

## **MENTAL HEALTH COMMITTEE**

### ***El Dorado County Department of Mental Health***

Citizen Complaint #01/02-C-018  
Citizen Complaint #01/02-C-032  
Citizen Complaint #01/02-C-041  
Citizen Complaint #01/02-C-042  
Citizen Complaint #01/02-C-043  
Citizen Complaint #01/02-C-048  
Citizen Complaint #01/02-C-049  
Citizen Complaint #01/02-C-050  
Citizen Complaint #01/02-C-051

#### **Reason for the Report**

The Grand Jury investigated the Department of Mental Health (DMH) with particular focus on the South Lake Tahoe Mental Health Clinic (Clinic). A number of complaints were received raising serious issues, such as lack of space and deficiencies in programs. Preliminary investigation revealed that there were, in fact, problems. The County's population is increasing, as is the number of mentally ill people who need county mental health services.

#### **Scope of the Investigation**

Members of the Grand Jury toured these facilities:

- South Lake Tahoe Mental Health Clinic on two occasions;
- Barton Memorial Hospital in South Lake Tahoe;
- Tahoe Manor Residential Care (Tahoe Manor) in South Lake Tahoe;
- El Dorado County Jail at South Lake Tahoe;
- DMH Psychiatric Health Facility (PHF) in Placerville; and
- El Dorado County Juvenile Hall in Placerville on several occasions.

Members of the Grand Jury attended a Jail Diversion Seminar in South Lake Tahoe.

The following documents were reviewed:

- The County's 2001-2002 Proposed Budget and Workplan (2001-2001 Budget/Workplan);
- County contract with Tahoe Manor;
- Letter from California Department of Social Services (CDSS) regarding Tahoe Manor;
- Copy of complaint to CDSS regarding Tahoe Manor;
- Complaint Investigation Report, CDSS, regarding Tahoe Manor;

- Facility Evaluation Reports, CDSS, regarding Tahoe Manor dated April 24, 2001, and April 14, 2000;
- CDSS Denial of Request for Dementia Waiver for Tahoe Manor dated October 16, 2000;
- County Environmental Management Report for Tahoe Manor dated December 13, 2001;
- County Contract with Barton Memorial Hospital;
- Report by Barton Memorial Hospital titled "Response Time of Mental Health Crises Workers;"
- Minutes for Meetings of the Mental Health Commission, South Lake Tahoe for the past 12 months;
- Letter and Report from the Program Manager regarding unmet needs for South Lake Tahoe Mental Health Clinic dated April 17, 2002;
- DMH Program Costs and Services Statistical Analysis comparing workloads and costs in the month of January 2001 to the month of January 2002;
- Document listing grant funding efforts from 1987 to present;
- Correspondence from Superior Court Judge pertaining to mental health issues at South Lake Tahoe;
- Barton Memorial Hospital Report "Indicator Profiles on Mental Health Services in Emergency Room"
- Last DMH performance evaluation for Clinic Program Manager dated October 18, 1991;
- National Association for Mentally Ill (NAMI) documents "Homeless and Incarcerated: Untreated Mentally Ill";
- Time Study by DMH on psychiatric emergency services from October 16, 2000, to November 22, 2000;
- Clinic Program Summaries;
- Organization Chart for the Clinic;
- Letter from concerned parent about the Clinic;
- NAMI report to Board of Supervisors " Proposal for Improving Mental Health System" dated August 22, 2001;
- Job Description for the DMH Deputy Director;
- DMH Report to the Board of Supervisors titled Facility and Space Needs Assessment, dated December 2000;
- Letter from DMH Director on "Space Needs in South Lake Tahoe Mental Health Clinic" dated September 3, 1999;
- Summary of correspondence to acquire additional clinic space in South Lake Tahoe written by the Clinic Program Manager between January 23, 2000, and March 25, 2002;
- NAMI correspondence "Emergency Crisis Hot Line Service Compared to Other California Counties"; and
- Various pieces of correspondence relating to contracts and complaints.

The following persons were interviewed:

- DMH Director;
- DMH Deputy Director;
- Clinic Program Manager;
- Clinic Adult Day Treatment Program staff;
- Clinic Adult and Emergency Services staff;
- Clinic Children's Services staff;
- Clinic Administration staff;
- DMH Patient's Rights Advocate;
- Concerned parents;
- Mentally ill jail inmate;
- Social Worker, Barton Memorial Hospital;
- NAMI, South Lake Tahoe, President and three members; and
- The Complainants.

## **Findings**

### **Structure, Organization and Budget**

- F1: The DMH is organized to deliver services through five program divisions and two administrative divisions. The program divisions are Adult Day Treatment, Adult Services, Children's Services, Mental Health Clinical Services, and the Psychiatric Health Facility (PHF) in Placerville, referred to as the PUFF unit. There are two administrative divisions: 1) Central Administration, and 2) Administration of State Hospital and Institute for Mental Disease (IMD) beds.
- F2: DMH has approximately 99 employees in the County. The department is housed in four separate locations: three in Placerville and one in South Lake Tahoe.
- F3: The position of Deputy Director of DMH was authorized and budgeted in 2000 and filled in January 2001. The Deputy Director has no line authority in the organizational structure of the Department and does not conduct performance evaluations. Program manager's report directly to the Director. The Deputy Director functions as a coordinator. His job description is non-specific. It appears that the Deputy Director's primary responsibilities are to:
- Promote the use of Inter Trac for electronic records;
  - Improve coordination and communication between the administrative staff in Placerville and the management staff in the Clinic;
  - Work on the budget and fiscal policy issues; and
  - Implement improvements in mental health services at Juvenile Hall in Placerville and the anticipated South Lake Tahoe Juvenile Hall.

- F4: The DMH budget for 2001/2002 is approximately \$9.75 million, which includes \$345,581.00 from the County's General Fund. This General Fund contribution is at the same level of support the Department has received from the County's General Fund (Department 15) during the previous two fiscal years.
- F5: The General Fund contribution of \$345,581.00 to the Department provides a \$30,000.00 match required by the State of California (State) for mental health services and \$315,581.00, primarily for approximately 10 children who require high levels of mental health services in foster care and psychiatric facilities where costs range from \$3,000.00 to \$12,000.00 per month per child.
- F6: The \$315,581.00 contribution is referred to as an "overmatch" in the 2001/2002 Budget/Workplan (P. 237) because the County is not required by the State to provide this additional financial support for the County's mental health programs.
- F7: According to the 2001/2002 Budget/Workplan (P. 238), which was approved by the Board of Supervisors (Board) in September 2001, "beginning in Fiscal Year (FY) 2002/2003 the County will reduce its overmatch by 50%" until in FY 2003/2004 "the County match will include only the required \$30,000.00."
- F8: The Interim Chief Administrative Officer (ICAO) recommended the elimination of the "overmatch" over a two year period based on estimated increases in Sales Tax Realignment revenue for the Department. Sales tax growth projections are calculated by the County's Auditor Controller.
- F9: The ICAO's recommendation to eliminate the "overmatch" and the Board's approval of that recommendation by adopting the 2001/2002 Budget/Workplan, also make the assumption that the County's claims for reimbursement of state-mandated services will be paid according to the requirements of Senate Bill 90 (SB90). The Department received these reimbursement funds for the first time during FY 2001/2002 for mental health related SB90 mandated services. Most of these reimbursement funds were used to relocate the Adult Day Program in Placerville to a new facility on Mallard Lane, a move that was long overdue.
- F10: The State of California and the "claiming counties" have not resolved all of the disputes arising from the interpretation of SB90's requirements and State-mandated services. The State could discontinue reimbursing claims at any time, especially given the State's current budget crisis.
- F11: The Board's allocation of discretionary revenues from the General Fund is a clear indication to the public of the Board's priorities for projects and programs. In adopting the 2001/2002 Budget/Workplan, the Board neither agendaized nor discussed a policy decision to eliminate discretionary General Fund support for mental health programs in the County. Nevertheless, except for the County's mandated "match" of \$30,000.00, such an elimination will be accomplished no later than FY 2003/2004.

- F12: DMH uses Inter Trac, a computer software tracking system. Inter Trac software is used by every county mental health department in the State. It is primarily a management tool, utilized to record contact information, collect and transmit data, and compile statistical reports. The County obtained 40 licenses with the original software vendor agreement several years ago and pays \$50.00 per license per year.
- F13: Inter Trac is currently being used by 72 licensed therapists in DMH, including the PHF unit. Administrative and management personnel can review the number and quality of therapist/client contacts on a regular basis to improve service and to identify discrepancies in the delivery of services. The use of Inter Trac has improved the efficiency of case management. It makes transmittal of records and coordination of services for clients transferring between counties or from the Clinic to Placerville (and vice versa) much easier and faster. This is particularly important in providing crisis intervention services for clients in South Lake Tahoe who are transported to the PHF unit in Placerville.

### **South Lake Tahoe Mental Health Clinic (Clinic)**

- F14: The Clinic has been allocated 36 positions out of the 99 total authorized positions in DMH.
- F15: The Clinic, under the South Lake Tahoe Mental Health Program Manager, is organized in seven units: one administrative services unit, one accounting services unit, and five program delivery units,
- F16: The Clinic's Administrative Services unit has three authorized positions: Mental Health Program Manager, Administrative Assistant, and Medical Records Technician.
- F17: The Clinic's Accounting Services unit has two authorized positions for a Senior Fiscal Assistant and a Fiscal Assistant II.
- F18: The Clinic's Medication Services unit consists of two Consulting Psychiatrists, one specializing in adult services and the other in children's services.
- F19: The Clinic program for Adult Emergency (Crisis Services) and Adult Mental Health Services is managed by a Mental Health Program Coordinator II and staffed by two Mental Health Clinicians (one position is vacant) and a Psychiatric Case Manager. Two interns assist this unit.
- F20: Adult and Emergency Services is responsible for providing:
- Psychiatric emergency services, 24/7, for all client emergencies, including children, and new emergency calls;
  - Mental health services, assessment, and counseling for adults;

- Case management services to assist clients with obtaining other services as needed;
- Medication services for clients;
- Coordination of services in liaison with 10 other agencies in the community;
- Recruitment, supervision, and training of extra-help staff; and
- Cardiopulmonary resuscitation (CPR) and first aid training for staff.

F21: As of December 2001, Adult and Emergency Services provided services to 150 clients on a regular basis. In addition to providing services to regular clients, Adult and Emergency Services staff must respond quickly to mental health crisis calls. For example, the unit had 142 crises and triage assessments in September 2001 and 120 crises and triage assessments in October 2001.

F22: The Adult and Emergency Services staff handle crisis line calls on weekdays during regular business hours between 8 a.m. and 5 p.m.. Contract employees handle after hour's calls between 5 p.m. and 8 a.m. weekdays and on a 24-hour basis on all weekends and holidays.

F23: After regular business hours, crisis calls are routed through an answering service, where information is collected and forwarded by pager to one contract employee who has been scheduled as the crisis worker for that shift. That crisis worker must then call the answering service back, and then call the person reporting the emergency. Each of these steps requires time and creates delays in the communication process.

F24: Because of the response time, the mental condition of callers experiencing mental health crises and/or threatening suicide is aggravated by delays inherent in the procedure described in the preceding Finding.

F25: Typical response time ranges from five to 10 minutes when the after-hours crisis worker responds by telephone to the pager. This type of crisis line response procedure is not adequate, particularly in comparison to the immediate response to 911 calls by trained dispatchers.

F26: There is an extremely high turnover in crisis workers employed as contract employees. Training is ongoing because of the nature of the work. Crisis workers must have Bachelor of Arts degrees in mental health or a related field. Work experience is not required.

F27: Contract employees are paid on a standby basis at a rate of \$1.20 per hour to carry a pager. They are paid \$16.49 per hour if they have to respond to a call. Their time starts at the time they respond to the pager. This payment system is not adequate to recruit and to retain trained contract employees for crisis call responses.

F28: Prior to 1992, the Adult and Emergency Services unit operated a three-shift system with a professional crisis team of two employees on duty on all shifts. Funding cuts

resulting from establishment of the State's Education Revenue Augmentation Fund (ERAF) eliminated the professionally staffed shift system.

- F29: The elimination of the three-shift schedule was a budgetary decision. The original procedure was very effective because it significantly reduced response time for a client in crisis.
- F30: The Adult and Emergency Services unit must rely on the rest of the Clinic staff in other units as back up for crisis intervention. This means that the Clinic staff does crisis work at night and on weekends, in addition to providing mental health services to their regular clients during normal business hours.
- F31: The requirement for immediate response in crisis situations makes it imperative that crisis workers live in the South Lake Tahoe area. Salaries for crisis workers are inadequate because of the cost of living in South Lake Tahoe. This makes recruitment and retention of trained crisis workers very difficult.
- F32: The Adult Day Rehabilitation and Case Management Unit (Adult Day Treatment) for the severely and chronically mentally ill is managed by a Mental Health Program Coordinator I at the Clinic. This position is filled currently by a new probationary employee. The unit is staffed by a Mental Health Worker II, a Psychiatric Technician II, and a Mental Health Clinician I. The position of Psychiatric Technician II is also filled by a new probationary employee, and the position of Mental Health Clinician I is vacant.
- F33: Adult Day Treatment is an organized daily program that provides therapeutic activities for severely and chronically mentally ill adults who are at risk of hospitalization. This program is conducted at the Clinic site in a room space of less than 400 square feet. The space is inadequate for the current number of participants - 15 to 17 clients and three staff members. Based on current needs and interest, the program could serve up to 15 additional clients each day if adequate space were available. Requests for and attempts to find space for this program have been ongoing for at least four years.
- F34: According to DMH policy, the Clinic cannot have a petty cash fund on site for staff to use in paying small expenses for Adult Day Treatment, i.e., parking and admission fees at local recreation sites, activities and excursions. The unavailability of a petty cash fund greatly limits participation in Adult Day Treatment.
- F35: Adult Day Treatment has a rehabilitation schedule of planned socialization activities for clients who would otherwise be isolated and non-communicative. They meet four afternoons each week, Monday through Thursday, and are encouraged to participate in the following activities:
- Peer support which promotes communal activity;
  - Community awareness, current events, and resources;

- Yoga and range of motion exercises;
- Meal preparation;
- Bowling and active recreation pursuits;
- Outings to the library, parks, and recreation areas; and
- Excursions to Carson City and Reno.

- F36: Clients are not participating in some of the "hands-on" experiences described as objectives of Adult Day Treatment activities. For example, clients do not prepare meals, even though these activities are on the schedule, because kitchen facilities are inadequate.
- F37: The Adult Day Treatment program at the Clinic does not have enough staff, space, or funding to provide mental health services to the increasing number of clients.
- F38: The Tahoe Opportunity Project (TOP), a state grant-funded program, provides services to mentally ill homeless adults, those who are in danger of becoming homeless, and those who are incarcerated. TOP is managed by a Mental Health Program Coordinator II with a staff of seven. The Coordinator's position is vacant.
- F39: TOP provides these clients with food, clothing, and shelter and helps them obtain treatment for mental health problems, substance abuse, and medical conditions. A psychiatrist at the Clinic provides services to TOP clients up to a maximum of 5 hours per client.
- F40: TOP receives state grant funds of \$800,000 annually. The TOP program, led by the Clinic, is a collaborative effort by public agencies, such as the County's Departments of Public Health, Community Services, and Veterans Services, as well as private, non-profit agencies, including the Sierra Recovery Center, Barton Memorial Hospital, and the Family Resource Center.
- F41: TOP recently leased a transition house in South Lake Tahoe, which has five beds and is supervised by a TOP staff member and a live-in house manager. This house serves as a transition site for clients needing a more intensive residential treatment environment before advancing to higher levels of self-sufficiency and independent living. Fifteen clients have used the house since it was leased.
- F42: Children's Mental Health, Day Rehabilitation (Children's Day Treatment) and Primary Intervention Services are managed by a Mental Health Program Coordinator II at the Clinic. This unit is staffed by four Mental Health Clinicians, a Mental Health Social Work Intern, a Parent Partner, and four Primary Intervention Aides.
- F43: Children's Day Treatment does not have a dedicated 24-hour crisis line. Resources such as respite care, licensed foster homes, and group care facilities are inadequate.
- F44: The Clinic has a critical shortage of space for children's services. There is no partitioned space in the waiting room/reception area to separate adult clients from

families and children. There is no privacy, play area, or counseling room dedicated to children's use. A play therapy room was recently converted to office space for staff.

F45: The Clinic does not have enough authorized positions for clinical staff to meet the treatment needs of seriously mentally ill children in the South Lake Tahoe area.

### **Clinic Facilities**

F46: The Clinic is operating in inadequate space of 3,475 square feet. Some of the major concerns are:

- Some clients, including children and adults with mental and physical problems, have difficulty negotiating the elevator and the narrow, dark stairway to the Clinic location on the second floor.
- There are 36 authorized positions that must share small offices, leaving little privacy for confidentiality between staff and clients.
- 300 clients access this facility (not counting parents and others).
- The cramped, inadequate space negatively impacts programs. For example, the Adult Day Treatment program has a small room for up to 17 clients and three staff members, limiting important activities and the ability to increase the number of participating clients.
- Record storage space is totally inadequate. Some confidential records are stored in the hallway.

F47: There are serious fire/life safety issues in the Clinic facility:

- Because the Clinic is on the second floor, evacuation would be difficult for everyone, especially mentally impaired clients, in the event of an emergency. The number of clients who access the Clinic is excessive for the square footage.
- The building is constructed of wood, and the “combustible load” (all those things that would burn easily) is great.
- The building does not have fire sprinklers, smoke detectors, a central fire alarm system, air packs, or an automatic external defibrillator (AED).
- Fire drills, including emergency evacuations, are not routinely conducted.

F48: The space for Adult Day Treatment is inadequate. For example:

- There is one kitchen sink, one stove without a ventilation hood, one small refrigerator/freezer, limited food preparation/counter space, and limited cabinet space to store kitchen supplies.
- The activity space is combined with the food preparation space and storage for supplies to serve meals is located in the hallway.
- The space is too small for an activity room, and there is not a separate group conference room.
- There is not a private access to Day Treatment staff offices; the only access is through the activity room.

- F49: The County requires property owners to make tenant improvements before the County will enter into any lease. This requirement makes leasing new property almost impossible, given the limited amount of available lease space in South Lake Tahoe.
- F50: The City of South Lake Tahoe has not been helpful in providing "fast track" services to enable the County to meet the City's requirements for new Adult Day Treatment space. In addition, the Tahoe Regional Planning Authority (TRPA) restricts sites where Clinic services like the Adult Day Treatment program can be located.
- F51: Repeated promises by Clinic staff that the Adult Day Treatment program would be relocated to a more adequate space have not been fulfilled. This has created credibility problems among clients, their families, and staff members.
- F52: The Department of General Services (DGS) and its Real Property Planning and Administration (RPPA) division historically have not responded in a timely manner to opportunities to acquire new lease space for the Clinic and its programs.
- F53: After more than four years of unsuccessful attempts to find adequate space for the Adult Day Treatment program, the County has made arrangements to move both the TOP and Adult Day Treatment programs into adequate space by relocating other county offices from existing county-leased facilities in South Lake Tahoe. The move is scheduled for July 2002.

### **Personnel and Staffing**

- F54: The Department Director is responsible for performance evaluations for the Deputy Director and Program Managers. Some Program Managers have not had formal performance evaluations in more than 10 years.
- F55: The Deputy Director has not had a formal performance evaluation since being appointed to the position in January 2001.
- F56: The Deputy Director does not have line authority to conduct formal performance evaluations for program managers or coordinators.
- F57: Probationary employees in supervisory positions are conducting performance evaluations of probationary employees. It is unclear whether or not they have the experience or training to conduct such evaluations. The County provides no formal training for that purpose.
- F58: Performance evaluations do not always reflect the actual performance of employees because DMH does not require its managers and coordinators to do so.

- F59: There is a lack of communication among the administrators, managers, coordinators and staff of DMH.
- F60: DMH does not always include or involve the South Lake Tahoe Mental Health Clinic Program Manager in decisions relating to programs, budgets, and staffing. Managers have not always been advised or consulted on changes in their own programs and staffing before changes are announced.
- F61: Staff turnover in the Clinic is high. There were four clinical positions vacant in the past year. These vacancies cause staffing and service delivery problems because positions remain vacant for months. Some of the reasons include:
- An acute shortage of psychiatrists exists, not only in South Lake Tahoe, but throughout the State of California.
  - The high cost of housing in South Lake Tahoe makes it difficult to recruit employees to live in that area.
  - A salary differential of only \$175.00 per month for employees in South Lake Tahoe does not cover the additional cost of housing and transportation.
  - The County does not pay relocation expenses for new employees.
  - The required one-year probationary period is an impediment to recruiting prospective new employees for positions in South Lake Tahoe.
  - Contract employees have no permanent employee status or representation in bargaining units in the County.
- F62: The Clinic's professional staff have private practices and are allowed to use management leave and supervisory leave as compensatory time off to conduct their practices during normal weekday business hours between 8 a.m. and 5 p.m.. These practices conflict with the scheduling of work and caseloads for other employees.
- F63: There is an abuse of sick leave at the Clinic.
- F64: Because of improper management, and for other reasons, employees work through normal breaks and lunch periods.
- F65: Policies regarding work and duty hours are not enforced. Employees are allowed to work at home without accounting for their time, and employees are not always recording work beyond the normal eight hours, for which they are entitled to be paid overtime.
- F66: The Clinic has higher staffing ratios and receives a greater proportion of DMH's budget, relative to caseloads and costs of services, than the Western Slope.
- F67: Since the position of Deputy Director of DMH was filled in January 2001, the Clinic has received substantially more on-site administrative and management support because of the Clinic's high priority and the interest level of the Deputy Director.

## **Community Resources**

- F68: There is currently one volunteer to assist at the Clinic. Privacy issues preclude active volunteer recruitment and participation in mental health programs with clients. Tahoe Cares, a coalition of non-profit community and religious organizations, provides informal support on a case-by-case basis as requested by the TOP Program Coordinator.
- F69: The National Alliance for the Mentally Ill (NAMI) is an active organization in the South Lake Tahoe area, and the NAMI representative works to assure that the laws regarding mental health are being implemented. NAMI also is involved in educating family members of patients regarding the legal rights of the mentally ill.
- F70: The El Dorado County Mental Health Commission at South Lake Tahoe meets monthly to address issues concerning mental health services, such as programs, facilities, staffing, funding and resources.
- F71: Barton Memorial Hospital is a private, non-profit, accredited medical facility which contracts with the County to provide emergency service to mentally impaired persons. Crisis workers from the Clinic evaluate patients in the emergency room to determine immediate needs, assist with diagnoses, and provide referrals for treatment.
- F72: Barton Memorial Hospital has no psychiatric beds and does not admit patients diagnosed with psychiatric illnesses unless they also have medical conditions that warrant hospitalization. The hospital is not equipped to diagnose or treat mentally ill patients or provide mental health services. There is no psychiatrist on staff.
- F73: Members of the Grand Jury toured the hospital emergency rooms and several floors of the facility, and found them to be very clean and well maintained. There is only one examination room in the emergency room area with an observation window. When the examination rooms are full, this particular room, which is preferred for psychiatric observation, may not be immediately available.
- F74: Security at Barton Memorial Hospital is provided by the maintenance staff, who have received special training and who are available on every shift. When restraint is necessary to control mentally ill patients, the preferred method of restraint is medication, rather than physical restraint, to reduce injuries to patients and staff.
- F75: Tahoe Manor Residential Care (Tahoe Manor) is a privately owned, state licensed board and care facility in South Lake Tahoe with accommodations for 49 residents. Fifteen of the residents are clients of the Clinic.
- F76: Tahoe Manor is the only residential care facility in El Dorado County that accepts Supplemental Security Income (SSI) payments for board and care residents. The County contracts with Tahoe Manor for residential care for clients who are also receiving mental health services at the Clinic.

- F77: Grand Jury members toured Tahoe Manor without an appointment. During the visit, no group activities were observed. The physical layout and floor plan are not adequate for group activities and events. Hallways are narrow. There is no designated activity area except a small day room and a dining room. The overall appearance of the facility is drab, but it is moderately clean.
- F78: Tahoe Manor is not licensed to accept residents who have been diagnosed with dementia. A request for a dementia waiver was denied by the Department of Social Services of the State of California in October 2000.
- F79: Monthly payments from the County to the contractor at Tahoe Manor were approximately two months in arrears. The County's requirement that invoices be routed through several different departments slows payment processing and discourages providers from contracting with the County.
- F80: The annual licensing review and evaluation of Tahoe Manor by the State Department of Social Services, called a Facility Evaluation Report and dated April 2000, identified four deficiencies:
- Medications were not stored, locked, labeled, and dispersed according to regulations.
  - Medications were being set up more than 24 hours in advance.
  - Hazardous areas in the laundry room were accessible to residents.
  - Staffing was not sufficient to meet state licensing standards.
- F81: The Facility Evaluation Report for Tahoe Manor dated April 2001 showed no deficiencies in the community care licensing standards. The resident census at that time was 35, which was 14 less than the maximum allowed number of 49 residents.
- F82: The 2002 Facility evaluation and inspection of Tahoe Manor has not yet been conducted.

### **Recommendations**

- R1: The Deputy Director should have line-authority over program managers in DMH. This should be included in the job description for the position.
- R2: The DMH Director and the Board should authorize a new position, Assistant Director, for DMH. The title of Program Manager at the Clinic should be eliminated, and the Assistant Director should be given full authority and responsibility for Clinic programs and facility operations in the South Lake Tahoe area of the County.
- R3: The DMH Director, the CAO, and the Board should establish new written standards and policies based on published data, to recognize the higher costs of housing, transportation, relocation and other pertinent factors, to adjust salary schedules for

- employees in South Lake Tahoe. Those standards and policies should provide incentives to attract new qualified employees and to retain employees at South Lake Tahoe.
- R4: The Board has been informed of critical unmet needs in services and facilities for the severely and chronically mentally ill at South Lake Tahoe and the Western Slope of the County. If funding for mental health services is to be a low priority of the Board, as evidenced by the planned elimination of discretionary General Fund support for DMH, the Board should publicly acknowledge that policy in open discussion and written policy directives. It should not be buried in a few small paragraphs in a several hundred-page Budget/Workplan.
- R5: The Board should direct the CAO to eliminate the use of the word "overmatch" from budget documents because it implies that the County has no responsibility to provide services to the mentally ill in the County if those services must be provided with discretionary revenues from the General Fund (Department 15).
- R6: The Board should prepare an agenda to introduce a full discussion of the County's responsibility for mental health services to all clients on an equitable and adequate basis.
- R7: The Board should provide adequate facilities for the Clinic to accommodate programs, staffing and services. It was unconscionable for the Board to use discretionary funds for Community Enhancement Projects, like the grant of \$100,000.00 for the South Lake Tahoe Animal Shelter, while failing to provide adequate space for treatment of the severely and chronically mentally ill clients of the Clinic who are the least able members of our community to fend for themselves.
- R8: The DMH Director should require annual performance evaluations for all employees at every level.
- R9: The DMH Director, with the assistance of the Department of Human Resources, should provide training programs for new supervisors and managers to enable them to undertake and complete performance evaluations with accuracy and consistency.
- R10: DMH should improve the crisis-line for Adult and Emergency Services by:
- Eliminating the answering service and pager referral system and instituting a system similar to the 911 emergency call system with operators trained in crisis services; and
  - Providing funds sufficient for trained contract employees to have enough back up to respond to more than one emergency call at a time.
- R11: DMH should make it a budget priority to provide a pay scale for crisis workers after hours so that the Clinic can retain trained crisis workers.

- R12: DMH should revise its policy and allow the Clinic to use a petty cash fund. This would give the Adult Day Treatment staff flexibility in conducting activities scheduled for participants, without the need to cancel planned activities because of complicated reimbursement procedures or the lack of a few dollars for admission fees.
- R13: The Adult Day Treatment program should provide more varied daily activities with hands-on experiences in cooking, crafts, art, computer use, gardening and painting, similar to those provided at the county facility in Placerville.
- R14: The Adult Day Treatment hours should be extended to match program hours in Placerville. The Adult Day Treatment program should encourage volunteers and "consumers" (clients who are compensated for providing peer counseling services) to use their skills by offering clients instructional programs for personal development.
- R15: The Adult Day Treatment staff should investigate programs in other counties for new ideas to be used at the Clinic.
- R16: DMH should evaluate other facilities in the Lake Tahoe area which have the capability of providing the residential care services needed by clients of the Clinic, for potential contract purposes.
- R17: A management audit of DMH should be conducted to determine the reasons for disparities in workloads and productivity levels between the Clinic and Placerville.

### **Commendations**

The Grand Jury commends the Deputy Director for recognizing the problems in South Lake Tahoe and commends the Director for supporting the Deputy Director's efforts to solve these problems.

The Grand Jury commends DMH for improving the use of Inter Trac and the skills of employees who use Inter Trac.

The Grand Jury recognizes the tireless efforts of NAMI on behalf of the mentally ill in South Lake Tahoe.

### **Responses Required for Findings**

F1 through F82	El Dorado County Board of Supervisors El Dorado County Department of Mental Health
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### **Responses Required for Recommendations**

R1 through R17	El Dorado County Board of Supervisors El Dorado County Department of Mental Health
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