



COUNTY of SONOMA
DEPARTMENT OF HEALTH SERVICES

#1874

9/30/04

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GRAND JURY

SEP 14 REC'D

August 27, 2004

TO: Allan D. Hardcastle, Presiding Judge
Superior Court, State of California
County of Sonoma

FROM: Mark Kostielney, MPH, Director, Department of Health Services
Cathy Geary, LCSW, Mental Health Services Director

SUBJECT: Response to Grand Jury Report, "Mental Health Management Ills"

Finding 1.a (Page 2/9) "A consultant hired subsequent to the 2001-2002 grand jury recommendations confirmed, through a survey of all mental health employees in early 2003, that at least 20% of the participants *at that time* considered management's relationship with staff a major problem."

Response: We agree, in part, with this finding.

The Department of Health Services engaged a consultant to assist the Mental Health Division's staff in identifying both the strengths and the vulnerabilities within the Division. To ensure that every staff person's opinion was noted, the consultant interviewed almost 270 Division employees. From the responses to interview questions, "theme" areas emerged. In order to be identified as a theme, 20% of respondents had to identify a particular strength or vulnerability.

While management-staff relationships did emerge as a theme, this can also mean that up to 80% of staff did not identify this as an issue. It should also be noted, that this was not a theme in all work units, nor a response by staff in all class specifications. It should also be noted that there were a number of strengths also that emerged as organizational themes.

Mental Health Division staff and managers are working diligently to strengthen their working relationships and need both support and acknowledgement for these efforts to be successful.

Finding 1.b (Page 2/9) "During the current grand jury tenure, eighteen interviews with staff from several programs and various levels of supervisory duties were conducted. Nearly all interviewees expressed negative appraisals of management. Interviews specifically indicated that the degree of discouragement stemming from management practices would now be higher in contrast with the year-old survey cited above."

Response: We are unable to agree or disagree with this finding due to insufficient information. It is not possible to know the content of the 18 interviews; however, subsequent to the release of this grand jury report, a number of the management and line staff who were interviewed by the grand jury expressed the view that their opinions and thoughts were not reflected in this finding. According to these staff, some were not asked their appraisal of management and some were positive in their assessment only to find that their thoughts were not recorded as a part of this finding. It should also be noted that 18 individuals make up approximately 7% of all Mental Health Division staff.

In terms of the ongoing work of the consultant with Division staff, it would seem most beneficial to allow the process to continue and acknowledge the hard work of the many Division staff, including managers, who are working to make the Division a stronger and better organization.

Finding 1.c (Page 3/9) “Other factors contributing to declining morale include continued inadequate responses to issues of safety, workload, training, and building maintenance, despite repeated recommendations by a series of Sonoma County grand juries.”

Response: We disagree with this finding.

Division managers and staff, and other responsible County departments consistently work together on identifying and addressing issues of safety, training, and building maintenance. The Division has multiple Safety Committees functioning at the program-level, division-level and within the larger building locations that regularly identify and address issues.

Division management regularly requests input from line staff on the type and frequency of trainings, including an annual training survey. The Division offers multiple monthly training opportunities on a wide variety of issues, including both clinical issues and practical issues within the workplace.

Significant changes and improvements have been made both to building maintenance as well as to the supervision of maintenance staff.

Due to reductions in state funding, there has been a loss of funding for mental health services in the 2003-2004 fiscal year. These reductions resulted in the loss of approximately \$3 million to services and more than 28 FTE staff positions during this year. The staff positions lost amounted to more than 12% of the total Division workforce. While the numbers of clients served also declined, the demands on all Division staff continue to increase. Most staff and managers would likely agree that the healthcare environment in which we practice continues to grow more complex and more difficult. As a result, we continually need to seek ways to support our clients and family members and our mutual efforts to provide the best possible services to them.

Finding 1.d (Page 3/9) “Recommendation Teams established by the consultant to design a remedial plan of action regarding “Workload” and Relationships with Management” are perceived by the majority of jury interviewees to be, in fact, powerless to effect change under current management.”

Response: We are unable to agree or disagree with this finding due to insufficient information.

The recommendation teams were designed by the consultant to provide a forum for staff and managers to meet together to suggest actions that would result in positive outcomes for the entire Division in these major areas. These were not “remedial,” rather oriented toward positive actions and solutions, which would contribute to a better and stronger Division and better services to our clients and family members. Many of the recommendation team members expressed that they enjoyed serving on the teams and felt that the work of the teams was important and would be useful to the Division.

Division staff, including managers, have responded quite positively to the work of the recommendation teams and the subsequent action plans that have been developed. Division staff, including managers, have acknowledged the significant commitment of time, ideas and energy exhibited by all recommendation team members. The recommendation teamwork is excellent work on the part of all participants and the Division is appreciative and grateful for their efforts.

Finding 1.e (Page 3/9) “The “Customer Service” team established in PES is perceived to redirect attention from concerns based on workers’ complaints to focus instead on the workers’ own shortcomings.”

Response: We are unable to agree or disagree with this finding due to insufficient information.

It is not possible to know what perceptions were shared with the Grand Jury during any of their interviews, therefore we are unable to agree or disagree with any statements that may have been made to them.

The Division engaged the consultant to complete an in-depth assessment of issues within the PES (Psychiatric Emergency Services) program in addition to the interviews with all of the Division staff. This 24/7 crisis assessment and intervention program is often the first contact that a client, family member or other agency staff may have with the Division. Because of its critical function to the Division and the fact that almost every client who appears is experiencing some sort of crisis, the program is of special significance both to the Division and to the community.

As part of the organizational assessment process, in addition to staff, the consultant also interviewed clients, family members, law enforcement, and representatives of other agencies. While staff issues tend to be focused internally on issues within the Division, other interviews focused primarily on the services provided to clients and family members.

The consultant formed a recommendation team of staff and managers to address issues that emerged in the assessment process as themes for the Psychiatric Emergency Services program. Given the nature of the work, the fact that this is often the first contact by the public, and the round-the-clock coverage, it is understandable that customer service issues would emerge as a crucial theme. Psychiatric Emergency Services staff performs a very important and significant service to the residents of Sonoma County in sometimes difficult

circumstances. The staff, including managers, is dedicated and hard working. Staff and managers should be acknowledged and supported in their attempts to make the services of PES even better.

Finding 1.f (Page 3/9) “Fear of retaliation from management for various reasons was reported by a significant number of employees interviewed.”

Response: We agree, in part, with this finding.

In the years of experience managing at the senior level of the Department, neither of these respondents are aware of any examples of managers retaliating against employees for any reason.

What has occurred, however, is a changing healthcare environment, and to some extent the organizational culture of counties that includes increased individual and collective accountability. This is reflected in greater regulatory control by oversight agencies, more specificity in reporting requirements, and a much enhanced compliance environment. Within the county, there is more focused attention on performance evaluation and an attempt to use objective criteria as part of the evaluation process. While this may feel like retaliation to employees, it appears as if this may be a natural and human reaction to increasing accountability and external regulatory control and oversight in the healthcare industry.

Finding 2.b (Page 3/9) “Scheduled security features still to be completed include parking lot lighting and installation of a locked security door between the lobby and hallways of the building, among other things. As these plans have been approved for some time, it will require review by a future grand jury to ensure completions.”

Response: We agree, in part, with this finding.

These projects are scheduled for completion during FY 04-05. It is the Grand Jury’s prerogative to review; however, such review is not required to ensure completion.

Finding 2.d (Page 3/9) “Scheduled to begin “within the next two months” is a remodel of the reception lobby and staff front offices, including asbestos removal, changes in service windows, new paint, furniture and carpeting. It will remain for a future grand jury to verify the completion of these long-needed improvements.”

Response: We agree with this finding.

The PES staff front offices and changes in service windows are complete. The balance of the project is in process.

Finding 2.e (Page 3/9) “No record of Norton Center safety monthly committee meetings for the year 2003 could be produced for the grand jury.”

Response: We disagree with this finding.

Norton Center Safety Committee meetings occur as needed, and usually no less than quarterly. During 2003, a number of issues were dealt with directly by the PES manager in program staff meetings. As a result, the Norton Safety Committee met only once as an

entire group. The 24-hour Health Services Section Manager provided a copy of the minutes of that meeting to the Grand Jury member who requested them.

Finding 2.f (Page 3/9) “Testimony revealed considerable variation and confusion among employees about the procedures in place for reporting hazards, critical incidents, and injuries to patients or to themselves. It was unclear which reports were oral, which written, to whom the report was made or by whom, and how the matter was handled. There is currently no protocol for feedback to an employee regarding the disposition of a hazard report or a concern submitted to the appropriate safety committee.”

Response: We agree, in part, with this finding.

The County of Sonoma has a Countywide Safety Manual that gives direction on a number of these issues, including what forms need to be completed in different situations including accident or injury to staff, and safety hazards.

Within the County of Sonoma Safety Manual there are separate forms identified for reporting each of these situations. The Safety Manual also identifies a process of feedback to employees who report hazardous situations.

The Mental Health Division has a Policy and Procedure Manual that includes the current policy on “Incident and Sentinel Event Reporting Regarding Clients and Visitors.” The policy includes a copy of the form to be completed when critical incidents occur. This policy is available in every work area in the Division’s Policy and Procedure binder.

We would agree, however, that these forms and processes may be confusing for staff and require additional training.

Finding 3.a (Page 4/9) “Most MHS medical staff support other employees’ complaints regarding management practices. Nearly of all of the psychiatrists were signatory to a statement critical of MHS management.”

Response: We are unable to respond to this finding.

These respondents are unaware of any correspondence by psychiatrist staff of the Division to the Grand Jury. These respondents were not interviewed by the Grand Jury about any issues that might have been contained in correspondence by these staff.

Finding 3.b (Page 4/9) “Testimony of psychiatrists enumerates instances of managers’ over-riding the physicians’ role and over-riding medical decisions, such as:

- **Cancellation of patient appointments without prior approval by a physician**
- **Placing non-physician managers in the roles of supervising nurses and physicians**
- **Empowering non-medical managers to make final decisions about patient care in the name of the treatment team”**

Response: We disagree, in part, with this finding.

While the Grand Jury did not interview these respondents about this issue, they are aware that some psychiatrists have suggested that Division managers have “over-ridden” the physician’s role or “over-ridden” medical decisions. As a result of this serious allegation, the Mental Health Services Director and senior staff interviewed 21 of the psychiatrist staff and met with all Division managers about this issue. In all of these interviews and discussions, there was not a single example of this practice identified.

Psychiatric services are critically important and much-valued services offered to our clients. In the case of individuals with serious mental illness, medication is often an essential component of an overall package of needed treatment and support. Our teams and programs depend on the participation of the psychiatrist as an important member of the team, whose opinion is highly respected. However, as is true for public mental health services nationwide, our team services, other than medications, are not directed by psychiatrists.

Program managers, who are the team leaders, represent a range of clinical specialties that reflect the range of services now recognized as being both necessary and effective for the treatment of serious mental illness. This in no way is meant to diminish the important and vital role of the psychiatrist, but rather to broaden and strengthen our approach to treatment of our clients. The team client is not just the client of the psychiatrist, rather the client of the entire team. Reflective of that is the fact that more than 92% of Division services are non-psychiatric in nature and not provided by psychiatrists. This is consistent with current treatment models nationwide and the most desirable methods of providing effective treatment.

Mental Health treatment and support has changed dramatically in the last twenty-five years moving away from a model called the “medical model” to a recovery model where clients and family are more involved in decisions about their own treatment. Interventions have also changed to include a focus on services such as housing, employment, supportive social relationships, and overall “life coaching.”

It is widely known and accepted that medical interventions, while often essential, do not comprise the only services, or the majority of services that are needed and wanted by clients.

In terms of the cancellation of client appointments, team support staff regularly reschedule client appointments based on staff illness and vacations, family or client crises, and other unexpected, urgent situations. Most staff within the Division’s teams and programs have appointment times with clients, not just psychiatrist staff. Sometimes appointment times are made weeks or even months in advance, making it more likely that rescheduling could be necessary. Division management or staff could not identify a single example of a manager canceling a psychiatrist’s appointment with a client without prior discussion with the psychiatrist about the need to do so.

In terms of the role of managers on the Division’s treatment teams, program managers do provide supervision to the staff members on their teams and programs. This, too, is the

practice in public mental health systems nationwide and has been a highly effective practice of ensuring the richness of a multi-disciplinary process that reflects the type and range of services provided by teams. In the case of psychiatrist staff, the Medical Chief provides oversight of their psychiatric practice while the program manager provides oversight of other aspects of the psychiatrist's activities within the team.

Finding 3.c (Page 4/9) "Interviewees stated that MHS is likely to lose highly trained and dedicated essential staff as a result of interference with medical practice by management."

Response: We disagree with this finding.

Interviews and discussions with psychiatrist and management staff did not identify a single example of interference with medical practice by management.

Finding 4.a (Page 4/9) "Department of Health Services management selected a consultant to conduct the 2002 organizational study in MHS. The consultant began work with a survey of MHS staff in August 2002."

Response: We agree with this finding.

Finding 4.b (Page 4/9) "During the assessment process, management had input in Recommendation Team selection, constituted one-third of each team, and reviewed topics, wording and concepts of all Recommendation Team products. As a result, according to interviewees, the credibility of the study, its conclusions and follow-up plans have been compromised in the eyes of staff."

Response: We disagree, in part, with this finding.

The assessment process and the recommendation team selection process were different parts of the work of the consultant. The assessment process was meant to identify both strengths and vulnerabilities of the organization, while the recommendation teams were meant to identify actions and solutions. By design, the recommendation teams were comprised of both line staff and managers as would be appropriate for groups designed to work on mutual solutions. The effort was intended to be a collaborative one that demonstrated the mutual problem solving that we all are working to strengthen within the Division.

Division and Department management is appreciative and grateful for the good work of the recommendation teams. We believe that this work, along with the rest of the project, deserves acknowledgement for a job well done and support for the ongoing efforts of both staff and managers working to make the division a better organization.

Finding 4.c (Page 4/9) "The scope of the consultant's survey strayed beyond that recommended by the 2000-01 grand jury, and was enlarged in consultation with management to go beyond interviews with MHS employees. It also included members of the police force and employees of other departments who interacted with PES, as well as some clients, in order to survey customer service satisfaction."

Response: We disagree with this finding.

The purpose of the consultant's work was to meet the needs of the Division and to assist the Division in strengthening staff/management relationships and to strengthen PES relationships with clients, family members and other agencies, including law enforcement.

Finding 4.d (Page 4/9) "Results of the survey were not available until July, 2003, just past the end of the 2002-2003 grand jury's term. This precluded that grand jury from evaluating the survey and consultation results. At present, because the plan of action has yet to be completed and implemented, the 2003-2004 grand jury is again unable to evaluate the effectiveness of the consultation."

Response: We agree with this finding.

The Division engaged in an organizational study to identify areas in which the Division's staff and managers could work together to make the Division a stronger and better organization. Toward that end, a project plan, and timeframe were developed to respond to the goals of the study and to work toward identified actions and solutions. This project was based on the needs of the Division and the intent to be inclusive of Division staff and managers' input and participation. The project was designed to inform a process to improve management/staff relationships, and to improve the relationships of PES with customers of the service, not for the convenience of the grand jury.

The Mental Health Division's staff and managers are working diligently, and with integrity, to make the Division a better organization and to provide better services to our clients. The consultant's work is the beginning of this process, which is intended to be an ongoing effort on the part of Division staff and managers. Attempts to comment during the process, especially if negative in nature, run the significant risk of producing less positive results. All parties should resist making comments as the Division works on implementing the recommendations and integrating them into the organizational culture of the Division.

Finding 4.e (Page 4/9) "According to contract, a follow-up survey is to be conducted by the consultant six months after the implementation of the action plan. If the plan is in place by the end of the current grand jury's term as is expected, there would be time for the next grand jury to evaluate the "effectiveness" results, which would be due in January, 2005, and provide a report during its term on the ultimate success."

Response: We agree, in part, with this finding.

At the beginning of this project, a follow-up survey was planned six months after the release of the recommendations from the recommendation teams. This will still take place, late in 2004. However, at the beginning of this process, it was thought that the recommendations would be limited to one or two per team. Instead, the teams expanded their proposals to include 22 recommendations. Many of these recommendations are ongoing in nature, and some require significant additional work and potential new resources to be able to be implemented. Some of the recommendations reflect more guiding principles, rather than action items, that are intended to positively influence the ways in which the Division continues to grow and change.

Toward that end, a new Staff Advisory Team (SAT) has been formed to work on the implementation of these recommendations. Comprised of 9 line staff representing all sections within the Division, and 3 management staff, this team began meeting in June 2004. The staff and managers participating on this team are already engaged, hard working and dedicated to the task of implementing the action plans developed.

The grand jury should be aware that processes that involve change require time for staff and management to adjust. These processes do not necessarily coincide with the grand jury's term.

Finding 5.a (Page 5/9) “Physicians are concerned that it is becoming difficult to practice good medicine at MHS and to provide treatment according to the regulations and guidelines of the State Medical Board.”

Response: We disagree with this finding.

The Mental Health Services Director and senior staff interviewed 21 of the Division's psychiatrists and asked for any example of psychiatrists not being able to practice medicine according to the regulations and guidelines of the State Medical Board. There were no examples given by any of the Division's psychiatrists.

Finding 5.b (Page 5/9) “Interviewees asserted that should MHS lose medical staff, replacing physicians of equally high quality will be difficult, especially if a reputation of intrusive management of doctors is established.”

Response: We disagree with this finding.

Interviews and discussions with the Division's psychiatrists and managers did not find a single example of management interference with medical practice. However, it is always possible for current psychiatric staff to discourage good new candidates from applying for employment. That would be a tremendous loss for Sonoma County residents, for our staff, and for the candidates themselves.

Recently, a senior California Department of Mental Health official stated that the services and programs of Sonoma County Mental Health were exemplary. They further stated that they hoped that all counties would provide the types of programs and services that Sonoma County provides. These respondents would hope that this emerging reputation as a leader among counties would encourage good candidates of all disciplines to apply for employment here with the Sonoma County Mental Health Division.

Recommendation 1. (Page 5/9) “That the Department of Health Services (HS) management ensures that the Recommendation Teams' action plans for change are clear, concise, actionable, and measurable in order that the 6-month post-implementation evaluation survey will be effective.”

Response: This recommendation has been implemented.

The Recommendation Teams completed their work and developed recommendations and action plans collaboratively with the Mental Health Division's senior management team. This part of the work has already been completed. Some of the recommendations were

clear, concise and measurable while others were more consistent with guiding principles for the entire work of the Division.

Recommendation 2. (Page 6/9) “That HS management adjusts the evaluation survey date so as to ensure that quantified outcomes of the consultations’ effectiveness are in the hand of the grand jury by January of 2005. As the action plans developed by the Recommendation Teams are expected to be implemented in June 2004, more than a 6-month period is available to complete the assessment and meet this deadline. The plan for conducting the post-process survey should be forward to the 2004-05 grand jury.”

Response: This recommendation will not be implemented because it is not reasonable.

With all due respect to the grand jury’s recommendation, it is far more imperative that the implementation timelines and subsequent evaluation survey meet the organizational needs of the department. We will provide the requested documentation to the grand jury as requested; however, we will not adjust timelines to interfere with the process.

Recommendation 3. (Page 6/9) “That HS management creates a brief rating scale to assess results of the consultation and to establish a baseline for measuring changes in staff-management relationships in the future. The survey form with its questions and numerical measurement model should be forwarded to the grand jury.”

Response: This recommendation requires further analysis.

We will consider the grand jury’s recommendation as a means to assess the results of the consultation and to establish a baseline for measuring changes in the staff/management relationships in the future over the next six months in conjunction with the above referenced recommendation team action plans and evaluation survey.

Recommendation 4. (Page 6/9) “That HS management creates written performance standards and expectations for MHS senior management aligned with the goal of improving skills in relating with staff as identified by this report and the consultation process; include these standards in the annual performance evaluation of both senior and line staff management effectiveness.”

Response: This recommendation has been implemented.

It is the practice of the Department to routinely and annually review and discuss performance standards and goals with both management and line staff.

Recommendation 5. (Page 6/9) “In conjunction with staff, that the Mental Health Services Division (MHS) management establishes methods for acknowledging the specific and individual contributions of department members on an ongoing basis.”

Response: This recommendation has been implemented.

The Division has had active employee recognition efforts for the past three years that are part of the County of Sonoma’s Employee Recognition Program. Through this program, individual teams and programs host recognition events and activities throughout the year.

Division management agrees that working with staff to find additional methods by which to acknowledge specific and individual contributions of all staff is a wonderful and supportive idea.

The Department of Health Services hosted training for managers in July 2004 that identified a variety of methods of recognizing, motivating and inspiring staff.

Program Managers have already begun to recognize the efforts of both individual staff and entire teams with certificates of recognition for excellent and improved performance on compliance-related and other activities.

Finally, in an ongoing effort the Staff Advisory Team (SAT) will work with the management team to identify additional methods for recognizing the contributions of department members.

Recommendation 6. (Page 6/9) “That MHS management clarifies with staff and put in writing the proper procedures for reporting various levels of safety concerns, being sure the forms, when required, are available.”

Response: This recommendation has been implemented.

A supply of forms has been replenished in all work areas and training for managers on the use of forms was completed on August 6, 2004.

The Division Safety Committee has begun the task of identifying which types of training would be most useful to staff to enhance understanding about both the completion of forms, as needed, and the process for receiving feedback on identified safety issues or hazards.

The Department of Health Services Safety Committee will also work on identifying needed training throughout the Department on these issues.

Recommendation 7. (Page 6/9) “That HS management creates a form and provides staff with a process to report in writing to the safety committee, situations and conditions they consider unsafe or to document incidents in which their safety was jeopardized. A timely feedback mechanism to advise a submitter in writing of the disposition of the report should be devised.”

Response: This recommendation has been implemented.

The County of Sonoma Safety Manual outlines for staff both the process to be used to report client incidents, safety issues, and hazards and staff accidents and injuries, including the process of providing feedback to staff.

As noted above, both the Division and Department Safety Committees will examine, identify and implement any needed training for Department of Health Services' employees to ensure understanding about these forms and processes.

Recommendation 8. (Page 6/9) “That HS management provides all staff with instruction and information regarding anti-retaliation laws--federal, state, civil service or labor--and the agencies and services provided to assist them if retaliation is perceived or feared from supervisors for any work-related reasons.”

Response: This recommendation has been implemented.

As part of the Department’s implementation of the Department of Health Services’ Compliance Program, the Department offered nine trainings to Department staff during the summer of 2004 that included information about anti-retaliation and provided information to staff to assist them if retaliation is perceived or feared.

Recommendation 9. (Page 6/9) “That HS management affirms and delineate appropriate boundaries between medical and management authority in PES based upon the *The Medical Board of California’s Corporate Practice of Medicine Guidelines* and the *California State Business and Professions Code*, Sections 2050-2079, Section 2190-2196.5 and Section 2400-2417.”

Response: This recommendation will not be implemented because it is not warranted.

The general prohibition on the practice of medicine by corporation is established by state law, *Business and Professions Code* Sections 2400. There are numerous exceptions. Non-profit community clinics are exempt by statute (*Business and Professions Code* Section 2401) and the courts have held that the prohibition does not apply to counties. (*Community Memorial Hospital v. County of Ventura* (1996) 50 Cal.App.4th 199, see also *Estate of Miller* (1936)5 Cal.2d 588.)

California regulations identify what type of education and experience is required for someone who directs a service within a county mental health program as well as for a Mental Health Director of a county. Sonoma County Mental Health is in full compliance with these regulations. Managers within the Division are also almost exclusively independently licensed clinicians who have within their scope of practice almost all of the services provided by the Division. Within that framework, the regulations also require that a qualified physician must assume responsibility for “those acts of diagnosis, treatment, prescribing or ordering of drugs which may only be prescribed by a licensed physician.”

It is important to note that the clients of the Mental Health Division are clients of the entire team or program, not just clients of an individual staff person, including the psychiatrist. As previously mentioned, 92% of all of the Division’s services are performed by staff other than psychiatrists which speaks to the breadth and scope of the Division’s services.

cc: Allan Hardcastle, Presiding Judge of the Superior Court
Members, Board of Supervisors
Denise Gordon, Court Executive Officer
Mike Chrystal, County Administrator
Eeve Lewis, County Clerk