
ORANGE COUNTY MENTAL HEALTH: CRISIS INTERVENTION PROGRAMS



GRAND JURY 2014-2015

TABLE OF CONTENTS

EXECUTIVE SUMMARY	3
BACKGROUND	3
The Mental Health Services Act (MHSA)	4
Senate Bill 82 – Investment in Mental Health Wellness Act of 2013	4
Overview of MHSA in Orange County.....	4
MHSA Local Oversight (Steering Committee).....	5
Mental Health Crisis Intervention Services	5
The Emergency Assessment Teams (CAT and PERT)	6
The Evaluation Treatment Services (ETS) Facility.....	8
REASON FOR THE STUDY	8
METHODOLOGY.....	8
INVESTIGATION AND ANALYSIS.....	9
Limitations of ETS	9
Psychiatric Emergency Services	10
MHSA Funding for Involuntary Programs	11
Responses to Hospital Survey	12
Contract with County.....	12
County Responsibility	12
Suggestions for Change	13
A General Shortage of Psychiatric Beds.....	14
No Beds for Children.....	15
Support for Private Hospitals.....	15
FINDINGS	15
RECOMMENDATIONS.....	16
REQUIRED RESPONSES	17
REFERENCES.....	19
APPENDIX: ACRONYM LIST/GLOSSARY	20

EXECUTIVE SUMMARY

This report addresses four major mental health issues in Orange County (County) — an obsolete Evaluation Treatment Services (ETS) facility for involuntary clients, a shortage of psychiatric beds for adults and adolescents, the absence of psychiatric beds for children (under the age of 12), and the need for the County to more effectively fulfill its role in the partnership between the County and private hospital emergency departments that are designated/contracted to provide services to clients referred by law enforcement.

The County has a large number of mental health programs funded by Proposition 63, the Mental Health Services Act (MHSA). This group of programs typically has a budget surplus each year. Based on figures in the Orange County Health Care Agency's current three-year plan, a MHSA surplus of over \$80 million is expected at the end of FY 2014-2015, which the County will roll over to the following fiscal year. Common sense suggests that a surplus of mental health resources in one area should be applied to urgent mental health needs in another. However, it is not that simple. The use of MHSA funds (until recently) has been generally restricted to funding *voluntary* patient programs.

The California state legislature recently exempted one new involuntary patient program (Laura's Law) from this restriction. Additionally, in 2013, Senate Bill 82, which specifically allocates MHSA funds in the form of grants for emergency (involuntary) mental health evaluation and treatment, was enacted into law. This is the funding source for Orange County's current expansion and modification of the ETS facility in Santa Ana. It is expected that these trends may lead to further relaxation of the restrictions on uses of MHSA funds for involuntary patient programs. Availability of MHSA funding for involuntary programs would allow the ability to tap resources and simplify the development of programs to address the needs of involuntary clients. This, in turn, would greatly reduce the stress on hospital emergency departments. The Orange County Grand Jury has concluded that the immediate funding need is for programs that include *involuntary* clients.

BACKGROUND

(A glossary of terms is included in the appendix of this report.)

Prior to 1967, the care of the mentally ill in California (State) was primarily a State responsibility. There were eleven large State operated institutions for the mentally ill located in various parts of California. While Orange County did not have one of these facilities, there were three located in nearby Los Angeles, San Bernardino, and Ventura counties.

This changed with a series of legislative acts beginning with the 1967 Lanterman-Petris-Short Act. This act significantly reduced involuntary commitments to state hospitals and established rigorous criteria through Section 5150 of the Welfare and Institutions Code (WIC). These criteria required that an individual be considered a danger to self or a danger to others in order to be the subject of a 72-hour psychiatric hold.

There followed a series of legislative actions that realigned mental health services from the State to the counties and provided a funding stream for community-based mental health programs.

The Mental Health Services Act (MHSA)

Proposition 63, The Mental Health Services Act, was approved by California voters in November, 2004 and became effective on January 1, 2005. Funds come from a 1% tax on California taxpayer's with taxable income exceeding \$1 million dollars. These funds are deposited into an MHSA fund and may not be used for any other purpose. However, they must be used for new programs, not to supplant funding for existing programs. The County's MHSA programs are administered by the County's Health Care Agency.

Senate Bill 82 – Investment in Mental Health Wellness Act of 2013

Passage of this bill modified several provisions of the Welfare and Institutions Code that govern the operation of the MHSA at the state and county levels. The bill restored the Mental Health Services Oversight and Accountability Commission's (MHSOAC) Proposition 63 funding for administrative purposes from 3.5% to the original 5% level. The additional funds were to be used to fund grants to counties to expand and improve crisis intervention, crisis stabilization, and mobile crisis support teams. While the restriction to not supplant funding for existing services remained, there was no language in SB 82 that restricted use for involuntary programs. In fact, a stated purpose of the funds was to "increase access to effective outpatient and crisis stabilization services in order to reduce the reliance on hospital emergency rooms." The excessive use of these private resources (hospital emergency rooms) is described in the bill as "inappropriate and unnecessary."

Overview of MHSA in Orange County

Mental health services in the County are provided by the Orange County Health Care Agency through Behavioral Health Services (HCA/BHS). The programs funded by the MHSA as well as other federal, state and local funding sources, are implemented using HCA/BHS staff or by private providers under contract with the County. HCA/BHS is responsible for planning, implementation, and evaluation of all mental health services in Orange County.

The amount of funding for MHSA programs in the County for FY 2014-2015 and the expected expenditures are presented below (Orange County Health Care Agency, 2014). In FY 2013-2014, the County left over \$112 million in unspent funds, and coupled with the current 2014/2015 allocation, has over \$228 million for qualified mental health programs in the current year.

Table 1 – FY 2014-2015 MHSA Budget

Funding Source	Amount
Unspent Funds from FY 2013-2014	\$112,348,766
New Funding FY 2014-2015	\$116,092,120
Total Available Funding	\$228,440,886
Estimated Expenditures	\$(145,436,166)
Expected Carryover to FY 2015/16	\$83,004,720

Data source: OCHCA 3-Year Plan (2014)

MHSA Local Oversight (Steering Committee)

The BHS Director has appointed a steering committee that is currently comprised of 65 members. The committee represents a wide range of County interests, including law enforcement, the Probation department, the District Attorney's office, the Public Defender's office, and the Juvenile Court. Private mental health service providers, community members as well as consumers and their families are also represented.

The role of the steering committee includes the following duties:

- Review all MHSA funding proposals and provide critical feedback.
- Make timely decisions that maximize the amount of funding secured by the County.
- Make recommendations regarding future MHSA allocations.

Mental Health Crisis Intervention Services

Mental health crisis intervention can be initiated by any one of several entities: an individual's family, a medical doctor, a social service agency, or emergency responders, such as law enforcement officers and paramedics. According to HCA/BHS management, programs designed for involuntary clients are, in general, not eligible for mental health services funded by the MHSA.

California has adopted a mental health recovery model as a guide for developing and delivering mental health services. MHSA funded programs are subject to these guidelines as set forth in section 5801 and 5802 of the Welfare and Institutions Code. Section 5801(b) (5) WIC states:

The client should be fully informed and volunteer for all treatment provided, unless danger to self or other or grave disability requires temporary involuntary treatment, or the client is under a court order for assisted outpatient treatment pursuant to section 5346 (Laura's Law), the client has been offered an opportunity to participate in a treatment plan on a voluntary basis and has failed to engage in that treatment.

This model is cited by proponents of using MHSA funds only for voluntary treatment programs, such as the Disability Rights California, who strongly oppose the use of MHSA funds to support county programs implemented under Laura's law.

In Orange County, there are currently three known exceptions to the restriction on using MHSA funds for involuntary programs: 1) the Centralized Assessment Team (CAT), 2) the Psychiatric Evaluation and Response Team (PERT), and 3) programs provided to involuntary clients under the newly implemented Laura's Law (which was exempted by special legislation). A fourth exception will be future programs developed with SB 82 grant funds to expand and upgrade emergency mental health services. It is noted that HCA/BHS does not consider CAT and PERT to be involuntary programs. However, the Grand Jury concludes that since a preponderance of their work involves assessment of clients for involuntary holds under section 5150 WIC, they clearly provide services to involuntary clients.

The Emergency Assessment Teams (CAT and PERT)

CAT is an MHSA funded program that provides 24/7 mobile response services for clients of all ages who are experiencing a mental health crisis. Team clinicians are often the first point of contact between the client and the County mental health system. The teams assist law enforcement, paramedics, social service agencies, and families by providing mental health crisis assessment services. PERT has the same functions and responsibilities as CAT but works more closely with law enforcement. PERT clinicians partner with designated police officers and provide training, outreach, and follow up services to ensure linkage to ongoing services. HCA/BHS management makes the decision to allocate staff to specific police agencies. Specific partner assignments and working hours are decided between the agencies subject to management approval.

The Involuntary Hold Process

A typical involuntary hold process begins when a subject comes to the attention of law enforcement because of reported or observed behavior that appears to be associated with mental illness, and the subject is not willing to voluntarily accept psychiatric evaluation or treatment services. If the subject is not committing a crime, but is considered to present a danger to self or danger to others, or is gravely disabled, the investigating officer may request an involuntary 72-hour hold authorized by Section 5150 WIC. This section allows for the subject to be transported to a designated emergency facility for evaluation and stabilization.

The officer normally calls the CAT or utilizes the PERT clinicians assigned to his/her department to evaluate the subject. The involvement of CAT or PERT staff is at the discretion of the police officer, who has legal authority to prepare the 5150 psychiatric hold and transport the subject to a designated psychiatric evaluation center. Consultation with CAT or PERT staff is not required, but most police agencies in the County use the mental health assessment teams as a matter of policy.

If CAT or PERT clinicians confirm that the evaluation warrants a 5150 hold, the clinicians will prepare the hold documentation and the subject is then transported to the County operated ETS in Santa Ana, or to any "designated" hospital emergency room

(ER) for further assessment and stabilization. “Designated” refers to the fact that these hospitals have been approved by the County HCA/BHS to receive clients referred under Section 5150 WIC. ETS is classified as an outpatient facility and will hold the subject up to 23 hours. If ETS cannot stabilize the client during that time, they will have the client transferred to a hospital with inpatient psychiatric beds. The 23 hour limit at ETS is because it is an out-patient facility. The 23 hours is part of the 72-hour hold period.

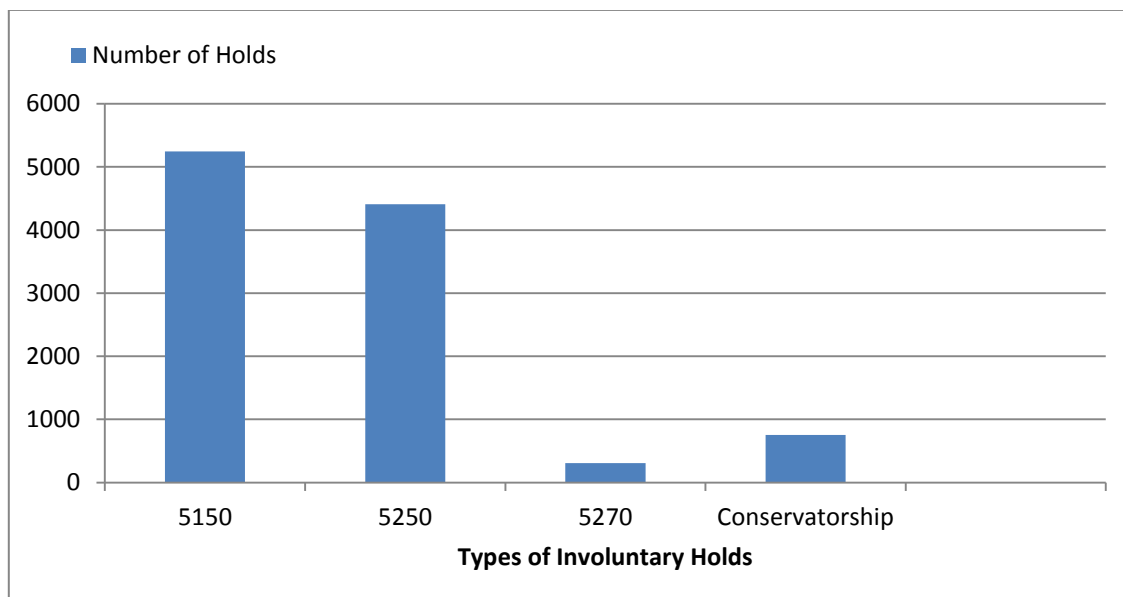
If the client is not stabilized within the 72-hour hold period, he or she can select a voluntary admission to a psychiatric unit or, if unwilling, the attending psychiatrist can write an order under Section 5250 WIC for an additional 14-day hold. In this event, a certification review hearing before a judge or hearing officer, under Section 5256 WIC, must take place within four days to determine probable cause.

If the client is still unstable and refuses treatment, the attending psychiatrist can write an order under Section 5270 WIC for an additional 30-day hold. Involuntary hospitalization beyond that provided by Section 5270 WIC requires a conservatorship hearing in Superior Court.

Frequency of Involuntary Holds

In 2014, there were 5,244 involuntary 72-hour holds under Section 5150 WIC processed in Orange County. This includes 2,938 individuals referred to the County operated ETS and 2,306 to County-contract inpatient beds. From this total number, 4,411 clients later had Section 5250 WIC orders prepared that extended the hold an additional 14 days. After the 14-day hold, 307 clients had 5270 WIC orders prepared extending the hold an additional 30 days. During the same time period, 756 clients were referred to the Superior Court for conservatorship proceedings (see Figure 1 for a graphical representation).

Figure 1 – Involuntary Holds in 2014



Data Source: Orange County Health Care Agency

In addition, there were 48 children (under age 12), placed on hold and 828 voluntary evaluations provided by ETS.

The Evaluation Treatment Services (ETS) Facility

ETS is a 10-bed psychiatric crisis stabilization unit that provides crisis intervention and acute psychiatric stabilization to adults with major mental disorders. It does not provide medical services. The objective of ETS is to stabilize the client and refer him to the least restrictive level of care. While most clients are on a 72-hour hold, the limit for ETS is 23 hours. If the client cannot be safely released during the ETS visit, he must be transferred to an in-patient facility.

Since ETS does not have medical facilities, it cannot accept clients who have untreated medical issues. For instance, if a client has an injury or other medical problem such as high blood pressure, he will be medically cleared at a designated hospital emergency room before he can be admitted to ETS.

REASON FOR THE STUDY

The 2014/2015 Grand Jury initiated an investigation of the County's MHSA program for a number of reasons. One of the most important of these reasons was to determine whether the County was appropriately allocating funds from its sizable MHSA budget toward the most appropriate and effective mental health programs.

As the Grand Jury commenced its investigation, Laura's Law was implemented by the County. The Grand Jury was interested in the mental health aspects of Laura's Law, and particularly how involuntary subjects interfaced with MHSA programs. As the investigation progressed, it became clear that the major mental health issues in the County were not as much with the well-funded, mostly voluntary MHSA programs, but with the underfunded crisis intervention services provided to involuntary clients, including those placed on a 72-hour hold for psychiatric evaluation and treatment. This is a situation encountered daily by law enforcement, which places considerable stress on private hospital emergency departments.

A related issue was raised in a series of articles published by the Orange County Register in October, 2014, regarding the serious shortage of psychiatric hospital beds in the County and the absence of psychiatric beds for children under age 12. Therefore, the focus of the Grand Jury investigation shifted from a general study of the MHSA programs to (1) a more specific study of the services and processes that exist to provide necessary crisis evaluation and stabilization services for involuntary clients, and (2) the need for in-patient psychiatric beds for adults, adolescents, and especially children.

METHODOLOGY

Information for this study was developed through the following efforts by the Grand Jury:

- Reviewed the 2006-2007 Grand Jury Report on MHSA
- Reviewed relevant literature, including grand jury reports from other counties
- Interviewed Orange County HCA/BHS management and staff

- Interviewed law enforcement personnel
- Interviewed CAT staff
- Interviewed Mental Health Foundation management and staff
- Interviewed management and staff at the ETS facility
- Surveyed hospitals with psychiatric beds in Orange County
- Interviewed a prominent mental health care advocate
- Interviewed private hospital emergency department professional psychiatric staff
- Attended a MHSA Steering Committee meeting
- Attended a Mental Health Board meeting
- Visited the Veteran's Mental Health Collaborative Court

The Grand Jury used these investigation methodologies to (1) understand the history and purpose of the MHSA, (2) understand the details of County MHSA program, (3) develop investigation issues, and (4) solicit authoritative opinions related to the issues.

INVESTIGATION AND ANALYSIS

Limitations of ETS

The ETS facility in Santa Ana has been in operation for more than thirty years. It began with ten beds and still has ten beds. It has been pointed out that the number of beds is not a true measurement of capacity since not all clients need a bed, and many can be accommodated through the use of chairs. HCA/BHS has estimated that the actual current capacity at ETS is 15 clients at a time. Once admitted, many clients are at the facility for a relatively short period of time, with the average stay being approximately 12 to 14 hours. No clients are there for more than 23 hours. However, according to a program narrative developed by HCA/BHS in support of a grant application, the average wait time for access to a bed at ETS or inpatient hospital has increased to more than 10 hours. At peak demand periods, the wait time is even higher and can last 2-3 days. The narrative further states that hospital emergency room personnel are at risk of physical injury as a result of delays in treatment for violent psychiatric clients. The California Hospital Association (CHA) has observed that emergency rooms are not the most appropriate place for persons experiencing psychiatric emergencies (Kruckenberg, 2013).

There is currently a plan in place to modify the ETS building and create space for additional clients. By removing some of the beds and adding a number of reclining chairs, it is estimated ETS can accommodate up to 22 clients.

There is additionally a plan to add triage staff at local emergency rooms. As mentioned earlier, the California Legislature recently passed SB 82, which authorizes the MHSA to administer a competitive selection process for 600 triage personnel statewide. A grant application prepared by the County, in collaboration with the Hospital Association of Southern California (HASC), was approved for submission by the Board of Supervisors and was awarded by MHSA (Triage Grant Application, 2014). The grant is intended to fund additional staff at ETS and mobile teams working out of a base

location. The grant amount is \$9 million over three years or, \$3 million per year. According to the plan, licensed psychiatrists will provide telephonic and/or in-person consultation to emergency room physicians and evaluation of emergency room clients upon request by the ER physicians. Additionally, licensed triage staff will be located at hospital emergency rooms. Deployment will be at a variety of hospital emergency departments to ensure geographic coverage throughout the County. Peer mentors (trained individuals who have experienced mental illness) will be based out of a contractor provider's office and will respond in the field for initial contact with clients and identified staff at ETS or hospital emergency departments.

A second grant application to the California Health Facilities Financing Authority (CHFFA) requested funding for a second emergency treatment services and triage center in South Orange County. That application was approved by the Board of Supervisors but was not funded by CHFFA due to a lack of specificity in the proposal. This project, budgeted at over \$10 million, would have funded acquisition and operation of a 31 bed crisis stabilization unit and a 15 bed crisis residential unit.

The ETS expansion plan, when complete, will relieve capacity stress on the system. However, this will not solve a basic problem: the inability to provide a full range of emergency services, including medical evaluation and treatment, to psychiatric clients. The HASC has been in discussions with the Orange County HCA regarding a plan to establish a Psychiatric Emergency Services (PES) model in Orange County. Converting ETS to a PES model of care would add a medical capacity for basic medical screening and the management of basic, non-emergency and/or chronic conditions. This would permit ETS to accept most 5150 clients directly, rather than first redirecting many to hospital emergency rooms for medical reasons.

Psychiatric Emergency Services

According to the California Hospital Association, PES programs are designed to provide accessible, professional, and cost-effective psychiatric and medical evaluations to individuals in psychiatric crisis and to strive to stabilize clients on site, and to avoid psychiatric hospitalization whenever possible. A PES team provides 24/7 emergency services to walk-ins, police-initiated evaluations, and crisis phone services.

Various studies have estimated that as many as 20-30% of psychiatric emergencies may be due to, or are combined with, serious medical concerns. It is important that all crisis clients receive appropriate medical screening. All efforts are made to stabilize or reduce the symptoms that are causing a person distress—be they suicidal thoughts, auditory hallucinations, severe paranoia, mania, or other complex mental conditions.

Treatment is provided in the least restrictive setting possible. All who are assessed by the PES will have a solid aftercare plan developed, including appropriate follow-up appointments, medication information, and strategies to help the person avoid crises in the future.

A typical dedicated PES department is staffed with psychiatric physicians and mental health professionals around the clock who can provide:

- Screening for all emergency medical conditions and provide basic primary medical care
- Medication management
- Laboratory testing services
- Psychiatric evaluation for voluntary and involuntary treatment; treatment with observation and stabilization capability on site
- Crisis intervention and crisis stabilization
- Screen for inpatient psychiatric hospitalization
- Linkage with resources and mental health and substance abuse treatment referral information

A major difference between a PES and the Orange County ETS is the ability to provide medical evaluation and treatment. The current County model is to rely on private hospital emergency departments for the medical clearance. This situation often results in delays in psychiatric evaluation and causes clients to languish for hours, and sometimes days, awaiting the arrival of a person trained to provide a psychiatric assessment, or an available inpatient psychiatric bed. This contributes to a major problem for the mental health system--the boarding of psychiatric clients for long periods of time in hospital emergency departments.

The Grand Jury found that too many psychiatric clients end up, for prolonged periods, in hospital emergency departments. Many commit crimes and are placed in county jail. Neither of these outcomes produces an appropriate treatment environment for the psychiatric client in crisis.

MHSA Funding for Involuntary Programs

The Grand Jury is aware of the apparent state restriction on the use of MHSA funds for involuntary programs. However, this is an issue that seems far from settled. The Disability Rights California (DRC) advocacy group in Sacramento has strongly opposed the use of MHSA funds for involuntary treatment and has threatened lawsuits against counties that act against this philosophy. The DRC strongly opposed legislation that provided an exception for Laura's Law, but has not filed any legal action challenging Laura's Law in any county. Another advocacy group, known as "Mental Illness Policy Org." disagrees with DRC's position and argues:

DRC would require us to believe that the purpose and intent of MHSA was to deny services to individuals who are not presently dangerous or gravely disabled, but are now 'likely' to become so. That argument requires the most tortured and cruel interpretation of the voters' intent. Their purpose was not to require people to become gravely disabled, but to prevent it. (Bernard, 2012)

Provisions of the California Code of Regulations (CCR) are cited as legal authority that prohibits use of MHSA funds for involuntary programs. However, Title 9, Div. 1, Chapter 14, Article 4, Paragraph 3400 (b)(2), states: "Programs and/or services provided with MHSA funds shall be designed for voluntary participation. No person shall be denied access based solely on his/her voluntary or involuntary legal status." (CCR).

This paradoxical regulation seems to permit the use of MHSA funds for involuntary participation as long as the programs were designed for voluntary participation. Additionally, there is precedent. Orange County currently has two *de facto* involuntary programs that are funded by MHSA: CAT and PERT, plus the newly implemented Laura's Law program.

These precedents, coupled with the recently passed SB 82, which authorizes the use of MHSA overhead funds to be awarded to counties in grant form for the specific purpose of upgrading involuntary patient crisis evaluation and treatment programs, appear to open the door for direct funding for involuntary programs using MHSA funds allocated to the County.

Responses to Hospital Survey

Questionnaires were sent to 16 Orange County private hospitals that have psychiatric beds to assess their opinions regarding the County's role in support of private hospital emergency departments. Responses were received from 12 hospitals, including one unsolicited response from a hospital without psychiatric beds. The hospitals were assured by the Grand Jury that their responses would be confidential, therefore, none are mentioned by name or other identifying information.

Contract with County

Among the 12 responding hospitals, some have a contract with the County and some do not. For the latter group, the hospitals were asked to identify the major reasons they do not have a County contract. Responses ranged from "never been approached" to "due to the extreme shortage of psychiatric beds in Orange County and the likelihood that our facility would become a *de facto* County facility." One hospital has applied to be a 5150 designated facility and, after several months, is still waiting for a response from the County.

Other factors mentioned include County reimbursement rates and prior negative experience with receiving reimbursement for Medi-Cal, Cal Optima, and other unfunded clients.

County Responsibility

Another question posed to the hospitals was: "In your opinion, is the County properly meeting its responsibility to provide resources for emergency psychiatric services."

In response to this question, two hospitals replied "yes" but ten replied "no". The major issues for the "no" group revolved around the inadequate County resources devoted to providing timely and complete services for the 5150 involuntary holds, which creates significant stress on the private hospital emergency departments. Typical of several responses are the following:

"Approximately 18 months ago, the County advised all law enforcement and fire departments to transport all patients who are gravely disabled or have psychiatric problems to a designated psychiatric facility. There are only four designated psychiatric

facilities in Orange County, which has resulted in an increased daily census of psychiatric patients at [one of these facilities] of more than 40%. The number of psychiatric patients [that facility receives] often overwhelms [its resources and puts its] medical emergency patients and staff in unsafe conditions.”

“Part of the frustration for those of us in the private sector who provide services for the mentally ill has been the lack of a true partnership between the public and private sectors.”

“San Diego County provides an example of how we could better organize mental health care in this County. They saw the need to provide greater access to care for all the citizens of San Diego County. To do this in 2010, they implemented the opening of County Crisis Walk-in Clinics in several locations in the County, called Emergency Psychiatric Units (EPU’s). In contrast, Orange County has one facility, located in Santa Ana, that has not been upgraded since it opened in 1972.”

“It is very difficult to transfer a resident in need of acute services from a long term care facility. Transfers to lower level of care are held up due to acute hospitals not having documents—for example, a minute order from court or medication consents required for admission at a long term care facility. Also, PPD’s (skin test for tuberculosis) or chest x-rays are not completed, slowing down the transfer system.”

Suggestions for Change

Another survey question asked the following: “If more should be done by the County, can you suggest additional mental health resources that should be invested to ease the psychiatric bed shortage and provide more efficient and effective emergency treatment services?”

All hospitals that responded to the survey responded to this question. The more positive responses point to the planned expansion and improvement of ETS as a hopeful sign of improving County services in this area. Many responses recommended a new model for ETS that includes medical services.

Following are a few of the responses:

“County should create a psychiatric emergency department for patient evaluation including simple diagnostics, medications and behavioral health screen including follow-up resources, appointment, etc. for patients picked up by police, CAT Teams and medics. The most successful model appears to be based on the Alameda County model (John George Psychiatric Hospital).”

“An Emergency Treatment and Stabilization unit that can medically clear the patient, and evaluate the level of psychiatric treatment that is needed for the patient is needed, especially in South Orange County. Patients with known psychiatric conditions who are exhibiting symptoms consistent with their psychiatric diagnosis should be evaluated at the psychiatric treatment and stabilization site, and only be transported to an acute care hospital if they need medical stabilization. Patients with new symptoms can be medically cleared at the Hospital Emergency Department and then accepted to a designated psychiatric facility that is contracted with the County of Orange. The County

of Orange should reimburse hospitals for patients that are admitted to a non-contracted facility who were not able to be placed in a contracted facility within four hours. An updated documentation system that does not rely on faxing patient charts should be implemented to facilitate patient placement and ensure referrals are consistently documented and tracked.”

“We provide the same medical clearance services to everyone regardless of insurance or even county of residence. The County ETS facility, on the other hand, serves those who have been thoroughly medically screened, have had labs drawn, have normal blood pressure levels, have had a toxicology screening to ensure that there are no illicit substances in their system and they also must have Orange County MediCal or if they are indigent, their last known address must be an Orange County address, not that of a neighboring County. In contrast, the emergency rooms must take care of everyone, regardless of insurance, or lack of it, and without consideration of their country of origin.”

“The Hospital Association of Southern California (HASC), supported by other community constituencies, is currently developing a proposal for improving emergency psychiatric care in Orange County through adoption of a Psychiatric Emergency Services (PES) model of care. This PES model of care proposal is guided by such services as provided in Alameda County. This proposal would allow for the simultaneous emergency medical clearance and psychiatric evaluation and placement of psychiatric patients of all ages. This would create an improved model for Orange County and would replace ETS with a County operated PES level service with expanded capacity.”

A General Shortage of Psychiatric Beds

The California Hospital Association recommends that the standard ratio for population and psychiatric beds should be 50 beds for each 100,000 residents. By that standard, the number of beds to serve a county the size of Orange County would be approximately 1,500. According to a study by the above association, in 2013 Orange County had 557 psychiatric beds for a ratio of 16.03 per 100,000 residents. By comparison, the Los Angeles County number was 21.21 beds per 100,000, San Diego County was 24.39 beds per 100,000 and the state average was 16.76 beds per 100,000. (Kruckenberg, 2013)

The HCA/BHS has more recently reported that the number of psychiatric beds in Orange County has increased to 685 (not including jail beds). This increased number places the current bed/population ratio at 22.1 beds per 100,000 population.

The same study by the CHA points out that hospitals across the State have been closing psychiatric units, and entire psychiatric hospitals have been closing. Since 1995, the State has lost 44 facilities, either through the elimination of psychiatric inpatient care or complete hospital closure, representing a 24% decrease in the number of psychiatric facilities.

No Beds for Children

According to an article in the Orange County Register, there are 32 psychiatric beds in all of Orange County for the roughly 725,000 residents under the age of 18. For children under 12, the shortage is particularly acute; there is not one single bed. Consequently, children under 12 that need a psychiatric bed must find availability in another county (Wolfson, 2014). The Grand Jury was informed by HCA/BHS that an agreement with Children's Hospital of Orange County (CHOC) to establish a children's psychiatric unit is pending. HCA/BHS management expected that this would be presented to the Board of Supervisors for approval in May, 2015.

On May 21, 2015, the Orange County Register reported that CHOC will open an 18-bed psychiatric unit in 2017. This \$27 million initiative will provide beds for children from 3 to 17, with priority for those under age 12 (Perkes, 2015).

Support for Private Hospitals

Responses to the hospital survey and related interviews lead the Grand Jury to conclude that the County needs to better fulfill its role in the partnership between the County and hospitals. Several key hospitals believe the County is not meeting its responsibility to provide resources to address the problem of providing psychiatric and medical services to the 5150 hold population. Since Orange County does not operate a hospital, local private hospitals necessarily play a critical role in the psychiatric crisis intervention process and should be considered required stakeholders to represent their concerns and recommendations to the MHSA Steering Committee. It is noted that a member of the Steering Committee represents the Hospital Association of Southern California, but apparently no Steering Committee member directly represents any of the County's private local hospitals. The Grand Jury considers input to MHSA planning from this source to be of high importance and to have the potential of significantly improving communication, coordination and commitment between the County and its local hospital partners.

FINDINGS

In accordance with California Penal Code Sections 933 and 933.05, the 2014-2015 Grand Jury requires (or, as noted, requests) responses from each agency affected by the findings presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation titled, "Orange County Mental Health: Crisis Intervention Programs," the 2014-2015 Orange County Grand Jury has arrived at six principal findings, as follows:

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

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

RECOMMENDATIONS

In accordance with California Penal Code Sections 933 and 933.05, the 2014-2015 Grand Jury requires (or, as noted, requests) responses from each agency affected by the recommendations presented in this section. The responses are to be submitted to the Presiding Judge of the Superior Court.

Based on its investigation titled “Orange County Mental Health: Crisis Intervention Programs”, the 2014-2015 Orange County Grand Jury makes the following six recommendations:

- 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.)
- R.2.** 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.)
- R.3.** 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.)
- R.4.** 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.)
- R.5.** 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.)
- R.6.** Request an opinion from County Counsel regarding the purported restrictions on using Mental Health Services Act funds for involuntary mental health programs. (F.6.)

REQUIRED RESPONSES

The California Penal Code section 933 requires the governing body of any public agency which the Grand Jury has reviewed, and about which it has issued a final report, to comment to the Presiding Judge of the Superior Court on the findings and recommendations pertaining to matters under the control of the governing body. Such comment shall be made no later than 90 days after the Grand Jury publishes its report (filed with the Clerk of the Court). Additionally, in the case of a report containing findings and recommendations pertaining to a department or agency headed by an elected County official (e.g. District Attorney, Sheriff, etc.), such elected official shall comment on the findings and recommendations pertaining to the matters under that elected official's control within 60 days to the Presiding Judge with an information copy sent to the Board of Supervisors.

Furthermore, California Penal Code section 933.05 (a), (b), (c), details, as follows, the manner in which such comment(s) are to be made:

(a) As to each Grand Jury finding, the responding person or entity shall indicate one of the following:

(1) The respondent agrees with the finding

(2) The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

(b) As to each Grand Jury recommendation, the responding person or entity shall report one of the following actions:

(1) The recommendation has been implemented, with a summary regarding the implemented action.

(2) The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.

(3) The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.

(4) The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation therefore.

(c) If a finding or recommendation of the Grand Jury addresses budgetary or personnel matters of a county agency or department headed by an elected officer, both the agency or department head and the Board of Supervisors shall respond if requested by the Grand Jury, but the response of the Board of Supervisors shall address only those budgetary /or personnel matters over which it has some decision making authority. The

response of the elected agency or department head shall address all aspects of the findings or recommendations affecting his or her agency or department.

Comments to the Presiding Judge of the Superior Court in compliance with Penal Code section 933.05 are required from:

Responses Required:

Responses to Findings F.1. through F.6. and Recommendations R.1. through R.6. are required from the Orange County Board of Supervisors.

Responses Requested:

Responses to Findings F.1. through F.6. and Recommendations R.1. through R.6. are requested from the Director of the Orange County Health Care Agency.

REFERENCES

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APPENDIX: ACRONYM LIST/GLOSSARY

TERM	DESCRIPTION
BHS	Behavioral Health Services
CAT	Centralized Assessment Team
CDMH	California Department of Mental Health
CHA	California Hospital Association
CHCA	California Health Care Agency
CHFFA	California Health Facilities Financing Authority
EPU	Emergency Psychiatric Unit
ETS	Evaluation and Treatment Services
HASC	Hospital Association of Southern California
HCA	Orange County Health Care Agency
Laura's Law	Court Involved Program for Involuntary Mental Health patients clients
LPS	Lanterman-Petris-Short Act
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
PERT	Psychiatric Evaluation and Response Team
PES	Psychiatric Emergency Services
PPD	Tuberculine, Purified Protein Derivative: Skin Test for Tuberculosis
Proposition 63	A State initiative creating the Mental Health Services Act
WIC	Welfare and Institutions Code
WIC 5150	72-hour Involuntary Hold
WIC 5250	14-day Extension of Involuntary Hold
WIC 5256	Certification Review Hearing for 5250 Hold Extensions
WIC 5270	Additional 30 Day Involuntary Hold