Senate Memorial 115
Task Force Report Minority Report
SUMMARY
W. Henry Gardner, Ph.D.

Task Force Composition and Functioning Errors

- Numerous DOH staff were included on the Task Force
- No Information was solicited from any source but DOH
- Task Force members were not allowed to verify information from DOH
- Information from outside the task force was solicited by this reviewer and included in this report.
    - Sources included parents, former staff, the employee union, other treatment providers, the juvenile justice community, and police reports.
- Some of the information supplied to the Task Force may not be valid.

The Clinical Program

- Sequoyah is fully licensed and certified for Medicaid, and accredited by The Joint Commission.
- Sequoyah was created by statute as a safety net for the mental health system and juvenile justice for the most violent, mentally ill adolescents in New Mexico.
- Sequoyah marketing does not demonstrate a commitment to this population.
- Sequoyah does not accept a high number of referrals. Some may be rejected because of violence
- Many adolescents are being sent out of state. Some because of violence.

Quality of services

- Many staff positions have been cut.
- Staff qualifications are significantly reduced and are less than offered at private facilities.
- Important services like on-site Pediatrics and Pet Therapy have been discontinued.
- Sequoyah may still be discharging violent adolescents before treatment is completed.
- There are no outcome data to demonstrate effectiveness.

BBI and TIC

- Sequoyah has not completed the development of a program to implement the principles of BBI and TIC.
- There has been no evaluation of to determine whether the model is appropriate for this population or how well the model was implemented.
- The milieu may not be safe based on parents, clients, former staff , and police reports.
- There are fewer restraints but that may be due the selection of less violent clients.

Administrative Issues

- Sequoyah has been losing money since 2012 and has been increasingly dependent on General Fund.
- The claim that there will be a surplus this year was not verified.
- There are a number of budget line item costs provided to the task force that have risen dramatically.

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Although I have reservations about the report that was produced by this task force, I would like to acknowledge the opportunity to work with each of the members and that I hold Dr. Graeber, especially, in high esteem. Further, I agree with the recommendations in the report.

TASK FORCE COMPOSITION AND FUNCTIONING

However, I also believe there were some fundamental errors in the composition and direction of the committee, which limited their ability to make informed conclusions about the program. The committee was tasked with doing an independent evaluation of Sequoyah. Yet representatives from Department of Health were on the committee and in the end made up roughly a third of those named to the committee. In practice, nearly half of those who actually attended were DOH employees. That alone made it difficult to have a candid conversation about the program.
Second, there was no attempt to solicit information about the program from sources outside the department to verify the information supplied and to obtain information not otherwise available. In particular, parents and other community practitioners who expressed an interest in participating were excluded. The issue of soliciting information from other sources was raised multiple times, with no action by the task force. Finally, it became clear that all information presented by the department would be accepted at face value. Some information was simply wrong, such as the census data presented by year.

FY15 CENSUS BY MONTH												
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Census	14	17	19	24	25	26	29	27	26	25	25	30

Other information was good news, but should have been verified. For example, in May, the department presented the task force with budget information that included actual and projected expenditures, but no revenues. Revenue data was requested but not provided. In August we were told that there would be a $475,000 surplus. Wonderful news but puzzling. DOH staff reported that an average census of 27 (75% occupancy) was needed to break even, and yet the census had been as low as 14 in August, 2014. Again revenue was requested, but was not provided.
It was reported that that the employee turnover rate was 3.3%. That would be outstanding employee retention and consistent with high employee morale. Yet half the therapy staff, half of the psychologists, and two psychiatrists left in the previous year. Further, the President of the Union (CWA, local 7076) has said that that the turnover is much higher than 3%, because many taff leave before their probationary period is up and therefore are not counted in turn over.
He also stated the Union has filed a complaint because the department has not supplied data as requested. However in the task force, when asked how DOH arrived at the retention rate, it was announced that, **"It is not within the scope of the task force to question the information presented by DOH".**

Since the committee did not solicit outside information, I did. Collection of information was not comprehensive or even systematic but was objective. I gathered information from:

- parents of two boys who had received services and been discharged,
- numerous staff who had worked at Sequoyah,
- the President of the Union (CWA) in New Mexico,
- the Juvenile Justice Community,
- police reports,
- other treatment providers, and
- Two of the MCOs.
- In September Senator Ortiz Y Pino arranged for several of us to meet with the members of the Juvenile Detention Alternatives Initiative (JDAI) representing a number of stakeholders in the juvenile justice community such as Judges, public Defenders, Juvenile Probation Officers, and Detention Center staff.

THE CLINICAL PROGRAM

To their credit, Sequoyah now has full accreditation from the Joint Commission and has regained full licensure and certification for Medicaid from The Licensing and Certification Bureau at CYFD. This certification indicates improvement over the 2013 temporary licenses and shows Sequoyah meets ***minimum*** requirements of a Residential Treatment Center (RTC). This is good news and should be announced. But when copies of the reports were requested, they were not provided.

However, meeting minimum requirements, in my professional opinion, is not enough.

- Sequoyah was to be the safety net for violent mentally ill adolescents who could not be served elsewhere in the mental health system or the corrections system.
- It was to help reduce the number of children being sent out of state or left to in languish in jail.
- In fact, a provision was placed in the statute to make sure that juveniles at the JJS facilities would continue to have access to Sequoyah.

The core group of adolescents is an often unrewarding population to work with, that other providers reject because they are “unmotivated” or “not appropriate for their program” and are expelled from the programs when they act out.

Any program that assembles all the most violent mentally ill, who have failed in lower level RTCs, suggests that it should have services above the minimum and in fact, above other programs, to meet its mission, justify its existence, and to protect the public. This higher standard of care suggests that Sequoyah should have sufficient numbers of the most qualified staff possible. They should be trained on the mission and procedures for containing aggressive behavior and have ample opportunities to coordinate services. This program should also provide as many services as possible on grounds since the nature of the client makes it unsafe to transport off grounds.

Is Sequoyah fulfilling its mission?

One consideration is whether their commitment to this special population is evident in their marketing of services. The Department has said that their admission criteria has not changed and they provided the policy that has been in place for over 15 years. But are they committed to serving this unique population?

- A presentation to LFC in 2013 fails to make any mention of violence.
- A presentation to the Behavioral Health Committee in 2014 mimics the Medical Necessity language from Medicaid to justify RTC services, rather than the unique mission of Sequoyah.

Another consideration is whether they are accepting the intended population and keeping these clients until they can transition successfully to a lower level of care. The data provided by DOH leaves open the possibility that appropriate referrals are not being admitted. Data presented in May show a very high number of referrals for FY 15 up to that point. Yet 73 % were not admitted despite the fact that Sequoyah never reached full capacity.

REFERRALS TO SEQUOYAH FY10-FY15						
	2010	2011	2012	2013	2014	2015 (thru May)
Total Referrals	137	130	111	126	158	**232**
Not accepted	73	77	60	86	126	169
% not accepted	**43%**	**59%**	**54%**	**68%**	**80%**	**73%**

Data from August show three categories of rejection that also raise questions: “Not invested in treatment”, “No appropriate milieu openings”, and “JPO/Judge decision not to admit”. When you consult with the community about their experience in making referrals to Sequoyah the response is mixed.

- Many are simply glad that Sequoyah is admitting clients at all since there is a high number of adolescents needing residential placement and Sequoyah was virtually shut down for a long time period.
- Some aren’t aware of Sequoyah’s mission and don’t distinguish it from any other RTC’s. Some, including UNM CPC, acknowledge that Sequoyah is now taking some very difficult clients.
- The media reports that Sequoyah has taken at least one high profile case. But some referral sources report that they have had referrals that were rejected because they were too violent.
- Significantly, the Director for CYFD JJS facilities reports that they have stopped making referrals because of previous rejections. At the time of the data report, Sequoyah had only one client from the facilities in the custody of JJS.

DISCHARGE AND OUTCOMES						
	FY10	**FY11**	**FY12**	**FY13**	**FY14**	**FY15(thru may)**
Total Discharges	74	73	74	63	43	52
Completed Treatment	68	63	52	44	30	38
% completed Treatment	**92%**	**86%**	**70%**	**69%**	**69%**	**73%**
AWOL	0	1	2	3	2	4
AMA	2	3	7	1	0	0
Arrested	1	1	5	6	7	3
Transfer to another facility	2	4	6	8	3	6
Transferred out of State	1	1	2	1	1	1

Another data point is the status of client discharges. The percentage of clients completing treatment has decreased from 92% in FY10 to 73% in FY15. That is because more clients who should be receiving services at Sequoyah are going AWOL, being arrested for the symptoms that were the reasons for admission, or transferring to another program which is sometimes out of state. One of those discharged in FY 15 to an out-of-state facility, according to the medical record, was to a higher level of care for brain injury clients. However the accepting agency does not market brain injury services and is also licensed as an RTC and not a specialize service. This leaves open the interpretation that he was discharged because of his violence.

The number of children being sent out of state would be another consideration. I have been unable to get the number of clients being sent out of state and I suggest the committee try to obtain that. I can say that it is clear from talking to many stakeholders that a large number of adolescents are still being sent out of state and at least some are males who are violent.

Is Sequoyah providing quality services? Sequoyah's certification and accreditation suggest that it produces documentation to demonstrate compliance with minimum standards. The reports should reflect the good services provided. But those reports were not made available.

To demonstrate that children are benefitting from treatment, Sequoyah should track outcomes. As shown in the Discharge and Outcomes chart above, many clients are not completing treatment at Sequoyah.

Another important indicator is whether clients are successful after discharge from Sequoyah. Although DOH staff report that clients are tracked at regular intervals after discharge, there are no data. Parents of two clients say that the follow up didn't happen until it became an issue in the task force. So we don't know whether Sequoyah's services are helping clients.

The Addendum (see attached) shows that the quality of services has been compromised compared to years past.

- The full task force recommended that Sequoyah find a child psychiatrist to consult. It is a concern that the task force ignored the fact that there is ***no onsite board certified psychiatrist*** and that they are counting as coverage a contractor who is not even in the same state.
- The loss of the Pediatrics contract with UNM means that clients are either receiving physicals from a physician trained in geriatric psychiatry or being transported to an outside provider.
- The loss of pet therapy is a mystery given the professed commitment to trauma informed care.

Implementation of BBI and Trauma Informed Care.

In 2012 the department announced that they were they were adopting to trauma informed care (TIC) based on the Building Bridges Initiative (BBI) as model for the program. Both are sets of principles. Sequoyah developed "The Sequoyah Model of Care" to put the principles practice. This document continues to undergo revisions.

- Staff were trained in the principles of BBI and TIC. It is not clear they understood how to apply them to violent adolescents.
- The "Sequoyah Model of Care" seems to emphasize meeting client needs over providing structure.
- The Task Force did not evaluate whether the model was appropriate for the population that Sequoyah is required by statute to serve.
- The Task Force did not evaluate how well Sequoyah had implemented the principles. For example, each of the six principles of BBI could have been reviewed. National BBI trainers offered to complete a program evaluation of Sequoyah in June of this year. That program evaluation was not pursued.
- Safety is a central tenet of TIC and BBI. Yet the parents of two boys served at Sequoyah report that their sons did not feel safe. Numerous staff have reported that they don't feel safe, including the daughter of the union president. Police reports and the extent of property damage suggest chaos at times.
- There is no staff or client satisfaction data to document comfort with the model or sense of safety.
- Sequoyah has many fewer restraints than in years past, but the number spiked as the census approached capacity and then dropped dramatically when one client was sent out of state.

ADMINISTRATIVE

Administrative issues have to begin with the budget. Figures presented to the Behavioral Health Committee in September of 2014 demonstrate why this is a concern. After 20 years in which the revenues usually met or exceeded expenditures, Sequoyah began having deficits which reached almost a million dollars in FY14. At that time, they projected another deficit for FY15.

Sequoyah's Budget FY12-FY15 as Presented at September 2014 Behavioral Health Subcommittee-Expenditures			
	Sequoyah Total Revenue	Sequoyah Expenditures	Difference
FY12	$7,636,852	$7,201,984	$434,868
FY13	$7,222,508	$7,492,081	**($269,573)**
FY14	$6,239,654	$7,219,678	**($980,024)**
FY15 Projection	$6,796,200	$7,236,397	**($440,197)**

Further, the percent of the budget supported by General Fund has risen to 65% in FY14. That the general fund would need to support the program is justified by the presumption that this is unique program offering services and accepting clients that other providers can't on a Medicaid budget.

In addition, there was to be a sizeable group from CYFD facilities with no third party payer. Originally 25% of the population was in the custody of CYFD and 40% of the budget was general fund.

Sequoyah's Budget FY12-FY15 as Presented at September 2014 Behavioral Health Subcommittee-Revenues			
Year	**Total Budget**	**General Fund**	**% Of Total budget**
FY12	$7,754,057	$4,115,715	**53%**
FY13	$7,758,700	$4,286,111	**55%**
FY14	$7,317,979	$4,759,700	**65%**
FY15 Projected	$7,600,700	$4,762,200	**62%**

DOH is now reporting that they will have $470,000 surplus for FY15. The budget information that was presented to the task force in May included expenditures by year since 2010. For FY15, both actuals through April, and projections for the rest of the year were presented. It was announced that Sequoyah would need to average of 27 (paying) clients to meet their budget. No General Fund revenue or projected Medicaid payments were provided, although it was requested.

In August, the surplus was announced. While the surplus is certainly possible, it is hard to understand given the census figures for the <u>whole</u> year. Further, simple arithmetic suggests that Sequoyah would have to average three more clients per day (30) to have a surplus that large. The fact that revenues were not produced is a red flag in itself because this is public information and easily retrievable. This failure to press for revenue information demonstrates that the task force

lacks even a healthy amount of objectivity. It is my recommendation that this committee confirm the budget information.
The Task Force conclusion is that none of the expenses were excessive. I believe there are several items that require further discussion especially when you consider the expenditures historically.

While overall Salaries and Benefits have decreased, the huge increase in contracts has more than made up for those savings. The most significant issue was that the staff child psychiatrist and the 10 hour contract child psychiatrist were replaced by contractors with much lower qualifications and much higher costs. The overall category for Salaries and Benefits is actually less than it was five years ago because numerous positions were cut (see Addendum).

Sequoyah Budget Expenditures 2010-2015			
	2010	2015	%Change
Salaries and Benefits	$6,559,154.69	$6,238,625.49	-5%
Contracts	$423,893.39	$1,107,765.07	**+366%**
Other Costs	$602,878.38	$703,903.11	-17%

If you examine the budget by line item, there are a number of items that raise concerns. The cost of Medical Services is still quite high despite the fact that the UNM contract for on-site Pediatrics was cancelled and not replaced. The high cost of professional services is due to

Sequoyah Budget Line Item Expenditures 2010-2015				
		2010	2015	%Change
Salaries and Benefits				
	Term	$2,928.96	$71,093.57	**2327%**
	Temporary	$250,160.10	$96,723.85	-61%
	Overtime	$226,630.01	$654,261.31	**188%**
Contracts				
	Medical	$86,789.92	$597,619.91	**589%**
	Professional	$30,028.63	$104,928.80	**249%**
Other				
	ISD GSD Services	$8,600.00	$28,440.31	**230%**
	GSD HRMS Fee	$24,030.00	$41,700.00	**74%**
	GSD Telecommunications	$46,500.00	$101,645.85	**118%**
	Misc Expenses	$2,329.84	$164,749.97	**6971%**

contracts for nursing services that were never needed before FY13. The cost of overtime has always been a concern, but the excessive amount this year suggests that Sequoyah may be understaffed and risk employee burnout which threatens the safety of the milieu. The drop in Temp costs is consistent with that conclusion and suggests that they don't have enough as-needed staff to fill shifts without overtime.

There was no explanation, that I recall, as to why there is such a large increase in term staff. Line items in the Other Costs demonstrates that IT and GSD are placing an economic strain on the agencies they serve, specifically Sequoyah. The cost of services provided through GSD and IT should be examined at a higher level. The cost of telecommunications has been an issue for many years. Several years ago, Sequoyah actually contracted for and received better service from a private provider than from GSD.

Perhaps Sequoyah should be given the option to look at other means of obtaining telephone services. One issue that was discussed briefly, was the higher cost of The Medical Record software and maintenance. Perhaps DOH should consider looking at other medical record software companies.

ADDENDUM
Services Comparison at Sequoyah 2011-2015

Staff	2011	2015
Psychiatry	Senior child psychiatrist in the state Full time. A second part time Child Psychiatrist. Total 50 hours/week on grounds	Half time staff physician is trained in a geriatric psychiatry but currently has no board certification. The contract psychiatrist is providing services while living in another state.
Nursing Director	3 in 20 years	5 in 2 yrs.
Nurses	8.5 Positions- No contracted staff	4 nurses. Dependent on contracted staff nurses to fil shifts
Pediatrics	UNM contract Nationally recognized Pediatrics Professor and one of only two Pediatricians certified to conduct sexual abuse exams	None on site
Psychologists	4 experienced clinical psychologists (plus the director)	None for a while. Two hired in the past year. One has now left and the other is now half time.
Therapists	Eight MA counselors and Clinical Social Workers- about 75% independently licensed	Six therapists- none independently licensed.
Milieu Director	MA licensed therapist with 10 years' experience with this population as Tech and Supervisor as well as therapist	GED. Previous supervisor 1 year.
Lodge managers	4- Experiences staff all left and not replaced	None- Now only supervisors
Training	Psychologist/Director on Mission and Restraint standards. Psychologists and Social workers did clinical training for milieu.	Training Director with HS diploma primarily responsible for treatment philosophy and seclusion and restraint.
Transition social worker	Created to assist transition. Completed 1 month follow up and 6 month survey	Eliminated and eventually re-instated but also now also admission coordinator
Clinical Direction	Clinical Staff (see above)	?
Recreational Therapist	Certified Rec Therapist with 15 yrs	No certified Rec therapist
Art Therapy	Licensed MA Art Therapist.	Licensed Art Therapist
Investigations	Team of 5-7 mostly with the advanced degrees. Some with clinical backgrounds	One. HS with No clinical training
Psychological Technicians	67 Many recruited from UNM programs. Required mental health experience	59. Now allow corrections experience to substitute for mental health experience.
Staff: Client Ratio	3:1	5:1
Pet Therapy.	Periodic contract with pet therapy services. Policies and procedures that allowed staff to bring own pets cleared by a designated coordinator.	None