

**EL DORADO COUNTY
MENTAL HEALTH JOINT COMMISSION
Minutes September 26, 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. #103
South Lake Tahoe, CA 96150**

I. Call to Order; Roll Call; Introductions

Members: R.S. Lynn, Denise Burke, Ben Ehrler, Claudia Ball, Jim Abram

Guests: Bill Ball, Brady McGuire, Jackie Noren, Bryan Brown, Craig Therkildsen

Staff: Patricia Charles-Heathers, Sophie Cabrera, Janet Stevens, Laura Walny, Doris Jones, Robert Evans, Brenda Roos, Sally Williams, Bill Campbell

II. Approval of Agenda

Approved

III. Approval of Minutes (August 22nd 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.*

No public comment

V. 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]

Additional Comments and questions raised and addressed during the discussion of Department news:

- What progress has been made toward offering an alternative to the Bipolar Insights group that would be available during the daytime? The Department is keeping a list of clients who would be interested in this group and we are hoping to initiate new groups when Adult outpatient services are fully staffed. Once an alternate group is available, the court can accommodate client requests to attend the alternate group at their initial hearing.
- Is the Denise Thompson house now up and running? Non-conserved clients have been placed at the Denise Thompson Home; those who have been conserved must have this placement approved through the court.
- Does Progress House have a contract with the Department – and if there are questions about that agency, who should we talk to? Yes, we do have a contract with Progress House, and questions about that should be directed to Patricia Charles-Heathers.

- Commission members wanted reassurance that the intention would be to serve in-county clients at the PHF first, and that out-of-county clients will only be accepted when additional beds are available. Consensus was that out-of-county contract hospitals are larger (60 to 120 beds) and more impersonal. There was agreement that recovery begins in the hospital, and concern that recovery is less likely to occur in larger facilities.

VI. Update on proposed move of Mental Health and on issues relevant to move.

- Fact-finding continues as the County continues to consider options for the location of the Mental Health Clinic. The Logan Building (located at 768 Pleasant Valley Road in Diamond Springs) as well as the current Clinic location (Golden Plaza I, 670 Placerville Drive) are under consideration at this time. The County Facilities Manager is coordinating the search for the most cost-efficient and accessible location; issues of code-compliance and effective use of space are being considered as well. The County's lease on the Golden Plaza location will expire at the end of October, 2012; there is hope that the County and the Golden Plaza managing partners can reach an agreement to allow Mental Health to continue to occupy the current building on a month-to-month basis if a long-term site has not been secured at lease-end.
- Brady McGuire, one of the Golden Plaza managing partners, reported that he had submitted required information and plans to the County four weeks ago, but has not yet received a reply.
- Mr. McGuire also spoke of the concerns that he is aware of regarding the Logan Building: parking is limited to approximately 70 spots; there are no sidewalks adjacent to the building; there are separate entrances but no elevator connecting the main level and the lower level of the building; and the space was not designed for subdividing to create interior offices.
- Jim Abram noted that the proposed move has been brought before the MH Commission for four consecutive meetings, but no comparative cost information has been presented.
- Dr. Lynn noted that he has heard no credible reason why Mental Health should give up their current location in the Golden Plaza building, and stated that it is the responsibility of the Department to provide the Commission with full disclosure of the reasons why relocation is being pursued.
- Commission members asked if there is a potential timeline for a final decision on the proposed move. They agreed that they want an opportunity to vote on the proposed move, and advise the Board of Supervisors of their recommendations.
- Joan Meis-Wilson explained that the building negotiations are coordinated by the County Facilities Manager and are out of the hands of the Department.
- The Commission members proposed and approved a motion to have the Facilities Manager attend the next MH Commission meeting, and report on the status of negotiations, including the specific facts and relevant issues.

VII. Continuum of Care Presentation by MH Department: A written copy of the presentation was distributed. Those handouts are also included as an appendix to this document [Appendix B]

- Within the context of the Continuum of Care, Patricia Charles-Heathers discussed Recovery-Oriented Community-Based Services (the ROCS model)

being implemented as part of WS Adult Services. The ROCS team will provide intensive case management to clients who have challenging and persistent mental illnesses, typically with a LOCUS score of 18 to 23. These clients often have a history of multiple hospitalizations, experience difficulties with everyday functions, and frequently have problems living independently.

- The ROCS team will also serve to bridge the gap between in-patient and out-patient services, and provide transitional care to clients who have been discharged from the PHF.
- Along with the implementation of the ROCS team, the Department is working to establish emergency housing alternatives in Placerville. Together, these services are intended to provide the level of support that has been available in the CRT for clients transitioning out of hospitalization and/or requiring a high level of care in order to avoid hospitalization.
- MHSA funds redirected from the anticipated closing of the CRT can be used to support the ROCS team and emergency housing alternatives.
- Jackie Noren from the Sheriff's Office added a description of how the Crisis Intervention Team (CIT) model has evolved to include CIT-trained deputies on every shift, and core training for all deputies on 5150 criteria.

VIII. Commissioners' Comments

- Claudia Ball relayed that she had received an email from Rose King, who helped to draft Proposition 63 (The Mental Health Services Act [MHSA] passed by voters in November, 2004). Ms. King has questioned the effectiveness of MHSA programs, and in 2009 she filed a whistleblower complaint with the state over the implementation of MHSA programs. Ms. King has voiced specific concerns about the use of Prevention and Early Intervention (PEI) funds for individuals who have not been diagnosed with a Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED). Claudia shares some of the same concerns around the use of El Dorado County's PEI funds, and urged others to look on the web for information about Rose King's complaint.

IX. Adjournment

**Appendix A:
Health and Human Services Agency: Mental Health Departmental Update
Mental Health Commission
September 26, 2012 Meeting**

Program Manager (Patricia Charles-Heathers)

- The Mental Health Continuum of Care was presented to some MH Commission members on September 7, 2012 with very positive feedback. Claudia Ball, MH Commission Chair, asked for this presentation to be done with all MH Commission members at the next MH Commission meeting.
- The PHF completed their Mission, Vision, Values and Beliefs statements. After PES has been completed, this process will go to MH Commission for feedback and input.
- The formats for the Weekly and Monthly Reports have been completed for all services on the Western Slope. Each area of service will begin collecting data from October 1, 2012.
- The monthly Leadership meeting occurred on September 18, 2012. A draft of the Leadership Meeting Charter was distributed and discussed and will be finalized by the October meeting.
- The Addenda Budget will be approved on September 25th. The 3.3 million dollar loan was repaid. We have been approved to hire three clinicians and one senior analyst for MHSA. We are currently developing monitoring sheets for contracts and expenditures.

Outpatient Services (Laura K. Walny)

- Adult OP Caseload: For August 2012, 456 clients served by 6.5 FTE, 2 p/t Extra Help staff and Coordinators = Average caseload of 60.8 clients.
- Adult Clients in Placement: Effective September 14, 2012, MH Adult OP has been working with 90 clients in a variety of placements:
 - 25 clients placed in an IMD/MHRC/State Hospital (Institute for Mental Disease/ Mental Health Rehabilitation Center)
 - 6 clients placed in an Adult Residential Facility (two in Placerville at the Denise Thompson Home)
 - 35 clients in out-of-county Board-and-Care facilities (22 in Sacramento, 14 in Galt)
 - 24 clients in transitional housing or independent apartments in Placerville
- Children's OP Caseload: For August 2012, 165 clients were served by 4.5 FTE, 1 p/t Extra Help staff and Coordinators – Average caseload is 30 clients.
- Worker of the Day: Beginning in January 2012, the clinicians in the Children's and Adult units have been available to address unanticipated situations during business hours.
 - During the month of August, the Worker of the Day (WOD) responded to 42 situations; 25 requests for services; 9 urgent situations (defined as "without timely intervention likely to result in immediate psychiatric emergency"); 3 information-only calls and 5 crisis situations.
- Adult Registration (formerly Tuesday intake): Telephone triage protocol is now in place and being tested; Worker of the Day conducting calls. Averages for the last 4 weeks: 16.5 registrations per week, 6.75 "no shows/cancellations", 6.5 assigned to clinicians, 3.25 referred out to community partners.

- Social Security Disability Benefits: OP staff have worked with 4 clients since April who have had their benefits challenged for either reduction or cancellation. The necessary information has been provided to the Administration including a letter from our Psychiatrist supporting the clients' individual needs for continued benefits related to their inability to work. Any other clients with similar challenges should discuss with their case manager or contact the Patient Rights Advocate.

MHSA (Sophie Cabrera)

- The Board of Supervisors received a presentation on MHSA, describing key changes and the proposed transition from the current plan to the 12/13 plan.
- Staff is constructing a webpage that will provide information and resources on suicide prevention.
- We have approached Pacific West (The Aspens in South Lake) regarding partnering with the MHD to establish permanent supportive housing as a component of their housing community planned for development in South Lake Tahoe.
- Incredible Years (IY) classes are in progress in Placerville and will be starting this month in SLT.

South Lake Tahoe (Barry Wasserman)

- Sally Williams has announced her intent to leave the Mental Health Division effective October 5. She will be taking a new position with the Probation Department, working in the Tahoe JTC. Sally has served Mental Health for 16 years and we truly wish her well and thank her for her service.

Inpatient and Crisis Services (Rob Evans)

- Client Statistics: 19 days of August, average census between 9 and 10; total clients served = 50; total new admits = 42.
- Number of PHF bed days used by other contracted counties: 50
- Clients diverted to contract inpatient: 7 clients diverted due to lack of beds at PHF. Approximately 24 bed days used in contract hospitals.
- Benefit data: For August there were 310 possible bed days; 274 were used at El Dorado County PHF, 24 at contract hospitals (298 days total). Out of the 274 PHF days, 12 were without payment source indicating 95% benefit and/or payor source. This includes CMSP, MediCal, and PHF beds used by other counties.
- Important notes: Many referrals from other counties are denied due to lack of capacity. There is clearly a desire for increased EDC PHF beds for use in-county and also by other counties. The PHF has received positive feedback from other counties regarding improvements in PHF services.
- Total 5150 assessments: 62 assessments done by El Dorado County Crisis Team.
- Total holds not meeting 5150 criteria: 6.
 - Currently working on collecting data on number of crisis interventions and hours of time spent per shift doing non-5150 assessments. Crisis spends a great deal of time engaged in crisis service delivery that are not actual 5150 evaluations.
- Program Changes: Working on scheduling "PHF Floor Schedules" which would designate specific PHF areas to PHF staff. This would increase interaction with clients. Also in the process of increasing floor activities.
- Family/NAMI Projects: Working on creating a family-friendly brochure on inpatient services which would include a frequently-asked-questions (FAQ) component; met with

Claudia and Lynn to discuss important components. Please email any FAQs to Robert.evans@edcgov.us. All suggestions and ideas are welcomed.

Behavioral Health Court Report (Shirley White)

- Placerville BHC has 11 active participants and 3 pending new referrals. 4 clients were recognized for their outstanding efforts throughout the month. Many of our clients are successfully engaged in substance abuse treatment in addition to mental health treatment and are accessing the various 12-step meetings available to them in the community. An attorney from the Public Defender's Office has agreed to be available during BHC check-in group once a month at the Mental Health offices so that BHC participants can have better access to get any legal questions answered. Next BHC court date will be October 1, 2012 at 2pm.
- South Lake Tahoe BHC has 9 active participants. 3 participants were recognized for their outstanding efforts for the past month. Two of our clients have been struggling with a variety of medical needs that are being monitored closely by Mental Health and the BHC team. The next BHC court date in South Lake Tahoe will be held on October 18, 2012 at 2pm.

Appendix B:

Continuum of Care Adult Services

Continuum of Care: An integrated system of care that guide and tracks clients over time through a comprehensive array of services spanning all levels of intensity of care.

State Hospital



Psychiatric Health Facility (PHF)



Mental Health Rehabilitation Center (MHRC)
Skilled Nursing Facility (SNF)



Recovery Oriented Community-Based Services (ROCS)



Adult Residential Facility (ARF)



Board and Care (B & C)



Transitional Housing (T-House)



Supported Independent Apartments

Psychiatric Emergency Services (PES)

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

Continuum of Care

El Dorado County
Health and Human Services Agency
Mental Health Division

Presented by:
Patricia Charles-Heathers, Ph.D.
Program Manager II

1

Continuum of Care

Definition:

An integrated system of care that guides and tracks clients over time through a comprehensive array of services spanning all levels of intensity of care.

2

Continuum of Care

State Hospital

- * For clients who require extended long term support in a secure environment.
- * Typically clients are referred from their home county under a civil commitment, or through the courts on a forensic commitment.

3

Continuum of Care

Psychiatric Health Facility (PHF)

- * An alternative for acute inpatient treatment in a nonhospital setting.
- * Provides acute short-term treatment in order to stabilize clients and place them in the next best lower level of care.

4

Continuum of Care

Mental Health Rehabilitation Center (MHRC)

- * This is a locked inpatient facility for clients who continue to require stabilization on medication and ongoing support in obtaining the necessary skills to be successful in an open facility.

5

Continuum of Care

Skilled Nursing Facility (SNF)

- * For clients with significant medical challenges who are unable to receive the high level of medical support that is necessary and not typically provided in traditional mental health placements.

6

Continuum of Care

Recovery Oriented Community Based Services (ROCS)

- * Provides a bridge between inpatient and outpatient services.
- * Services are provided to clients in their homes, neighborhoods, etc.
- * Support is available 24 hours a day, 7 days per week.

7

Continuum of Care

Adult Residential Facility (ARF)

- * Provides 24 hours nonmedical support and rehabilitative services for adults 18 – 59 years old.
- * Goal is to prepare them for transitioning to more independent living.
- * Length of stay is typically six months or less.

8

Continuum of Care

Board and Care

- * Provides a home-like environment for clients receiving nonmedical custodial care and supervision.
- * There are six or fewer residents per Board and Care and placements tend to be longer term.

9

Continuum of Care

Transitional Housing

- * Short-term supported housing for clients who are able to live independently with daily check-ins from Mental Health Staff, providing assistance with meeting daily needs, e.g., grocery shopping, meal preparations, etc.
- * The goal is to move to independent housing.

10

Continuum of Care

Supported Independent Apartments

- * Local private apartments in Placerville and surrounding communities, with check-in supportive services by Mental Health Staff one to three times weekly.

11

Continuum of Care

Psychiatric Emergency Services (PES)

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

12

Recovery Oriented Community-Based Services

Model

- * Intensive Case Management = High Level of Support
- * Provides a bridge between inpatient and outpatient services
- * Support is available 24 hours a day, 7 days per week

13

Recovery Oriented Community-Based Services

Model

- * Team Members have specialties in Psychiatry, Psychology, Nursing, Social Work, Substance Abuse Treatment, Vocational Rehabilitation and Community Resourcing
- * Treatment Services are provided rather than referrals to multiple programs
- * Clients are centrally located to Placerville

14

Recovery Oriented Community-Based Services

Admission Criteria

- * Challenging and persistent mental illness
- * History of multiple hospitalizations due to their mental illness
- * Unable to live independently because of significant difficulty with everyday functions, e.g., medication non-compliance

15

Recovery Oriented Community-Based Services

Admission Criteria

- * Could be maintained in the community with a full range of support services
- * FSP and other clients as designated by the MHD who could benefit from services
- * LOCUS Score of 18-23

16

Recovery Oriented Community-Based Services

About the LOCUS

- * LOCUS stands for Level of Care Utilization System
- * Industry standard for public mental health programs in assessing service needs
- * See Handout

17

Recovery Oriented Community-Based Services

Benefits

- * Reduction in institutionalization
- * People are maintained in the community
- * Services are individualized

18

Recovery Oriented Community-Based Services

Benefits

- * Work with clients in their homes, neighborhoods and other places where their problems and stresses arise and where they need support and skills
- * Team approach; so there isn't dependence on one individual
- * Cost effective

19

Recovery Oriented Community-Based Services

Discharge Criteria

- * 3 months of 80% medication compliance
- * Actively involved in recovery services several times a week
- * 3 months demonstrated ability to provide for their meals and ADLs (activities of daily living)
- * LOCUS Score goal below 17 and above 23

20

Recovery Oriented Community-Based Services

Crisis Residential Treatment (CRT)

- * Does not serve clients with sub-acute mental illness
- * Clients served have an urgent need for housing and benefits

21

Recovery Oriented Community-Based Services

Psychiatric Health Facility (PHF)

- * Expansion to 16 beds is needed
- * Currently an average placement of 1.6 clients/day at an average cost of \$837/day
- * Short Doyle cost for clients from July–August 2012 = 37 bed days = \$30,969.00

22

Emergency Housing

Full Service Partnership

- * Funds are utilized for immediate needs
- * Agreement between the client and El Dorado County
- * Flexible funds are available for housing, clothing, food and vocational support

23

Emergency Housing

General System Development

- * Emergency funds are used to improve the life of clients and families or
- * Emergency funds are used to improve the general mental health system of the people of El Dorado County

24

Emergency Housing

Outreach and Engagement

- * Indicators of mental health needs are present
- * Funds can be used for clothing, food, housing and transportation
- * Purpose is to assess if assistance is needed and then engage in services

25

LOCUS

Level of Care Need:

Level	Score	Services
1 Recovery Maintenance & Health Management	10-13	Up to 2 hours per month, but not less than 1 hour every 3 months
2 Low Intensity Community-Based Mental Health Services	14-16	Up to 3 hours per week, but not less than 1 hour every 2 weeks
3 High Intensity Community-Based Mental Health Services	17-19	At least 3 days per week and each session lasts 2-3 hours.
4 Medically Monitored Non-Residential Mental Health Services (ICM)	20-22	While NOT in a 24 hour, 7 days a week setting, a team of caregivers is needed and a Psychiatrist or other medical doctor is a participant - This is typically ACT.
5 Medically Monitored Residential Mental Health Services	23-27	A team of caregivers with a Psychiatrist or a Medical Doctor participating while the client is in a 24 hour, 7 days a week environment.
6 Medically Managed Residential Mental Health Services	28 or more	A Psychiatrist or other Medical Doctor leads a team of caregivers providing 24 hour, 7 days a week care (i.e. hospital-based).

This tool is used in conjunction with the Mental Health Comprehensive Assessment as the LOCUS is a placement/level of care determination tool, not to replace the clinical interview and all information associated with the comprehensive assessment (records, collateral information, etc.).