

El Dorado County Mental Health Commission 2009 Report to the Board of Supervisors

Review of Group Programs for the mentally ill of South Lake Tahoe - in light of significant changes made to services as a direct result of the California budget crisis.

Interviews were conducted by Lisa Corthell, R.S. Lynn and Denise Burke with Mental Health Clinicians Gayle St. James and Arlene Hayward.

Interviews were conducted by Diana Hankins with 14 SLT MH consumers

This is an overview of the groups available at the SLT Mental Health Offices as of December 2009. Interviews were conducted between September 30, 2009 and October 10, 2009. Two commission members at an off-site location conducted interviews with Mental Health Clinicians. Diana Hankins, NAMI and commission alternate, conducted interviews with the consumers.

There are currently four kinds of groups.

- **Life Skills** – offered M, W, F from 11:00 – 12:00 and 1:00 – 2:00 cofacilitated by Gayle St. James and Arlene Hayward. Participants are referred by the Behavioral Health Court, individual counselors, or are self-referred.

An applied research program conducted at the Brentwood VA Hospital beginning in the early 1980s lead to the development of printed and video materials for conducting client groups. The modules include Recreation for Leisure, Basic Conversation Skills, and Medication Management. Each group works at its own pace, taking approximately four months to complete a module. Participants watch videos, do role-playing, and make entries in a workbook. (Facilitator manuals and workbooks are photocopied to provide the materials at a low cost to the MH Dept.) These are open groups, allowing people to attend or not as they wish. There are, however, incentives for those who maintain attendance and actively participate in the groups. (E. g., after the Recreation for Leisure module, there was a trip to Camp Richardson Resort. Consumers were able to practice what they learned in the Resort setting)

- **Women on Wellness** – offered Thursday 1:00 – 2:30 facilitated by Gayle St. James for female MH clients only

This is a long-running group that is offered once a week. The group is a “support group” allowing for flexibility in topic. There is usually a topic picked and a reading for the group, but the women in attendance have the final say. Typically, the discussion focuses on issues specific to women; health, exercise, and ideas – things they do not feel comfortable sharing in a mixed group. This group utilizes peer cofacilitation by long-term members of the group. Four or five women come consistently with as many as 12 to

15 at one time. The group encourages working together and personal accountability. (E.g., when funding cuts ended the food provided, the women decided to make a voluntary contribution of \$2-\$5 from each member. They had a secretary/treasurer keep track of those who paid and those who owed. One member did not have extra money, and said she would not eat. Another member paid but was not hungry, so offered her portion.)

- **DBT – Dialectical Behavioral Therapy** – offered Thursday 3:00-4:00 facilitated by Gayle St. James. This is a closed group – by invitation only.

This is a group for people with Borderline Personality Disorder. It requires clients be prepared for the work they will be doing in the group. At the time of the interview (9/30/09), the group was only six weeks old, and there were only four people in the group. At this time, Gayle St. James (facilitator) has not attended training on this method – she stated that the cost was prohibitive at \$5000. She studied DBT through her masters program, and has been doing preparation (reading, learning, etc.) on her own time in order to provide facilitation.

- **Club House** – a.k.a. Drop In Group – offered M, W, F 2:00 - 3:00 facilitated by available staff and Keith Taylor, Mental Health Aid. It is an open group – available to all.

This is not a “working” group. Participation is not required, nor are there any specific goals. This group was described as, “only a place to be...” Under-insured and uninsured are welcome. Food, when available, is provided. Clinicians are available. Eventually, this will be the Wellness Center – operating M, W, F, and eventually 5 days a week from 1:00 – 4:00.

In addition to these four groups, there is a Substance Abuse group provided by Public Health on Tuesdays and Thursdays from 3:30 – 5:00.

Additional Input from MH Clinicians

The two clinicians were interviewed separately. Of the two, only one did groups before the MH mandate to “forget individual counseling.” In comparing past and present, the clinician with previous group experience stated that she feels there is a positive response to the new group format. They both discussed the “educational focus” of the Life Skills modules. The Life Skills group requires more participation and “people like it better.” These groups are not appropriate for those who are unwilling or unable to participate, nor do they allow clients to bring up issues outside of the module topic. Should a consumer need individual time, they are asked to make an appointment with their individual worker. After the group has concluded for the day, the facilitators chart attendance and client input. Problems or issues are noted there for individual sessions.

One clinician believes 95-100% of participants are on medications received through Barton Clinic or psychiatrist at MH. She stated that participants in morning groups are higher functioning. No transportation is provided to these consumers. Afternoon Groups

are Day Treatment carry over: low functioning or nonfunctioning participants. Transportation is available for these consumers. She shared her belief that this group offers structure and a safe place to be, but that these SMI (severely mentally ill) consumers will “not get well.” She believes that MH County offices serve mostly low-functioning individuals. These individuals are asked to leave groups when they can’t (or won’t) participate. Those with schizophrenia or other severe chronic mental illnesses are a challenge to this “education model.” Problems as simple as forgetting eyeglasses are a barrier to participation. Lack of motivation was also mentioned as a challenge to working with some of these clients in this format.

Recommendations/Observations

The Mental Health Commission for El Dorado County – South Lake Tahoe, would like to start by thanking the staff members who gave time out of their busy schedules to meet with the commission. We would also like to acknowledge the fact that they are under considerable strain given the changes in staffing, the tightening of budgets and the consolidation of county programs made in an effort to provide high quality services with fewer resources. Despite the challenges, there are dedicated staff members who go “above and beyond” in providing services that are appropriate and compassionate.

The SLT Commission wants to thank the Board of Supervisors for their continued support to the Mental Health Department in providing services to some of the neediest constituents of El Dorado County.

It is the recommendation of the commission that the Mental Health Department in South Lake Tahoe focus on client-centered services that meet the consumer where he/she is and support the individual in their life-long battle with mental illness. The department must recognize that regardless of budget constraints, the collateral damage of cutting programs, individual counseling sessions, outreach, and after-care support comes at a cost that dollars and cents cannot cover.

The Commission is aware of a number of deaths of former Mental Health consumers recently released from services because their condition was deemed stable, and they were connected to the Barton Clinic for their medications. While the Department likely has no liability, it is the opinion of the commission that these were potentially avoidable deaths. We are devastated by the loss, as are other MH consumers who are very aware of the situation and have suffered personally as members of this very small, tightly knit community. The Commission insists that every effort is made to provide supportive services and outreach to “stable” consumers. Mental illness is a life-long condition. The success of the recently released consumer is reliant upon compassionate and consistent care from the mental health community. It is the recommendation of the SLT commission that the MH Department investigates options for aftercare that will increase the success of formerly active MH clients and serve as preventative care for these at-risk individuals.

The SLT Commission has been told that the department is “looking to see what will work” for South Lake Tahoe in regards to the new group format, the decreased availability of individual counselors, and the end of the Club House program that was available daily as a safe and social place for members of the community to connect. We know that what is offered currently is not working for the consumers (please see attachment for consumer feedback). The Commission would encourage the MH Department to move as quickly as possible to provide consistent, appropriate options for group or individual mental health services. It is the recommendation that the Department makes quick and decisive movement towards the creation of the “Wellness Center” that has been discussed. The Commission also recommends that there is additional outreach and information provided to the MH consumers on options available to them. The Commission recommends that the Department investigate other formats and tools for the group process now offered. The input from consumers is overwhelmingly negative, and it is the opinion of the commission that the learning model currently in use is not the most effective option available.

The Commission recognizes that a number of staff positions have been lost due to budget constraints. We recommend that the MH Department look at the fiscal/time management repercussions that have resulted from the decision to pay staff to commute from Placerville to SLT. The Commission suggests retaining, even at a part-time status, individuals who have worked for the department, have a greater understanding of our community, and have existing, well-established, and trusting relationships with the population they serve.

The Commission is concerned that both clinicians interviewed state that there are both fewer crisis calls coming in to the crisis line and fewer people coming in for assessments and services. The worry is that fewer people are utilizing services because of the significant changes in format, staffing, and services.

In closing, the Commission would like to recognize the courage of the Mental Health Consumers for sharing, through interviews, the focus group facilitated by the MH Department, and attendance at our Commission meeting. Their input has been most valuable in the creation of this report.