



The Sonoma County Grand Jury

MENTAL HEALTH MANAGEMENT ILLS

June 15, 2004

Summary

For the fifth consecutive year, the Sonoma County grand jury has addressed continuing issues within the Mental Health Services Division (MHS) of the Department of Health Services (HS).

The 2003-2004 grand jury was entrusted by the previous jury with assessing the effectiveness of a HS consultant's plan to stem continuing problems of declining MHS morale. In addition, the jury reviewed progress made in addressing safety and security issues, in refurbishing the Psychiatric Emergency Services (PES) facility at the Norton Center, and in improving its maintenance. Two new complaints focused attention on heightened tensions between senior management and staff. Though the consultant's survey verified staff-management relationship problems, the process to create actionable goals, begun two years ago with the consultant, has not yet reached the implementation phase. Therefore, its effectiveness as an agent of change could again not be evaluated by the seated grand jury. This task will be left to the next grand jury to complete.

Meanwhile, the work climate at MHS continues to deteriorate. Additionally, this grand jury received oral and written testimony that indicates strong discontent with management on the part of nearly all of the psychiatric staff. These physicians perceive their functions as being sometimes over-ridden by non-medical personnel against or without physician approval, possibly inhibiting their ability to practice good medicine and putting patients potentially at risk. The jury has formulated 22 findings and has made 10 recommendations to county officers to facilitate resolution of these problems. It is hoped that significant improvements can be achieved before a new Director of the Department of Health Services assumes responsibilities in January, 2005.

Reason for Investigation

Following earlier grand jury investigations and reports, a consultant was hired by the Director of Health Services in January of 2002 to conduct an "organizational assessment" of the Mental Health Services Division. Since the term of the 2002-2003 jury ended on July 8th, 2003, before the consultant's contract was completed, the jury stated in its final report that "follow up interviews should be conducted by a future Grand Jury" and the "effectiveness of the consultation" be determined.

During the term of the current grand jury, two additional complaints were filed repeating the complaints reported by grand juries since 1999: questions of maintenance and cleanliness; frustration with inadequate security; reports of wide-spread low morale; increased complaints of

unhealthy relationships with senior management; and, ultimately, concerns about the impact of these problems on patient care.

Four previous grand juries' final reports have identified these conditions and recommended their correction. The ongoing nature of these problems created a need for the 2003-2004 grand jury to investigate what progress, if any, had been made in solving them, and with what degree of success, paying special attention to the effectiveness of the consultation and issues at Psychiatric Emergency Services.

Background

The current grand jury has continued the work of its predecessors whose final reports recommended hiring an outside consultant to assess the problems at MHS, by reviewing the results in order to evaluate its effectiveness in creating necessary changes.

The 2000-2001 Report stated that issues identified by grand juries from 1999 "have only been partly addressed," and recommended that the department "must recognize and resolve problems arising from ... unresponsiveness to staff." During 2001-2002, the grand jury published an interim report on MHS to call attention to the seriousness of unaddressed and widespread issues of low morale, fears regarding personal safety, and supervisory style. They pointed out that "Mental Health management does not acknowledge the depth of the problem nor its effect upon morale." A consultant was hired in August of 2002 to perform an organizational assessment, with an additional separate contract to provide management training skills.

However, this assessment process, incomplete at the end of the grand jury term in 2003, remains incomplete a year later; action plans are not approved and none has been implemented. Though some useful information has been gathered, an evaluation of the consultation's effectiveness is again not possible this term.

Investigative Procedures Summary

In the process of conducting this investigation, the grand jury interviewed thirty individuals including county department heads, managers and employees, physicians and staff, consultants and union leadership. The jury researched and read numerous contracts, manuals, reports, articles, government code, legal analysis, consultant bulletins, forms and other documents. Jurors visited the Norton Center PES facilities. For a complete listing of interviews and documents, see the "Investigative Procedures" section at the end of this report.

Findings

F1. *Morale Continues to Deteriorate*

- F1.a 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.
- F1.b 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 indicate that the degree of discouragement stemming from

management practices would now be higher in contrast with the year-old survey cited above.

- F1.c 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.
- F1.d 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.
- F1.e 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.
- F1.f Fear of retaliation from management for various reasons was reported by a significant number of employees interviewed.

F2. Security and Workplace Upgrades Remain Incomplete

- F2.a Safety concerns have been raised by MHS staff since the 1999 report. While there are understandable barriers to making certain changes to the old Norton Center facility, some basic safety features have only recently been completed there, such as installing security cameras, keypad-style door locks, and supplying employees with an individually coded key-card. Beginning 2004, all doors will remain locked during the day except the front door, and all doors will be locked at night.
- F2.b 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.
- F2.c Facility refurbishing completed this year includes new floor covering and paint in the hallways at PES.
- F2.d 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.
- F2.e No record of Norton Center safety monthly committee meetings for the year 2003 could be produced for the grand jury.
- F2.f 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.

F3. Complaints Related to Management Rise to New Levels

- F3.a Most MHS medical staff support other employees' complaints regarding management practices. Nearly all of the psychiatrists were signatory to a statement critical of MHS management.
- F3.b Testimony of psychiatrists enumerates instances of managers' overriding the physicians' role and overriding medical decisions, such as:
- Cancellation of patient appointments without prior approval by a physician
 - Placing non-physician managers in the role of supervising nurses and physicians
 - Empowering non-medical managers to make final decisions about patient care in the name of the treatment team
- F3.c Interviewees stated that MHS is likely to lose highly trained and dedicated essential staff as a result of interference with medical practice by management.

F4. Incomplete Consultant Assessment Precludes Evaluation of Effectiveness

- F4.a 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.
- F4.b 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.
- F4.c 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.
- F4.d 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.
- F4.e 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.

F5. Patient Care Potentially at Risk

- F5.a 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.
- F5.b 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.

Conclusions

The grand jury commends the many dedicated and skilled individuals who are providing mental health services for Sonoma County in an often difficult environment.

It is recognized that changes over the past several years have been implemented to provide more effective mental health services such as movement to the team Assertive Community Treatment (ACT) approach. While MHS and HS senior management have attributed staff discontent to a highly vocal core of continually disgruntled employees who are resistant to change, the consultant's assessment and further investigation by this jury indicates that a significant management/staff relationship problem can no longer be denied.

Worker concerns of safety, training and facility maintenance and improvement do not appear to have yet overcome structural and bureaucratic hurdles, even with some items that should have been easy to do.

Because of the slow pace of addressing improvements over the last several years, it is not surprising that staff morale and hopes for the future are so low. The grand jury, rather than their own management, is seen by many as the primary impetus for recognizing and solving problems.

When over 20% of the staff, a large number of interviewees and nearly all of the physicians at MHS, indicate that the management/staff relationship is a major problem, MHS and HS management should take notice. Whatever the cause of the discontent, when it reaches such a significant level and is increasing, it should be addressed and steps taken to correct management style and return to a balance so that patient care is not put at risk.

With budget contractions likely to impact mental health services, and the medical staff having exposed their discontent directly to the Board of Supervisors, these conflict issues must be addressed. Sonoma County mental health services has enough problems and should not be further burdened with management/staff conflicts.

Because of MHS' history of slow recognition and implementation, and the opportunity for significant improvements that are possible from the assessment project's team recommendations, there will be a need for a future grand jury to follow the progress.

Recommendations

- R1. 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.

Sonoma County Grand Jury
Mental Health Management Ills (continued)

- R2. That HS management adjusts the evaluation survey date so as to ensure that quantified outcomes of the consultations' effectiveness are in the hands 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 forwarded to the 2004-05 grand jury.
- R3. 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.
- R4. 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.
- R5. 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.
- R6. 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.
- R7. 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 feed-back mechanism to advise a submitter in writing of the disposition of the report should be devised.
- R8. 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.
- R9. That HS management affirms and delineate appropriate boundaries between medical and managerial authority in PES based upon *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.
- R10. In view of the prolonged character of problems in MHS and in view of MHS medical staff bringing these issues to the Board's attention at their meeting on March 23, 2004, the Board of Supervisors should report to the grand jury what requirements they will establish to ensure that HS management addresses grand jury recommendations.

Required Responses to Findings

Board of Supervisors

F1. b, f

F2. e

F3. a, b, c

F4. a, d, e

Sonoma County Grand Jury
Mental Health Management Ills (continued)

F5. a, b

Director, Department of Health Services

F1. a, b, d, e, f

F2. b, d, e, f

F3. a, b, c

F4. a, b, c, d, e

F5. a, b

Director, Mental Health Services Division

F1. a, b, c, d, e, f

F2. e, f

F3. a, b, c

F4. b, d, e

F5. a, b

Required Responses to Recommendations

Board of Supervisors - R4, R8, R9, R10

Director, Department of Health Services - R1, R2, R3, R4, R6, R7, R8, R9

Director, Mental Health Services Division - R5, R6, R7, R8, R9

Investigative Procedures

During its investigation, the grand jury:

- Conducted interviews and consultations, totaling 30, with management and/or members of the following county departments, divisions and programs:

Department of Health Services

Mental Health Services Division

– PES

– Norton Center staff members

General Services Department

– County Architect Division

– Facilities Operations Division

– Purchasing Division

– Risk Management Division

Department of Human Services

Department of Auditor Controller

- Visited:
 - Norton Center PES facilities
- Researched and read the following:
Contracts:

Sonoma County Grand Jury
Mental Health Management Ills (continued)

- Amendment # 1 - County of Sonoma Agreement for Provision of Community Health Services: Psychiatric Inpatient Services and Sutter Medical Center of Santa Rosa
- Amendment # 2 - Management Services Agreement between Sutter County Medical Center and the County of Sonoma.
- Amendment # 3 - to Health Care Access Agreement Between Sutter Medical Center of Santa Rosa and the County of Sonoma.
- ESP Security and Mental Health Services (including language about duties and responsibilities.)
- County of Sonoma and Contractor for Consultation to Increase Managerial Ability in HSD, especially PES (January 23, 2002).
- County of Sonoma and Contractor for Assessment of Organization Effectiveness in NMH (August 29, 2002.)
- Manuals:
 - *Freer Manual for ... Psychiatric Hospitals: Guide for Field Reviewed Projects, Exempt Projects and Expedited Review Projects.* (Office of Statewide Health Planning and Development Division, Sacramento, CA.)
- Documents:
 - General Services Accounting Division:
 - Vendor historical payment records.
 - Architect Division:
 - PES office remodel floor plan (December 4, 1903).
 - Job description Senior Project Manager
 - Status Report: Norton Center Upgrade Projects Pending
 - Mental Health Services Division:
 - Job Descriptions for Health Program Manager, Patient Care Analyst, and Patient Care Manager
 - MHS's Consultant Bulletins, #7 through #11
 - Meeting minutes of Safety Committees (Norton Center and PES)
 - *CalOSHA Guidelines for Workplace Security* (rev. 1995) California government publications.
 - *Guidelines for Security and Safety of Health Care and Community Service Workers* (pub. to html March, 1998) California government publications.
http://www.dir.ca.gov/dosh/dosh_publicationsd/hcworker.html
 - *Injury and Illness Prevention Model Program for Workplace Security* (revised 1995). California government publications.
 - *West's Annotated California Codes. Labor Code, Division 5: Safety in Employment Part1. "Occupational Safety and Health" Chapter 3, "Responsibilities and Duties of Employers and Employees."* (rev.2003)
- Reports:
 - General Services Maintenance Division

Sonoma County Grand Jury
Mental Health Management Ills (continued)

- Description of three-phase remodeling project at Norton Center with budget attached.
- Department of Health Services
 - Reports to Board of Supervisors from Health Services and County Administrator’s Office: “State of Public Health Services and Funding”. (February 25, 2003, and December 9, 2003).
 - “Mental Health Financial Plan”, Financial Year 2004-2005.
- County Administrator to Board of Supervisors: Budget Policy Workshop
- Articles:
 - “Corporate Practice of Medicine: Medical Board of ‘California Adopts Corporate Practice of Medicine Guidelines”
(<http://www.aaem.org/corporarepraactice/corpprac.shtml>)
- Government Code:
 - *State of California Business and Professions Code*: Sections 2050-2079; 2190-2196.5, 2400-2417.
- Charts:
 - Countywide job titles with hourly salary schedules.
 - MHD Organization Chart with FTE 2002-3 baseline
 - MHD Adult Outpatient Services
 - California Department of Mental Health Medi-Cal Psychiatric Inpatient Hospital Services Regional Average Negotiated Rates
- Forms:
 - County of Sonoma Accident/Incident Investigation Report of Occupational Injury or Illness.
 - Sonoma County DHS/MHD Confidential Incident Report:(to Quality Improvement Unit, Mental Health Administration and Program Mgr.)
 - County of Sonoma Employee Hazard Report (to supervisor and Risk Mgmt.)