

EL DORADO COUNTY
Joint Meeting
MENTAL HEALTH COMMISSION
Minutes June 27, 2012

TIME: 5:00 PM

**PLACE: Video conference at:
Western Slope – Mental Health
415 Placerville Drive (EMS)
Placerville, CA 95667**

**South Lake Tahoe – Public Health/Mental Health Offices
1360 Johnson Blvd, Suite 103
South Lake Tahoe, CA 96150**

I. Call to Order; Roll Call; Introductions

Members: Bonnie McLane, Jan Melnicoe, Jim Abram, Denise Burke, Claudia Ball, Linn Williamson, Michael Pickens, Guadalupe Medrano, Maria Quintero

Guests: Penny Jacobs, Bill Ball, Diana Hankins, Stacy Bolton, Jackie Noren, Alison Ehlers

Staff: Joan Meis Wilson, Patricia Charles-Heathers, Laura Walny, Carol Martin, Sophie Cabrera, Janet Stevens

II. Approval of Agenda

Approved

III. Approval of Minutes (April 12, 25, 30 and May 23)

- Commission members expressed concern about having adequate time for the review of meeting minutes. MH staff will send out a notice and web-link to Commission members when draft versions of Commission meeting minutes are posted to the County website.
- Minutes for April 12, April 25, April 30, and May 23 were approved.

IV. Public Comment (15 Minutes)

- The parent of an adult client provided an update on the problems her family continues to experience after Social Security benefits for her son were terminated. In March, she reported to the Commission that many clients had been denied Social Security benefits when their required annual medical evaluation indicated some improvement. Social Security has now received a letter from Dr. Price, clarifying the extent of her son's psychiatric disability, but the agency has not yet ruled on his appeal to continue benefits. In addition, his medical benefits have been impacted and the family has received conflicting information about their liability for costs incurred. The family requested assistance from their Congressional representative, but this has restricted their ability to have direct contact with Social Security staff members, and the client's eligibility and appeal issues remain unresolved. The parent wonders whether this also continues to be a problem for other clients.

- Jim Abram reports no resolution to the transportation issues experienced by Behavioral Health Court clients who are required to attend Bipolar Insights groups. This concern was brought to the May 23rd meeting of the MH Commission; Bipolar Insights group meetings are scheduled in the evenings, after bus service stops for the night. Jim had asked that the Department investigate offering a similar, alternate group that would be available through Mental Health in the daytime hours.

V. Department News and Updates

- The Department provided a written summary of news and updates, which was available for both West Slope and South Lake Tahoe Council members. Departmental updates are also included as an appendix to this document [Appendix A]. Joan Meis Wilson is interested in feedback on format, length, and level of detail provided in the summary.
- Patricia Charles-Heathers, a Program Manager II for Mental Health, was introduced to the Commission members.
- Joan Meis Wilson announced that the Board of Supervisors approved a contract with Denise Thompson to provide residential treatment services for adults with serious mental illness over the next year on an “as requested” basis. The Denise Thompson Home will focus on providing a 6-month intensive rehabilitation and life-skills training program, rather than the short-term crisis residential program offered at the CRT, and it is intended to sustain clients in the community and prevent re-hospitalization. In addition, a landlord in South Lake Tahoe has expressed interest in developing a transitional housing facility in Tahoe.
- Joan also shared current staffing difficulties at the Crisis Residential Treatment (CRT) facility and the continued need for more beds in the Psychiatric Health Facility (PHF). The MH Department had been planning to go to the Board of Supervisors in September with a proposal to close the CRT and expand the PHF but current client needs and staffing difficulties may accelerate the timing of this recommendation to early August.
- Sophie Cabrera clarified that the closing of the CRT would be posted for stakeholder review as an MHSA Plan Update. At that time, the MH Commission members will have an opportunity to review the proposal, comment, and make recommendations to the Board of Supervisors.

VI. Discussion of LPS Reform Task Force Report II

- Claudia Ball introduced the question of how the LPS Reform Task Force Report II findings are being utilized statewide to improve mental health services.
- The Mental Health Director’s Association reviewed the findings and recommendations of the LPS Reform Task Force Report II in its June 2012 meeting but tabled a formal response until October 2012. Handouts from that meeting, as well as feedback from several other counties, are available at <http://www.cmhda.org/go/committees/adultsystemofcarecommitteeasoc/asochandouts.aspx>
- Brenda Bailey alerted Commission members to a website [<http://www.lpsreform.org/>] devoted exclusively to news and updates related to LPS reform. Anyone interested can sign up for email alerts; in addition, the site provides links to related news articles and reports.
- Brenda also informed the Commission that Supervisor Briggs had a long and comprehensive meeting with Judge Kingsburg and Daniel Neilson to talk about community mental health needs.

VII. Commission Concerns

a. 670 Placerville Drive proposed move:

- Joan Meis Wilson provided a written summary of considerations regarding the proposed move of West Slope clinical services from the current Placerville Drive location to a facility located in Shingle Springs. That analysis is also included as an appendix to this document [Appendix B]. Joan stressed that the decision about whether or not to relocate has not been finalized, but the current lease expires in October and a decision would have to be made soon if the county is to enter into negotiations to lease an alternate location.
- Cost of the current mental health facility is a significant concern. Joan reported that the Department is paying above local market rate on the current lease.
- Claudia Ball and Jim Abram expressed concerns about client transportation if the out-patient clinic were to relocate. Concern for client safety was also addressed.
- Jim Abram and his wife studied the El Dorado Transit route and schedule information and they found that clients residing in Placerville and Pollock Pines would have a two-hour one-way bus trip that would include a 40-minute wait at a bus-stop to transfer from one route to another. Due to the connections necessary, the times during which clients could access the mental health clinic would be limited primarily to early afternoon hours.
- Commenters noted that El Dorado County Transit representatives are responsive to public concerns and that some of these transportation issues may be resolved through discussions with the Director of the Transit Authority. In addition, Brenda Bailey encouraged Mental Health Commission members to attend the upcoming meeting of the Transportation Commission and to bring this issue to Supervisor Briggs, who is also a member of that Commission.
- The MH Commission members approved a motion to direct the Department to move forward with research on relocating the West Slope outpatient clinic and bring findings back to the Commission next month.

b. Clients losing Social Security:

- Commission members and Department staff acknowledged the difficulty that clients and their families experience when Social Security benefits are terminated, as illustrated during public comment at this meeting and previously.
- Joan Meis Wilson noted that the Department knows when they are asked to do a medical evaluation or re-evaluation, but staff members do not directly receive Social Security notices or decisions. In order for clinical staff to provide assistance, the client (or a family member) must first recognize a problem regarding Social Security benefits, and report their concern to the MH staff.
- Prestine Skinner, the Patients' Rights Advocate, has not brought up client issues with Social Security as a continuing problem. The concern is that clients may not identify the problem until benefits have been completely terminated.
- Prestine will be retiring and the position Patients' Rights Advocate will be expanded to include liaison responsibilities to assist clients who are residing in out-of-county psychiatric hospitals (IMD's) and advocating for clients who need Social Service benefits. The job of Patients' Rights Advocate is currently posted on the County Employment website and the Department will ask for representation from the MH Commission and/or NAMI once the interview process begins.

- c. South Lake Tahoe: Discussion: Postponed due to time restraints
- VIII. Discussion of ideas for MHSA Innovation Project
Postponed due to time restraints
- IX. Commissioners' Comments
Tabled due to time restraints
- X. Adjournment

Appendix A

Health and Human Services Agency: Mental Health Departmental Update Mental Health Commission June 27, 2012 Meeting

Follow Up Items:

- Support Group. Joan followed up on the issue of having a mood disorder support group offered during the day at the department. Staff are currently collecting names to start a group with a sufficient number of individuals are identified. Further discussion resulted in better coordination with the timing of the start of groups and the Behavioral Health Court date. All open group information will be shared with the BH Court coordinator to facilitate enrollment in groups.

Adult Outpatient (Laura Walny)

- **Clients in Placement:** Effective mid-June, MH is working with 83 clients in a variety of placements:
 - 25 clients placed in an IMD/MHRC (Institute for Mental Disease/Mental Health Rehabilitation Center)
 - 32 clients in an Out of County Board & Care (19 Sacramento, 13 Galt)
 - 18 clients in Transitional Housing in Placerville
- **Staffing:** Clinician Recruitment Results: 1 Adult Clinician in hiring process; strong candidate, good skills and experience.
- **Adult OP Caseload:** 434 clients open to service managed by 4.6 clinician equivalents with 2 MH Workers; caseload average 65.75 clients per staff.
- **Worker of the Day:** Program started in January having Clinicians from Children's and Adult Units available to address unanticipated situations during business hours.
 - To date, WOD has responded to 88 situations: 17 requests for service, 47 urgent situations (defined as "without timely intervention likely to result in immediate psychiatric emergency), 15 information only calls, 11 crisis situations.
- **Adult Registration (formerly Tuesday Intake):** Currently training staff on triage protocol to facilitate more efficient access to needed services; implementation scheduled for July 1, 2012. Averages for last 4 weeks: 11 Registrations per week, 4 "no shows/cancellations", 4 assigned to clinicians, 3 referred out to community partners
- **BHC Volunteer Mentorship Program:** Pilot Program to provide willing participants of BHC with someone who can help orient them to the program, give help towards success and build healthy positive relationships. Mentors are successful graduates of the BHC program, recommended by the BHC team, trained and supervised by the Mental Health BHC team member.

MHSA (Sophie Cabrera) Sophie to provide update at the meeting.

South Lake Tahoe (Barry Wasserman)

- Retaining MH Clinician Intern - Janet Stevens completed her Master in Social Work program in May but will continue to work in Tahoe 3 days a week to gain further experience. That is very helpful as we still have a full time MH Clinician out on extended medical leave.
- Now that Keith has his culinary certificate, we have been able to start using the Senior Center kitchen. A meal is now prepared once a week with Wellness client involvement in prep, serving and clean-up - supervised by Keith. On the other days, snacks are prepared and offered as before.

Inpatient Services (Rob Evans)

- **Staffing:** Current staffing pattern is sufficient for client and staff safety. Late May a full time Mental Health Clinical Nurse was hired covering 4pm - 12am Tuesday through Saturday.. Clinical Nurse coverage is currently 8am - 4pm Monday - Friday and 4pm - 12am Tuesday through Saturday. Hired two full time male Psychiatric Technicians to complement the three female Psychiatric Technicians increasing the safety of the unit and ability to meet any gender specific needs. Within the past 6 months, two full time Social Workers have been hired to develop and implement group and individual counseling in the unit as well as better discharge and aftercare planning. There have been no incidents of staff or client injury over the past two months and only two calls for police assistance in 8 months.
- **Training:** June 27, 28 and 29 the Crisis Prevention Intervention (CPI) training will be conducted to train all new staff and re-certify existing staff. The training is specific to inpatient care and focuses on reducing the need for physical interventions as well as very specific training on how and when to use physical restraint and seclusion interventions. In May all staff requiring CPR training and re-certifications was completed.
- **Program:** Daily group and individual counseling is now being provided on the unit. Groups include recovery focused as well as basic life skills. Music and art groups are being offered daily as well as medication management, discharge planning and options, relapse prevention, managing moods/anger and other groups based on need. Starting in April the Alcoholics Anonymous Hospital and Institutions group have been providing 12 step groups onsite several times per week. Future plan is to bring Rational Recovery into the unit to provide options other than 12 steps for consumers with dual diagnosis issues. A major focus is to increase staff presence on the unit fostering more communication and interaction with our consumers.
- **Structural:** Physical improvements have begun in order to increase safety and ability to meet the demands of an increase in volume at the PHF. A large recreation room was remodeled to enable the PHF to serve more clients. A Social Worker office has been placed in the locked portion of the unit to give better client access to staff and allow more services to be provided on the unit itself.

Clinical Management Unit (Carol Martin)

- **Lobby** - Our unit wants to keep you well informed. In doing so a variety of information is posted in timely manner in the lobby on the two bulletin boards. If one takes the time to read the board they can connect with ongoing classes, support groups and learn about upcoming events.
- **Children's Reception** - Our unit is working with other unit staff to consider having one of our staff members at key times available in the children reception area. By having a staff person in the reception area they would be able to address questions in a timely manner and help give directions to those in need.
- **Staff Training** - In order to maintain quality service, our unit will be attending an upcoming training to maintain healthy customer interaction, enhance customer services skill and learn to identify indicators to meet clients needs. The training will enhance the skills of our current staff as well as build new skills to strengthen communication between staff and clients.

MHSA Innovation (Carol Martin)

- Thank you to all of you that attended the Innovation Plan Community Meetings to give feedback on current three year plan, share community needs and initiate conversation that help inform the direction for Mental Health Fiscal Year 2012/2013 MHSA Innovation Plan. The data collected from the discussion of "Options for Current 3-year Innovation Plan" are available in a report to be handed out at tonight's Mental Health Commission.
- The El Dorado County MHSA Innovation Plan Community Meetings 2012 Report data summary: the data collected reflects that all the participants attending the Innovation Plan Community Meetings selected as their 1st choice Option 4: Close the Plan for the current 3-year Innovation Plan (2011-2014) (please see report for full data report).

Program Manager 2 Comments (Patricia Charles-Heathers)

I have now been on board for a total of two weeks and I have been focused on getting to know the services and staff. The current areas I am addressing are as follows:

- Developing a strong Management team to guide, implement and maintain future processes
- Weekly Individual Supervision with the Managers to build a positive working relationship and provide a forum for addressing issues and planning service specific projects
- Weekly meetings with the Manager and Program Coordinators of Children Outpatient Services, to discuss present activities, identify future goals and develop improvement plans accordingly

- Working with the Manager and Program Coordinator of the PHF to streamline and develop staff schedules that clearly indicate how staff of all disciplines are being utilized, so that overtime and double time costs can be significantly reduced

Behavioral Health Court Report (Shirley White)

- South Lake Tahoe: There are 9 active clients in SLT BHC. 2 of the existing clients have been assessed by ADP staff for Substance Use Disorders and were found appropriate for low intensity outpatient treatment. Both of these clients are enrolled and actively participating in services at Tahoe Turning Point while continuing in services at Mental Health. There are 2 new referrals pending assessment to determine eligibility for BHC. The Honorable Steven Bailey presides over the next BHC hearings on July 19,2012 at 1:30 pm.
- Placerville: There are 10 active clients in our Placerville BHC. 2 pending BHC clients were referred to other more appropriate services (Substance Abuse Services through the AB109 program and a Conservatorship). Randy Austin, Alcohol and Drug Programs Health Education Coordinator has been assigned to assist in the coordination and implementation of the Placerville BHC in a role similar to Hector Reyes in SLT. The Honorable Judge Daniel Proud presides over our next BHC hearings on Monday July 2, 2012 beginning at 2pm.
- In both Placerville and SLT, our collaborative teams meet on an ongoing basis (sometimes weekly) to provide intensive case management and treatment planning/adjustment for BHC participants. If a BHC participant is struggling to meet the treatment plan that is ordered in BHC the team can request that the courts modify the plan to best serve the needs of the client.

Appendix B

Potential Move from 670 Placerville Drive

First I want to assure you that no decision has been made regarding this potential move. It is my responsibility to look at all aspects of the program and to ensure that we are making the best budget decisions to ensure the best services for clients. I have toured every available site in the greater Placerville area –there are no other suitable sites because of the square footage needed or inadequate parking.

The current lease expires in Oct and to date the landlord has not indicated a willingness to renegotiate the lease terms. We are paying approximately 50 cents a square foot above market rate and on a 14,000 square foot facility this is a significant expense. No negotiations have taken place so there could still be savings beyond the 50 cents a square foot. A decision must be made soon if the county is to enter into negotiations that would allow the department to move in October.

Here are some things to consider in the discussion regarding a possible move. Please add any other items during this discussion.

1. Client location: Breakdown of the current caseload by zip code
 - a. Georgetown/Grass Valley/Greenwood/Pilot Hill – 37 clients
 - b. Mount Aukum/Somerset – 20 clients
 - c. Camino -19 clients
 - d. Pollock Pines – 58 clients
 - e. Placerville – 255 clients
 - f. Cameron Park/Shingle Springs/Rescue/El Dorado Hills/Lotus- 185 clients
 - g. El Dorado/Shingle Springs – 49 – depending on residence the new location could be easier to access.
2. Transportation
 - a. The bus currently goes by this location at the following times: 7:33, 9:20, 12:20 and 3:20. Additional times can be negotiated
 - b. There might also be the possibility of providing transportation vouchers for clients
3. Location
 - a. The new location will be close to the low income housing that is currently under construction and will provide 5 housing units for clients.
 - b. It is close to Probation and Child Support will be moving to the north side of Highway 50.

Current Location	New Location
Pro -location -setting near creek	Pro -Dedicated wellness space- could have extended hours, large single room- 1000sq ft, secured patio area. -Cost- lower. Saving could support increase doctor time or mental health workers to support case management -Designed as a medical center with ability to have dedicated children and adult areas- even for doctors- two separate reception areas that are appropriate size -Easier to provide security- one level

Current Location	New Location
	<p>Pro, continued:</p> <ul style="list-style-type: none"> -Larger conference area with direct access from parking lot. Do not have to go through staff work area to access -Consolidated medical records room – currently in two different locations -Dedicated group rooms to allow more groups to be offered -Parking is concentrated closer to the building -Privacy for clients with doctors and group rooms concentrated in specific areas. -Break-room for staff- currently use wellness center space -Rooms dedicated for private meeting space with clients -All staff located in close proximity to increase team approach and communication among staff for better case management of clients
<p>Con</p> <ul style="list-style-type: none"> -Security is an issue – many doors to secure and maintain security - Inadequate group rooms – use wellness center and conference space -Cost of rent -Entrance is unwelcoming and confusing -Medical records are located into separate areas – requires coordination of filing and preparing files -Lack of private spaces to meet with clients. All Adult clinicians share office space -Support staff located in 4 separate areas making it difficult to provide support and coverage for each other. -Children share reception space when seeing doctor -Staff are located in wellness center area where it is loud and often disruptive to work of staff. -Ventilation is poor or lacking. Many areas do not have adequate air flow resulting in stuffy, hot or cold spaces. -Security system is unpredictable – locking and unlocking at random -No break room for staff -Main reception is inadequate and receptionist is isolated from other staff – difficult to get help if crisis happens in reception area. -Meeting rooms must be accessed through staff work space – door is often propped open to allow access which is a security risk. -Poor design for use of space. 	<p>Con</p> <ul style="list-style-type: none"> -Location- approximately 10 minutes from Placerville