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SUPERIOR COURT OF CALIFORNIA
COUNTY OF TRINITY
BY: DONNA REGNANI, DEPUTY CLERK

DR

**TRINITY COUNTY GRAND JURY
2003-2004**

**HEALTH AND HUMAN SERVICES COMMITTEE
FINAL REPORT**

BEHAVIORAL HEALTH DEPARTMENT

**This Report was approved
on May 10, 2004**

**2003-2004 TRINITY COUNTY GRAND JURY
HEALTH AND HUMAN SERVICES COMMITTEE
FINAL REPORT**

BEHAVIORAL HEALTH DEPARTMENT

PURPOSE:

The Grand Jury investigates, as it deems appropriate, the operation of Trinity County departments. Because the 2001-2002 grand jury report was highly critical of the operation of the Behavioral Health Department, the department was again investigated this year. Areas of concern in the 2001-2002 report were revisited. The Alcohol and Other Drug Services functions were also included in this review although not covered in 2001-2002.

INTRODUCTION:

The Trinity County Department of Behavioral Health has responsibility for providing a variety of mental health services for the citizens of Trinity County. Services fall under the general headings of child and adolescent services, adult services, and the alcohol and other substance abuse program. Due to financial constraints, counseling services are limited to Medi-Cal consumers. Every effort is made to help potential clients who are eligible to enter the Medi-Cal program.

Children's services include counseling, case management, and therapeutic behavioral services. Children's Systems of Care provides an integrated treatment plan for children at risk for placement outside of their homes and who are involved with at least two human service agencies in Trinity County. Counseling and case management may be provided at home or at school. Adolescent services include Friday Night Live with Club Live for middle school aged youth and Friday Night Live for high school aged youth; both programs are held in Hayfork and Weaverville. Counseling, Mental Health, and Alcohol and Other Drugs services may work in collaboration with other services for youth.

Adult services consist of counseling, case management, medication, and alcohol and other drug problems, in addition to mental health disorders. Anger management treatment is available through Systems of Care and the Alcohol and Other Drugs program.

Crisis services for unplanned events or stabilization are provided on a 24 hours/day, seven days/week basis for adults and children.

Trinity County's behavioral health acts as an outpatient facility. If inpatient services are needed they coordinate with an appropriate inpatient facility. Often these are considerable distance from Trinity County with many clients placed in facilities in Vallejo or further away.

BACKGROUND:

Beginning in the late 1960's mental health services were established as a pilot program in Trinity County. Services emphasized long term personalized care for clients while minimizing required paper work. When this pilot program ended in 1998, in order to maintain a mental health program with state funding Trinity County's Board of Supervisors signed a new contract with the California Department of Mental Health and renamed the department the Trinity County Department of Behavioral Health. The directorship of the department changed hands many times, and the State Department of Mental Health and Medi-Cal (the major client insurance provider) consistently objected to poor compliance with their regulations, including paper work required for reimbursement and the need for objective behavioral goals for treatment.

In July, 1999, Trinity County contracted with Kings View Corporation to provide both an experienced licensed executive director and computerized information management services for purposes of clinical efficiency, cost efficiency, and to be in full compliance with all applicable state regulations. The initial executive director's position has expanded to include an executive director and three deputy directors. Also included in the administrative group, Brian Muir, county Auditor/Controller is the Trinity County Director of Public Health.

At present, psychiatric services are provided by means of a two way interactive televised system. This is required when psychotropic medications are a part of treatment.

When this investigation began, Ted Klemm was the executive director of the Behavioral Health Department. He has since resigned and the three deputy directors are functioning as the interim director, under the direction of Brian Muir. At the completion of this investigation period, a new Executive Director had not been selected.

The process of the selection of a new executive director includes an initial call for applications and interviewing by Kings View. After selection of a preferred candidate, the potential candidate is interviewed by Mr. Muir, who has the right of refusal if he finds the candidate unsuitable. In this case, the process would begin again.

METHOD OF INVESTIGATION:

The Health and Human Services Committee requested and received from the Executive Director and the three Deputy Directors: The organizational chart for the department, responses to lengthy individual questionnaire packets, results of the most

recent Medi-Cal evaluation of the program, job descriptions, copies of advertising materials and the departmental budget. A meeting with the advisory board for Behavioral Health was attended and a lengthy meeting was held with the three deputy directors after the executive director had left. These meetings were each attended by three or more members of this committee. Numerous phone calls with various members of the staff of the Behavioral Health Department also occurred for purposes of clarification and further information requests. Interviews with staff in other departments interacting with those from Behavioral Health were taken. Findings and recommendations of the 2001-2002 Grand Jury investigation of this department (2001-2003) were checked against present functioning of the department. The most recent review by Medi-Cal was reviewed for comparison with a 2001-2002 review by them, and with present policies. The present Grand Jury requested and received responses to a survey sent to a random sampling of each job classification represented on the organizational chart. More than 50% of employees in each job classification were included in this survey. A meeting with one of the psychiatrists, via the interactive video system used by this department, also occurred.

FINDING #1:

Quality Review: The Medi-cal review was reviewed for compliance and areas of concern. It was found that the Medi-Cal review process is primarily concerned with the adequacy of paper work to meet requirements of that state agency. There has been significant improvement in the Behavioral Health's compliance with the requirements since the last Grand Jury assessment of this department.

Following the previous investigation of this department by the grand jury, the Board of Supervisors agreed to form a committee to oversee the Kings View Behavioral Health Program and determine the quality of its services to clients. This has not occurred. Instead, they decided to rely on the review by Medi-Cal.

There is a process whereby clients and/or other citizens can express concerns, complaints (or exceeded expectations) with the department. At present, there is no formal or semi-formal system for determining general client satisfaction or specific improvement as a direct result of services. Administrators stated that they believe that clients are free to complain or to disagree about services offered and that the program is a good one for their clients.

The results of the survey conducted by the Grand Jury demonstrate dramatic improvement in personnel satisfaction. Since a significant number of the responding employees are not those present at the time of the last grand jury, it is not clear if the present personnel better fit the needs of the administration, or if there have been changes in management style.

In the previous grand jury investigation, advisory board members reported being frustrated by lack of input into department programs.

RECOMMENDATION #1

The Behavioral Health Department is to be congratulated on improved compliance with Medi-Cal regulations. Since Medi-Cal is the primary funding source for this department, it is imperative to strive for maximum compliance.

However, much of the concern in the previous grand jury investigation of this department, as managed by Kings View, concerned client and personnel dissatisfaction. This department is also to be congratulated on improved job satisfaction as expressed by the responding personnel. While an established method to receive and log active complaints is in place, a method of surveying client opinion as to services and outcome of prescribed treatment is strongly recommended.

The low incidence of client representation on the advisory board for this department is of concern, as it may indicate a disconnection between clients and the professional staff. It is recommended that every effort be made to increase client (present or former) willingness to be members of this board in order to affect policies that may be made. The state mandated percentage of user representation should be the minimum on the board, and the present user representation is well below this required number. It is also recommended that the Advisory Board be supported and encouraged to take an active role in ongoing development and review of policies for the department.

FINDING #2

Video conferencing: The use of video-conferencing between clients and psychiatrists is provided to enable clients to have direct interactions with a psychiatrist for some counseling and for prescription and follow up when psychotropic medication is indicated. There is not a psychiatrist available in Trinity County and the cost of providing these services through an on site person, who would need to be paid for travel time and accommodations is prohibitive. Recruitment of an on site psychiatrist is almost impossible given the amount of money available for this service. Costs are reduced by using teleconferencing. More than one psychiatrist provides the service, thus permitting clients some flexibility in scheduling and the opportunity to change professionals if the client wishes. Teleconferencing is provided in a secure room with two-way visual and verbal content. Members of this committee observed the process (without a client present) and spoke with one of the psychiatrists.

The deputy directors stated that they consider this to be an excellent system for providing services with maximum flexibility for clients. They reported high client satisfaction. Because of confidentiality constraints, clients were not interviewed concerning their experiences with this type of service; staff reported that complaints about this system were minimal. A member of this committee, who is a retired psychologist, stated that he believes this system, as it functions, is excellent.

RECOMMENDATION #2

The Behavioral Health Department is to be commended for their effort to provide psychiatric services within the county in spite of financial and distance constraints.

Again, the development of a method to assure accuracy in assessing client responses to the service is recommended.

FINDING #3

Selection of a new executive director: Initial posting of the position and interviewing of candidates are conducted by Kings View outside of Trinity County. After a selection is made, the successful applicant is interviewed by Brian Muir, and if he has no objection, the person is hired. The deputy directors and the advisory board have no formal place in this recruitment process. The deputy directors assured the grand jury committee members that they had full confidence that they would approve of the person if Mr. Muir approved of the selection.

RECOMMENDATION #3:

Kings View may never send for approval any but their ideal candidate for this sensitive position, and Mr. Muir may always be correct in his analysis of the candidate, but it would seem at least courteous to allow the deputy directors and advisory board to speak with the person before confirming his or her appointment. It is recommended that the advisory board (with its consumer representatives) and the deputy directors be formally given opportunities to ask questions they consider important as part of the selection process.

FINDING #4:

Interactions with staff members at the juvenile facility: The need for client confidentiality is clear; counselors should not discuss privileged information with facility staff, and there have been no complaints presented to the grand jury in this area. Couched among statements of respect for counseling services provided in the juvenile facility there was a noted lack of respect for sessions consisting of “playing”—a board game, for instance. Possible rationale for the use of board games and other devices in gaining or maintaining rapport with clients was suggested and defended by directors when this concern was reported to them during the meeting before this report was prepared.

RECOMMENDATION #4

The need for rapport, especially with young clients, is not in question in this report. Some level of rapport with facility staff is also important for maximum benefit of

counseling and for facility staff support of goals. Some statement to facility staff of the rationale for use of nonstandard materials or techniques in a specific case is recommended if this can be done without violating client confidentiality.

FINDING #5

Quandary in Crisis Intervention with person's on parole: After 5:00 P.M., crisis calls are routed through 911 to the sheriff's department. Suicide calls are routed to the sheriff's department as well as to Behavioral Health, in order that the individual's safety can be assured. At the hospital, a determination is made whether-or-not there is a serious risk to the safety of that person or others. A procedure, known as "51-50," may be employed to place the individual under involuntary commitment for up to 72 hours if it is determined that the person is a danger to himself or herself or to others. The quandary is when a person is on parole after being convicted of a crime related to substance abuse and who also has a history of severe depression. If the individual becomes suicidal when under the influence of a substance, and his or her parole is conditional on not using that substance; if the person calls the crisis line, he or she will be remanded to jail for the remainder of his sentence. If he or she does not call, suicide may result. This situation occurs more frequently than most of us would imagine.

The Behavioral Health Department is not paid for time spent by counselors working with their clients if the client is in jail. It is the department's policy to continue seeing clients while they are in jail if they are already in the program.

RECOMMENDATION #5:

The Health and Human Services Committee of the grand jury supports the Behavioral Health Department's policy of maintaining continuity of treatment for incarcerated clients as the client's best chance to improve.

Beyond frequent reminders to consumers with this risk and recommendation of use of earlier use of the crisis line rather than substance abuse the grand jury has no recommendation or solution for this quandary.

CONCLUSION:

The Behavioral Health Department has made improvements in many areas since the previous grand jury investigation. There is continued need for better client representation on the advisory board for this department, and a clearer avenue for input by the advisory board into the department's policies and in the selection process for a new executive director. A system for monitoring and acting on client recommendations for changes within the department has also been recommended.

The original pilot program method of service was optimal, but very expensive. In the climate of shrinking budgets and increasing, frequently changing requirements from state agencies and mandated methods of treatment under these programs, such programs are no longer possible, except citizens with sufficient high level insurance to pursue treatment privately.

The staff is dedicated to providing the best possible service to clients and to interacting effectively with other agencies to provide a wide range of cooperative programs to benefit clients. They are commended for their efforts.

RESPONSES REQUIRED:

	Findings	Recommendations	Respond in
Directors-Behavioral Health	all	all	60 days
Trinity County Board Of Supervisors	all	all	90 days
Brian Muir, Trinity County Director of Behavioral Health	all	all	60 days



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AUG 12 2004
TRINITY COUNTY
SUPERIOR COURT

TRINITY COUNTY

BRIAN E. MUIR, COUNTY AUDITOR-CONTROLLER
DAVID NELSON, CHIEF DEPUTY AUDITOR-CONTROLLER
P.O. BOX 1230, WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1317 FAX (530) 623-1323


TO: The Honorable Anthony Edwards
Presiding Judge of the Superior Court

FROM: Brian Muir, Auditor – Controller

CC: Kelly Frost, Deputy Clerk to the Board of Supervisors

SUBJECT: Response to Recommendations of 2003-04 Grand Jury Health and Human
Services Committee Report re: Department of Behavioral Health

DATE: August 1, 2004



The Grand Jury Health and Human Services Committee has requested a written response to their final report on the Department of Behavioral Health. In my capacity as Auditor – Controller and Director of Behavioral Health Services my response is as follows:

Finding #1: Quality Review: The Medi-cal review was reviewed for compliance and areas of concern. It was found that the Medi-Cal review process is primarily concerned with the adequacy of paper work to meet requirements of that state agency. There has been significant improvement in the Behavioral Health's compliance with the requirements since the last Grand Jury assessment of this department.

Following the previous investigation of this department by the grand jury, the Board of Supervisors agreed to form a committee to oversee the Kings View Behavioral Health Program and determine the quality of its services to clients. This has not occurred. Instead, they decided to rely on the review by Medi-Cal.

There is a process whereby clients and/or other citizens can express concerns, complaints (or exceeded expectations) with the department. At present, there is no formal or semi-formal system for determining general client satisfaction or specific improvement as a direct result of services. Administrators stated that they believe that clients are free to complain or to disagree about services offered and that the program is a good one for their clients.

The results of the survey conducted by the Grand Jury demonstrate dramatic improvement in personnel satisfaction. Since a significant number of the responding employees are not those present at the time of the last grand jury, it is not clear if the present personnel better fit the needs of the administration, or if there have been changes in management style.

In the previous grand jury investigation, advisory board members reported being frustrated by lack of input into department programs

Response: I disagree in part. Systems are in place to gauge client satisfaction including an annual client satisfaction survey, consumer satisfaction questionnaires at all locations, and performance outcome surveys.

Recommendation #1: *The Behavioral Health Department is to be congratulated on improved compliance with Medi-Cal regulations. Since Medi-Cal is the primary funding source for this department, it is imperative to strive for maximum compliance.*

However, much of the concern in the previous grand jury investigation of this department, as managed by Kings View, concerned client and personnel dissatisfaction.

This department is also to be congratulated on improved job satisfaction as expressed by the responding personnel. While an established method to receive and log active complaints is in place, a method of surveying client opinion as to services and outcome of prescribed treatment is strongly recommended.

The low incidence of client representation on the advisory board for this department is of concern, as it may indicate a disconnection between clients and the professional staff. It is recommended that every effort be made to increase client (present or former) willingness to be members of this board in order to affect policies that may be made. The state mandated percentage of user representation should be the minimum on the board, and the present user representation is well below this required number. It is also recommended that the Advisory Board be supported and encouraged to take an active role in ongoing development and review of policies for the department.

Response: The recommendation has been implemented. Systems are in place to measure consumer satisfaction. Efforts are continuing to recruit new Advisory Board members, and board members are encouraged to take an active role in policy development.

Finding #2: *Video conferencing: The use of video-conferencing between clients and psychiatrists is provided to enable clients to have direct interactions with a psychiatrist for some counseling and for prescription and follow up when psychotropic medication is indicated. There is not a psychiatrist available in Trinity County and the cost of providing these services through an on site person, who would need to be paid for travel time and accommodations is prohibitive. Recruitment of an on site psychiatrist is almost impossible given the amount of money available for this service. Costs are reduced by using teleconferencing. More than one psychiatrist provides the service, thus permitting clients some flexibility in scheduling and the opportunity to change professionals if the client wishes. Teleconferencing is provided in a secure room with two-way visual and verbal content. Members of this committee observed the process (without a client present) and spoke with one of the psychiatrists.*

The deputy directors stated that they consider this to be an excellent system for providing services with maximum flexibility for clients. They reported high client satisfaction. Because of confidentiality constraints, clients were not interviewed concerning their experiences with this

type of service; staff reported that complaints about this system were minimal. A member of this committee, who is a retired psychologist, stated that he believes this system, as it functions, is excellent.

Response: I agree.

Recommendation #2: The Behavioral Health Department is to be commended for their effort to provide psychiatric services within the county in spite of financial and distance constraints.

Again, the development of a method to assure accuracy in assessing client responses to the service is recommended.

Response: The recommendation will be implemented. Ways to obtain additional client responses to the telepsychiatry program will be reviewed in the next 90 days.

Finding #3: Selection of a new executive director: Initial posting of the position and interviewing of candidates are conducted by Kings View outside of Trinity County. After a selection is made, the successful applicant is interviewed by Brian Muir, and if he has no objection, the person is hired. The deputy directors and the advisory board have no formal place in this recruitment process. The deputy directors assured the grand jury committee members that they had full confidence that they would approve of the person if Mr. Muir approved of the selection.

Response: I disagree. Deputy Directors met with all candidates for executive director and were invited to provide input. In addition, the Chairman of the Advisory Board and the Director of Health and Human Services interviewed the candidates.

Recommendation #3: Kings View may never send for approval any but their ideal candidate for this sensitive position, and Mr. Muir may always be correct in his analysis of the candidate, but it would seem at least courteous to allow the deputy directors and advisory board to speak with the person before confirming his or her appointment. It is recommended that the advisory board (with its consumer representatives) and the deputy directors be formally given opportunities to ask questions they consider important as part of the selection process.

Response: The recommendation will be implemented in part. If we have further recruitments, the deputy directors, the Chair of the Advisory Board, and the Director of Health and Human Services will continue to meet with candidates. Candidates will not be required to meet with the entire Advisory Board.

Finding #4: Interactions with staff members at the juvenile facility: The need for client confidentiality is clear; counselors should not discuss privileged information with facility staff, and there have been no complaints presented to the grand jury in this area. Couched among statements of respect for counseling services provided in the juvenile facility there was a noted lack of respect for sessions consisting of "playing"—a board game, for instance. Possible rationale for the use of board games and other devices in gaining or maintaining rapport with clients was suggested and defended by directors when this concern was reported to them during the meeting before this report was prepared.

Response: I agree.

Recommendation #4: The need for rapport, especially with young clients, is not in question in this report. Some level of rapport with facility staff is also important for maximum benefit of counseling and for facility staff support of goals. Some statement to facility staff of the rationale for use of nonstandard materials or techniques in a specific case is recommended if this can be done without violating client confidentiality.

Response: The recommendation will be implemented.

Finding #5: Quandary in Crisis Intervention with person's on parole: After 5:00 P.M., crisis calls are routed through 911 to the sheriff's department. Suicide calls are routed to the sheriff's department as well as to Behavioral Health, in order that the individual's safety can be assured. At the hospital, a determination is made whether-or-not there is a serious risk to the safety of that person or others. A procedure, known as "51-50," may be employed to place the individual under involuntary commitment for up to 72 hours if it is determined that the person is a danger to himself or herself or to others. The quandary is when a person is on parole after being convicted of a crime related to substance abuse and who also has a history of severe depression. If the individual becomes suicidal when under the influence of a substance, and his or her parole is conditional on not using that substance; if the person calls the crisis line, he or she will be remanded to jail for the remainder of his sentence. If he or she does not call, suicide may result. This situation occurs more frequently than most of us would imagine.

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Response: I agree.

Recommendation #5: The Health and Human Services Committee of the grand jury supports the Behavioral Health Department's policy of maintaining continuity of treatment for incarcerated clients as the client's best chance to improve.

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Response: The recommendation will be implemented.

BM:wt



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AUG 23 2004

**TRINITY COUNTY
SUPERIOR COURT**

TRINITY COUNTY

Behavioral Health Services

MENTAL HEALTH · ALCOHOL & OTHER DRUGS · PERINATAL · PREVENTION

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TULE CREEK ROAD
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FAX: (530) 628-1982

To: The Honorable Anthony C. Edwards
Presiding Judge of the Superior Court

From: Nancy Antoon, ^{NA} Tom Antoon and Judith Hoffman
Deputy Directors, Behavioral Health

CC: Brian Muir, Director

Date: 08/13/04

Re: Response to 2003-2004 Trinity County Grand Jury Final Report

Please accept the following material as our response to the findings of the 2003-2004 Grand Jury regarding our Department. We appreciated the opportunity to address the issues raised by the members of the Health and Human Services Committee and to meet with the membership. We also appreciate the opportunity to clarify any confusion they may have gotten either from our written response or face-to-face interview.

Please thank the members of this particular committee for their diligence in seeking to learn about our complex system and for the positive report they have provided to you and the community. Please do not hesitate to contact us should you have further questions.

**2003-2004 TRINITY COUNTY GRAND JURY
HEALTH AND HUMAN SERVICES COMMITTEE
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PURPOSE:

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FINDING #1:

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RECOMMENDATION #1:

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However, much of the concern in the previous grand jury investigation of this department, as managed by Kings View, concerned client and personnel dissatisfaction. This department is also to be congratulated on improved job satisfaction as expressed by the responding personnel. While an established method to receive and log active complaints is in place, a method of surveying client opinion as to services and outcome of prescribed treatment is strongly recommended.

The low incidence of client representation on the advisory board for the department is of concern, as it may indicate a disconnection between clients and the professional staff. It is recommended that every effort be made to increase client (present or former) willingness to be members of this board in order to affect policies that may be made. The state mandated percentage of user representation is well below this required number. It is also recommended that the Advisory Board be supported and encouraged to take an active role in ongoing development and review of policies for the department.

Trinity County Behavioral Health Response to Finding #1:

We disagree in part with finding number one.

Specifically, the Grand Jury states in its findings, "At present, there is no formal or semi-formal system to for determining general client satisfaction or specific improvement as a direct result of services." In fact, Trinity County Behavioral Health Services conducts a consumer satisfaction survey each year. Over a two-week period last September 2003, a questionnaire consisting of 14 questions and a comment space, was distributed to all clients who participate in services. Questionnaires are anonymous and are placed in a box in the lobby so that the identity of the consumer is protected. Questions asked have to do with access to services, cultural sensitivity, confidentiality, transportation, and the degree to which consumers felt respected by TCBHS staff. Responses are reviewed, summarized and presented to the Quality Improvement Committee for potential action, if any might be indicated. Medi-Cal Protocol mandates this kind survey and the Medi-Cal Audit Team that was here in April of this year monitored to see

that the survey is in place. Secondly, TCBHS has consumer satisfaction questionnaires prominently displayed in their lobbies, together with a suggestion box. The questionnaire is titled "How Did We Do Today?" It asks the consumer who they saw that day and to rate their services by answering 17 different questions that include the interest shown by the clinician or doctor, clarity of communication on the part of the provider, satisfaction with services, and access to services. There is also a blank space for comments. Consumers may submit these surveys anonymously in our suggestion box or with their name and phone number for further feedback. In addition to these county based surveys, TCBHS also participates in the mandatory Department of Mental Health Performance Outcome System that was first conducted in November of 2003. The State has informed us that these state surveys will be conducted twice annually. Last November, TCBHS collected the state required data according to their protocol. This consisted of giving each person who received any mental health service during the two-week study period, a Performance Outcome Survey and submitting the results to the state as required. We are anticipating a report of the state's findings at any moment. This survey, which is broken down by age group, is extensive. It asks about client satisfaction with services but also poses demographic questions as well as questions about ways in which consumers' lives have been changed as the result of receiving mental health services. It is definitely the expectation both on the part of TCBHS and the State DMH that the results of the Performance Outcome Surveys will form the basis for Program Improvement Projects (PIPS) and appropriate programmatic changes. The State Department of Mental Health and its new External Quality Review contractor will monitor the changes implemented.

In regard to the finding that "advisory board members reported being frustrated by lack of input into department programs and the subsequent recommendation that the Advisory Board be supported and encouraged to take an active role in ongoing development and review of the policies for the department," we would like to make it clear that TCBHS welcomes the input of the Advisory Board. It is the understanding of TCBHS management staff that the Mental Health Advisory Board has been limited in its ability to participate in the TCBHS program planning due to difficulty in recruiting enough members to take on the tasks that might be involved in this process. TCBHS will continue to urge clients and former clients to become active participants on the Mental Health Board

FINDING #2:

Video conferencing: The use of video-conferencing between clients and psychiatrists is provided to enable clients to have direct interactions with a psychiatrist for some counseling and for prescription and follow up when psychotropic medication is indicated. There is not a psychiatrist available in Trinity County and the cost of providing these services through an on site person, who would need to be paid for travel time and accommodations is prohibitive. Recruitment of an on-site psychiatrist is almost impossible given the amount of

money available for this service. Costs are reduced by using teleconferencing. More than one psychiatrist provides the service, thus permitting clients some flexibility in scheduling and the opportunity to change professionals if the client wishes. Teleconferencing is provided in a secure room with two-way visual and verbal content. Members of this committee observed the process (without a client present) and spoke with one of the psychiatrists.

The deputy directors stated that they consider this to be an excellent system for providing services with the maximum flexibility for clients. They reported high client satisfaction. Because of confidentiality constraints, clients were not interviewed concerning their experiences with his type of service; staff reported that complaints about this system were minimal. A member of this committee, who is a retired psychologist, stated that he believes this system, as it functions, is excellent.

RECOMMENDATION #2:

The Behavioral Health Department is to be commended for their effort to provide psychiatric services within the county in spite of financial and distance constraints.

Again, the development of a method to assure accuracy in assessing client responses to the services is recommended.

Trinity County Behavioral Health Response to Finding #2

Response: Agree

Recommendation #2

Requires further analysis. The commendation of the members of the Grand Jury regarding the telepsychiatry program is appreciated. Also appreciated is the recommendation regarding assessing client response to the service. From a clinical perspective, there are many ways to accomplish this goal. Within the next month, the Deputy Directors for Child and Family Services and the Deputy Director for Quality Improvement will research the most appropriate ways to gather this information. In addition to client satisfaction, which is already captured in another data collection effort, we may want to look at such issues as retention or attendance in the service, reduction in hospitalization by telepsychiatry clients versus our experience prior to the implementation of telepsychiatry and symptom reduction over time. Each of these areas will require data collection and analysis but should provide useful information.

FINDING #3:

Selection of a new executive director: Initial posting of the position and interviewing of candidates are conducted by Kings View outside of Trinity County. After a selection is made, the successful applicant is interviewed by Brian Muir, and if he has no objection, the person is hired. The deputy directors and the advisory board have no formal place in this recruitment process. The deputy directors assured the grand jury committee members that they had full confidence that they would approve of the person if Mr. Muir approved of the selection.

RECOMMENDATION #3:

Kings View may never send for approval any but their ideal candidate for this sensitive position, and Mr. Muir may always be correct in his analysis for the candidate, but it would seem at least courteous to allow the deputy directors and advisory board (with its consumer representatives) and to be formally given opportunities to ask questions they consider important as part of the selection process.

Trinity County Behavioral Health Response to Finding #3:

The issue embraced by Finding #3 of the Grand Jury's Final 03-04 Report on the Behavioral Health Services Department, regarding the recruitment of a new executive director by the Kingsview Corporation, has become essentially moot in the period since the review of the department conducted by the Grand Jury, and the issuance of this resultant report. As a result of budget constraints, all recruitment efforts have been terminated for the position of executive director, and that position has been eliminated from the county's contract with Kingsview.

However, it should be added that, during the period when recruitment for that position was still active, the three deputy directors were consulted and given the opportunity to meet with those candidates actually interviewed, and to provide input on the acceptability of every prospective candidate (whether interviewed or not) for executive director. That input was taken into account in ultimately rejecting each such candidate. Therefore, the selection process did, in fact, give the deputy directors a meaningful role in reviewing the candidates, and the process was not one conducted solely by Kingsview and Mr. Muir.

For the reasons stated above, Behavioral Health Services does not intend to implement Recommendation #3.

FINDING #4:

Interactions with staff members at the juvenile facility: The need for client confidentiality is clear; counselors should not discuss privileged information with facility staff, and there have been no complaints presented to the Grand Jury in this area. Couched among statements of respect for counseling services provided in the juvenile facility there was a noted lack of respect for sessions consisting of "playing" – a board game, for instance. Possible rationale for the

use of board games and other devices in gaining or maintaining rapport with clients was suggested and defended by directors when this concern was reported to them during the meeting before this report was prepared.

RECOMMENDATION #4:

The need for rapport, especially with young clients, is not in question in this report. Some level of rapport with facility staff is also important for maximum benefit of counseling and for facility staff support of goals. Some statement to facility staff of the rationale for use of nonstandard materials or techniques in a specific case is recommended if this can be done without violating client confidentiality.

Trinity County Behavioral Health Response to Finding #4:

Response: Agree

Recommendation #4

The recommendation that staff explain the rationale for the use of various techniques with youth in the juvenile facility to the staff there has been implemented. We certainly agree that maintaining rapport with staff in sister agencies is critical to our ability to provide high quality services and to our youthful clients who spend many hours in the care of other agencies. We appreciate you bringing this concern to our attention. Communication with other agencies and service providers is an on-going area for staff development.

FINDING #5:

Quandary in crisis intervention with person on parole: After 5 p.m., crisis calls are routed through 911 to the sheriff's department. Suicide calls are routed to the sheriff's department as well as to Behavioral Health, in order that the individual's safety can be assured. At the hospital, a determination is made whether there is a serious risk to the safety of that person or others. A procedure, known as "5150", may be employed to place the individual under involuntary commitment for up to 72 hours if it is determined that the person is a danger to himself or herself or to others. The quandary is when a person is on parole after being convicted of a crime related to substance abuse and who also has a history of severe depression. If the individual becomes suicidal when under the influence of a substance, and his or her parole is conditional on not using that substance; if the person calls the crisis line, he or she will be remanded to jail for the remainder of the his or her sentence. If he or she does not call, suicide may result. This situation occurs more frequently than most of us would imagine.

The Behavioral Health Department is not paid for time spent by counselors working with their clients if the client is in jail. It is the department's

policy to continue seeing clients while they are in jail if they are already in the program.

RECOMMENDATIONS #5:

The Health and Human Services Committee of the grand jury supports the Behavioral Health Department's policy of maintaining continuity of treatment for incarcerated clients as the client's best chance to improve.

Beyond frequent reminders to consumers with this risk and recommendation of earlier use of the crisis line rather than substance abuse, the grand jury has no recommendation or solution for this quandary.

CONCLUSION:

The Behavioral Health Department has made improvements in many areas since the previous grand jury investigation. There is a continued need for better client representation on the advisory board for this department, and a clearer avenue for input by the advisory board about the department's policies and in the selection process for a new executive director. A system for monitoring and acting on client recommendations for changes within the department has also been recommended.

The original pilot program method of service was optimal, but very expensive. In the climate of shrinking budgets and increasing, frequently changing requirements from state agencies and mandated methods of treatment under these programs, such programs are no longer possible, except citizens with sufficient high level insurance to pursue treatment privately.

The staff is dedicated to providing the best possible service to clients and to interacting effectively with other agencies to provide a wide range of cooperative programs to benefit clients. They are commended for their efforts.

RESPONSES REQUIRED:

	Findings	Recommendations	Respond in
Directors-Behavioral Health	all	all	60 days
Trinity County Board Of Supervisors	all	all	90 days
Brian Muir, Trinity County Director of Behavioral Health	all	all	60 days



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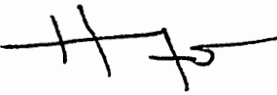
Board of Supervisors
P.O. BOX 1613, WEAVERVILLE, CALIFORNIA 96093
PHONE (530) 623-1217 FAX (530) 623-8365

TO: The Honorable Anthony Edwards
Presiding Judge of the Superior Court

FROM: Trinity County Board of Supervisors

SUBJECT: Response to 2003-2004 Grand Jury Health and Human Services
Committee Final Report on the Behavioral Health Department

DATE: August 31, 2004



Please accept the following responses to the findings and recommendations of the Grand Jury's Health and Human Services Committee's Final Report on the Behavioral Health Department.

FINDING #1: The Board of Supervisors only agrees in part to this finding. That there has been substantial improvement in both Medi-Cal compliance and in personnel satisfaction we would agree. Contrary to the Grand Jury's finding, the Board believes that the client and citizen complaints/concerns are given fair hearing by consumer satisfaction questionnaires, by performance outcome surveys and by an annual client satisfaction survey.

RECOMMENDATION #1: This recommendation has been implemented in that systems for surveying client satisfaction are in place and recruitment of Advisory Board members, who would take an active role Behavioral Health department policy development, is ongoing.

FINDING #2: The Board of Supervisors agrees with this finding.

RECOMMENDATION #2: The Board shares the Grand Jury commendation of the Behavioral Health department for its providing client access to psychiatric services at a county affordable cost. Besides consumer satisfaction surveys already in place, additional assessments for users of psychiatric services are being developed at this time.

2.

FINDING #3: The Board disagrees with this finding. First, it should be noted, that budget constraints have caused a change in Behavioral Health department management. Rather than hire a department Director through Kingsview, the county has chosen this year to spread director duties among our three very able Deputy Directors. However, while Trinity County was actively seeking a Director through Kingsview, the Behavioral Health Deputy Directors, the Chairman of the Advisory Board and the Director of Health and Human Services all actively participated in the process.

FINDING #4: The Board of Supervisors agrees with this finding.

RECOMMENDATION #4: The Behavioral Health Department is implementing this recommendation.

FINDING #5: The Board agrees with this finding.

RECOMMENDATION #5: This recommendation will be implemented.

RM: