

BUTTE COUNTY GRAND JURY REPORT 2009-2010

BUTTE COUNTY DEPARTMENT OF BEHAVIORAL HEALTH

SUMMARY

Several concerns led to the 2009/2010 Butte County Grand Jury's decision to investigate the operations of the Butte County Department of Behavioral Health (DBH). Information from the previous Grand Jury (2008/2009) indicated there were unresolved issues following their Department of Behavioral Health Report. Each Grand Jury has the responsibility to review the adequacy of the responses to the previous Grand Jury's report. Several of the responses to the 2008/2009 Grand Jury DBH Report disagreed with the findings and/or recommendations of the report, giving the sense that further investigation was needed in those areas. The current Grand Jury received other information that conflicted with some of the responses to the 2008/2009 Grand Jury DBH Report. Additionally, few of the responses reflected the seriousness of the issues raised in the report.

The Butte County DBH is troubled by internal conflict that appears to have been growing for more than a decade. At the start of the investigation, it became apparent to the Grand Jury that there is a sharp ideological division, primarily between the upper administrators and the psychiatrists. Many of the other DBH staff have strong feelings toward one side or the other, while some feel the discord without being aware of, or caring about, the cause. These conceptual differences of approach appeared to the Grand Jury to stem primarily from two vastly different methods of understanding the financial support of the department. Recently, differences in perception about the fundamental purposes of the department have been expressed. At a public meeting, the second Interim Director has announced that the Department of Behavioral Health is not a medical health organization. The Grand Jury believes that to ignore the fact of mental illness as a medical issue is inadvisable.

The conflict is further exacerbated by the lack of permanent leadership. Since March of 2008, there have been two interim directors of the DBH. As of the end of April 2010, there is no permanent Director nor is there a Medical Director of the DBH. The department is adjusting to its second Interim Director and will soon have to begin yet another transition with a new Director.

Although the DBH is aware that at least two psychiatrists will be retiring soon, there has been little effort from the County or the department leadership to hire the needed psychiatrists. Mental health patients requiring hospitalization are being sent out of the County in increasing numbers. Out-of-county hospitalization, with limited opportunity for family support, provides less effective care and is more expensive to the County than providing in-county hospitalization.

As a result of our investigation the Grand Jury has made 21 recommendations to be addressed by the DBH and the Board of Supervisors.

GLOSSARY

“5150” – an informal term for an application to hold a person for 72 hours in a mental health care facility; or an informal reference to a person who is determined to be unable to care for herself or himself, or is a danger to self or others, as the result of a mental disorder; in reference to the California Welfare and Institutions Code, Section 5150, that defines the circumstances under which a person, may be taken into custody for a 72-hour hold in a mental health care facility

administrators – for the purpose of this report: collectively the Interim Directors and Assistant Directors of the DBH

Avatar – the electronic health records system used by the Butte County DBH; Netsmart Technologies software system

BCISD – Butte County Information Systems Department

billable services – time a clinician, psychiatrist, or other provider spends providing direct services to a client; billable to Medi-Cal

CAO – Chief Administrative Officer

CCOC – Continuing Circles of Care; a wrap-around (comprehensive care involving the entire family) care grant funded program

CSI reporting – Client and Services Information reporting; a system for counties to report their mental health information (including clients, diagnostic services, demographics, and some outcome data) to the state of California Department of Mental Health

CSU – Crisis Stabilization Unit; provides an opportunity for persons in crisis to stabilize and to be evaluated for other services; also known as the “23-hour unit”

California Code of Regulations – the official publication of regulations adopted by state agencies pursuant to the Administrative Procedures Act; adopted regulations carry the weight of law

California Department of Mental Health – provides oversight for county behavioral health departments

cash deficit – shortage of funds caused when expenses precede the receipt of earned revenues

Clinical Advisory Team – a team of Department of Behavioral Health staff who directly provide services to the consumers, and meet regularly to provide the administration with insight about operations

clinician – a mental health provider licensed by the California Board of Behavioral Health in one of several categories, including Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT), and Psychiatric Technician

consumer – a person who uses the direct services of the Department of Behavioral Health

DBH – Butte County Department of Behavioral Health

direct services – the services given directly to the consumer by mental health services staff members (such as psychiatrists, clinicians, and counselors) that generate revenue for the department through reimbursed federal and state funding

FY – fiscal year consisting of a time period from July 1 of one year through June 30 of the next year

Grand Jury – 2009/2010 Butte County Grand Jury

Interim Directors – The Interim Director of the Department of Behavioral Health who served from March 2008 through February 2010, is referred to in this report as the “first Interim Director.” The Interim Director who began working for the DBH in March of 2010 and is continuing to work for the department at the time this report is written, is referred to as the “second Interim Director.”

IS – information services

IT – information technology

MHSA – Mental Health Services Act; Proposition 63, passed in 2004; also known as the “Millionaire Tax Fund” (personal income in excess of \$1 million is taxed 1%); provides funding and other resources for qualified county mental health programs

Medi-Cal – the name of the Medicaid program in the State of California. It is jointly administered by the California State Department of Health Care Services and the Centers for Medicare and Medicaid Services (CMS), operating as a Medical Assistance Program under Title XIX of the Social Security Act

PHF – Psychiatric Health Facility; an acute care, 16-bed facility for adults

provider – a mental health services professional, such as psychiatrist, clinician, or counselor, who provides direct services to the consumers

structural deficit – ongoing shortage of funds caused by failure to budget enough revenues to cover expenses

WIC – Welfare and Institutions Code; part of the California Code of Regulations

BACKGROUND

The 2008/2009 Grand Jury reviewed the Butte County Department of Behavioral Health and wrote a report of its findings and recommendations. When the 2009/2010 Grand Jury commenced its term at the end of June 2009, it received a letter from the previous Grand Jury that expressed several ongoing concerns about the Butte County DBH, including the continuing state of transition under an Interim Director, with no apparent plan to hire someone permanently, and an “audit” of the department that had been done the previous year, for which no report had yet been submitted. The three responses to the 2008/2009 Grand Jury Report, sent by the first Interim Director for the Butte County Department of Behavioral Health, the Interim Butte County Chief Administrative Officer, and the Butte County Board of Supervisors, each contained eleven to twelve full or partial disagreements with the eighteen findings of the 2008/2009 Grand Jury.

The DBH had a deficit for the fiscal year 2007/2008. The Grand Jury heard several conflicting reports about the deficit amount and manner in which it was settled by the DBH, which caused concern about why there was so much confusion.

The Butte County Board of Supervisors directed the former County Administrative Officer to hire the first Interim Director for the DBH in March 2008 without interviews of any other candidates for the position and without the involvement of the Department of Behavioral Health Advisory Board. The Grand Jury learned that the first Interim Director had been hired with an open-ended contract. The Grand Jury was concerned about the length of time that had passed without initiating recruitment for the permanent DBH Director.

The current Grand Jury began to hear from people who were concerned about the DBH. Many of the issues raised had been addressed by the previous year’s Grand Jury but appeared to remain unresolved. Though the responses to the 2008/2009 Grand Jury report indicated that some of the Grand Jury’s recommendations had been or were being implemented, people who were speaking to the Grand Jury were expressing concerns that the department’s implementations of those recommendations were inadequate.

The Grand Jury decided that because of the confusion remaining, following the previous Grand Jury’s investigation and report, another investigation was warranted.

APPROACH

Initially the Members of the Grand Jury reviewed the following:

- The letter of concerns left by the 2008/2009 Grand Jury describing issues that they felt remained unresolved;
- The 2008/2009 Grand Jury DBH Report;

- The responses to the report from:
 - The Butte County Board of Supervisors
 - The Butte County Interim County Administrative Officer
 - The [first] Interim Director of the Butte County DBH

The Grand Jury paid particular attention to areas of disagreement between the Grand Jury's report and the responses provided by those listed above.

Early in the process, the members of the Grand Jury came to a consensus of thought around several issues that guided our process.

- The previous Grand Jury had addressed many important issues in their report. The responders seemed not to take most of these issues seriously.
- The Grand Jury was determined throughout the investigation to ensure we did not assume anything was correct just because it was in the previous Grand Jury's Report.
- The Grand Jury determined that it would be imperative to have irrefutable evidence in order to make any findings.

Further into the investigation, the Grand Jury determined that the number of issues plaguing the DBH are too great to be investigated properly during the few months available. The investigation was narrowed to three primary areas of concern.

- Leadership: Without a permanent director, the department has remained in transition for more than two years.
- Finances: This is one of the issues central to the discord that is rampant throughout the Butte County DBH. The Grand Jury realized early in the investigation that the department must find resolution for their approach to the budget. Some unusual and large grant expenditures called our attention to grant funding.
- Information Services (IS): The Grand Jury was interested in assessing progress of the implementation of Avatar, the electronic health record system used by the Butte County DBH. The Avatar system was being blamed for non-compliance with state reporting, and an inability to provide financial and statistical information. The Grand Jury was also interested in how the DBH made use of its Information Technology resources, including staff and information systems.

During the course of the investigation, Members of the Grand Jury conducted individual interviews with a total of 48 witnesses who are current or former employees of, or who are contracted by, the Butte County DBH. We interviewed current and past members of the DBH Advisory Board. We interviewed current and former members of the Butte County Board of Supervisors. We spoke with four people from the California Department of Mental Health and four representatives from other Butte County Departments regarding specific issues within the DBH. We interviewed several of these

individuals more than one time. Interviews were always conducted with one witness at a time, with one exception, when the Grand Jury spoke with two witnesses. Conversations with representatives from other departments and from the State were sometimes with more than one person at a time. The Grand Jury interviewed a total of 59 individuals regarding the DBH, during more than 65 separate interviews.

For the interviews of the DBH staff, the Grand Jury chose particular persons whom we believed could answer specific questions, selected some DBH staff at random from several programs, asked management to select some DBH staff members for us to interview, and made ourselves available to anyone who asked to meet with us. The witnesses represent a broad cross-section of positions throughout the department.

The Grand Jury:

- interviewed DBH staff in an attempt to understand the procedures used for the budgeting, purchasing, reporting, and control within the Behavioral Health Department.
- met with administrators of the County for clarification and information required for a complete analysis of funds.
- interviewed numerous DBH staff members in various areas of the Butte County DBH to understand how the information technology systems and resources were being used.
- reviewed extensive Butte County DBH documentation of the Avatar electronic health records system and examined the DBH Web pages to understand how the information technology systems and resources were being used.
- interviewed DBH staff and examined and reviewed related information of the California Department of Mental Health in order to understand and learn how Client and Services Information (CSI) reporting is used by the State.
- attended all Butte County DBH Advisory Board meetings from October 2009 through May 2010.
- visited several DBH facilities, including the PHF and the Crisis Stabilization Unit.
- corresponded and spoke by telephone with several persons at the California State Department of Mental Health in Sacramento in order to clarify some of the contradictions we found.
- visited or invited representatives from seven other departments and offices to speak and provide relevant information about County procedures. Representatives from four of the departments were asked questions directly relating to the DBH.
- reviewed the 2008/2009 Grand Jury DBH Report, the legally required responses to the report, the minutes from the Butte County DBH Advisory Board meetings since January 2008, and the minutes from many of the Board of Supervisors' meetings during that time period.

- consulted the California Welfare and Institutions Code, Sections 5150-5157, 5600-5623, and 5775-5783; the Butte County Avatar Project documents; the Butte County Office of CAO Expenditure Audit Report; contracts, grants, and numerous other documents.

Throughout the investigation the Grand Jury sought reliable documentation to verify the testimony of the witnesses. To this purpose the Grand Jury:

- watched the September 9, 2008, video of the Butte County Board of Supervisors' Mental Health Financing Workshop.
- read the "Report to the Board of Supervisors – Mental Health Financing – Butte County Department of Behavioral Health" document, dated September 9, 2008, prepared by the first Interim Director for the workshop.
- reviewed two documents, "Five-Year Budget Forecast" and "Detailed Analysis-Fund Balance at June 30, 2009," from a presentation delivered to the Butte County Board of Supervisors on December 14, 2009.
- conducted library and Internet research of peer-reviewed literature, read county produced job descriptions, and compared county and state-wide statistics in order to understand:
 - the nature of mental illness, its prevalence, and its cost to the community.
 - the relative needs of different programs including preventive services, acute care, in-patient care, and long-term care.
 - the relationships of mental health services with public health services, social services, and law enforcement services; and the care provided by behavioral health providers along with the skills, education, and licensing required by the various mental health program models such as the "medical model" and the "recovery model."

DISCUSSION

The Grand Jury was disappointed by the attitude of disrespect for the work of previous Grand Juries expressed at a DBH Advisory Board meeting by a member of the Butte County Board of Supervisors. The Supervisor said that, as volunteers, Jurors may not be fully informed, carrying the implication that the work of volunteers has little value.¹ The Grand Jury, established under the authority of State law, serves an important purpose in our local government. As required by law, our elected officials must recognize the Grand Jury's contribution by taking seriously its findings and recommendations.

The Grand Jury does not consider these findings to be infallible. The findings do represent the results of a thorough investigation utilizing extensive research and the diverse skills of its jurors. The Grand Jury believes it to be appropriate for the

¹ Department of Behavioral Health Advisory Board minutes, August 20, 2009.

respondents to provide thorough explanations of what they believe to be correct whenever in disagreement with a finding.

As described in the approach, the investigation was narrowed to three primary areas of concern: leadership, finances, and information services.

Leadership

Interim Director

When the Butte County Director of Behavioral Health resigned in February 2008, the Board of Supervisors directed the CAO to hire an Interim Director. The first Interim Director was hired without involving the DBH Advisory Board even though their involvement is required by the California Welfare and Institutions Code. No other candidates were interviewed, and an open-ended contract was awarded. The first Interim Director was hired to bring order back to the department and to solve the remaining structural deficit.

Many of the DBH staff reported fearing retaliation under former directors and complained that it had been difficult to acquire fiscal and other information useful to their work. In the first few months after the arrival of the first Interim Director, the DBH experienced major reorganization. Positions, and therefore some of the DBH staff, were eliminated in order to repair the structural deficit. New positions were created using MESA funds, and the DBH staff who had been laid off were rehired into the new positions. The first Interim Director met with most of the DBH staff and listened to their concerns. He created the Clinical Advisory Team from the DBH staff who provide services to the consumers to meet with and advise him of operations. Most of the DBH staff with whom the Grand Jury spoke, felt in the first Interim Director they had a good leader who was listening to them, though several remarked that he listened but did not do anything. The numbers of the DBH staff who reported dissatisfaction with the first Interim Director grew noticeably during the last two to three months that he was with Butte County.

The first Interim Director remained nearly two years, refusing to commit to a permanent position, but not declining it either. Rather than recruit for a permanent director during that time, the Board of Supervisors left the department in transition until the first Interim Director suddenly announced he would be leaving. Again, there was no time to hire a permanent director. Again, an Interim Director was hired without involving the DBH Advisory Board or interviewing other candidates. There was an announcement that the second Interim Director would hold the position for 90 days, during which time there would be a recruitment for a permanent director.

The DBH, which has experienced a great amount of disruption and turbulence, has had to endure two transitions without yet acquiring a permanent director. The Grand Jury believes the DBH is desperate for a director who will provide effective leadership and not only listen, but who will respond to all DBH staff concerns.

Medical Director

In their response to the 2008/2009 Grand Jury Report, the Board of Supervisors anticipated the completion of the recruitment for a Medical Director by November 2009. As of this writing, the position remains unfilled. The Medical Director is expected to fill a crucial role as a member of the Department executive management team. The salary for the position was listed at \$211,584 which appears too low to attract qualified candidates. Competitive positions, such as those listed by the California State Department of Corrections, are salaried at \$256,500 to \$308,640.

The DBH Administration continues to display a lack of support for the position by showing no line of authority or responsibility for the position on their department's organizational chart. The job description for the Medical Director, as written, does not include the responsibility for or authority over clinical decisions. The DBH has ignored the psychiatrists who have stated that the position can be easily filled (even at the listed salary) by a well-qualified person if the authority to do the job properly is given to the position.

Recruitment for the Medical Director position closed February 19, 2010, with “no qualified applicants.” The Butte County Board of Supervisors then chose to stop recruitment until after hiring a permanent DBH Director in order to ensure compatibility of personalities between the two directors. There is a plan to reopen recruitment at an unspecified date with a higher listed salary.

Administrators

Some of the administrators appeared to be greatly stressed by the Grand Jury's investigation of the Butte County DBH for a second consecutive year. The administrators stated the 2008/2009 Grand Jury Report was inaccurate about the fiscal management of the department as well as the need for more transparency and communication. Several requests from this Grand Jury to the administrators for specific documents to verify their position (particularly in cases where the Grand Jury was hearing a conflicting set of facts from other sources) were met with long delays and incomplete documentation.

Medical, Clinical, and Support Staff

Most members of the medical and clinical staff who were interviewed either were unfamiliar with the 2008/2009 Grand Jury Report or were more in agreement than disagreement with its findings. The level of satisfaction with the administrators varies widely among the clinical staff. Some DBH staff testified to the Grand Jury about situations of retaliation for disagreeing with administrative policies or for criticizing department administrators. Others said they feel the administrators provide very good leadership for the department.

Witnesses from the medical and clinical staff always provided the requested documentation when asked by the Grand Jury, with no delays, or they immediately explained why the documentation was unavailable.

Documents, such as e-mail communications and memos, provided to the Grand Jury by both the administrators and the medical staff, demonstrate that the medical staff have consistently, for long periods of time, adhered to basic principles of patient care whenever considering the budget and program changes. Unfortunately, these documents also demonstrate a tendency on the part of the DBH administration to treat these principles lightly.

There are several DBH psychiatrists between the ages of 65 and 81 who are close to retiring. For more than a year, the psychiatrists have been urging the department administrators to aggressively pursue the recruitment of psychiatrists. There is a critical nationwide shortage of psychiatrists, making it a challenge to recruit and hire psychiatrists. Butte County cut the salaries of psychiatrists by 16% in 2005, and the department has failed to hire any psychiatrists since that time. It was announced at the March 2010 DBH Advisory Board meeting that the County plans to raise psychiatrists' salaries in July 2010.

Issues of Distrust Within the Department of Behavioral Health

The Grand Jury spoke with several administrators (please see the glossary) about the issues of distrust within the department. Most were interviewed more than once. Several expressed concerns about trust. The Grand Jury interviewed many clinicians and psychiatrists, some of whom are DBH staff and others who are under contract. We also read correspondence and other documentation that provides evidence that many of the psychiatrists who were not interviewed by the Grand Jury align with the viewpoints of those to whom we spoke. The majority of clinicians to whom we spoke do not seem aware of the specific issues that divide the department or do not have an opinion about them. Nearly all staff that were interviewed are aware of the discord that exists. Some of the clinicians strongly agree that there is distrust within the department.

The Grand Jury encountered numerous examples of distrust between the psychiatrists and the administrators. The administrators seem fearful that there is a faction among the psychiatrists and clinicians who want the administration of the department to be restructured, with the elimination of the current administrators. Many of the psychiatrists believe that administrators have routinely eliminated positions held by people who have opposed them. For several years the psychiatrists have expressed concerns about problems they see facing the department. They have attempted to share solutions that would improve consumer services and improve the financial health of the DBH. It appears to the Grand Jury that the administrators either:

- have chosen not to listen, or
- have determined that the problems do not exist and have chosen not to share that information, or

- have determined that the proposed solutions cannot work and have decided not to discuss that determination, or
- feel threatened by the psychiatrists' proposed solutions.

Aware of the ongoing tension, the Grand Jury listened carefully to the different perspectives and found that there appears to be a concerted effort, on the part of the administrators, to misconstrue the messages of the clinical and psychiatric staff. The Grand Jury was present when a DBH staff psychiatrist presented the following points at a DBH Advisory Board meeting, providing the prelude of *Is there recovery if...*

1. *Patients spend hours in ERs?*
2. *County has fewer PHF beds in 2010 than in 1978?*
3. *ER staff and ER MDs cannot write 5150s?*
4. *The findings and recommendations in last year's Grand Jury Report were essentially dismissed?*
5. *Recommendations by medical staff to improve services are routinely ignored?*
6. *We send two or three times as many adults and children to distant hospitals now for acute inpatient treatment as we did several years ago?*
7. *Hope Cottage is inadequately funded?*
8. *There is still no residential alternative for PHF patients or a "step down facility?"*
9. *Human Resources set psychiatrists' salaries so low as to guarantee an inability to provide treatment in coming months?*

The Grand Jury heard two reactions from the administrators. The first reaction was that they were not interested in listening to the psychiatrists because the only thing the psychiatrists want is more PHF beds, and the County cannot afford them. The Grand Jury recommends the administrators spend more time actively listening to what the psychiatrists have to say. The second reaction was that the points made by the psychiatrist were wrong. The Grand Jury asked for specific information and documentation about what the administrators thought was wrong.

The administrators were unable to recall all the points that were made by the psychiatrist, so the Grand Jury provided a list from notes made at the meeting. Several of the topics mentioned here, will be addressed more fully later in this report. An administrator responded to each item as follows:

1. Rather than disagreeing with the psychiatrist by saying that patients do not spend an excessive amount of time in the ERs, the administrator responded that it is a growing problem across the nation.

2. Rather than refuting the psychiatrist's claim that there are fewer PHF beds now than in 1978, the administrator explained why there are fewer beds. [The reason is well known and does not diminish the fact that it presents a solvable problem.]
3. The administrator did not argue the point that ER staff and ER MDs cannot write 5150s, but said that an agreement with Enloe Hospital has been drafted and is being reviewed by Enloe Hospital Administration. [According to the administrator's response, it would appear that with this agreement, the responsibility for the evaluation of the mentally ill patient would be given to Enloe Hospital.]
4. The administrator's response addressed each of the recommendations made in the 2008/2009 Grand Jury DBH Report, with many updates as to the progress the department has made since the official responses were written. [This Grand Jury found that some of the recommendations have been addressed. The Grand Jury also found that the intention of some of the recommendations have been misconstrued.]
5. The administrator's response includes a list of the DBH improvements that have been influenced by medical staff recommendations. [The psychiatrist, however, was referring to several specific topics of importance to the medical staff, which have been discussed at length for years, with no suitable response from the administrators.]
6. The administrator failed to respond to the psychiatrist's statement that the DBH is now sending two or three times as many adults and children to distant hospitals for acute inpatient treatment as they did several years ago. [The Grand Jury has documentation from both the medical staff and the administrators that supports the psychiatrist's statement.]
7. The administrator did not deny that Hope Cottage is inadequately funded, but said there is an analysis being done to see if there is justification to shift the funds from out-of-county acute care to increase the funding.
8. The administrator's response to the psychiatrist's statement that there is no residential alternative for PHF patients, is that the TLC is operational. [The TLC, however, is a transitional facility for adults who are returning to independent living, not an acute care facility. It is not the "step down" facility to which the psychiatrist referred, nor an alternative to the PHF.]
9. The administrator said psychiatrist salaries were recently reviewed using comparator counties and, as a result, were increased. The response further states that the department has taken actions through a contract for interim positions to ensure adequate coverage for clients to receive medications and medication monitoring. [However, though it has been announced that the salaries will be increased, the Grand Jury has yet to see a budget with funding for the increased salaries. The Grand Jury believes the contract for any interim position should always be considered an emergency measure.]

The Grand Jury found that, although the administrator was quick to say the psychiatrist was wrong, the lengthy response did not prove the administrator's claim.

Another example of the division involves a document given to the Grand Jury independently by an administrator and the medical staff. The author described the concerns the medical staff have about the decreased cost effectiveness of the department over several years, as well as trends toward decreased services to the severely mentally ill. The document lists the events which, as perceived by the author, lead to this trend and were becoming irreversible. The document assigned a heavy burden of responsibility for the problems to specific actions by particular administrators.

One administrator claimed that every point made in the document is untrue. Another administrator claimed the document contains lies. Neither administrator felt the need to provide any evidence supporting their claims that the document is untrue. The Grand Jury interviewed witnesses, who are unfamiliar with the document, about some of its specific points and searched other documents for verification of either the truth or untruth of the document's statements. Members of the medical and clinical staff provided some, though limited, documentation, as well as extensive testimony in support of the listed claims in the document. Several of the statements in the document were found to be true. A few items could not be verified either way. However, no evidence was ever found to support the claim by the administration that the document is a list of untrue statements.

The administrators might have used the document as an opportunity to open a dialog to clarify misconceptions and find solutions to problems. Instead it became yet another wedge between the administration and medical staff.

Relationship with Local Hospitals

In order for a person to be taken to a Psychiatric Health Facility (PHF), California law, as established by WIC § 5150, requires that an application be written to request a 72-hour hold. This "5150" request may be written by a law enforcement officer or county authorized clinician who believes the person is unable to care for themselves or may be a danger to themselves or to others. The 72-hour hold application allows the person to be transported to the PHF. An evaluation must be done after the person arrives at the PHF, to determine if they should be admitted. The Butte County DBH established the Crisis Stabilization Unit (CSU) to facilitate this process. The CSU, often referred to as the "23-hour unit," provides an opportunity for patients to rest for a period of less than 24 hours, allowing time for an assessment and to find placement in an appropriate facility if needed.

Persons with mental illness who are in crisis often appear at or are taken to hospital Emergency Rooms (ERs). At times, more than 20% of the beds at the Enloe Hospital ER are occupied by mental health patients who should be taken to the PHF, while other ER patients with urgent health problems sit waiting for medical evaluation. Mental health patients wait an average of 5.5 hours before the DBH staff accepts them at the CSU. Enloe ER staff have documented some instances where mentally ill patients have waited

in excess of 30 hours while the Butte County DBH refused to assess them. The DBH administrators have implied that this happens on occasions when there are multiple clients at the CSU who are being difficult so that CSU staff is unavailable to accept the mentally ill patient at the ER. However, the CSU records show an average use of less than one patient per day with an average of four DBH staff on duty at any given time, making that explanation questionable.

The need for the DBH to develop a cooperative relationship with the Enloe Hospital ER is essential. According to the Enloe Hospital and the DBH medical staff, when mentally ill patients remain in the ER:

- the mentally ill patient is not getting the care he or she needs.
- some mentally ill patients rage violently, sometimes causing injury to themselves or to ER staff.
- patients seeking urgent care at the ER must wait longer.
- there is an increase in patients who leave the ER without first being seen, which may lead to the endangerment of the patient or to others.

A DBH administrator claimed that the problem at the ER is similar to what is happening elsewhere in the State because of budgeting cutbacks in mental health and provided a news article about a Sacramento area hospital ERs as an example. However, the problem for the Sacramento area ERs described in the article is due to the closure of 50 beds at the Mental Health Treatment Center in Sacramento. The problem has existed for a long time at the Enloe ER. The Crisis Stabilization Unit should have alleviated the problem by providing a more appropriate location for mentally ill patients to wait while the DBH staff determines whether the patient will go to the PHF or another facility. The Crisis Stabilization Unit, however, has not been properly utilized.

Acute Care Facilities

When mental health acute care facilities in the County are filled to capacity, persons requiring psychiatric hospitalization are sent to facilities outside Butte County. The Grand Jury heard testimony from administrators and medical staff that, when mentally ill persons requiring hospitalization remain in the County, they receive better continuity of care with the support of their family at a much lower cost to Butte County. The DBH administrators and the psychiatrists reported to the Grand Jury that, due to the high cost of transportation to out-of-county facilities, for an equal length of time it is much less expensive to provide care within Butte County.

In the fiscal year (FY) 2008/2009 the Butte County DBH sent adult Medi-Cal patients to out-of-county hospitals for a total of 809 patient days, more than *four times* the 199 Medi-Cal out-of-county patient days during FY 2006/2007. The Butte County DBH also sent children and youth Medi-Cal patients to out-of-county hospitals for a total of 573 patient days during FY 2008/2009, a significant increase from 356 patient days in FY 2006/2007. For several years the psychiatrists have been recommending the DBH

explore ways to avoid sending mentally ill patients requiring hospitalization out of the County. California state law does not permit the Psychiatric Health Facility (PHF) to take any children or adolescents, or to take more than 16 adults at one time. The psychiatrists have provided ideas for other facilities, but they have not received adequate responses to their suggestions and believe they are being ignored.

Psychiatrists have proposed a residential “step-down” facility for voluntary adults who are no longer severely agitated or confused. This type of facility would free several beds at the PHF every month, and reduce the need to transport Medi-Cal adults to out-of-county facilities. The average stay would be about two weeks. The 2008/2009 Grand Jury recommended an adult facility of this type in their report. The respondents claimed that one had been opened by the DBH. That facility, however, and the recently opened facility are designed to be transitional facilities for adults who are preparing to return to independent living after long-term hospitalization. The typical length of stay is three months or longer in those facilities. While these facilities meet an important need, they do not meet the same need that would be met by a “step-down” facility, as suggested by the psychiatrists, which would free several beds in the PHF thereby reducing out-of-county hospitalizations.

The psychiatrists believe the money saved in out-of-county transportation would pay for the cost of the in-county facility and program. The Grand Jury asked the DBH administrators for an accounting of the out-of-county transportation costs. The administrators said they could not provide the costs because the DBH does not track in-county and out-of-county transportation costs separately. For several months the information the Grand Jury requested from the administrators, that would allow us to compare any in-county and out-of-county hospitalization expenses, was unavailable. (This is the same type of information the psychiatrists reportedly have requested and have not been able to get.) The administrators also have avoided providing direct answers to many of the Grand Jury’s questions about this subject. They have not said whether or not the psychiatrists’ idea for the “step-down” facility would work, they have not said whether or not it would save Butte County money, and they have not said why they continue to ignore the recommendation.

Hope Cottage, a residential acute-care facility in Chico, for mentally ill children and adolescents, opened in April 2009. The Grand Jury asked the DBH administrators about Hope Cottage, and were told in November 2009, that it is a six-bed, residential facility in Chico, for children and youth, and that it is fully operational. In December, the first Interim Director said at a DBH Advisory Board meeting that he had just learned the facility was only using three of its six beds because they could only accommodate one gender at a time due to a shortage of staff at night. Over the course of the following month, the Grand Jury heard conflicting testimony from administrators and other DBH staff, regarding why only three beds were being used, and whether or not the facility was fully operational. None of the DBH administrators admitted that Hope Cottage had never been funded by the DBH for more than three beds until the Grand Jury learned the fact through other means. Administrators then told the Grand Jury that Hope Cottage is more

expensive than sending youths out-of-county. The Grand Jury pushed for an explanation and the administrator said that the average stay in an out-of-county facility is 2 ½ weeks, and at Hope Cottage the average stay is three months. The administrators acknowledged that with a shorter program, Hope Cottage would be more cost effective than out-of-county hospitalization.

Hope Cottage management has proposed funding an additional two beds at a cost of \$130,000 per year, emphasizing shorter lengths of stay. Given the costs of transportation, it appears to the Grand Jury that at least that much money would be saved by not sending youths out of the County for their care. The DBH administrators continue to say they need to study the program and determine whether or not Hope Cottage is able to reduce the numbers of patients who are sent out of the County.

Successful youth treatment requires family involvement. When families on very limited income must travel out-of-county to participate in children's treatment, the opportunities for successful treatment diminish. Hope Cottage should be fully budgeted and used to its full capacity.

Department of Behavioral Health Advisory Board

The California Welfare and Institutions Code (WIC) § 5604 requires that a county department of behavioral health shall have a mental health board comprised of members who are designed to bring different perspectives to the panel. The board is required to have representation of consumers of behavioral health services, family members, law enforcement, and the County Board of Supervisors. Current DBH staff cannot serve on the board.

The purpose of the board is clear and it carries powerful responsibilities which are provided in WIC § 5604.2:

(a) The local mental health board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.*
- (2) Review any county agreements entered into pursuant to Section 5650.*
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.*
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.*
- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.*
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body.*

- (7) *Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.*
- (8) *Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health board.*
- (b) *It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community.*

While attending numerous DBH Advisory Board meetings, and through interviews, the Grand Jury observed that rather than serving in an advisory capacity as outlined by law, there are areas where the board leadership appears to take its direction from and “rubber stamps” the decisions of the administrators of the DBH. The procedures established for the members of the Advisory Board to influence the board’s direction are sometimes ignored, which furthers the appearance of taking direction from the administrators. This is illustrated by the minimal involvement of the Advisory Board for the recruitment of the permanent Director for the DBH which began in March 2010.

Advisory Board members discussed the possibility of participating in the selection of the DBH Director during their February 2010 retreat, but did not discuss any procedures. Board members who wanted to be involved in the recruitment process wanted to discuss the process at an Advisory Board meeting. The established procedure for Advisory Board members to raise discussion at the meetings is to submit a written request for an agenda item prior to the Advisory Board agenda planning meeting. A request by a board member to place the WIC § 5604 (listed above) on the agenda did not result in a discussion at the Advisory Board meeting because the agenda planning meeting was changed, so the request was received too late.

During the April Advisory Board meeting two of the leaders of the Advisory Board announced they had participated on the interview panel for the DBH Director’s position, which had been put together by the second DBH Interim Director. The rest of the Advisory Board had not been involved in the process. The selection of the members of the board was made by the second Interim Director, was not an agenda item, and it was not discussed at the Advisory Board meeting. Aside from the two selected by the Interim Director to participate on the interview panel, the DBH Advisory Board members had no opportunity to participate with either the review of the applicants for the position of the DBH Director, or the selection of the Advisory Board members who did sit on the review panel.

The Grand Jury is concerned about a staff member selecting the members of a public board to serve in their legally-mandated capacity to, *Review and make recommendations on applicants for the appointment of a local director of mental health service*, without there being an agenda item, the opportunity for public comment, and a board vote for the selection. This occurred within a month following County Counsel’s presentation on the Brown Act at a DBH Advisory Board meeting, which directs the Grand Jury’s attention to the fact that the DBH Advisory Board members have become used to taking direction

from the DBH staff. The Grand Jury does applaud the immediate changes the Advisory Board members made to improve the quality of public participation at the meetings, and encourages the board members to recognize and embrace their full role as advisors to the DBH Director and to the Board of Supervisors.

Fiscal

Difference of Perspective

The Grand Jury found fundamental differences in perspective around the revenues generated by the billing of direct service time. A significant percentage of the department's revenue is generated through a billing procedure to the State for services to Medi-Cal clients by counselors, clinicians, psychiatrists, and other qualified providers of direct services to the mental health consumers. The rates for billing vary according to the credentials of the direct services provider.

Most of the providers of direct services generate enough revenue to equal more than their salary and benefits. When budget cuts are made, the medical and clinical staff often attempt to remind the administrators that cutting clinical positions not only cuts services to clients, it also cuts a primary funding source for the department.

The administrators view the clinical positions from a "cost to fund" perspective. They look at the overhead costs involved in keeping any position. Though other positions do not generate revenue for the department, they are necessary for its operation and for the support of the medical and clinical staff. In order for the providers to bill for Medi-Cal dollars, matching funds from the department must be available.

The perspective of the direct service staff (e.g., counselors, clinicians, psychiatrists) is that their billable hours fund the department. The administrators' perspective is that the department must fund the positions of the direct service staff. The Grand Jury believes a clear understanding of both perspectives is crucial to managing both the budget and solving the internal conflict of the department.

Illustration of Mismanagement and Confusion in the DBH

The following paragraphs describe a situation the Grand Jury frequently found while investigating the DBH. It includes examples of mismanagement along with difficulties the Grand Jury encountered when trying to obtain accurate documentation.

On May 1, 2008, the DBH department executed a two-month contract with a consultant from Santa Ana, California, for \$5,000. The contract was to be completed by June 30, 2008. The Scope of Work was to:

- identify and map procedures and workflows,
- hold a series of meetings with the DBH staff,
- obtain information of what was working well and what could be improved,

- provide a first draft of recommendations,
- hold a follow-up meeting to critique and revise the recommendations,
- revise the recommendations as might be indicated by additional analysis,
- review from follow-up meetings,
- submit a final report.

Compensation terms were for \$75/hour up to a maximum of 30 hours plus out-of-pocket expenses for transportation, meal, and lodging expenses. The definition of services that qualified for the hourly rate was not identified.

The contract was subsequently amended three times to extend the contract to June 30, 2010, and to increase the total amount from \$ 5,000 to \$14,875. The reason provided to the Grand Jury for the two-year extension to the contract was that the consultant needed to evaluate the effectiveness of the new Avatar system on the DBH billings to meet state compliance.

The consultant presented three very short informal reports, each less than two pages, indicating that the DBH systems are working.

When the Grand Jury asked the administrators how the consultant was selected, the following criteria were given:

- Of the people with the expertise, this consultant was one of the 10 or so highly knowledgeable county financial managers.
- The first Interim Director wanted someone to investigate accusations of potential mismanagement of the DBH finances.
- The consultant needed to be sufficiently distant from Butte County to ensure that there were no previous associations with the DBH.

The consultant's billings allowed by the DBH administration for October 2008 and April 2009 invoices totaled \$ 4,900.80. The billings showed:

- \$ 1,875 for 25 hours of direct consulting time @ \$ 75.00
- \$ 3,025.80 for 24 hours of travel time @ \$37.50/hour plus travel, lodging, and meal expenses.

Although the contract was entered for an hourly rate of \$75 per hour, the reality is that the actual hourly cost was \$196 per hour (\$75 per hour for direct service plus travel expenses).

The Grand Jury was advised by the DBH that they have not received ANY invoices nor made any payments subsequent to a November 10, 2009, payment. On April 15, 2010, the administrators were asked if any additional payments were anticipated under this contract. The response was, *last I spoke with him - it was his intention to not submit any*

other invoices. This response was puzzling to the Grand Jury, since subsequent to his April 2009 invoice, the consultant prepared and submitted the Status Update report (Appendix A) on November 17, 2009, and a Final Report (Appendix A) on February 11, 2010.

The contract signed in May 2008 and Amendments #1 and #2 signed in July 2008 and March 2009 respectively, provides for an hourly billing rate of \$75 per hour. Yet there is no definition as to what constitutes a billable hour. In July 2009, a payment provision authorizing travel time at \$37.50 per hour was added to the contract under Amendment #3. **Prior** to Amendment #3, the County paid the consultant \$37.50 for each travel hour, even though payment for travel time was not covered in the contract.

It took 14 months for the DBH and the Butte County Auditor - Controller to amend the consultant contract terms to permit a half-time hourly rate for travel. The Grand Jury is concerned about the legality and wisdom of paying the travel time prior to amending the contract. Since the consultant provided services after April 2009, it is anticipated he will be submitting additional invoices.

The original contract was to have been completed in two months. It was extended three times to a total of two years. When a DBH administrator was asked why the consultant's contract was extended, the response was, the DBH wants to ensure that the new reporting and billing Avatar system being installed was included in the evaluation. The Avatar system was initiated in 2007, more than a year prior to the consultant's contract. Since this system was already being implemented when the consultant's contract was written, it should have been included in the contract's scope of work and considered in the original completion date.

The Grand Jury is also concerned about the consultant's "Final Report" which he submitted in February 2010. This was a one-page document which merely summarized the consultant's previously submitted work in his November 2009 Status Update document with some generic information added that could apply to any California county. The document stated and restated that all the activities of staff were in compliance to the level of detail required by the State of California.

Subsequent to the submittal of the "Final Report," the Grand Jury requested any updates on information, correspondence, reports, and invoices related to the consultant's contract. The administrators told us they had no new invoices, that the consultant was working on the final report, and that they would send us a copy. In March 2010, the Grand Jury learned from the DBH, they had not accepted the "Final Report" submitted by the consultant in February 2010. The Grand Jury asked what additional information was to be provided by the consultant not previously contained in the February 2010 document (Appendix A) The administrators responded that the "Final Report" did not include a summary of all the consultant's activities. The DBH administrator also told us that the consultant requested more information on the DBH workflows. The Grand Jury examined the two DBH workflow charts sent to the consultant and noted that the information was outdated and/or incomplete. In addition, one document is not dated and

the other is marked “draft.” Neither document indicates who approved them or when they were approved. Neither document indicates its source and context, for example, the procedure manual from which it was taken, the page number, the date approved, or the appropriate title. (Appendix B)

In early April 2010, the Grand Jury again asked the DBH administrators for an update on the revised final report. The administrator told the Grand Jury that the second Interim Director had reviewed all of the documentation that was submitted to the DBH by the consultant. The administrator said the consultant had looked at the DBH’s overhead, the administrative rate, and how the DBH allocate its costs, and had informed the DBH in his reports to them that he found nothing improper or wrong in how the department did this. In addition, the consultant had informed the DBH, that to do a final report he would have to return re-review everything he had done and anything else that might be required. The Grand Jury was informed that the second Interim Director did not believe that there would be any benefit to expending more money to bring the consultant back to start all over again to prepare a final report; he terminated the contract.

As of May 1, 2010, the consultant had only provided three brief written reports. The reports are less than two pages each and provide little actionable information on the operations or billing systems of the DBH, other than that they appear to meet State requirements. While it is comforting to learn that the billing information being supplied to the State meets State requirements, it was excessive to pay a consultant to make that determination. This assessment could have been done, at NO expense to Butte County, by the first Interim Director. He was new, from out of the area, and presumably able to be objective.

Finance

During the Grand Jury’s investigation, interviews with the DBH staff of the fiscal and accounting sections of the department, the Grand Jury found it difficult to obtain the requested financial reports. Some reports received contained incomplete information and most were labeled “Draft” causing the Grand Jury to question their accuracy. At times it took the Grand Jury several requests to obtain the reports desired. Other individuals who legitimately require fiscal information from the DBH reported to the Grand Jury difficulties in obtaining the information for which they asked. Administrators claimed the information is available for people who ask the fiscal section of the DBH.

The procedures followed by the administration of the DBH for the development of the budget do not include input from all areas of the DBH staff. The Grand Jury was surprised to learn that the medical staff is not included in fiscal decisions that ultimately affect the treatment of patients. It is important for all departments to have input on budget allocations in order to have more trust. The budgeting process is not explained in a concise and clear presentation so that the DBH staff can understand how and why decisions are made. Communication regarding fiscal matters between the administration and the DBH staff is very limited. The Clinical Advisory Team was created to help with the distribution of information, however, the information isn’t always shared in a timely

manner. Although the administrators claimed the Clinical Advisory Team provides the opportunity to share information, the Grand Jury found that it is not effective.

Butte County “Loan” to the Department of Behavioral Health

Last year’s Grand Jury’s report raised the issue of a \$5 million loan from Butte County to the Department of Behavioral Health. This “loan” continues to be an issue that causes concern about the fiscal management of the DBH. The transaction actually involved a cash advance rather than a loan with the usual repayment terms. The Grand Jury has learned that the amount of the deficit leading to the request for the advance is still uncertain among several DBH administrators who were involved in making the decisions. There is wide spread confusion among the department staff about this transaction. Each new source provided a different combination of the following information to the Grand Jury through the late summer and early fall of 2009:

- The transaction took place in the spring of 2008, or the summer of 2008.
- There was a loan from the county, to be paid back with interest, or there was never any loan.
- The loan came out of the Butte County General Fund, or money was used from the Butte County General Fund, but it was not a loan.
- The money involved was: \$2 million, or \$3 million, or \$4.8 million, or \$5 million, or \$10 million.

The Grand Jury interviewed the DBH administrators regarding this money. Even within this group there were some discrepancies about the topic, though the inconsistencies were not as diverse. By November 2009, information provided to the Grand Jury from the DBH administrators **seemed** to paint a clear concept of the transaction.

- A \$4.8 million deficit was included in the 2007/2008 DBH budget.
- Administrators gave conflicting explanations for the deficit:
 - \$3 million was due to the failure of the State to reimburse the DBH; the remainder was due to the department’s improper budgeting.
 - The entire deficit was the fault of the State.
- \$3 million was removed from the deficit by eliminating vacant positions in the department by March of 2008 (prior to hiring the first Interim Director).
- \$1.8 million cash was advanced in the summer of 2008 from the County.
 - The DBH would “pay it back” by restructuring the department to eliminate \$2 million in deficit.

The Grand Jury requested the documentation from all of the DBH administrators to clarify the witness testimony regarding this subject. Five months after the initial requests for “all documentation regarding this loan, including all terms of the loan,” an

administrator sent two documents to the Grand Jury. One was a written statement from the administrator and the other a Butte County Board of Supervisors' agenda transmittal form titled, "Cash Advance for Butte County Department of Behavioral Health," that the Grand Jury later learned, was not actually used for the agenda. This documentation, however, provided the Grand Jury with an interesting view into the fluidity and confusion surrounding the fiscal condition of the department. The following is the information provided by these documents, which were received by the Grand Jury on April 6, 2010:

- June 11, 2008, agenda transmittal form, written by the first Interim Director:
 - \$6.9 million cash deficit at the end of May 2008
 - \$7.6 to \$8.5 million cash deficit was estimated by the end of June 2008
 - Up to \$10 million cash advance was requested
 - Funds were requested from the Public Health restricted cash realignment accounts
- In the statement from the administrator:
 - The [unspecified] cash advance was approved by the Board of Supervisors in 2008.
 - The cash advance was not a loan with repayment terms; it is reduced each time the County receives a payment from the State.

The information outlined above was surprising since the DBH administrators had led the Grand Jury to believe that \$3 million of the deficit had been solved before the first Interim Director arrived, leaving a deficit of \$1.8 million. This document describing a rapidly growing \$6.9 million deficit, three months later, is very disturbing. The Grand Jury decided to check the Board of Supervisors' records of the transaction.

Members of the Grand Jury learned that the above described June 11, 2008, Agenda Transmittal form had not been used. From the Office of the Clerk of the Board of Supervisors, the Grand Jury acquired several documents pertaining to the transaction, including: (1) an agenda transmittal form titled "Public Hearings on the Proposed Budget," from the CAO, dated June 24, 2008, as cover to a packet which included a letter regarding the DBH, (2) the Butte County FY 2008/2009 Final Budget, and (3) an audio recording of the June 24, 2008, Board of Supervisors meeting. The documents outlined above, which we acquired from the Office of the Clerk of the Board of Supervisors on April 9, 2010, contained the following information:

- June 17, 2008, letter to the Board of Supervisors, written by the first Interim Director, and attached Schedule B
- \$5 million estimated cash deficit at the end of May 2008
 - \$2.3 million estimated structural deficit at the end of May 2008 (in addition to the cash deficit)
 - Up to \$4 million cash advance requested

- Funds were requested from the Butte County General Fund

During the six days between writing the agenda transmittal on June 11, 2008, and the letter on June 17, 2008, the first Interim Director’s description of the DBH structural deficit at the end of May 2008, changed from almost \$6.9 million to just one-third of that amount, he added \$5 million of cash deficit, and his request for a cash advance was reduced from “up to \$10 million” to “up to \$4 million.”

The Conflicting Information Regarding the DBH Deficit & “Loan”

Date Grand Jury Received Information	Source of Information	Date of Occurrence ¹	Deficit Amount	Type of Deficit	Advance Amount	Type of Transaction	Source of Funds	Method and/or Terms of “Repayment”
July 2009	2008/09 Grand Jury Report	Spring 2008	-----	-----	\$5 million	Loan	Butte County General Fund	To be repaid with interest
August – October 2009	Testimony from several witnesses	Spring 2008, or Summer 2008	-----	-----	\$2 million, \$3 million, \$4.8million, \$5 million, or \$10 million	Loan, or not a loan	Butte County General Fund	Some witnesses mentioned repayment with interest
November 2009	Testimony from two Administrators	By March 2008	\$4.8 million	Structural	\$3 million	-----	Restructure budget	Elimination of vacant positions
		Summer 2008			\$1.8 million	Cash advance	Butte County General Fund	Restructure DBH budget by \$2 million
April 6, 2010	Board of Supervisors Agenda Transmittal Form by DBH Interim Director	² June 11, 2008: End of May 2008	\$6.9 million	Cash	Requested up to \$10 million	Cash advance	Public Health restricted cash realignment accounts	Debt reduced each time state sends payment to county
		End of June 2008	\$7.6 – \$8.5million					
April 9, 2010	Letter to Board of Supervisors from DBH Interim Director	June 17, 2008	\$5 million plus	Cash	Requested up to \$4 million	Cash advance	Butte County General Fund	Undetermined
			\$2.3 million	Structural				

¹ The date or period of time that the transaction occurred or the document was produced.

² Date of document, followed by dates listed within the document

The Behavioral Health General Services section in the 2008/2009 Butte County Final Budget notes, *The recommended budget reflects a correction to the classification of realignment revenues from state revenues deposited into the budget unit to local revenues deposited into the Behavioral Health Fund. The realignment revenues, totaling \$7,962,407, are now reflected as part of the net cost of the budget unit along with the required \$410,883 maintenance of effort funded with county general purpose revenues.* This note appears to partially explain the differences between the cash deficits described in the June 11, 2008, agenda transmittal form and the June 17, 2008, letter. As these documents were received late in the term, the Grand Jury did not have sufficient time for a more thorough review. This situation illustrates the type of problems that are created by the lack of transparency in the department.

The Grand Jury has been left with the sense that one or more of the following is happening with regard to this issue:

- The administrators are failing to communicate among themselves regarding important and fundamental fiscal issues that have a huge impact on the department as a whole.
- Key members of the administrators do not understand the fiscal operations of the department.
- The administrators are trying to make the issue appear more complex than it needs to be in order to create confusion for others within the department, and for the Grand Jury.
- The administrators are concealing something from the Grand Jury and are creating a time consuming “smoke screen” in order to keep the Grand Jury from discovering what it is.

Throughout the investigation of the “loan” and structural deficit, the Grand Jury asked the DBH administrators specific questions and received conflicting answers. The Grand Jury also asked for the documentation that should have made it clear. It took five months to receive any documentation about the issue. The DBH did not provide the Grand Jury with a record of the action taken by the Butte County Board of Supervisors on this important transaction. Transparency issues remain within the administration of the DBH that are of great concern to the Grand Jury.

One thing stands out very clearly. The Butte County DBH, which was financially solvent a few years ago, has continued to function with a deficit.

Publicly Funded (State and Federal) Grant Programs at the DBH

Some unusual and large grant expenditures, paid for by tax-payer dollars, called the Grand Jury’s attention to the grant funded programs at the DBH. The Grand Jury reviewed publicly funded (state and federal) grant programs and related financial reports and procedures for payment of expenditures. The Butte County Auditor-Controller also monitors expenditures that are allowed by each grant and provided information to the

Grand Jury. The Grand Jury strongly believes unnecessary and expensive trips and expenditures have been made by some of these programs.

In July 2008, a field trip for 56 persons, made to Six Flags World in Vallejo, California was charged to a grant program. This trip cost \$3,298.73 for the day at the facility and transportation, the salaries for the staff would have added to this expense.

In March 2009, there was an expenditure of Connecting Circles of Care (CCOC) grant money for a trip to a Sacramento Kings Basketball game at the ARCO Arena. This trip was for 56 youth, 19 staff members and five parents. The detailed expenditures follow.

The Sacramento Kings Basketball game expenses were:

▪ 80 tickets	\$2,600.00
▪ \$5.00 Kings Bucks X 240	\$1,200.00
▪ 56 passenger bus rental	\$1,200.00
▪ Parking fee	\$ 40.00
▪ Fuel Charges	<u>\$ 257.01</u>
Total	\$5,297.01
Salaries – 19 staff- approximately	\$19,994.00
Billing to Medi-Cal: 7 staff, 4,251 minutes @ \$2.61	\$11,095.11
Medi-Cal payment, if approved	<u>\$10,540.36</u>
Salaries minus Medi-Cal payment	\$ 9,453.74
Grant responsible to pay with matching funds	<u>554.75</u>
Total Cost to grant (Trip expense plus salaries)	\$15,305.50

In addition to the above costs the following County vehicles were used:

- 1 van from Chico Center
- 1 Ford Explorer from CCOC
- 2 vans from Mitchell Center

The Grand Jury was not able to justify the cost of this expenditure as a benefit for the youth involved. The Grand Jury felt this amount of funding should have been used in a more thoughtful and prudent way. Attending several basketball games at California State University at Chico would have been less expensive and given the youths more opportunities for motivating experiences and for developing social skills.

In this time of budget restrictions and bad economy these expenditures appear excessive.

Information Systems

Avatar, an Electronic Health Record System

One of the Grand Jury's major points of interest was in the installation and implementation of a costly, comprehensive, and complex electronic health record system. That system, Avatar, produced and licensed by Netsmart New York Inc., consists of interactive and interrelated modules which are used by the staff of the Butte County DBH. The use of an electronic health record system was mandated by the State of California as part of a comprehensive plan to create an *accessible, efficient, and affordable health care system that promotes a healthier California through prevention and wellness and universality of coverage*. When fully implemented by the DBH's projected completion date in 2011, nearly every function of every staff member within the DBH will require the use of the Avatar system. Avatar will be used for billing, fiscal reporting, cost analysis, medical and clinical assessment, clinical notation and record keeping, patient treatment progress notes, prescription record keeping, and much more.

The process of adopting and implementing an electronic health record system started in April 2005. The first software chosen by the Butte County DBH was Anasazi, but that company's terms of use were found to be unacceptable. Negotiations were opened with Netsmart for Avatar in August 2006, and successfully concluded in March 2007. The initial cost of the Avatar software exceeded \$700,000. Additional yearly maintenance, upgrades, and support agreements with Netsmart will be required.

The complexities of these negotiations were such that Butte County contracted for the services of an attorney specializing in software to negotiate the contract. Attorney fees have cost more than \$50,000 as of September 2009, and are expected to continue. The Grand Jury believes that these legal fees appear excessive and unnecessary. During the installation and implementation of Avatar, additional consultation service contracts with independent contractors have been used for technical support and training. As of spring 2010, these contracts have cost over \$350,000.

The implementation of the Avatar system has required a massive effort, involving staff members from all areas of the DBH. The Avatar decision making processes are overseen by the top-level DBH Leadership Team, consisting of the Director and top-level management. Three separate and inter-related teams are more directly engaged in the implementation process: 1) An Avatar Steering Committee of approximately a dozen supervisory and managerial staff from various aspects of the DBH, which provides executive oversight and facilitates decision making; 2) An Avatar Development Team Committee of approximately a dozen supervisory and managerial staff from various areas of the DBH, which focuses on the clinical uses and needs, including questions, problems, and issues that staff might be encountering in their daily use of Avatar; 3) A three person Avatar Implementation Team which includes experienced staff from three areas: Fiscal, Clinical, and Information Systems. This team oversees project management, meeting weekly to ensure the project is moving smoothly, that the project stays within the overall timeline, and that local and vendor resources are appropriately utilized.

As the Grand Jury interviewed staff members throughout the DBH we received the impression that the staff training during Avatar implementation was designed well and was occurring fairly effectively.

We heard complaints, however, from a significant number of clinical and medical staff that data they requested was unavailable. When the Grand Jury requested fiscal and other reports, there were delays and inappropriate information provided that was blamed on Avatar. One example of this is in the reporting of Client and Services Information (CSI Reporting) to the California Department of Mental Health. CSI Data is a vital component of a performance evaluation system and is used for reports that allow policy makers, legislators, government officials, and the public to monitor and evaluate the effectiveness of each county's mental health department. For an example of how the information is used by the state, see appendix C.

As of February 2010, the DBH is reported by the California Department of Mental Health as *substantially out of compliance with timely reporting* placing it seventh from the bottom of California's reporting 56 counties in CSI production. As of April 2010, the DBH had slipped to fifth from the bottom, as shown in appendix D. When asked why the DBH is more than a year behind, the DBH administration blamed Avatar, saying it has problems. However, six of the thirteen counties using Avatar are completely within timely compliance, and two other Avatar counties are close. The DBH is part of a consortium and user group of 26 counties that are in the Avatar implementation process. Half of those 26 counties, according to the California Department of Mental Health, are still using other CSI reporting systems. It appears, perhaps, the DBH gave up their prior system that was working, and prematurely adopted the Avatar software.

Additionally, the Grand Jury noted that the DBH information systems (IS) staff was not supervised by a person with enough IS experience to properly direct their activities, assess their performance, and know when outside assistance was needed. Despite the fact that outside consultants have been paid more than \$350,000 over a four-year period to support the installation of Avatar, there has been almost no involvement of the Butte County Information Systems Department (ISD). When a DBH IS staff member who was critically important to the Avatar installation and development was laid off, the installation process suffered. The consultant-contractor did not pick up the slack of the laid off DBH IS staff member. If Butte ISD had been involved and kept current with the Avatar installation process, it might have made a difference.

Information Systems and Information Technology

The Grand Jury was interested in the security, storage, and backup of the data that is produced and used by the DBH. The Grand Jury found that a comprehensive data storage system does not currently exist, but is planned for. When asked if the DBH was planning to take advantage of the Butte ISD's existing comprehensive storage system, they indicated that the DBH would build their own comprehensive system. The Grand Jury believes that this is an unnecessary duplication of equipment and hardware, as well as the cost of the building for its housing. The Butte ISD is already equipped with a large and

legally compliant data storage facility. Given that the departments of Butte County government are all connected through a high speed Intranet, the location of the stored data is unimportant, as long as it is securely protected and backed up offsite—which it is by the Butte ISD. In the event that access to the data storage hardware is necessary, the Butte ISD is very supportive and cooperative, and would be available to assist and support the DBH IS personnel.

Major Mental Illness – A Medical Illness

During this investigation, the Grand Jury became familiar with the wide array of behavioral health services that are offered in Butte County. The needs met by the DBH are very broad in scope. The department has developed excellent prevention and early intervention programs that pay particular attention to previously underserved populations. There are programs that help people change the focus in their lives from their mental illness to recovering and being well. These are excellent programs and their value cannot be underestimated.

We also learned that there are some in the DBH who have the perception that the need for psychiatrists is very limited because the focus of the department is on prevention, recovery, and wellness. The second Interim Director told a psychiatrist, very pointedly, at a DBH Advisory Board meeting, that the DBH is not about medical health. While prevention, recovery, and wellness are essential programmatic elements for behavioral health, the Grand Jury believes that to ignore the fact of mental illness as a medical issue is inadvisable and would be destructive to all the citizens of Butte County.

Major mental illness usually begins before adulthood, is usually a lifelong illness, and requires long-term care planning. Nearly all untreated or insufficiently treated mental illness results in some combination of substance abuse, disability, unemployment, homelessness, incarceration, and suicide. By the most conservative reports, nearly 50% of substance abusers have a mental disorder that leads to the abuse. Some research suggests that all substance abuse may be the result of an underlying mental disorder.

The importance to the community of psychiatric care, for people with major mental illnesses, is frequently not understood. Whether approached from a human or from a financial perspective, the value of integrated behavioral health services involving both psychiatric (medical) care, and counseling (recovery and wellness) should not be underestimated. By receiving proper services, many people who might otherwise become, or remain, a financial burden to the system are able to lead fulfilling lives where they instead can contribute to the tax base. The mentally ill people who are not served do not just go away. If untreated, many are unable to care for their own needs or they become a danger to themselves or others. They end up on welfare, homeless, in emergency rooms, jail, or juvenile hall. Fiscally the cost becomes greater than that of providing mental health services. In human terms, the cost of not providing proper services is unacceptable.

Conclusion

The 2009/2010 Grand Jury believes that the staff of the DBH care deeply about the youths and adults in Butte County who need their services. In addition, the 2009/2010 Grand Jury concludes that while it did not have sufficient time to fully investigate all of the issues within the DBH, it did **confirm** some of the findings of the 2008/2009 Grand Jury, specifically:

- The department is in need of its own healing.
- The department fails to be transparent about its operations, fiscal decisions, and policy changes.
- The administrators are choosing not to recognize the value of the medical education and experience of their psychiatrists.

As a result, the 2009/2010 Grand Jury recommends that the Butte County Board of Supervisors or the State of California conduct an investigation of the Butte County Department of Behavioral Health by an independent firm with credentials in financial and behavior health issues.

FINDINGS

- F1. The response to the report of the 2008/2009 Grand Jury from the Butte County Board of Supervisors, the Butte County CAO, and the first DBH Interim Director each stated that the Department of Behavioral Health Medical Director position was anticipated to be filled by November 2009. Recruitment was initiated in November 2009 but was suspended within three months without filling the position.
- F2. The Medical Director position description as it is written does not carry the authority or responsibility to make clinical decisions.
- F3. Butte County did not recruit to fill the position of the Permanent DBH Director during the two years while there was an interim director for the DBH.
- F4. The first Interim Director served under an open-ended contract.
- F5. The DBH had to adjust to the first and the second Interim Directors, and will have to adjust again when a permanent Director is hired, continuing the instability of the department.
- F6. Documents requested from administrators were often provided to the Grand Jury after long delays and the material often was not what the Grand Jury requested.
- F7. Medical staff is often unable to obtain fiscal and statistical data.
- F8. The administrators sometimes failed to provide the correct financial reports as requested by the Grand Jury, even though the correct reports have the titles the Grand Jury used in making the request.

- F9. The DBH amends contracts after service has been provided and writes them to cover the invoices submitted by and paid to the contractor.
- F10. Several psychiatrists on staff and under contract are ready to retire and there is a critical shortage of psychiatrists.
- F11. Mentally ill patients in crisis often wait excessively long periods at hospital emergency rooms before the DBH will accept them at the Crisis Stabilization Unit.
- F12. Patient transfers out-of-county are excessive, very costly, and increasing in number.
- F13. Often children and youth Medi-Cal patients are sent out-of-county, which reduces the quality of their care and is more expensive for the County.
- F14. Hope Cottage is a resource, that if fully and properly utilized, has the potential of serving the needs of youth better than sending them out of County for psychiatric hospitalization. It would save money for the County each year.
- F15. Hope Cottage is fully operational but funded for only three of its six beds.
- F16. Transportation for out-of-county hospitalizations is an expensive yearly cost to the County that could be used to fund in-county alternatives; yet the costs are not separately tracked in the budget, thus making it difficult to know exactly how much money might be available.
- F17. The contract for the review of the DBH fiscal operations was excessively costly and ultimately did not result in an “accepted” final report.
- F18. The security, storage, and backup of the data that is produced and used by the DBH is insufficient. Plans exist to build an improved system, but the DBH plans do not take advantage of the existing comprehensive Butte ISD system.
- F19. The Avatar electronic health record system is being blamed by DBH administrators for not being able to provide Client and Services Information (CSI) reporting data to the California Department of Mental Health as required.
- F20. The DBH converted to the Avatar electronic health record system and stopped using its prior system prematurely, creating a lack of ready access to vital information for CSI reporting.
- F21. The DBH IS staff does not work closely or coordinate with the Butte ISD, and does not take advantage of experienced staff, expertise, and leadership of the Butte ISD.
- F22. The DBH has been successful in obtaining publicly funded state and federal grants.
- F23. Unnecessary and expensive out-of-town trips have been made and paid for by tax - supported, publicly funded state and federal grants.
- F24. The DBH Advisory Board often takes direction from the DBH administrators instead of taking the initiative to pursue their full advisory function as provided for in the California Welfare and Institutions Code § 5604.2.
- F25. This is the second consecutive Grand Jury to have concerns about the operations of the DBH.

F26. Among the administrators there seems to be a lack of value for the medical component of mental health treatment.

RECOMMENDATIONS

- R1. Recruit for and fill the Medical Director position without further delay.
- R2. Write the Medical Director position description to carry the authority and responsibility to make the final clinical decisions.
- R3. Develop a policy to initiate the recruitment for a permanent director immediately upon notice that a vacancy will occur in the position.
- R4. Develop a policy to hire interim directors only with end-dated contracts.
- R5. The recruitment for a permanent director should not be suspended while there is an Interim Director.
- R6. Provide training in fiscal transparency for the DBH administrators.
- R7. Develop and adhere to a written policy for transparency with regard to fiscal and statistical data.
- R8. The administrators should produce, refer to, and discuss reports using only standardized accounting terminology.
- R9. Develop a policy that does not allow contractors to provide or bill for services unless there is a current and complete contract in effect.
- R10. Develop and implement an aggressive and creative plan to hire psychiatrists.
- R11. Establish relationships with the local hospitals that will ensure an efficient transition for mentally ill patients who are in crisis from emergency rooms to the Crisis Stabilization Unit.
- R12. Make it a priority to keep youths and adults in Butte County when they need to be hospitalized for mental illness.
- R13. The department should set a priority on the establishment of more treatment facilities within the County and utilize current facilities to full capacity.
- R14. Fully fund the six beds at the Hope Cottage youth facility.
- R15. Develop a separate expense account number for out-of-county transportation of patients.
- R16. Utilize the existing Butte ISD system for security, storage, and backup of the data that is produced and used by the DBH.
- R17. Comply with the California Department of Mental Health CSI reporting requirements in a timely manner.
- R18. The DBH should coordinate information systems and technology with the Butte ISD to take advantage of experienced staff and share IS/IT expertise.

- R19. The future expenditures on out-of-county group trips by the publicly-funded state and federal grant programs should be eliminated.
- R20. The DBH Advisory Board should pursue their full advisory function as provided for in the California Welfare and Institutions Code § 5604.2.
- R21. The DBH administration should structure and operate its programs so as to reflect a high value for the medical component of mental health.

REQUEST FOR RESPONSES

Pursuant to Penal Code §§ 933 and 933.05, the 2009/2010 Butte County Grand Jury requests responses from the following:

- The Butte County Auditor-Controller
- The Butte County Board of Supervisors
- The Butte County Department of Behavioral Health

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda and open meeting requirements of the Brown Act.

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- Avatar Implementation time lines (multiparty documents - several updates)
- Butte County Avatar Project clinicians workstation (CWS) modifications tracking documentation
- Butte County Avatar Project current issues (multiparty documents - several updates)
- Butte County Avatar Project managed care (MSO) modifications tracking document
- Butte County Avatar Project practice management (PM) modifications tracking document
- Butte County Avatar Project Questionnaire
- Butte County Avatar Project resolved issues
- Butte County Avatar Project training documentation
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Reports issued by the Civil Grand Jury do not identify individuals interviewed. Penal Code Section 929 requires that reports of the Grand Jury not contain the name of any person, or facts leading to the identity of any person who provides information to the Civil Grand Jury. The California State Legislature has stated that it intends the provisions of Penal Code Section 929 prohibiting disclosure of witness identities to encourage full candor in testimony in Civil Grand Jury investigations by protecting the privacy and confidentiality of those who participate in any Civil Grand Jury investigation.

APPENDIX A

Contractor's Reports

APPENDIX B

DBH Workflow Charts

APPENDIX C

County of Butte Data Tables Demonstrating Use of CSI Information

APPENDIX D

CSI Compliance

APPENDIX A – CONTRACTOR’S REPORTS

The Status Update and the document submitted as the “Final Report” are two of the three documents produced by the contractor who was hired to review the fiscal methods used by the DBH.

REDACTED
REDACTED
Santa Ana, CA 92705

To: REDACTED, Interim Behavioral Health Director
From: REDACTED, Mental Health Fiscal Management Consultant
Date: November 17, 2009
RE: Status Update

This is an interim status report of my review of the accounting process in order to prepare the State Department of Mental Health (SDMH) CR/DC Cost Report. My task was to evaluate the process to determine 1) where they were within the acceptable SDMH’s cost accounting procedures and 2) to determine a more efficient accounting process.

My first step of my review was to examine the methodology utilized by your staff to identify staff and operating costs to specific cost centers (clinics/programs) which is the first step in identifying costs of services as required by the SDMH. The other process I reviewed was the allocation of administrative overhead to the cost centers to determine total costs.

A site visit was scheduled on April 29 and 30, 2009, to meet with your accounting staff to evaluate the methodology utilized for the FY 2008-2009. I was able to track the costs related to direct clinical staff, clerical support and supervisors to cost centers based on the People Track system. The identification of costs whether it is salary or operating costs directly to a cost center is consistent with SDMH guidelines as well as cost accounting principles. If possible all cost should be identified to a cost center rather than utilizing an allocation method. As for operating costs I was able to track invoices which were approved for payment by managers to specific cost centers. Again every effort should be made to identify costs to specific cost centers when possible. Those staff who worked in more than one cost center were to be tracked through the Avator system based on the activities recorded by individual staff. I recently received notification from our staff that these reports are available so I have made a request to have them sent to me for further review.

Based on my review of the accounting process' for the identification of direct staff and operating costs I can not recommend any efficiencies which would improve the process other than when the budget crisis is resolved a more in depth examination be conduct to determine whether more accounting staff would improve the process'. I am aware that many counties during this crisis has reduced administrative staff in order to balance the budget but it comes with a cost. I think your staff should be commended for their efforts in maintaining an accounting system which meets the SDMH requirements. The only qualification I have is that I need to review the Avator reports which are utilized to split the staff who work at more than one cost center. One other step I need to complete is the review the allocation methodology for administrative overhead. In an oral report I did review the administrative distribution for a previous cost report and I did not find any concerns in the process which is similar to one utilized by another county that I worked at.

I plan on providing you with a final report after the review of the Avator reports and administrative overhead allocation methodology which will involve additional discussion with your staff.

REDACTED
REDACTED
Santa Ana, CA 92705

To: REDACTED, Interim Behavioral Health Director
From: REDACTED, Mental Health Fiscal Management Consultant
Date: February 11, 2010
RE: Final Report

In my Status Update report dated November 17, 2009, I indicated I needed to review the report from the Avatar system which tracked the direct and indirect activities of the staff which would be utilized for the preparation the year-end CR/DC Cost Report. I reviewed the June, 2009 Staff Hours from Avatar report which was run on July 14, 2009. I was able to verify that this report contains all the activities of staff to the level of detail as required by the State Department of Mental Health (SDMH) in order to determine the cost of services.

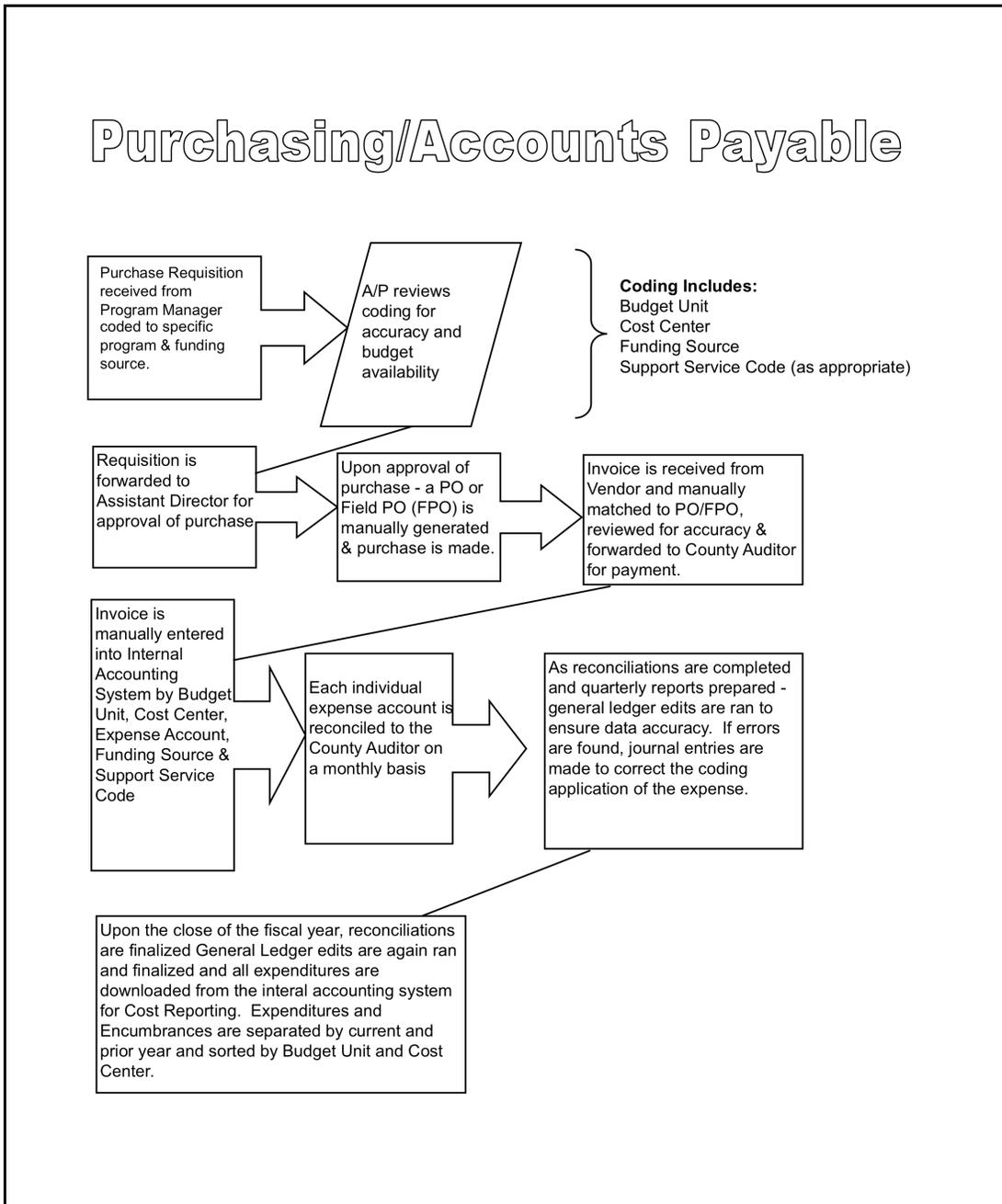
I also reviewed the 2008/09 Salary and Benefits Reallocation Schedule which adjusts the costs identified to specific programs for those staff who may work in more than one program or perform work that should not be charged to the program. I did not verify the details for these adjustments. This schedule became the basis for the preparation of the CR/DC Cost Report for the Fiscal Year 2008/09.

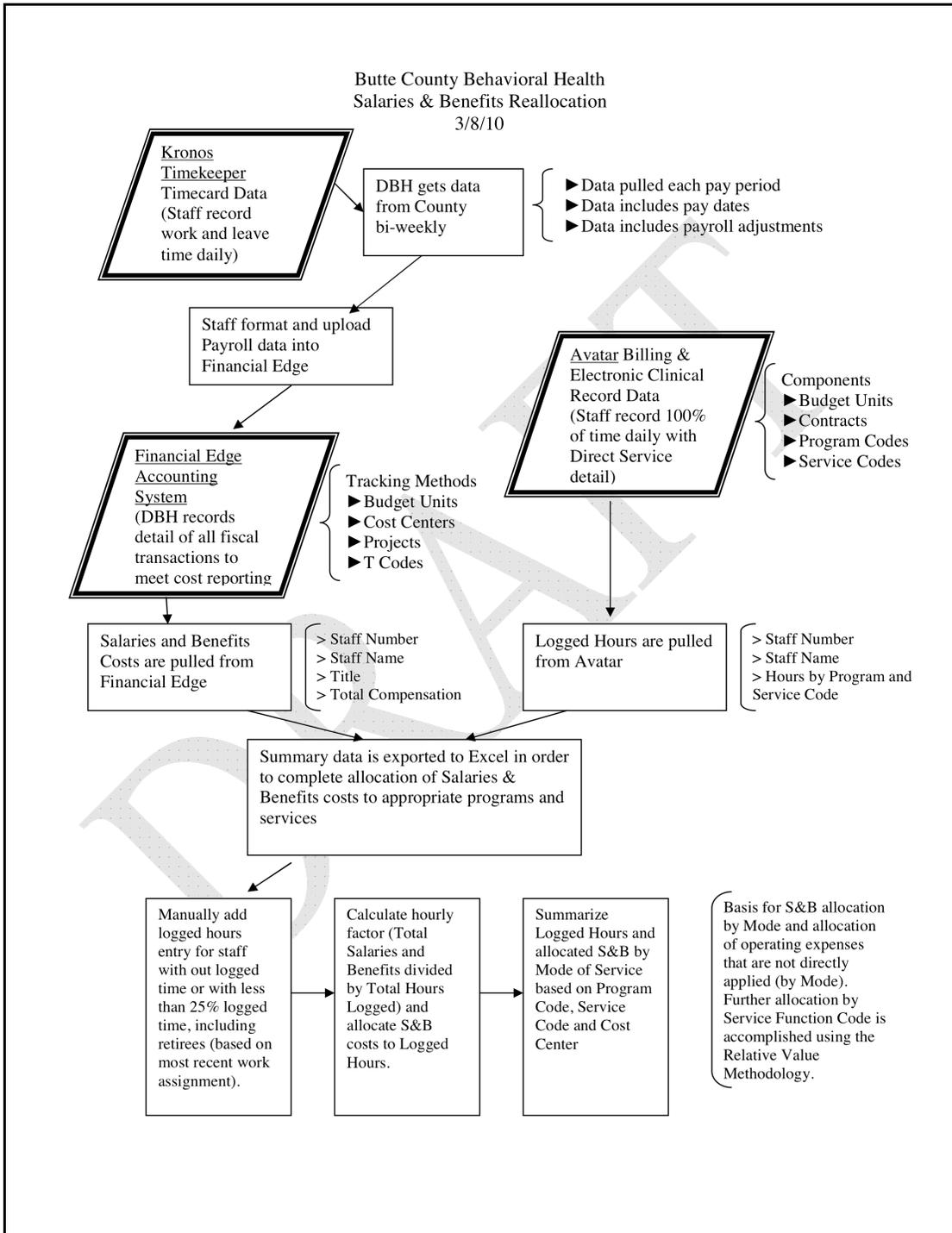
As I indicated in my November 17, 2009 report the allocation methodology utilized for administrative overhead is in compliance with the guidelines established by the SDMH and the same methodology was utilized in the preparation of the CR/DC Cost Report for the Fiscal Year 2008/09.

I would like to restate that much of the process in the preparation of the CR/DC Cost Report and interim financial reports rely upon manual process' which is time consuming and labor intensive. As the Avatar system becomes more mature in the future with the efforts of your staff and other counties who utilizes the Avatar software the system it would be possible to eliminate the need for the manual process'. I understand that the fiscal crisis that exists in California and counties has taken it's toll on administrative staffing but these decisions must be weighed against potential errors when there are not sufficient manpower to perform all the functions in order to meet the ever changing federal and state requirements.

APPENDIX B – DBH WORKFLOW CHARTS

DBH administration told the Grand Jury that the contractor’s “Final Report” was not accepted due to the lack of a summary of all the consultant’s activities. The administrators said the contractor then asked for more information on the DBH workflows. The DBH sent these two charts to the contractor to provide the requested workflow information. After reviewing these charts, the contractor said that in order to do a final report he would need to return to the Butte County DBH. The second Interim Director then terminated the contract.





APPENDIX C – COUNTY OF BUTTE DATA TABLES DEMONSTRATING USE OF CSI INFORMATION

COUNTY 04 - Butte						
Table of race by servgrp						
	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
White	19	807	938	1525	1452	4741
Hispanic	0	17	17	54	32	120
African American	0	26	38	51	43	158
Asian/Pacific Islande	0	21	70	293	59	443
Native American	2	28	26	47	45	148
Other	3	206	237	437	416	1299
Total	24	1105	1326	2407	2047	6909

	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
White	0.4%	17.0%	19.8%	32.2%	30.6%	100.0%
Hispanic	0.0%	14.2%	14.2%	45.0%	26.7%	100.0%
African American	0.0%	16.5%	24.1%	32.3%	27.2%	100.0%
Asian/Pacific Islande	0.0%	4.7%	15.8%	66.1%	13.3%	100.0%
Native American	1.4%	18.9%	17.6%	31.8%	30.4%	100.0%
Other	0.2%	15.9%	18.2%	33.6%	32.0%	100.0%
Total	0.3%	16.0%	19.2%	34.8%	29.6%	100.0%

Table of gender by servgrp						
	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
Female	10	581	683	1358	1009	3641
Male	14	524	643	1049	1038	3268
Unavailable	0	0	0	0	0	0
Total	24	1105	1326	2407	2047	6909

	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
Female	0.3%	16.0%	18.8%	37.3%	27.7%	100.0%
Male	0.4%	16.0%	19.7%	32.1%	31.8%	100.0%
Unavailable	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total	0.3%	16.0%	19.2%	34.8%	29.6%	100.0%

Frequency

Table of AGEformat by servgrp						
AGE						
	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
00-05	0	35	40	93	90	258
06-11	0	67	115	269	442	893
12-17	0	131	164	424	608	1327
18-24	3	183	172	197	106	661
25-44	8	370	465	706	393	1942
45-54	10	187	220	432	256	1105
55-64	3	84	106	206	106	505
65+	0	48	44	80	46	218
Unknown	0	0	0	0	0	0
Total	24	1105	1326	2407	2047	6909

	24 Hour Inpatient	Only 1 Day Outpatient	2-4 Days of Service	5-15 Days of Sen	Greater Than 15 Days of Service	Total
00-05	0.0%	13.6%	15.5%	36.0%	34.9%	100.0%
06-11	0.0%	7.5%	12.9%	30.1%	49.5%	100.0%
12-17	0.0%	9.9%	12.4%	32.0%	45.8%	100.0%
18-24	0.5%	27.7%	26.0%	29.8%	16.0%	100.0%
25-44	0.4%	19.1%	23.9%	36.4%	20.2%	100.0%
45-54	0.9%	16.9%	19.9%	39.1%	23.2%	100.0%
55-64	0.6%	16.6%	21.0%	40.8%	21.0%	100.0%
65+	0.0%	22.0%	20.2%	36.7%	21.1%	100.0%
Unknown	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total	0.3%	16.0%	19.2%	34.8%	29.6%	100.0%

Data table from Ca.Gov, California Department of Mental Health, Statistics and Data Analysis: County Mental Health Client and Services Information (CSI)

APPENDIX D –CSI COMPLIANCE

California Department of Mental Health Client and Services Information System (CSI) CSI County Submission Status Report

CSI System Description:

The Department of Mental Health’s (DMH) Client and Services Information (CSI) System is the central repository for data pertaining to individuals who are the recipients of mental health services provided at the county level. The data is processed and stored on a database at the Health and Welfare Data Center. The fifty-eight county mental health plans (MHPs) are required to send a CSI submission file to DMH monthly. The CSI system includes Client, Service, and Periodic client records.

- **Client** records are uniquely identified by the CLIENT KEY, which is composed of the Submitting County Code and the County Client Number (CCN).
- **Service** records are uniquely identified by the combination of the CLIENT KEY and a Record Reference Number (RRN), which must be unique and must remain the same over time.
- **Periodic** records are uniquely identified by the combination of the CLIENT KEY and the Date Completed.

The CSI system includes both Medi-Cal and non-Medi-Cal recipients of mental health services provided by County/City/Mental Health Plan program providers. Mental Health Program providers include legal entities that are reported to the County Cost Report under the category Treatment Program, and individual and group practitioners, most of which were formerly included in the Medi-Cal “Fee-For-Service” system.

CSI County Submission Status Report:

A monthly update of each county’s CSI Submission Status is issued by the Data Management and Analysis Section. In the report each county’s CSI reporting status is displayed using color coded bars (Green, Yellow, Red) to show the most current date of submitted data and the degree to which reporting frequency meets the 60 day reporting deadline that is set in County Performance Contracts.

While the coding reflects how current the county is with respect to the 60 day reporting requirement, it does not show how complete or accurate the data contained in report are. Some counties that are depicted in Green are actually missing substantial quantities of data and/or contain data that is not correct. The DMH is examining a number of initiatives in to improve data reporting timeliness and accuracy.

Reasons for counties to fall behind in data reporting include:

- Rollout of new or modified vendor reporting systems
- Testing required to pass basic data quality intake edits. Often necessitated by changes to county or state reporting systems
- Incomplete county provider and/or case manager reporting
- Low priority within county
- County staff limitations

CSI Strengths:

- Most complete report of California county mental health services
- Allows DMH to respond to federal reporting requirements
- Source of client demographic information.
- Provides data for academic research and analyses

