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Crisis at Humboldt County Mental Health

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### INTRODUCTION:

As Medical Director and Medical Staff President of Humboldt County Mental Health, it is our duty to call to your attention our belief that the Mental Health unit is in Crisis, and if drastic measures are not taken immediately, the people of Humboldt County stand to lose their invaluable Mental Health Services.

The most critical and proximate cause of the crisis is a significant and growing medical staff shortage, which is leading to inadequate patient care. The Medical Staff shortage, however, is only the tip of the iceberg, as it is the result of many underlying problems with the basic administrative and management decisions as they affect patient care, hospital and clinic policies, and staff relations. These problems include:

1. Poor recruitment strategies, leading to understaffed and unfilled vacancies.
2. Neglect of retention strategies, leading to loss of existing staff.
3. Poor staff morale and staff burnout, leading to loss of existing staff.
4. Poor administrative communication and disjointed administrative departments, leading to lack of follow through by the administration.
5. Unsafe working environments at Sempervirens and the Crisis Stabilization Unit.
6. Significant work load increases, including increased requirements for weekend work, and no overtime pay for extra time.
7. Cumbersome electronic medical records procedures, due to poorly managed and premature roll out of Avatar, the electronic medical records software.

I, Dr. Greenberg, have worked at Humboldt County Mental Health, primarily Sempervirens, for the past 6 years. During that time, my duties have progressed from Medical Staff President to the Interim Medical Director... the latter change occurring as of October 16, 2014, due to the resignation of the previous Medical Director. I have made Humboldt County my home, enjoy all that the County has to offer, and am working hard to keep Humboldt County Mental Health Services afloat. Thus, as both a citizen of the County and as the Medical Director of the mental health services, it disturbs me to see Humboldt County Mental Health in this situation.

I, Dr. Christensen, have worked at Humboldt County Mental Health, primarily Sempervirens, for the past 2.5 years. During that time, my duties have progressed from Staff Psychiatrist to the Medical Staff President. Humboldt County has been my home for nearly 30 years and I am raising my family here. I am also coming from the perspective of wanting to see improvements in care for residents of this area, and am disheartened by the many deficiencies in our Mental Health system.

### DETAILS:

***The current Medical Staff is a skeleton crew and even that is shrinking:***

1. Jonathan Greenberg, MD: Interim Medical Director: Sempervirens 4 days/week and 1 day administrative.
2. Jasen Christensen, DO: Medical Staff President: Sempervirens 4 days per week and Older Adults Clinic 1 day per week.
3. Wendy Brandon, FNP: Nurse Practitioner: Sempervirens 2 days/week and Adult Outpatient 3 days/week
4. Katy Wilson, MD: Sees all jail clients and nonviolent parolees assigned by a judge-employed as extra help and part time.
5. Telepsychiatry: 2 psychiatrists who work in the Adult Outpatient Clinic 2-4 days/week total.
6. Paula Edwards, MD: [REDACTED] Only child psychiatrist at the Child Family Services (CFS) clinic. Dr. Edwards also treats the children at Juvenile Hall.
7. Gail Ingram, MD: [REDACTED] Dr. Ingram works full time at Sempervirens Thursday through Sunday.
8. Jennifer Albrecht, FNP: has been [REDACTED]

***There is a significant vacancy of medical staff positions and, in fact, more positions are vacant than are filled. Full Time Employment (FTE) positions currently vacant:***

- 1 FTE - Medical director Psychiatrist
- 3 FTEs: Psychiatrists
- 2 FTEs: Physician Assistants or Nurse Practitioners

***Medical Staff are stretched thin to fill the gaps of care unmet due to vacant FTE positions.***

***The Child Family Services Clinic (CFS) is in crisis and will have no psychiatric coverage after [REDACTED]***

1. There are a total of 322 patients treated by Dr. Edwards
2. Juvenile Hall will have no psychiatric coverage, which is an extension of CFS
3. Until psychiatric coverage is secured, responsibility will fall on the Medical Director, bringing up liability concerns due to the lack of time to be seen.
4. Coverage being pursued are Locum (travelling, temporary, and high cost) psychiatrists and Telepsychiatry. Telepsychiatry for children invites new problems due to the inability to engage with the children, an important component to an effective evaluation.

***The Adult Outpatient Clinic (AOP) is understaffed and neglected:***

1. AOP consists of 952 patients prescribed medications by a psychiatrist.
2. Current Medical Staff coverage is very limited and it is impossible to meet the patient needs.

- a. 2-4 days per week is covered by telepsychiatry.
  - b. Wendy Brandon works 3 days per week (also covering for the Garberville and Willow Creek patients during the 3 days).
  - c. Dr. Wilson is assisting to see new assessments and conservatorship evaluations 1/2 day per week.
  - d. Dr. Greenberg: was working 1 day/week, however, no longer due to the need for Sempervirens coverage on Fridays.
3. Wait times to be seen in the clinic averages 4 months and is only growing. The wait time to see Dr. Greenberg is 5-6 months.
  4. At least 4 written patient grievances have occurred over the past month complaining about multiple staff cancellations and long waiting times to be seen.
  5. Many patients have been requesting change of providers due to their dissatisfaction with Telepsychiatry-mostly due to poor management along with the limited ability of staff to oversee the process due to time constraints. Furthermore, the only alternative provider a patient can be referred to is Wendy Brandon, who already does not have adequate time to see her current case load of patients.
  6. Liability concerns are increasing as the likelihood of bad patient outcomes continues to increase.
  7. One suicide death reviewed by the Morbidity and Mortality (M and M) review committee on 1/22/15 has already been recorded.
  8. Nearly all patients discharged from Sempervirens are referred to follow up with a psychiatrist in the AOP, consistently adding to the burden to see patients and potential for repeat hospitalizations.

***As Interim medical director, I am significantly overworked and frustrated:***

I was afforded 25% administrative time, which is half of what past medical directors have been allotted. However, I am only provided 20% at this time and am working at Sempervirens 4 days/week. Previous Medical Directors did not cover Sempervirens and the CSU routinely due to the highly stressful nature of work and the inability to have a flexible schedule.

Current duties of Medical Director include:

1. Sempervirens and Crisis Stabilization Unit full time coverage 4 days/week.
2. Sempervirens and Crisis Stabilization Unit Coverage 3 weekend days/month.
3. Supervising the staff psychiatrists and direct clinical supervision of the Nurse Practitioner (Wendy Brandon).
4. Supervising of telepsychiatry psychiatrists.
5. Managing the outpatient clinics which entails:
  - a. Covering for my outpatient 182 patient caseload (which I have been unable to see due to my Fridays being occupied covering Sempervirens; and will continue indefinitely until Friday Sempervirens coverage is acquired).
  - b. Managing all issues that come up with patients not yet seen in telepsychiatry which includes the patients that were/are on Dr. Bell's team, Dr. Duggal's team, my team, and newly referred patients from Sempervirens.

- c. New duty added on starting March 4, 2015: covering for all of the child clinic (322 patients) and Juvenile Hall. Even if a locum or telepsychiatrist is hired in the near future, the Medical Director will still be responsible for Juvenile Hall and for all of the patients in the child clinic until seen by the telepsychiatrist or locum psychiatrist.
6. Medical Director of the Alcohol and Other Drugs (AOD) and Healthy Moms programs. Duties include reviewing all physical exams, reviewing all clinician diagnosis forms, and reviewing and signing all treatment plans and patient assessments.
7. Manage and oversee all seclusions and restraints in the hospital.
8. Respond to all Grievances assigned (there have been 7 in the past 2 months).
9. Chair of 3 Administrative meetings and attend an average of 9 administrative meetings/week.
10. Review all out of county Treatment Authorization Requests (TAR) denied.

Retention of Medical Staff is problematic and no strategies to curtail the problem have been initiated. Furthermore, dissatisfaction with administration and their work environment are the primary reasons for psychiatrists resigning. The following psychiatrists have resigned their positions over the past 2 years.

1. Orm Anline, MD: Child clinic and Juvenile Hall
2. Kate Bell, MD: Adult Outpatient clinic and previous Medical Director
3. Dr. Duggal: Medical Director
4. Dr. Edwalds: Child Clinic and Juvenile Hall
5. Dr. Ingram: Sempervirens Thursday-Sunday

Of great concern is that only 2 FTE psychiatrists will be on staff as of March 4<sup>th</sup> (Dr. Christensen and Dr. Greenberg). Furthermore, it is easy to identify why Medical Staff do not have job satisfaction and why retention of Medical Staff is failing:

1. Work load continues to mount.
2. Medical staff morale is low.
3. Medical Staff are burnt out and feel unappreciated.
4. Medical Staff have serious liability concerns as we are unable to see our patients in a timely manner, while continuing to prescribe medications.
5. Weekend work is increasing incrementally.
6. Less time to spend with family and friends due to longer work days and more days needed to work on weekends.
7. Added job stress contributing to after work exhaustion.
8. Day to day frustrations with administrative decisions and the continued effort to deflect responsibility.
9. Daily frustrations, burnout, increasing work load, after work exhaustion, and having less time with family and friends greatly impact our quality of life and lead us to wonder, "Is it worth it to work here anymore?"

Efforts to recruit Medical Staff have clearly been ineffective. As evidence, over the past 5 years, only 5 psychiatrists have interviewed for an FTE position. No Physician Assistants and only 2 Nurse Practitioners have interviewed. Furthermore, 4 of which psychiatrists chose alternative positions.

Recruitment failure:

1. Only 2 people have been hired for an FTE psychiatrist position over the past 5 year, Dr. Ingram and Dr. Christensen (Dr. Ingram resigned).
2. One Nurse Practitioner was hired, however, she has been [REDACTED]
3. Locum doctors and increasing telepsychiatry coverage are the only options at this point.
4. The FTE position is clearly not attracting interest:
  - a. Only 5 people have interviewed over the past 5 years.
  - b. There are no people currently showing interest in an FTE position.
  - c. Only 1 Locum doctor is lined up to start training February 27<sup>th</sup> and he will only work an average of 4 weekend days a month.
5. Why the position is not attracting psychiatrists is not a mystery:
  - a. Humboldt County is a rural area; in comparison to any other county with a Psychiatric Hospital, Humboldt County has the lowest population and is the most isolated from any major city. Furthermore, many people are not even sure where Humboldt County is.
  - b. Duties include inpatient psychiatric coverage along with weekend coverage which are undesirable for most psychiatrists.
  - c. No academic affiliation with a medical school.
  - d. Out of date facility.
  - e. High acuity and potentially dangerous patients.
  - f. Electronic Medical Records, Avatar, is a known burden to use.
  - g. Salary is not competitive compared to other counties with inpatient Psychiatric Hospitals, State Hospital Facilities, and Correctional Facilities (the most accurate comparisons for competition).
  - h. Humboldt County Administration does not recognize 2 facts:
    - i. Salary is expected to be higher than other counties with similar work given that Humboldt is more rural with the smallest population, and the most isolated.
    - ii. Comparing salaries to other Counties that do not include inpatient Psychiatric work is not an accurate comparison.

i. Proof that Salary is not competitive:

LOCATION	POPULATION	PSYCHIATRIC INPATIENT BEDS	YEARLY SALARY MAXIMUM \$
Humboldt County	134,493	16	239,316 (\$113.61/hour)
El Dorado County	181,737	15	261,581(\$125.76/hour)
Merced County	263,228	16	219,252.80 + 20% retention bonus monthly = 263,104.56 (\$126.49/hour)
Veteran Affairs in: Sacramento, Martinez, Fairfield, Redding, Oakland, Vallejo, Chico,		N/A	240,000 (\$115.38/hour)
Kaiser		N/A	292,073 (\$140.41/hour)
California Dept of Corrections		N/A	280,000 (\$134.61/hour)
California State Hospitals			287,592 (\$138.26/hour)

Humboldt County is poorly allocating its funds by continuing to primarily focus on

1. Telepsychiatry \$175/hour = \$364,000/year @ 40 hours/week
2. Locum Tenens Doctors \$190-240/hour = \$395,200-499,200/year @ 40 hours/week

Locum Doctors are temporary, costly; require a steep learning curve, are time consuming to train, are less reliable, and do not add to the overall stability and consistency of care. In addition, Telepsychiatry has been anything but smooth from the start with poor productivity and time consuming for IT staff, Quality Improvement (QI) staff, nursing staff, and the Medical Director. Furthermore, there are added

costs for Telepsychiatry including equipment (computers, printers, fax machines) and monthly costs for broadband service.

Medical Staff are necessary in order for the following services to function; which the county stands to lose if the current trends continue:

1. Sempervirens (16 inpatient beds) - There were 562 Sempervirens admissions in 2014 and around 40% of the patients were homeless.
2. Crisis Stabilization Unit (CSU)
3. Adult outpatient Main Clinic
4. Garberville Clinic
5. Willow Creek Clinic
6. Child and Adolescent Clinic
7. Older Adults Clinic
8. Juvenile Hall and Regional Facility Mental Health Services
9. Jail Mental Health Services
10. County Correctional Rehabilitation Center (CCRC) Mental Health Services for nonviolent parolees, judge appointed.
11. Alcohol and Other Drugs (AOD)
12. Healthy Moms

In conclusion, Humboldt County is on the verge of collapsing due to the lack of retention and recruitment, and by poor administrative decisions and management. Many spheres of the County will be negatively affected as the mental health services fade. Included are increased County liability, the homeless population, law enforcement, the Correctional Department, hospital emergency rooms, and crime rate. Public investment and interest in the maintenance and growth of Humboldt County Mental Health Services is paramount and should be taken into account as plans of action for the future are developed and implemented.

Sincerely,

  
Jonathan Greenberg, M.D.

Child and Adolescent Psychiatrist

Interim Medical Director

Humboldt County Mental Health

  
Jasen Christensen, D.O.

Adult Psychiatrist

Medical Staff President

Humboldt County Mental Health