

EL DORADO COUNTY, CALIFORNIA
EL DORADO COUNTY MENTAL HEALTH COMMISSION REPORT TO EL DORADO
COUNTY BOARD OF SUPERVISORS FOR 2012

SUBJECTS CONSIDERED BY THE MENTAL HEALTH COMMISSION (MHC)

An attempt has been made to present the subject matter considered by the Commission in an order that reflects the amount of time spent.

**PROPOSED MOVE OF MENTAL HEALTH OUTPATIENT SERVICES FROM 670
PLACERVILLE DRIVE, PLACERVILLE**

In June, 2012, the Mental Health Assistant Director explained it would be desirable to move to another location that would save money for the department. She presented the Commission with a comparison of the pros and cons of the Placerville location and an available building at 4140 Mother Lode Drive, Shingle Springs. This comparison gave the Placerville location only two pros, location and a setting near the creek. It gave the Shingle Springs location many pros and only one con, a location approximately 10 minutes from Placerville. The comparison gave the Placerville location a lengthy list of cons as follows:

- Security of many doors
- Not enough group rooms
- Cost of rent
- Entrance unwelcoming and confusing
- Medical records located in separate areas
- Lack of private spaces to meet with clients
- Support staff in four separate areas; difficult for staff to provide support and coverage for each other
- Children share reception space with adults
- Ventilation poor or lacking; inadequate air flow
- Security system unpredictable
- No break room for staff
- Main reception area inadequate and receptionist isolated

The department stressed no decision to move has been made, but that the current lease expires in October, 2012. A motion was made and approved with the Commission agreeing to direct the Mental Health (MH) Department to move forward and research relocating the clinic, sharing their findings with the Commission.

Commissioners made known their concerns about client safety and client transportation. Transportation time would increase for Placerville and Pollock Pines clients along with a lengthy wait at the Missouri Flat Transfer Station.

During the July MHC meeting issues regarding the proposed site at 4140 Mother Lode Drive, Shingle Springs were further discussed and some points were made:

- Closest bus stop about 0.2 miles from site and across the road; no sidewalks or crosswalks between bus stop and site
- Possibility of having El Dorado County Transit changing the bus plan so clients can be picked up/dropped off at site
- Long bus commute for clients including 40 minute wait at Missouri Flat Transfer Station
- Clients having a morning appointment would have to be at the bus stop by 6:50 AM in order to reach site by 8:30 AM. Clients would have to leave site by 2:30 PM to catch bus back to Placerville
- No amenities for clients in this area; Placerville has a social network for clients and things to do
- Please see attachment for traffic analysis of the area and other concerns
- What is perspective of clients to proposed move?
- Amount of money to be saved by move?
- Kitchen appliances would have to be purchased
- Many walls in building in Placerville are non-structural and can be moved
- Commissioners interested in touring site

The Commission spent extensive time studying the traffic situation on Mother Lode Drive and at the intersection of Mother Lode Drive and South Shingle. This study of the traffic situation made it clear **why** the area would prove to be dangerous for the clients on a daily basis. This study of the traffic situation on Mother Lode Drive is attached.

During the August MHC meeting the proposed move was again discussed. The department informed the Commission that the Logan Building, 768 Pleasant Valley Road, Diamond Springs had become available. A small group of Commission members visited all three locations, the current Placerville location and the proposed locations, one in Shingle Springs and one in Diamond Springs. Information on costs and needed upgrades are not yet available. The Commission agreed more information is needed.

Many Shingle Springs residents attended the August meeting to voice their concerns over a possible relocation of Mental Health Outpatient Clinic as follows:

- A preschool is now located in the proposed Shingle Springs site and would have to relocate or close

- A MH clinic, with clients who are prohibited from being around children, being in close proximity to established schools
- Too many county agencies located in Shingle Springs community. Not many local services
- Parking and transportation; added parking along Mother Lode Drive would add to local congestion
- How will a determination to move be made? Will a cost analysis be done, taking into consideration the costs and benefits of each proposed site, taking into consideration the added transportation costs and the costs of necessary tenant improvements
- Board of Supervisors is referring those with concerns to the Mental Health Commission, where this will ultimately be a Board decision
- The proposed move could be approved by the BOS on the consent calendar

After the August MHC meeting, the Commission received a very nice letter from one of the Shingle Springs residents who attended the meeting. This resident was very complimentary toward the Commission and commented on how the meeting was conducted in a very open fashion. The resident re-iterated the concerns of the Commission and the Mother Lode Drive proposed site was not appropriate for the Mental Health Outpatient Clinic.

Additional concerns from non-residents of Shingle Springs as follows:

- Landlords for the Placerville location prepared a response paper and presented it to the Commission. Commissioners were favorably impressed as it appears from the response paper that the landlord has completed facility modifications in the past and is willing to consider additional improvements and work with the Department.
- A concern that clients who will have increased transportation time will suffer negative effects from medications they take. Many psychotropic medications increase the body's sensitivity to the heat or sun, which increases vulnerability to heat exhaustion and heat stroke, especially during hot and humid weather. Medications such as clozapine (Clozaril) and Risperdone (Risperdal) were specifically identified as increasing heat sensitivity, but other psychiatric drugs also have this effect as well. Clients would be more at risk if they had to walk a longer distance from their bus stop to the mental health clinic.
- Representatives from the Community Resource Center (CRC) reported that they make between two and five referrals to Mental Health each week, but would not be able to provide transportation to those they refer if services were moved to Shingle Springs.
- Main issues among Commission members center around transportation issues those who ride the bus would face. The length of travel time, long periods of time standing in heat or cold at the Missouri Flat Transit Station,

safety issues and service limitations were again discussed as a significant barrier.

At the September MHC meeting the Assistant Director for Mental Health updated the Commission that fact-finding continues as the County continues to consider options for the Mental Health Clinic. The present location in Placerville as well as the 768 Pleasant Valley Road, Diamond Springs are under consideration. One commission member, Jim Abram, noted that the proposed move has been brought before the MHC for four consecutive meetings but no comparative cost information has been presented. Commission members inquired if there is a potential timeline for a final decision on the move. Members agreed they want an opportunity to vote on the move and advise the Board of Supervisors of their recommendations. Commission members proposed and approved a motion to have the County Facilities Manager attend the next MHC meeting and report on the status of the negotiations, including specific facts and relevant issues.

At the October MHC meeting the Commission was informed that the County sent a letter of intent to property managers of both the current location of 670 Placerville Drive, Placerville, and the proposed location of 768 Pleasant Valley Road, Diamond Springs. The letter initiated negotiations towards securing a 10 year lease.

The MHC learned at the November meeting that the County and the landlord of 670 Placerville Drive, Placerville recently agreed to a 6 month lease extension. A decision to relocate has been put on hold while the County re-evaluates remaining at the current location. The proposed site at 4140 Mother Lode Drive, Shingle Springs is no longer under consideration.

At the November meeting Commissioners thoroughly discussed issues pertaining to the proposed move to Shingle Springs and agreed on the following:

- The needs of the clients should come before anything else
- Transportation is a significant barrier for clients
- The current Placerville location is more accessible

The MHC was again promised by Daniel Nielsen, Director, Health and Human Services Agency that he will come to the MHC before he makes a final decision on relocating the MH Outpatient Clinic.

SOUTH LAKE TAHOE UPDATES

In the latter part of 2011 the Mental Health Dept. in South Lake Tahoe moved from the "Y" area, where many clients lived, to 1360 Johnson Blvd., approximately five miles away. There, Mental Health shares space with the Health Dept. However, there is not enough room to have the Wellness Center, where classes for the clients

are held and where they socialize. The Wellness Center for the clients was placed at the Senior Center, approximately one mile away. Discussion of the problems that have ensued has been a prominent feature at Commission meetings.

At the February 2012 Commission meeting the following issues were discussed.

- The Seeking Safety class did not meet until the end of February due to not having a place to meet. Transportation is not being provided and the change in location is making it more difficult for clients to attend; clients have to pay more for bus fare due to increased fare for the longer distance.
- Behavioral Health Court clients who cannot afford the bus fare will be penalized.
- Clients and stakeholders feel they were not included in discussions prior to the move. West Slope Council Commission members agreed the South Lake Tahoe Council Commission members were not informed or consulted about the move.
- Clients are not welcome at the Senior Center where the Wellness Center is located.
- Clients and stakeholders feel the move represents additional loss of services at Tahoe.
- Clients cannot come and go in the Wellness Center area during meetings to have a cigarette.

At the March 2012 MHC meeting the cost of bus transportation, \$1.00 each way with MediCal card, was discussed. SLT Council Commission members again emphasized these issues should have been considered before the plan to move.

Additionally, three SLT clients attended the March 2012 Commission meeting with the following concerns:

- The group meeting space is significantly smaller and no longer allows for cooking or washing dishes.
- Neither MH staff nor clients are allowed to use the kitchen at the Senior Center; any dishes are washed in the bathroom sink. Kitchen use requires a staff member certified in food safety to supervise.
- Hours for one of the drivers have been greatly reduced.
- Clients are not welcomed at the Senior Center.
- Clients report that Senior Center staff members are rude and unkind to Mental Health clients.

The April 2012 MHC meeting again brought South Lake Tahoe issues to the light. Public Comment was made about the Tahoe problems.

- Space for Mental Health at the Senior Center is too limited
- No kitchen space for MH

- MH should rent a house where they can teach nutrition
- Question as to whether it would not be cheaper to rent a home to use as a Wellness Center

Mention was made that the Wellness Center has use of a refrigerator and a microwave.

At the October 2012 MHC meeting, SLT Council Commission members reported there is ongoing tension between MH clients and seniors at the Senior Center.

The November 2012 MHC meeting had Tahoe members reporting that the department has inadequate front desk and office assistance staff.

LAW ENFORCEMENT ISSUES AND MEDICATION PROBLEMS IN THE JAILS --- WEST SLOPE AND SOUTH LAKE TAHOE

El Dorado County embraces and has committed to the CRISIS INTERVENTION TRAINING (CIT) and MULTI-DISCIPLINARY TEAM (MDT) PROGRAM.

CIT/MDT Program

During the February 2012 MHC meeting, a South Lake Tahoe Council Commission member reported on problems with new officers in the SLT Police Department.

The March 2012 MHC meeting re-iterated this theme of problems with the many new officers of SLT Police Department; there are many incidents that attest to inflexibility and insensitivity to issues experienced by people with mental illness. Additionally, SLT is saddened by the retirement of a well respected Lieutenant from the EDC Sheriff's Office.

SLT Council Commission members report that CIT Program training is to be developed by local law enforcement. It was also announced that Tahoe will again be reestablishing the MDT program.

The March meeting also informed members that Sheriff's Office Sergeant was reassigned from the CIT/MDT Program to patrol duty; CIT/MDT is to be a collateral assignment. Commission discussion brought forth the conviction the CIT/MDT Program requires a 24/7 coordinator and that the MHC should advocate for best practices. The Commission made and approved a motion that the Commission develop a letter to be sent to the Board of Supervisors recommending CIT/MDT staffing not be decreased from the current level.

The MHC held a Special Meeting on April 12, 2012 for the express purpose of approving the letter to be sent to the Board of Supervisors. A motion to do so was

made and approved. A copy of the MHC's letter to the Board of Supervisors recommending the continuation of the CIT/MDT Program is attached to this report.

Public Comment at this meeting gave examples of the success and importance of the CIT/MDT Program.

The El Dorado County Sheriff's Dept. updated the MHC on CIT/MDT in September and October. The Program now has CIT trained deputies on all shifts and provides core training for all deputies CA Welfare & Institution Code 5150 criteria. Additionally, more deputies are requesting Mental Health and CIT Program training.

Medication Problems in the Jails

At the April MHC meeting members discussed a problem occurring at both County Jails, that of mental health clients being refused their prescription medications that have been prescribed by County Mental Health or other treatment providers. At both County Jails, the County contracts with a vendor to provide medical care for jail inmates.

West Slope

Family members have had to be very vocal, organized and persistent to ensure that psychiatric medications will be dispensed as prescribed.

South Lake Tahoe

The refusing of prescribed medication has also been a problem for the mentally ill who are in jail. Representatives of the District Attorney's office, the police department, judges and the inmates themselves have complained about what appears to be a CFMG practice of removing inmates from all psychotropic medication in order to conduct a new assessment while the inmate is medication-free. Mental Health Advocates feel that this practice is detrimental to the inmates, as they are penalized for disruptive behavior that occurs while they are off medication. Advocates believe that if inmates were maintained on their prescribed medication, the disruptive behavior would be less likely to occur.

On April 30, 2012, five Commission members, from both South Lake Tahoe and the West Slope Councils met with the El Dorado County Sheriff's Department in Placerville. The Patient Rights Advocate for the Mental Health Dept. was also present. The Sheriff's Department referred the Commission members to the vendor, who is responsible for assessing, diagnosing and prescribing medication for jail inmates. Commission members suggested that there should be a system in place so when a long-term Mental Health client is incarcerated, Mental Health staff would monitor and work with the vendor's personnel to ensure continuity of care.

SOCIAL SECURITY BENEFITS FOR CLIENTS THREATENED

The March 2012 MHC meeting saw the mother of a mental health client speak during Public Comment. She spoke of the difficult experiences with Social Security taking steps to terminate the benefits her adult child, who suffers from serious mental illness. If the psychiatrist writes that a client is improving, Social Security is terminating that client's benefits. An additional problem is that clients often ignore or don't understand the letters they receive from Social Security and then lose their opportunity to challenge the loss of benefits. Mental Health staff became heavily involved. Many hours were spent contacting the correct Social Security staff people to work with. The department also wrote letters to Social Security for those clients whose benefits were threatened.

The June 2012 MHC meeting brought an update to members from the mother of the client whose Social Security benefits were threatened. Social Security has received a letter from the client's psychiatrist clarifying the extent of her son's psychiatric disability. However, S.S. has not yet ruled on his appeal to continue benefits. The client's medical benefits have been impacted and the family has received conflicting information about their liability for costs incurred. The family turned to their Congressional representative for assistance; this restricted their ability to have direct contact with SS staff members and the client's eligibility and appeal issues remain unresolved.

Mental Health staff do not directly receive SS notices or decisions. Clients or family members must first recognize a problem and report concerns to Mental Health staff. Clients may not identify the problem until benefits have been completely terminated.

The July 2012 MHC meeting gave information to members from El Dorado County's Adult Protective Services; SSI issues are becoming more time consuming and more difficult for SS workers to resolve. Commission members questioned if there has been any follow-up with other clients for whom letters were written.

At the August 2012 MHC meeting members were informed that the mother who had made Public Comment in March reported that her adult child's appeal was approved and that benefits will resume.

MHC members were informed at the September 2012 meeting that the department has been working with four clients to preserve their benefits, including obtaining letters from their psychiatrists confirming the need for benefits.

ALTERNATIVE CLASSES FOR COURT ORDERED BI-POLAR CLASSES

At the May 2012 MHC meeting a problem was identified in that some mental health clients within the Behavioral Health Court system are mandated to go to classes specifically designed to help them with being Bi-Polar. There are good classes available but only in the evenings. For clients without their own transportation this presents a problem as bus service does not operate during the evening hours.

Commission members discussed having a department class in the daytime, possibly using MHSA funding. The issue was revisited during the June meeting.

Commission members were updated at the September meeting. The department is keeping listing of interested clients and is hoping to initiate a new group when Adult Outpatient Services is fully staffed.

HOUSING

In March 2012, Mental Health Commission members spoke at the Board of Supervisors meeting to support the Sunset Lane Housing project that was planned and implemented by Mercy Housing. Five units will be dedicated for use by mental health clients. The project was approved.

An affordable housing project for South Lake Tahoe with units set aside for mental health clients may be possible through another vendor.

A new Board and Care facility is being developed in Placerville. It is planned to be able to help clients develop independent living skills. The MHC supports the concept of the project.

In June 2012 the Board of Supervisors approved a contract with the owner of this new house on a "as requested" basis. Over the next year, the focus will be on providing a six-month intensive rehabilitation and life-skills training program.

At the September 2012 MHC meeting, Mental Health's Assistant Director, gave a presentation of the County's Continuum of Care for Adult Services, especially in terms of where clients are placed, or reside. Here is the continuum ranging from the most to the least intensive as follows:

State Hospital

Psychiatric Health Facility (PHF)

Mental Health Rehabilitation Center (MHRC)

Skilled Nursing Facility (SNF)

Recovery Oriented Community-Based Services (ROCS)

The department's ROCS will assist clients who have had multiple Hospitalizations and have problems living independently.

Adult Residential Facility (ARF)

Board and Care (B & C)

Transitional Housing (T-House)

Supported Independent Apartments

and

PSYCHIATRIC EMERGENCY SERVICES (PES)

Provides 24 hours a day, 7 days a week emergency support and consultations in the community and to Marshall Hospital

The department is also working to establish emergency housing in Placerville.

HOMELESSNESS

The MHC invited the people responsible for organizing and bringing about the Hangtown Haven (H.H.), a new non-profit corporation located on Broadway in Placerville that serves as a facility for the homeless. Additionally, the MHC also invited the staff responsible for Community Resource Center (CRC) also located on Broadway in Placerville. The CRC serves the homeless in many functions and also screens those applying to stay at Hangtown Haven. Guests from these two non-profits came to the Commission’s August 2012 meeting. The operations of both HH and CRC were explained to the Commission. Another guest at the August meeting, the Placerville Police Chief, spoke and explained the advantages of having H.H. operate. Issues common to homelessness, public health and safety are easier to deal with at a location that has been permitted by the city.

The MHC voiced concerns regarding the mentally ill needing professional help. Our guest speakers were reassuring and stressed that Mental Health would be called. It was also explained the peer group is very protective and offers people support and assistance, and that people who are monitors are very responsible and do not want anything to go wrong on their shift.

During the November 2012 MHC meeting the Assistant Director, Mental Health, gave a presentation on El Dorado County Aid to Homeless Persons. The Mental Health Department does not dispense aid and services; El Dorado County does. MH staff has not been focused on securing the services for clients. For the FY 2011-2012, following is the rounded off amount provided along with a brief description of the aid or service provided:

<u>Amount</u>	<u>Aid or Service Provided</u>
\$ 7,400	Loaned to homeless clients through General Assistance.
48,500	MH Outpatient Services to 35 homeless clients.
169,400	MH Inpatient Services to 15 homeless clients.
117,000	Drug and Alcohol Services to 58 homeless clients.
400	Fees waived for animals belonging to the homeless.
12,200	Community Based Nursing services to 27 homeless clients.
3,700	Communicable Diseases services and vaccine to 24 homeless clients.
20,359,000	Cal Fresh (Food Stamps) Homeless Prevention and Low Income Assistance, 5,500 cases and 11,400 Individuals per month.
6,491,142	CalWORKs Homeless Prevention and Low Income Assistance, 1,200 cases and 2,700 individuals per

	Month.
44,100	General Assistance including 40 burials, Homeless Prevention and Low Income Assistance.
3,235,800	County Medical Services Program (CMSP) Homeless Prevention and Low Income Assistance.
21,734,900	MediCal, Homeless Prevention and Low Income Assist.
180,100	Indigent Medical Care, Homeless Prevention and Low Income Services
<u>Amount</u>	<u>Aid or Service Provided</u>
\$ 329,700	Job training, education, work experience and supportive services for 71 individuals, Homeless Prevention and Low Income Services.
2,820,900	Public Housing Authority Section 8 Voucher Payment for 374 Vouchers, Homeless Prevention and Low Income Services.
2,275,600	Women, Infants and Children (WIC) food packages, Homeless Prevention and Low Income Services.

LANTERMAN-PETRIS-SHORT REFORM TASK FORCE REPORT II issued March 2012

All MHC members were provided with a copy of this report and it was discussed during the Commission's March 2012 meeting.

The Judge for the Presiding Superior Court, El Dorado County, 2012, honored the MHC by coming to our May meeting and discussing the above report; the judge is a participant in the Task Force.

The judge shared personal involvement as a family member of a person with mental illness, and profession experience in developing juvenile and adult drug courts, mental health court and dependency drug courts in El Dorado County.

- The judge stressed creating a continuum of care for individuals who do not meet 5150 criteria but have mental health issues.
- The cost effectiveness of supporting case management and housing programs to reduce the criminalization of mental illness. Incarceration is more expensive than support services and treatment.
- Advocates for changing a broken system by finding a legislator willing to work with the community. Advocates can present information showing change makes sense, saves money and lives.

- For El Dorado County, we need to work to provide jailed individuals with mental health issues with treatment as soon as they are released from jail.
- Work with the captain at the jail with the goal of prevention and to reduce jail recidivism. There is a team approach to maintain clients in the community, services are individualized, and staff works with clients to help where there are stressful problems.

EVALUATION COMMITTEE Report

November 2012 REPORT PSYCHIATRIC HEALTH FACILITY

Review conducted on August 10, 2012. Four staff members were interviewed. Three Commission members and one Evaluation Committee member were present.

Staff has been increased all hours. Staff remains the same on an hourly basis in order to bring stability and familiarity for the clients. There are open positions for P.M. and weekends, but staff is covering 24/7 to keep adequate number of social workers and aides available to clients.

Entry points for clients are the Crises Team, Police, Walk-Ins, CRT re-admissions, IMDs, out of county clients, and El Dorado clients in out of county placement.

A few years ago a six bed unit referred to at Crises Residential Treatment Center was created from the sixteen room facility. With the change at the department there are more admissions and the ten beds remain full and sometimes clients must be sent out of county. The department is in the process of transferring CRT clients to a residential care facility located in the county. This is being done to continue intensive care treatment while transitioning clients to the care facility and opening beds at the hospital and reestablishing a sixteen bed facility. This will meet the needs of the community by keeping clients in county and be cost savings to the department.

Staff works hard and takes pride in their work. There is good client service and interaction with family members has improved. NAMI has provided music instruments for activities.

The department has an Eligibility Worker and has increased benefits by 90% . Safety has increased; decreased workmen's comp injuries and has been a year since police have been called. Staff has been increased at night, but the department struggles with overtime as hiring for off hours is difficult and temporary staff is costly.

Staff is working on more recreation and cultural activities. The top door to the clinicians' center remains open to encourage staff interaction with clients.

Staff continues to work on physical health plans as medication configuration can be a problem with side effects occurring with any change of medication.

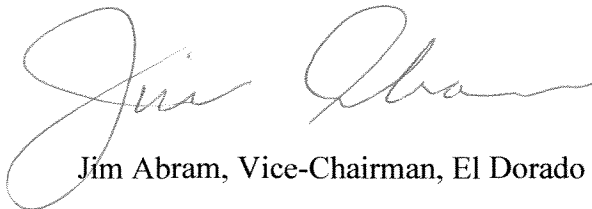
Department is working more with the captain at the jail with the goal of prevention and to reduce jail recidivism. There is a team approach to maintain clients in the community, services are individualized, and staff works with clients to help where there are problems are stress arise. This is a way of having the clients familiar with several staff and is cost effective, Assertive Community Treatment (ACT) with clients to minimize institutionalization.

Upper staff has been at the facility for a long period of time and has a good relationship with clients, staff, and family members. Staff encourages as much collateral information as possible to create a better discharge plan. With HIPPA staff may not disclose information without permission, but is cognizant of having a good working relationship with family members. Staff continues to work in the community to find suitable housing for clients. Staff believes with proper information and working with landlords, clients stable on medication can do well in the community living independently.

Staff members have traveled and worked in other areas, bringing a fresh approach and new ideas. Staff are highly qualified.

2012 Report compiled by El Dorado County Mental Health Commission

Submission of this report to the Board of Supervisors was approved by quorum vote of commission members at the June 26, 2013 Mental Health Commission meeting.



Jim Abram, Vice-Chairman, El Dorado County Mental Health Commission

TO: El Dorado County Board of Supervisors, Sheriff John D'Agostini
FROM: EDC Mental Health Commission
RE: Multi-Disciplinary Team (MDT) and Crisis Intervention Training (CTI) Recommendations
DATE: April 17th, 2012

The El Dorado County Mental Health Commission recommends that the Board of supervisors consider making it a county policy that the community Multi-Disciplinary Team (MDT) and Crisis Intervention Training (CIT) for crisis response be a permanent fixture within the county administrative structure. County entities involved, including the Sheriff's Department, the Health and Human Services Department, the District Attorney, and their counterparts in South Lake Tahoe should be given mandates to work vigorously with community stakeholders from medical, emergency responders and law enforcement agencies to ensure its success.

This policy, if instituted, would rest on important principles and precedents including:

- Recent recommendations by the prestigious LPS (Lanternman Petris Short) Reform Task Force regarding inter-agency cooperation and the mentally ill.
- Recommendations from the El Dorado County Grand Jury regarding emergency response coordination for special needs populations.
- The exemplary work currently being accomplished by El Dorado County's Multi-Disciplinary Team.

One of the major recommendations (#12) in "The Case for Updating California's Mental Health Treatment Law", published by The LPS Reform Task Force II, March 2012, was that "Each county shall develop a comprehensive and coordinated emergency response capability under a legislative framework that requires emergency responder and mental health interagency collaboration and standardized training for response teams." This task force represents dozens of individuals from the medical field, mental health, social work and law enforcement including Judge Suzanne Kingsbury. Its recommendations are supported by more than 60 professional studies. The document noted that there are "several jurisdictions in California", that, like El Dorado County, have already established "successful law enforcement/mental health collaborations to ensure that an appropriate response occurs when people are in crisis because of a mental illness and require emergency services." The task force also stated that, "The best practices of these collaborative working relationships must be replicated and expanded to fire departments, other law enforcement agencies and emergency medical services."

This finding is in keeping with the EDC 2010-11 Grand Jury Final Report which recommended expanded inter-agency cooperation on this matter. This commission has previously praised the work of the Multi-Disciplinary Team in decreasing crisis problems. The El Dorado County Sheriff's Office is commended for the role it took in helping to create the Multi-Disciplinary Team (MDT), and in providing for Crisis Intervention Training (CIT). These exemplary programs are currently serving as role models for other counties.

The Multi-Disciplinary Team (MDT) is a voluntary coalition of El Dorado County Criminal Justice agencies and allied service providers which include representatives of agencies such as the County Mental Health Department, Probation, Adult Protective Services, Public Guardian's office, District Attorney, Public Defender, Placerville Police Dept., State Parole, Alta Regional Center, Animal Control, Community Resource Center and others. 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 repeatedly arrested or hospitalized for activities related to their disabilities. The team is committed to assisting these persons on a case by case basis, for their benefit and that of the community. They are highly motivated and understand the importance of early intervention. They are to be recognized and appreciated for their contributions.

Crisis Intervention Training (CIT) is considered a standard and best practice across the nation insofar as law enforcement training is concerned. In fact, efforts are underway to have CIT programs mandated in states throughout the nation. One of the many benefits of CIT is that officers exposed to the training are given tools which enable them to assess and refer people to various county health agencies and supports, many times de-escalating what might otherwise develop into a critical incident.

Crisis Intervention Training provides law enforcement with a basic overview of mental illness, personality disorders, mood disorders, post traumatic stress disorder, organic brain damage, autism, dementia, Alzheimer's disease and the diverse effects related to substance abuse. The initial CIT training in El Dorado County was organized by the South Lake Tahoe Police Department. El Dorado County Sheriff's Department Deputies attended CIT training in 2008 and again in 2010. Placerville Police Officers and Chief Nielson took this training in 2011. All departments should be commended for their continued commitment on behalf of mentally ill and developmentally delayed individuals and their families. CIT has proven to ensure a higher level of safety for the public and law enforcement. The CIT training is expected to be given every two years; and it should be scheduled for county employees during this coming year (2012).

Examples of incidents involve, but are not limited to, suicidal subjects, confused individuals off of their medications, victims of violent crime, lost children and dementia suffers, family disturbances (many times with firearms found in the residences) and other mental health exigencies. In 2011, 130 cases were worked and 200 field visits were done. So far this year 75 cases have been worked and over 100 field visits done. The team has taken approximately 70 firearms and other dangerous weapons from WIC 5150 Subjects.

Benefits of the CIT and MDT programs are many. To name a few, there is the reduction in problematic calls for service, reduction in the number of high-cost hospitalizations, reduction in incarcerations, reduction in the number of injuries and deaths to citizens and officers, reduction in civil litigations, and renewed public confidence of law enforcement agencies. MDT members can identify people in need before symptoms escalate and direct them to appropriate systems of care. Community collaboration's strength is found in each person's understanding of the mission, belief that positive outcomes will be the result of their work, expertise in their prospective field, and strong leadership.

While there are MOU's in place between entities involved, there are no current policies that will ensure the MDT's continued existence. The history of interagency activities in El Dorado County is strewn with organizations such as the Coordinated Youth Advisory Council and Share-Our-Services that have improved inter-agency cooperation only to fall by the wayside when specific leaders left. Having the BOS make a specific policy statement and plan will ensure the stabilization and continued expansion of the Multi-Disciplinary Team (MDT) and Crisis Intervention Training (CIT). For these programs to continue to succeed we need to:

1. Stabilize this advancement within all departments involved
2. Continue to receive the same level of support from the Sheriff's Department
3. Ensure their future stability through policy and

4. Expand the program to include other outside agencies such as fire departments and the Forest Service as outlined in the Grand Jury Report recommendations.

CC: Placerville Police Department, South Lake Tahoe Police Department, the United States Forest Service, the Emergency Medical Service, the California Highway Patrol