

**EL DORADO COUNTY  
MENTAL HEALTH JOINT COMMISSION  
Minutes: October 23, 2013**

**TIME: 5:00 PM**

**PLACE: Video-Conference at:  
Western Slope at 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: Jim Abram, Claudia Ball, Denise Burke, R.S. Lynn, Craig Therkildsen, Linn Williamson,  
Guests: Bill Ball, Maureen Focht, Suzanne Laub, Diana Hankins, Jeanne Harper, Steve Manheim, Chris Stedeford  
HHSA Staff: Don Ashton, Patricia Charles-Heathers, Dennis Plunkett, Brandi Reid, Ren Scammon, James Robbins, Janet Stevens, Laura Walny  
Other County Staff: Brenda Bailey, Lt. Jackie Noren
- II. Approval of Agenda
  - Approved with correction to item III Approval of Minutes from August to September
- III. Approval of Minutes (September 2013)
  - Unable to approve due to no quorum, deferred to the next regular meeting of the Mental Health Commission
- IV. Public Comment (15 minutes)
  - Maureen Focht commented that Hangtown Haven is closing as their use permit was not extended.
  - Lt. Jackie Noren announced that the Sheriff's Department was awarded the grant for Crisis Intervention Training (CIT) for officers. She also wanted to thank everyone for their letters of support. Ren Scammon stated that CIT has been included in the FY 13-14 MHSA Plan so that we can coordinate efforts.
- V. Questions/comments regarding the Mental Health Division Monthly Report
  - Jim Abram asked a question regarding the planned use of space at the new building now that children's outpatient services will be primarily contracted out. Dennis Plunkett stated that the Quality Improvement (QI) unit will be occupying the space in the new building and they will be conducting assessments and re-assessments. He stated that all assessments for both children and adults will be done by the QI unit.
  - Diana Hankins asked if there will be psychiatrists assigned for children's to work with the contract providers. Dennis Plunkett responded that there are two potential psychiatrists in the process of being hired, one for each slope (Dr. Spidell for South Lake Tahoe via telepsychiatry).

- Linn Williamson expressed concern over the Department's "overnight decision" to no longer provide children's services in-house and to contract the services out to contract providers. Don Ashton responded that the decision was in fact, not made "overnight". He has been in discussion for the past 45 to 60 days with a variety of community based organizations (CBOs). Don Ashton also reiterated the importance of shifting the types of services provided in order to be able to utilize MHSA funds. Our current traditional realignment funding will be exhausted by the end of this fiscal year at the current rate of spending. If we don't shift to MHSA services and funds, we will either have to close services or ask the Board of Supervisors for a general fund contribution. Ren Scammon also mentioned the issue of supplantation, that we cannot just use MHSA funding to cover existing traditional services. MHSA funding must be used to either expand existing services or for new programs using a different model.
- Denise Burke asked what a parent with a child in crisis would do if we are no longer providing services to children. Patricia Charles-Heathers responded that the worker of the day will continue to handle all crisis calls and assessment, for both children and adults.
- Maureen Focht asked if the 14 new proposed clinicians will be funded with MHSA funds. Patricia Charles-Heathers responded that MHSA funds will be used to fund the new positions for both the WS and SLT, 10 for WS and 4 for SLT. The formation of the Intensive Case Management (ICM) team will allow for strong community focus to meet the needs of the community. There is AB109 funding that will be used to fund some of the clinicians as well.
- Denise Burke asked if Tahoe Youth and Family Services is the only contract provider for children's services in SLT. Patricia Charles-Heathers stated that Sierra Child and Family is also available and that we can also issue a Request for Proposal (RFP) for additional services if there is a need.

## VI. New Business

- a. Presentation on Community Corrections Partnership and Jail Liaison by Laura Walny, Program Manager, Office of the Public Guardian

The El Dorado County Community Corrections Partnership (CCP) was established in law in 2009 by Penal Code 1230. The executive committee is the planning body for 2011 Public Safety Realignment Plan. Membership includes: Probation, Superior Court, Board of Supervisors/CAO, District Attorney, Public Defender, Sheriff, Police Department, Health and Human Services Agency, and the Office of Education.

The El Dorado County Community Corrections Center (CCC) is a multidisciplinary center where adult offenders can receive the combined supervision, training and treatment they need in order to successfully transition back into the community. Current plans for the CCC site, which is adjacent to the Probation offices, are in the final stages with the architect. The projected timeframe for completion is mid-January to early February.

Mission: The CCC will serve adult offenders with the highest risk for re-offending, by delivering an evidence based approach to treatment in a collaborative setting to reduce offender risk factors and recidivism and increase community safety.

Program Model: The Moral Reconciliation Therapy (MRT), a cognitive-behavioral counseling program which combines education, group and individual counseling

designed to foster moral development in resistant clients, will be the core curriculum for the Program. MRT is a step by step program which addresses how clients think and make judgments about what is right or wrong with the goal of developing higher stages of moral reasoning. Clients in the Program will participate in a variety of individual and group sessions throughout the week depending upon identified needs, in addition to meeting their traditional requirements for probation. Groups will include: Substance Abuse Treatment/Relapse Prevention, Seeking Safety group (co-existing disorders of substance abuse and trauma), Anger Management, medication group, job readiness, etc.

Eligibility: The CCC will serve non-violent, non-sexual adult offenders on a grant of formal, felony probation; Mandatory Community Supervision or post release Community Supervision. Individuals active in specialty courts (Drug Diversion, DUI, BHC, et al) are not eligible. Eligibility determinations will be made by the CCC treatment team.

Staffing: The staff will be co-located on site at the CCC and will provide services for both WS and SLT and will include the following:

- Sheriff's Officers in both Inmate Services and Custody
  - Supervising Deputy and Deputy Probation Officers
  - Mental Health Clinician
  - Health Education Coordinators
  - Public Health Nurse
  - 1.5 FTE Program Assistants
  - HNSA Eligibility Worker
  - Part-time teacher offering GED and diploma programs
  - Part-time Legal Aid, child support and other supportive services
- Claudia Ball asked what is happening with the money that was designated as part of this program for housing. Don Ashton stated that the \$20,000 for transitional housing has been in the CCP budget and is still here. The Program Assistants will assist clients in obtaining transitional housing. The money won't last very long as it is a small allocation, but we can revisit that issue in future budget years.
  - Claudia Ball asked if there had been any effort made to include local churches. Laura Walny stated that she hadn't heard specifically of any churches at this time.
  - Diana Hankins asked if this program was for clients in jail or once they have been released. Laura Walny responded that it was for both. The plan is to start working with clients while they are still incarcerated and then to provide linkage to needed services once they are released. These services will be provided by the three Health Education Coordinators.
  - Jeanne Harper stated that this program sounds great and wanted to know how the program will be assessed. Don Ashton stated that the budget includes \$125K for an analyst to assess the success of the program. Since there was no good fit internally, they are looking to contract this service out. He expects that there will be continued evaluation for the next ten to fifteen years and the one of the key measures of success will be lowering the rate of recidivism. He asked everyone to keep in mind that this is new funding for everyone statewide, so it will take awhile to get the program geared up. El Dorado County has an advantage in that the departments already get along fairly well which has made the process better. There have been some frustrations

along the way, namely that it took a year and a half to get the CCC space. We are looking at a January or February 2014 implementation date which is very exciting for all involved.

- Claudia Ball asked what percentage of clients are addicted to drugs. Laura Walny stated that she cannot say for certain, but she would imagine that it is a fairly high percentage.
- b. Presentation of MHSA Fiscal Year 2013/2014 Plan by Ren Scammon, MHSA Program Manager

The FY 13-14 MHSA Plan is based on information received from the Community Planning Process which started in April 2013. The proposed programs will either be contracted out through a Request for Proposal (RFP) process, sole source or provided by County staff. The proposals listed in the plan include all anticipated funding as well as some reserves to be used to fund one-time expenses or program start-up costs. The plan is arranged differently this year than it has been in years past and does not include Innovation, which requires state approval.

California voters passed Proposition 63, the Mental Health Services Act (MHSA) in November of 2004. The MHSA imposes a one percent (1%) tax on personal income in excess of \$1,000,000. In addition to the approximate \$5M MHSA funds received annually, the County received approximately \$1M per year in Medi-Cal reimbursement.

The MHSA requires a stakeholder community input process. We held community planning meetings in six main areas of the community. One of the overwhelming recommendations was that services need to be provided in local communities. The range of services included in the MHSA plan range from birth to end of life. There are five components within MHSA.

Prevention and Early Intervention (PEI) refers to programs designed to prevent mental illnesses from becoming severe and disabling and to identify risk factors for mental illness. We have included five programs in PEI including Youth and Children's Services, Community Education Program, Health Disparities Program, Wellness Outreach for Vulnerable Adults, and Community-Based Services. There are many separate projects within each program and a detailed description of each has been included in the plan posted on the website at <http://www.edcgov.us/MentalHealth/MHSA.aspx>.

Community Services and Supports (CSS) refers to service delivery systems for mental health services and supports for children and youth, transition age youth, adults and older adults. These programs provide direct services to adults who have a severe mental illness or children who have serious emotional disturbance. We have included four programs in CSS including the Youth and Family Strengthening Program, Wellness and Recovery Services, Transitional Age Youth (TAY) Services, and Community System of Care.

Innovation has not been included in the plan at this point because it requires State approval.

Workforce Education and Training (WET) includes education and training programs and activities for prospective and current public mental health system employees, contractors and volunteers. We have included seven programs in WET including Workforce Education and Training (WET) Coordinator, Workforce Development,

Psychiatric Rehabilitation Training, Early Indicators of Mental Health Issues, Suicide Prevention Training, Consumer Leadership Academy, and Crisis Intervention Team Training.

Capital Facilities and Technological Needs (CFTN) are items necessary to support the development of an integrated infrastructure and improve the quality and coordination of care that will transform the mental health system. We have included three programs in CFTN including Electronic Health Record System Implementation, Telehealth, and Electronic Care Pathways.

A quorum of the MH Commission is required in order to host the public meeting, which is scheduled for Wednesday, October 30, 2013, at 5:00 PM. Any questions or comments on the plan are encouraged.

- c. Select Mental Health Commission nominating committee for officers for 2014
  - It was recommended that Craig Therkildsen, Bonnie McLane and Claudia Ball be on the nominating committee and Claudia Ball agreed to be the chair. The committee will need to nominate a Chair, Vice Chair and Secretary.

## VII. Old Business

- a. Update/discussion on Mental Health Division move to 768 Pleasant Valley Road
  1. Move-in Date: Don Ashton reported that the move is happening on Friday and over the weekend. All feedback from the community members, staff and the public has been very positive. The grading for the parking lot has begun. The Board of Supervisors approved yesterday the easement for the bus stop. The estimated time for completion of the bus stop is 2 to 3 weeks. We don't anticipate parking issues, but if need be, we can move 10 County cars to Briw Road.
  2. Transportation concerns: Dennis Plunkett reported that every effort is being made to ensure a smooth transition to the new building for the clients. MH Staff will provide transport service between the closest existing El Dorado Transit bus stop and the new Outpatient Clinic. MH Staff will coordinate transport consistent with the current El Dorado Transit schedule for this stop. Staff will meet clients departing from this stop and drive them to the clinic to avoid any clients attempting to cross Pleasant Valley Road. MH Drivers will utilize an existing 15-passenger van to provide transportation to/from locations throughout Placerville consistent with our current clients identified needs. This temporary shuttle will also stop at 670 Placerville Drive to accommodate any clients unaware of the relocation. The shuttle will also stop at both major El Dorado Transit transfer stations to provide transportation for clients coming from the Pollock Pines and Cameron Park areas. The shuttle driver will track the number of riders picked up and/or dropped off at these stops to gather data for future transportation needs. The shuttle driver will communicate any problems and/or overflow issues to the clinic transportation 'point person' for assistance. Any client contacts regarding transportation needs will be forwarded immediately to the Worker of the Day (WOD) for immediate resolution. Any needs the WOD is unable to solve will be immediately forwarded to a Program Coordinator or the Manager of Mental Health Programs for resolution as appropriate.
- Linn Williamson commented that there has been great follow through from County

staff all through the process. The transportation plan is thorough and well planned.

- Don Ashton stated that there has been great collaboration and partnership with members of the Mental Health Commission - Jim Abram, Jan Melnicoe and Craig Therkildsen at the move meetings.
  - b. Update on Laura's Law Committee: Jim Abram reported that things are moving along nicely. The next meeting will either be on November 13<sup>th</sup> or 15<sup>th</sup> and they will be inviting all stakeholders to attend. Michael Heggarty from Nevada County will be returning to give a presentation. He would encourage all County Supervisors to attend as he gives a very powerful presentation.
  - c. South Lake Tahoe: Don Ashton reported that they are close to finalizing the recommended lease terms to the Board of Supervisors. Everyone seems to like the space for the Wellness Center and are hopeful that things will work out.
  - d. Follow up/update on client concerns/issues discussed at September's MHC meeting: Dennis Plunkett met with Suzanne Laub, Sabrina Owen and Diana Hankins today. Suzanne Laub commented that she wants to make sure that this tragedy does not happen to anyone else.
  - e. Mental Health Division Service Provider List for South Lake Tahoe and West Slope: Dr. Lynn reported that he did receive a list of contracts, but he would like the information provided in a more user friendly format. He stated that the list lacks information on where and to whom services are provided and what specifically the contractors are providing for the money. He stated that he will address his concerns directly with the person who provided him the information. He also requested an org chart of the Mental Health Department with names and contact information in boxes. Don Ashton stated that we can provide that information.

#### VIII. Commissioners Comments

- None

#### IX. Determination of Mental Health Commission Meeting for November

- Next regular meeting of the Mental Health Commission is scheduled for 5:00 PM on November 20, 2013.
- Also the next special meeting is scheduled for 5:00 PM on October 30, 2013 for the public hearing for the FY 13-14 MHSA Plan Update.

#### X. Adjournment