

# **El Dorado County Mental Health Commission 2010 Board of Supervisors Report**

The El Dorado County Mental Health Commission was actively involved in many activities over the year including; the development and increased effectiveness of the Commission itself, oversight and monitoring of the local mental health system, advocacy for persons with serious mental illness, and advising the Board of Supervisors and Director of Health Services, Mental Health Division.

## **I. List of major activities of the Commission for 2010:**

- Review of Adult Services –

1. Client load reductions and reassessments: Following the 2008 Staff reduction and formation of the Crisis Residential Facility, it was a concern by members of the Commission as well as from reports received from the public, that clients were being “graduated” or released from services without adequate follow up. Questions by the Commission were developed and answered by the Division that helped to clarify and ease many of the concerns. Publicly funded mental health services must be restricted only to eligible individuals. Change in the level of service, especially for clients that have received services for years, must be done carefully to avoid crises that may arise when services are reduced.

2. The 5150 processes and admission to the Psychiatric Health Facility (PHF) –The involuntary detention and hospitalization process is a challenging one which can be controversial given the different perspectives involved – family members with loved ones who have serious mental illness; law enforcement authorized to detain individuals for psychiatric evaluation, and the MHD crisis staff who work with the attending psychiatrist to identify those to rise to the level of involuntary psychiatric hospitalization. MHD Staff indicated that PES staff members are provided with training and guiding principles including instructions to err on the side of caution relative to requesting information and to contact a supervisor if questions or uncertainties arise.

The real problem seems to arise from the subjective nature and the “gray areas” of the law itself that are left to interpretation between agencies and the public. This sometimes creates frustration on the part of the officers initiating the hold, as well as confusion for families that find themselves in a crisis situation with a family member in extreme distress who may be detained by law enforcement, but who does not qualify for a LPS hold.

While a clearer set of standards on “danger to self and others” and “gravely disabled” would help to clarify what are acceptable criteria, this is difficult as each case must be looked at individually and assessed on a broad set of parameters. If the individual does not meet the criteria, a written disposition plan should be provided to the individual with contact information for alternate available resources, including addresses and phone numbers as well as contact information for follow up inquiries.

Some individuals needing crisis psychiatric crisis help cannot be held at the Psychiatric Health Facility due to additional physical conditions; i.e. wheelchair or oxygen needs. Coordination with Marshal Hospital to ensure adequate holding areas for those individuals in psychiatric crisis that are safe and secure is needed.

### 3. Crisis Intervention Training (CIT) and the Multidisciplinary Team (MDT)

Crisis Intervention Training (CIT) is considered a standard and best practice across the nation insofar as law enforcement training is concerned. In fact, the hope is that CIT becomes mandated in states throughout the nation. One of the many benefits of CIT is that officers exposed to the training are given tools to become better communicators, listeners and better able to assess and refer consumers to various county mental health agencies.

Crisis Intervention Training provides Law Enforcement with a basic overview of mental illness, personality disorders, mood disorders, post traumatic Stress disorder, organic brain damage and the diverse effects related to substance abuse. The training is geared towards helping officers develop skills that will de-escalate situations.

The El Dorado County Sheriff’s Department's Deputies attended CIT Training in 2008 and again in 2010 and have started to utilize their resources when dealing with the mentally ill or developmentally disabled at a much higher rate. CIT has proven to be a skill set for the Sheriff’s Deputies to ensure a higher level of safety for the public and the deputies as well. Placerville Police Officers will be trained in August 2011, but has been participating on the

### Multi-Disciplinary Team.

The Sheriff's Department should be commended for the innovated approach, continued commitment on behalf of mentally ill people and their families, and outreach to other El Dorado County Departments by providing training for this highly successful CIT Program. A special thank you to the Sheriff Department's Training Officer, Sgt. Todd Hammitt who saw the need, found the solution and has taken the lead to develop these programs.

The Multi-Disciplinary Team (MDT) is a voluntary coalition of El Dorado County Criminal Justice agencies and allied service providers which includes representatives of agencies including: County Mental Health Department, County Probation, Adult Protective Services, the District Attorney, Public Defender, Placerville Police Dept., State Parole, Alta Regional, Animal Control. The team meets monthly for the purpose of assisting those with chronic mental health, substance abuse, or dual diagnosis issues, who are at high risk of being chronically arrested or hospitalized for activities related to their disabilities. It is committed to assisting these persons on a case by case basis, for their benefit, that of the community and law enforcement as well.

The Psychiatric Health Facility, Program Manager, Barry Wasserman and members of his staff partner regularly with the Sheriffs Dept. in response to crisis calls, 5150 cases and has assisted Deputies in the field. The approach of utilizing MDT members to identify people in need, before symptoms escalate and become a crisis is first, the right thing to do, can save lives, and can save people from being committed long-term in the Psychiatric Hospital or worse, in jail. Secondly, this approach can save valuable staff time, law enforcement's time and save our county money. It is critical that these programs continue.

4. Public Guardian – A member of the Public Guardian's office, Jan Walker-Conroy, attended a Commission meeting to present information on the role of the Public Guardian and the types of conservatorships that may be utilized for the safety and protection of those with mental illness.

- (TBS) Therapeutic Behavioral Services and Children's Services - A Public Meeting was held as well as Commission participation in the EPSDT data gathering committee – Two members of the Commission attended meetings over the course of several months

- Quality Improvement Committee – Three members of the Commission attended the quarterly Quality Improvement Committee and participated in the EQRO focus groups. This was very valuable in the evaluation of progress made by the MHD on the recommendations by both the State and the EQRO reviews. The Division worked hard to make the process and the format of the meetings more focused and understandable to those attending the meetings. Commission members attended meeting of three QI Committees: Cultural Competency, Adult Med-Plus PIP and EPSDT PIP. Reports on these programs follow under program review.

- Housing – Supportive Housing Project and Public Meetings – MHSA funds were assigned and committed to support participation in a Mercy Housing Corporation supported housing project of 40 units in Shingle Springs with 5 designated beds for mental health clients was presented to the BOS where it was approved. When completed, this will be new permanent supported housing for the mentally ill, which continues to be severely limited in El Dorado County. Permanent supported housing project options are being explored for the South Lake Tahoe region as well.

- Review of MHSA Plan and Public Hearing- The Planning and Budget Committee reviewed the Mental Health Services Act Plan Update prior to the Public Hearing for the Plan. The Commission found that more involvement earlier in the planning process is necessary for the Commission to fully understand the workings of the Plan and requested that the Commission be notified as the update planning meeting are scheduled. Also, two recommendations were given by the Commission on the plan; replace the Sac Port Life Skills modules with other educational life skills material with programs from Boston University for South Lake Tahoe, and develop enrichment programs for those clients living out of county in board and care housing.

- Monthly meetings between the Director and Deputy Director and the Chair of the Commission were helpful and greatly appreciated, providing support and information to the Commission on current issues within the Division.

- Formation of Membership, Consumer Leadership, and Budget/Contract Committees for the Commission- These three Committees were formed during the year allowing for more focused work in those areas, easing time constraints during regular meetings and creating more efficiency.
- Data Gathering Training through CIMH and Report to CMHPC – The Commission attended training in May on data gathering and evaluation of the data. Members then met over three more dates to evaluate data on the penetration rates for racial/ethnic groups, gender, and age. The Commission then put their findings in a report and it was sent to California Mental Health Planning Council. While this training was an exercise, and the data used was '06-'07, the process was a valuable exercise and the discussions were meaningful in understanding the difficulties in meeting the needs of a very diverse community.
- Board Training through CIMH, including a review of Statute requirements, Brown Act, and Bylaws for both Councils of the Commission greatly increased members understanding of the roles, duties, and requirements of the Commission. The Mental Health Division provided funding and support for this important training with staff participation in the training as well.
- Utilization of Video Teleconferencing Capability allowing for frequent joint meetings with South Lake Tahoe with improved communication between Councils has enabled the Commission to feel and work as a single Commission in a closer relationship.
- Budget – The Mental Health Division for the year 2009/2010 remained within a balanced budget. This was accomplished by hard work and multiple staff taking on multiple roles, maximizing utilization of MHSA funds, early retirements, and careful monitoring on every level. There is no doubt that the community that relies on these services has been impacted and will continue to be impacted, especially if further cuts must be made. Severe Mental Illness is a chronic debilitating illness that affects approximately 6.5% of the population and does not change with budget concerns.

## **II. Membership and Attendance**

- West Slope Council – A determined effort was undertaken to fill vacancies with representation based upon criteria mandated in the W. & I Code and the Bylaws. The requirements that we have approximately half of our

- Both Councils received training from California Institute of Mental Health (CIMH) in Data Gathering and Board Training. The Health Department was very supportive in the Commission's need for training in both these areas with 85% of members involved in the trainings.
- South Lake Tahoe Council has struggled with membership over the last year with the loss of 3 members due to illness and employment. They are currently recruiting new members. Currently they have three active members, including one family member, one mental health professional, and one consumer, and one active associate member.

### **III. Commission Goals for 2011**

- Set a month-by-month calendar of tasks and activities to improve focus and efficiency, including scheduling rotating reviews of programs and facilities.
  - Attend CMHPC regional meetings and trainings.
  - Continue to develop and utilize committees to expand effectiveness and efficiency.
    - Conduct an annual day long planning meeting to discuss issues, concerns, best practices, goals, and membership training needs.
  - Improve the review process of major Division plans by initiating Commission involvement in the planning process earlier.
    - Promote and encourage efforts by the MHD to include greater numbers of consumers and family members in planning, program decisions, and as employees.
    - Increase Outreach to Latino Community through Commission member involvement in community meetings.

- Hold twice a year Public Hearings on subjects of interest for the Community to provide education and awareness, and receive input from the community. Subjects may include Housing, Laura's Law, the Innovation Plan, or other topics that may arise.

#### **IV. Evaluation of Programs**

- Behavioral Health Court/West Slope

The court consists of two separate caseloads. One is in South Lake Tahoe and one is on the West Slope. South Lake Tahoe has been successful for several years and the West Slope is modeled after the Tahoe court. A separate report from South Lake Tahoe on their Behavioral Health Court follows this report.

The court consists of a team: a probation officer, mental health clinician, drug and alcohol clinician, Public Defender, and District Attorney.

The court averages about 8 clients on the west slope and about 10 clients at Lake Tahoe. The criminal court judge must refer a person, they then must agree to the terms of the Behavioral Health Court by pleading guilty to the charge and agreeing to participate in a case plan.

The participants each have an individual case plan depending on their issues. Some attend several classes, therapy, or other appointments during the week. Those with Bipolar Disorder may be required to attend a support group, Bipolar Insights, to help them manage their illness

Upon interviewing the clients, a difficult part of the process is diagnosis and finding the correct medications and dosage. Medication is not the only dynamic in a person's recovery, monitoring and changing behavior is paramount and with the support of staff, most clients are happy with the court and pleased with their progress

Co-occurring disorders, mental illness and alcohol or drugs is very common. When the Mental Health Department and Public Health Department combined, we were fortunate to add the expertise of an alcohol and drug expert. Treating both the substance abuse and mental illness, along with a change of lifestyle has helped to make the court participants move on to recovery and a productive life.

Since incorporating a substance abuse counselor there is a collaborative partnership with Progress House to work the clients to integrate them into substance abuse treatment and transitional clean and sober living as appropriate. There are also clients attending 12 step meetings in the community as indicated.

Clients in Behavioral Health Court get highly individualized case management that can include one on one support from the case manager to include home visits.

With the court in place, the county has an excellent opportunity to move forward with a pilot program for Assisted Outpatient Treatment. There is a small segment of the community that could benefit from this program. A referral from the job, probation, a doctor, or family could be made to a panel; the BHC team and a person could be evaluated for the court and mandated treatment. There are adults that are in denial that community members can detect a mental health issue and they could use the structure of the court and the consequences to move forward with medication and a successful productive life in the work field versus an incident in the jail or hospital.

El Dorado County can be proud of the excellent staff involved and the personal commitment of each department to staff the court even during budget cut backs.

- Integration of Primary Care Service with Mental Health Services.

In this era of diminished County capacity to meet the general medical and behavioral healthcare needs of under and uninsured El Dorado residents, the County Health Services Department (HSD) is partnering with the El Dorado Community Health Center (EDCHC), a Federally Qualified Health Center that operates independently from the County. The goal of this partnership is to provide better access to integrated primary and behavioral healthcare services to people with chronic and severe mental illness. Research has shown that such people die, on average, 25 years sooner than those without such mental illnesses. This is due, in large part, to the reality that severely mentally ill people far too often do not receive the primary care services necessary to treat their medical conditions and, hence, prolong their lives.

Additionally, research has shown that underlying mental health and substance abuse problems account for up to 70 percent of all primary care visits. Depression, in particular, is predicted to be the second leading cause of



disability in the United States by 2020. Depression can occur as a primary problem, as a co-morbid condition with other behavioral disorders or as a co-morbid condition with other medical problems (such as diabetes or arthritis). Although evidence-based treatments exist for depression, many individuals in need of services are never identified, and fewer than half of those identified as needing treatment actually receive it. Better coordination of care between the HSD and the EDCHC as well as other county clinics, will increase identification of patients with medical and behavioral needs and promote improved access to needed care. One area of continued concern is the treatment of those persons with dual diagnosis (substance abuse and mental illness) in that these illnesses need to be addressed together, not as separate issues. A coherent and effective program that truly integrates treatment for both is not yet fully in place.

The need for health care services, both physical and mental health, is especially acute in the more remote regions of our county. Lack of transportation, distances, and availability of medical services, language barriers, and stigma all contribute to disparities in services. Clients in El Dorado Hills are separated from utilizing services in Placerville because of the distance and inadequate transportation. South Lake Tahoe clients have to rely on Barton Clinic for services, and due to the shortage in psychiatrists, may a lengthy wait for an evaluation.

- Adult Services

The Meds Plus Clinic serves established clients 18 years or more with a low level of involvement and engagement in services. The program's goals include improved attendance at scheduled services, improved client insight, increased attendance in groups, decreased emergency refills, reduced crisis calls for clients, and improved overall physical and mental health to be shown by improved or stable scores on measurement tools. This pilot/study program serves 83 clients. It is recommended that this program be monitored and evaluated to establish the benefit of its worthwhile goals.

Turning Point FSP Program – Beginning in Nov. 2010, the MHD contracted with Turning Point, a non-profit agency with a highly regarded history of successful programs for the mentally ill. The first contract was for an

“assessment of need” for approximately 40 clients. Many of these clients are in Board and Care housing outside the county in Sacramento and Galt. They were chosen to participate because they have a desire to “come home” to El Dorado County and have had chronic mental health issues that have made it difficult for them to integrate back into their own community. It is hoped that these assessments will provide greater understanding of their specific needs and give them a chance for a fresh start. A second contract with Turning Point will begin March 2011 and will use MHSA PEI funds for engagement and early intervention for previously unserved clients.

These kinds of services benefit those clients that often become a substantial burden on the system of care and should in the long term lessen the high costs of jails, IMD, hospitals, and other forms of institutionalization.

- Children’s Services / EPSDT PIP

The MHD met with the County Dept. of Education, as well as conferring with other counties, the fall of 2010, in response to the State eliminating funding for the AB 3632 program from the State budget. Because of continuity of care concerns, the MHD continued to serve those children receiving mental health services as a part of their Individualized Education Program. The MHD has continued to work with the County Dept. of Education to allow for continuation of services and work toward a contract with the Dept. of Education for such services so that children in need of mental health services can be served. The MHD is commended for their consistent persistent maintenance of these very important services during this confusing and uncertain time.

The EPSDT PIP committee worked on gathering data during much of 2010 to ascertain how well programs were reaching the various age groups utilizing children’s services. The measurement tool used is the CalLOCUS (California Levels of Care Utilization System) and the question for the study was, “Does the use of measurement tools improve the quality of services?” 102 of the children receiving the highest most costly level of service (more than \$20,000 per year) were selected for the study. Measurement tools have the ability to give a great deal of valuable and important information about programs, but they also demand resources to score, analyze and interpret results. MHSA funding for technology that will enable this data to be gathered and evaluated electronically will be invaluable.

- South Lake Tahoe Juvenile Treatment Center

R. S. Sally Williams, LCSW, EDC MHD invited Lynn, PhD, member of the South Lake Tahoe Council of the El Dorado County Mental Health Commission, to a brief tour of the Juvenile Treatment Center located at South Lake Tahoe, on February 16, 2011. After this tour, he met with the treatment team. The team conducts case reviews, etc., each Wednesday afternoon, and his visit with them was timed to end before the case reviews. A follow-up interview was conducted with the JTC Superintendent, Chief DPO Steve Heggen, on March 23.

Sally Williams, LCSW, of the EDC MHD, is generally at the weekly case review meetings, for about two hours. Among those attending these meetings and participating in the treatment team is Ann Landry, a field DPO (Deputy Probation Officer). She described how several WIC legislative changes have contributed to giving the Juvenile Courts more options in disposing the cases of minors brought before the court. David Zander and Cindi Swalm are members of the treatment team; their activities are described in later paragraphs. Also at these meetings are the swing shift supervisor SDPO Todd Hall, and one of the EDC Office of Education teachers - from either the Detention (B) side or the Challenge (A) side.

As a result of a complex set of legislative changes over the past decade or so, throughout the state relatively fewer youth are sent to California Youth Authority facilities, and relatively more are sent to County facilities, including County jails and juvenile halls, and to state "adult institutions." (California Youth Authority is the historical name (since 1941) for what is now officially named Division of Juvenile Justice, under the California Division of Corrections and Rehabilitation, but the term CYA is still commonly used.) Several former CYA facilities have been closed as a result of smaller populations.

The Juvenile Courts of Placer, Amador, and Calaveras counties assign youth to the SLT JTC by the Juvenile Court of El Dorado County. During the booking process, each minor is screened using a brief "Intake Health Screening" checklist, which has three items concerning suicidal ideation. If called for, there is a brief "Suicide Screening Questionnaire" checklist which has items intended to screen for depression, suicidal ideation, and past suicidal behavior. In general, the youths coming into the EDC Probation Department system are not given psychological examinations. Occasionally, Juvenile Court judges will order

psychological examinations by private psychologists from other counties. There are licensed psychologists in El Dorado County, but apparently EDC MHD employs none. Annually, MHD provides suicide prevention training to JTC staff.

The JTC has two sides; the Challenge side (A) and the Detention side (B). An average population on the Challenge side would be 10 or 11, while for the Detention side it would be 13 to 14. Minors in the Challenge program are wards of the Juvenile Court who are ordered to participate in a six-month treatment program. There are no more than two wards per room. Typically there is one per room. Having a roommate is in general considered an earned privilege. MH may recommend a roommate if there is a history of suicidal ideation.

Treatment programs on the B-side include Substance Turnaround Education Program (STEP) conducted in four groups by a Drug & Alcohol Counselor from Tahoe Youth and Family Services, on a half-time basis. The Counselor is Cindi Swalm, who has Counselor certification from a private certifying association. To date, the State of California does not license Drug & Alcohol Counselors. Tahoe Youth & Family Services programs, other than at the JTC, generally are funded mostly by government grants, including a modest Short-Doyle grant via EDC MH. The TYFS services at the JTC are funded through the Probation Department. Also on the B side is the 12-week Family Reunification Program, provided by JTC staff.

David Zander, LCSW, of the EDC MHD, serves between 16 and 20 hours weekly at the JTC. He conducts Aggression Replacement Training (ART) three times weekly on the Challenge side, and weekly on the Detention side. ART involves social skills training, anger management, and moral reasoning. Mr. Zander also sees minors in individual sessions, generally upon self-referral, or if JTC staff have noticed evidence of personal turmoil. The JTC also has recourse to the "24-hour Crisis Line" telephone service, which can call in a Mental Health Division worker.

The JTC Superintendent expresses satisfaction with the services of MHD staff services to the minors referred to them, and MHD staff expresses satisfaction with the Juvenile Treatment Center program. Altogether, there is every indication of a successful relationship between the two county departments.

- Psychiatric Services – Dr. Tran continues to provide psychiatric support services on an extra-help basis. A psychiatry shortage still exists as exemplified by the continued need for Dr. Tran’s services after his retirement last year. . The Division has recently acquired additional psychiatry staffing through a contract for telepsychiatry with the California Medical Group (CMG) and Amador County and continues to recruit additional psychiatry staff based on continued need.

This shortage is occurring statewide, and may well be amplified by the reduction in other services due to budget problems, placing a greater reliance on medications, rather than other forms of therapeutic services for those with mental illness.

- Consumer Satisfaction – Prestine Skinner, the Patient Right’s Advocate, conducted consumer focus groups in the West Slope Wellness Center, and a similar practice has been taking place in SLT under the leadership of Keith Taylor. The results of the survey indicated positive feedback regarding the Wellness Center activities and programs provided by the Center. Programs that the clients found most positive were the Medication Education Group, Art/Crafts including knitting and crochet group, Yoga, and the Garden Group.

The State Consumer Satisfaction Survey that in the past was give twice a year was redesigned to make it shorter, more client friendly, and easier to administer. The results of this Survey are not available because the State is behind due to budget cuts.

- Housing – Transitional Housing, supported housing usually for 18 to 24 months, provided in our county has dropped over the last year. A little over a year ago we had 5 houses, and currently we have 3 houses providing 15 beds. Two houses are for male clients only. The third is co-ed. The two houses for men receiving light support for grocery shopping, weekly meetings to set chore schedules and resolved conflicts. These houses are really permanent housing, with some clients having lived there for 5 years. The co-ed house has a much higher level of support and is a true Transition House. Staff works with clients on life skills, shopping, money management, and medication management. All of the houses at last review are clean and well run with positive client satisfaction.

Housing in South Lake Tahoe continues to be difficult due to the transitory nature of the population and the lack of availability of low cost rentals. They do not have private or county supported transitional houses. Homelessness is a critical issue for those with psychiatric disabilities, especially during the winter months.

The MHD has approximately 35 clients housed outside of the county in Board and Care situations. 16 are in IMD's (Locked facilities called Institutes of Mental Disease). This number has increased over the year due to the increased level of adults needed intensive services. Weekly intake for adults has doubled from previous years. Providing quality case management services and oversight for these clients in Board and Care is difficult given the limited resources in staff and time. El Dorado County has no Board and Care (24 hour supervised care) homes for its community members who need that level of care. For those who need this level of support, they are relegated to living away from their community and their natural support systems of family and friends.

- Cultural Competency – Ensuring cultural competency within service delivery systems in our County has been challenging. While we only have one threshold language, Spanish, the Latino community continues to experience health disparities. The MHD has been providing targeted services under the MHSA for this population since 2006. Two contracts serving the Latino community (one under the SLT Family Resource Center and one under Family Connections El Dorado) started under the MHSA Community Services and Supports program and have continued seamlessly now under the MHSA PEI program where a new program serving the Native American community is also funded. Ideally cultural competence should be imbedded into the service system with access provided through staff having both the language and cultural understanding, which would improve the level of trust for this community.

- Mental Health First Aid – This program was initiated in Nov. 2010 by the MHD and is a 12-hour training course designed to give members of the public key skills to help someone who is developing a mental problem or experiencing a mental health crisis. This important program fills a growing need to educate the public on mental health issues.

The goal is to help support an individual until appropriate professional help arrives. The MHD is in the process of getting additional staff and volunteers trained to deliver the program to the community, reaching out to Chamber of Commerce, professional associations, hospitals, nursing homes, Service Clubs, parent organization, social clubs and other groups in the community.

## **V. Concerns and Recommendations for 2011**

- The overarching concern for the coming year is the worsening budget situation, especially the uncertainty. The MHD has been proactive in putting through as many plans as possible that can be supported by MHSA funds. However, within a few years, MHSA dollars are expected to decline. Invited and encouraged by the MHD, members of the Commission participated in workshops on Community Capacity Building to expand access for services through natural existing support systems within the community. The MHSA Innovation Plan, which is to be implemented in 2011, is the result of these workshops.

- Law Enforcement and the Criminal Justice system are intertwined with the Mental Health System. With reduced access to mental health treatment, more individuals will end up in the criminal justice system, emergency rooms, and increasing homelessness. This is no longer an agency-by-agency problem. Mental Health treatment, access to medications, lack of appropriate low cost housing/shelter affects the community as a whole and needs to be addressed as a whole. Policies that encourage multiple agency cooperation and collaboration are still in the early stages. The Multidisciplinary Team operating through the County Sheriff's department, along with emphasis on Crisis Intervention Training are examples of this interagency cooperation that will save lives as well as dollars.

- Statewide, 130,000 fewer people were provided mental health services in 2009. This number will likely be much greater for 2010 and 2011. The impact this will have on our communities is sobering.

- With the growing reliance on MHSA dollars to fund County Mental Health programs, the intentions for the Act should be reviewed and dedicated to the following principles; 1) Involvement of clients in every

- Concentrated outreach efforts to promote the recognition of mental health disorders and timely initiation of treatments in primary care settings are necessary, given that these settings are increasingly the portals of entry into the service delivery system for most people with mental health needs. Primary care clinicians need to be aware of the range of treatment options for mental health disorders. If they are not trained to provide psychological interventions or counseling, then they need to be aware of where patients can be referred for these services. Moreover, they need follow-up mechanisms to ensure that their patients do access these referred services. Programs for providers, like Mental Health First Aid, and the NAMI Provider education would fill some of the gap.

- Too many people with mental health problems are reluctant to seek treatment because of fear of discrimination and stigma, and others don't get the appropriate treatment because of bias. In the community at large, problems with discrimination mean that the mentally ill struggle to obtain and keep employment and housing. The Mental Health Division, as the County specialist in mental health, is well positioned to be able to provide education, awareness and training programs to assist the community and its health care providers to recognize mental health needs and deliver or refer people to the appropriate services or agencies. The MHSA Innovation Plan due to begin implementation this summer will hopefully begin this process.



# 2010 Mental Health Commission Report of the Behavioral Health Court SLT

By: Denise Burke, Diana Hankins and Joan Wilson

To the  
El Dorado County Board of Supervisors

## **Brief summary of the Behavioral Health Court SLT review from the Judge, DA, Public Defenders and Probation agencies:**

1. All felt the Behavioral Health Court is beneficial in keeping clients safe, as well as the public safe.
2. They all feel it could save costs to the county by keeping clients out of jail and hospital and feel there is proof that happens.
3. The meeting each month helps this process and needs to be kept. It keeps clients on formal probation focused and helps the court to track them.
4. They are grateful for those who have been successful and all of those who have helped the client to reach this success.

## **Recommendations by the agencies of the Judge, DA, PD and Probation:**

These suggestions came from all of the above more than once.

1. Written Treatment Case Plans are essential for all departments to have.
2. Documentation at pre-court meeting if client is being compliant or not.
3. Speedy access to Mental Health Services. (It takes too long)
4. A therapeutic care of wrap around type of service in appropriate cases.
5. Medication conflicts resolved between Psychiatrists serving the jail population and those in the community.
6. Earlier intervention for the clients before they fail their directives from the Court.
7. Review of the Adult Drug Courts procedures that are successful.
8. Advocate to get SS, CMSP and other services started or re- applied for.
9. Notice of medication changes, because it affects client's abilities.
10. Timely responses from MH on cases that the court or other departments need.
11. More dual diagnoses services.
12. Safe housing
13. Meetings with all agencies involved to keep up with services that are available or discontinued. There seems to be changes all the time on what and what can not be done.
14. Individual counseling for those in most need and those who can not be successful in groups.

**The DA office feels that there are eligible persons that are not being recognized or being steered into the BHC.**

Much more communication between agencies to resolve all that is needed to insure the court functions smoothly to assist the clients in the court to make a smooth transition.

## South Lake Tahoe Behavioral Health Court-2010

Reviewed by: Denise Burke, Diana Hankins and Joan Wilson

The S.L. Tahoe Behavioral Health (BH) Court was the first court of its kind in El Dorado Co. It was funded by the initial funds from the Mental Health Services Act. Procedures were set up by Judge Kingsbury. Funds should not be diverted from the BH court because those funds were allocated specifically for the purpose of this court. A portion of the funds was used towards a case manager in order to assure that court orders are being followed, and to allow accountability and counseling of the client.

There have been some changes because of the economy. At one time, the BH Court met twice a month, but now sessions are only once a month. There used to be a full-time position counselor who managed the clients, and assisted them with SS, CMSP, food stamps, etc. and who would communicate with each client regularly and helped them with problems that came up. With this comprehensive monitoring, there were many successes. When funding was cut back, that individual was let go, and ultimately took another job out of state. Now there is only a part-time position counselor who must perform two jobs - half time with Public Health and half time with Mental Health. **This reduction in service is of great concern when trying to help the clients succeed**

During that same period of cutbacks, a grant for a housing program called the TOP Program was lost. S.L. Tahoe has no housing, transitional house or board and cares.

Before court convenes, there is a meeting with the Public Defender's office, District Attorney's office, Probation, Mental Health Dept. and the Judge. Individual cases are discussed and reviewed, and recommendations are made to help the clients succeed. If a client is failing to follow the court's orders, whether it be attending meetings, taking their medications, etc., they are warned if they continue to ignore the courts rulings, they may be returned to jail. They are given this warning so they understand the court is serious about the instructions given to them.

The BH Court is a voluntary court. The client must agree to be part of the BH Court program, and sign an agreement that they are guilty. The court sends the client to out-patient services, mental health and other treatment programs with instructions as to what is required of them. Sometimes, if a client is successful, charges are lowered. The court rewards those who succeed. There is a time of graduation where the client is no longer on probation nor has to appear in court. They are released and hopefully can continue to live better lives.

At the present time there is 8 to 10 clients in the court.

There is recidivism that occurs with those with serious mental illness. These clients need closer monitoring because of their lack of insight, and for their safety and to help them understand their illness. For some there is not a safe place in South Lake Tahoe. There are no board and care facilities and no transitional housing. Clients may be tempted to go off their medications, may sell their medications, or take any kind of drug that is given to them. Many are taken advantage of by others food and money can be stolen and they are subject to abuse and being physically hurt.

While in jail the mentally ill have structure and safety. They seem to do well there. When they are released, depending on the illness, they need a time of transition, structure and time to learn how to deal with their biological illness. There needs to be a way to make sure medications work, because while in jail the medications have usually been changed. When they get out they may be changed again, and, sometimes again if they end back in jail. This does not lead to stability.

We feel the suggestions are not anything that should cause funding problems. These suggestions should provide more structure, more awareness, of what is needed by each department involved. And in-turn would make the court more efficient and successful for the clients and the judicial system.

On the other hand, funding of course would be needed for housing or transitional housing. It doesn't seem fair that Placerville has these type of facilities and Tahoe has none. We feel this needs to change in the future. More help is needed in Tahoe instead of everything shifting down to Placerville. Locals have the right to remain in their own communities.

We are hoping you will read this report on the Behavioral Health Court, along with the suggestions and recommendations made by the departments involved. If these ideas can be implemented, in the long run it will save the county money.

**We wish to compliment those who work well with the mentally ill and show such compassion and concern.**