

Mental Health Crisis Team and Behavioral Health Management

Summary

In response to a citizen complaint, the Ventura County 2004-2005 Grand Jury has found that the Mental Health Crisis Team (Team) is a valuable public health resource that was downsized due to shrinking public funds, but should be restored to full capabilities when funding is available.

The Team reports to the Ventura County Behavioral Health Department, a part of the Health Care Agency. In reviewing the internal procedures and communications, the Grand Jury found that policies and procedures within the Behavioral Health Department (BHD) lack proper controls.

The Grand Jury found that Ms. Linda Shulman, the Director of BHD, had given employees verbal instructions that did not agree with documented policies and procedures. The Grand Jury also found Ms. Shulman placed, or directed to be placed, altered and un-reviewed Team policies and procedures on the county employee Intranet.

Background

The Grand Jury received a citizen complaint that the BHD had taken actions to downsize the Mental Health Crisis Team. The complaint stated that the county was losing a valuable public service.

The complaint also alleged that management of BHD had been giving the Team verbal instructions in direct contradiction to their approved and published policies and procedures. The verbal instructions were said to restrict the Team's usefulness to the public with the result being that staff felt demoralized by the lack of management support.

Methodology

The Grand Jury interviewed complainants and reviewed numerous supporting documents. In addition, Team staff and supervisors were interviewed. Sworn testimony was obtained regarding supervisory practices, policies and procedures, and verbal directions to employees.

When investigating the management decisions that led to downsizing of the Team, the Grand Jury was confronted by inexplicably inconsistent information with regard to internal policies and procedures.

Much of the investigation was involved in reconciling discrepancies between management's assertions and staff claims. To this end, copies of policies and procedures were sought from the BHD to compare with the documents in the possession of the staff. Policy and Procedure documents were obtained from the Ventura County government employee's Intranet, and backup copies of prior policies and procedures were obtained

(for several previous months) from the county's Information Systems Department in order to analyze for changes and discrepancies.

Testimony and documentation from all sources was compared extensively and the findings in this report are determinations of the Grand Jury after deliberating on the evidence. As required by Penal Code section 916, all findings in this report are supported by documented evidence.

Findings

Background

- F-01.** In 1996 there were 20 full-time Team members. Teams were available 24 hours a day on 12-hour shifts. The teams would respond to community requests for assistance and they would be called by police when mentally ill persons were encountered.
- F-02.** Since July 1, 2004, the Team has been funded for 10 staff members. They no longer evaluate people in their homes or respond to the police when assistance is requested.
- F-03.** The Team has a working supervisor. Three levels of supervision currently exist between the Team and the BHD; however, two of those supervisors have little knowledge of, or involvement with, the Team.
- F-04.** Crisis Team staff demonstrate a high degree of responsibility to the clients within the community.
- F-05.** In planning the Team's downsizing, management had a responsibility to adhere to budgets and cost controls to the detriment of provided services.
- F-06.** The *Code of Conduct* for the Ventura County Medical Center states, "Employees and agents deserve clear instructions about what is expected of them."¹ Well-documented and well-maintained procedures help a hospital or health care agency avoid problems such as misidentification of patients, wrong-site surgeries, improper billing, caregiver and medication mix-ups, etc.
- F-07.** The *Code of Conduct* further states, "Employees and agents shall promptly report all suspected violations of the *Code of Conduct*, Compliance Guidelines, operational policies, laws, or regulations to their manager or supervisor, through the Confidential Compliance Line or to the Compliance Officer."
- F-08.** The Department requires that all Policies and Procedures (P&P) be maintained on the Intranet so they will be accessible by all employees at all times.

¹ Code of Conduct No. 1, "Ventura County Medical Center Code of Conduct & Confidential Disclosure Program"

- F-09.** Hardcopy (paper) P&Ps have not been distributed to staff in the past two to three years, since at least June of 2002. If staff members require hardcopies of P&P documents, they must print their own from the Intranet website.²
- F-10.** There was a hardcopy P&P notebook available to the Team at one time, estimates ranging from two to four years ago. There has been no official hardcopy P&P notebook available to Team staff since before March 2004.
- F-11.** There is an approved P&P, identified as procedure number “A1” (Procedure A1, see Attachment 1) describing the single, integrated master P&P manual. Procedure A1, located on the department Intranet, states that the Behavioral Health Director is “responsible for coordinating development and implementation of policies and procedures.”³ It also explains the function of the Policy and Procedure Committee, the use of an “approvals sheet” to record approvals, and the dissemination of a memo and training information.
- F-12.** Currently, Procedure A1 is outdated and in need of revision. There is no “approvals sheet” or Policy and Procedure Committee.
- F-13.** A Management Assistant (MA) is responsible for coordinating changes to P&Ps throughout the department, performing this function since October of 2004 and revising over 50 of the department’s P&Ps to date. A P&P is considered in effect at the moment the MA places it on the Intranet.
- F-14.** When a new or revised P&P document is placed on the Intranet, an authorized copy is signed by the BHD’s Director and the Medical Director. The signed paper copy is then placed in the master manual (notebooks) stored at the MA’s desk.
- F-15.** When a new or revised P&P document is placed on the Intranet, it is the MA’s responsibility to send an email to supervisors and staff to inform them that an update has taken place.

Crisis Team Policies and Procedures

- F-16.** Team duties reportedly changed twice in 2004. One change was a result of reorganization in March of 2004. The second change was the result of downsizing the Team in July 2004.
- F-17.** A review of an ISD web site backup of March 26, 2005, showed that P&P documents on the Intranet on that date did not correspond to the new Team duties as of March or July of 2004. Documents on the web site on and before March 26, 2005, confirmed Team members’ assertions that P&Ps had not been updated. There were 13 P&P documents on the web site prior to March 26, 2005. These documents are listed in Table 1.
- F-18.** The Director of BHD was asked to provide and did provide to the Grand Jury copies of the 14 current P&P documents, all showing an effective date of 12/12/03 and a last review date of 7/01/04. These documents are listed in Table 2.

² The Ventura County Behavioral Health Intranet web site address is <http://vcweb/hca/vcbh>. This address is internal to Ventura County government and is not publicly accessible from the Internet.

³ Ibid.

| Proc. # | Policy Name | Effective Date |
|---------|--|----------------|
| CT1 | Domestic Violence Screening | 04/16/01 |
| CT2 | Screening and Treatment Decision Protocol for Patients Presenting to Hillmont Psychiatric Care Center Crisis | 09/24/01 |
| CT3 | Transportation of Clients | 01/16/02 |
| CT4 | Crisis Team Admission Concerns | 07/31/98 |
| CT5 | Referrals – Crisis Team | 01/18/93 |
| CT6 | Patient Alert Forms | 07/31/98 |
| CT7 | Crisis Team – Off Site Services and Physician Oversight | 07/99 |
| CT8 | Crisis Team – Attending Physician | 12/01/01 |
| CT9 | Crisis Team – Progress Note | 07/99 |
| CT10 | Crisis Team Assessment | 02/18/93 |
| CT11 | Crisis Team – Brief Services Assessment | 01/18/93 |
| CT12 | Crisis Team Records Assembly | 01/16/02 |
| CT49 | Client Personal Property Inventory and Search | 11/19/03 |

Table 1. Crisis Team Policies and Procedures as of March 26, 2005

| Proc. # | Policy Name | Effective Date |
|---------|--|----------------|
| CT3 | Transportation Arranged by Crisis Team | 12/12/03 |
| CT5 | Referrals – Crisis Team | 12/12/03 |
| CT6 | Patient Alert Forms | 12/12/03 |
| CT11 | Crisis Team – Brief Services Assessment | 12/12/03 |
| CT13 | VCBH Crisis Team Telephone Triage | 12/12/03 |
| CT17 | Initiating a Welfare and Institutions Code Section 5150 Application | 12/12/03 |
| CT23 | Crisis Team HIPPA Standards | 12/12/03 |
| CT26 | Crisis Telephone Management – Staff Shortage | 12/12/03 |
| CT27 | Crisis Team Procedure for Using Greyhound Bus Ticket Purchase Authorization | 12/12/03 |
| CT30 | Crisis Team Dispatch Tracking of Mobile Teams | 12/12/03 |
| CT32 | Crisis Team Charting and Billing | 12/12/03 |
| CT33 | Log Book Documentation | 12/12/03 |
| CT44 | Maintenance of Crisis Team Vans | 12/12/03 |
| CT48 | Medical Necessity Taking Precedence Over W&I Code 5150 Upon Admission to Non-LPS Designated Facility | 12/12/03 |

Table 2. Crisis Team Policies and Procedures as of April 19, 2005

- F-19.** The documents provided by the Director of BHD did correspond to new Team duties; however, these documents were not on the Intranet and accessible to the employees until April of 2005, nearly 16 months after the recorded effective date of every document.

- F-20.** Neither the Team members nor their supervisors had been informed that procedures were being reviewed or that new P&P documents had been placed on the Intranet in April of 2005. There was no email received by any staff announcing these policy changes.
- F-21.** For instance, the procedure CT1, titled “Domestic Violence Screening,” is a function that Team members believe they are required to perform. However, that function has been removed from the Intranet web site by the Director of BHD without informing the Team staff.
- F-22.** The new P&P documents were back-dated to appear that they had been on the Intranet since at least July 2004, coincident with the downsizing of the Team.
- F-23.** The documents showed inconsistencies and the explanations introduced additional inconsistencies.
- F-24.** Recovered backup files from the Intranet server, provided by ISD, confirmed that the documents now on the Intranet, showing Effective Dates of 12/12/03 and Revision/Review Date of 07/01/04, were actually created by the MA around April 19, 2005.
- F-25.** Multiple backups from ISD were analyzed and there was a consistency in the older version of policies and procedures between December 2003 and April 2005. The explanation of website confusion and duplicate websites was ruled out as a reason for the inconsistent document dates.
- F-26.** Before March 26, 2005, P&Ps for the Mental Health Crisis Team had not been reviewed, updated, or revised for at least a year.
- F-27.** Although the Team staff reportedly asked for updates to the information, it was only after the Grand Jury asked for copies of the policies and procedures that the Director of BHD initiated action to update the files.
- F-28.** The effective dates and review dates of documents are chronologically inconsistent with documents found on backup tapes of Intranet records. The P&P effective dates are also chronologically inconsistent with the events, such as budget cutbacks, that supposedly caused those policy changes.
- F-29.** Of particular significance is a P&P identified as CT30, “Crisis Team Dispatch Tracking of Mobile Teams” (see Attachment 2). This procedure refers to service calls “received by dispatch.” There never was a function known as “Dispatch” within the Team. This procedure was reportedly written by the Director of BHD when it was anticipated that the 24-hour crisis telephone service would be contracted. This documented procedure, as well, was originally effective on 12/12/03, months before the Director reported the effort to contract the Team’s functions.
- F-30.** While there is indication that some of the new procedures had been communicated verbally to the Team over the past year, there are new procedures since April 2005 that were never communicated. Those new procedures also show an effective date of 12/12/03.
- F-31.** It was found that all policies and procedures for the Team were not reviewed or revised in the two years prior to April of 2005.

- F-32.** All policies and procedures for the Team were reviewed and revised as of April 19, 2005. In spite of this review and revisions process, none of the Crisis Team P&P documents shows a review or revision date later than 7/1/04.
- F-33.** All Intranet P&P documents in BHD can be changed at will by BHD management. Documents can be backdated with no verifications or management controls.

Conclusions

- C-01.** The Team provides a valuable community service, but funding problems in the County required that it be downsized to perform mandated services only. (F-01, F-02, F-05)
- C-02.** The Director of BHD is more directly involved with the Team policies and procedures than the two mid-level supervisors. (F-03)
- C-03.** BHD does not follow its own procedures for maintaining, reviewing, and updating policies and procedures. (F-08, F-09, F-11 thru F-15, F-20, F-21)
- C-04.** There is no document integrity to the policies and procedures on the Intranet, and there is no reliable verification mechanism to ensure that the procedures being followed have been adequately reviewed and appropriately controlled. (F-17 thru F-19, F-24 thru F-26, F-32, F-33)
- C-05.** Employees do not get clear instructions about what is expected of them. There is no well-documented or well-maintained procedure for providing services to clients. (F-16, F-17, F-20, F-21, F-27, F-29, F-30)
- C-06.** There is an inconsistent and contradictory flow of information from the Director of BHD to the employees in the department. (F-20, F-22, F-23, F-25, F-29, F-30)
- C-07.** The Director of BHD was less than candid and often contradictory when interviewed multiple times by the Grand Jury. Two of the interviews were under oath. (F-23, F-25, F-28 thru F-31)

Recommendations

- R-01.** Establish administrative controls to ensure that policies and procedures have integrity and effective dates. Develop controls that would prevent one individual from manipulating the system.
- R-02.** Provide separation of duties or checks and balances. Separate policy and procedure approval authority from the documentation and execution function.

Responses

Responses Required From:

- Board of Supervisors (R-01, R-02)
County Executive Officer (R-01, R-02)
Health Care Agency (R-01, R-02)

Attachments

Attachment 1. “Scope and Development of Policies and Procedures,” Ventura County Behavioral Health Policies and Procedures, Procedure No. A1, August 11, 2000.

Attachment 2. “Crisis Team Dispatch Tracking of Mobile Teams,” Ventura County Behavioral Health Policies and Procedures, Procedure No. C30, December 12, 2003.

| VENTURA COUNTY BEHAVIORAL HEALTH POLICIES AND PROCEDURES | | | |
|---|---|---|--|
| POLICY: | SCOPE AND DEVELOPMENT OF POLICIES AND PROCEDURES | PROCEDURE NO.: A1 | Page 1 of 2 |
| DEPARTMENT: | ADMINISTRATION | EFFECTIVE DATE: | ORIGINAL POLICY DATE: 8/11/00 |
| AFFECTS: | ALL DEPARTMENTS | 8/11/00 | REVISION/REVIEW DATES: 12/15/00; 2/10/04 |
| APPROVED BY: | | | |
| _____ | | _____ | |
| <small>Behavioral Health Director</small> | | <small>Behavioral Health Medical Director</small> | |
| <p>POLICY:</p> <p>It is the policy of Ventura County Behavioral Health (VCBH), which encompasses both Mental Health Services and Alcohol and Drug Services, to develop and maintain one integrated policy and procedure manual. This manual will provide general guidelines for the effective and efficient management of VCBH, will be available to staff, and will serve as the sole and comprehensive reference for all policies and procedures for the department.</p> <p>PROCEDURE:</p> <p>A. All policies in this manual are consistent with, and incorporate by reference, those set forth in the Ventura County Administrative Manual, the Ventura County Medical Center (VCMC) Compliance Manual, and the policy and procedures of VCMC.</p> <p>B. Unless otherwise noted, policies and procedures in this manual apply to all VCBH organizational units and offices.</p> <p>C. The office of the Behavioral Health Director shall be responsible for coordinating development and implementation of the policies and procedures included in this manual. To this end, the Behavioral Health Director has established a Policy and Procedure Committee to carry out this function and to do the following:</p> <ol style="list-style-type: none"> 1. Reviewing all proposed policies and procedures for incorporation into the department manual; 2. Assigning numbers, formatting, and editing each policy and procedure; 3. Reproducing and distributing policies and procedures for the manual; 4. Reviewing the manual on an annual basis; 5. Developing policies and procedures as appropriate; 6. Posting the policies and procedures on the Intranet, and maintaining the official hard copy of the manual. | | | |
| <small>Page 1 of 2</small> | | | A1 |

Attachment 1. Procedure A1: “Scope and Development of Policies and Procedures”

VENTURA COUNTY BEHAVIORAL HEALTH POLICIES AND PROCEDURES

D. VCBH policies and procedures will follow a standard format as follows:

1. All policies and procedures will be typed on the official VCBH policy and procedure template;
2. All attachments and accompanying text will be stamped with the policy and procedure number, and will be kept current.

E. Generally, all VCBH services are responsible for developing policies and procedures for their area of expertise, and all staff members are encouraged to participate in this process.

F. The procedure for submitting proposed new or revised policies and procedures, securing the required approvals, and getting new or revised policies and procedures disseminated is as follows:

1. The author of the new or revised policy submits it to the Administrative Management Assistant.
2. The author compares the proposed policy to existing policies of VCMC, Ventura County Administration, and the Office of Compliance to ensure consistency and conformity;
3. If necessary, the author modifies the proposed policy to ensure such consistency and conformity;
4. The author forwards the proposed policy to the executive management group and other impacted departments, attaching a timeline that will not exceed ten (10) working days, and a corresponding approvals sheet;
5. Once all modifications are made and approved by the executive management group, the policy is returned to the Administrative Management Assistant with the fully completed approvals sheet;
6. The Administrative Management Assistant will assign a number to the approved policy and forward it to the Medical Director and the Behavioral Health Director for approval;
7. Once approved, the Administrative Management Assistant will incorporate it into the Policy and Procedure Manual and post it to the Intranet;
8. The author will produce a memo describing the approved policy; the training that will be required for the effective implementation of that policy, including the date that the training will occur; and the implementation date of the policy.

G. In the case of proposed revisions to existing policies, the author will submit the old policy with the proposed revisions attached, and will follow the same procedure delineated in number 6 above.

Attachment 1. Procedure A1: "Scope and Development of Policies and Procedures"

| VENTURA COUNTY BEHAVIORAL HEALTH POLICIES AND PROCEDURES | | | |
|--|--|--|--------------------------------------|
| POLICY: | CRISIS TEAM DISPATCH TRACKING OF MOBILE TEAMS | PROCEDURE NO: CT30 | Page 1 of 1 |
| DEPARTMENT: | SUPPORT SERVICES | EFFECTIVE DATE: 12/12/03 | ORIGINAL POLICY DATE: 12/8/03 |
| AFFECTS: | CRISIS TEAM | REVISION/REVIEW DATES: 7/01/04 | |
| APPROVED BY: | | | |
|  Behavioral Health Director | |  Behavioral Health Medical Director | |
| <p>POLICY:</p> <p>Dispatch will have documented knowledge of where each mobile team is at any given time. This information will be logged in the Main Log Book. This information will include date, time of mobile team dispatch, location, client name, presentation and time call completed. Also noted will be calls made to dispatch during the call regarding transferring facility, etc.</p> | | | |
| <p>PROCEDURE:</p> <p>When call is received by dispatch, receiver will log call in Log Book noting time call received, location, name and presenting problem. When dispatch contacts mobile team and sends them on a call, this time will be noted in the Log Book. Mobile team will notify dispatch when they arrive at service location. When the call has been completed, the mobile team will immediately contact dispatch to inform them of the completion of the call. Dispatch will then note time in the Log Book, along with the disposition of the case.</p> | | | |
| Page 1 of 1 | | CT30 | |

Attachment 2. Procedure CT30: "Crisis Team Dispatch Tracking of Mobile Teams"