

FILED

JUN 29 2009

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

DH

**TRINITY COUNTY GRAND JURY
2008-2009**

**HEALTH AND HUMAN SERVICES COMMITTEE
FINAL REPORT**

BEHAVIORAL HEALTH SERVICES

**This report was approved
On June 1, 2009**

**2008-2009 TRINITY COUNTY GRAND JURY
HEALTH & HUMAN SERVICES COMMITTEE
FINAL REPORT**

BEHAVIORAL HEALTH SERVICES

PURPOSE:

A review of Behavioral Health Services (BHS) was made by this committee in response to one written complaint dated September 4, 2008, and one oral complaint about the difficulty of obtaining services through this department.

BACKGROUND:

Behavioral Health Services has been under the guidance of a new interim Director since January 2009, when the former director retired. Kings View remains as the contracted organization that is providing and overseeing billing, computer, and state compliance services in this department.

A long period of gradual reductions in funds for treatment of behavioral disorders has forced continuing changes in treatment plans. Ongoing attempts to maintain adequate treatment have required changes in approach and financing. State requirements have become more stringent and require specific verification of goals and results. The program currently accepts Medi-Cal clients only.

A new strategic plan (see Attachment #1) was approved on February 3, 2009 by the Trinity County Board of Supervisors and is being implemented with funding through the state Mental Health Services Act.

METHOD OF INVESTIGATION:

Two administration officials were interviewed on February 2, 2009.

A case manager was interviewed on April 29, 2009.

Two client interviews have taken place: one on March 12, 2009, another on April 27, 2009.

Correspondence has taken place with a complainant who is not currently receiving services.

Three committee members toured the site of Milestones, a drop-in recovery center.

Four committee members attended a public information meeting about the strategic plan.

Written material was procured about the strategic plan, California External Quality Review and Consumer Satisfaction Survey.

An organizational chart (see Attachment #2) was received listing current employees and vacant positions.

FINDING #1:

A strategic plan for January through June 2009 has been developed with many items related to emergence of the Mental Health Services Act (MHSA) that are being funded by grants. This strategic plan, which includes eight tasks, is in progress. Among these tasks are implementation of the Anazazi Computer Project as required by the State, purchase of a local residential facility, and the upgrading of the fleet of cars.

RECOMMENDATION #1:

The committee recommends that BHS continue to implement the strategic plan and to update it as needed. This plan should ultimately facilitate and expand delivery of services to clients.

FINDING #2:

Initiation of new procedures and creation of the strategic plan have brought an increased level of morale to the department.

RECOMMENDATION #2:

The Grand Jury commends Behavioral Health Services for generating this enthusiasm.

FINDING #3:

Behavioral Health Services has an existing complaint process. The clients who were interviewed were not fully aware of this process.

RECOMMENDATION #3:

Clients should be made aware of the process to file a complaint upon their first visit to BHS. The complaint process should also be posted on the walls of the two drop-in centers.

FINDING #4:

This committee reviewed a consumer satisfaction survey done during May 2008, which used a new survey format. Sixty-nine clients responded. Issues included confidentiality, intake times and sensitivity to culture. The same form will be used for a survey during the spring of 2009, providing data for comparison.

RECOMMENDATION #4:

This committee strongly recommends continuing an annual consumer satisfaction survey using the same form each year which will allow for useful analysis.

FINDING #5:

Two drop-in centers have been established, one in Weaverville (Milestones) and one in Hayfork (Horizons). These centers are client-directed and provide a safe, confidential, empowering and healing environment.

RECOMMENDATION #5:

The drop-in centers should be continued as a high priority.

FINDING #6:

Because of fiscal limitations numerous staff positions are vacant. It is noted that several of the vacancies are clinicians who provide direct support to clients.

RECOMMENDATION #6:

It is imperative to fill vacant positions as soon as funding is available, preferably with clinicians first.

FINDING #7:

Our interviews with clients found that one client approved of the counseling received. A second client was critical of the intake process. The complainant, currently not receiving services, was critical of the length and expense of the intake process. State requirements involve a large amount of paper work that is time consuming.

RECOMMENDATION #7:

As funding becomes available, more intake positions are highly recommended so that the intake process will flow in a more timely manner.

CONCLUSION:

Staff morale has improved due to many creative and constructive changes being initiated. These changes are continuing and will affect many areas of service. Due to the fact that BHS has been awarded a large amount of money for specific program development we suggest that the 2009-2010 Grand Jury follow through with a review of implemented changes.

RESPONSES REQUIRED:

<u>Entity</u>	<u>Finding/Recommendation</u>	<u>Respond in</u>
Interim Director, B. H. S.	1, 2, 3, 4, 5, 6, 7	60 days
Board of Supervisors	1, 2, 3, 4, 5, 6, 7	90 days

Trinity County Behavioral Health Services

Strategic Plan

January through June 2009

The following eight tasks are on the horizon for Trinity County Behavioral Health Services (TCBHS). Many of these items are related to the emergence of the Mental Health Services Act (MHSA) while some items are a part of the ongoing mission statement of TCBHS. The placements of the items do not represent any attempt to prioritize the activity.

1. **Activity:** TCBHS will pursue a system of electronic health records as required by the State of California. TCBHS is working with the Kings View organization to “go live” with the implementation of the Anazazi Computer Project in the spring. In order to accomplish this task, an application to the State must be made for Technology MHSA Funding. The implementation will require intensive training and collaboration with Kings View so that all systems are functional and no interruption in billing occurs.

Time line: The MHSA Technology application will be accomplished by March 15, 2009. The Anazazi Project Training has already begun and the goal is for TCBHS to go live by April 1, 2009. The antiquated CMHC System will expire.

Funding Source: MHSA; Capital Facilities and Technology Element.

Funding Status:

- The Capital Facilities and Technology MHSA Element Application will be submitted to the State by March 15, 2009, for \$788,500.
- Outlook Associates from Orange County has been working with TCBHS on contract to complete the required roadmap in preparation for the application.

Justification: \$788,500 has been earmarked for Trinity County and TCBHS intends to secure the entire amount. There is a State mandate requiring an electronic health record by 2014. MHSA Funding may be the only fiscal resource that TCBHS will have to accomplish this endeavor. \$500,000 of this resource will be used for technology investments and the balance of this MHSA revenue, \$288,500, will be used to purchase housing stock for adult persons with mental illness.

Responsible Persons:

- Anazazi Implementation: Marilyn Horn is Project Lead. She will be working with Kings View and County IT Staff.
- Noel J. O’Neill is the project lead for the MHSA Application.

- Outlook Associates is responsible to provide technical assistance on a limited contract. The initial report will be received by the end of January. TCBHS may use a small amount of the MHSA Technology Resource to extend the current contract to continue our very productive relationship with Outlook Associates, who have a good sense of what the technology needs are for our remote frontier county.

Outcomes:

- Electronic health record capacity.
- Increased capacity to perform more accurate Medi-Cal billing and perform data processing.
- Better compliance to State and Federal regulations due to built-in lockouts, plus quicker and more efficient access to billing data.
- Enhanced network connection at the Hayfork Clinic; hopefully a T1 Line will be the result of this project. This could be shared with other providers at that site.
- Improved ability for direct service providers to generate and transfer client related documents.
- Trinity County ownership of the Anazazi License.
- Upgrades of various TCBHS computers and printers.

2. **Activity:** Develop contracts with Mountain Valley Unified School District (MVUSD), Southern Trinity Health Services (STHS), and Trinity County Office of Education (TCOE) to implement the Prevention and Early Intervention MHSA Projects submitted to the State on January 7, 2009. These include: (1) two school-based intervention sites in the South County, and (2) one Challenge Day Project that is countywide for all willing high school age students.

Time line: The contracts will need to be completed and approved by the Board of Supervisors by May, 2009, so that funding can happen in the FY 2008/2009.

Funding Source: Prevention and Early Intervention Element of MHSA. TCBHS is applying for \$125,000 in FY 2008/2009. The funds will be directed as follows: \$50,000 will be directed to both MVUSD and STHS; \$12,000 to TCOE; and \$13,000 to TCBHS for staff time.

Funding Status: TCBHS has received \$35,000 in planning dollars for FY 2008/2009. An additional \$90,000 has been requested for FY 2008/2009. The application was mailed on January 7, 2009. The process is expected to take 60 days from receipt for the State to approve and then 4 to 6 weeks for the contract amendment and allocation to reach TCBHS.

Justification: Three focus groups were held throughout the County in anticipation of these funds being available. 74% of the attendees wanted to have this resource used for school-aged students. These projects represent a creative new partnership in a geographical area that has a paucity of services.

Responsible Persons:

- Marilyn Horn and Noel J. O'Neill will generate the contracts. They will be working with Thomas Barnett (MVUSD), Cathy Larsen (STHS), and Jim French (TCOE).

- Scott Morris, Prevention Coordinator for TCBHS, and the Prevention Local Coordinating Coalition will facilitate the Challenge Day Project.

Outcomes:

- The County will have an increased human service capacity in rural areas to assist schools in the creation of a stronger social fabric.
- A greater connection between students and their schools resulting in increased harmony and stability on school campuses.
- Education in anti-stigma and pro-social strategies that enhance better communication between students.
- Fewer incidents of mental illness manifesting in children and youth.
- Better school attendance.

3. ***Activity:*** Develop housing stock for Full Service Partners (FSP) out of a combination of MHSA Community Supports and Services (CSS) and Capital Investment Dollars, both elements of MHSA. The need is to identify and purchase, in a preferred County approved manner, a home that can serve as a hub for housing for clients who need the support which a Licensed Board and Care Home can provide. Having a sanctioned and paid for facility, which is owned by the County, will make it far easier to secure a contract with a non-profit service provider to actually operate the housing program. A Trinity County Government approved mechanism must be created to establish an ongoing account funded by TCBHS to provide maintenance for the facility. The Capital Facilities Revenue requires County ownership of the facility and it is possible that some type of “Enterprise Fund” may be an option. Payment to the contract provider cannot generate any new costs to TCBHS. Revenue from existing out-of-county contracts will be re-directed to bring Trinity County clients home to this new resource. The concept is to use the CSS funding stream for five beds. These will be used as permanent/transitional beds. A sixth bed will be purchased out of the Capital Facilities Stream that will be used as a “Crisis Bed” for a client who may be fragile and/or in a crisis mode, but not in a 5150 status, and can be placed for a short stay to regain stability and composure so that the client may return to his/her home. The same contracted operator will provide care and supervision to all six beds.

Time line:

- The process should start with discussion between the Trinity County Government and TCBHS about the options to purchase such a setting.
- The funding will be in place for the purchase as early as May, 2009.
- \$245,300 will come from Community Supports and Services. This funding was recently approved in December, 2008, and the State has forwarded this revenue to TCBHS.
- \$278,500 will become available through the Technology and Capital Facilities Element of MHSA, as referenced above in the section on the Electronic Health Record implementation. That application will be moving forward to the State in March, 2009.

- It is not expected that an actual program would be operational until FY 2009/2010.

Funding Status: The Community Supports and Services Funding are already approved. The Capital Facilities and Technology Application are awaiting a “Roadmap” being completed by Outlook Associates of Orange County. A total resource of \$288,500 will be available to purchase and remodel a home with six beds for the most fragile clients living in the community.

Justification: The County must provide residential beds for persons from Weaverville that are experiencing symptoms of mental illness. Worldwide statistics show that 1% of the population will always have serious mental illness. This will be an issue that will always be directly in front of us. The true measurement of a society is how we care for those persons in critical need. This opportunity may not be available again any time soon to create a living resource for our community.

Responsible Persons: Noel J. O’Neill will write the grant to the State with the fiscal help of Marilyn Horn. County Administrative Staff will need to be closely involved at every step of the way to ensure all County concerns are addressed. Ann Houle and Pete Smyth, both TCBHS managers, will be the primary consultants for the program that will be offered to clients.

Outcomes:

- A local Residential Facility for adults who are experiencing serious mental illness.
- A crisis bed for persons who do not need hospitalization but are not ready to return home.
- A new capacity for local staff of the TCBHS to provide Medi-Cal reimbursed case management in the Trinity County area.
- The possibility to assist residents at TCBHS to move to a less restrictive local setting using the MHSA Community Supports and Services Full Service Partnership Program, which has already been established in the County.
- The opportunity to employ “Recovery Model” Interventions, including vocational training and self-help activities.

4. **Activity:** Upgrade the fleet of cars used for transportation for TCBHS. Two new cars will be purchased and two cars surplus. TCBHS is tasked with transporting clients who meet the criteria for involuntary detention to distant hospitals. Primarily, the contract used is with North Valley Behavioral Health, which is a 2½ hours drive. Vehicles are needed that can safely make this trip without unnecessary risk to the client or to TCBHS due to breakdowns. Transportation services are also provided to clients to make their Medi-Cal reimbursed appointments.

Time line: This will be accomplished in March 2009.

Funding Source: Community Supports and Services is the source of this funding. An application was submitted on December 10, 2008 and approved December 22, 2008.

Funding Status: The County has been informed to expect the contract amendment from the Controller's Office to take about 4-6 weeks. The allocation has been received by TCBHS.

Justification: The current fleet is old and inefficient. The vehicles represent an unnecessary risk to the County that will be eliminated with this grant purchase.

Responsible Persons: Marilyn Horn will work closely with County Administrative Staff to secure the vehicles in whatever mechanism is recommended by the County Administrative Officer.

Outcomes:

- Safer vehicles in which to transport clients to the hospital. This method of transportation costs a fraction of what it would cost to send a client by ambulance.
- Reduced risk and legal exposure to the County that new vehicles will provide.
- A more reliable service without mechanical breakdowns while in service.
- Better fuel efficiency that new models will bring.

5. **Activity:** For the FY 2009/2010, TCBHS will submit a balanced budget to the County Board for approval. This will also involve submitting an Integrated MHSA Plan to the State Department of Mental Health. The Integrated plan will involve three elements of MHSA:

- **One:** Community Supports and Services (CSS). There will be a renewal of the Full Service Partnership Adult and Transitional Age Youth Programs with a goal of adding a new program for children. In order to prevent out-of-home placements for youth and children with mental illness, it will be necessary to work closely and in partnership with local agencies, including Probation, Child Protective Services, and the Schools. It is intended that MHSA Funds could be used in combination with Federal 4E Funds to fund a Juvenile Probation Officer, adding to the local capacity for the supervision of wards-of-the-court to prevent out-of-home placements.
- **Two:** Workforce Education and Training (WET). We intend to renew this effort, which includes: the resource to pay for the MHSA Coordinator, growth of the local scholarship program to develop our own professionals, and consumer contracts for use in the drop-in centers. We also plan to add a pilot program to form a new collaboration with San Jose State University to bring two intern Occupational Therapists to Weaverville during the summer of 2009 to work with adults and children that are experiencing symptoms of mental illness.
- **Three:** Prevention and Intervention (PE&I). This Prevention Project will be renewed for 2009/2010 so that the Hayfork and Southern Trinity communities continue to build local capacity to support increased skills

- for better communication among students on-campus, as well as to introduce anti-stigma and anti-bullying curriculum to students.

Time Line: This will be accomplished starting in January, 2009 through April, 2009.

Funding Source: Medi-Cal FFP and EPSDT; Healthy Families; Realignment; AB3632 funding; ADP and SACPA Allocations; MHSA Revenue; and SAMSHA Federal Grant Funds.

Funding Status: All of these funding streams will be fully itemized in the FY 2009/2010 Budget Proposal based upon information from State and Federal sources. Only about \$5,000 of County General Funds will be used to operate TCBHS. This is a requirement of a local realignment match.

Justification: The economic climate in the County, the State, and the Nation requires that TCBHS be prudent in the use of the fiscal resources. Corrections to ensure a balanced budget may need to happen. Some additional restructuring may be required.

Responsible Persons: Marilyn Horn, in consultation with Gary Ernst, will generate these documents. Noel J. O'Neill will be involved in the presentation of the budget to the County Administrative Officer and the County Auditor.

Outcomes:

- Having a fully accurate and itemized budget will allow TCBHS to operate in good faith with both the County Government and the public that we serve.
- An accurate balanced budget will allow decisions in TCBHS to be informed and based on realistic assumptions. This type of governance tends to promote positive morale for staff.
- An accurate and realistic budget allows managers to do long-term planning, which is always in the best interest of client care and organizational development.

6. **Activity:** Cultural Competency Training will be provided to staff in the area of Native American Awareness. This is an area that the External Quality Review Team from the APS Health Organization will expect TCBHS to accomplish. It is information that is vital for staff to experience in order to fully understand the community in which we live. The Nor-El-Muk is an unrecognized tribe in Trinity County and TCBHS has funded them to do an assessment of their mental health needs. TCBHS will work with them this spring to undertake this project. The Tribe will also provide cultural sensitivity training to TCBHS in the spring.

Timeline: The needs assessment will happen over the next six months. The Cultural Competency Training will happen in the next three months.

Funding Source: \$9,000 has been set aside of CSS money to accomplish the needs assessment. A contract will need to be made with the Tribal Government. The Cultural Competency Training may be paid for out of this resource or the Tribal Wellness Center may offer this service through Tribal Funds.

Funding Status: The \$9,000 is in the TCBHS Account here in Trinity County.

Justification: TCBHS staff needs education and exposure to alternative cultures and lifestyles in order to be able to serve the community in which they live.

Responsible persons: The management team of TCBHS will be working with the Nor-El-Muk Tribe to secure this training.

Outcome:

- Staff will have a better understanding of the needs and local culture of Native American people.
- TCBHS staff will have a clearer understanding about appropriate strategies to provide mental health interventions to Native American persons.
- The Nor-El-Muk may have a better understanding of their most pressing mental health needs.

7. **Activity:** Build a stable and capable management team that can guide TCBHS no matter who the director is. The three important legs of the “tripod”, which is TCBHS, will be: (1) fiscal austerity and a balanced budget, (2) quality client and community services, and (3) good staff morale of TCBHS employees who are willing to commit their futures to the service of Trinity County. It is critical that there be a management team in place who can add to the depth and experience of making the correct decisions and meeting the above principles. These managers include:

- *A Licensed Deputy Director in charge of Clinical Services*
- *A Deputy Director in charge of Fiscal, IT, and Business Services*
- *An ADP Manager who is also a Licensed Clinician who is a backup to the Deputy Director*
- *A MHSA Manager who can ensure that this resource is being fully utilized and someone to monitor various contracts*

Timeline: These managers need to be in place as soon as possible, but no later than the beginning of the last fiscal quarter.

Funding Source:

- The Clinical Deputy Director is funded out of three sources: Medical, Realignment, and MHSA
- The Deputy Fiscal Director is funded out of Realignment and MHSA Funds
- The ADP Manager is funded out of ADP Allocations, Medical, Realignment, and MHSA Funds
- The MHSA is solely funded by MHSA

Funding Status:

- The Clinical Deputy has been funded all fiscal year. The promotion of this candidate will leave a clinician vacancy that TCBHS will be slow to fill. The amount of the salary for the Deputy Director is just 5% above the rate received as a clinician, as well as the on-call time that will no longer be received as a manager.
- The Deputy Fiscal Director has been fully funded at the proposed rate through MHSA since the beginning of the Fiscal Year. The revenue is in the Trinity County account.

- The AODS Manager Position actually represents a slight decrease from the prior AODS Deputy Director. This position is fully funded in the budget and will, in fact, be generating some Medi-Cal Revenue for TCBHS because of a re-structuring of duties.
- The MHSA Manager has been fully funded for all of FY 2008/2009 and the revenue has been in the TCBHS account since Fall of 2008.

Justification: A strong management team is needed to provide consistent and stable services every day and night of the year. In order to reduce risk and promote quality services to clients, appropriate oversight must be ever present.

Responsible Persons: Noel J. O'Neill will work with Human Resources, the County Administrative Officer, and the County Board of Supervisors to create the type of plan that is advised.

Outcome:

- This strong management team will be able to assist TCBHS in times of transition when having no director, a part-time director, or a new full-time director.
- Both the fiscal and clinical results will be predictable with well-formulated goals and objectives.
- TCBHS will enjoy some reduction in risk and liability with experienced persons at the helm.

8. **Activity:** TCBHS will participate in an external quality review process as facilitated by the APS Health Organization. The Federal Government mandates the review since TCBHS is a Medi-Cal provider.

Timeline: This is an annual event and generally lasts about one or two days. A report is issued several months after the site visit.

Funding Source: There is no cost to participate in this activity except lost revenue for staff preparation.

Funding Status: None.

Responsible persons:

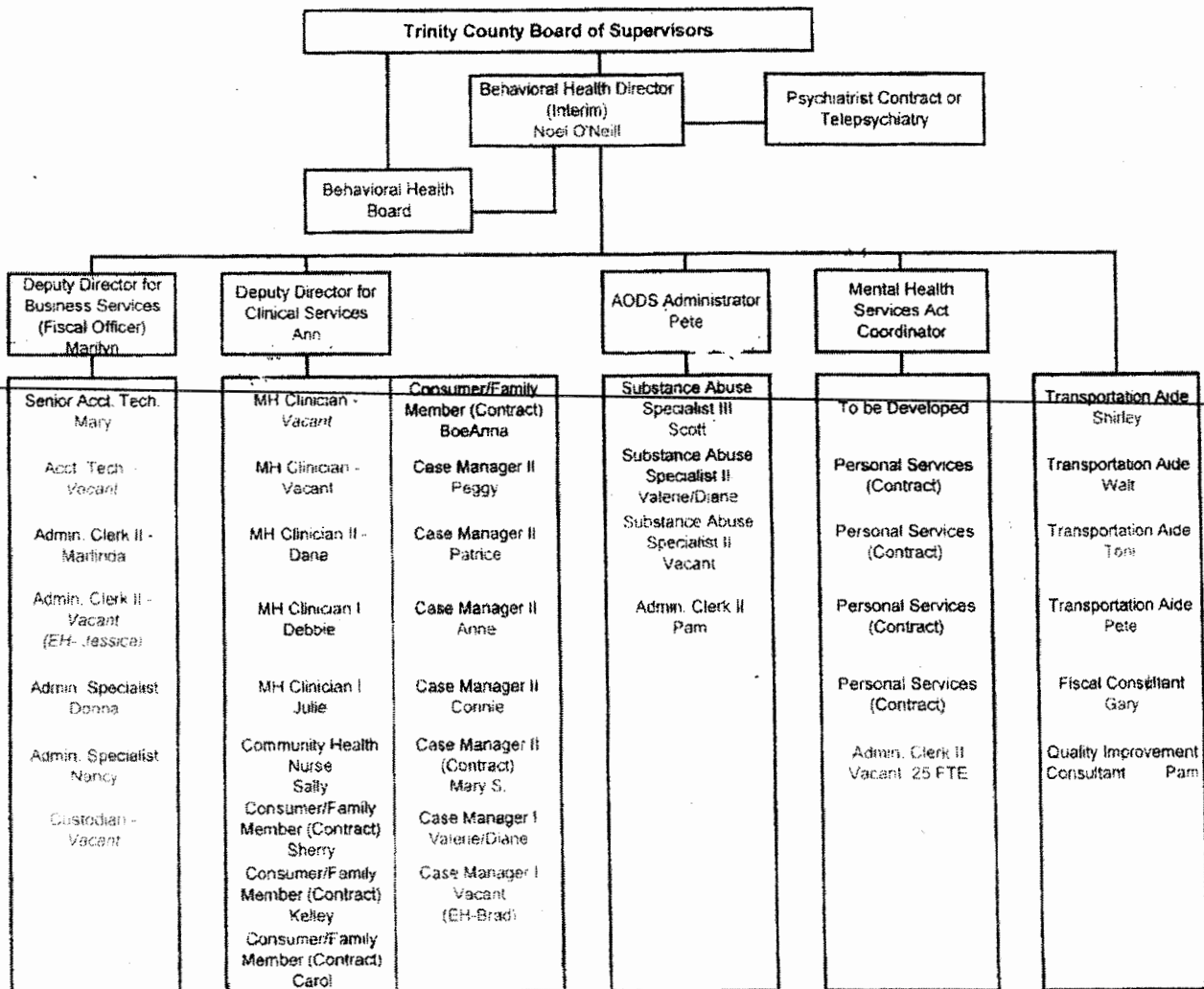
- Noel J. O'Neill will take the lead but all staff at TCBHS will participate in a variety of ways.
- Marilyn Horn will interface with Kings View Business Services to provide the various reports and data they will seek in their review.
- Pam Thayer, a Quality Assurance Contractor, on contract with TCBHS from North Valley Catholic Social Services, will interface with APS Health Organization and focus on the two Primary Intervention Projects (PIP) that are required to evaluate certain clinical practices.
- Ann Houle and Pete Smyth will respond to questions about Access and Crisis.
- Kelly Montes will describe consumer involvement in our programs.

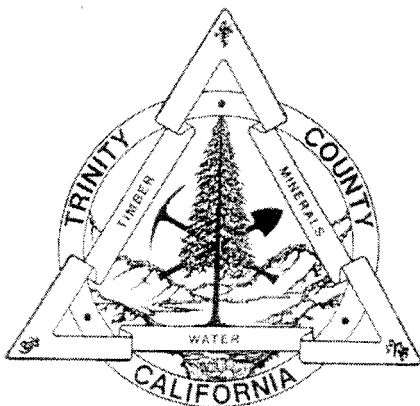
Justification: This is a required activity that is associated with the Managed Care Contract that TCBHS has with the State Department of Mental Health.

Outcome:

- The hope that the outcome of improved quality and delivery of services are the result of the efforts of the review.
- The final report may contain recommendations that could improve various aspects of the clinic.

Trinity County Behavioral Health Services





TRINITY COUNTY

Board of Supervisors

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

RECEIVED

OCT 16 2009

TRINITY COUNTY
SUPERIOR COURT

TO: The Honorable James Woodward,
Presiding Judge of the Superior Court

FROM: Trinity County Board of Supervisors

SUBJECT: Response to Recommendations of 2008-09
Grand Jury Health & Human Services Committee
Behavior Health Services
Final Report

DATE: October 6, 2009

The Grand Jury Health and Human Services Committee has requested a written response to their final report on the Behavioral Health Services. The Board of Supervisors' response is as follows:

Finding #1: A strategic plan for January through June 2009 has been developed with many items related to emergence of the Mental Health Services Act (MHSA) that are being funded by grants. This strategic plan, which includes eight tasks, is in progress. Among these tasks are implementation of the Anazazi Computer Project as required by the State, purchase of a local residential facility, and the upgrading of the fleet of cars.

Response: Agree

Recommendation #1: The committee recommends that BHS continue to implement the strategic plan and to update it as needed. This plan should ultimately facilitate and expand delivery of services to clients.

Response: Will be implemented

Finding #2: Initiation of new procedures and creation of the strategic plan have brought an increased level of morale to the department.

Response : Agree

JUDY PFLUEGER
DISTRICT 1

JUDY MORRIS
DISTRICT 2

ROGER JAEGEL
DISTRICT 3

HOWARD FREEMAN
DISTRICT 4

WENDY REISS
DISTRICT 5

Recommendation #2. The Grand Jury commends Behavioral Health Services for generating this enthusiasm.

Response: Will be implemented

Finding # 3: Behavioral Health Services has an existing complaint process. The clients who were interviewed were not fully aware of this process.

Response: Agree

Recommendation # 3 : Clients should be made aware of the process to file a complaint upon their first visit to BHS. The complaint process should also be posted on the walls of the two drop-in centers.

Response: Will Be implemented.

Finding #4: This committee reviewed a consumer satisfaction survey done during May 2008, which used a new survey format. Sixty-nine clients responded. Issues included confidentiality, intake times and sensitivity to culture. The same form will be used for a survey during the spring of 2009, providing data for comparison.

Response: Agree

Recommendation#4: This committee strongly recommends continuing an annual consumer satisfaction survey using the same form each year which will allow for useful analysis.

Response: Will be implemented.

Finding # 5: Two drop-in centers have been established, one in Weaverville (Milestones) and one in Hayfork (Horizons). These centers are client-directed and provide a safe, confidential, empowering and healing environment.

Response: Agree

Recommendation # 5: The drop-in centers should be continued as a high priority.

Response: Will be implemented.

Finding # 6: Because of fiscal limitations numerous staff positions are vacant. It is noted that several of the vacancies are clinicians who provide direct support to clients.

Response: Agree.

Recommendation #6: It is imperative to fill vacant positions as soon as funding is available, preferably with clinicians first.

Response: Will be implemented within the limits of the budget.

Finding #7: Our interviews with clients found that one client approved of the counseling received. A second client was critical of the intake process. The complainant, currently not receiving services, was critical of the length and expense of the intake process. State requirements involve a large amount of paper work that is time consuming.

Response: Disagree in part as there could have been extenuating circumstances for the length of time.

Recommendation #7: As funding becomes available, more intake positions are highly recommended so that the intake process will flow in a more timely manner.

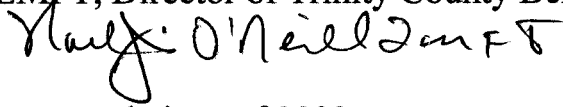
Response: Will be implemented within budget limitations.

Conclusion:

Staff morale has improved due to many creative and constructive changes being initiated. These changes are continuing and will affect many areas of service. Due to the fact that BHS has been awarded a large amount of money for specific program development we suggest that the 2009-2010 Grand Jury follow through with a review of implemented changes.

Response: Agree

TO: The Honorable James P Woodward,
Presiding Judge of the Superior Court

FROM: Noel J. O'Neill LMFT, Director of Trinity County Behavioral
Health 

SUBJECT: Response to Recommendations of 2009
Grand Jury Final Report

DATE: July 1, 2009

The Grand Jury has requested a written response to their final report within 60 days of the release of their report which was 6/29/09. In my capacity as Director of Trinity County Behavioral Health Services, my response is as follows:

Finding #1: A Strategic plan for January through June 2009 has been developed with many items related to emergence of the Mental Health Services Act (MHSA) that are being funded by grants. This strategic plan, which includes eight tasks, is in progress. Among these tasks are implementation of the Anasazi Computer Project as required by the State, purchase of a local residential facility, and the upgrading of the fleet of cars.

Response: Agree

Recommendation #1: The committee recommends that BHS continue to implement the strategic plan and to update it as needed. This plan should ultimately facilitate and expand delivery of services to clients.

Response: Will be implemented

Finding #2: Initiation of new procedures and creation of the strategic plan have brought an increased level of morale to the department.

Response: Agree

Recommendation #2: The Grand Jury commends Behavioral Health Services for generating this enthusiasm.

Response: The Strategic Plan will be implemented and new procedures will be generated specific to circumstances.

Finding #3: Behavioral Health has an existing complaint process. The clients who were interviewed were not fully aware of this process.

Response: Agree

Recommendation #3: Clients should be made aware of the process to file a complaint upon their first visit to BHS. The complaint process should also be posted on the walls of the two drop-in centers.

Response: Will be implemented

Finding #4: This committee reviewed a consumer satisfaction survey done during May 2008, which used a new survey format. Sixty-nine clients responded. Issues included confidentiality, intake times and sensitivity to culture. The same form will be used for a survey during the spring of 2009, providing data for comparison.

Response: Agree

Recommendation #4: This committee strongly recommends continuing an annual consumer satisfaction survey using the same form each year which will allow for useful analysis.

Response: Will be implemented

Finding #5: The drop-in-centers should be continued as a high priority.

Response: Agree

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Response: Will be implemented

Finding #6: It is imperative to fill vacant positions as soon as funding is available, preferably with clinicians first.

Response: Agree

Recommendation #6: Because of fiscal limitations numerous staff positions went vacant. It is noted that several of the vacancies are clinicians who provide direct support to clients.

Response: Will be implemented

Finding #7: Our interviews with clients found that one client approved of the counseling received. A second client was critical of the intake process. The complainant, currently not receiving services, was critical of the length and expense of the intake process. State requirements involve a large amount of paper work that is time consuming.

Response: Disagree in part; The TCBHS does not have access to the information given by the clients to the Grand Jury. The information may or may not be accurate from our perspective, but TCBHS really cannot comment without this knowledge.

Recommendation #7: As funding becomes available, more intake positions are highly recommended so that the intake process will flow in a more timely manner.

Response: Will be implemented

Conclusion: Staff morale has improved due to many creative and constructive changes being initiated. These changes are continuing and will affect many areas of service. Due to the fact that BHS has been awarded a large amount of money for specific program development we suggest that the 2009-2010 Grand Jury follow through with a review of implemented changes.

Response: Agree