



CALIFORNIA DEPARTMENT OF
Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-3551

March 13, 2006

RECEIVED

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Behavioral Health Director

Mark A. Refowitz, Deputy Agency Director
County of Orange Health Care Agency
Behavioral Health Services
405 West 5th Street, 7th Floor
Santa Ana, California 92701

Mark
Dear Mr. Refowitz:

On December 16, 2005, the California Department of Mental Health (DMH) received the Community Services and Supports (CSS) Three-Year Program and Expenditure Plan from Orange County. We appreciate the effort that went into the development of this Plan. Approval by DMH of the county plan is required to receive Mental Health Services Act (MHSA) funding for CSS. The Department has the responsibility to review these plans to ensure that they meet the requirements and move toward the vision contained within the MHSA. The goal is to complete that review within 90 days of your plan submission. This letter is the Department's response to the initial review of your plan.

On February 2, 2006, Orange County representatives met with the DMH review team and representatives of the Oversight and Accountability Commission. Although not present at the review meeting, DMH also consulted with a fiscal expert for an independent review of the Orange County CSS Plan. The comments of the Oversight and Accountability Commission and the fiscal expert are enclosed as Attachments C and D for your review, consideration and response. The review team used the Department's protocol and review tool to verify compliance with the Department's standards as outlined in the CSS requirements, to focus on the elements of the Orange County plan that met the funding requirements, and identify any elements that may need further clarification prior to DMH completing the review and approval process.

This review provided the basis for the Department's request for additional information/ revisions outlined below. The following summary identifies those areas of your plan where the requirements or criteria have been met, and those areas where DMH is requesting additional information before formal approval can be recommended.

Part I— Section I: Planning Process – Criteria Met

Part I – Section II – Plan Review – Criteria Met

Part II

Section I – Identifying Community Issues Related to Mental Illness Resulting from Lack of Community Services and Supports – Criteria Met.

Section II – Analyzing Mental Health Needs in the Community – Criteria Met.

Section III – Identifying Initial Populations for Full Service Partnerships –

1. The number of persons identified to be served in Full Service Partnerships in Exhibit 3, Page 27 of your plan, does not always match the number identified in the work plan budgets. Please revise the chart in Exhibit 3 or the budget detail to reflect the correct numbers.
2. The situational characteristics for older adults found on Page 100 does not include homeless individuals although they were identified as a priority population in Exhibit 4. Please revise either the situational characteristics found for older adults on Page 100 or Exhibit 4, whichever is appropriate.

Section IV – Identifying Strategies – Criteria Met.

Section V – Assessing Capacity – Additional Information Required

1. The CSS Requirements ask that you provide an analysis of the organization and service provider strengths and limitations in terms of capacity to meet the needs of racially and ethnic diverse populations in the county. This analysis must address the bilingual staff proficiency for threshold languages. While you did provide narrative information about language capability among service providers, it was not provided in a manner that enabled the review team to determine what type of service providers had bilingual proficiency in threshold languages. Please provide additional detail for both county and contract service providers that identifies their language proficiency for threshold languages.
2. The CSS Requirements asked the county to analyze and discuss the possible barriers the county system will encounter in implementing the programs in addition to how they will address and overcome these barriers and challenges. The review team expected to see strategies identified to overcome barriers to serving lesbian, gay, bi-sexual and trans-gender individuals. While this was not identified as a

Mark A. Refowitz, Director
March 13, 2006
Page 3

specific plan requirement, during the review meeting discussion Orange County provided information relative to this concern and indicated they would provide additional information in response to this letter. Please provide some additional detail about how you will overcome barriers to serving these populations as discussed at the review team meeting.

Section VI – Developing Workplans and Budgets with Timelines – Additional Information Requested.

General Work Plan Information:

1. While your plan did identify the number of persons to be served in System Development programs, it did not include information about how many of those served may go into Full Service Partnership programs. Please provide that information.
2. While your plan did identify the number of persons to be served in Outreach and Engagement programs, it did not include information about how many of those served may go into Full Service Partnership programs. Please provide that information.
3. The review team could not find any discussion about working with tribal organizations. Please provide information about your interaction with tribal organizations or Native Americans.
4. There was some confusion about information presented in Exhibit 6 on pages 37 and 38 of your plan. The activities described on these two pages could not be tied to any specific work plan. Additionally there was concern about why the training identified on page 37 was not available for consumers and family members. Please connect the activities on pages 37 and 38 to specific work plans and indicate whether consumers and family members will be included in the training described.
5. In every workplan budget for each age group you indicate that the contract provider is not yet known. In explaining your estimated contractor costs you indicate that the salaries and benefits were estimated based on average salary and benefits for fiscal year 2005-06 and that operating expense costs were based on average costs per FTE. However, there is no way to determine how much of your total costs are for salaries, benefits and operating expense. Please provide information that breaks out salaries, benefits and operating expense for these estimated contractor costs.

Children's Outreach and Engagement Program

1. There was concern about how the county will maintain funding for housing assistance and flexible funds when one-time funds are identified for this purpose and only appear in the first year budget. Exhibit 4 shows this funding available in all three years. Please clarify whether this funding will be available in all three years or is planned for expenditure in the first year only. Please revise any narrative or exhibits to reflect these one-time housing expenditures consistently. The review team also had concerns about how flexible funds will be maintained in this program when one-time funds are no longer available. Does the county have a plan to continue this type of funding when one-time funds are not available?

Children's In-Home Crisis Stabilization

1. The same issue described in No. 1 above, about the use of one-time funds applies to this program. Please clarify whether one-time funding will be available in all three years and how it will be maintained when one-time funds are no longer available. Please revise any narrative or exhibits to reflect the expenditure of one-time funds consistently.

Children's Crisis Residential

1. The same issue described in No. 1 above, about the use of one-time funds applies to this program. Please clarify whether one-time funding will be available in all three years and how it will be maintained when one-time funds are no longer available. Please revise any narrative or exhibits to reflect the expenditure of one-time funds consistently.

Transition Age Youth – Supportive Housing - System Development

1. Although it appears that this System Development program will target funds for persons in Full Service Partnerships, the program description indicates that emergency, short-term, and long-term housing supports will be offered. DMH must be clear that this program will provide housing support services and not rental subsidies or other types of fiscal housing supports. Fiscal types of supports may be funded in Full Service Partnership programs but not in System Development programs. Please clarify the types of housing supports this System Development program will provide.

Adult Full Service Partnerships

1. The program description indicates that it will expand 24/7 capability to the existing AB 2034 program. However, the budget does not reflect any existing revenue for AB 2034. Please indicate whether there is existing General Fund revenue in this program for AB 2034 and revise budget worksheets and budget narratives accordingly.
2. The program description identified 400 persons to be served in this program. However, the review team could not tie that number to the detail provided on the budget worksheets. Please clarify this information and revise any material as necessary.
3. While DMH is not requiring counties to hire certain numbers or percentages of clients and family members, the review team raised concern about the limited number of clients and family members identified to be hired as staff in the staffing detail worksheet for this Full Service Partnership program. There were only 5 out of 43 positions identified for clients and family member staff positions in this program. Please indicate whether this information is accurate and revise all related material if appropriate.

Centralized Assessment Team and Psychiatric Emergency Response Team

1. The review team had some concern about the voluntary nature of this program given that the program description indicated that about 31% of the events for this team result in involuntary hospitalization. Please provide information about the voluntary nature of this program and how it promotes the MHSA values and goals for reduced involuntary treatment.
2. The review team wanted more information about this proposal and whether it represented a first or second response strategy. Please provide additional detail about the timing of the proposed response and how the collaboration with law enforcement is operationalized.
3. The program description indicated that housing vouchers would be available from this team. Fiscal housing assistance may not be funded in a System Development program but may be approved as part of Outreach and Engagement. Please provide information about how these vouchers will be made available in other than a System Development program.
4. The review team noted that there was no detail about the function of the positions identified in the staffing detail worksheet. Please provide this information.

Crisis Residential Treatment Facility

1. As stated previously, DMH is not requiring counties to hire certain numbers or percentages of clients and family members. However, the review team noted that there was only 1.0 out of 16.5 positions identified for clients and/or family members in this program. Please clarify whether this information is accurate and whether there are plans to increase those numbers. If not, please explain why this is the case. If revising this information, please correct all associated material.

Supported Employment/Education – System Development

1. The budget worksheets identify this program as System Development. However, on page 347 of your plan, the response to question No. 4 indicates that this is Outreach and Engagement. Please clarify which type of program this is and revise all related material.

Outreach and Engagement

1. The review team noted that the budget worksheets for this program indicate that 117 persons will be served in the second and third years. This seems very low for an outreach and engagement program. Please provide information about how many unduplicated persons you expect to engage in this program in each of the three years and how that estimate was determined.

Older Adults – Full Service Partnerships

1. The budgets for this program do not include any Medi-Cal or Medicare revenue. Please provide information about why this is the case or revise information to include these revenues.

One-Time Housing Funds

1. Your plan proposes to use \$9.4 million in one-time funds to support the ongoing housing costs for persons in full service partnerships. The review team was concerned about how these supports would be maintained after one-time funds are gone. Please explain how the county will continue to fund these supports without the ongoing availability of these one-time funds.

Additionally, as noted in DMH Letter No.: 06-03 any requests for one-time funds should include a description of the proposed use of funds, a description of how the budget amount was determined, and the proposed target date these funds will be needed. You have described the proposed use of the housing funds but will need to provide additional information about how the budget amounts were determined and

Mark A. Refowitz, Director
March 13, 2006
Page 7

the proposed target date these funds will be used. We recommend that at this time you only include one-time requests that are essential for immediate start-up.

Fiscal Issues

As mentioned earlier in this letter the Department has engaged a fiscal consultant to review all county fiscal detail. The comments from the fiscal expert are included as Attachment D. Please respond to all comments summarized below unless you have already responded as a result of the questions asked above. What follows is a summary of the issues identified in Attachment D.

1. No cost of living increases were applied to costs in years two and three. This may be covered by the fact that the requests in years two and three did not include the expected funding increases.
2. Revenues generated in children's programs and reflected in the Budget Narrative detail did not match the revenues identified in the Budget worksheets, Exhibits 5a.
3. The standard fiscal complement for operating expense appears to vary among the programs.
4. Appears to be insufficient detail about the training costs identified.
5. Appears to be a variance between the rental rates cited in the plan and a HUD fair market rent survey from September 2005.
6. The number of clients to be provided housing in the TAY program is not consistent with the information on the budget worksheet for this program.
7. The county's administrative costs seem slightly high and may be offset by Medi-Cal revenues.
8. There were some typographical errors related to budgets.
9. One-time costs for housing reflected in Exhibit 2 should be reflected in the Full Service Partnership column rather than the System Development column.
10. The budget narrative for the third TAY program indicates that there is Medi-Cal revenue for this program which is not reflected in the budget worksheet.
11. The budget narrative for the TAY Supportive Housing program indicates a one-time cost of \$725,000 for a house which is not reflected in the budget or described in the program narrative.

As stated previously Attachment C contains comments and questions from the Oversight and Accountability Commission (OAC) related to your CSS Plan. These are attached for your review.

If Orange County can provide this additional information soon, the Department should be able to complete its review within four weeks of receiving the additional information. Subsequent to approval of the work plans, the Department will work with Orange County to

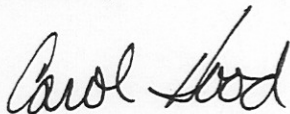
Mark A. Refowitz, Director
March 13, 2006
Page 8

finalize all of the budget and narrative information. If you have any questions regarding the specific feedback to Orange County provided in this letter and the requests for additional information, please contact Dee Lemonds at (916) 654-3001.

Please mail six copies of the additional information requested to Iris Frazier your county liaison at:

State Department of Mental Health
1600 9th Street, Room 100
Sacramento, California 95814

Sincerely,



CAROL HOOD
Deputy Director, Systems of Care

Attachments

cc: Mental Health Oversight and Accountability Commission
California Mental Health Planning Council
Michael Borunda, Assistant Deputy, Systems of Care, DMH
John Lessley, Chief, County Operations, Central/Southern Regions
Dee Lemonds, Chief, Adult and Older Adult Program Policy
Dave Neilsen, Chief, Child and Family Program Policy
Iris Frazier, County Operations Liaison, DMH
Dorothy Hendrickson, MHSA Administrator, County of Orange Health Care Agency

Orange County

2/2/06

Pre-Meeting: 1:50 p.m.

Meeting: 2:30 p.m.

Attendees:

DMH Review Team: John Lessley, Alicia Shiffelin-Thompson, Dee Lemonds, Iris Frazier, Vivian Lee, Bettye Randle, Wendy Desormeaux, Richard Van Horn, Alice Washington, Jeronimo Breen, Michael Borunda, Rose King (OAC)

Observers: Jennifer Lovett (DMH Multi-cultural division)

Recorders: David Jones/Nichole Davis (DMH County Ops)

Orange County: Mark Refowitz (Director), Sandra Fair (Chief of Operations), Dorothy Hendrickson (MHSA Administrator), Bonnie Birnbaum (Health Planner), Don Haylock (Mental Health Worker), Ronnie Kelley Cultural Competence), Alan Albright (Division Manager/Children & Youth Services), Annette Mugrditchian (Program Manager/Adults), Christine Basterrechea (Program Manager/Adults), Robert Duval (Admin Program Manager), Megan MacDonald (Program Support Specialist)
(Array of observers listening in from Orange County by conference call)

Welcome , Purpose and Overview of the Review

Ground Rules

Review Team Comments:

Overall Strengths:

- By far the best written Plan.
- Documented the stakeholder process well.
- Translation of executive summary in Vietnamese and Spanish was great.
- Wellness and recovery was great.
- Impressed with 2-tier training in Vietnamese and Spanish.
- 6 hour training in recovery was impressive.
- Incentives provided to consumers was innovative.
- Orange understands FSP. 49% allocated for housing in FSP. That was great.

Part I: County Public Planning Process and Plan Review Process

Section I: Planning Process

Orange County

2/2/06

- Criteria Met

Part I:

Section II: Plan Review

- 50% of attendees were client and family members. Provided documentation and no revisions with Plan.
- No more comments.
- Criteria Met

Part II: Program and Expenditure Plan Requirements

Section I: Identifying Community Issues Related to Mental Illness and Resulting from Lack of CSS

- Impressed with prioritization was done in a holistic way.
- No concerns.

Section II: Analyzing Mental Health Needs in the Community

- Item 1c on page 20 of the review tool--Was impressive.
- No Concerns.

Section III: Identifying Initial Populations for FSP

- The review team noted that the numbers of persons to be served in Full Service Partnerships as described on pages 97-100 of the county plan did not always match the numbers identified in the budget. DMH will ask for this in letter.
- Page 100 of Plan—The description of situational characteristics for older adults does not include homelessness even though homelessness was identified as the first priority on Table 4, Page 70 of the county plan.
- County advised that this was an oversight.
- No major issues.

Sections IV: Identifying Programs Strategies

- No comments.

Section V: Assessing Capacity

- Review team advised that County did not explain why maintaining Spanish speaking staff is a “challenge”
- County advised that it is planning to work on a certification program to train and grow staff to get advanced degrees in Spanish.
- DMH overall felt met was criteria.

Orange County

2/2/06

- Review team had question about action steps, which were not identified to address disparities.
- Review team also advised that there was no mention of gangs. How will county address this issue? DMH advised that this is not a requirement but county may want to look at this issue.
- County appreciated this feedback.
- County expressed an appreciation for the heads-up call.
- County advised that their staff will be trained to get client information without judgment in order to assess for LBGT. Will create safe zones for LBGT i.e. areas designated with gay flag or symbols. County plans to work with local centers for LBGT. The trainers that they will bring in will be from their community. Looking to work with older adults and TAY that have sexual identity issues, which have vastly different issues and dynamics.
- Orange County advised that they are prepared to explain how and why they prioritized their populations and programs.

Section VI: Developing work plans with timeframes and budget/staffing **I: Summary Information on Programs to be Developed or Expanded**

- Review team advised that Orange County may be selling themselves short by having their FSP request so close to 50%.
- County advised that they have added more money to FSP so the percentage is higher.
- Page 27 of Review Tool--How many served in FSPs will go into System Development? This question was not addressed.
- County estimated that approximately 50% will go into FSP but everyone will be assessed for FSP.
- County advised that they have an SB163 program that meets the requirements.
- Review team advised that there is no discussion of tribal organizations in the plan.
- County advised that they just met with the Southern California Indian Association in San Juan Capistrano. They will use data in order to move forward. They are exploring the option to put tribal organizations into their provider network.
- Page 36-37 of Plan—Review team advised that there was confusion regarding information provided in Exhibit 6 that could not be tied to a specific work plan. Strategies identified were not connected to a work plan.
- County advised that they will need to address this in the DMH letter.
- Review team asked how is county set up at the policy level to create an infrastructure to support cultural competency as county takes on new areas?
- County advised that cultural competency requires attention and improvement over time. County or Contracted providers will be required to initiate a QI program standards i.e. a report card. Cultural Competence is built into their whole system.

Orange County

2/2/06

- OAC asked how County is creating career ladders for clients and family members?
- County advised that they are partnering with the community.
- Review team asked if there is a focus for future consumer operated services?
- County advised that there is a component for peer recovery...

Section VI: Developing work plans with timeframes and budget/staffing

II: Programs to be Developed or Expanded

Work Plan #1 (C1 Children's Full Service/Wraparound Program)

- Item 10 of page 32 of review tool and Page 118 of Plan—County advised that all of the teams for children will have mentors for parents and the child that will be matched by gender.
- Review team asked about the type of screening that will occur for mentor of the child?
- County advised that they have a whole system in place for background checks
- Review teams asked if they have aims specific to women?
- County advised that part of the training is to address gender. Expectations exist to provide gender specific services.
- Review team encouraged county to provide training specific to women.

Work Plan #2 (C2 Children's Outreach & Engagement Services)

- Review team asked about how county will maintain flexible funds when one-time funds run out?
- County advised intent it to spend money over 3 year period.
- County advised that all staff in this program are expected to be clients and family members. County advised that they wrote it to be an option.

Work Plan #3 (C3 Children's In-Home Crisis Stabilization Service)

- Same issue as above related to what will the county do when the one-time funds run out. County advised that they expect money to be spread over the 3 years.
- County advised that this truly is a FSP but they did not want to fight with DMH regarding duration requirement to qualify as FSP. They want to provide anything that the family needs on a short term basis.
- Item 6 on page 31 of Review tool and page 157 of Plan—Review team wanted to know what the county meant by aggressive intervention?
- County advised that what they mean by "aggressive intervention" is having dedicated staff spend a great amount of time with family in a short duration. It is the county's intent that staff will stay with family as long as they need to in order to stabilize the situation. Team actually goes out to the home and engages the family as long as needed.
- Review team had question about restraint options if client escalates.

Orange County

2/2/06

- County advised that the intent is not to wrestle the child to the ground. They use a hands-off approach. If there is potential for violence they would use law enforcement.
- Review team asked how will the County match family and child with staff who will go to the home?
- County advised that this will be a challenge and they hope that when the client calls, they will have to assess the situation and identify teams that can wrap around the situation.
- Review team asked if County has data to break down the ethnicity in the county?
- Review team also asked if there will there be a blending of the Developmentally Disabled population in this work plan?
- County advised that the criteria is that there must be a mental health component to their diagnosis?

Work Plan #4 (C4 Children's Crisis Residential Program)

- Review team asked if "Respite" that will be provided is actually treatment?
- County advised "Yes".
- Review team advised that this should be funded.
- Review team was impressed that they included pregnant TAYs.
- No more comments.

Work Plan #5 (T1 TAY Full Service/Wraparound Program)

- Review team advised that they were impressed that county included pregnant TAYs.
- No more comments.

Work Plan #6 (T2 TAY Outreach & Engagement Program)

- No comments

Work Plan #7 (T3 TAY Education & Employment Support Program)

- No comments

Work Plan #8 (T4 TAY Crisis Residential Program)

- No Comments

Work Plan #9 (T5 TAY Supportive Housing Program)

- This is a System Development program but is targeted for providing services for FSP. The program description indicates that it will offer emergency, short-term and long-term housing supports.
- DMH needs to get clarification. County may need to explore taking it out of System Development and have housing folded into FSP.

Work Plan #10 (A1 Adult Integrated Services Program)

Orange County

2/2/06

- DMH had a hard time tying the 400 persons to be served as mentioned in the in the narrative to the number to be served on the budget pages.

Work Plan #11 (A2 Centralized Asmnt. Team & Psych. Emrg. Resp.Team)

- Review team asked the county to describe the voluntary nature of this program.
- County advised that their diversion rate is 78% and believe that they can partner with ER hospital and law enforcement to connect with FSP. Goal is to step client down to least restrictive environment.
- Review team advised that this program will be county run. County inadvertently left out this information.
- Review teams asked if there was going to be any training for law enforcement and if it would be addressed in the budget?
- County plans to work with law enforcement and had over 300 people attend meetings with large number of law enforcement. However, County advised that there is nothing in Plan which pays for law enforcement.
- Page 311 of Plan--Even though county is not paying for law enforcement, the plan is first response instead of second.
- Review team asked what does county mean by 1st response?
- County will respond to behavioral health calls.
- No function identified for staff on staffing detail sheet.

Work Plan #12 (A3 Crisis Residential Services)

- Review team asked about 1 out of 16.5 positions for C/FM.
- County advised that they are re-looking at positions that can be handled by consumers. They plan to have a warm-line.

Work Plan #13 (A4 Support Employment services for SMI clients)

- System Development program.
- Page 348 of Plan—Review team asked about the partnership with local businesses and expressed concerns regarding confidentiality.
- County advised that they will have people fill out release. There will be no disclosure of any kind.
- Review team asked how will county deal with issue of federal entitlements and how employment will affect this?
- County advised that they will need to address this.

Work Plan #14 (A5 Outreach & Engagement Services)

- Page 117 of Plan—Review team advised that the number of people identified to be served in the second year appears to be low for an Outreach & Engagement program.
- County advised that this raised a question as to what DMH is looking for? DMH did not define in the Requirements specifically what they were looking for in terms of outreach contacts.

County Consultants' Review Tool for Community Services and Supports Program and Expenditure Plans

County Plan Reviewed: Orange County

County Consultant: Jeronimo Breen jpbreen@aol.com

Context: *Any specific knowledge about the county that would be helpful to all plan reviewers.*

PART I. PLANNING PROCESS

A. Did the county conduct their planning process in accordance with its approved planning request?

Comments and/or questions:

Yes. No restrictions placed on planning request and the County followed through on process.

- Orange Counties planning process was consistent with both the CSS written instructions AND the spirit of the Proposition.
- County has extensive history in the area of planning for services to its ever-changing and growing population(s), and it built on that foundation with this Plan and planning process.
- The County populations are well defined, quantified, and integrated into the planning process at all apparent levels, with emphasis on heretofore “less visible and involved” populations.
- The video created by the County, though not provided to the raters but available on the Web, details yet another means used by the planning staff to engage stakeholders, including the “homeless under the bridges” and other often disenfranchised populations.
- The County Director of Mental Health was personally very much involved in the process, adding to its legitimacy and priority, AS WELL AS TO THE ENGAGEMENT OF POLICY MAKERS AT ALL LEVELS OF GOVERNMENT(S) in the County.
- The “required” CSS Plan training provided within the County was extended to a wide range of stakeholders, including Agency staff at multiple levels, elected and appointed officials, interest groups and organizations, private non-profit organizations and their staff, CLIENTS AND FAMILIES, and key elements of the private business sector.
- All aspects of the Planning process were addressed with consideration for the language and cultural preferences and abilities of the stakeholders.
 - The plan summary was provided in multiple languages.

- The training was also provided in multiple languages, and in the various ethnic communities.
- Public media, in various languages, was used effectively.
- The data and information presented within the Plan was drawn from many more sources than this rate has found in other plans. This data greatly enhances the clarity of the picture that the Plan works to paint, and this rater suggests that perhaps a listing and the value of these sources can be shared with other counties (contribute to the “Magic Soup” of mental health planning).

A. Did the county conduct their review process according to CSS Plan Requirements?

Comments and/or questions:

Yes

- Multiple community meetings, throughout the County, were held, with emphasis on engaging key stakeholder populations (read= Clients and Families), agencies, policy makers, and the like.
- The meetings and other communication (like Exec. Summary of the Plan) were offered in multiple languages.
- The County MH Director provided copies of the Plan to ALL County Department Heads and personally sought input from them.
- Extensive media coverage, again in multiple languages.
- 400 PERSONS ARE LISTED AS HAVING ATTENDED THE MENTAL HEALTH BOARD MEETING, OF WHICH 50% SELF-IDENTIFIED AS COMSUMERS AND FAMILY MEMBERS.

PART II. PROGRAM AND EXPENDITURE PLAN REQUIREMENTS

1. Does the Plan reflect logical connections between the community issues identified, the mental health needs analyzed, the priority target populations for FSPs, the program strategies selected and the work plans as written?

Comments and/or questions:

Yes

- The Plan logically presents a comprehensive “picture” of each target age group and its sub-groups (in terms of prevalence, ethnicity, threshold languages, culture, economics, etc).
- The Plan follows the foregoing with a presentation and prioritization of proposed services, drawing on information and data secured from various sources....this was very well organized and presented.

- The specific racial, ethnic, and gender disparities within the various community issues identified for each age group were detailed and clear.
- The one dynamic that is endemic to many of the communities within Orange County (and most of the rest of the Country) that was not addressed in the Plan is that of Gangs. The influence of Gangs and their activities in each community can certainly vary, but for those communities where the Gang influence is strong, it is important to understand how the Gang deals with the issue of mental illness and what activities/training/information might abate the negative aspects of what Gangs do in this area. **This is a relatively new dynamic** in our culture and one where we need to educate ourselves and our “systems”. Gangs are a “stakeholder group”, and we need to acknowledge them and their influence and roles in the communities that we serve.

2. Are the five key elements embedded throughout the plan?

A. Community Collaboration

Comments and/or questions:

Yes

- As described above, the planning process engaged the many communities within Orange County at multiple levels. The product (the PLAN) thus reflects the input and thinking of a wide variety of stakeholders.
- A major dynamic of the Plan (and of Orange County’s existing Mental Health service delivery system) is the wide use of Community-Based Non-Profit providers, who tend to have a significant “presence” and “roots” in the communities that they serve. This is particularly valuable when the community and the service organization have compatible ethnic/cultural/linguistic ties, as is often the case in Orange County.
- One of the major themes within the MANY Work Plans is that of collaboration with other “systems” that also serve the communities; and the laundry list extends from local law enforcement through all kinds of Social Service agencies, both public and private.

B. Cultural Competence

Comments and/or questions:

Yes

- Orange County is an ever-changing melting pot, and the planned services, as described in the Plan, are reflective of this dynamic.
- The Work Plans consistently speak to the many cultural issues to be addressed in each of the service areas.

- As cited above, the use of Community-Based Non-Profit providers for the vast majority of the Work Plans speaks to their understanding of the importance of providing services in a mode that is “culturally” (in all of its variables) acceptable to the populations to be served.
- The proposed formal establishment of a process to keep “cultural competence” at the forefront speaks to the County’s ongoing commitment in this area.

C. Client-Family Driven

Comments and/or questions:

Yes

- The planning process engaged clients and their families. In this regard the use of incentives appears to have been very helpful and the continued presence of clients and family members in the development of the Work Plans is apparent...
- The Work Plans include staffing patterns that include entry opportunities for clients and family members.
- Additionally, the Work Plans uniformly speak to **potential career paths for clients and family members. This is innovative and can have far-reaching and long-term impact if properly done.**
- The Children and TAY services proposed have a strong family driven “flavor” and the adult and older-adult services are client-centered.

D. Wellness Focus with concepts of Recovery and Resilience

Comments and/or questions:

Yes

- The issues of Recovery and Resilience are addressed in the planning process and have been integrated into the many Work Plans, as cited above. Capitalizing on client strengths and assisting clients as they move to fuller participation in their communities is an ongoing theme.
- There is not much more to say here that is not redundant.

Integrated Service Experiences

Comments and/or questions:

Yes

- The local experience in WRAPAROUND services and application of its principles is apparent
- The Work Plans each follow through in the Plan’s policy commitment to the elements of integration, which operates hand-in hand with the commitment to “Whatever it Takes”

3. Does the plan reflect an understanding of the requirements for FSPs?

Comments and/or questions:

Yes

- The FSP Work Plans are detailed and clear on this issue.
- That said, the fact that most of the services are going to be contracted out raises the issue of how well the County's commitment and understanding will translate to the day-to-day operation of a contractor.

4. Are the target populations selected for FSPs consistent with both the MHSA and the community issues identified?

Children and Youth
Transitional Age Youth
Adults
Older Adults

Yes to ALL of the above

- Whoever put "pencil to paper" in the development of the Plan did a very credible job of making sure that the issues, concerns, and priorities identified in the community needs/assessment process translated into the Work Plans and are consistent with MHSA criteria.

5. Are the program and services identified in the work plans all voluntary in nature?

Comments and/or questions:

Yes

6. Are the program and services identified in the work plans based on the strategies listed in the plan requirements and/or evidence-based and transformational?

Comments and/or questions:

Yes

- Please see the comment in item #4 above.
- As to evidence-based and transformational, the answer is also yes.
- There is evidence that Orange County staff invested time in exploring multiple service delivery models. It was apparently in this process that they identified the "PROMOTORA" model initiated in Texas to serve

disenfranchised Latino communities. That model, which has now been refined and is operative throughout the Southwest has, in the view of this rater, MAJOR potential for serving some of the Latino populations identified as un-served and under-served in the Orange County Plan. It also has potential, with modifications to accommodate the cultural differences, for use in the Vietnamese and other communities.

7. Based on the information in the plan and the amount of money requested, in your judgment does it appear that the county will be able to implement this plan successfully?

Comments and/or questions:

A qualified YES. The qualification has to do with the fact that the Plan does not provide (nor do the instructions call for) a detailed implementation plan. The instructions call for a timeline, and the Orange County Plan presents an April 1, 2006 start date for all Work Plans. There is NO detail.

- The amount of money requested, as cited in the Plan (projected for years one through three), appears to this rater to be a good start for this county that is growing (in population, not land == density).
- The **Work Plan budgets** presented are very high level, provide minimal detail, and are complicated by the fact that most Work Plans, per the County Plan, are going to be contracted out, raising questions like:
 - Do contractors pay the same rates?
 - Do contractors have access to the County's purchase contracts or do they have to buy equipment and supplies on the market?
 - Do contractors pay rent for their space (not in the budgets)?
 - Do contractors pay taxes (property, etc)..also not in the budget
 - Are there other costs that contractors experience (that the County, as a Public entity does not) that are not in the budget?
 - The Work plans project staffing patterns using County MH Dept. protocols, job classifications, pay, and staffing patterns. Do the contractors use the same criteria? Are the contractors limited, in the County's upcoming competitive RFP process to the staffing patterns that the County has projected?
 - Are the RFP bid selection criteria heavily tied to the amount of funds requested by the bidders? If so, will bidders, in order to secure the contract, reduce their staffing patterns and other costs, thereby potentially reducing services to be offered?
 - What happens if all bidders for a particular Work Plan project higher costs than the County has allocated?
 - What will the County do if there are no bids for a particular Work Plan?
- It is noted that even the Work Plans that will not be put out to bid (to be operated by the County Dept. of Mental Health) had no detailed budgets.
- As to the RFP and contracting process.

- There is no question that the Orange County Dept. of Mental Health has experience in putting services out to bid and know the lay of their land much better than this rater. Nonetheless, operating on the information received, the following questions arise as to the process?
 - What are the timelines for the RFP process from this point forward? Is there a written plan?
 - Is it realistic to project that services will be brought up this fiscal year? While it is likely that a significant number of successful bidders may already have contracts with the county, even they will have to secure space, staff, etc.
 - It is noted that significant funds were set aside per the A-87 guidelines, to pay for the services that will be required to secure both initial and ongoing support from County services outside of the MH Dept. (County Counsel, Risk Management, CAO, etc). To make these funds visible in this manner is, in the view of this rater, a good tactical move. That said, are these Departments therefore ready to “do what they do” when presented with as many as 20 contracts in one bunch so that they don’t “linger on the desks”. This would appear to be a particularly critical question, given that the new fiscal year is in the offing and all of those “support” Departments are generally overwhelmed at this time of the fiscal year.
- Once the contracts are in place, does the Dept. of Mental Health have the infrastructure to monitor the clinical and administrative requirements to assure compliance with the CSS criteria committed to in the County Plan?

8. What do you believe are the major strengths and weakness of this plan?

Strengths –

- Most of the observations and comments above speak to the strengths. This Plan is well organized, uniformly abides by CSS criteria in its content and design, does an **awesome** job of engaging critical stakeholders with an emphasis on client/consumers and their families, and proposes services that are consistent with the community input and research findings.
- It is also important to point out that the County Mental Health Director clearly understands the importance of making development and implementation of this Plan a high priority and integrated effort, not only within his Department, but within the full County Government infrastructure. His VERY LARGE team has done good work.

Weaknesses –

Attachment B

- The primary “weaknesses” are cited above in Section # 7. It is one thing to implement write a plan that is going to be operated within the Department. It is quite another to implement one that involves other entities that have an administrative structure and “life” of their own. This is not a new dynamic for Orange County where contracted services have been a major delivery system for years. What IS new is the paradigm shift that the CSS Plan brings to the table and, in this raters experience, CHANGE COMES HARD.
- It appears to this rater that the creation (and perhaps it already exists) of an “Implementation Plan” with timelines, task assignments, and the like, is critical.



MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

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Evaluation of Orange County's MHSA Three Year Expenditure Plan

CSS Review Committee Members: Rose King and Rosie Lamb

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 MHSA 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 MHSA 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:

Attachment C

- 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

Attachment C

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

Attachment C

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.

Attachment C

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.

Fiscal Analysis of Orange County's CSS Program and Expenditure Plan

Summary

Overall, the program budgets appear reasonable and were developed using an acceptable methodology which used estimated staffing with fiscal year 2005-06 salaries and benefits along with actual fiscal year 2004-05 operating costs per FTE increased by 3.4 percent to reflect fiscal year 2005-06 amounts. The budgets are based on an April 1, 2006 start date and so year 1 operating costs (including administration) represent approximately 25% of the County's CSS planning estimate. The budgets reflect that the County intends to contract for most services and so the cost are appropriately included on the costs when provider not know line. The County did not provide the specific calculations but was not required to. The County is proposing to use the majority of funds for Full Service Partnerships and is within their CSS planning estimates (see attached spreadsheet). The County did not apply cost of living increases to costs in years 2 and 3 but also did not incorporate the one percent increase in year 2 and subsequent 6 percent increase in year 3 to their CSS planning estimate which should cover cost increases in years 2 and 3.

The County appropriately included EPSDT State General Fund revenues for children's programs. However, none of the budget narratives matched the actual Medi-Cal revenue shown on the budget worksheet (Exhibit 5a). For example, the budget narrative for program C1 indicates that 30% of the costs will be covered by Medi-Cal revenues but the budget worksheet shows 24% (\$840,000 in Medi-Cal divided by \$3.5 million total cost). Since the Medi-Cal revenue is an estimate, it is suggested that the budget narratives be revised to reflect the correct percentages rather than modifying the budgets for each program with Medi-Cal revenues.

The methodology for developing estimated other one-time operating costs (excluding two purchased homes and a building remodel) is based on an average actual fiscal year 2004-05 cost per FTE. However, dividing other one-time costs by the proposed FTEs for each program results in a range of \$5,300 to over \$7,600 per FTE among the different programs (note that the majority of programs fall between \$7,000 and \$7,500). The County may want to review their calculations or provide additional detail regarding how these one-time costs were calculated.

The one main concern with Orange County's proposed budget relates to the one-time funding requests for housing and training. As shown in the attached spreadsheet, the County is requesting approximately 75% of their year 1 CSS planning estimate as one-time costs, which exceeds the 50% limit outlined in DMH Letter 05-06. There is insufficient detail regarding the estimate of training costs, so the State may want to consider conditional approval pending further development of the specific programs and associated costs. The housing costs are based on an estimated \$1,500 cost per month for a two bedroom apartment but the HUD fair market rent survey from September 2005 showed \$1,317 which is 12.2 percent less which equates to about \$1.15 million. Also, the number of clients provided housing in the TAY program calculates to 105 clients while the budget worksheet on page 458 shows 80 clients.

Administrative costs seem slightly high and equal 17.6% of operating costs primarily due to the A-87 costs. In comparison, administrative costs in Orange County's fiscal year 2003-04 SD/MC cost report were approximately 15.5%. This difference equates to approximately \$465,000 per year in years 2 and 3. Also, there should be some Medi-Cal revenues to off-set some of these costs seeing how the MHSA programs related to these administrative costs are generating Medi-Cal revenue. An alternative would be to apply the A-87 percentage to net program costs rather

than gross costs to account for the Medi-Cal revenue. This would reduce annualized administrative costs by approximately \$400,000 per year.

There also were a couple of typos in the CSS plan related to the budgets. Exhibit 2 on page 23 shows \$1,899,000 for TAY One-Time Housing when it should be \$1,890,000. All the one-time housing costs shown in Exhibit 2 should be reflected under the Full Service Partnership column rather than the System Development column (according to the budget narrative). The budget narrative for the T3 program on page 245 indicates there is Medi-Cal revenue which is not reflected in the budget. The budget narrative on page 277 for the T5 program indicates a one-time cost of \$725,000 for a house which isn't shown in the budget and doesn't relate to the program narrative. Finally, the budget includes \$100,000 (annualized) per year for AB2034 with no apparent mention in the budget narrative. The State should be able to confirm this reflects the AB2034 program reduction for Orange County and may want a reference included in the CSS plan.