

County of El Dorado

Minutes

Behavioral Health Commission

Dr. Stephen Clavere, Chair WS Arturo Salazar, Vice-Chair WS Dr. Richard Lynn, Vice-Chair SLT John Hidahl, Board of Supervisors Representative Kathryn Hamilton, Secretary Henry Sandigo, Commissioner Norma Santiago, Commissioner Debra Thornburgh, Commissioner Karis Holman, Commissioner Vacant (7), Commissioner

 Wednesday, September 25, 2019
 5:00 PM
 Meeting Locations (in person and connected via tele/video-conferencing):

 • Health and Human Service Agency, 3057 Briw Road, Sierra Room, Placerville, CA

 • Mental Health Office, 1900 Lake Tahoe Blvd., Suite 103, South Lake Tahoe, CA

5:05 PM CALLED TO ORDER AND ROLL CALL; INTRODUCTIONS

Guests: Leslie Rich, Barry Harwell, Chris Stedeford, Sylvia Coleman, Loyd Inglis, Valerie Akana, Lynn Hall, Gina Reed, Hannah Ware, Monique Migdol, Jeanne Nelson, Karen Houser, Anna Lee

County Staff: Don Semon, Katy Eckert, Ren Strong, Paula Frantz, Heather Longo

- Present: 7 Stephen Clavere, Arturo Salazar, Henry Sandigo, Norma Santiago, Debra Thornburgh, Richard Lynn and John Hidahl
- Absent: 2 Kathryn Hamilton and Karis Holman

ADOPTION OF THE AGENDA

A motion was made by Vice-Chair Lynn, seconded by Commissioner Santiago to adopt the agenda as written.

PUBLIC COMMENT

Bob Cardoza with "Our Healing Forest" provided handouts about his nonprofit treehouse village project in Camino that will serve foster kids and other kids with trauma.

Leslie Rich shared information about her family member.

Loyd Inglis said he has 30-40 years experience as a licensed psychologist, working with severe mental disorders and homeless. He would like to develop a program for people who are homeless rather than just providing them with food, clothing, and shelter.

DISCUSSION / ACTION ITEMS

1. 19-1414 Approval of the July 24, 2019 Behavioral Health Commission Minutes

Chair Clavere would like the July Minutes to identify Commissioner Santiago as the chair of the Ad Hoc committee for the Behavioral Health Court.

A motion was made by Commissioner Santiago, seconded by Supervisor Hidahl, to approve the Minutes with the changes noted by Chair Clavere.

- Yes: 7 Stephen Clavere, Arturo Salazar, Henry Sandigo, Norma Santiago, Debra Thornburgh, Richard Lynn and John Hidahl
- Absent: 2 Kathryn Hamilton and Karis Holman
- 2. 19-1415 Discussion Regarding Completion of the 2019 Data Notebook and Appoint Ad Hoc Committee

Chair Clavere provided a brief background and purpose regarding the Data Notebook and requested that an Ad Hoc Committee be formed to complete the 2019 Data Notebook. The Ad Hoc Committee is Commissioner Clavere (Chair of the Ad Hoc Committee) and Henry Sandigo.

3. 19-1416 Report from the Ad Hoc Committee on the El Dorado County Behavioral Health Court (30 minutes)

Commissioner Santiago reported the Ad Hoc Committee's findings on the El Dorado County Behavioral Health Court (BHC). Handouts relative to the Ad Hoc Committee's presentation are attached to the Minutes.

Commissioner Comments: Chair Clavere asked the Ad Hoc Committee to return to the October Commission meeting with focus on Behavioral Health Commission recommendations to move the Behavioral Health Court process along.

Supervisor Hidahl suggested inviting Judge Kingsbury to a future meeting.

Public Comments: Jeanne Nelson said her family went through BHC in San Mateo County they want to bring those practices to El Dorado County.

Barry Harwell asked if there has there been any talk in eliminating BHC and focusing on programs based on these new laws?

4. 19-1417

Report on New Jail Mental Health Policies and Procedures (10 minutes)

Chair Clavere reported that there are new mental health policies and procedures for the jail. He set up a meeting with the Sheriff for September 30th to discuss the policies and procedures and he will report back to the Commission next month.

Public Comments: Sylvia Coleman if there is anything can be done to help an individual in solitary confinement and to help another public member with her family situation.

Jeanne Nelson said the new policies, there are no references to the brief mental health screening.

5. 19-1419 Chair Clavere Recommends that Behavioral Health Director Establish a Process for Behavioral Health Commission Engagement and Input into the Psychiatric Health Facility Contract Renewal. (20 minutes)

Chair Clavere asked if there is a process whereby the Behavioral Health Commission is involved in the contract process, as a feedback loop to make recommendations.

Supervisor Hidahl reminded the Commission that if they want to see more data, this requirement can be inserted into the negotiated contract.

HHSA Director Don Semon responded that HHSA released a Request for Proposals (RFP) and Telecare is the only entity that responded. He advised the Commission that they can send him additional issues. As long as there is no legal issue with reporting back to the Commission, he will report back.

Public Comment: Jeanne Nelson said she would like to see a service level agreement with discharge planning included in the contract to make sure patients don't get lost.

Lauren Payne shared her experience with the PHF with regards to a family member.

6. 19-1428 Questions / Comments on the Behavioral Health Division Monthly Reports

Commissioner Comments: Chair Clavere asked for clarifications on the Psychiatric Emergency Response Team (PERT) chart. He also asked if anyone without Medi-Cal can be admitted to the Psychiatric Health Facility (PHF).

Program Manager Ren Strong clarified Chair Clavere's questions and indicated that most individuals at the PHF have Medi-Cal.

COMMISSIONER'S COMMENTS

Supervisor Hidahl announced that El Dorado County received two awards from CSAC. One is for the Hubs, and the other is for the HOT team. The Hubs are recognized as a model system.

DETERMINE NEXT BEHAVIORAL HEALTH COMMISSION MEETING DATE

The next Behavioral Health Commission meeting will be October 23, 2019 at 5:00 PM.

ADJOURNMENT

6:46 PM

September 24, 2019

From: Behavioral Health Court (BHC) Ad Hoc Committee

RE: BEHAVIORAL HEALTH COURT STATUS REPORT

BHC Ad Hoc Committee in response to the task assigned to it at the July Behavioral Health Commission meeting submit the following report regarding the current state of Behavioral Health Court. Findings and subsequent action resultant from a report on the BHC generated in September 2016 are the primary basis of this report.

Currently, Behavioral Health Court, is NOT functioning in any way consistent with its mission statement. The level of dysfunction is significant enough that a decision needs to be made by the County as to whether it should have a Behavioral Health Court. The Ad Hoc Committee feels that a fully functional BHC would be of great benefit to the county as it would save money in that fewer days would be spent in custody and there would be fewer repeat offenders. We also learned of recent legislation, California Senate Bill 215 (SB 215) which established California Penal Code 1001.36. PC 1001.36 lets some people with mental disorders get treatment when they are charged with a crime. It became effective on June 27, 2018.

Key conclusions:

- We need to further define and understand what El Dorado County Mental Health Court System is. Given the new legislation it should comprise of two components:
 - Mental Health Diversion a pre-plea diversion process
 - Behavioral Health Court for more serious cases
- Very clear issues/concerns that need to be addressed in BHC should also be part of the conversation as the Mental Health Diversion program is being developed: These include:
 - A clear, consistent general process.
 - Ongoing communication with client and whomever is his/her family support regarding process.
 - Have one person as a point of contact as person involved in the violation goes through whatever process.
 - Be clear as to the expected outcome once someone goes through either process.
 - A clear commitment of resources to ensure successful programs. In other words, if we are going to do this, let's do it with the goals already set forth by County Mental Health in mind.

- The tools are there, the implementation has not been effective in all areas. Meetings like the MDT (Multidisciplinary Team) are supposed to help identify and set a plan for those slipping through the cracks.
- We can establish and have every proper policy, procedures, and resources, but the implementation is failing some of our citizens and their families living with anosognosia and SMI.
- The findings noted in the September 2016 report still stand today and little has been done to rectify any of the issues.

Most of the information regarding the process below has been provided by our colleague Karis:

Someone with first signs and insight might call intake to a psychologist or county mental health worker depending on insurance. Dr Lynn has made a point that some of the county professionals making these assessments in the ER and jail do not have the proper qualifications.

If the client does not have insight, there might be a mental health breakdown in the community. This is where the police or sheriff might have contact and take the client to the ER for evaluation, or they might end up in jail.

Once there is a history of mental illness and if there is anosognosia where the person living with SMI doesn't have insight, family or friends might seek to get them help. In this case, the mentally ill are not able or willing to do an ICM (intake crisis management). If the person has not deteriorated to the point of danger to self, or others, or gravely disabled, a crisis team or PERT team can be sent out. If they have had 2 hospitalizations, they would qualify for AOT and court ordered medication.

Someone who is repeatedly hospitalized and unable to survive on their own can be LPS conserved, hospitalized and, then, forced to take medication. This is an expensive option to the county, but not as expensive as jail and destroying someone's life. If they get a felony, they will qualify for much lower government assistance and disability benefits. Plus, there is lots of trauma and lack of treatment in jail which will do irreparable harm.

Behavioral Health Court, according to Teri Monterosso, El Dorado County Public Defender, is to compel a person post-conviction to complete 18 months of mental health and substance abuse issues in order to get a lighter sentence or waiving of fines. While the Behavioral Health Court is for felonies and bigger crimes, there is a new statute in the penal code 1001.36 which establishes a Mental Health Diversion program for misdemeanors. This is a pre-plea diversion process and is part of an ongoing conversation between HHSA, the DA's office, the Public Defender, the Chiefs of Police for both Placerville and City of South Lake Tahoe to name a few. It would appear that there may be MHSA dollars to fund this type of program; however, as noted in the second bullet above, current concerns relating to BHC need to be addressed and rectified so as to avoid repeating some of the same mistakes in a mental health diversion program. One concern that was repeatedly told to some of us is that even after someone completes the BHC 12-18-month program, there is little or no waiving of fees or modifying a sentence. While we understand and appreciate the need for accountability and the protection of the public from serious violators of the law, we feel that previous efforts to get on the right path should count as time served. Additionally, we have little confidence in the treatment of the mentally ill in a 'regular' jail setting. Often, families in the community are encourage by law enforcement to push loved ones into the criminal justice system (file charges for assault or destruction of property, evict or NOT enable their loved one) for help. Those that choose this path, very quickly regret their choice.

It is time for El Dorado County to make a decision as to how it would like to see its Mental Health Court system function with a focus on how best to serve the mentally ill in instances where there has been a possible violation that comprises public safety. Thank you for the opportunity to bring this information to you.

Respectfully submitted,

BHC Ad Hoc Committee



• Aligns with other programs e.g. PERT, AOT