

**EL DORADO COUNTY  
MENTAL HEALTH JOINT COMMISSION  
Minutes August 22, 2012**

**DRAFT**

**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. #103  
South Lake Tahoe, CA 96150**

I. Call to Order; Roll Call; Introductions

Members: R.S. Lynn, Denise Burke, Jan Melnicoe, Jim Abram, Claudia Ball, Guadalupe Medrano, Bonnie McLane, Maria Quintero, Linn Williamson

Guests: Don Ashton, Jackie Noren, Bill Ball, Stacy Bolton, Cathy Hartrum, Mike Berry, Kathleen Newell, Lori Parlin, René Evans, Marie Cook, Art Edwards, Staci Allen, John Alfoldy, Dave Reinhart, Roberta Baker, Sheldon Cooney, George Nielsen, Brenda Roos, Lee Jackson, Brady McGuire

Staff: Joan Meis-Wilson, Dr. Price, Patricia Charles-Heathers, Sophie Cabrera, Janet Stevens, Laura Walny, Doris Jones, Barry Wasserman

II. Approval of Agenda

Approved

III. Approval of Minutes (July 25th in Draft on website)

Approved

IV. Public Comment (15 minutes Total Time for all Public Comment). Please restrict Public Comment items to items not on the agenda. Additionally, you may comment on agenda items when they are discussed during the meeting.

Linn Williamson reported on attending a Town Hall meeting with Congressman Tom McClintock. He suggested that this meeting reflects the way that democracies should work, with constituents having an active voice in government, and he added that the MH Commission was created because historically the mentally ill have had little or no voice. As a democratic institution, the purpose of the Commission is to give a voice to those with serious psychiatric disabilities.

V. Discussion of proposed move of Mental Health

- Other locations

- 1) Logan Building, 768 Pleasant Valley Rd., Diamond Springs: This space has recently become available, as the California Department of Corrections is moving out of this building. Lee Jackson reported that the location worked well for clients of the Public Guardian, but that the agency moved because they needed more space. A small group of Commission members has toured the facility, but information on costs and required upgrades, in comparison to the current MH clinic location, are not yet available. MH Commission members agreed that the group has not yet been given enough information to vote on a recommendation regarding this potential location.

- 2) 4140 Mother Lode Drive, Shingle Springs: Residents from the Shingle Springs area attended the meeting to state their concerns about the possible relocation of the Mental Health Clinic to Mother Lode Drive. Among those concerns:
- The preschool that is currently located in the building would have to relocate or (more likely) go out of business. This would displace 35 to 40 families.
  - Speakers also wondered about the zoning regulations regarding locating a Mental Health clinic in close proximity to several established schools, when at least some of those being served are prohibited from being near children.
  - Residents were concerned with the cumulative impact of having so many County agencies located in the Shingles Springs community. Residents noted that Shingle Springs remains a small, rural community with not very many local services.
  - 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.
  - Residents raised concerns about parking and transportation, noting that the intersection at Ponderosa/S. Shingle Springs Road and Mother Lode is already busy, and that added parking along Mother Lode Drive would add to the local congestion.
  - Residents also asked about the process of determining whether the Mental Health Clinic will move. Constituents asked whether a cost analysis had been conducted to compare the costs and benefits of each proposed site, taking into consideration the added transportation costs as well as necessary tenant improvements. Others noted that the Board of Supervisors is referring those with concerns to the Mental Health Commission, when this will ultimately be a Board decision. There was some concern that a move could be approved by the Board of Supervisors on the consent calendar. A representative from the CAO's office reported that any issue on the consent schedule can be taken off of consent and opened for full discussion upon public or Board Member request.
- Current Location, 670 Placerville Drive, Placerville: MH Commission members were favorably impressed by the response paper prepared by the owners of the property where the MH Clinic is currently located. From this response, it appears that the current landlord has completed facility modifications in the past, is willing to consider additional tenant improvements, and wishes to work with the Department. Members of the MH Commission also toured the current building and found the property to have a combination of pros and cons.
  - Effects of Medications: Claudia reported that 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 [Clozopin] and risperidone [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.

- Transportation: MH Commission members reiterated the problems that clients who ride the bus would face if mental health services were moved to Shingle Springs. The length of travel time, safety issues, and service limitations were discussed at length during the last Commission meeting, and remain a significant barrier to the proposed Shingle Springs site.

VI. Discussion of new homeless encampment, Hang Town Haven of Placerville. Guest speakers from:

- Hangtown Haven, new non-profit corporation: The Placerville City Council approved a 90-day free lease to allow Hangtown Haven to operate a homeless encampment on property owned by Barry Wilkinson. The property is located adjacent to the Hangtown Hotel on Broadway, and will provide space for up to 60 tents, with access to water and portable toilets on-site. Hangtown Haven intends to renew this agreement with a 5-year lease and occupancy permit in October, when the 90-day permit expires. This will require a public hearing, and is likely to generate quite a bit of public comment.

There is some concern that the existence of a legal encampment would encourage those who are homeless to come to Placerville. The speakers agreed that transients come to Placerville every summer, but said that this year has been no different.

A question was asked about the steps that will be taken to avoid victimization of mentally ill people who are living at the Homeless Haven. Among those steps:

- The Community Resource Center coordinates the intake system;
- Most of the people who apply to camp at the Homeless Haven also eat meals at the Upper Room;
- Having an available, centralized location gives people a place to go, serves to connect those most in need with existing support services, and is safer than having people live in the bushes or in parking lots.
- Peer groups in the Hangtown Haven provide residents with mutual support, security, and assistance.

An additional question was asked about the length of time people would be allowed to remain at the Hangtown Haven. The facility has a 90-day permit, but is not winterized. When the permit expires, those living in the encampment will transition to the nomadic shelter that is coordinated by the Community Resource Center in collaboration with local churches.

- Community Resource Center, non-profit corporation: The intake process that is provided by the Community Resource Center limits camping in the Hangtown Haven to people who are already in Placerville, and clears all applicants through the police department. In addition, intake workers are able to connect applicants with Mental Health, Public Health, CMSP, and Crisis services as appropriate. Workers also have been able to help some of those who are homeless reconnect with family members, and access veteran's services and food stamps.
- Chief George Nielsen, Placerville Police Department: Chief Nelson stressed the community benefit of Hangtown Haven. Without an encampment, it is more difficult to address the public safety, fire, health, and crime concerns related to homelessness. When people were found living illegally in the bushes or in

parking lots, police had few options. Now people can be screened and connected with services through the Community Resource Center, given a tent and a sleeping bag, and have access to clean water and toilet facilities.

- VII. Social Security Issues/Clients losing benefits: Claudia reported that the parent who first came to the MH Commission meeting in March to comment on problems renewing Social Security disability benefits has just received notice that her son's appeal has been approved, and his benefits will resume. In March, it was believed that there were 10 to 12 clients who had received a notice of termination, and Claudia asked what was known about the status of benefits for those clients. The MH clinical program managers were not available to respond.

Lee Jackson reported that staff members of the Social Services team have been trained in SSI/SSDI Outreach, Access, and Recovery (SOAR). This is a national project that is designed to increase access to SSI/SSDI for eligible adults who are homeless or at risk of homelessness and have a mental illness and/or a co-occurring substance use disorder. Social Services staff members have recently assisted two clients in successfully appealing the denial of Social Service benefits, and they are working on a third case.

- VIII. Department News and Updates: A written update of Department news was distributed. Departmental updates are also included as an appendix to this document [Appendix A].

One additional question was raised and addressed during the discussion of Department news:

- Has there been family input in the development of the Mission and Vision statement for the Mental Health Division? This document is still in draft form, and family members have not been consulted to date.

- IX. Commissioners' Comments:

- Claudia commented that she was disappointed in her experiences attending meetings of the MHSA Advisory Board on July 17, August 2, and August 16. In particular, she noted that the August 2<sup>nd</sup> meeting of the Advisory Board's Children's Subcommittee was attended primarily by current providers of MHSA services for children. Claudia felt that this represents a conflict of interest because those making recommendations to the Department regarding program priorities and allocations also stand to benefit. She is also concerned that there is not a requirement that the MHSA Advisory Board have a quorum before voting on proposed recommendations. Claudia addressed these concerns in a letter to the Department, and she has received a response from the Department but she is not convinced that recommendations made by the MHSA Advisory Board are fair or representative.
- Dr. Lynn offered the opinion that current providers of service be excluded from voting on MHSA Advisory Board recommendations that would impact the services they provide.
- Sophie Cabrera responded, and provided the statutory language in AB 100 and AB 1467 that requires that the County demonstrate a partnership with constituents and stakeholders, including providers of services. The MHSA Advisory Board serves in this capacity, and its recommendations are important in the development of policy, program planning and funding allocations. Their votes provide a record of the sentiment of the MHSA Advisory Board but do not dictate the contents of the final plan. The final plan is established after the 30 day public comment period and by vote of the Board of Supervisors.

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- Members of the MH Commission expressed appreciation to members of the community who attended the meeting, and for the comprehensive discussion of facility issues that resulted from their involvement.

X. Adjournment

## [Appendix A]

### Health and Human Services Agency: Mental Health Departmental Update Mental Health Commission August 22, 2012 Meeting

#### Program Manager 2 Comments (Patricia Charles-Heathers)

- Both Adult and Children Outpatient Services have now developed Mission, Vision, Values and Belief Statements that will serve as the foundation for what these service areas would look like in the future. Staff's input was solicited and their ownership of this process is evident.
- The PHF continues to utilize the new staffing schedules that has helped in significantly reducing the usage and cost of outside services for coverage. The PHF has begun examining their services and has the beginnings of a Mission and Vision statement that will be taken to staff for their input.
- Managers have finalized what their Weekly and Monthly Reports would look like, and a first attempt of the Weekly Psychiatric Reports has been discussed. The Program Coordinators Monthly Report is still in progress and will be discussed at the monthly Leadership Meeting on August 21st.
- I attended a Quarterly All Staff Meeting in South Lake Tahoe on August 15th. This meeting will now occur on a monthly basis, on the the 4th Tuesday of the month. Managers from the Western Slope are encouraged to attend.
- Doris Jones has been selected as the Patient Rights Advocate. Doris previously worked in the department and recently returned as a clinician. She has been serving as the interim Patient Rights Advocate and will assume full time duties September 22nd.

#### Outpatient Services (Laura K. Walny)

- **Clients in Placement:** Effective August 15, 2012, MH is working with 91 clients in a variety of placements:
  - 26 clients placed in an IMD/MHRC (Institute for Mental Disease/Mental Health Rehabilitation Center)
  - 6 clients placed in an Adult Residential Facility (2 in Placerville at the Denise Thompson House)
  - 34 clients in an out of County Board & Care (22 Sacramento, 12 Galt)
  - 23 clients in Transitional Housing or independent apartments in Placerville
- **Staffing:** Current recruitments to fill 3 clinician positions; 2 adult positions and 1 children's position.
- **Adult OP Caseload:** For July, 2012: 449 clients served by 6.5 FTE, 2 p/t extra help staff and Coordinators = average caseload of 64 clients.
- **Children's OP Caseload:** For July, 2012: 174 clients served by 4 FTE, 1 p/t extra help staff and Coordinators = average caseload of 38 clients.
- **Worker of the Day (WOD):** Beginning in January, 2012 clinicians from both adult and children's outpatient units available to address unanticipated situations during business hours.
  - To date, WOD has responded to 143 situations: 42 requests for service, 65 urgent situations (defined as "without timely intervention likely to result in immediate psychiatric emergency"), 25 information only, 13 crisis situations.

- **Adult Registration:** Averages for last 4 weeks: 14 registrations, 5 “no show/cancellations”, 5 assigned to clinicians, 3 referred out to community partners.
- **Continuity of Operations Plan (COOP):** In July, Rob Evans and Laura Walny began working as participants in the County’s development of its Continuity of Operations Plan. The County has hired a contractor to develop an agency wide plan identifying the essential functions and services of the agency and how those services will be maintained in the event of an emergency/disaster. Through this process, we are also looking internally to ensure we have systems in place in the event of an emergency which would enable us to meet the essential functions of our Division.

### **MHSA (Sophie Cabrera)**

- **MHSA Advisory Board - Children’s PEI committee** - The Children’s subcommittee met on August 2, 2012 and recommended the following:

Funding allocation:

- \$40(K) (10% of funds available) for Prevention strategies
- \$360(K) (90% of funds available) for Early Intervention strategies.

Target Population:

- The target population recommendation: children and youth in stressed families and/or children and youth exposed to trauma and/or children and youth at risk of school failure due to unresolved behavioral and emotional issues.

- **MHSA Advisory Board** - The Advisory Board met on August 16, 2012. The Board was presented with the Children’s subcommittee recommendations. The Advisory Board recommendations are as follows:

Funding allocation: The Board voted (with one vote opposed) to recommend the 10% prevention and 90% early intervention distribution.

Target population: The Board voted (with one vote opposed) to recommend the target population as proposed by the Children subcommittee.

- **MHSA Advisory Board- MHD proposed transition plan**

The MHD proposes a transition plan for FY 12/13 that would proceed with the consolidation of the children’s PEI plans into one children’s and youth plan that would allow for the establishment and implementation of practices most appropriate for individual communities through an RFP/RFQ process. The RFP/RFQ process would be completed by late fall of 2012 with contract awards in early 2013. The plan also recognized the effectiveness of the existing Primary Intervention Programs (PIP) and proposed continued funding for FY12/13. All PEI funding would be subject to the RFP/RFQ process in 13/14.

The Advisory Board recommended proceeding with the plan. There was one vote in opposition.

- **MHSA Advisory Board - Wellness and Outreach for Vulnerable Adults**

The MHD initiated a discussion regarding the Wellness and Outreach for Vulnerable adults program with PEI. The MHD is proposing a funding allocation of \$150(K). Lee Jackson, Program Manager with Community Services, Adult Programs provided information regarding current observations and community needs. There was discussion of the need to identify and assist individuals before they are in crisis. A prevention strategy that included community education, cross training for agency staff and training for individuals and community members who have regular contact with older adults was recommended. A committee will be convened to develop the strategy recommendations.

### **South Lake Tahoe (Barry Wasserman)**

- Held all-staff meeting for Mental Health and Public Health on August 15 with Joan Meis-Wilson, Patricia Charles-Heathers, and the new SLT Program Manager I, Bill Campbell, in attendance, along with MH Manager Barry Wasserman and PH Manager Michael Ungeheuer. Future all-staff meetings will be held monthly.
- After many months with 2 full time MH Clinicians out on medical leave, we are now nearly back to full strength. One of those Clinicians has returned full-time and the other has retired. We continue to have skilled MSW Intern filling in 3 days a week for this recently retired person, so we are pleased to this additional capacity returned to our staff.

### **Inpatient and Crisis Services (Rob Evans)**

- El Dorado County PHF continues to operate at capacity with an average daily census of 9-10 clients.
- In July 2012, 6 El Dorado County residents were referred out to private hospitals due to lack of capacity at the PHF.
- 40 unduplicated clients were served at the PHF in July 2012.
- Due to increased staffing, increased support and client interaction there have been no use of restraints for two months!
- Final quarter of FY 11/12 showed a 50% reduction in restraint and seclusion (April, May, June 2011 compared with April, May, June 2012)...
- Received several guitars and drums from NAMI walk funds for PHF music groups.
- Working closely with outpatient with the development of the Intensive Case Management model.
- Continue to improve discharge planning due to increase in staff and the development of a clear protocol by the Quality Improvement Team.
- Working on Mission and Vision Statement with Program Coordinators, Program Staff and Management.
- Working with Mental Health Commission on developing some protocols for both PHF and NAMI to be able to coordinate discharges with family members.

### **Behavioral Health Court Report (Shirley White)**

Placerville Behavioral Health court celebrated a successful completion of one of our participants at the August 6th court date. This graduate will now become a mentor to new participants entering in the program. All graduate mentors will be supervised by the BHC Coordinator. Placerville BHC has 12 active participants. Next BHC proceeding will be held on September 10th due to the Labor Day holiday. Court hearings will begin at 2pm.

South Lake Tahoe has 10 active BHC participants. Two new participants will be welcomed into the BHC court next month. Participant have been increasing their compliance with weekly check in groups and are making progress in their treatment plans. One graduation will be planned for next month. Proceedings will be held on September 20 at 1:30 pm.