

2005-2006 GRAND JURY REPORT

Riverside County Department of Mental Health

Western Region Older Adult and Adult Services

Background

The Western Region is one of three County regions providing mental health services to qualified applicants, including inpatient and outpatient care, emergency treatment services, and drug and alcohol dependency programs. This Western Region includes seven clinics responsible for services to adults residing within designated areas of the County.

These clinics are staffed with physicians, psychologists, behavioral health specialists, clerical and transportation staff. Each clinic has an on-site supervisor who reports to the region's Mental Health Services Manager.

The budget of the Western Region in fiscal year 2005/2006 is \$12.6 million. Money is generated by the taxing power of the county, state and federal governments, as well as by client payments.

This report is based on a review of documents and interviews with all supervisors, a considerable number of other staff, and senior officers of the department.

Findings

1. Morale

Staff morale is dangerously low for an effective working environment. Major causes include, but are not limited to:

- a. Frequent relocation or transfer of personnel;
- b. Reorganization of clinics without seeking and considering staff input;
- c. Pervasive lack of communication among senior management, supervisors and staff;
- d. Inconsistent and unclear opportunities for promotion; and
- e. Senior management not monitoring morale indicators such as stress leave, frequent unscheduled time off, unexpected resignations or retirements, and transfer requests.

2. Safety

Personnel in some clinics denied knowing, or were unaware of, the existence of written safety protocols for their clinics.

- a. Safety inspection reports were not uniformly followed.
- b. The reception areas do not provide full visibility to clinic staff. This is important as the clinics deal with mentally ill persons.
- c. Not all clinics are equipped with panic buttons. Some buttons are not operational or staff members were unaware of their location and use.

3. Training

- a. Clinics do not have designated training officers.
- b. In some clinics, proper documentation of a client's chart, in terms of assessment, case notes and other actions (including appropriate reimbursement billing notations), is handled by untrained clerical personnel.
 - Clerical staff are unable to handle workloads due to their personal injuries.
 - Clinics are unable to secure replacement staffing through the county's Temporary Assistance Program (TAP).
- c. There was no evidence that each clinic regularly scheduled and participated in drill procedures for fire or other emergency situations.

4. Organization

- a. The Regional Mental Health Services Manager volunteered for and assumed additional duties, thus resulting in dilution of overall effectiveness.
- b. Employee performance evaluations are not accomplished in a timely manner. Some employees have not received written evaluations for as long as seven years.
- c. Senior management has displayed an indifferent attitude toward staff input in clinic reorganization.
- d. There is a perception of managerial indifference toward staff recommendations, requirements and needs.

- e. Underperforming employees are transferred without remedial action being taken by the transferring supervisor. This practice “infects” the receiving clinic, increases the tasks of already overworked supervisors, and reduces clinic productivity.
- f. Some supervisors isolate themselves, often managing by e-mail or written directive rather than personal contact.

5. Finances

- a. Based on available information, failure to document fees for services correctly, or not document at all, cost the County approximately \$250,000.
- b. Medical billing was disallowed due to incomplete charting.
- c. Charts audited were selected by the supervisor, rather than randomly chosen, thus allowing any audit effort to be easily manipulated.
- d. The twenty-year-old computer system currently in use is outdated and cannot keep up with government accounting and billing requirements.

6. Clientele

- a. The office structure of the clinics is not conducive to meeting the physical and emotional needs of the majority of the clients.
- b. The Corona/Norco area with a population of nearly 200,000 has no locally available multipurpose mental health service clinic, so clients must travel to Riverside.
- c. There is inadequate office space to assure client confidentiality.
- d. There are insufficient personnel trained to deal effectively with dual diagnosis (mental illness plus alcohol and/or drug addiction) that afflict seventy to eighty percent of service consumers.
- e. Reception personnel are not trained to deal with the clinics’ difficult mental health service clients.
- f. The City of Riverside has initiated eminent domain proceedings, with condemnation of two facilities currently contracted by the County to provide housing for Department of Mental Health clients. This action will exacerbate the shortage of bed space for these clients.

7. Quality Improvement – Outpatient
 - a. Quality Improvement audits of clinics are not conducted quarterly as the procedure manual dictates.
 - b. A function of Quality Improvement is to collect data for medical disallowances. This data is used in discussions with clinic supervisors, but is not disseminated to senior management.
 - c. Adequate information regarding billing procedures is not collected. There are no indicators to alert management to billing deficiencies.
 - d. Information collected is not always reported to the department program manager, assistant director or director.

Recommendations

**Riverside County Board of Supervisors
Riverside County Department of Mental Health
Riverside County Office of Auditor-Controller
Riverside County Safety Division
City of Riverside – City Council**

1. Morale
 - a. Develop a system that allows senior management to evaluate morale indicators including, but not limited to:
 - Stress leave;
 - Transfer requests;
 - Excessive absenteeism (particularly on Mondays and Fridays);
 - Unplanned resignations or retirements; and
 - Worker’s compensation claims.
 - b. Take action to avoid the perception that staff input is of little or no value. Senior management should solicit participation of line staff and supervisors in decisions affecting the clinic environment.
 - c. Increase employee awareness of educational and other requirements for promotional opportunities. In appropriate circumstances, communicate the requirement for degreed or certificated applicants.
2. Safety
 - a. Implement guidelines from the Safety Division with respect to location, installation, and maintenance of panic buttons and alarm systems.

b. Prepare written protocols for emergency actions and evacuations. Assure that all personnel are aware of emergency procedures. Conduct frequent training with various emergency scenarios.

c. Make all reception areas fully observable by staff.

3. Training

a. Each clinic supervisor appoint a clinic training officer.

b. Position descriptions and duties be explained to each employee.

c. Explain to each employee and contract professional the importance of prompt and proper chart documentation, and require compliance.

d. In the case of contract personnel, make documentation of client records a specific contractual requirement.

e. Recognize quality performance promptly and publicly.

f. Develop positions consistent with client profiles.

4. Organization

a. Require written performance evaluations at all levels on employee anniversary dates. Failure to comply be a mandatory notation on the evaluator's performance report.

b. After removal of employees from progressive discipline (Progressive Performance Improvement, or PPI), require written reports on employees until performance has been at a satisfactory level for six months.

c. Transfer of underperforming employees be prohibited unless both transferring and receiving supervisors agree. Employees being transferred under these circumstances should have already been under PPI for a reasonable period.

5. Finances

a. Require the Auditor-Controller to audit the Western Region.

b. Standardize policies and procedures throughout the system to maximize reimbursement for authorized services.

- c. Review financial records regularly to assure that appropriate reimbursements are received.
- d. Develop a comprehensive system of electronic recordkeeping, to include the replacement of the twenty-year-old computer system.

8. Clientele

- a. Educate transportation and reception personnel to deal appropriately with clientele displaying significant physical or emotional problems.
- b. Initiate fast-track efforts to establish a full-service clinic in the Corona/Norco area.
- c. Provide clinicians and behavioral health specialists private offices to guarantee client confidentiality.
- d. Increase staff resources to deal with dual diagnosis (mental illness plus alcohol and/or addiction drug) clients.
- e. Coordinate County and City efforts to provide facilities to replace the loss of client beds caused by property condemnations.
- f. Urge County and City governments to locate multipurpose facilities for client convenience.

9. Quality Improvement

- a. Develop a statistically valid protocol to provide accuracy of records, and to monitor revenue.
- b. Provide review and audit results to senior management on a quarterly basis.

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