

HEALTH & HUMAN SERVICES COMMITTEE



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HEALTH AND HUMAN SERVICES COMMITTEE

The Health and Human Services Committee reviewed the following departments:

Arrowhead Regional Medical Center
Department of Aging and Adult Services
Department of Children's Services
Preschool Services Department
Public Health Department/Environmental Health Services Division/
Food Protection Program

Due to the enormity and scope of these departments, the subcommittees were limited to the above departments to research and interview. In order for the nine departments: Behavioral Health, Public Health, Children's Services, Preschool Services, Veterans Affairs, Aging and Adult Services, Transitional Assistance, Community Services and the Arrowhead Regional Medical Center, to be reviewed each year will take either a larger full committee or the splitting of the departments between two full committees.

The following pages contain the reports finished by the Health and Human Services Committee of the 2001-2002 Grand Jury.

ARROWHEAD REGIONAL MEDICAL CENTER

BACKGROUND

Arrowhead Regional Medical Center (ARMC) of San Bernardino County is a 283-bed acute care hospital and a 90-bed acute psychiatric hospital, commonly known as the Behavioral Health Unit. ARMC opened in 1999 and serves a large number of Medi-Cal patients and medically indigent patients. The hospital also has a Trauma Center and three helicopter pads that serve the County.

The facility has a large number of registered nurses on staff and uses the primary nursing system to provide nursing care.

The hospital is a teaching center that trains interns and resident physicians.

Outpatient services are offered by the Medical Center, which provides a continuity of care to discharged hospital patients through neighborhood health clinics for medical needs that are not emergencies or life threatening.

The County funds the hospital. Additional funds are received from the State and Federal governments. Tobacco Tax revenue also supplies funds.

FINDINGS

ARMC is a large hospital facility that continues to need additional beds for the increasing numbers of patients. The hospital provides a jail ward for prisoners from correctional facilities. An acute psychiatric hospital is part of the Medical Center and provides behavioral health care to patients in acute psychiatric conditions with suicidal and violent behaviors.

ARMC has had problems in the past with cash receipts, and has been a source for review by a past Grand Jury. The cash receipt department was visited on two occasions. The first visit revealed the transaction of cash that was not recorded when received by the staff member at the window. When questioned, the explanation was that transactions are entered at the end of the day. No policy or procedures manuals were available on either visit.

Currently only registered nurses provide patient care. No licensed vocational nurses and very few certified nursing assistants are employed in the acute care hospital.

The hospital states it treats 42-47 percent Hispanic population.

A tour of the ARMC revealed few bilingual signs. Special units with call boxes to speak to the nurses had the instructions for their use in English only. Evacuation signs were in English only. An employee was noticed sitting at a desk in the Emergency Room (ER). No sign was posted to identify the function or services provided. A sign was posted to alert families whose members had rashes or chicken pox on what they should do for isolation; the sign was in English only. A visit to the Patient Accounts Department, located on the second floor, found this area difficult to locate. The sign was posted on the wrong wall, not facing traffic.

Grand Jury members were able to wander the corridors of ARMC at will, without challenge. Limited security was noted in the lobby and in the Emergency Room. No ID badges were given to visitors.

The main lobby of the hospital is very noisy. Floors and walls are terrazzo and sound is amplified. This area has no carpets or window drapes to muffle the sound. Several wood benches are located along the walls. There are no comfortable chairs or couches.

A tour of the Behavioral Health Unit noted limited shade in the outside areas. Two umbrellas provide the only shade, one on each patio. Some medicines taken by the patients have sun sensitivity as a side effect. The patients need shade for outdoor exercise.

The Behavioral Health Unit has cameras in the seclusion rooms. These cameras were not operational at the time of our visit. The cameras would allow staff to monitor patients at risk for suicide or self-abuse.

This state-of-the art hospital has the old Labor-Delivery room and separate Post-Partum rooms. This system requires more staff and space. The Labor-Delivery-Recovery-Postpartum (LDRP) room allows for the patient to stay in one room for the birthing process and be discharged from this room.

The Jail Ward is located on the fifth floor. This area is in the center of an orthopedic wing. This location means the prisoners must be transported through the hospital to this area. This location has the possibility of exposing patients and staff to risk.

A visit to the Emergency Room at 1:30 p.m. on a weekday found this area to be small and approximately 80 percent filled. A loudspeaker system announced the waiting time to be seen as 8 to 10 hours. No security staff was present, and patients were becoming agitated. The Triage area is small. The area in the Emergency waiting room also acts as the Intake area. Five patient registration cubicles were located here.

At 1:30 p.m. there was no available parking for the Emergency Room patients and visitors.

The County Human Resources Department is currently responsible for recruitment and hiring of employees.

A telephone survey of six local hospitals was conducted and only one hospital provides primary nursing care. The other five hospitals provide team-nursing care. This type of nursing allows for the Licensed Vocational Nurse (LVN) and Certified Nursing Assistant (CNA) to provide patient care.

At the time of our visit, ARMC staff stated they had no LVN's in the acute hospital. They do have LVN's in the Behavioral Health Unit and in the Family Health Clinics.

The ARMC is required to get the Board of Supervisors approval for funds exceeding \$25,000.

A request was made by hospital administration to the Board of Supervisors for an increase from \$24,000 to \$144,000 for a cyberonic device that controls seizures in adults. This device procedure has only been performed twice in Year 2000, according to information from employees. No procedures were done in 2001. No procedures were on the schedule, at this time, for 2002. The device is not stored on the supply room shelves. It can be acquired overnight. This raises the question, why the need for the increase in funds? The Board approved this increase.

Tours of two of the hospital's Outpatient Family Health Center clinics were impressive. The clinics were clean, well run and well staffed. The lack of x-ray machines at these clinics requires the patients to be transported to ARMC to have x-rays. This transport is both expensive and inconvenient for the patients and clinic staff. One clinic needs a room for drawing blood for lab work.

RECOMMENDATIONS

- 02-36 REQUIRE A POLICY AND PROCEDURES MANUAL TO BE AVAILABLE IN THE CASH RECEIPTS AREA.

- 02-37 HIRE LICENSED VOCATIONAL NURSES IN THE ACUTE CARE HOSPITAL.

- 02-38 PROVIDE A TEAM NURSING SYSTEM ON THE MEDICAL-SURGICAL FLOOR.

- 02-39 POST BILINGUAL SIGNS THROUGHOUT THE ARMC.

- 02-40 RE-POSITION DIRECTIONAL SIGNAGE ON THE SECOND FLOOR THAT SHOWS THE LOCATION OF PATIENT ACCOUNTS DEPARTMENT.
- 02-41 PROVIDE ALL VISITORS WITH IDENTIFICATION BADGES.
- 02-42 PROVIDE AN AREA FOR VISITORS IN THE MAIN ARMC LOBBY THAT IS COMFORTABLE.
- 02-43 REDUCE NOISE LEVEL IN THE ARMC LOBBY.
- 02-44 PROVIDE VISIBLE SECURITY IN THE EMERGENCY ROOM AND LOBBY.
- 02-45 PROVIDE ADDITIONAL SHADE ON THE PATIOS IN THE BEHAVIORAL HEALTH HOSPITAL.
- 02-46 ACTIVATE THE CAMERAS IN THE BEHAVIORAL HEALTH SECLUSION ROOMS.
- 02-47 REVIEW THE ADVISABILITY OF A LABOR-DELIVERY-RECOVERY-POST PARTUM (LDRP) UNIT.
- 02-48 PROVIDE A WARD FOR PRISONERS THAT AVOIDS TRAVERSING PATIENT AREAS.
- 02-49 EXPAND THE EMERGENCY ROOM WAITING AREA.
- 02-50 PROVIDE AND IDENTIFY A PUBLIC INFORMATION PERSON IN THE EMERGENCY ROOM WAITING AREA.
- 02-51 PROVIDE ADDITIONAL PARKING FOR OUTPATIENTS AND VISITORS.
- 02-52 REQUEST FUNDS FROM THE BOARD OF SUPERVISORS WHEN A SPECIFIC NEED IS CURRENT AND PUT THE FUNDS IN A DESIGNATED ACCOUNT THAT RELATES TO THE REQUEST.
- 02-53 PROVIDE X-RAY EQUIPMENT AND LABS TO FAMILY HEALTH CENTER CLINICS.

DEPARTMENT OF AGING AND ADULT SERVICES (DAAS)

BACKGROUND

The mission of the Department of Aging and Adult Services (DAAS) is to serve seniors and at-risk individuals and assist them in maintaining or improving choices, independence, and quality of living, while living in the least restrictive environment.

DAAS is the designated area agency on aging for the County of San Bernardino and is responsible for administering all funds under Title III and Title VII of the Older Americans Act.

DAAS has a staff of 366 and provides employment for approximately 10,000 independent providers (In-Home Support caregivers). DAAS has offices in 14 locations throughout the County and provides a wide range of services and programs for senior citizens and adults with disabilities, including but not limited to:

- Senior Home and Health Care
- Adult Protective Services
- In-Home Supportive Services
- Ombudsman Program
- Senior Nutrition
- Legal Services
- Senior Employment
- Transportation Services
- Care Giver Services

DAAS is committed to safeguarding the rights of vulnerable adults, supporting care-givers, promoting prevention of abuse, and providing information and assistance to help solve any problem clients may have.

DAAS is also the County department responsible for planning, coordinating and funding programs for all functionally impaired adults and for educating the public on elder/dependent adult issues.

The department is required to insure that options are easily accessible to all older individuals, and to have a visible focal point where anyone can go or call for help, information or referral.

FINDINGS

The Department of Aging and Adult Services (DAAS) is preparing for a budget deficit due to the \$14 to \$20 billion deficit of the State of California. This comes at a time when the baby boomers are only four years away from joining the 55-60 year senior population grouping.

DAAS has joined a nationwide movement by implementing a computerized tracking system, known as SAMS (Social Assistance Management System), to track the types of services delivered to clients.

DAAS' goals have been reassessed and some have either been combined with new ones or deleted.

The Department of Aging and Adult Services held public hearings for seniors and young adults with disabilities. The purpose of the hearing was to identify and assess the needs of senior citizens and young adults with disabilities. It also obtained reactions on the present services provided by DAAS and the type of assistance that older persons and younger disabled adults felt were needed.

Transportation services that would enable seniors to gain access to community services and resources such as shopping and health visits through specialized transportation are non-existent, especially in rural areas. When available, family, friends and volunteers are used to provide transportation. Whenever possible, they are used to do shopping, keep medical appointments and pay bills. Outlying areas are losing the use of the Transportation Reimbursement Escort Program (TREP) because of insurance problems and under-utilization. DAAS assists when such support is not available.

The goal of creating a Senior Network, along the lines of the Children's Network, has been abandoned. The position of Network Officer, approved by the Board of Supervisors, has been eliminated, as a cost-cutting endeavor. The individual who held that position, along with support staff, have been transferred to vacant positions within DAAS.

Low-cost housing is a top concern for seniors and adults with disabilities. The housing for seniors in San Bernardino County is limited. There is a long waiting time for affordable senior housing. Most senior housing is too expensive for low-income individuals on a fixed income. Section 8 funds pay all but 30 percent of a seniors rent, but the wait to be added to the program is currently more than two years as there is a limited amount of resources to pay for the program.

There is a great need for more volunteers and paid staff in the Ombudsman Program to visit nursing homes and board and care homes. Ombudsmen are State-certified volunteers who are empowered to investigate and resolve complaints about long-term care facilities in the County.

The Senior Employment Program places eligible seniors age 55 or older, and low-income, in on-the-job training positions. Participants are paid minimum wages while training 20 hours per week with government and private agencies.

The largest change that DAAS has undergone is in the Long-Term Care Integrated Pilot Project. Early in 1997 the State Department of Health notified DAAS that it had been selected as a Long-Term Care Pilot Project. Goals and objectives were developed and included in the 1997-2001 Area Plan that was approved by the Board of Supervisors in May of 1997.

During 1999 changes within the County, and the State Department of Health's failure to secure critical waivers, prohibited further development of a Long-Term Care program. There are no plans to continue this project.

DAAS does not feel that the Long-Term program is achievable. In the future, with the increase of older persons within the State and County, this project may be reconsidered for inclusion in their next area plan.

RECOMMENDATIONS

- 02-54 ESTABLISH AFFORDABLE TRANSPORTATION SERVICE FOR SENIOR CITIZENS.
- 02-55 RE-ESTABLISH THE PROPOSAL TO DEVELOP A FORMAL "AGING AND ADULT NETWORK", PATTERNED AFTER THE CHILDREN'S NETWORK.
- 02-56 ONE MEMBER OF THE BOARD OF SUPERVISORS SERVE ON THE AGING AND ADULT NETWORK BOARD.
- 02-57 PROVIDE ADDITIONAL FUNDING FOR SECTION 8 FOR AFFORDABLE HOUSING FOR SENIORS AND ADULTS WITH DISABILITIES.
- 02-58 PROVIDE FUNDING FOR TRAINING AND CERTIFICATION FOR MORE VOLUNTEERS IN THE OMBUDSMAN PROGRAM.
- 02-59 SUBMIT PUBLIC SERVICE ANNOUNCEMENTS ON THE OMBUDSMAN PROGRAM TO LOCAL NEWSPAPERS AND RADIO AND TELEVISION STATIONS.

02-60 DEVELOP PUBLIC INFORMATION PACKETS TO ALERT SENIORS ABOUT
 JOBS AND JOB TRAINING.

DEPARTMENT OF CHILDREN'S SERVICES

CHILDREN'S ASSESSMENT CENTER

BACKGROUND

In 1992 the Children's Network Policy Council established a task force comprised of Child Protective Services, County Medical Center, Public Health and Behavioral Health departments, District Attorney, Sheriff, Juvenile Court, Family Law Court, County Counsel, Loma Linda University Medical Center, and the Children's Fund. Their mission was to explore methods to reduce trauma to children who had been victimized by abuse of all kinds.

In 1994 the Children's Assessment Center opened as a partnership between Loma Linda University Medical Center and San Bernardino County. In 1994 the Center processed 148 children. Since then the number has increased by 150 per year. In the year 2000, 900 children were seen at the Center.

A cooperative effort by the County, the Children's Fund and private benefactors has resulted in the present Children's Fund Assessment Center facility on Tippecanoe in San Bernardino. Opened in 1999, children who have become abused and neglected, and those desperately in need of attention and compassion are seen at this facility.

The relaxed décor of the rooms is outstanding. The motto and goal of the Center is "To reduce the trauma of the child." Tools used during assessments include: two-way glass panes, audio equipment, intricate video cameras, and magnification equipment.

FINDINGS

The quality of the program and the environment of the Center are highly deserving of special commendation.

The present facility is at maximum capacity. Indications are that a High Desert facility may be necessary to accommodate the need.

RECOMMENDATIONS

- 02-61 DEVELOP A PLAN TO EXPAND THE CHILDREN'S ASSESSMENT CENTER THROUGH THE CHILDREN'S FUND AND PRIVATE BENEFACTORS.
- 02-62 THE COUNTY OF SAN BERNARDINO DEVELOP AND IMPLEMENT A PLAN FOR THE HIGH DESERT AND OTHER AREAS TO HAVE EASY ACCESS TO THE CHILDREN'S ASSESSMENT CENTER SERVICES.

DEPARTMENT OF PUBLIC HEALTH DIVISION OF ENVIRONMENTAL HEALTH SERVICES FOOD PROTECTION PROGRAM

BACKGROUND

The Food Protection Program is a division of the Environmental Health Services Department, which operates under the County Public Health Department. It is the largest and most demanding program under Environmental Health Services. The office performs inspections on public eating establishments, oversees the food operations of markets, food concessions, ice cream trucks, and wholesale food establishments. The program monitors safe food handling practices, cleanliness and compliance with the California Health and Safety Code, which this department uses as the standard.

FINDINGS

There are currently 40 inspectors working in the Food Protection Program, handling approximately 32,260 inspections per year. Of the total staff, one supervisor, seven field inspectors and four clerical staff positions are bilingual. The Food Program's annual budget is presently \$3,377,000.

A Bachelor's degree in Science and 450 hours of training in Environmental Science, or a Bachelor's degree in Environmental Health, are required to be hired as a food inspector. Journeyman inspectors spend about four months in training before being assigned on their own. Inspections are performed twice per year and inspectors are rotated into new districts approximately every two to three years.

Their inspections and records are presently up to date. An accounting verification program is now tracking and computerizing all inspections. In the event the department cannot meet its inspections schedule due to a shortage of inspectors, employees are rotated so that no establishment goes for a year without an inspection.

Inspectors use a standard Environmental Code to rate each facility's inspection. All inspections begin with a score of 100. Violations have point deductions to achieve an overall rating. The final score and all infractions needing correction and modification are physically shown to the manager and each infraction discussed with them.

All restaurants are required to display a placard that informs the public that the last inspection report is available for their review. On the inspection report there is a telephone number for the County Food Protection office, date of last inspection and signature of the inspector. In this way, any person can easily verify an establishment's certification. Mobile lunch wagons with hot food, ice cream trucks and food vendor carts are also inspected once per year and must display a sticker denoting their current status.

No food that has been prepared at home is allowed to be sold at any commercial establishment due to the inability of the County to regulate the preparation and the lack of proper equipment.

Hairnets are not required for food handlers. Long hair must be pulled back. Gloves must be worn if fingernails are painted or if there is a cut or wound on the hands, but it is not an overall requirement. Proper and thorough hand washing is required. There must be hot water at an establishment or it could be closed down. There are no State requirements for food handlers to possess a health certificate or show proof of any blood tests for possible diseases such as hepatitis or tuberculosis.

A Food Handler's permit is required to work in food establishments and the certificates must be available to the inspector who verifies that employees have them and that they are current.

All hot food must be maintained at 140 degrees and cold food maintained at 41 degrees or below.

Members of the Grand Jury accompanied two different inspectors at four separate restaurants. Both inspectors did thorough inspections of all areas at these four establishments, including the restrooms.

RECOMMENDATIONS

- 02-63 OBTAIN THE AUTHORITY TO TEST RESTAURANT WORKERS PERIODICALLY FOR TUBERCULOSIS, HEPATITIS OR ANY OTHER COMMUNICABLE DISEASE.

- 02-64 REQUIRE ALL RESTAURANT AND FOOD HANDLERS TO POSSESS A VALID HEALTH CERTIFICATE.