

8/16/2014

Dear BOS,

It is my hope to attend the meeting concerning privatizing the Psychiatric Health Facility (PHF); however, time limitation may prohibit this. About my self: I am a 30 year of resident of this community, I moved to El Dorado County (EDC) in 1984 after serving in the US Air Force because my father lived and work here. I have made several ventures away from EDC over the years; however, have always found my way back here. EDC is where I have raised a family, owned a business, and have worked, in both the private and public sectors: substitute driver and teachers aid for El Dorado County Office of Education (EDCOE), mental health worker and now clinician for El Dorado County HHS: Mental Health Division.

Questions and Concerns

1. Why do so many individuals with learning disabilities, mental illnesses, and personality disorders end up at the jail and not thriving in our community?
2. Why do I feel like we were setup?
3. The PHF looks so dismal now compared to when I started 5 years ago and now there are real safety concerns.
4. How did we get here, where the PHF is understaffed and feels unsafe? This was not the case 5 years ago.
5. Why do clients who are aware of this move to privatization saying that this is not good?
6. Wasn't the PHF reorganized due to suggestions from Telecare back 5 years ago?
7. Why do I feel we are behaving like families who have had enough with caring for the mentally ill and now want someone else to do it?
8. Why are we quitting now? It seems like we have leaders who know how to integrate the various divisions and departments.
9. The money spent now stays for the most part in the county. Whose economy will benefit from our future spending on the mentally ill?
10. At outpatient, I feel like I am serving a machine that assists the mentally ill, at the PHF it was about the needs of the individual.
11. Why is it that when law enforcement has concerns about a person that they have to write 5150's for excessively, they generally are not clients of the PHF.
12. Why is it that they can do the job and make a profit? Are their managers better than ours, or are doing it right and it is costly?
13. Why does management see overtime as a workforce expenditure and not has a sometimes need to care for a client or patient?
14. Why do I feel like we were setup?

The effect

Privatizing the PHF will hamper integration efforts that you, Health and Human Services have been trying to achieve. An example of how a lack of integration costs us financially and in the terms of safety: On occasions an El Dorado County Sheriff deputy

(EDSO) will call crisis, seeking the disposition of a person put on a 5150 hold. These individuals are often seen at the ER and by EDSO on multiple occasions and are demanding more than average resources from both them and us.

It is a rare occasion that the inquiry is about an adult person who has received treatment at the PHF. It is not that the PHF is better at their job than a private hospital, some do go to a private and recover; however, some individuals need more support or more restrictive measures to aid in managing, recovering, or healing from mental illness. Although the present system needs work, there is more integration between inpatient PHF services and Outpatient services (MHOP) than with private hospitals and MHOP.

Privatization may not sever that connection; however, it will numb it, thus interfering with the recovery or managing process for our clients. I believe this perspective is supported by some of my research; while I cannot find fault with Telecare as an organization, other than boasting about the use of peer support staff, apposed to mental health workers. It appears that that they are not aware, that although it is not a requirement, many mental health workers have personal experience with drug and alcohol, mental illness and also have a degree.

There appears to be a bed shortage around privatized mental health services. Apparently Santa Cruz county is seeking an acute psychiatric facility to come into there area, Humboldt county has to send residents to Yuba County a majority of the time, and Placer county is contracted to us, and much more. However, we rarely run at capacity as far as emergency care; many PHF patients are conserved and waiting on placement, voluntary working on an affective discharge plan, or out of county residents.

Through reading many county minutes and our own, I have found that there are many other examples in our state that show that, many counties have not even made the connection between lack of integration and cost of providing mental health services, that you have. I encourage you to keep up the effort; moreover, I believe there are other things you can do to improve integration.

While I see the structure our leaders are putting in place and admire their creativity, the structure does not account for the needs of the individual. The PHF forces management to keep looking back at this individual need, which is costly, especially if you resist the need of the individual; however, I believe the management team now has the ideas and creativity to integrate and build a structure that serves the individual at the same time keeps costs to the minimum. This structure is not a machine, it has to be a living thing: capable of being “in the moment” and adapt to the changing need of the individual instantly and flawlessly to conserve both the relationship with the client and keep costs down.

I believe our present leaders, have the right stuff to achieve this; however, are building it as a machine still, and most move out of the box. I am told the PHF would need a million dollars to staff it safely. I believe this is because the machine model is used. The PHF does not need a million dollars, mental health and public health need it. They need to have the ability to flow into the PHF with their individual services. Example: If PHF, ICM, and PES are housed together, you have linked all your acute care departments. Their very purpose is to see the individuals need and respond to it.

If acute care is then supported by entities that are machine like structures, capable to handle large quantity of self-sufficient individuals such as out patient, public health, and such, efficiency can be achieved;

Motivation

I speak out for many reasons, such as financial: if we have to spend money to provide a service, I believe keeping that expenditure local strengthens our business community. Because I believe, any money paid for services to an outside agency, is money lost to the community. Moreover, because I find it heart breaking to learn that a student I once transported for special services is in JH or jail, or to serve breakfast to an adult at the PHF whom I knew 20 years ago as an inquisitive 11 year old; a person now suffering from depression and meth abuse; whose risky behaviors have now caused his family to abandoning him to us. I do feel that privatization is no different from a parent asking us to take over the care of their loved one, because they have had enough.

Conclusion

No doubt treating acute mental illness is expensive and risky; you your selves are seeing this; why else pay for a survey that explores the issue of inter agency communications. These various county ran services and industries see it, that is the reason WRAP services were developed. The first thing learned in psychology is that abnormal behavior does not have a single cause. My own observations are that it takes multiple stressors and factors on the individual to create the long-term fear, which leads to acute mental illness.

The treating mental illness must be responsive, smooth, and non-threatening to avoid triggering defensive behaviors by our mentally ill, or else all effort, money, and dignity is lost in the process. I believe we are jumping the gun and I am concerned that we cannot do, what others make profit at. Moreover, I am not sure that this has not come to a head, because we took advice from an entity that is now our best choice for privatization.

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