

**EL DORADO COUNTY MENTAL HEALTH COMMISSION/WEST SLOPE  
REPORT TO THE BOARD OF SUPERVISORS 2009  
Jan Melnicoe, Chairperson**

2009 brought with it many changes within the Department of Health Services, Mental Health Division, which were mirrored in the Commission meetings over the course of the year. The Commission also experienced changes as we lost some long-term members and gained new ones. We have endeavored to understand and keep up with many challenges the Division staff has faced. This includes the impact of the loss of over 30% of the staff, a site move and consolidation of services, changes in delivery of programs, funding shortfalls, staff movement and reassignments, and the constant threat of additional changes.

At this time the Commission has four vacancies. We are lacking members to represent the Latino community and two people who are receiving or have received mental health services. It is our intent to recruit new members in these categories. Our effectiveness as a Commission relies on truly representing the community we live in.

The Commission's initial intent for 2009 was to focus on Measurable Outcomes for the Mental Health Division programs. A questionnaire requesting information on how and what kind of numerical measurement procedures were used to evaluate programs was submitted to the Director. This questionnaire, while well intentioned by the Commission, caught the Division during a time of drastic reorganization. It became apparent that the methodologies for acquiring this sort of information were not available nor in wide use during this time due to the disruptions within the Division and changes occurring in the service delivery methods, leaving the Division unable to respond to the request. The Commission will revisit this topic in the future, fully expecting that as the Mental Health Division settles into the new, compact and streamlined version of itself, that the use of data gathering tools to measure the appropriateness of programs, goals of treatment, progress toward those goals, and follow up for clients will be established and utilized.

In spite of all the turmoil and changes within the Department of Health Services, Mental Health Division, by the end of 2009 there were many positive outcomes. These are some of the highlights:

- Feb. 2009 saw the opening of the MHSA supported Crisis Residential Treatment facility (CRT). This facility has transitioned many people from the Psychiatric Health Facility (PHF) to greater stabilization before going back into the community. This CRT has been an outstanding success from all aspects. There is no doubt this single addition to services has increased the success rate of clients in treatment goals and reducing re-hospitalization. And because it is a voluntary, unlocked residential facility, MediCal can be billed for services making it financially workable as well.

- 2009 also saw a change in Adult Service provided to people with significant mental health issues. This shift was necessary given the deep budget cut backs with a significant reduction in staff. Staff was also re-assigned to start the CRT. The center of this new model is the Wellness Center located on the ground floor of the Mental Health Dept. Consumers can drop in from 1:00 until 4:00 daily Monday thru Friday, to participate in a variety of groups, skills training, meet with their case manager, or just socialize in an accepting atmosphere with peer support. Clients from the CRT and residents from two of the Transitional houses are brought to the Wellness Center to attend each afternoon for socialization, attend life skills classes, and group therapy as part of their treatment plans. The Wellness Center is a concentrated, highly utilized space and very efficiently run. People routinely voice their appreciation for the presence of the Wellness Center and what it offers them in dealing with their mental health issues.
- The Division took over the two Choices transitional houses to keep from losing them when Choices ended their contract due in part to financial difficulties in managing the houses. Presently, they are being staffed with Mental Health aides and workers from the Wellness Center and 9 out of 10 beds are occupied. Residents contract individually with the landlord to pay rent from their disability income. Residents receive life skills training and assistance with day-to-day activities from the Wellness Center. Services are provided with the resident's needs and goals in mind. Residents are involved in their treatment plans.
- For crisis services, the Crisis line continues to run effectively and receives regular testing. The Psychiatric Health Facility (PHF) effectively provides critical treatment for those who are suffering with an acute mental illness episode. Our community is very fortunate to have this facility in a time where the available psychiatric beds are shrinking statewide, putting increased burdens on emergency rooms and jails.
- The Behavioral Health Court continues to provide a valuable service to some of our most vulnerable clients who find themselves in the Criminal Justice system. The BHC team led by Shirley White has been working hard to meet the needs of clients that meet the criteria for BHC. The team works with the Human Services Department to establish eligibility for assistance (SSI and MediCal) and look for appropriate grants to support these valuable operations. The Patient Right's Advocate, while no longer part of the team, is part of each client's support system when requested by the client.
- The streamlining and combining of Public Health and Mental Health to create the El Dorado County Department of Health Services resulted in a more fiscally sound agency with more balanced revenues. While the restructuring took most of 2009, the Department starts 2010 with a much stronger financial footing and stabilized staffing. This will enable the Division to focus and attend to development and implementation of the best possible programs for the mental health clients of El Dorado County.

- The staff of the Department of Health Services, Mental Health Division must be commended for their enormous effort and dedication to maintaining the integrity of services to consumers in spite of the loss of staff and difficulties inherent in the kind of restructuring that the Division has gone through.

### **Concerns and Recommendations**

The impact of the significant changes and restructuring within the Division also brought forth problems and challenges. It is to be expected that there will be missteps and redirections when undertaking such a dramatic change in such a short time.

- Continuing shortage of psychiatrists due to the retirement of 1.5 FTE psychiatrists this year. Recruitment of an additional psychiatrist is critical to be able to respond to the medical needs of people with psychiatric disabilities. Relying on “extra-help” or contract employees to provide medical services to people with psychiatric issues is not in the best interest of people needing these services. There is a critical need for people to have adequate time with a psychiatrist. Serious medical problems can be missed if people aren’t seen on a regular basis by a psychiatrist when they are taking psychotropic medications. Research shows that people with psychiatric histories have life expectancies that are 25 years less than people without psychiatric histories.
- Lack of permanent housing with supports for people with mental health issues continues to be a major problem. While the CRT and the addition of the supportive transitional houses are positive, they only provide temporary housing. The Division needs to seek out non-profit partners/housing developers to expand permanent housing with supports options available to El Dorado County residents with psychiatric disabilities. There needs to be a range of permanent housing with supports.
- Limitations to access for services due to geography, lack of transportation, cultural differences; shortages in staffing, and lack of knowledge and information among the public is a concern. Improving or even maintaining the service delivery within a rural county such as El Dorado County will take creative solutions given the shortage of financial and staff resources to address them. Full disclosure of annual audits that bring up many of these issues would allow for open discussion and problem solving. This might help lessen the feeling from the public that the Division is not receptive to change and innovation.
- Resources and services for the Latino/Hispanic population are limited within the Division. Currently, the Division contracts with outside agencies for outreach and engagement. These agencies have established ties with the community enabling improved access. For the long term, the Division needs to expand its in-house cultural competency to improve

outreach to this underserved group of people. They need to be included in planning and strategies for improved access.

- Improved ability and opportunity of both staff and consumers to respond anonymously their satisfaction with the services and programs. This could be an ongoing process by providing an avenue for input. There should also be an annual satisfaction survey. The results of both strategies should be shared, discussed, and acted upon. A partnering agency to facilitate this process is needed to avoid extra work for an already over-extended staff. This would also ensure confidentiality. Staff should have a venue for expressing concerns and positive ideas anonymously to avoid fear of retaliation in the workplace.
- Methodology and tools to measure and evaluate programs and outcomes need to be developed, adopted, and utilized to ensure that people are receiving appropriate treatment. This will assure that quality effective programs have priority to receive the funding they need to sustain them, over less effective service. Measurable outcomes and data gathering tools are essential in maintaining effective and responsive programs.
- **The total caseload in August of 2008 was 1,234 children and adults served by the Mental Health Division. In August of 2009 this count was reduced to 821.** The decrease reflects the reduction in caseloads from review and closure of inactive cases, intake of new clients focused on the Medi-Cal population, and the reassessment of clients to ensure they met the medical necessity criteria to qualify to receive Specialty Mental Health Services. This reduction and reassessment in client caseload creates concern for the safety of dismissed clients. Extra care in the use of level of care utilization tools to reevaluate a client's level of need for treatment is necessary given the limited staff and resources available to monitor people, even if they have been stable for a significant period. Mental Illnesses are persistent episodic illnesses and great care needs to be taken when reevaluating dimensions of care and changing treatment levels. When someone is determined to be "stable" and no longer needs County mental health services, he/she should be monitored for an adequate period to time following their reevaluation.
- Greater participation and input by Consumers in the programs provided by the Wellness Center would give opportunities for improving self-esteem and functional skills. People need to be involved in all levels of the Wellness Center from deciding what programs will be offered, to providing services such as; Peer counseling and peer led groups. People need to be paid for their work. Consumer presence on Division committee meetings should be expected practice as part of a true client-centered recovery model.
- Improvement in the ability to provide services for adolescents and young adults having early psychiatric symptoms or having a first psychiatric break. . Current research indicates that early, aggressive, and consistent treatment for serious mental illnesses greatly improves long term outcomes. This can be accomplished through community partnerships and

schools. More effective use of community partnerships might avoid some of the slow progress in implementing urgently needed programs. State and County constraints make it difficult to provide effective and timely services to adolescents and young adults. This should include providing supportive services to youths in Juvenile Hall.

The challenges in providing mental health care are great, but so are the opportunities for developing creative, meaningful, cost effective policies and programs. The care, dedication, expertise, and determination of all those involved in serving the members of our community with mental health needs are tremendous. The resources will continue to be severely limited for the foreseeable future. This situation creates challenges to provide and maintain adequate mental health services to El Dorado County residents. The support from the Board of Supervisors for these essential services is acknowledged and appreciated. With effective and timely treatment, community members with serious mental health needs have hope for lives with purpose and meaning. Without these essential services, the costs of jail time, hospitalizations, and homelessness, will adversely impact our community at large.