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State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

September 2, 2022

The Honorable Susan E. Green, Presiding Judge
Superior Court of California
County of Sutter
1175 Civic Center Boulevard
Yuba City, CA 95993

ENDORSED FILED

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER
CLERK OF THE COURT
By JACKIE LASWELL Deputy

RE: DHCS RESPONSE TO THE 2021-2022 GRAND JURY FINAL REPORT:
SUTTER-YUBA BEHAVIORAL HALTH: BEHIND THE TIMES

Dear Presiding Judge Green:

Please accept this letter as the Department of Health Care Services' (DHCS) invited response to the 2021-2022 Grand Jury Final Report: *Sutter-Yuba Behavioral Health: Behind the Times* received by DHCS on June 13, 2022. The Report outlined concerns about safety and misuse of resources at Sutter-Yuba Behavioral Health (SYBH), a 24-hour acute inpatient psychiatric health facility (PHF), licensed by DHCS, which provides psychiatric treatment services for mentally ill individuals.

Under existing state law, DHCS provides oversight and monitoring of SYBH PHF by conducting periodic site visits to ensure that SYBH PHF meets regulatory requirements. The site visits include an inspection of the physical plant, including the grounds, and a review of the staffing, staff in-service education, and patient care documentation. The safety and quality of care for patients receiving services at SYBH PHF is a priority for DHCS.

On June 30, 2022, DHCS evaluators conducted an unannounced onsite review of the SYBH PHF pursuant to DHCS' inspection authority specified in Welfare and Institutions Code section 4080. The unannounced review included a tour of the physical facility; a review of facility documents and records, patient records, and policies and procedures; and staff interviews.

Following is a summary of the findings included in the 2021-2022 Grand Jury Final Report, and DHCS' responses based on a review of recent oversight and compliance monitoring, the June 30, 2022 onsite review, and subsequent information provided by SYBH PHF in follow-up to the June 30, 2022 onsite review.

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF SUTTER

- **Finding F1:** *The patient rooms at the Sutter-Yuba Behavioral Health (SYBH) Psychiatric Health Facility (PHF) contain multiple Ligature Points. Among staff and administrative personnel interviewed, there was a general awareness of these issues but no apparent sense of urgency to address them.*
- **Response F1:** Ligature risk points were identified by DHCS evaluators during the June 30, 2022 site visit. SYBH PHF has indicated in writing that it intends to reduce ligature points and is researching upgrades to the facility physical plant to eliminate the identified ligature risks present on the PHF of the doorknobs, door hinges, shower heads, shower dials, and exposed pipes in bathrooms. In subsequent site visits over the next several months, DHCS will closely monitor the facility's progress to ensure that the facility's proposed plans regarding physical plant to eliminate ligature risks are fully implemented. The site visits will include announced and unannounced site visits. The Department will offer any appropriate assistance the facility may request in order to reach this goal in a timely manner.
- **Finding F2:** *Based on site observations of the SYBH PHF Unit, various doors did not appear secure, leaving certain areas potentially vulnerable to unauthorized patient access.*
- **Response F2:** The Sutter County Grand Jury (SCGJ) reported that one door on the PHF, "across from the nurses' station and part of the open area patients' use as their day room [...]" has a sign that says "AWOL Risk" but there is no locking mechanism on the door." A badge activated system was installed on this door on March 11, 2022, after the 2021 SCGJ site visit, which resolves this concern. The SCGJ further noted that once you enter the back "break room" where the isolation rooms are located, "It appeared to the SCGJ there was no locking mechanism preventing patients from exiting to the exterior from this break room and isolation room location. There was only a 'push bar' on the door which allowed easy patient access to the outside. The door was lockable from the outside to the inside." This door is locked via controlled electronic badge access and has always been a locked door prior to the SCGJ visit. DHCS evaluators had SYBH PHF staff demonstrate that the locks were functional and secure. In addition, a review of SYBH PHF's policies and procedures showed that points of egress are limited to very specific uses and mental health court hearings, once conducted outside of SYBH PHF, are conducted via video to prevent patients from leaving the facility without staff's knowledge. SYBH PHF has a current fire clearance that conforms to the Fire Marshal's requirement for fire and life safety as required in the PHF regulations.
- **Finding F3:** *The perimeter fencing at the SYBH PHF Unit's outdoor recreation area is vulnerable to the exchange of contraband, due to easy public access. It creates a sense of being "locked" in, which is not welcoming or comforting for the patients.*

- **Response F3:** DHCS understands the concerns that the fence creates a sense of being “locked” in, which is not welcoming or comforting for the patients. To ensure the safety of patients and staff, PHFs are required to maintain a secure environment. Regulations applicable to SYBH PHF require that the fence be safe and in good repair. During the site visit, DHCS evaluators examined the fence to determine whether it is safe and in good repair. SYBH PHF’s fence did not have any missing slats and was observed to be in good condition. Although the fence is accessible to the public, SYBH PHF’s logs did not contain any incidents involving contraband in the facility. SYBH PHF’s policies and procedures require the outdoor recreation area to be utilized during scheduled times under the direct observation of staff. Additionally, security guards check the area outside of the fence for contraband as part of their routine grounds check. Based on the site review, SYBH PHF is adequately managing the risks of contraband being passed through the fence.
- **Finding F4:** *The perimeter fencing at the SYBH PHF Unit’s outdoor recreation area is an absent without leave (AWOL) risk.*
- **Response F4:** DHCS evaluators observed a tall fence that is curved inwards at the top to discourage AWOLs. Although the fence could be scaled, SYBH PHF has not established a pattern of frequent AWOLs from the fence. The outdoor recreation area is subject to scheduled use times and direct staff observation. Also, SYBH PHF has established AWOL policies and procedures to prevent patients’ eloping from the locked facility without the approval or knowledge of the facility staff. DHCS has no objection to the SYBH PHF making changes to further secure fence if that is desirable.
- **Finding F5:** *Based on site observations and interviews with staff, the Video Monitoring System at the PHF Unit is an old and antiquated system. Components of the system are non-operational including many of the cameras. Repairs of the current system are either cost prohibitive or not possible due to the age of the system.*
- **Response F5:** PHF regulations do not require video systems. Video systems are used to aid the facility to evaluate the quality and appropriateness of patient care and for resolving identified problems which occur in common areas of the PHF. However, the safety and security of a PHF setting requires direct observation by staff of the patient milieu. During the site visit, DHCS evaluators reviewed the facility policy and procedure to ensure that any video systems are not used to substitute for in-person staff supervision of the milieu. During the tour, SYBH PHF administrative staff stated that some cameras are inoperable. Although PHF regulations do not require video systems, interviews with staff revealed that SYBH PHF was awarded grant funds to pay for an updated video system in Fiscal Year (FY) 2022-23. SYBH PHF does not have a specific date when the

video system will be updated. Based on the site review, SYBH PHF is adequately complying with applicable regulations regarding supervision.

- **Finding F6:** *SYBH use of private security is inefficient and lacks good use of the services.*
- **Response F6:** DHCS evaluators reviewed the security contract approved by the Sutter County Board of Supervisors and managed by Sutter County General Services to see how the security services intersected with the services provided by SYBH PHF. The contract calls for "patrol for suspicious activity, trespassing, vandalism, pan-handling, theft of any kind, aggressive and/or violent behavior or any other illegal activity" for the outside perimeter of the campus. The use of security guards does not fall within the scope of DHCS' oversight because the contract does not include any provisions for security guards to provide services or perform functions required by the PHF regulations.
- **Finding F7:** *SY PHF policy and procedure of recording an AWOL and Hazard/Incident Report is antiquated. It lacks sufficient information and structure to monitor and record AWOL incidents in a concise and professional manner.*
- **Response F7:** Based on a review SYBH PHFs records, SYBH PHF is compliant with its AWOL policies and procedures approved by DHCS.
- **Finding F8:** *Based on SCGJ observations, the signage at the County's PHF Unit is inadequate, outdated, and in very poor shape.*
- **Response F8:** DHCS evaluators observed that eight (8) new exterior signs at SYBH PHF campus have been installed with the County's new logo and include an easier to read, blue background.
- **Finding F9:** *The beds in the Isolation Rooms at the PHF Unit are an old version that leave the patient in an uncomfortable position if restraint is required.*

Response F9: During the June 30, 2022 onsite review, DHCS evaluators examined the bed frame, mattress and restraints to ensure compliance with PHF regulations. The restraints are cloth or other soft material, sanitary, and complete so as not to cause harm to the patient. Based on the inspection of the Restraint and Seclusion room, SYBH PHF maintains a clean bed with a mattress designed for use with the bed frame, all of which are in good condition, and consistent with the PHF regulations. SYBH PHF physical restraints devices have been approved by the Fire Marshal as required in regulations.

- **Finding F10:** *The parking lot at the SYBH facility is in disrepair and a hazard to the public.*

- **Response F10:** Based on DHCS evaluators' visual inspection of SYBH PHF physical plant on June 30, 2022, SYBH PHF, including the grounds and the parking lot, is maintained in good condition to ensure safety and well-being of clients, staff, and visitors. The gravel parking lot is safely accessible by use of SYBH PHF's patients and staff and does not contain any significant hazards.
- **Finding F11:** *The building and grounds at the County's PHF Unit show lack of regular maintenance. The vegetation is overgrown. Weeds growing up in sidewalks as well as in large unplanted areas. The exterior walls, concrete walkways, garbage receptacles are dingy or outright dirty. The window information signage is unprofessional in appearance.*
- **Response F11:** Based on DHCS evaluators' visual inspection of SYBH PHF physical plant on June 30, 2022, SYBH PHF, including the grounds, is maintained in a clean and sanitary condition and in good condition to ensure safety and well-being of clients, staff, and visitors. The buildings and grounds are free of environmental hazards that may adversely affect the health or welfare of clients.
- **Finding F12:** *Based on those interviewed and a review of budgetary documents, it appears some SYBH and Health and Human Services (HHS) management and key fiscal staff lack sufficient knowledge/understanding of the budget practices. This includes MHSA and Realignment funding.*
- **Response F12:** DHCS does not have applicable enforcement language in its Mental Health Services Act (MHSA) performance contract with counties to provide or require performance evaluations of staff at the county level. DHCS does not have the requisite authority to determine if SY-BH management and staff lack the appropriate knowledge and understanding of the budget practices. Training and development of county staff is a county responsibility.
- **Finding F13:** *Based on Sutter County Grand Jury research and those interviewed, there is no regular meeting of key fiscal staff, department heads, and directors to address changing budgetary issues. Currently, this is done once a year or on an "as needed" basis. This has created some issues with timely budgetary reporting.*
- **Response F13:** DHCS monitors the timeliness of MHSA-related submissions and appropriate fund allocations. Historically, the county had not met the deadline for its Annual MHSA Revenue and Expenditure Reports (ARERs) submissions. However, in more recent years, the county has improved and has submitted on time. Additionally, as of FY 2017-18, DHCS records show that SYBH has provided timely Three-Year Plan and Annual Updates. The county submitted a plan of correction for their deficiencies related to their triennial review and are taking steps to ensure Plans, Updates, and ARERs are submitted on

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time. DHCS does not have the requisite authority to review or require a county intra-departmental meeting frequency.

- **Finding F14:** *Based on Grand Jury research and those interviewed, the existing SYBH Electronic Health Care Record System is inadequate.*
- **Response F14:** PHF regulations do not require the use of electronic health records. SYBH PHF utilizes a hybrid system of paper based medical records and electronic health records to document clinical care. While on-site, DHCS evaluators reviewed the paper-based, typed or handwritten, progress notes, treatment plans, discharge plans and aftercare plans to evaluate the services provided by SYBH PHF. The current medical record system meets regulatory requirements. SYBH PHF anticipates transitioning to the new electronic health record in FY 2022-23.
- **Finding F15:** *Based on site observations, review of county plans for the Gray Ave Building, and SYBH administration interviews, the 1965 Live Oak Blvd Building is no longer adequate to house the Psychiatric Health Facility (PHF) and other SYBH offices/programs.*
- **Response F15:** Based on DHCS evaluators' onsite physical plant inspection of SYBH PHF conducted on June 30, 2022, the building located at 1965 Live Oak Boulevard complies with the PHF physical plant regulatory requirements.

DHCS appreciates the Sutter County Grand Jury's Report and the opportunity to respond to findings within DHCS' oversight authority. Further, DHCS shares the Sutter County Grand Jury's interest in the safety and quality of care for patients at SYBH PHF.

If you have any questions or need additional information, please contact Behavioral Health Deputy Director Tyler Sadwith at tyler.sadwith@dhcs.ca.gov.

Sincerely,



Michelle Baass
Director, Department of Health Care Services

Enclosure(s):

Grand Jury Response Letter
Grand Jury Report

cc: See Next Page

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