

MENTAL HEALTH SERVICES DIVISION: ON THE MEND?

Summary

The Sonoma County Health Services Department, specifically the Mental Health Services (MHS) Division has been the subject of grand jury investigations for the last five years. While the 563 employees of Health Services comprise only 15%¹ of all Sonoma County employees, they account for 32%² of all the departmental grievances filed in the county. The Mental Health Services Division has been the lightning rod for most of this criticism. Last year's grand jury reported problems relating to safety, morale, and management. Several management actions were set in motion to address and resolve these issues. By January of this year, three factors emerged that might affect the outcome of these actions. A consultant's follow-up employee survey to assess the progress of the changes was completed, the Director of Health Services retired, and the Director of Mental Health Services resigned.

The 2004-2005 grand jury has attempted to take a step back to reflect and measure what, if any, progress has been made toward previously identified issues, and to determine if the current plans in place will permit management to monitor and improve this essential county agency.

The grand jury observation is that while many sound and well-intended programs were in progress to resolve outstanding issues, the implementation of these programs has been ineffective. With new management in place, and guided by the most recent employee survey results, there are encouraging signs these activities will get back on course and serve their intended purpose of improving the quality of mental health care for the patients and the work environment of their dedicated staff.

Reason for Investigation

There were several factors that prompted this grand jury's investigation of the Mental Health Services Division:

- Receipt of four formal grand jury complaints relating to MHS
- The 2003-2004 grand jury's request for follow-up of actions then presently in place³
- Numerous newspaper articles reporting charges of ineffective management practices.

In addition to the above factors, the grand jury believed it was essential to step aside from the perplexing complaints and concentrate instead on trying to understand the variety of environmental and institutionalized factors that might be affecting these issues.

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Other factors that reinforced the decision to investigate were:

- Grand jury final reports from thirty California counties indicate Sonoma County is somewhat unique as the only county with these specific issues
- Increasing demands on regulatory conformance, reporting, and accountability have added to the already heavy workload
- Decreased state and federal funding levels have lessened the ability to add staff, improve programs and/or services, and maintain outreach centers. Patients' dependency on drugs and alcohol complicates the already difficult task of treating patients' mental health needs
- Apparent deterioration of communication between supervisory and non-supervisory personnel
- Declining departmental morale has a potentially negative effect on quality patient services.

For these reasons, this grand jury began an investigation to determine what progress has been made and what still remains to be done within Mental Health Services to create an effective work environment for the health care providers.

This grand jury has attempted to identify and quantify issues relating to MHS, to identify findings, and to propose recommendations that lead to solutions. At this time, attempts to identify sources of past blame were not considered of value. Rather, the intention of this report is to recommend several essential improvements and urge their implementation.

Background

The Mental Health Services Division has been a target of criticism for the last several years. Problems relating to staff morale, safety, and workload had been the subject of complaints and past grand jury investigations.

Complicating these issues have been external forces such as reduced mental health funding levels, increased regulatory and compliance requirements, and the continued challenge of providing care to a fragile and dependent client base.

Two years ago, an independent consultant was engaged to work with MHS employees to assess the strengths and weaknesses of the organization. The goal was to prioritize and propose solutions for capitalizing on the strengths and minimizing the weaknesses. Steps were taken to put these recommendations into action and while some progress has been made, it has so far failed to meet expectations. The latest employee follow-up survey revealed the majority of the MHS employees continue to express concern that significant and measurable changes have yet to occur.

It is recognized that departmental management styles develop over a long period of time. Likewise, it will take time for employees' perception of these implemented changes to evolve and be accepted.

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Investigative Procedures

The 2004-2005 grand jury conducted personal interviews with the following:

- Director, Department of Health Services
- Section Managers, Mental Health Services Division
- Manager, Norton Center Psychiatric Emergency Services
- Member, Sonoma County Board of Supervisors
- Chairperson, Mental Health Board
- Employee Relations Manager, Human Resources Department
- Organizational Consultant to Health Services Department
- Union Field Representative, Service Employees International Union
- Union Field Representative, Engineers and Scientists of California
- Complainants.

The grand jury reviewed the following reports and documents:

- Four formal grand jury complaints relating to Mental Health Services
- Grand jury final reports from 30 California counties
- Health Services Division's consultant's reports, bulletins, and survey results
- MHS Recommendation Team's proposals
- Summary of filed grievances for all Sonoma County departments for last four years
- Summary of employee turnover data for all Sonoma County departments for last three years
- Department of Health Services 2005 proposed budget
- Sonoma County 2003-2004 grand jury final report and the 44 required responses to findings and recommendations
- Sonoma County grand jury final reports and required responses for the previous four years
- California Mental Health Directors Association "Funding for Public Mental Health" dated May 9, 2001
- US Department of Labor, Bureau of Statistics, national annual government employee separation rate.

The grand jury visited the following facilities:

- Norton Center, Psychiatric Emergency Services
- Project Hope Center.

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Findings

- F1.** Mental Health Services has had four division directors in the last fifteen years. While this may not appear to be significant turnover at the director position, when added to the complex task of leading a team in a changing environment, it could be an unanticipated catalyst in department turmoil.
- F2.** County departmental grievance data (2001, 2002, 2003, 2004) indicates the Health Services Department submitted 32% of all grievances filed while representing only 15% of all county employees.
- F3:** The Director of Health Services hired an independent consultant to perform an organizational assessment of the Mental Health Division. This assessment, performed over a two-year period, resulted in the formation of teams to establish priorities and recommend solutions identified during the assessment process. The MHS division formed a Staff Advisory Team to help facilitate the implementation of the recommendations. Follow-up survey results indicate approximately half of the MHS respondents felt senior management/staff relations had either “remained the same” or “deteriorated.”
- F4.** A majority of the staff psychiatrists submitted a press release declaring a “no confidence” vote for the MHS Director. The doctors expressed little confidence in any departmental-initiated attempt to resolve the perceived problems in MHS through the application of a consultant study or the recommendations submitted by the newly formed employee Recommendation Teams or Staff Advisory Team.
- F5.** Recent grand jury final reports from seven of thirty California counties had some mention of complaints related to Health Services, but none remotely close to the severity of the problems described within Sonoma County MHS.
- F6.** The Sonoma County Board of Supervisors, Sonoma County Administrator, Mental Health Board, and the Human Resources Division have provided little or no oversight or direct involvement to address these on-going issues within the Mental Health Department.
- F7.** County employee turnover data ⁴ shows only a small difference among the three county agencies that have more than 500 employees (Sheriff’s Dept., Human Services, Health Services). The Health Services Department’s average yearly turnover for this period was 7.9%. This is about one-third the rate reported for the private sector.
- F8.** The employee exit interview process has not been designed in a way that allows potentially valuable information to be collected and made available to the MHS Division for constructive feedback.
- F9.** The employee turnover data is currently lumped together and compiled by total number of separations only. By not sub-dividing this statistical information into major categories of employee attrition (i.e. retirement, both early and normal, termination for cause, death, voluntary resignations, etc), an additional source of information to help management understand and improve the work environment is lacking.
- F10.** The number of employee grievances and complaints within MHS correlates with the remote location of employees, and the number of shift schedules.

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- F11.** Some employees within MHS bypass traditional communication channels with management personnel and take their complaints directly to the press or the grand jury.
- F12.** Recently implemented state and federal regulation and compliance rules have resulted in a major increase in documentation requirements. This increased paperwork demands time the staff could be spending with the patients and this is hard for the staff to accept.
- F13.** Current funding for mental health services in Sonoma County has not kept pace with the 10% per year increase in baseline service costs. Employee compensation and benefits comprise most of these costs.
- F14.** While there have been serious allegations of medical decisions made by MHS psychiatrists being overridden by managers, it is important to point out this investigation revealed no evidence of purely medical decisions being reversed.
- F15.** The Health Services Director has retired (12/04) and the Director of Mental Health Services has resigned (2/05) creating an opportunity to refresh the top-level management team.

Conclusions

There is no question that the Mental Health Services Division has seen turmoil in staff-management relationships for the last several years. Attempts within the division to identify and address these issues have, for one reason or another, been marginally successful as measured in the recent employee-survey results.

The mentally ill are a vulnerable segment of the county's population. They are highly dependent on the county for programs that not only minimize physical risk to themselves and others but also provide them with the tools and assistance needed to become productive and self-supporting members of the community.

This valuable but difficult work can lead to personal stress in the workplace and can impact the efficiency of serving the clients. Emerging regulatory and compliance requirements along with a decrease in funding levels are also factors. Increasing abuse of both drugs and alcohol by clients compounds the complexity and stress of providing care and assistance.

The talented and dedicated staff and management of the MHS Division have, with the assistance of an independent consultant, identified and prioritized the most needed areas for improvement. The active support and leadership from the department and division directors to address these issues should be considered one of their primary objectives. Significant progress can be made if the work already started is expanded into permanent success.

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Commendations

The grand jury would like to thank all those who assisted in providing valuable information toward this report.

During the course of this investigation the grand jury observed firsthand many talented, motivated, compassionate, and dedicated staff and MHS managers working diligently to make these programs effective.

Recommendations

R1:

- a. The MHS Director should actively support and promote the formation of an Implementation Team consisting of cross-functional staff and management as soon as possible.
- b. Participation on the Implementation Team should be open to anyone in the division. Recognizing workload pressures of the division staff, schedules should be adjusted, where practical, to allow participation.
- c. The Implementation Team should be empowered to formulate the plans and timeline for implementing the changes documented by the consultant's Recommendation Teams.
- d. The Implementation Team should report progress back to the Mental Health Services Director and the Director should communicate this progress to the rest of the division staff.
- e. The MHS director should commission an independent survey six months after the formation of the Implementation Team to assess both tangible and perceived progress with the results of the survey communicated to the entire staff.

It is the belief of the 2004-2005 grand jury that changes need to be made within the division by those closest to the issues. We recommend that MHS management give priority and support to activities undertaken by the Implementation Teams.

The basic groundwork has been established to identify and prioritize the issues facing Mental Health Services that generated staff complaints relating to staff safety, morale, and workload. Imbedded in the recommendations from the consultant's study are comments relating to management style and workplace environment. The latest MHS follow-up survey indicates much work still remains to be done to establish an environment for sustainable improvement.

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R2:

- a. The Human Resources Department, with assistance and support from Health Services Department, needs to revise its process for collecting and analyzing employee turnover data.
- b. The process for documenting turnover data should delineate the various reasons for separation.
- c. This turnover data should be examined on a periodic basis and compared to other county departments. Analysis of this data, not available today, could provide another useful tool for insight into departmental behavior.

The Human Resources Department needs to assume a more pro-active role in connection with reporting and analyzing employee separation statistics. Only the total number of all types of separations (i.e. voluntary and involuntary terminations) are currently compiled and reviewed. This statistical information would be far more valuable if it was sub-divided into major categories of employee attrition such as retirement, both early and normal, termination for cause, death, voluntary resignations etc.. Reasons for voluntary terminations should be compiled and reviewed. This type of statistical data can frequently go a long way in assisting managers to discover areas of weakness and concern that requires immediate attention.

R3:

- a. The Human Resources Department, with assistance and support from Mental Health Services Division, needs to revise its process for collecting and analyzing employee exit interview comments.
- b. All employees who terminate should be encouraged to write a summary of their work experience.
- c. The exit interview process should be conducted in a consistent manner with a neutral person who can ask questions and record answers in an unbiased fashion.
- d. Exit interview comments should be considered valuable information and reviewed by each successive member of the management team including the MHS Division Director.

The Human Resources Department should take a pro-active role by developing a revision to the exit interview process that allows potentially valuable information to be available not only to the MHS Division management but to all County departments. Currently, there is no consistent method for collecting and analyzing the comments made by employees during the separation process, resulting in the loss of valuable feedback to supervisory personnel. A process to compile, analyze and report the data on exit interview documents back to the departments will provide an additional source of information to help management improve the work environment and potentially reduce recruitment and training costs.

R4. The management of MHS should make a concerted effort to encourage employees to discuss work place problems and concerns with management personnel first. Submitting complaints directly to the press, or utilizing the grand jury as a sounding board, is not the most effective way to resolve these issues.

R5: Insufficient consideration has been given to the Director's tenure affecting MHS Division turmoil. Mental Health Services should be examined by an oversight committee consisting of one or more representatives from the Board of Supervisors, the County Administrator, and the Director, Health Services to uncover the underlying reasons why MHS has lost four directors in the last fifteen years.

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Required Responses to Findings

None

Required Responses to Recommendations

Required responses per CA penal code 933c:

- Board of Supervisors no later than September 28, 2005
- All others no later than August 29, 2005

Director of Mental Health Services – R1, R2, R3, R4, R5

Director of Health Services – R1, R5

Director of Human Resources – R2, R3

Board of Supervisors – R5

County Administrator – R5

¹ Based on 2002-2004 Sonoma County Human Resources data. Average total county employment for this period was 4024 employees of which Health Services comprised 606 employees (15%) .

² Based on 2004 Sonoma County Human Resources data. Twenty-two union grievances filed for all county departments. The Health Services Department (563) employees filed seven of them (32%). For the extended period of 2001-04 the total number of county grievances filed was 53 and the Health Services Department filed 18 (34%).

³ 2003-2004 Grand Jury Final Report: "Mental Health Management Ills": Findings: F4d, F4e, Recommendations: R2

⁴ Based on 2002-2004 Sonoma County Human Resources data. Average turnover for all reasons in this period: Sheriff's Department: 36 of 676 (5.3%); Human Services: 35 of 633 (5.5%); Health Services 48 Of 606 (7.9%)