

A REPORT ON THE MENDOCINO COUNTY MENTAL HEALTH BRANCH

GOING...Going....gone?

March 7, 2012

Summary

The 2011-2012 Mendocino County Grand Jury (GJ) received three complaints regarding the adult programs of the Mendocino County Mental Health (MH) Branch. The GJ looked into the following six areas of concern:

- administration and management
- programs and finance
- technology
- client services
- personnel issues
- facility relocation

After several years of deficit spending, this year MH balanced their budget. They did this largely by eliminating programs, cutting personnel, limiting client services to those that are mandated for the seriously mentally ill (SMI), and redirecting other clients to contracted and non-contracted service agencies. Due to the significant changes in these programs, the MH system in Mendocino fails to meet the needs of its citizens.

The Mendocino County Health and Human Services Agency (HHSA) reports that it plans to release a Request for Proposals (RFP) to privatize MH services.

Background

For the past several years, the MH Branch operated with a negative financial balance. A number of factors contributed to this situation, particularly the State of California budget crisis that has delayed or reduced payments to all social services.

The State conducts annual Medi-Cal audits with a four-year period delay. Submitted Medi-Cal billing may have errors repeated for four years before discovery and mistakes accrue penalties during that entire period. This has resulted in large Medi-Cal repayments and penalties. In the past, MH lacked internal audit or training procedures to discover billing and other errors prior to an audit. However, HHSA has now created an internal audit position to reduce penalties and maximize billing.

HHSA and MH had a high turnover in administration, resulting in a lack of continuity in leadership. MH programs were subject to a great deal of administrative indecision, lack of transparency, and inconsistent direction for employees.

The Mendocino County Executive Office (CEO) directed HHSA staff to balance the budget without the use of general funds. In an attempt to halt deficit spending, Mendocino County contracted with IDEA Consulting at the end of 2010 to investigate and propose MH system cost-cutting ideas.

MH balanced this year's budget. They accomplished this by the receipt of past-due moneys owed by the State of California and by complying with revised programs and procedures. The suggested changes have resulted in the elimination of several MH programs and in massive staff layoffs (from 125 employees two years ago to fewer than 45 current employees).

Services have been limited to those that are mandated:

- available programs are limited to Medi-Cal recipients and SMI clients
- HHSA uses almost no general operating funds to support MH
- The transportation contract for MH clients is now "on-call" from Napa
- MH services moved to a facility on Dora Street, sharing a waiting room with Alcohol and other Drug Programs (AODP) and the public health immunization clinic

There is a severe shortage of MH employees to do the work. MH eliminated the psychiatrist for Juvenile Hall and greatly reduced services for jail inmates (from 20 hours/weekly to 8 hours/weekly). Subsequent to the GJ investigation, the psychiatrist assigned to the jail left County service, and the County is currently contracting with a medical group for services.

The Sheriff's office estimates that at least 20% of all inmates require MH services. There are very few licensed clinicians left in the MH Branch. Employees reported leaving for personal reasons, as well as, inadequate supervision and difficulty doing the work under current supervision.

HHSA reports that it plans to release a RFP to privatize MH services.

Methods

The GJ interviewed past and present employees from the HHSA, the MH Branch, public health clinics, and Legal Services of Northern California. Interviews included directors, physicians, board members, supervisors, an attorney, case managers, and financial personnel. The GJ looked at board minutes, correspondence, budgets, consulting agreements, organizational charts, job descriptions, contracts, and policies. Complaints submitted to the GJ focused primarily on adult services.

The Mendocino County District Attorney is still investigating the Aaron Bassler case. The GJ cannot investigate active cases under the District Attorney's jurisdiction.

FINDINGS

MH ADMINISTRATION / MANAGEMENT

1. Administrators often communicate using top-down directives without adequate explanation or input from employees, stakeholders, or Board members.
2. Anyone needing information has reported slow, minimal or no response. However, MH was responsive to requests by the GJ.
3. Staff members report that MH administrators:
 - are unlicensed or often not trained in mental health issues
 - operate with administrative indecision
 - provide uneven direction and supervision of employees
4. Medical records personnel and case managers have reports of unresolved conflicts regarding their interactions.
5. The GJ received complaints that two MH staff members reversed police and hospital staff recommendations to hospitalize clients under Health and Safety Code section 5150 (regarding individuals who are a danger to themselves and others).

MH PROGRAMS / FINANCE

6. MH balanced the operating budget this year.
7. The opinions expressed about management direction (by those interviewed) are that if a program is not self-supporting, then it should be eliminated. MH uses general funds only for matching other grant funds to support MH.
8. The State conducts annual Medi-Cal audits with a four-year period delay and mistakes accrue penalties during that period. Penalties from Medi-Cal audits have been a huge financial drain to MH.
9. MH has lacked internal audits and training to discover Medi-Cal billing errors. However, they have now hired a worker to minimize audit exceptions and maximize reimbursements. MH expects caseworkers to spend 70% of their time working on billable Medi-Cal issues. However, the achievable goal appears to be around 40% because most of their time is used for other non-billable tasks.

TECHNOLOGY

10. The current Avitar patient computer system meets Health Insurance Portability and Accountability Act (HIPAA) regulations, and client notes are computerized. However, other important client information, such as medications prescribed or details of the last patient appointment, is not computerized and Avitar does not interface well with other external service providers' systems.
11. Retrieval and editing of client notes is extremely slow and requires a lot of personnel time.
12. Obtaining specific fiscal and program information is a problem, and financial reports are hard to read and understand by employees, clients, and the public.

CLIENT SERVICES

13. MH has reduced client services to a minimal operating level. Services have been limited to those that are mandated, and the focus of the program has been for Medi-Cal and SMI clients. MH has increasingly re-directed clients to other contracted and non-contracted service providers.
14. There is a common check-in window and waiting room for children waiting for immunizations, adults arriving for drug testing, and MH clients waiting for appointments.
15. MH re-negotiated a cost-saving contract with prior vendor for transportation of clients. Now services are "on-call" from Napa, resulting in a long waiting period (a minimum of four hours for clients on the Mendocino County coast).
16. MH hospitalizations were greatly reduced from the previous year (by 96 patients, 272 to 176), and admissions must now be approved by a supervisor, who may or may not be licensed.
17. MH administration has stated that they want to "bring people home" from MH hospitalizations. However, there is a severe lack of local appropriate housing available to achieve this.
18. MH services for Juvenile Hall and the Mendocino County jail were greatly reduced, and the psychiatrist in charge left County service. The County is currently contracting with a medical group for services. Prison/jail personnel expect arrival of realignment prisoners will increase the number of MH clients.
19. MH has cut services on the Mendocino coast to a minimum operating level.
20. Public health clinics are reporting a large increase in their MH client load.
21. Two years ago, MH had 125 employees; now there are fewer than 45 active employees. Some large caseloads are not realistic. There are almost no remaining licensed clinicians.
22. Remaining caseworkers and some supervisory staff are still dedicated to providing what services they can.
23. MH administration and staff have suffered from an enormous turnover of employees, which has resulted in the loss of some highly effective key personnel.
24. The GJ has reports that some MH crisis workers have limited experience and others have not received the proper credentials or licensing to assess and diagnose clients.
25. It is difficult to recruit and hire high-quality MH employees to Mendocino County. The HHSA Human Resource Department takes months to hire personnel; this is a result of civil service regulations, collective bargaining agreements, and cumbersome hiring systems (e.g. maintaining lists of qualified applicants).

FACILITY RELOCATION

26. MH moved to a Dora Street facility shared with the Public Health immunization clinic and AODP. The move cost around \$100,000 total, of which they spent \$20,000 to resize medical record retrieval equipment to fit the new space. As a cost-cutting measure, there is now only one check-in window in a small, inadequate waiting room. Mental health clients, clients coming for drug testing,

and children arriving for immunization are required to share a common space. Client confidentiality is difficult to maintain.

RECOMMENDATIONS

The Grand Jury recommends that:

1. MH Administrators be trained in MH issues, develop consistent goals, and provide transparent communication to clients, staff, and the public. (Findings 1, 2, 3, 5)
2. MH establish and monitor clear interactive roles and responsibilities between medical records and staff. (Finding 4)
3. MH use some general funds to help support client services. (Findings 6-9)
4. Do a preliminary assessment for a new computer system or upgrades to the current system. The goal is significant savings in personnel time and costs. (Findings 10 and 11)
5. MH administration print financial reports that contain specifically requested information. This information needs to be clear, concise and easily readable by the community. (Finding 12)
6. MH hire additional qualified personnel to serve current and future MH clients in Mendocino County. (Findings 13 , 15 and 18)
7. MH administration create separate check-in and waiting areas for the diverse client population. (Findings 14 and 26)
8. The County establish suitable local housing for clients returning from MH out of county placements. (Finding 16 and 17)
9. MH restore to last year's levels the psychiatric services for jailed youth and adults. (Finding 18)
10. Mendocino County health clinics that are already serving large numbers of MH clients respond to the HHSR RFP to privatize County MH services when issued. (Findings 19 and 20)
11. Human Resources use language that is more specific in employment advertisements for qualified MH personnel, particularly licensed clinicians, listing the experience and education requirements for job openings. These explanations need to be in addition to the mandated civil service requirements. (Findings 21-25)

DISCUSSION

The Mendocino County MH Branch has balanced the budget this year, **but at what cost?**

MH went from providing adequate public service to clients, and from supporting functioning outreach services, to a program that now mostly serves the County's financial needs. MH staff report that money seems more important than clients. This echoes the widespread idea - "if you can't bill for it, cut it."

MH services are at a very low level in Mendocino County even for those who are insured. Existing client services are stretched so thinly that positive outcomes are questionable. Saving money on future treatment, by supplying preventative elements, does not exist.

Despite low morale, many caseworkers and some supervisors continue to perform heroically, doing the best they can with what they have. The GJ heard an outside agency report that they have had an influx of "refugees" from the eroded MH services. The agency stated that they are committed to be a "lifeboat," providing services (even free) as long as possible. This is a clear indication of the drastic failure of the MH system in Mendocino County to meet the needs of its citizens.

Required Responses

Chief Executive Officer of Mendocino County (All Findings; All Recommendations)

Director of Health and Human Services Agency (All Findings; All Recommendations)

Interim Director Mental Health (All Findings; All Recommendations)

Mendocino County Board of Supervisors (All Findings; All Recommendations)

Mendocino County Sheriff (Finding 18, Recommendation 9)

Mendocino County Juvenile Hall, Division Manager (Finding 18, Recommendation 9)