraged by the county going into older adult consumers' homes to provide access to mental health services.

CONCLUSION

Question: The overarching question for the Oversight and Accountability Commission is: "How will the three-year Community Services and Supports plan move your county system toward the standard of comprehensive, timely, appropriate services in the Mental Health Services Act?" **The Commission asks that the county prepare to answer this question as the first year of CSS plans are implemented.**

- Orange County appears to have prepared a great deal of related material for the benefit of training stakeholders and enlisting community participation. The OAC requests a copy of material already prepared to assist the Commission in developing necessary context for its continuing work.

The Commission recognizes the need to build a more reliable baseline of information available to everyone, so that answers can be understood within a context. To do so, the Commission is seeking to develop a description of the mental health system in your county, and in all counties, including an explanation of the structure of the service delivery system, access policies for all children and adults, and range of services received by those not in a categorical funded program.

The Commission is working to develop a baseline to assess the gaps between existing standards of care in mental health and the comprehensive, integrated services envisioned by the Mental Health Services Act. Statewide and national reports tell us that services have been limited and effectively rationed because funding is not tied to caseloads. The Commission believes it will be advantageous to all of the individuals and the private and public organizations involved in change, and beneficial to the public, to have a realistic understanding of the challenges to transforming the mental health system.

In the coming year, the Commission will seek information such as the average caseloads for personal service coordinators and/or case managers and for psychiatrists for the largest percentage of people served. We would like to know what percentage of all mental health consumers are receiving or have access to comprehensive, appropriate, and integrated services, such as individual or group therapy, family counseling, routine medical and dental care, educational or vocational training, substance abuse treatment, supportive housing, and other recovery-oriented services.

To begin with, the Commission will compile available data from traditional sources, and utilize the information you have provided in the CSS plan. In this first year of implementation, we will be enlisting your assistance in measuring the magnitude of changes taking place now and the prospective changes for many years to come. The Commission also will be asking you to determine and report on what resources are lacking in your county. The CSS Committee recognizes the tremendous effort involved in the planning process and commends the county on its many successes.