

May 16, 2012

2011 Report from the El Dorado County Mental Health Commission to the El Dorado County Board of Supervisors

## **OVERVIEW**

The El Dorado County MHC (Mental Health Commission) has been involved in numerous activities during 2011.

## **STANDING COMMITTEE SYSTEM**

The MHC looked to its By-Laws, Article IX, Committees, as a structure to help determine how to do its work. The By-Laws describe several different standing committees, which were established.

### **Membership Committee**

At the start of 2011, only the Membership Committee was in existence. This committee ensures that State Mandates and local expectations for membership are met. At present, 73% of the commission is comprised of family members and consumers. Family members comprise 53% and consumers comprise 20%. Latino members comprise 13% of the commission.

Committee Chair – Bonnie McLane, West Slope Council

### **Council Executive Committee**

This committee was established with the following officers: West Slope Council – Claudia Ball, Chair; Bonnie McLane, Vice-Chair; Jane de Felice, Secretary. South Lake Tahoe Council – Denise Burke, Chair; R.S. Lynn, Vice-Chair; Secretary, Ernie Klindt. Countywide Chair, Denise Burke of South Lake Tahoe.

### **Budget and Planning Committee**

This committee took the place of the Contracts Committee, an ad hoc committee of 2010. The stated purpose of the Budget and Planning Committee is to focus on the current and next year's plan and budget.

Committee Chair – R.S. Lynn, South Lake Tahoe

### **Children's Committee**

The stated purpose of this committee is as follows: representing the special needs of children and evaluating and making recommendations on the Children's Mental Health Services.

Chair – Bonnie McLane, West Slope

### **Evaluation Committee**

The stated purpose of this committee is as follows: review and evaluate the County's mental health services and facilities and to evaluate and report on special problems.  
Chair – Linn Williamson, West Slope

## **2011 Committee Reports**

### **Budget and Planning Committee Report on the MSHA (Mental Health Services Act) INNOVATION PLAN**

In March , 2011, the commission 's Budget and Planning Committee considered in depth the El Dorado County Mental Health Department's Innovation Plan entitled "Closing the Gap through Community Capacity Building." The Innovation Plan was to use money from a funding stream using money from the California's Mental Health Services Act managed by the California Department of Mental Health. The stated purpose of El Dorado County's Innovation Plan was to promote Interagency collaboration, increased coordination and collaboration among service providers of physical health and behavioral health. Barriers related to the lack of access, equity, and service coordination became the focus of the Innovation Project. The department planned to use Navigators to develop and improve relationships with communities of support, resulting in improvements in community health and well-being.

The full Mental Health Commission approved the substantive comments the Budget and Planning Committee recommended sending to the BOS. The two substantive comments informed the BOS that the Innovation Plan

1. Did not provide full budgetary information for the three year period of the plan, and,
2. Did not evidence discernable involvement by consumers, a fundamental aspect of the Mental Health Services Act.

The Mental Health Commission also conducted an Open House meeting where the public could ask questions of the department and provide comment to them on the Innovation Plan.

### **Evaluation Committee Report I on PEER TO PEER Report I conducted by Bonnie McLane, MHC**

There is a Clinical Coordinator for the West Slope Adult Wellness and Recovery Services Program (outpatient services). There are two programs offered in this setting that support the use of Peer Support Specialists. One is in an in-house peer-counseling training program that is typically offered on an annual basis. It is a 12-week series providing training in areas of core competencies in peer counseling. Consumers are invited to enroll and if they complete the series successfully, they are eligible to become volunteers in the Wellness Center.

The second program is based on the UCLA evidence –based curriculum for Social and Independent Living Skills (SILS). It consists of Independent Living Skills Modules. Group facilitators receive eight (8) hours of training in this structured groups work. Group facilitators can be clinical staff, case managers, volunteers and/or consumer and family members. This is a client support group as well as classes on living skills that can either build on themselves or be taken as an individual module. The course therefore offers flexibility for staff coverage and accessibility to new clients entering the program at various intervals. The classes consist of social living skills, alcohol and drug abuse, and community reintegration.

Workbooks are provided along with CD's with vignettes.

The Wellness Center is designed to serve clients with psychiatric disabilities in a safe and recovery-oriented manner. Screening of clients and volunteers is done to eliminate clients being victimized; it is very easy for clients to give away their SSI money.

Peer support can be applied in many ways. The division is seeing ways to support the local consumer population in learning about self-help principles and in finding their voice related to this area. For example, in addition to being involved in the Wellness Center, peer counselors help others with Friendly Visiting and through outreach programs, such as Promotora Program that currently serves individuals in the Latino Community.

The California Association of Social Rehabilitation Agency (CASRA) offers a certification program for Psychiatric Rehabilitation Peer Support Specialists and this may be a resource or option for training as well.

In relationship to hiring practices, the County is an Equal Opportunity Employer. As part of the MHSA Workforce Education and Training (WET) plan development a survey taken a few years ago showed that there were a percentage of present employees that were either people with a mental disorder or were a family member of a person with mental illness.

### **Evaluation Committee Report II on PEER TO PEER Conducted by Bonnie McLane, MHC**

Visit to the Wellness Center, 670 Placerville Drive, Placerville. There were about 20 clients in the wellness center and a volunteer from NAMI along with staff. The number of Clubhouse “members” can vary each day from 15 to 35. There are 3 paid consumer staff, one is fulltime and salaried. There are 6 regular volunteers (consumers and NAMI) and about 4 newly trained (consumer) volunteers.

Paid and Volunteer Clubhouse staff all go through the Peer Training and Education Program which consists of 12 – 2hour trainings ranging from welcoming concepts, the consumer movement, mental health diagnostic issues, how to run a peer support

group, resource support in the community, managing a crisis, advocacy, stigma, team theories, conflict management, also the confidentiality statement, county standards of conduct and ethics reviewed and signed, etc. Also the Paid Staff – if they have clinical duties will have additional training in providing clinical support services, how to write a note, etc.

Before the move, this room seemed so small and it was difficult to imagine it as a day center with furniture and room for activities, but staff has done an amazing job. It is a warm comfortable room, with a couch, a long table with several chairs, chairs around the room, a desk with two computers that two clients were at. There is an adjacent art room with crafts available. The NAMI (National Alliance for the Mentally Ill) volunteer is in charge of the art class.

The previous Clubhouse on Mallard Drive was quite a bit larger and hard to replace, but the people attending enhance the present situation. There is a familiarity among the clients and the peers have walked in their shoes so they are an intricate part of the client group. It is important to the clients to get up, dress and make their way via public transportation to the Clubhouse, no matter the location. This is a place where they are welcomed, they have peers to speak with, the NAMI volunteers who help with crafts and snacks. They make friends, learn about themselves and grow and contribute to the Clubhouse community by becoming involved – some volunteers use the skills they learn to become employed in the community. For many of the consumers who attend Clubhouse, their need for supportive help from a clinical case manager becomes greatly reduced – so this program actually helps us manage the increasing numbers of people asking for services. As clients learn they discover many of the answers they need for daily living they depend on the department less, which makes room for new requests for services.

There is staff present and the setting is comfortable, warm, and inviting. The clients seemed to have room to roam around and mingle with one another and have snacks. There is an outside area where clients can smoke, so there were others outside.

Board and care clients are brought up once a month from Galt and Sacramento or their checkup and medications. There are no board and care facilities for clients in El Dorado County. When staff transports them to Mental Health in Placerville, they spend a good part of the day at the Wellness Center.

The Center is opened from 1:00p.m to 4:00p.m. 5 days a week

**Children's Committee Report**  
**Interview conducted on 9-15-2011 by**  
**Bonnie McLane, MHC,**  
**Linn Williamson, MHC,**  
**Cathie Watson, CASA**

The interview was with the Children's Services Program Coordinator, Health and Human Services Agency, Mental Health Division. The Coordinator worked for Mental Health at the psychiatric hospital before working in Children's Services.

There are two coordinators who both work with four independent contract providers and oversee services at the department and off site, primarily at the local schools.

One coordinator does intake on Monday for new or reentering clients. Of the assessments given, approximately 95% are accepted. Foster children typically meet qualifications and are accepted.

There is a county placement committee that includes Probation Department, Department of Human Services, and representatives from the school. The system of care will provide all needed services including substance abuse rehabilitation. (New Morning Youth and Family Services will be starting a teen group for these issues in October) Both coordinators continue to do some direct services, 25% to 30% of their time is spent on direct services.

One of the coordinators oversees the Juvenile Hall where there is fulltime-licensed staff.

The Department integrates with community organizations such as Sierra Child and Family and Vision Coalition, New Morning, Summitview and Remi Vista.

Two caseworkers work in the schools, they are presently serving approximately 20 children K-8 and 20 high school youth. Another caseworker also does some work with the high schools.

With the lack of funding of AB3632 the schools have continued to provide services for programs, working with the Department to have a seamless transition with no children having their services altered.

The Department has been successful working with the schools and contract providers; working as a group it is an opportunity to do comprehensive assessments, and also an opportunity for training all involved. Releases of information are signed and agencies have the availability of a database to help in finding appropriate services for each child.

The Department use the CALOCUS Scoring Sheet, which is an in-depth assessment covering Risk of Harm, Impairment, Co-morbidity, Environment Stress and Support, Resiliency and Response to Treatment, Treatment. Acceptance, and Engagement of Child and Caregiver.

The CALOCUS Scoring Sheet consists of numerous questions covered over a period of time that involves the child, family, case managers and professionals involved. It outlines a clear case for the strengths and weakness in the child's life and which services would be best suited for the child at this particular time in their life.

The Department has a Parent Education Program that consists of a toolbox of best practices to educate the parent to be successful with problems that arise with their child. This is a supportive system that educates both child and parent and strengthens and advocates for family unity. The services offered are done in-group with individual counseling done on an as needed basis. Children do well in group therapy, interacting and networking with their peers.

CALOCUS has been a valuable and thorough tool in assessing the needs of the family as a unit and has been instrumental in strengthening the family structure.

With Prevention and Early Intervention funds from MHSA, the Department has been able to have a part-time clinician that is working with the schools.

There is a projection to provide more services, as in Incredible Years to the Divide area. This has been a particularly successful and popular training. With transportation always an issue it is hoped MHSA funds will make it possible for more outreach work to be done.

MHSA Innovation Funds are now being used with Health Navigators working with Community Navigators to best direct clients to needed resources.

With the upcoming integration of Human Services and Health Services it would be an easy transition to require all children taken into protective custody to have a comprehensive mental assessment similar to the medical assessment required in the first 30 days. Many children traumatically removed from their home would be a prime candidates for counseling.

## **GRAND JURY REPORT**

The El Dorado County Grand Jury 2010-2011, portion entitled "Prevention and Intervention for Mental Health Crises", Case Number GJ 010-007 considered "...a number of recent encounters between law enforcement and persons in emotional crisis have resulted in confrontations leading to injury or even death." The Grand Jury investigated to develop recommendations "for interagency collaboration that would reduce risks to officers, subjects and citizens." The Grand Jury Report

especially mentioned the tragic death of Linda Clark in Placerville in March, 2010. The report noted the concern that current joint efforts could become less effective and subject to collapse; additionally the report discussed the many veterans diagnosed with Post Traumatic Stress Disorder as well as those with other mental health disorders. Also important, declining revenues to deal with mental health incidents was brought up.

The Grand Jury Recommendations stressed that an ad hoc committee be appointed to develop a plan for prevention and response to mental health crisis. Out of this was to come the creation of an official structure to implement and manage the plan.

### **El Dorado County Mental Health Commission's Response to the Grand Jury Report**

The MHC did agree with the GJ Report's Findings, although the commission did note that the Placerville Police Department had recently partnered with the Multi-Disciplinary Team. Additionally, Placerville PD committed to obtaining Crisis Intervention Training – CIT; CIT was then completed during 2011.

The MHC disagreed with the first Numbered Recommendation. At the time the MHC prepared a response to the GJ, it was felt the current community effort that was in place was functioning well. The Commission had extensive input from NAMI (National Alliance for the Mentally Ill) members who felt the "official structure" the GJ was recommending would cause friction with the community effort and add an unnecessary layer of government.

The Commission partially agreed with the second Numbered Recommendation. It was believed the strategies listed by the GJ to respond to a mental health crisis were already in place through the EDCSO, CIT, MDT, OES and protocols within the Mental Health Department.

The MHC also commented upon problems encountered by its South Lake Tahoe Council, the need for MDT and additional CIT.

### **Psychiatric Health Facility**

In mid-July, 2011, the mental health community, including the MHC, learned from the Mental Health Department about the possibility of the PHF (Psychiatric Health Facility) closing. This was due to the Placerville Police Department receiving legal counsel advising against responding to requests to assist with care and/or control of patients at the PHF, other than with criminal behavior.

The Mental Health Department gave three options in view of the plan to curtail use of the Placerville P.D.

1. Continue operation of the PHF using additional resources and funding.
2. Close the PHF and buy out-of-county psychiatric hospital beds.
3. Temporarily continue, or discontinue, operation of the PHF while further options were considered.

The El Dorado County Board of Supervisors considered this issue on July 19, 2011. The mental health community, including the MHC, turned out for this meeting to express their sincere and strong beliefs of the importance of continuing the PHF. The BOS shared their strong support and affirmed their intent of continuing the PHF. The MHC was well represented in speaking out at this meeting and in messages to the BOS.

County staff was assigned to perform an extensive audit of the PHF and many deficiencies were noted. The MHC was fortunate to have Kim Kerr inform us of the audit and plans to correct problems.

With new management, the PHF underwent many beneficial changes. Some were made to bring the facility into compliance while others were done to provide a safer and more humanistic environment for clients. Work still continues, with plans for increasing the number of beds, and there is now a strong sense of pride of accomplishment and the desire to made the PHF as enjoyable as possible, with amenities such as art and music activities.

El Dorado County residents can feel pride in this facility and in the wisdom of their county supervisors who refused to give up on the PHF.

## **INTEGRATED HEALTH AND HUMAN SERVICES AGENCY**

On August 30, 2011, the BOS considered the feasibility and approved the creation of an integrated Health and Human Services Agency - HHSA. This agency combined Human Services, the Health Department and Mental Health. Daniel Nielson, Director of Human Services became the Acting Director of the new HHSA on 9-1-2011. This integrated agency was welcomed by the mental health community. The new HHSA was formally approved in November and throughout the remainder of 2011 it proved to be very responsive to mental health needs. The new agency made it clear from the beginning that service to clients was to be foremost. For the MHC the reorganization of the Mental Health portion of the agency meant realizing that committee work, such as for the Children's, Evaluation, and Budget and Planning Committees would need to proceed more slowly in order to give the new administration time to settle in. The new partnership between the MHC and the Mental Health administration is complimentary and trusting.



## **TIMELY COMMUNICATION**

The El Dorado County Mental Health Commission is charged with “inform and advise” for the Board of Supervisors regarding issues concerning mental health programs and services within the county. To accomplish this goal the Commission relies on Mental Health to supply it with timely information regarding possible changes to programs and activities. In the last two instances cited, the proposal to close the PHF and the integration of Health and Human Services this did not happen. In neither of these cases did the Mental Health Department contact this Commission prior to making plans for these changes. These were not small, every day decisions; they were major decisions that would affect the delivery of Mental Health services for years to come. As it turns out, this Commission is very pleased with the decisions that were made in both of these situations; the revitalization of the PHF and the departmental integration are already yielding positive results. However, lack of timely communication on the previous administration’s part kept this body from participating in the process in the manner as it is mandated. While it worked out well this time, it might not next time without adequate advice.

The Mental Health Commission therefore recommends that in the future when major program and service changes are anticipated, that the Mental Health Department will supply this body with relevant information in a timely manner so that we can offer the Department and the Board of Supervisors our advice prior to beginning the decision making process. We are encouraged that the current administration shares this body’s thoughts on this subject and has already indicated its intentions to work with this Commission on this issue.

Report prepared by:

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