



**NAPA COUNTY GRAND JURY
2014-2015**

MARCH 23, 2015

FINAL REPORT

**HEALTH AND HUMAN SERVICES AGENCY
VAST AND VISIONARY**

HEALTH AND HUMAN SERVICES AGENCY

VAST AND VISIONARY

SUMMARY

The mission of the Grand Jury is to help local government be more efficient and accountable to the residents of Napa County. To accomplish this task, the Grand Jury conducts investigations into local government agencies assuring they are being administered in the best interests of the County's residents. With this charge in mind, the 2014/15 Napa County Grand Jury chose to investigate and report on the Health and Human Services Agency (HHSA). Specifically, the Grand Jury examined the ability of such a large agency to function effectively and the extent of services being provided to Up Valley residents (St. Helena and Calistoga).

The investigation involved several interviews with Health and Human Services Agency staff, as well as individuals from nonprofit organizations, email contact with various county staff and a review of numerous contracts and documents and the Napa County Website.

The Grand Jury found that the current director for HHSA is responsible for managing a large agency with a vast number of services. Although relatively new to the Agency, he has a vision which seems well received by staff within the Agency as well as community partners. Overall, the Grand Jury was pleased with the services provided by HHSA. However, we recognize a need to improve Up Valley services in the area of drug treatment for both youth and adults. Additionally, the Grand Jury learned that Napa was one of the counties which received funds resulting from the 1998 nationwide lawsuit settlement with the largest tobacco companies in the United States. Napa County currently has \$11,000,000 in their Tobacco Master Settlement Agreement account (MSA). However, the Grand Jury found that applying for MSA Grant funds is burdensome and needs review and adjustment to be more accessible to nonprofits and thereby more beneficial to the community.

GLOSSARY

A&D: Alcohol and Drug Division. A division of the Health and Human Services Agency.

CEDV: Children Exposed to Domestic Violence.

CWS: Child Welfare Services. A division of the Health and Human Services Agency.

HHSA: Health and Human Services Agency

Integrated Services: A term defined by the HHSA Director as referring to individuals and families receiving services from various parts of Health and Human Services in a seamless fashion to meet all of their needs. Integrated services requires good communication and planning between the different components of the agency to minimize service fragmentation and provide a comprehensive and holistic approach to service delivery in partnership with the community.

LHNC: Live Healthy Napa County

MH: Mental Health Division. A division of the Health and Human Services Agency.

MHSA: Mental Health Services Act.

MSA: Tobacco Master Settlement Agreement.

PEI: Prevention and Early Intervention

SSD: Self Sufficiency Division. A division of the Health and Human Services Agency.

WIA: Welfare Investment Act.

BACKGROUND

The 2010 Census showed Napa County having a total population of 136,484 with the following breakdown of incorporated areas:

Calistoga:	5,155 (Hispanic population: 49.4%)
City of Napa:	76,915 (Hispanic population: 37.6%)
St. Helena:	5,814 (Hispanic population: 32.9%)

The Health and Human Services Agency (HHSA) is the largest of the County departments having a total of 12 divisions totaling 457 allocated positions. The 2014/15 annual budget is \$93,090,001 out of the County's final adopted budget for all funds of over \$450 million.

According to the HHSA website, their mission is to foster a partnership of clients, community members, and staff to create leadership, vision, and advocacy for the evolving health and human service needs of the people of Napa County in a manner that:

- Focuses on the strengths of individuals, families and neighborhoods;
- Provides support for the most vulnerable members of our community;
- Honors and enhances the gifts and talents of employees and community members who share this purpose;
- Is ethical, culturally competent, and accountable;
- Effectively integrates the resources of the entire community for the betterment of the whole.

The Director of the Health and Human Services Agency assumed his position in Napa only a little over one year ago, on January 13, 2014, coming from a similar position in a larger county. He is responsible for all 12 divisions under the HHSA umbrella:

- Agency Administration
- Alcohol and Drug

- Child Welfare Services
- Comprehensive Services
- Fiscal
- Health Care Enhancement
- Mental Health
- Operations
- Organizational Resource
- Public Health
- Quality Management
- Self Sufficiency Services

Each of the above divisions is managed by their own Deputy Director. In 2014, HHSA served over 33,000 clients from throughout the Napa Valley.

The Grand Jury was concerned with the ability of one Director to manage such a large agency charged with providing a vast and varied number of services to the community. In the course of our investigation on this issue, the Grand Jury was apprised of two additional issues: the adequacy of County services provided to the Up Valley communities, particularly Calistoga, and the burden on nonprofits in regards to the County's MSA grant process.

A review of the Grand Jury reports over the past few years did not find that an investigation had been conducted regarding the above issues of the HHSA. In 2009/10, the Grand Jury investigated the activities of the Adult Mental Health Emergency Response Center, and in 2010/11, the Grand Jury completed an investigation and report of Child Welfare Services, both of which are divisions of the Health and Human Services Agency. However, those reports were not specifically related to the functionality of the whole agency nor the extent of services provided Up Valley.

The Health and Human Services Agency supplied the Grand Jury with a chart of HHSA services provided to Up Valley residents by its own staff. (This chart is attached hereto for reference and marked Exhibit 1.) The chart shows that the County also has numerous contracts with community nonprofits which provide many necessary services for the health of needy valley residents. For example:

- A contract with Clinic Ole provides indigent medical care with Spanish speaking staff available.
- Care Network and Your Home have a contract with the County that provides Nursing Emergency in-home care for older or disabled adults.

- A contract with Progress Foundation provides intense wraparound services for transition age youth (ages 16 to 24), case management, therapy, and support to locate resources.
- A contract with the Up Valley Family Center allows for a variety of services including application assistance for MediCal, monetary aide, and CalFresh/Food Stamps, as well as mental health information and referrals offered through the Promotoras Program (bi-lingual community workers trained to provide basic health education) and youth mentoring groups.
- Aldea also has a contract with the County to provide school based alcohol and drug prevention and an early intervention program as well as a contract to provide substance abuse treatment services for youth.

METHODOLOGY

Interviews conducted

- Director of Health and Human Services Agency
- Deputy Director of the Mental Health Division
- Deputy Director of the Alcohol and Drug Division
- Deputy Director of Child Welfare Services
- Deputy Director of the Self Sufficiency Division
- Deputy Director of the Operations Division
- Unit Supervisor II of the Child Welfare Division
- Child Protective Services Worker II of the Child Welfare Division
- Program Manager of the Alcohol and Drug Division
- Mental Health Worker II with the Mental Health Division
- Two nonprofit agencies

Documents Reviewed

- MHSA *resolution and 2013/14 Annual Plan*
- CEDV Grant
- MSA Grant
- Professional Services Agreements between the County of Napa and the following nonprofits:
 - Aldea Inc. (No. 8198) addressing prevention and early intervention of substance abuse.
 - Aldea Inc. (No. 8207) pertaining to substance abuse treatment for youth.
 - Area Agency on Aging Serving Napa and Solano, Inc. (No. 7543) for outreach and education to older adults and for participation in the Prevention and Early Intervention Collaborative.
 - Barbara McCarrol, PhD (No. 4458) specialized services of an Infant/Child Mental Health Counselor.
 - Care Network LLC (No. 7698) for in-home protective services for frail or elderly adults at risk of abuse or neglect.

- Community Health Clinic Ole (No. 3740) for medical services for indigent county residents.
- Lilliput Children's Services, Inc. (No. 6977) for specialized services relating to administration of the use of Kinship Support Services Programs (KSSP) funding.
- Napa Valley College (No. 8106) for educational training.
- On the Move, Inc. (No. 7785) for employment services for disadvantaged youth.
- Planned Parenthood-Shasta Diablo (No. 4181) for case management services to pregnant and parenting teens.
- Progress Foundation (No. 8145) addressing early intervention and crisis stabilization.
- Progress Foundation (No. 6902) for mental health services for youth.
- Queen of the Valley Medical Center, Inc. pertaining to HIV treatment and services.
- Up Valley Family Resource Centers of Napa County, Inc. (No. 75370) for culturally based group mentoring on site at St. Helena and Calistoga Elementary and Junior/Senior High Schools.
- Your Home Nursing Services, Inc. (No. 4596) for in-home protective services to frail and elderly adults.

Websites Reviewed

- Napa County: www.countyofnapa.org
- Live Healthy Napa County: www.countyofnapa.org/LHNC/
- US. Census 2010: www.census.gov/

DISCUSSION

Health and Human Services Agency Challenge

The vision of the Health and Human Services Agency provides the Director with a broad span of executive authority over separate and distinct divisions and services. The stated overall objective is to run an efficient and integrated operation. Managing such a diverse array of functions requires a clear-eyed and well-coordinated management plan, allowing for significant collaboration of services yet permitting division autonomy.

The Grand Jury is impressed that the Agency seems headed by a motivated and experienced Director. He has a number of ambitious yet cautious goals and objectives. Attached hereto and included in this report as Exhibit 2 is a letter to the Grand Jury from the Director of HHSA with comments on his vision for the Agency.

Positive reports from within the County and without, from supervisors, front line staff and nonprofits, were received in regard to the positive changes in leadership since the arrival of the Director. He was particularly praised for reaching out to and willingness to cooperate with community partners, meeting personally with nonprofit staff, his open-door policy for staff, and his hands-on, get the job done approach.

During the course of its investigation, the Grand Jury identified some areas of concern:

1. The lack of drug treatment located at Up Valley sites for both youth and adults
2. The lack of specificity in HHSA records in order to monitor and evaluate both Up Valley needs and the adequacy of services at Up Valley locations, and
3. The burdensome application process for the MSA Grant

Up Valley Resources

During the Grand Jury investigation, County staff as well as nonprofit agency staff favorably cited Live Healthy Napa County (LHNC), a public-private partnership which brings together health and healthcare organizations, businesses, public safety, education, government and the general public to build strategies with the purpose of creating a healthier Napa County. The LHNC reportedly conducted a community needs assessment of the county to determine if and where disparity of services occurred. The LHNC website noted the assessment consisted of four separate evaluations:

- 1) The Community Themes and Strengths Assessment to provide an understanding of health concerns of the local residents, businesses and neighborhood groups.
- 2) A Local Public Health System Assessment to learn about the capacity and capability of the local public health system.
- 3) The Community Health Status Assessment to provide answers on the health status among residents.
- 4) The Forces of Change Assessment to identify what impending changes will affect the health of community residents.

The assessments were published in 2013 and the website provides additional information on LHNC, the results of their assessments, as well as the Community Health Improvement Plan for 2014 – 2017.

A HHSA staff person advised that the Live Healthy Napa County assessment was the impetus for HHSA deciding to have an adult drug treatment counselor on site in Calistoga to conduct assessment of needs and treatment. The site has been located and submitted to the State for certification. The Grand Jury was advised that certification can be a lengthy process which HHSA has no control over. However, once certification is received, a counselor will be placed in Calistoga and assessments and services provided for adults. Drug and Alcohol Services for youth are contracted out to Aldea, Inc.

The Health and Human Services Agency provided the Grand Jury with a chart entitled HHSA Services Provided Up Valley along with a cover letter indicating the services depicted were those either provided by HHSA staff or by contractors. Although some of the locations listed in the column entitled, "Site" are clearly identified as being Up Valley, Lake County and American Canyon are also noted in addition to locations identified as clients' "homes and schools," "throughout the community," "throughout the county," and "various location." Such notations do not necessarily refer to Up Valley sites and therefore, the Grand Jury was not able to assess if

HHSA staff and/or contracted nonprofit staff are actually going to appointments Up Valley or if they are asking clients to travel to Napa in order to receive the service. Interviews with nonprofit agencies indicated that the latter is more often the case.

Also of concern are the entries under the column entitled "Frequency of Services." Several of the notations in this column are, "as needed," "periodically," "continually," "throughout the year." These notations are vague and do not provide the reader with any clear concept on how often the services are actually provided, or who determines what is "as needed." Community partners working Up Valley as well as several HHSA staff indicated to the Grand Jury that "as needed" was not often enough, citing particularly the lack of youth drug **treatment** in Calistoga.

HHSA provided two contracts between the County and Aldea, Inc. A review of both contracts found No. 8198 dealt with implementing substance abuse prevention programs at the middle and high school campuses. These programs include student assessments and referrals for treatment. In contract No. 8207, Aldea agrees to provide a substance abuse **treatment** program for youth.

Grand Jury interviews with HHSA, Alcohol and Drug Division staff as well as staff from a nonprofit advised that drug treatment is not being provided Up Valley. Rather, identified youth are required to travel to Napa to receive such treatment. Although Aldea or HHSA staff may provide clients with a free bus pass to travel from Calistoga to Napa, having a youth who is struggling with addiction issues take this journey on his/her own is risky and does not adequately constitute treatment.

Tobacco Master Settlement Agreement (MSA) Grant Challenges

During the HHSA investigation, the Grand Jury was told that applying for the MSA Grant is overly burdensome to nonprofits who typically operate with relatively limited resources. To learn more about the MSA Grant, the Grand Jury was referred to the Deputy Director of Operations for HHSA who administers the program. He reported the MSA Grant was the result of a lawsuit settlement with the largest tobacco companies in America. The essence of this settlement was that the tobacco companies pay millions of dollars to the states for 20 to 25 years. He advised that the Napa County Board of Supervisors currently holds \$11 million in MSA monies of which \$1 million is awarded annually to Napa Valley nonprofits to be used for the health needs of the Napa Valley community.

In 2006, the HHSA was charged with the responsibility of coming up with a process to disperse fairly the millions of dollars of public money. To do that, the HHSA developed a competitive grant program. The process, set out in some 20 pages of instructions, requires that nonprofits attend a mandatory pre-application conference, and submit a pre-application. If the pre-application is rated one of the top 17 pre-applications, the applicant submits a full application. In the Fiscal Year 2014-15, there were 26 pre-applications received with 18 invited to submit full applications. Seventeen submitted the full application and 12 of these applicants received funding from the MSA grants. In total, \$954,468 of public funds were awarded to the 12 successful programs. Additionally, contracts for multi-year grants awarded in previous grant cycles received MSA funds in the fiscal year 2014-15.

The pre-applications and full applications are rated by a board comprised of County employees. The Executive Director of the Nonprofit Coalition sits on the rating board but does not vote. The grant applicants must provide evidence based practices to address the interventions as well as a list of outcomes. During the year, the grant awardees must complete three reports and each quarter, the awardee receives payment. There is also an opportunity for multiple year grants. The Deputy Director of Operations for HHSA stated that the grant process is tough but fair, and acknowledged that completing the required criteria is difficult and time consuming. He also acknowledged that a significant amount of county staff time is required to administer the program. Yet, in his view, the requirements as currently developed, allow for the most transparent and fair process as well as being necessary to make sure the beneficiaries of the programs are getting what the public's money is paying for.

In an attempt to lessen the difficult process, the Deputy Director advised that at the end of each grant cycle, a survey is sent to all the parties who have applied asking for suggestions on how the process can be improved. The suggestions from this survey are provided to the Board of Supervisors who have the authority to adopt or reject the suggestions. According to the Deputy Director, in every case the Board has supported the recommended suggestions each year. Other steps taken to lessen the difficulty of the process have included removing the redundancy in the pre-application and application process, providing training for nonprofits and asking them to work with consultants so the applicants can achieve better outcomes. When applicants are not funded, they are provided with explanations as to why not.

The nonprofits reported that they often stretch beyond their capacity in meeting the very real needs of the people they serve. They further reported that most of their resources go to providing the direct services, not to top-heavy administrative positions. They expressed frustration that so many of their limited resources must be directed to raising funds in order to continue providing the needed services. They cited another County grant process, the Prevention and Early Intervention (PEI) grant, as an example of a process they felt was both fair and less burdensome than the MSA, but met the County's concern for accountability.

The Grand Jury is sympathetic to the difficulties nonprofits face in seeking public funds from the County through the MSA grant process. It is also mindful of the County's responsibility to manage the disbursement of millions of dollars of public funds in a fair, careful and transparent manner. It is perhaps time for fresh eyes or an outside consultant to take a look at the MSA process and see if simpler, more streamlined procedures can be fashioned for the applicants and reduce the county administrative time, while meeting the County's accountability concerns.

FINDINGS

- F1. The Director of the Health and Human Services Agency, while relatively new to the position, receives uniformly high praise both from Agency staff and community partners.
- F2. The Director's introductory meeting with staff from Up Valley nonprofits was favorably received by the Up Valley Community.
- F3. The Napa County HHSA provides broad and extensive services under the ultimate managerial responsibility of its Director.

- F4. The requirements and procedures of the Tobacco Master Settlement Agreement (MSA) grant appear burdensome to nonprofits.
- F5. HHSA lacks alcohol and drug treatment service located at Up Valley sites for both youth and adults.
- F6. The site in Calistoga that was selected to accommodate an adult drug counselor is not yet certified by the State.
- F7. The contract between the County and Aldea, Inc. (No 8207) is not clear as to whether or not the substance abuse treatment services for youth are to be provided at Up Valley sites.
- F8. From the information provided, HHSA apparently lacks specific measures to determine the adequacy of services provided at Up Valley locations.

RECOMMENDATIONS

- R1. HHSA Director to meet personally on an annual basis with contracted nonprofits and other community leaders located Up Valley to determine directly whether the needs of the community are being met.
- R2. By December 31, 2015, HHSA to review the application process for obtaining the MSA grant, and redesign the process for less burdensome completion and administration.
- R3. By December 31, 2015, HHSA to institute alcohol and drug treatment for adults at a location in Calistoga.
- R4. By July 1, 2015, HHSA to ascertain from Aldea how they are fulfilling their contractual commitment to provide drug and alcohol treatment to Up Valley youth at Up Valley locations. HHSA to institute corrective measures if such is not being provided there.
- R5. By December 31, 2015, HHSA to establish a mechanism for measuring services located Up Valley more often than or more specifically than “as needed.”
- R6. By December 31, 2015, HHSA to review case reporting information within HHSA Divisions to ascertain the frequency and actual locations where Up Valley services are reportedly being provided.
- R7. In all future contracts for Up Valley Services, where feasible, HHSA to include requirement that the service be provided at an Up Valley location.
- R8. HHSA to institute a reporting requirement regarding demographic locations of service for all HHSA Divisions and include in future nonprofit contracts.

COMMENDATION

The Grand Jury commends the Director for his institution of an integrated services philosophy which has been broadly accepted within HHSA and appears to continue improving the Agency's functioning and the quality of services it renders to Napa County.

REQUEST FOR RESPONSES

Pursuant to California Penal Code section 933.05, the 2014-2015 Grand Jury requests responses as follows:

- Napa County Board of Supervisors: R1 – R8

It is requested that the official responding to the foregoing recommendations certify above his or her signature that the response conforms to the requirements of section 933.05 of the Penal Code.

APPENDIX

Exhibit 1: Chart entitled, "HHSA Services Provided Up Valley."

Exhibit 2: Letter from the Director of HHSA addressed to the Grand Jury.

DISCLAIMER

During the course of its investigation, the Grand Jury received two unrelated complaints regarding specific individuals and practices within the Agency. The complaints were handled internally within the HHSA, separately from the matters covered by this report.



A Tradition of Stewardship
A Commitment to Service

Health & Human Services Agency
Administration Division

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Grand Jury Inquiry

What we would see in the organization and community if the Health and Human Services Agency (HHS) provided a higher level of integrated neighborhood based services (preliminary thoughts).

- Families receiving services from multiple Divisions will have an opportunity to meet collectively with all of their service providers and develop a unified case plan that meet the family's needs and identify everyone's responsibilities including the family in working on the family's challenges.
- Within the guidelines of categorical funding restrictions, funding will be leveraged so that the funding follows the needs of the family and not the needs of the family being partially met through eligibility to restrictive funding.
- Family and Community voice are genuine partners with the Agency in addressing the overall needs in building healthy families, neighborhoods and communities.
- Baseline data will be gathered at a neighborhood level and will be variables connected to the outcome of the overall health of the neighborhood, including social determinants of health.
- Contracted vendors working in the neighborhoods will be held to outcomes that are based on the determinants of health.
- Integrated teams representing all Divisions will be assigned to geographical areas based on neighborhoods so that relationships with the community can be developed and sustained over time.
- Agency would be developing and utilizing para-professional networks such as promontories, parent partners and community aides. The networks will support a grass roots intervention strategy that supports communities by helping them develop organized and productive community groups through skill building and active participation.

It is important to note that the outcomes highlighted above require a significant paradigm shift of fairly entrenched organizational cultures within the agency. It will require a reorganization and redesign of the Health and Human Services system based on the concept: Systems are designed to produce the outcomes they produce and the only way to change or improve outcomes is by changing the system. It will also require work within the community to provide opportunities for "voice" and involvement. Finally, it will require an ability to use relevant data to inform strategies and to develop measurable outcomes on a neighborhood level.

The work has begun within the organization through such strategies as: Live Healthy Napa County, Collaborative Management, Diversity and Inclusion and Prevention. In addition, through our Mental Health Services Act and through Live Healthy Napa County there are neighborhood based strategies that target community and neighborhood development. Wide spread system and organizational culture change does not happen overnight

(some research indicates 3-5 years) and will require diligence from both the community and agency in continuing to pursue the goal of integration through both setbacks and improvements.

There are many existing strengths within the organization and the community that can be built upon to support the integration of services. In my initial conversations with the community and with internal staff there appears to be a strong desire to improve services and to work collaboratively with each other for the improvement of the issues within the community. The recent earthquake illustrated the resiliency and collective spirit of cooperation within this community and within HHSA and highlighted the opportunities that exist to “move the needle” in terms of system and community integration.

Thank you for letting me express my preliminary thoughts on this issue. The work represents evolutionary change and I am sure that some of my initial ideas or thoughts will change as the work progresses.

Director of Napa County Health and Human Services

Member Name
Member Title

Member Name
Member Title

Member Name
Member Title

Member Name
Member Title

