

# **1999 - 2000 Ventura County Grand Jury Report**

## **Ventura County Health Care Agency**



# Ventura County Health Care Agency

## Background

The Ventura County Health Care Agency (VCHCA) is organized into four entities. These include the Medical Center, the Ambulatory Care Department, the Behavioral Health Department, Mental Health Services, and the Public Health Department. The Medical Examiner, also a part of this agency, is not included in this report.

Due to recent, well publicized, fiscal situations at the Health Care Agency, the 1999-2000 Ventura County Grand Jury (hereafter Grand Jury) felt it was important to determine whether the level of care had in any way changed significantly. The Grand Jury made site visits to representative departments of the agency. This report deals with these departments and some of their sub units. The conclusions and recommendations for each department are at the end of its respective section of this report.

## I. Medical Care

### A. Medical Center

#### Background

The Ventura County Medical Center provides inpatient medical care, emergency room service, and is the hub for a group of satellite clinics and public health facilities providing outpatient services in the population centers of the county. The Medical Center provides all of the medical specialties, family medicine, and primary care. It is a major source of healthcare for the indigent population and for those not having access to private physicians.

## **Methodology**

Members of the Grand Jury visited the Ventura County Medical Center hospital on Loma Vista Road in the city of Ventura. The hospital administrator gave us an orientation and overview of the hospital followed by a tour of the facility and showed us the inpatient and outpatient capabilities and the services provided.

By touring the facility and all of its operating departments, conducting protocol visits to the satellite clinics, interviewing staff members and researching data provided, we were able to better understand the agency and services provided to Ventura County's citizens.

## **Findings**

Access to the services provided by the Medical Center seemed adequate. There are adequate provisions to care for both the insured and uninsured population under the County's healthcare safety net. Patient's charges are structured to ensure that inpatient care is provided for those who will have difficulty in obtaining care elsewhere. The hospital's family practice residency program is a major factor in providing services to those who do not have other health care available to them. In addition, this program promotes medical education and allied health education.

The laboratory and kitchen areas were housed in cramped quarters.

## **Conclusions**

The hospital facility in Ventura has grown over the years by addition of buildings and infrastructure to accommodate the growth in the County's population. The laboratory and kitchen area have not yet been upgraded to keep pace with this growth.

## **Recommendations**

The laboratory and kitchen areas should be upgraded to keep pace with hospital requirements.

## Responses Required

None

## B. Ambulatory Care Department and Family Health Care Clinics

### Background

Members of Grand Jury visited Family Care Centers in Oxnard and Thousand Oaks to inspect the facilities and observe their operations. The physicians and staff of the VCMC Department of Ambulatory Care who operate these centers provide primary medical care at the local community level. Patients receive routine checkups, immunizations, treatment for common acute illnesses, treatment of minor injuries, early detection and treatment of common chronic conditions associated with aging. They can also receive minor surgical procedures, prenatal and after childbirth care, family planning services, counseling on health matters and screening for referral to specialized medical services.

### Methodology

The findings are based on visits and observations at the two Family Care Centers mentioned above.

### Findings

- F-1 Both Family Care Centers are clean and bright.
- F-2 Treatment Room Capacity:
  - a. Las Islas Family Medical Clinic in Oxnard has 18 treatment rooms that can support six physicians, i.e., three rooms per doctor.
  - b. The Conejo Valley Medical Center in Thousand Oaks has six treatment rooms to accommodate two physicians. There is room to expand.

- F-3 Number of Patient Visits:
- a. The Las Islas Clinic had 40,000 outpatient care visits in the 1997-1998 period.
  - b. The Conejo Valley Clinic had approximately 13,000 outpatient visits in the 1997-1998 period.
- F-4 Breakdown of provider costs:
- |                    |     |
|--------------------|-----|
| MediCal:           | 60% |
| Self Pay:          | 25% |
| Medicare:          | 5%  |
| Private Practice:  | 5%  |
| No ability to pay: | 5%  |
- F-5 Some prospective patients are reluctant to use clinics due to fear of jeopardizing their residency in the United States. The staff believes that this fear may cause some cases of communicable disease to not be reported.
- F-6 The city of Camarillo does not have a medical clinic to accommodate its population.

## Conclusions

- C-1 The Family Care Centers that were visited appeared well-managed and providing excellent patient care.
- C-2 Camarillo is the only major city in the county without a medical clinic.
- C-3 When clinics are visited, immigration status is not an issue. Publicizing this fact could result in the treatment of cases of communicable diseases, which would otherwise not be reported.

## Recommendations

- R-1 Consider the establishment of a Family Care Center within the urban area of Camarillo to support its population.
- R-2 Publicize the fact that visiting medical clinics will be kept confidential, so that people in need of medical care will utilize these facilities without fear of reprisal and by their treatment will keep communicable diseases from spreading in the community.

## **II. Behavioral Health Care, Mental Health Services**

### **A. Hillmont Psychiatric Center, Inpatient Unit**

#### **Background**

The Hillmont Psychiatric Center is the acute psychiatric unit of the Ventura County Medical Center. The 43-bed hospital facility is located at 200 Hillmont Ave. in the city of Ventura. It was opened in October of 1996.

#### **Methodology**

Members of the Grand Jury visited the Inpatient Unit. The Grand Jury was provided background data and was briefed by the Medical Director, followed by a tour of the facility.

#### **Findings**

Only 16 of the 58 counties in California still have hospitals providing medical care, including psychiatric care, for their indigent population. Ventura is one of these. The Ventura County Medical Center attempts to provide psychiatric care for those who cannot otherwise afford it. According to the medical director, no one is turned away although 76% of those treated have no medical insurance. Every six months the County assesses the income of the population by area code. Ventura County Behavioral Health operated the psychiatric unit until October 30, 1999, when the responsibility was transferred to the Medical Center.

The inpatient clinic is an intense environment. Patients are in crisis. Treatment is conducted through a team approach, which means that professionals, led by a psychiatrist, form an interdisciplinary team for the assessment and treatment of each patient. Psychiatrists determine admissions based on acute psychiatric medical necessity. The goal of hospital treatment is to provide consistent quality of care to quickly stabilize individuals, support their return to the community, and to obtain long-term placements when necessary. It

should be noted, that 85% of the patients, or 1,500 annually, are admitted involuntarily. In other words, the court orders them there for evaluation.

The average daily census is 35 to 40 patients. The average length of stay is eight to twelve days. Most patients admitted have a primary diagnosis of schizophrenia. Many have other mood disorders. In addition, approximately 35% to 50% of all patients have a secondary or additional diagnosis of substance abuse. The patients generally fall into one of three categories: dangerous to themselves; dangerous to others; or so impaired that they cannot take care of themselves.

The primary source of revenue for the unit is MediCal.

## **Conclusions**

The Grand Jury was impressed with the quality of care being provided to the patients. The patients were involved in many productive and interesting activities, such as crafts and art courses. Patients were well supervised and the staff was alert to any potential problems.

## **Commendations**

The Center is to be commended for the level of care being provided to those under their care. The obvious dedication of the staff was reassuring. Ventura is fortunate to have such a facility in the county.

## **Recommendations**

None

## **B. Thousand Oaks Mental Health Clinic**

### **Background**

The Thousand Oaks Mental Health Clinic is one of Ventura County's nine adult mental health outpatient counseling and case management clinics operated throughout the County.



## Methodology

The Grand Jury, as part of its oversight of mental health care in Ventura County, made an unannounced visit to the Thousand Oaks Mental Health Clinic, located in an older office complex at 1459 East Thousand Oaks Boulevard. During the unannounced visit, jurors interviewed both staff and administrators of the clinic. The jurors also talked to participants at the Socialization Center.

## Findings

- F-1 Serves patients from East Conejo Valley, Newbury Park and Camarillo.
- F-2 The clinic, while not spacious, was attractive and well kept.
- F-3 Staffing was “bare bones” because of recent retirements, but the staff appeared pleasant, helpful and professional.
- F-4 The clinic gives psychiatric evaluations and provides case management.
- F-5 The case management program of the clinic includes housing, rehabilitation, job training and socialization.
- F-6 Approximately 160 clients were seen at the clinic regularly, with an average age of 30 to 40 years.
- F-7 With a new doctor scheduled to join the staff, the clinic will provide physician coverage four days per week.
- F-8 Clients are seen on a monthly basis with the clinic providing case management for every client.
- F-9 Most clinic patients had family support.
- F-10 Most of the clients were self-pay. The California Uniform Patient Fee Schedule sets payment guidelines.
- F-11 The clinic supports homeless programs within Conejo Valley.
- F-12 Clinic personnel reported that response time for the mobile crisis team was good, with the Ventura County Sheriff giving excellent backup.
- F-13 The clinic provides crisis intervention for enrolled clients, which entails in home assessment and transportation to Ventura County Medical Center if deemed necessary. The clinic no longer has a caged van, which is considered necessary in transportation of patients in crisis.

F-14 Transportation to the Thousand Oaks clinic for clients living in Camarillo is very “challenging.” Patients trying to use public transportation described round trips from Camarillo to Thousand Oaks requiring use of a combination of bicycle and public buses taking many hours. One Camarillo patient had to leave early because she was unable to take public transportation and on this occasion had to rely on staff from the clinic to drive her, which is above and beyond their job description. Another patient told of riding his bicycle from his home in Camarillo to a city bus stop, where he then took a bus to the Camarillo Outlet Mall. There he caught SCAT to the Oaks Shopping Mall and from there riding his bike or being picked up by a staff member to get to the clinic. He reversed this process to go home.

F-15 The clinic director stated that the role of the Behavioral Health Program is to provide a “safety net” for County citizens.

The mental health clinic

F-16 Has the first Socialization Program in the County.

F-17 The Socialization Program operates as a drop-in-center open Tuesday through Saturday.

F-18 The program was very activity oriented.

F-19 The group went out to dinner on Thursday evenings, the center’s most popular event.

F-20 Socialization Center activities included cooking, games, videos, and outings for meals, visits and events. Field trips have included attendance at baseball games, bowling and Lakers’ games.

F-21 Securing funding, transportation and chaperones all presented challenges in planning activities.

F-22 Each patient at the center spoke glowingly of what the program contributed to his/her quality of life.

## Conclusions

C-1 The staff and ambiance of the clinic were welcoming and pleasant.

C-2 The scheduled four-day-per-week staffing with a psychiatrist

will lower the caseload of doctors and allow the clinic to care for more patients and meet HCFA billing requirements.

- C-3 Crisis response was good due to the support of the mobile crisis team and the Sheriff's Department.
- C-4 A caged van would allow the clinic to be more effective in crisis intervention when transportation to Ventura County Medical Center is necessary.
- C-5 Camarillo mental health patients incur monumental transportation challenges in order to participate in County programs.
- C-6 The Conejo homeless and mental health programs work together to treat the mentally ill.
- C-7 The participants in the Socialization Program are enthusiastic and articulate supporters of it.

### **Commendations**

The Socialization Program is outstanding, with the director devoting countless hours in making the program effective for the clientele.

### **Recommendations**

- R-1 The clinic should be provided with a caged van to help the clinic respond more effectively in crisis intervention situations.
- R-2 Camarillo clients should be provided with easily accessible transportation at no or nominal cost to the clinic or a clinic should be provided in Camarillo.

### **Responses Required**

Health Care Agency, R-1 and R-2

Behavioral Health Department, R-1 and R-2

## C. Port Hueneme Mental Health Care Clinic

### Background

The Port Hueneme Mental Health Care Clinic is one of Ventura County's nine adult mental health outpatient counseling and case management clinics operated throughout the County.

### Methodology

Members of the Grand Jury visited the Mental Health Clinic located at 241 Market Street in Port Hueneme on February 8, 2000.

### Findings

- F-1 The clinic had a staff of 16. This was down from a high of 22.
- F-2 The caseload as of January 31, 2000 was 282.
- F-3 The staff included a psychiatrist, social workers, psychiatric technicians, a registered nurse, and an occupational therapist.
- F-4 An Intensive Care Case Management Team was formed five years ago for high-risk patients. Presently there are only two on the staff, due to cutbacks.
- F-5 The Socialization Program core group consisted of 20 people at high risk and lower functioning individuals ranging in age from eighteen to the early sixties. When members of the group reach sixty-five, they are transferred to a seniors group. The mandate of the Socialization Program is to provide maximum support to patients and their families. This program ceased to operate due to personnel cutbacks. The program has been reinstated with the hiring of a full time community relations specialist.
- F-6 A Crisis Team (located at Hillmont in Ventura) operates 24 hours per day, seven days a week.
- F-7 Clients served by the clinic are from Oxnard and Port Hueneme.
- F-8 Some clients relied on public transportation.

- F-9 Any MediCal recipient is eligible to use this clinic.
- F-10 Federal Government provides \$789.00 per month for clients in a board and care facility and \$600.00 per month for clients not in a board and care facility.
- F-11 A high number of board and care clients live in low cost housing, primarily in Oxnard.
- F-12 Facilities are being expanded by the acquisition of the suite next door to the clinic and by expanding the lobby.

## Conclusions

- C-1 The clinic is understaffed for the programs, which used to be conducted.
- C-2 The Intensive Care Management Team and the Socialization Program are especially hard hit by the County's hiring freeze.

## Recommendation

Restore staff to former levels so that a full set of programs can be provided for the clients.

## Response Required

Behavioral Health Department  
Health Care Agency  
Board of Supervisors

## D. Behavioral Health Crisis Team

### Background

The Crisis Intervention Team is comprised of a multidisciplinary staff of specially trained and licensed mental health professionals and is available to provide emergency mental health assessment and crisis intervention services. The team's goal is to provide a rapid mobile response throughout the County from the main office in Ventura and a satellite office at the East Valley Sheriff's Station. The Crisis Team also assists walk-in clients and families with a mental health

emergency at the office. No appointments are required and this service is available to anyone in Ventura County with a serious mental health crisis. The central crisis response center and phone bank are at the Ventura site, which operates 24-hours a day and always has an inpatient doctor on site or on call (after midnight). The East County Satellite site is open from 10:00 a.m. to 10:00 p.m., the busiest hours. Phone calls are forwarded from the East Valley site to the Ventura site after hours or with overflow calls. The satellite shares the doctor at the main crisis unit and inpatient facility. One to three teams of two persons are available at all times.

Clients can refer themselves or be referred by a family member, outreach community program, law enforcement officer, homeless shelter, community member, or substance abuse program. Often patients have a combination of medical, mental and substance abuse problems requiring the various community resources to work closely together. The Hillmont site is the hospital-based source with inpatient beds. The State of California establishes the fee schedule used for all crisis services, based on a sliding scale related to family size and income. No one is denied care because of inability to pay, although private psychiatric hospitals in the county do not take MediCal patients. When clients are brought in unwillingly, they are evaluated for a 72-hour hold and involuntary hospitalization. The three criteria for holding a patient are that the patient is: (1) a danger to self; (2) a danger to others; or (3) gravely disabled, i.e., cannot take care of self. Whenever possible, follow up work is done to prepare the mentally ill and also the homeless for their release back into the community.

## **Methodology**

In its oversight of the Behavioral Health Department, the Grand Jury visited the Crisis Intervention Team main office at 200 Hillmont Avenue, Ventura. The jurors met with the Administrator of the Crisis Team, who is also the director of the County Homeless Program. The jurors were then given a tour of the crisis team area of the facility.

## Findings

The Grand Jury during the course of its visit learned the following about the Crisis Intervention Team and its operation:

F-1 Services provided by the team include, but are not limited to:

- Countywide, twenty-four hour, 7-days a week assessment and crisis intervention services are offered from the two Crisis Center locations.
- Assistance to family members and other persons who are part of the client's community support system.
- Referrals and linkage to needed treatment services and community resources, including medical care, are given when indicated.
- Transportation to VCMC Psychiatric Hospital, or when possible, to a private psychiatric hospital for voluntary or involuntary evaluation and treatment.
- Consultation and assistance for law enforcement officers.
- Psychiatrist access, available 24 hours a day.

F-2 The Mobile Crisis Team *cannot* do the following:

- Force entry into a home in order to evaluate a client.
- Involuntarily hospitalize clients with medical problems in order to provide medical treatment.
- Assess clients who are a physical danger to other people without the presence of police to ensure safety. This includes persons with a weapon, currently assaultive, or out of control and destroying property.

F-3 In January the Crisis Team received nearly 3,000 calls. In one day they received 118 calls. The hospital usually sees about one-third of the people for whom calls are received.

F-4 The Crisis Intervention Program serves about 3000 clients. When AB3777 went into effect in 1987, there were ten mental health teams in the County, each serving 125 to 150 clients. Now teams each serve up to 300 clients.

F-5 The numbers served by the Crisis Intervention Team Program have risen, while funding has not grown accordingly. SSI is no longer available for substance abuse clients, further affecting funding because there is often a dual diagnosis of mental illness and substance abuse.

- F-6 Crisis Team members are all licensed. The Team has 28 full-time licensed mental health professionals comprised of psychiatric technicians, several levels of RNs, social workers, and one physician. Teams go out in pairs, preferably one male and one female. One to three teams are available at all times.
- F-7 Four caged vans with leather restraints are kept at the Hillmont site and one is kept at the East County location.
- F-8 Crisis Team response time is dependent on staffing. The Hillmont team works staggered shifts with four working all night. The East Valley team has only one shift. Scheduling is done to reflect the busiest hours.
- F-9 The Behavioral Health Department would like to start a psychiatric residency program in the County as a source of additional doctors to the program during their training and in hope that some psychiatrists would decide to remain with VCMC afterwards.
- F-10 Housing units with supervision and support for the mentally ill are a critical County need. The County received a grant and is moving ahead with construction of a supervised housing facility in the Lewis Road area.
- F-11 Currently the County has 40 people living in locked facilities outside of Ventura County because it does not have the necessary housing.
- F-12 Ventura County has no psychiatric beds for children 11 or under.
- F-13 An independent consultant, conducted a housing analysis of the Ventura County Behavioral Health housing services delivery system. Her report included a review of the system, recommendations for the next steps in the development of the housing service system and a description of a locally supported housing plan for the County.
- F-14 The use of a portion of the Tobacco Settlement money for construction of permanent housing for the homeless mentally ill was discussed by the Board of Supervisors.

## Conclusion

- C-1 The County does not have an appropriate discharge environment for mentally ill clients requiring supervised



housing. There is a severe lack of supervised housing, an issue that the Supervisors are beginning to address. The analysis of Behavioral Health housing in Ventura County is a valuable resource in planning, development and funding.

- C-2 The Crisis Team Administrator is knowledgeable and dedicated. This was reflected in the staff the jurors met.
- C-3 The Crisis Teams appeared to show a high level of professionalism in training and practice.
- C-4 The Behavioral Health Department needs more psychiatrists on its staff and is looking into ways to provide them.
- C-5 The staff of the Crisis Team Center is stretched thin as the number of calls increases. Additional staffing would improve response time and lighten caseload.
- C-6 The East Valley Satellite Team serves to dramatically cut response time for that portion of the County.

## **Recommendation**

The Behavioral Health Department should continue its efforts to develop a psychiatric residency program at VCMC to augment the Crisis Teams.

## **Responses Required**

- Behavioral Health Department
- Health Care Agency
- Board of Supervisors

## **E. Emergency Shelter for the Homeless and Mentally Ill**

### **Background**

As part of its examination of healthcare services provided by the County, the Grand Jury visited the Emergency Shelter Program (ESP) for the homeless mentally ill. The shelter is administratively part of the Behavioral Health Department in the Human Services

Agency. The difficulty in finding shelter for the mentally ill is exacerbated by the limited financial resources of the people needing shelter and the severe shortage of low cost housing in general.

A significant shortage of affordable housing exists in Ventura County. The County's overall vacancy rate of less than 5% is inadequate to assure the availability of low cost housing. The Southern California Association of Governments reported that over 4500 housing units are needed in the County for individuals with very low incomes.

In general, income for persons with severe and persistent mental illness is at or below the federal guidelines for poverty status and well below the high rents in Ventura County. The mentally ill primarily rely on federal and state entitlement programs, e.g., Social Security Income (SSI) for their monthly income. Most Ventura County clients' total income is between \$600 to \$799 a month although some receive more than \$900 a month.

Gaps in the housing continuum of services primarily affect adults aged 18 to 60 years and many in this age range reside in Board and Care (B&C) facilities. There is a current shortage of beds for the mentally ill as B&C owners struggle to operate a profitable business within the rate caps set by the State Department of Social Services. Many of the B&Cs suffer structural problems that collectively compromise the dignity and self-respect of persons living in these homes.

## Methodology

The Grand Jury first attempted to make an unannounced visit to the Emergency Shelter Program for the homeless mentally ill on the Martin Luther King Holiday. The 801 Poinsettia Place location in the city of Ventura was closed. The unannounced visit was rescheduled to 1:30 p.m. on February 1. This time the shelter was open.

The findings and conclusions of this section of the report are a result of the discussions during that visit and of later reviews of the following documents:

Aronson, Lynn. 1999. *Housing Analysis*. Ventura County Behavioral Health Department.

Kosich, Patricia, Daniel Jordan, and Duane Essex. 2000. *Housing Gaps Analysis for Adults with Severe and Persistent Mental Illness*. Ventura County Behavioral Health Department.

## Findings

The Grand Jury visitation and research produced the following findings:

- F-1 The ESP for the homeless mentally ill at 801 Poinsettia Place is an old home converted into office space. This location is not a shelter, but the administrative office with a mobile staff who visit the various sites giving support to clients. There was no sign on the facility posting their hours or giving an emergency phone number. When the Shelter office is closed, the Crisis Team provides services.
- F-2 The ESP served 453 severely and persistently mentally ill homeless persons across Ventura County during FY1998-99.
- F-3 The program is case management based. Several alternatives for housing are employed. The Program uses a voucher system, but only on a limited basis. Two caseworkers are assigned to oversee this program. Presently there are only three people housed through vouchers; however, on an average day, the ESP is providing vouchers for 8-10 persons in hotels. There is strong follow up on clients using vouchers, as the staff wants to continue a good working relationship with its shelter providers.
- F-4 The Program also uses the winter warming shelter program for housing. From December 1 through March 31 each year, winter warming shelters programs provide beds for homeless persons. From December 1, 1999 to January 31, 2000, the ESP received 142 unduplicated referrals of homeless persons with mental illness from the winter warming shelter programs around the County. These short-term shelters include a total of 163 beds in: The Conejo Valley Winter Shelter, The Samaritan Center in Simi Valley, The Ojai Valley Family Shelter, and The Oxnard Warming Shelter. Emphasis is on more structured housing with board and care. There are no current openings for men or women in the B&C system at the present time. VCBH has been forced to locate B&C beds outside of Ventura County for persons who require this level of care.
- F-5 Normally about fifteen people are in the program at any one time and keep in close contact with people they have seen through their outreach program. Three caseworkers devote extensive time to preparing their clients for permanent housing. The staff includes three RNs, one of who handles

physical disabilities. There are also a licensed clinical social worker, several experts in applying for General Relief and Social Security compensation, a specialist in alcohol and drug treatment, and a mental health technician. Most of the client contact is made in the field.

- F-6 One of their most important goals is to access all avenues of money available to patients, so that they can afford to live in a permanent place. This is especially difficult in Ventura County with the very high cost of housing. The caseworkers provide Social Security advocacy. The Program enjoys an excellent relationship with Social Security in Ventura. The caseworkers also seek funding from the public and County programs and apply for General Relief for single adults. [General Relief is a County welfare program that provides up to \$296 per person.] The caseworkers also work to entice the homeless mentally ill to come in for shelter and they work in conjunction with Mental Health teams, with the Shelter Program providing advocacy services.
- F-7 There is agreement in the need to secure more permanent housing for the mentally ill. The County is now looking at a site on Lewis Road.
- F-8 Turning Point runs several nonprofit homes for mentally ill in Simi, Oxnard and Ventura.
- F-9 Camarillo gives money to RAIN and the Emergency shelter.
- F-10 Homelessness remains a serious problem in Ventura County.
- F-11 The homeless in Ventura County are about 3300 persons of whom 1100 are mentally ill. However, this does not include the impact of cost of housing, limited vacancy rates and a warm climate - all factors, which increase the numbers of homelessness in Ventura.
- F-12 A Hillmont Psychiatric Center review of admissions during a two-week period in February 2000 found that an estimated 150 patient admissions a year could be avoided altogether and 75 patients could avoid unnecessary extensions to his/her stay if appropriate housing were available in the community.
- F-13 When compared to Santa Barbara and Kern Counties on the number of permanent housing beds for the mentally ill per 100,000, Ventura County falls short by over 125 beds.

## Conclusions

- C-1 Current housing is insufficient to meet demand. There is a serious shortage of housing for persons with severe and persistent mental illness.
- C-2 Many of the members of this client population also need the supportive services associated with paying and preparing for new living conditions.
- C-3 An increase in both shelter and transitional housing beds will likely prevent significant numbers of unnecessary admissions to the Hillmont Psychiatric Center.

## Recommendations

- R-1 A sign should be placed on the Poinsettia Place facility posting their hours and an emergency phone number. R-2. The County should continue to vigorously pursue providing more suitable housing for the mentally ill.

## Responses Required

Emergency Shelter Program, Behavioral Health Department, Human Services Agency, R-1

Board of Supervisors, R-2

# III. Public Health Department

## Background

The Ventura County Public Health Department is one department of the Ventura County Health Care Agency. Budgeted at approximately \$18.5-million annually, the department is composed of approximately 300 allocated positions and 20 contracted professional positions, i.e., physicians and program specialists. The department operates public health clinics in Ventura, Oxnard, Santa Paula and Simi Valley.

The mission of the Public Health Department is to optimize the health of the community by promoting healthy lifestyles and preventing and controlling disease, injury and disability. The department provides over fifty-five different services, ranging from

Communicable Disease and Surveillance to Maternal Child Health. The programs are administered by the divisions of Public Health Services (PHS), Children's Medical Services (CMS), Women Infants and Children/Nutrition (WIC), and emergency Medical services (EMS). To carry out its mission, the department set the following six goals:

- (1) Assure appropriate public health activities are carried out in the community.
- (2) Measure and assess the health status of the community and the factors influencing health status.
- (3) Establish a database and make results of health assessment available to the public on an ongoing basis.
- (4) Lead and assist in the development of sound and comprehensive policies in matters related to health.
- (5) Develop and maintain the resources and capacity to respond appropriately to public health crises.
- (6) Enforce public health standards according to state laws and regulations.

The Grand Jury, as part of its oversight responsibilities, invited Paul Lorenz, Director of the Ventura County Public Health Department, to give an informational presentation. The Ventura County Public Health Medical Director and the Ventura County Public Health Director of Nursing, participated in the presentation. The jurors followed up this presentation by making unannounced visits to two of the four County Public Health Department Clinics, one at 2500 C Street, Oxnard, and the other at 660 E. Los Angeles Avenue, Simi Valley. Members of the Grand Jury also visited the RAIN project for the homeless in Camarillo. Residents there are cared for on a weekly basis by the Public Health Field Nursing Services.

## Findings

The Public Health Department is involved in a broad range of programs including:

- Immunizations ranging from polio to influenza.
- Monitoring outbreaks and working to control communicable diseases.
- Immunizations to children regardless of the family's ability to pay.

- Programs dealing with teenage pregnancy prevention, parenting, AIDS education, prevention and case management, breast cancer screening, and tuberculosis screening and treatment.
- Prenatal and infant programs.
- Field Nursing Services, including a Homeless Nursing Program, RX for Kids, and High-Risk Health referrals.
- Senior community assistance and case management.
- Education of the public in areas such as the Bicycle Helmet Safety Program and the Infant Safety Seat Program.
- Record keeping of immunizations.
- Registrar of births and deaths in the county.

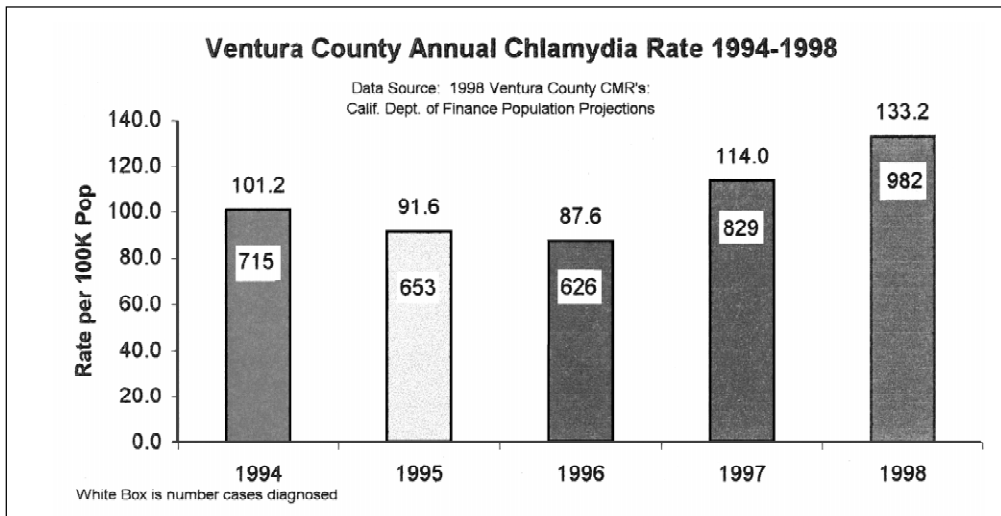
The Field Nursing Services provide valuable care to the homeless. Because the missions of the Public Health Clinics located in Oxnard and Simi Valley are disparate, findings for each clinic are considered separately.

The Oxnard Public Health Clinic is located in a central Oxnard shopping center that is convenient to public transportation and contains a nucleus of health care agencies, including the Las Islas Family Clinic. The clinic is efficiently run and extremely busy. All the personnel appeared dedicated and compassionate. The Grand Jury through observation and conversation with staff noted the following:

- F-1 The clinic and its surroundings were clean, bright and without graffiti.
- F-2 Among the services offered were TB screening and treatment; child and adult immunizations; pregnancy testing and counseling; HIV/AIDS testing and counseling; STD testing, counseling and treatment; DNA testing (started in 1992); Women and Infant Care (WIC); and routine checks of blood pressure, glucose and anemia.
- F-3 Understaffing was a constant problem, although the nursing supervisor does all she can to help. There are three nurses assigned to the clinic and each sees between 50 and 65 patients per day.
- F-4 Friday was the busiest day of the week, followed by Monday.
- F-5 Each client was issued a yellow immunization card that

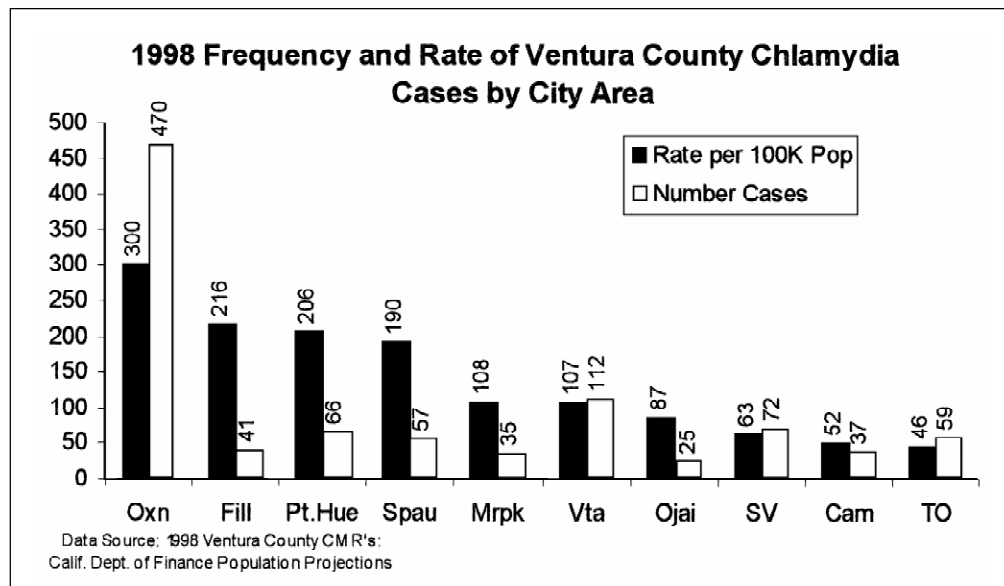
tracks required immunizations for California.

- F-6 The nurses spend 75 percent of their time in education of clients.
- F-7 Clients usually did not keep return appointments, so education and counseling are essential during the initial and often only visit.
- F-8 The Public Health Medical Director is highly respected by staff and is very proactive in detecting and treating communicable diseases.
- F-9 The County faced great challenges with the increase in cases of Hepatitis A and B, flu, and sexually transmitted diseases, especially Chlamydia. (Figure 1 and Figure 2 )
- F-10 Oxnard clinic has special challenges, some of which are documented below.
  - The number of TB cases in the Oxnard area was rising dramatically, caused in part by a high number of immigrants and a mobile population. (Figure 3)
  - The TB facilities at the clinic were small and not isolated from other treatment areas.
  - The waiting room for TB and other clients was shared. However, active TB patients receiving treatment used the staff entrance on which they have rigged a doorbell.



**Figure 1. Ventura County Annual Chlamydia Rate 1994-1998.** The County faces challenges with the increase in cases of sexually transmitted diseases.

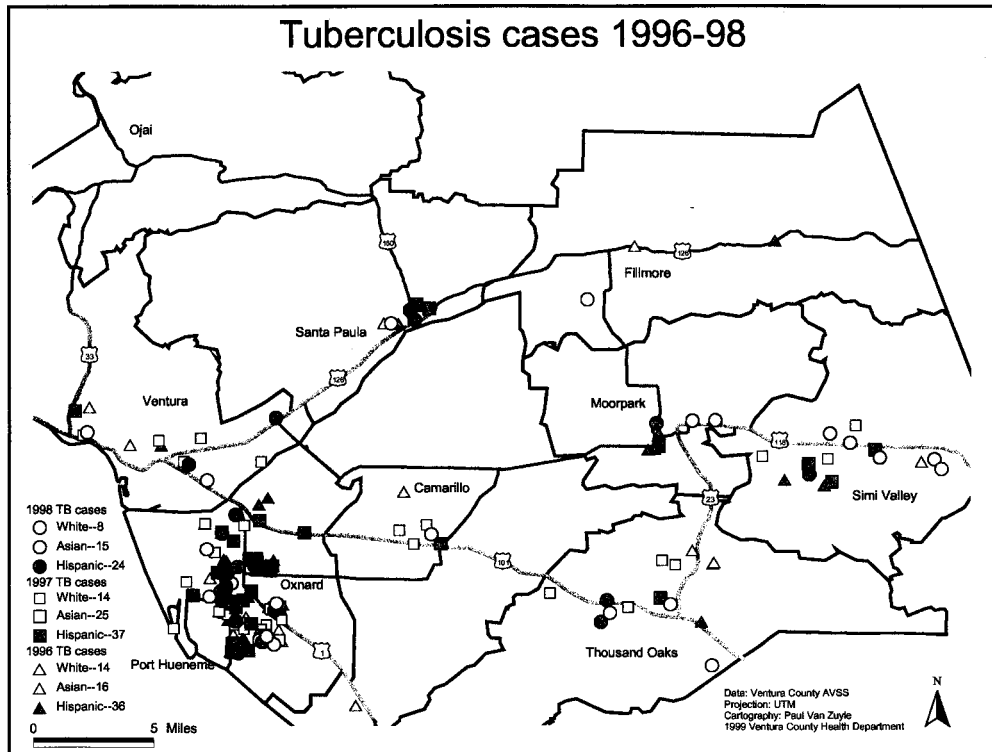




**Figure 2. 1998 Frequency and Rate of Ventura County Chlamydia Cases by City Area.** Some cities had a much higher increase in Chlamydia cases.

- Two nurses handled the treatment, billing and record keeping for the TB cases.
- Record keeping and reporting required in TB cases is extremely complex because of Federal and State requirements.
- Both the public and medical community need to be better informed about the increasing incidence of TB, its diagnosis and treatment.
- Treating a TB patient costs a minimum of \$400 per month and is much more expensive in the increasing number of multiple-drug resistant cases. State and Federal mandates exist for treatment but give limited funding. MediCal, TB-Cal (less stringent qualifying rules than MediCal), grants, and limited State and County funds exist for treatment. HMO's do not consider the clinics a provider, nor do they provide treatment within their framework.

The Simi Valley Public Health Clinic is located in a strip mall on East Los Angeles Avenue. A Women and Infant Care (WIC) grant paid for renovation of the building, which has housed Public Health and WIC functions for four years. The staff was courteous and helpful.



**Figure 3. Tuberculosis Cases 1996-98.** Reported cases are increasing in Ventura County

The Grand Jury through observation and conversation with staff noted the following:

- F-11 The suite and attractive and offers ample space.
- F-12 The waiting room was not crowded and the pace appeared almost leisurely compared to the Oxnard clinic.
- F-13 Among the services offered are TB screening and treatment clinics: child and adult immunizations (including for travel – with a fee charged); pregnancy testing and counseling; HIV/AIDS testing and counseling; STD testing, counseling and treatment; DNA testing; Women and Infant Care; and routine checks of blood pressure, glucose and anemia.
- F-14 One nurse or LVN is in attendance daily.
- F-15 The clinic had adequate staffing and space.
- F-16 The most patients are seen during October and November because of flu shot availability.
- F-17 Three Public Health nurses who make home visits were headquartered at the clinic.
- F-18 The clinic serves as the AIDS case management headquarters

for East County. One caseworker and one aide were assigned here.

- F-19 The clinic's patients are approximately equally divided between English and Spanish speakers. Clients also speak Arabic and several Asian languages.
- F-20 A nominal fee is charged for services based on age and Medicare status. For example, tetanus booster shots are provided at public health clinics for a \$5 fee. The State makes up the difference in cost to the clinics.
- F-21 TB is not a major problem in East County. Anyone who had been treated for two weeks was no longer considered to be contagious.
- F-22 The clinic provided TB skin testing.
- F-23 The clinic would like to make Hepatitis B vaccine available, but recognize that it would be costly to the County to do so.

## Conclusions

The needs of the Oxnard Public Health Clinic are greater than those of the Simi Valley Clinic. Statistics on Public Health Clinic visits for July and August 1999 show that Simi Valley had 1321 visits during this time period, while Oxnard had 2,887 visits. [See data from Aug. 1999 Report shown in Table 1.] This dramatic difference in the number of clients helps in understanding the distinctly different atmosphere in the Simi Valley Clinic. It appears more like a private practice. The Grand Jury has no recommendations regarding the Simi Valley Clinic except that it continue its level and quality of service. Conversely, the Oxnard Clinic requires help in several areas. Thus, recommendations will focus on the Oxnard Public Health Clinic.

City	Number of Patients	Comments
Oxnard	2,887	Up 10% from last year.
Santa Paula	408	Down 75% from last year. (Many closed days for various reasons)
Simi Valley	1,321	Up 15% from last year.
Ventura	2,746	Down 3% from last year.

**Table 1. Health Clinic Patient Visit Statistics from Aug. 1999 Report**

## Recommendations

- R-1 Provide more nursing and clerical staffing at the Oxnard Clinic.
- R-2 Friday and Monday staffing should reflect the Oxnard Clinic's busiest days.
- R-3 Separate the TB treatment area and waiting room from the general clinic areas in Oxnard.
- R-4 Consider providing TB treatment in the Oxnard Clinic in a separate building.
- R-5 Provide more clerical staff to assist in record keeping at the Oxnard TB facility.

## Commendations

The Public Health Department staff is dedicated and compassionate in its treatment of patients. The TB clinic nurses at the Oxnard Clinic showed extraordinary ingenuity in providing for the needs of their patients in cramped conditions.

## Responses Required

Health Care Agency, R-1, R-3, R-4, & R-5

Public Health Department, R-1, R-2, R-3, R-4, & R-5