EL DORADO COUNTY
MENTAL HEALTH JOINT COMMISSION
DRAFT Minutes: November 19, 2014

TIME: 5:00 PM

PLACE: In person and councils connected via tele/video-conferencing:
Western Slope – Health and Human Services Agency (HHSA)
Sierra Room
3057 Briw Road
Placerville, CA 95667

South Lake Tahoe – Public Health Office
1360 Johnson Blvd., #103
South Lake Tahoe, CA 96150

I. Call to Order; Roll Call; Introductions

Mental Health Commissioners: Jim Abram, Denise Burke, Stephen Clavere, Ben Ehrler, R.S. Lynn, Bonnie McLane, Guadalupe Medrano, Jan Melnicoe, Maria Quintero, David Sterkin, Linn Williamson

Mental Health Commission Associate Members: Dan Boals, Stephen Ehrler, Diana Hankins

HHSA Staff: Don Ashton, Patricia Charles-Heathers, Holly Janoska, Sabrina Owen, Dennis Plunkett, Robert Price, Brandi Reid, Ren Scammon

II. Approval of Agenda

- **MOTION:** A motion was made by Bonnie McLane, seconded by Jan Melnicoe, to approve the agenda as written.

  Yes: 8 - Abram, Clavere, Ehrler, Lynn, McLane, Melnicoe, Sterkin, Williamson
  No: 0
  Absent: Denise Burke, Guadalupe Medrano, Maria Quintero

III. Approval of Minutes

- **MOTION:** A motion was made by Bonnie McLane, seconded by R.S. Lynn, to approve the minutes of October 22, 2014 as written.

  Yes: 8 - Abram, Clavere, Ehrler, Lynn, McLane, Melnicoe, Sterkin, Williamson
  No: 0
  Absent: Denise Burke, Guadalupe Medrano, Maria Quintero

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IV. Public Comment

- None

V. Report from the Nominating Committee on the slate of officer nominees for calendar year 2015, the vote for which will occur in January 2015

- Bonnie McLane reported that slate of officer nominees for 2015 are:

  West Slope:
  Chair – Jim Abram
  Vice Chair – Jan Melnicoe
  Secretary – Bonnie McLane

  South Lake Tahoe:
  Chair – Denise Burke
  Vice Chair – R.S. Lynn
  Secretary – nominations on the floor will be accepted at the January meeting

  Countywide:
  Countywide Chair – Jim Abram

VI. Report from the Membership Committee regarding Commissioner re-appointments and vacancies; Mental Health Commission to discuss and potentially vote on its recommendation to be submitted to the Board of Supervisors regarding reappointments and vacancies

- Jim Abram reported that there are four vacancies coming up on the Commission on January 1, 2015. Ben Ehrler, Bonnie McLane and Maria Quintero have agreed to be re-appointed for another term. Linn Williamson has decided not to continue on as a Commissioner.

- **MOTION:** A motion was made by R.S. Lynn, seconded by Linn Williamson, to recommend to the Board of Supervisors the re-appointment of Ben Ehrler, Bonnie McLane and Maria Quintero for another term to the Mental Health Commission.

  Yes: 9 - Abram, Burke, Clavere, Ehrler, Lynn, McLane, Melnicoe, Sterkin, Williamson
  No: 0
  Absent: Guadalupe Medrano, Maria Quintero

- Jim Abram advised that new applications need to be completed for the three Commissioners seeking re-appointment.

VII. Recommendation by Commissioner Burke that the Board of Supervisors appoint Stephen Ehrler to the Mental Health Commission, South Lake Tahoe Council

- Denise Burke recommended to the Commission that Stephen Ehrler be appointed to the Mental Health Commission, South Lake Tahoe Council.
- Stephen Ehler introduced himself to the Commission.
- **MOTION:** A motion was made by David Sterkin, seconded by Jan Melnicoe, to recommend to the Board of Supervisors the appointment of Stephen Ehrler to the Mental Health Commission, South Lake Tahoe Council.

  Yes: 9 - Abram, Burke, Clavere, Ehrler, Lynn, McLane, Melnicoe, Sterkin, Williamson
  No: 0
  Absent: Guadalupe Medrano, Maria Quintero

VIII. Recommendation by Commissioner Abram that the Board of Supervisors appoint Daniel Boals to the Mental Health Commission, West Slope Council

- Jim Abram recommended to the Commission that Daniel Boals be appointed to the Mental Health Commission, West Slope Council.
- Dan Boals introduced himself to the Commission.
- **MOTION:** A motion was made by Bonnie McLane, seconded by Jan Melnicoe, to recommend to the Board of Supervisors the appointment of Daniel Boals to the Mental Health Commission, West Slope Council.

  Yes: 9 - Abram, Burke, Clavere, Ehrler, Lynn, McLane, Melnicoe, Sterkin, Williamson
  No: 0
  Absent: Guadalupe Medrano, Maria Quintero

IX. Laura's Law (LL) / Assisted Outpatient Treatment (AOT) Committee

a. Members
   - Jim Abram stated that new members are needed on the Laura's Law committee. Jan Melnicoe and Jim Abram are already on the committee and Stephen Clavere volunteered to participate as well. This committee will need to make a recommendation to the Board of Supervisors in March 2015.

b. Set December committee date
   - There will be a committee planning meeting on Wednesday December 3, 2014 at 9:00 am at Briw Road.

X. Presentation by the Mental Health Division on the Intensive Case Management Team

- Dennis Plunkett, Holly Janoska and Sabrina Owen presented to the

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Commission about the services provided by the Intensive Case Management (ICM) Team. A copy of the presentation is included as an appendix to this document (Appendix A).

XI. Discussion of the California Mental Health Planning Council's Data Notebook 2014 for El Dorado County of El Dorado

- Jan Melnicoe stated that the Data Notebook should have been presented to the Commission prior to submittal and that if this report is going to be done annually, the Mental Health Division needs to involve the Commission.
- Stephen Clavere stated that the report should have included information on Laura's Law.

XII. Questions/Comments on Mental Health Division Monthly Report

- A written update of the Mental Health Division was distributed. The Division Monthly Report is included as an appendix to this document (Appendix B).
- Jan Melnicoe asked if there is a warm line in place since there is a tendency for increased anxiety during the holidays. Sabrina Owen advised that there is a warm line in place.
- Guadalupe Medrano asked to be notified of any programs or services related to the Latino community. Maria Quintero added that the Latino community is reluctant to come out to talk about the need for mental health services.
- Don Ashton stated that Netsmart profiled El Dorado County about how well the department is using Avatar and meeting its goals.

XIII. Commissioner's Comments

- Jim Abram stated this is the last MHC meeting of the calendar and noted that while many issues have been resolved over the course of the year, there is still a lot of work to do.
- Denise Burke asked if the Commissioners in South Lake Tahoe could get copies of all the handouts at meetings.
- Linn Williamson advised that this would be his last meeting as a Commissioner. He feels that he is leaving on a good note and thanked the current mental health management for the vast improvement over the last few years. He also thanked the Commission members for their hard work and dedication.
- Jan Melnicoe stated that the recent performance at the Wellness Center by the Victory Mine players was fantastic.
- Dennis Plunkett invited the Commissioners to join in the Diamond Springs and South Lake Tahoe Wellness Center Thanksgiving to be held on Tuesday November 25, 2014 at 1:00 pm.
- Jim Abram invited the Commissioners to attend the MHSA Community Planning Meeting to be held on Thursday November 20, 2014 at 10:00 am at the South Lake Tahoe library and announced that several more meetings would be held in the next few weeks throughout the County.

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XIV. Determine Next Mental Health Commission Meeting Date

- The next regular meeting of the Mental Health Commission is scheduled for 5:00 p.m. on January 28, 2015. It is anticipated that the location for South Lake Tahoe will be at the new mental health outpatient clinic at 1900 Lake Tahoe Blvd.

XV. Adjournment

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El Dorado County HHSA
Mental Health Division
Intensive Case Management (ICM)

ROCS Team

Recovery Oriented Community-Based Services

ROCS Team

HISTORY

- Modeled after a program called Assertive Community Treatment 'ACT"
- Developed in Wisconsin
  - Noticed reoccurring inpatient admissions
  - Recognized lack of skill acquisition despite intense training
  - Unable to apply newly learned skills in their natural setting

ROCS Team

HISTORY

- Response –
  - Move staff into the community to work with people where they lived and worked.
  - Provided support, treatment, and rehabilitation services needed to continue living in community

ROCS Team

HISTORY

- Response –
  - Combined experience and knowledge
  - Worked together to make certain people have assistance they needed and that treatment provided was effective

ROCS Team

What is Intensive Case Management (ICM)

ROCS Team

Basic Elements

Who

- Team-based approach.
- Small caseload
- Shared caseload
- Fixed point of responsibility
- Crisis mgt. available 24/7
- Clients with the most challenging and persistent mental illness

What

- Customized & flexible service delivery
- Time-unlimited services
- Individualized
- Prevent hospitalization
- Bridge between in/outpatient
- Help clients attain a life not revolving around illness

Where

- Services are mostly provided in the home, transition house, or other community settings
- Service restricted to clinic proximity

When

- As often as necessary
- Help and support available 24/7/365 as needed

ROCS Team

Who Does ICM Serve?

Clients with severe and persistent symptoms of mental illness that are difficult to manage.

Clients who have problems with drugs or alcohol, or have been in trouble with the law because of their mental illness.

Clients who have had frequent psychiatric hospitalizations.

Clients who have difficulty taking care of their basic needs, protecting themselves, keeping safe, in-adequate housing, and staying employed.

Admission Criteria

- Challenging and persistent mental illness
- History of multiple hospitalizations due to their mental illness
- Continuous need for a high level of services
- Unable to live independently because of significant difficulty with everyday functions, e.g. medication non-compliance
- 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
- Admission process begins with referral from current practitioner, PHF, PES, etc.
- Referrals evaluated by Program Lead (Holly, WS) (Sabrina, SLT)

LOCUS

- LOCUS = Level Of Care Utilization System
- Created by the American Association of Community Psychiatrists
- Created in order to provide a tool to:
  - guide assessment: asking and evaluating relevant data
  - level of care placement decisions,
  - continued stay criteria: envisioned as continuing need for service over time
  - clinical outcomes: impact of treatment
- Industry standard for public mental health programs in assessing service needs and associated with a specific treatment package to the need

ROCS Team

LOCUS

- A system for evaluating the current status of clients and their needs based on six evaluation parameters.

1. Risk of Harm
2. Functional Status
3. Medical, Addictive and Psychiatric Co-Morbidity
4. Recovery Environment
5. Treatment and Recovery History
6. Engagement.

- In each client, needs are evaluated using a 5 point scale, with #4 having two subscales.

ICM Goals

Service	Goals
Whatever services & support needed	• To prevent hospitalization • To improve quality of life
Rehabilitative services	• To become as independent as possible • To obtain necessary skills
Support services	• Attain a life that does not revolve around their mental illness • Build natural supports

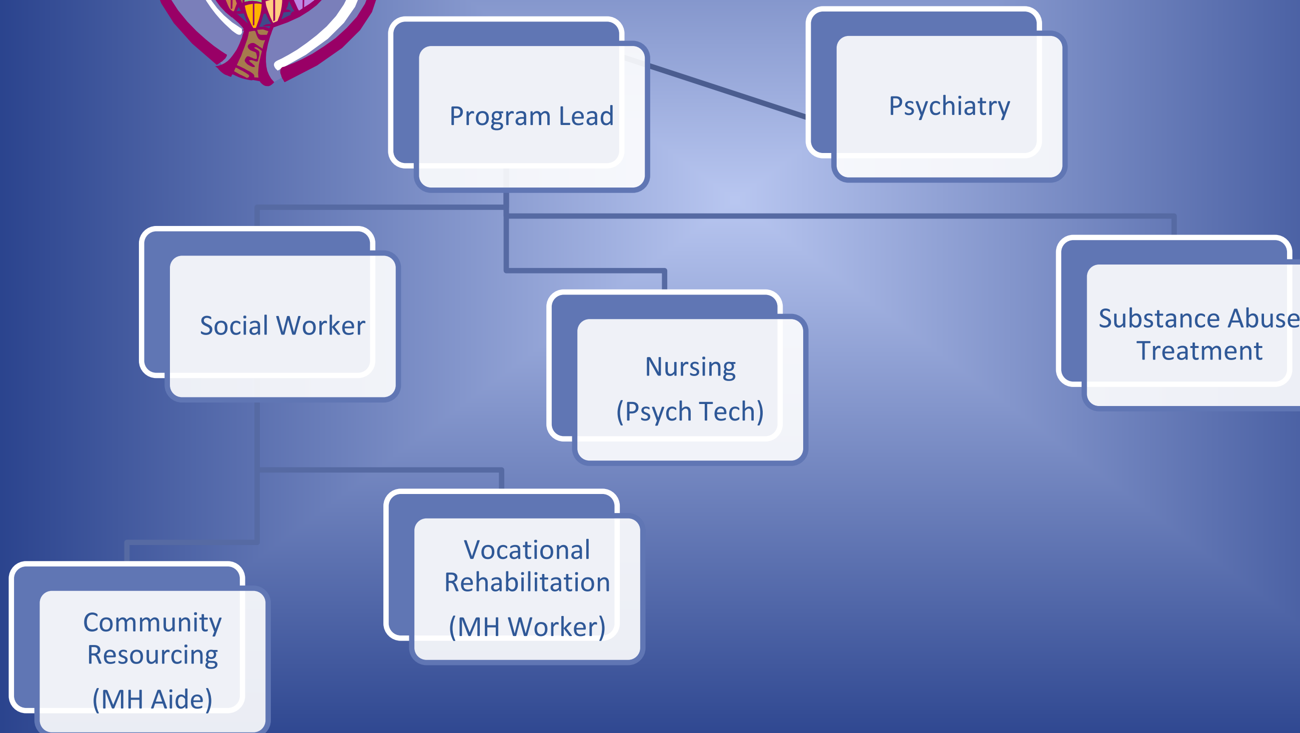
ROCS Team

CHARACTERISTICS OF ICM SERVICES

- Treatment is focused on symptoms; time unlimited services
- Treatment is generally more intensive at the onset
- Services are individualized based on clients' mental health needs
- Clients take an active role in their own recovery

ROCS Team

CHARACTERISTICS OF THE ICM TEAM



ROCS Team

Functions of ICM

Daily Activities

- ✓ Provide ‘Whatever Services are Necessary’ to reach stable baseline.
- ✓ Provide enhanced ‘in-home’ treatment
- ✓ Groups specific to learning and managing symptoms
- ✓ Medication support and management
  - ✓ ‘Observed medication checks when appropriate

Functions of ICM

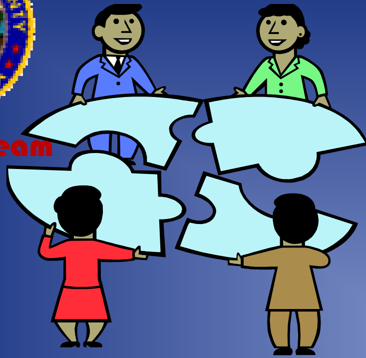
Daily Activities

- ✓ Teach clients how to grocery shop and cook.
  - ✓ Instill healthy lifestyle habits using services of the Wellness Center
- ✓ Teach clients how to purchase and care for clothing.
- ✓ Teach clients how to use public transportation.
- ✓ Strengthen social and family relationships.

ROCS Team

Health

- Provide education to prevent or manage health problems.
- Assist clients in scheduling their own medical appointments.
- Link clients with medical providers.
- Provide education about healthy relationships.



Family Life

- Crisis management
- Counseling and psycho-education for family members
- Coordination with Collaborative Partners and other family service agencies
- Supporting clients in carrying out their roles as parents, spouse, son/daughter, sibling, etc.

ROCS Team

Medication Support

- Assist
- Deliver
- Educate
- Remind
- Observe
- Help
- Monitor
- React

ROCS Team

EMPLOYMENT

- Link clients to volunteer opportunities
- Help prepare clients for employment
- Link clients to employment resources in community
- Help clients find and keep employment
- Educate employers about mental illness

ROCS Team

HOUSING

- Assist clients in finding suitable housing
- Help clients negotiate leases
- Assist clients with purchasing and repairing household items
- Develop relationships with landlords
- Teach house keeping skills

ROCS Team

Financial Management

Assist obtaining a 'Payee Service'

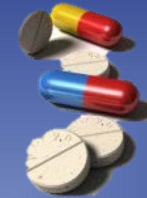
Budget Planning

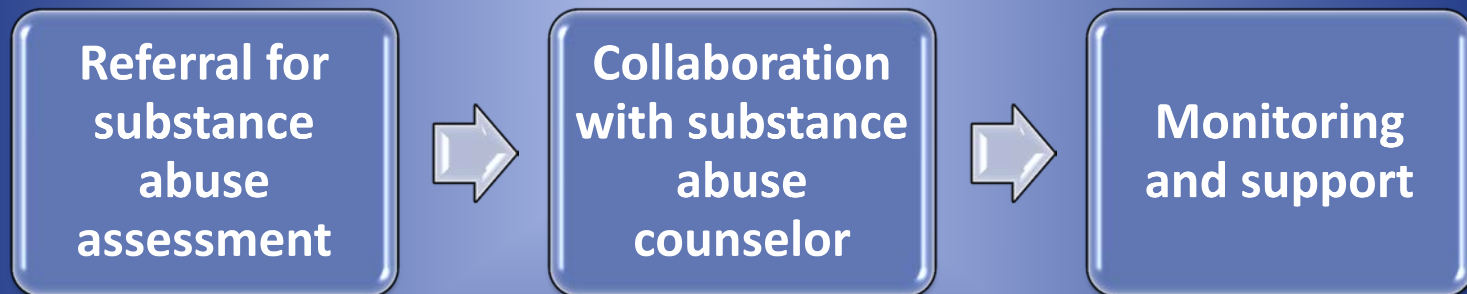
Troubleshoot financial problems

Increase independence in money management

ROCS Team

Substance Abuse Treatment





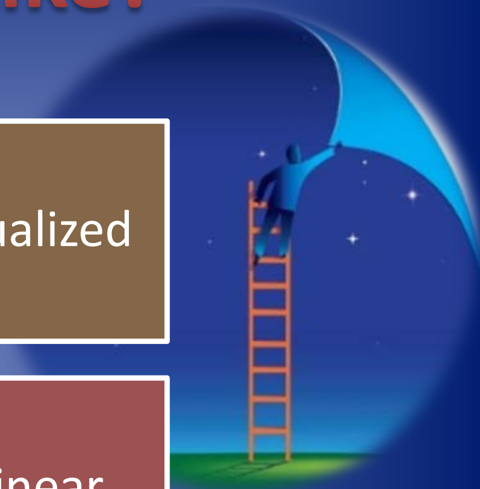
ROCS Team

Therapy

- Oriented toward problem solving
  - DBT
  - CBT
- Individual, family and group therapy

ROCS Team

What Does Recovery Look Like?



Resilience	Self-Direction	Individualized
Empowerment	Holistic	Non-Linear
Strengths-Based	Peer Supported	Respect
Responsibility	Hope	

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
- Locus Score goal below 17 and above 23

Success

- 4 clients moved to independent living
- 10 'step-down' from higher level 'patched' facilities
- Executed Three T-house 'Master Leases' (WS)
  - 2 Pending (WS)
  - 2 Potential (SLT)
- Targeting specific T-house for 'Enhanced Care'
  - 6 current long-term facility residents

Contact Information

- ***Western Slope***

<u>Holly Janoska, LCSW</u>

MH Program Coordinator II

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- ***South Lake Tahoe***

<u>Sabrina Owen, LMFT</u>

Mgr. Mental Health Programs

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530 573-7970

<u>Dennis Plunkett</u>

Mgr. Mental Health Programs

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530-621-6322

El Dorado County: Data Notebook 2014

for California

Mental Health Boards and Commissions

Prepared by California Mental Health Planning Council, in collaboration with:
California Association of Mental Health Boards/Commissions, and APS Healthcare/EQRO

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Date: April 20, 2014

To: Chairpersons and/or Directors

Local Mental Health Boards and Commissions

From: California Mental Health Planning Council

Subject: **Instructions for Data Notebook 2014**

We ask that this report be prepared by the MH Board or Commission members. You are the most important resources for identifying program strengths and needs in your community.

On the first page, please fill in the requested information for your county websites:

- Department of Behavioral Health/ Mental Health
- Public reports about your county's MH services.

Please send a copy of the filled-in first page to the Planning Council along with your final report which contains your answers to the questions in the Data Notebook. Please submit your report within 60 days by email to:

DataNotebook@cmhpc.ca.gov.

Or, you may mail a printed copy of your report to:

- Data Notebook Project
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413 Sacramento, CA 95899-7413

Please examine the enclosed information, which will help you discuss the questions in the Data Notebook. We provide examples of recent mental health data for your county. In some figures, the term "MHP" is used to refer to your county's Mental Health Plan.

Some data comes from APS Healthcare/EQRO, which gave permission to use their figures and tables, prepared for review of each county's Medi-Cal Specialty Mental Health services. Data in this packet came from the following review cycle:

__X__ Fiscal Year 2013 -- 2014: http://caeqro.com/webx/.ee85675/

_____ Fiscal Year 2012 -- 2013: http://caeqro.com/webx/.ee851c3/

For some questions, you will need to consult your local county Quality Improvement Coordinator, and/or Mental Health Director. If you are not able to address all of the questions, just answer the ones you can.

Thank you for your participation in the Data Notebook Project.

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El Dorado County: Data Notebook 2014 for California Mental Health Boards and Commissions

County Name: **El Dorado** Population (2013): 183,376

Website for County Department of Mental Health (MH) or Behavioral Health:

http://www.edcgov.us/MentalHealth/

Website for Local County MH Data and Reports:

http://www.edcgov.us/MentalHealth/MHSA.aspx

Website for local MH Board/Commission Meeting Announcements and Reports:

http://www.edcgov.us/MentalHealth/#MHCommission

Specialty MH Data from review Year 2013-2014: http://caeqro.com/webx/.ee85675

Total number of persons receiving Medi-Cal in your county (2012): 26,358

Average number Medi-Cal eligible persons per month: 20,327

Percent of Medi-Cal eligible persons who were:

Children, ages 0-17: 42.5 %

Adults, ages 18-59: 44.2 %

Adults, Ages 60 and Over: 13.3 %

Total persons with SMI[1] or SED[2] who received Specialty MH services (2012): 1,437

Percent of Specialty MH service recipients who were:

Children 0-17: 51.2 %

Adults 18-59: 43.8 %

Adults 60 and Over: 5.0 %

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[1] Serious Mental Disorder, term used for adults 18 and older.42.54
[2] Severe Emotional Disorder, term used for children 17 and under.

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INTRODUCTION: Purpose, Goals, and Data Resources

This Data Notebook has been developed for the use by the local mental health (MH) boards and commissions by a yearlong workgroup comprised of members from:

- California Mental Health Planning Council (CMHPC)
- California Association of Local Mental Health Boards and Commissions (CALMHB/C)
- APS Healthcare/ EQRO (External Quality Review Organization)

Our plan is for the Data Notebook to meet these goals:

- assist local boards to meet their mandates to review the local county mental health systems, identify unmet needs, and recommend improvements.
- provide a professional format for submitting reports to their local Board of Supervisors, and/or their county Director of Mental Health Services.
- function as an educational tool for local boards, whose members have varying levels of skills, frequent turnover, and need 'refresher' training about using data.
- help the CMHPC fulfill its mandates to review and report on the public mental health system in California, which also helps provide evidence for advocacy.

Data reporting drives policy, and policy drives funding for programs. But the data must be both recent and available to the public, or else it is not useful. So, the CMHPC will provide examples of local data from current public reports. We focus on two broad areas: (1) evaluation of program performance, and (2) indicators of client outcomes.

We recognize that each county has a unique population, resources, strengths, and needs. Thus, there is no single perfect data source to answer all the important questions one might ask about mental health services. However, the following data resources will help board members answer questions in this Data Notebook:

- experience and opinions of the local mental health board members
- recent reports about county MH programs from APS Healthcare/EQRO
- data you request from your county QI Coordinator and/or Mental Health Director (because CMHPC does not have that data, and it's not in other public reports)
- client outcomes data provided by California Institute of Mental Health (CiMH) in their analysis of the most recent Consumer Perception Survey.

Some of our data comes from APS Healthcare/EQRO, which kindly gave permission to use their figures and tables, prepared for review of each county's Medi-Cal Specialty Mental Health services. Those reviews are at: www.CAEQRO.com. You may find the full-length EQRO reports helpful because they summarize key programs and quality improvement efforts for each county. They also describe strengths, opportunities for improvement, and changes in mental health programs since the last year.

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Understanding changes in local programs can help consumers because of the massive re-organization of mental health services statewide. Some changes have been confusing to clients. The old state Department of Mental Health was eliminated in 2012 and many functions were moved to the Department of Health Care Services.   Other changes due to federal health care reform and the Affordable Care Act affect how mental health services are provided, funded, and linked to primary health care or substance use treatment. Also, local counties have adjusted to major challenges.

Remember, this report is about your community, and what you and your stakeholders choose to discuss.   Examining the data can indeed "Tell a Human Story." But quantitative data (numbers) provides only part of the picture, for example:

- measures of whether the quality of program services improve over time
- whether more people from different groups are receiving services
- how many clients got physical healthcare or needed substance use treatment.

The other part of the story gives human context to the numbers.   Such qualitative data (narrative, descriptions, or stories) tells more of the story, because we can:

- describe special programs targeted for outreach to specific groups
- examine how the programs are actually implementing their goals
- list concrete steps that are taken to improve services, and
- tell what is being done to increase client engagement with continued treatment.

We hope this project contributes to ongoing quality improvement (QI) in mental health services. We seek constant improvement in our approach to quality because:

- needs change over time,
- all human endeavors are by nature imperfect,
- creativity gives rise to new ideas, and
- we can share examples of successful programs to help other communities.

One question is whether local boards are permitted to provide additional information, besides that requested in this Notebook. We always welcome supplemental reports about successful projects, or which the county administration uses to inform the public. Any additional reports may be attached in an "Appendix," with the website address (if available). However, we emphasize such extra reports are not required.

Thank you for participating in this project. We hope this Data Notebook serves as a springboard for your discussion about all areas of the mental health system, not just those topics highlighted by our questions.

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TREATING THE WHOLE PERSON:

Integrating Behavioral and Physical Health Care

Studies have shown that individuals with serious mental illness die, on average, 25 years earlier than the general population. This information makes improving the physical health of clients of great importance and should be a goal of county mental health departments along with providing effective and appropriate mental health services. Coordination of care for mental health, substance abuse and physical health is one way of accomplishing the goal.

The California Mental Health Planning Council does not have any data to provide to show how your county's programs connect clients of mental health services with necessary physical health care. We ask that the local mental health board request information from your county mental health department for any data on numbers (or percent) of total mental health clients who are referred to, or connected with, physical health providers to assess, treat and monitor physical health issues.

If your county has data on numbers or percentages of clients who are also receiving physical health care, please include it in your Data Notebook you submit to the Council.

_x_ Check here if your county does not have such data or information.

1) Please describe any efforts in your county to improve the physical health of clients.

One of the goals of the Mental Health Division is provide all consumers with assistance in obtaining Medi-Cal or other health care coverage. Case workers work with consumers to connect them to their primary health care provider for physical health and assist consumers in obtaining a medical home if they don't yet have one. The Wellness Centers offer consumers many classes to improve their physical health including smoking cessation, Healthy Pleasures, nutrition and meal planning, and exercise. Recently, the soda in the Wellness Centers was replaced with water and juices to provide more healthy choices for consumers.

2) How does your county address wellness programs to engage and motivate clients to take charge of improving their physical health?

The Wellness Centers offer recovery-oriented support and activities for adults with serious psychiatric conditions. Wellness activities include group therapy, social and recreational activities, independent living skills training, symptom management, medication education, recovering from co-occurring mental health and addiction issues, improving quality of life, reaching educational goals, obtaining employment, living a healthy lifestyle, building support networks, community reintegration and accomplishing personal goals.

NEW CLIENTS: One Measure of Access

One way to evaluate the quality of mental health services outreach is to measure how many clients receive services who have never been part of the service system before ("brand new" clients). Another measure is how many clients return for services after a period of time with no services ("new" clients).

The California Mental Health Planning Council is exploring how each county mental health department defines "new" clients, and how a client is labelled when they return for additional services. This information is important in determining whether your county has a "revolving door," that is, clients who are in and out of mental health services repeatedly. This data is one indicator of the success of your county's programs in closing cases appropriately and providing adequate discharge planning to clients.

This data is not currently reported by the counties to the state. The Council does not have data to provide to you. This information should be requested from your county mental health department.

__x__ Check here if your county does not have this information.

3. How does your county define 'new' client for those individuals who have previously received services, but who have not received services for a while? (e.g., 6 months, 12 months, 2 years?)

All clients, brand new and those who have previously received services are treated as a new client whenever there is a new request for service. When a request for service is received, the clinical team completes a new assessment, a new client plan is developed, and a new episode is created in the consumer's electronic health record.

4. Please provide any data your county has on the number of 'new' clients last year. And if you have it, how many of those new clients were brand new clients? You may need to ask your county mental health department for this data.

The Mental Health Division does not track new clients or brand new clients. Whenever a request for service is received, a new assessment is completed, a new client plan is developed, and a new episode is created for the client.

new children/youth (0-17 yrs) _n/a_

of these, how many (or %) are 'brand new' clients _n/a_

new adults (18-59 yrs) _n/a_

of these, how many (or %) are ‘brand new’ clients _n/a_

new older adults (60+ yrs) _n/a_

of these, how many (or %) are ‘brand new’ clients _n/a_

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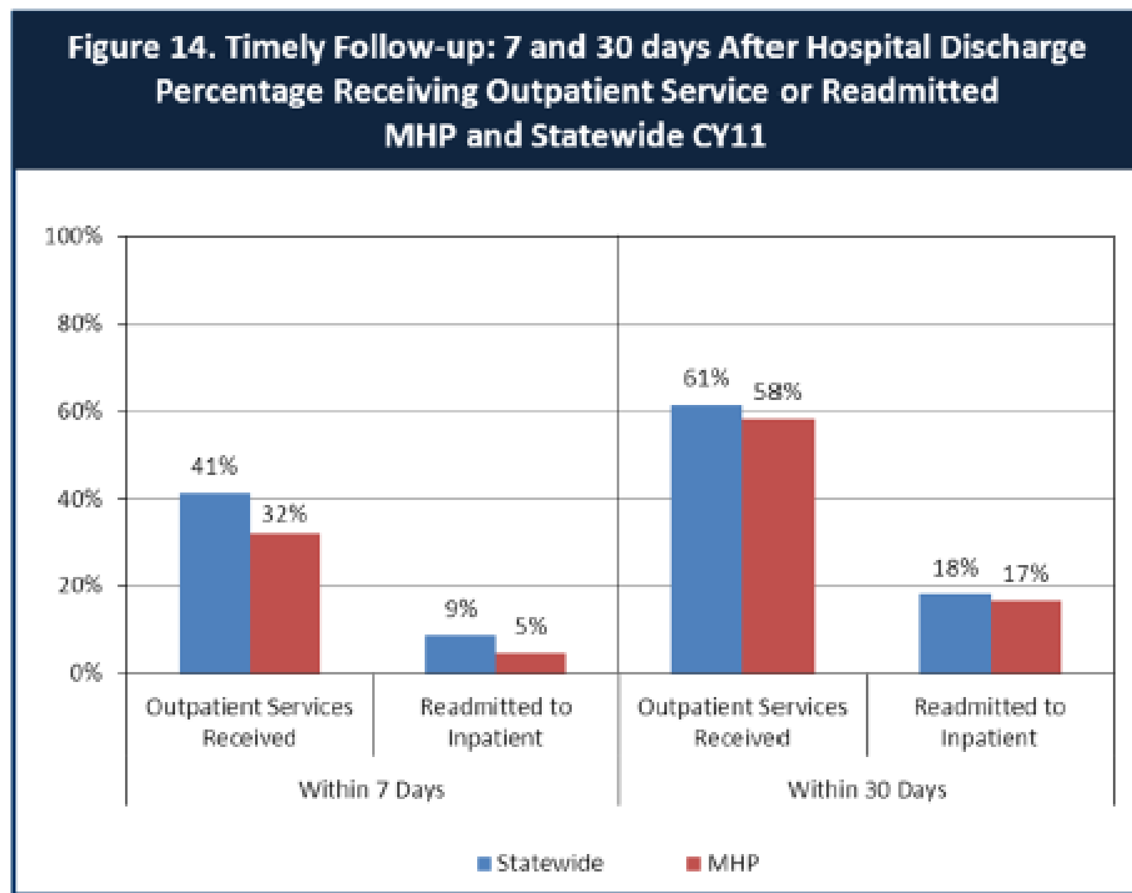
REDUCING RE-HOSPITALIZATION: Access to Follow-up Care

Sometimes, an individual experiences acute symptoms of mental illness or substance abuse which can result in a brief stay in an acute care hospital. Receiving follow-up services after discharge from a short-term (3-14 day) hospitalization can be critical to preventing a return to the hospital.

The chart below shows the percentage of people discharged in your county who received at least one service within 7 days of discharge. Also shown is the percentage of those same people who were readmitted to the hospital. The chart also shows the same information for receiving services and being readmitted to the hospital within 30 days. Red indicates the numbers for your county and the blue indicates the percentage for the state of California.

El Dorado County:



6. Looking at the chart, is your county doing better or worse than the state? Discuss why (e.g., your county has programming available that specifically ensures a warm handoff for follow-up services).

El Dorado County has a lower percentage of outpatient services received than the state average within both seven days and thirty days. However, in both categories El Dorado County has a lower percentage of consumers readmitted to inpatient than the state average. The Mental Health Division has a process in place to link both new and existing consumers to follow-up outpatient services. A Psychiatric Health Facility (PHF) social worker contacts the assigned clinician if an existing consumer is preparing to discharge. For new consumers, an episode is opened when the PHF social worker calls the mental health outpatient clinic so that a clinician may be assigned, and a follow-up psychiatry appointment is made within the next four weeks. In either instance, the Division has a seven day standard within which a discharged consumer is expected to be contacted and subsequently seen by a nonmedical clinician. Anyone discharging from the PHF receives a discharge summary which details their medication, community resources, and their scheduled medication follow-up appointment. If they are in urgent need of care prior to their scheduled psychiatry follow-up appointment, they can be seen at the PHF for service.

7. Do you have any suggestions on how your county can improve follow-up and reduce re-hospitalizations?

The Mental Health Division works closely with the El Dorado County Sheriff's Office Crisis Intervention Team (CIT) who has received special training on how to help consumers experiencing a mental health crisis. Follow up is provided by the CIT as well as the mental health Intensive Case Management (ICM) team to provide increased service contact to the client after they have been discharged. Full Service Partnership clients are provided support and services using a "whatever it takes" approach in an effort to minimize future crisis incidents and re-hospitalizations. Ongoing coordination with these programs and our local hospitals will continue to increase follow-up and reduce re-hospitalizations.

8. What are the <u>three</u> most significant barriers to service access? Examples:

- **Transportation**
- **Lack of transitional and permanent supportive housing**
- **Lack of psychiatrists**

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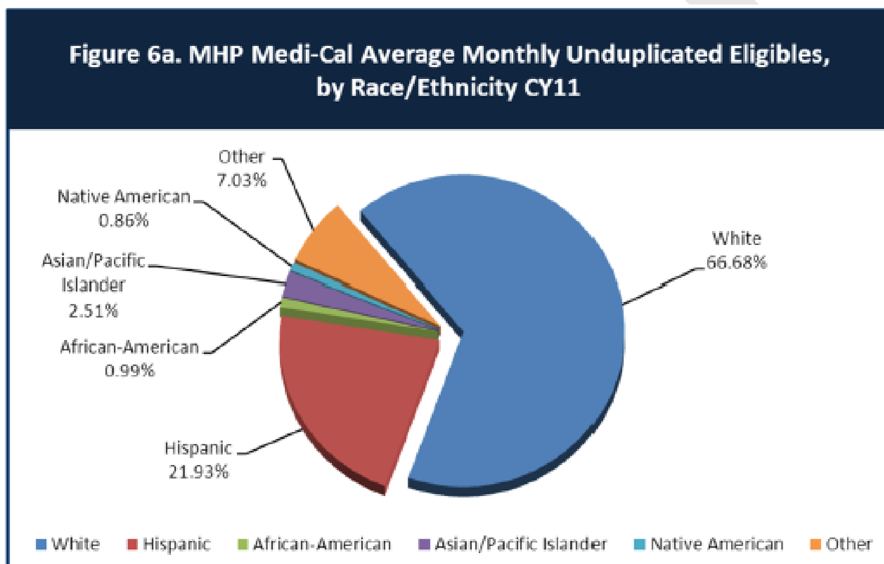
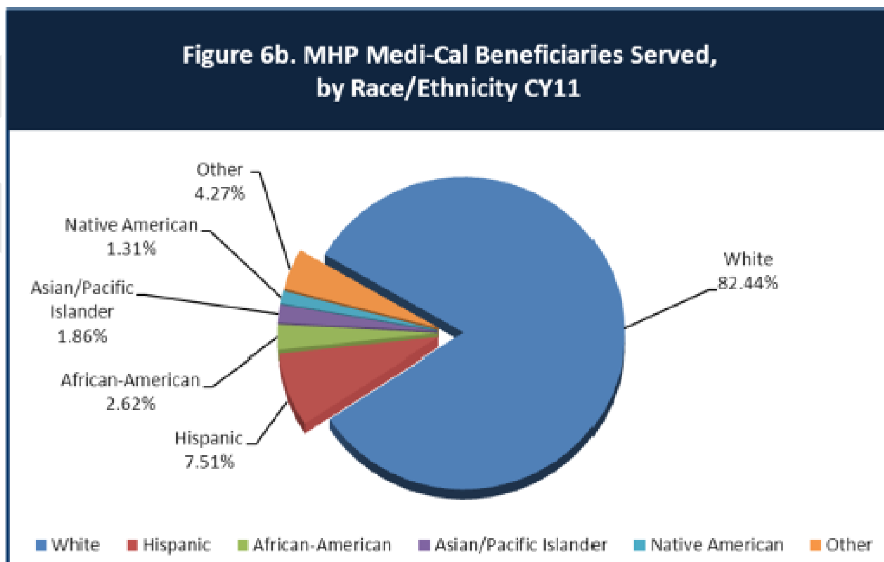
ACCESS BY UNSERVED AND UNDER-SERVED COMMUNITIES

One goal of the Mental Health Services Act (MHSA) is to reach unserved and underserved communities, especially communities of color. The MHSA promotes outreach to engage these communities in services. If individuals and families in these communities are not accessing services, then we may need to explore new ways of reaching them. Or, we may need to change our programs to meet their mental health needs in ways that better complement their culture.

From data the counties report to the state, we can see how many individuals living in your county are eligible for Medi-Cal, and of those individuals, how many received mental health services. Are you serving the Medi-Cal clients who need your services?

El Dorado County Data:





9. Is there a big difference between the race/ethnicity breakdown on the two charts? Do you feel that the group(s) that need services in your county are receiving services?

The percentage of eligible Hispanic beneficiaries is higher than the percentage of Hispanic beneficiaries served. While this group has been historically underserved, the department is making strides to improve access to services for this group. The Mental Health Division has in-house bilingual/bicultural staff members who are assigned referrals from Spanish-speaking consumers. The Division also has a contract for interpreter services which can be utilized by staff as needed. Additionally, the Health and Human Services Agency has active contracts in place with providers on the west slope and South Lake Tahoe to provide mental health services to the Latino community. One challenge in serving this group is cultural stigmas related to mental illness. Please see the next section for how this issue is being addressed.

10. What outreach efforts are being made to reach minority groups in your community?

To reach out to the Native American community, the Health and Human Services Agency currently contracts with Foothill Indian Education Alliance to provide a program called "Wennem Wadati: A Native Path to Healing," which applies a combination of mental health services and traditional cultural teachings unique to the local Native American community. The program was designed to provide culturally specific Native American services through use of Cultural Specialists, who are Native American community members, working in a professional capacity that access unique cultural contexts and characteristics through the use of traditional Native American healing approaches. The program uses various prevention and early intervention strategies to address all age groups in the target population with the intent to maintain mental health well-being, improve wellness, and decrease health disparities experienced by the Native American community. There is also a dedicated crisis line for the Native American population.

To reach out to the Latino community, the Health and Human Services Agency currently contracts with two providers, New Morning Youth and Family Services on the west slope and the Family Resource Center in South Lake Tahoe. The Latino Outreach program addresses isolation in the Spanish-speaking or limited English-speaking Latino adult population and peer and family problems in the youth population as community issues resulting from unmet mental health needs by contributing to system of care designed to engage Latino families and provide greater access to culturally competent mental health services.

The Latino Outreach program for the western slope of the County is a Promotora outreach and engagement program that utilizes a non-professional Latino peer to provide community-based outreach and engagement to the various geographically-

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spread communities in the western slope, in addition to community-based bilingual/bicultural licensed clinical mental health services for adults. The goal of the El Dorado County Latino Engagement Program is to collaborate with existing agencies in the areas of outreach, engagement and provision of support services while adding the availability of bilingual and bicultural mental health services for the Latino community.

The South Lake Tahoe community primarily voiced a need for bilingual/bicultural mental health services rather than outreach and linkage to services. This community is geographically concentrated and has an existing family resource center located in the heart of the Latino residential community with a strong Latino participant base. Therefore, although outreach is a component of the program in the Tahoe Basis, it is not the primary component of the program and additional funds for services are provided for the Tahoe Basin.

The Mental Health First Aid program is working to get two Spanish speaking instructors certified to be able to offer this program to the community in Spanish as well as English.

11. Do you have suggestions for improving outreach to and/or programs for underserved groups?

El Dorado County plans to continue providing outreach to the Native American and Latino communities through both the Wennem Wadati and the Latino Outreach programs. Additionally, the Mental Health Division has made a shift to providing more community-based mental health services, including a program to provide a community health outreach worker. El Dorado County is geographically diverse with many people living in outlying areas where public transportation is limited or non-existent. Many of our programs focus on taking our services to the communities that have historically been unserved or underserved.

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CLIENT ENGAGEMENT IN SERVICES

One MHSA goal is to connect individuals to services they need to be successful. Clients who stop services too soon may not achieve much improvement, nor is it likely to last. So it is important to measure not only who comes in for treatment, but also how long they stay in services. Here we are considering individuals with high service needs, not someone who just needs a 'tune-up.' Although not every individual needs the same amount of services, research shows that when someone with severe mental illness continues to receive services over time, their chances of recovery increase.

Engagement in services, also called 'retention rate', is important to review. If individuals come in, receive only one or two services and never come back, it may mean the services were not appropriate, or that the individual did not feel welcome, or some other reason that should be explored. Again, we recognize that some individuals only need minimal services, but here we are looking at those with severe mental illness. Ultimately, the goal is to ensure they are getting needed services and are on the road to recovery. But we would not know that unless we look at how many services individuals received over time.

The chart below shows the number of Medi-Cal beneficiaries in your county who received 1, or 2, or 3, or 4, or 5, or more than15 mental health services during the year. For individuals experiencing severe mental illness, the more engaged they are in services, the greater the chance for lasting improvements in mental health.

EL DORADO County MHP Medi-Cal Services Retention Rates CY12

	EL DORADO			STATEWIDE			
Number of Services Approved per Beneficiary Served	# of beneficiaries	%	Cumulative %	%	Cumulative %	Minimum %	Maximum %
1 service	192	13.36	13.36	9.38	9.38	4.90	18.87
2 services	106	7.38	20.74	6.29	15.67	0.00	12.84
3 services	81	5.64	26.37	5.38	21.06	2.94	11.11
4 services	64	4.45	30.83	4.93	25.98	1.93	9.40
5 - 15 services	500	34.79	65.62	32.38	58.36	21.24	40.93
> 15 services	494	34.38	100.00	41.64	100.00	23.68	60.46

Prepared by APS Healthcare / CAEQRO

Source: Short-Doyle/Medi-Cal approved claims as of 11/22/2013; Inpatient Consolidation approved claims as of 12/26/2013

Note: Number of services is counted by days for any 24 hours and day services, and by visits or encounters for any outpatient services

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12. Do you think your county is doing a good job at keeping clients engaged in services? If yes, how? If not, why?

Based upon the statistics provided in the table, El Dorado County is doing a good job of keeping clients engaged in services. In most of the categories, our retention rate percentage is better than the statewide percentages and all of our percentages are well above the minimum percentage. Clients receive regular contact from their case managers and are encouraged to participate regularly in activities provided at the mental health outpatient Wellness Centers. The Division facilitates transportation to and from Wellness Center activities for clients who are living in transitional housing within the county.

13. For those clients receiving less than 5 services, what is your county doing to follow-up and re-engage those individuals for further mental health services?

The Mental Health Division maintains as a list of medication only clients. Most clients receiving less than 5 services fall into this category. These clients are generally stable as long as they stay on their prescribed medications, but are at risk of decompensation if they go off their medications. The clinicians attempt to make monthly contact with these clients to check in and to keep them engaged.

14. Looking at the previous chart of who is being served by race/ethnicity in your county, do you have any thoughts or ideas to share regarding your county's engagement of underserved communities?

The Hispanic community has historically been an underserved group. Based on the statistics provided in the table, El Dorado County needs to continue to expand its engagement efforts with this community. Great progress is being made with outreach and engagement as a result of Latino Outreach programs. The two contract providers, New Morning Youth and Family Services on the west slope and the Family Resource Center in South Lake Tahoe are doing excellent work with this population. All of our contract providers participate in quarterly cultural competency meetings where ideas are shared with each other on what improvements can be made in providing services to unserved and underserved groups. Additionally, the Mental Health Division has several bicultural/bilingual staff who can provide culturally appropriate services.

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CLIENT OUTCOMES: Consumer Perception Survey (August 2013)

Ultimately, the reason we provide mental health services is to help individuals manage their mental illness and to lead productive lives. We have selected two questions from the Consumer Perception Survey which capture this intention. One question is geared toward adults of any age, and the other is for children and youth under 18.

Below are the data for responses by clients in your county to these two questions.

For general comparison, statewide reference information and data for various sized counties are shown in the tables on page 19.

The total numbers of surveys completed for Adults or Children/Youth in your county are shown separately in the tables below, under the heading "**Total**."

Q1. Adults. As a direct result of the services I received, I deal more effectively with daily problems.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	**Total**
Number of Responses	0	1	4	15	12	32
Percent of Responses	0 %	3.1 %	12.5 %	46.9 %	37.5 %	100.0 %

Q2. Children/Youth. As a result of services my child and/or family received, my child is better at handling daily life.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	**Total**
Number of Responses	0	0	1	0	1	2
Percent of Responses	0 %	0 %	50.0 %	0 %	50.0 %	100.0 %

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15. Are the data consistent with your perception of the effectiveness of mental health services in your county?

The responses to Q1 are very consistent with the Divisions' perception of the effectiveness of the mental health services in El Dorado County. It is difficult to assess the data for Q2 due to the small sample size. Mental health services for children and youth are provided through contracted vendors. The services provided are monitored closely by the Division's Utilization Review / Quality Improvement (UR/QI) team.

16. Do you have any recommendations for improving effectiveness of services?

Increasing the number of staff devoted to UR/QI activities will help identify areas where service improvement is needed and develop an implementation plan. The UR/QI team continues to recruit for vacant positions.

17. Many counties experience very low numbers of surveys completed. Do you have suggestions to increase the response rate?

One way to potentially increase the response rate would be to offer incentives to the consumers for completing the survey. Some examples include providing snacks or lunch, gift cards, or a drawing for prizes. Additionally, surveys could be completed as part of the regular assessments rather than as a separate follow up process.

18. Lastly, but perhaps most important overall, with respect to delivery of services, do you have suggestions regarding any of the following:

a. **Specific unmet needs or gaps in services**
Increased community-based services, especially in outlying areas and increased services for transitional age youth (TAY).

b. **Improvements to, or better coordination of, existing services**
The Mental Health Division has made improvements to the overall system of care by collaborating with the El Dorado County Sheriff's Office Crisis Intervention Team (CIT). This partnership has allowed for better follow up care upon discharge and serves to reduce re-hospitalizations. An outreach team would also improve the system of care by reaching individuals before they reach a crisis incident.

c. **New programs that need to be implemented to serve individuals in your county**
El Dorado County received great feedback on programs and services needed in the county as a result of our MHSA Three-Year Plan update community planning process. Our current MHSA plan is comprehensive and more ambitious than it has ever been. New or expanded MHSA programs include services for children 0-5, foster care children, older adults, transitional age youth (TAY), suicide prevention, and community-based services.

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<END>

REFERENCE DATA: for general comparison with your county MHP results

Adult & Older Adult Results by CountySize: I deal more effectively with daily problems

			I deal more effectively with daily problems					
			Strongly Disagree	Disagree	I am neutral	Agree	Strongly Agree	Total
CountySize	Large	Count	73	246	1168	2579	2529	6595
		% within CountySize	1.1%	3.7%	17.7%	39.1%	38.3%	100.0%
	Los Angeles	Count	48	147	711	1750	1759	4415
		% within CountySize	1.1%	3.3%	16.1%	39.6%	39.8%	100.0%
	Medium	Count	39	113	475	1114	1044	2785
		% within CountySize	1.4%	4.1%	17.1%	40.0%	37.5%	100.0%
	Small	Count	8	53	178	469	425	1133
		% within CountySize	.7%	4.7%	15.7%	41.4%	37.5%	100.0%
	SmallRural	Count	5	11	60	111	108	295
		% within CountySize	1.7%	3.7%	20.3%	37.6%	36.6%	100.0%
Total		Count	173	570	2592	6023	5865	15223
		% within CountySize	1.1%	3.7%	17.0%	39.6%	38.5%	100.0%

Youth & Family Results Combined by CountySize: I/my child am/is better at handling daily life

			I/my child am/is better at handling daily life					
			Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Total
CountySize	Large	Count	179	414	2195	5046	2983	10817
		% within CountySize	1.7%	3.8%	20.3%	46.6%	27.6%	100.0%
	Los Angeles	Count	98	183	898	2598	1409	5186
		% within CountySize	1.9%	3.5%	17.3%	50.1%	27.2%	100.0%
	Medium	Count	41	102	516	1330	636	2625
		% within CountySize	1.6%	3.9%	19.7%	50.7%	24.2%	100.0%
	Small	Count	17	33	158	372	188	768
		% within CountySize	2.2%	4.3%	20.6%	48.4%	24.5%	100.0%
	SmallRural	Count	0	5	37	61	39	142
		% within CountySize	.0%	3.5%	26.1%	43.0%	27.5%	100.0%
Total		Count	335	737	3804	9407	5255	19538
		% within CountySize	1.7%	3.8%	19.5%	48.1%	26.9%	100.0%

County Mental Health Plan Size: Categories are based upon DHCS definitions by county population.

- Small-Rural MHPs = Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lassen, Mariposa, Modoc, Mono, Plumas, Siskiyou, Trinity

- Small MHPs = El Dorado, Humboldt, Imperial, Kings, Lake, Madera, Mendocino, Napa, Nevada, San Benito, Shasta, Sutter/Yuba, Tehama, Tuolumne

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- Medium MHPs = Butte, Marin, Merced, Monterey, Placer/Sierra, San Joaquin, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Tulare, Yolo
- Large MHPs = Alameda, Contra Costa, Fresno, Kern, Orange, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Clara, Ventura
- Los Angeles' statistics are excluded from size comparisons, but are included in statewide data.

Total Values (in Tables above) = include all statewide data received by CiMH for these survey items.

REMINDER:

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for the following year. We welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.CA.GOV

Or, you may submit a printed copy by postal mail to:

- **Data Notebook Project**
- **California Mental Health Planning Council**
- **1501 Capitol Avenue, MS 2706**
- **P.O. Box 997413**
- **Sacramento, CA 95899-7413**

For information, you may contact either email address above, or telephone:

(916) 449-5249, or

(916) 323-4501

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El Dorado County Health and Human Services Agency
Mental Health Division Update
Mental Health Commission
November 19, 2014 Meeting

Assistant Director Update (Patricia Charles-Heathers)

- Attended workshops in October that focused on "Integrating Substance Use, Mental Health and Primary Care Services in Our Communities." Many lessons were learned that could be incorporated into our work.
- On Tuesday November 4th, The Board of Supervisors approved the contract with Telecare to take over the day to day operations of the Psychiatric Health Facility
- I am currently working closely with Telecare on the clinical transition plan for the Psychiatric Health Facility, with an estimated transition date of January 20, 2015.
- Two letters were sent to Marshall and Barton Hospitals' Emergency Department. One focused on the Protocol for Individuals with History of Recent Stimulant Use or Current Stimulant Intoxication and Admission to the Psychiatric Health Facility, that was written by Dr. Price, Medical Director (attached). The second letter was sent by Don Ashton, Director of HHSA, advising that due to staffing and safety issues, effective December 1, 2014, Psychiatric Emergency Services staff will not respond to calls from the Emergency Department to assess adult clients for possible 5150 holds from 12:00 am to 8:00 am.
- A special thank you to Judy French, Mental Health Program Coordinator, for the wonderful leadership she has provided to her staff and clients in the Wellness Center; their rendition of The Wizard of Oz was awesome! We wish Judy all the best as she retires on Friday November 14th; she will be missed!!

Outpatient Services

(Dennis Plunkett, Jamie Samboceti and Sabrina Owen)

Wellness Centers Upcoming Events:

Tahoe:

Thanksgiving in Wellness on November 25, 2014
Christmas in Wellness on December 23, 2014

West Slope:

Annual Client Thanksgiving Dinner on November 25, 2014
Christmas cookies/dessert in Wellness on December 16, 2014

Recent Wellness Centers Activities:

"The Victory Mine Players" presented an adapted version of the timeless classic - The Wizard of Oz!!

The Wellness Centers at WS and SLT will host Thanksgiving Dinners for clients on Tuesday, November 25. As with our normal tradition, we will bring clients from from our Out-of-County Board & Care facilities to participate in holiday festivities. Feel free to come by and assist with food preparation, serving,or clean-up.

Along with Cooking and Nutrition Classes presented at the WS Wellness Center, we have initiated a Cooking and Nutrition Group 'on location' at the T-Houses. Each learning module lasted 7 weeks (one

day per week) and rotate to a new house upon completion. We are pleased to report that the first cycle has been completed, and due to the resounding success of the program, we will continue this effort indefinitely.

Caseloads:

Location	Children's Outpatient	Adult Outpatient	Children's Contractors	Total
South Lake Tahoe	36 (24 TAY)	91	41	168
West Slope	31 (meds)	483	337	851
Total	67 (24 TAY)	574	378	1019

Continuum of Care:
LPS Conservatorship
- 63 LPS conservatorships
- 3 Temporary Conservatorship
- 3 New conservatees

Intensive Case Management (ICM):
- Serving 40 clients on the West Slope
- Serving 15 clients in SLT

Placement:
- Transitional Houses/Cottage/Apartment
  - 26 total beds
  - 0 opening
  - 7 days/week check-ins
  - Increased clinical presences in house meetings
  - 0 residents transitioned to independent living
  - 0 residents participating in Job One
- Trailside Terrace
  - Full 5 units. (No vacancies - waitlist)
  - ICM team coverage
- The Aspens at South Lake
  - Full 6 units
  - ICM team coverage
- Residents pay their share of rent if they receive an income, or a minimal monthly amount until that time. Minimal or no rent payments during the first year were built into the budgeted operating costs of the development since the target population is homeless or soon to be homeless individuals/families.

Board and Care/IMDs/Secure Placements:
- 33 IMD beds - Crestwood & Willow Glen MHRC
- 6 Enhanced Board and Care beds

- 28 Board and Care - Sacramento & Galt
- 67 Out of County Placements (Increased by 1)
    a. 0 pending moves from Board and Care patch facility to Independent Living

Staffing:

- New Hires
    - Dr. Lim joined the PHF full time as an EH Psychiatrist
- Recruitments
    - SLT: 2 ICM & 1 BHC/Traditional Adult Clinicians
    - WS: 1 Administrative Technician
    - WS: 1 Utilization Review Coordinator (Laura Eakin is leaving on 3/6/2015)
    - WS: 1 Program Coordinator, Justice Services (Interviews complete, offer pending)
    - WS: 1 Program Coordinator, Traditional Services (Pending)
- Resignations
    - Gail St James, Clinician SLT
    - Judy French, WS Program Coordinator

WS Adult Outpatient Services (Dennis Plunkett)

- Current Group Schedule:

  Monday
    - BHC - Anger Management: 1:00 pm - 2:00 pm
    - Wellness - Anger Management: 2:00 pm - 3:00 pm
    - Physical Activity Fun Group: 2:00 pm - 3:00 pm
    - Basic Conversation Skills: 3:00 pm - 4:00 pm

  Tuesday
    - DBT Group 1 - Skill Building: 10:00 am - 12:00 pm
    - DBT Group - Relieving Depression & Anxiety: 10:00 am - 11:30 pm
    - Healthy Pleasures: 1:30 pm - 2:30 pm
    - Co-Occurring Recovery Group: 1:15 pm - 2:45 pm
    - Smoking Cessation 3:00 pm - 4:00 pm

  Wednesday
    - DBT Group - Coping w/Bipolar: 10:00 am - 11:30 pm
    - SAMHSA - Medication Education: 11:00 am - 12:00 pm (on hold)
    - Transitional Housing Independent Living Skills: 12:00 pm - 1:30 pm
    - Mental Health Coping Strategies: 1:30 pm - 3:00 pm
    - Codependent Addiction Recovery: 3:00 pm - 4:00 pm
    - Recovery through the Performing Arts 1:30 pm - 3:00 pm

  Thursday
    - DBT Group - Stress Reduction: 10:30 am - 12:00 pm
    - Healthy Pleasures - 1:30 pm - 2:30 pm
    - Co-Occurring Recovery Group: 1:15 pm - 2:45 pm
    - Symptoms without Stigma - 3:00 pm - 4:00 pm
    - Nutrition/Meal Planning group (takes place in the T-house on rotating schedule)
    - Smoking Cessation 3:00 pm - 4:00 pm

  Friday
    - DBT Group 2 - Skill Building: 10:00 am - 12:00 pm
    - Mindfulness Group - 2:00 pm - 3:00 pm

SLT Adult Outpatient Services (Sabrina Owen)

- Current Group Schedule:

Monday

- Friends 'n Fitness: 10:00 am-11:30 am
- DBT: Skill Building 1:30 pm - 2:30 pm (Wellness)
- Dual Dx Group- Seeking Safety & Living in Balance: 10:30 am - 12:00 pm
- Women's Wellness: 1:30-3pm

Tuesday

- Anger Management: 1:30 pm - 2:30 pm (Wellness)
- Coping with Stress: 10:30 am - 12:00 pm
- DBT: Coping with Depression & Anxiety: 2:00pm - 3:30pm

Wednesday

- Girl's Circle: 4:30pm - 6pm

Thursday

- Dual Dx Group- Seeking Safety & Living in Balance: 10:30 am - 12:00 pm

Friday

- Men's Wellness: 2pm -3:30pm

Saturday

- Friends 'n Fitness: 10 am-11:30 am

Children Outpatient Services (Jamie Samboceti)

- There are approximately 369 active child cases with our Contract Providers.

Psychiatric Emergency Services (Jamie Samboceti and Sabrina Owen)

- PES continues to be very busy on both slopes.
- SLT In the last 30 days: 13 crisis assessments, 3 hospitalized (2 open clients), 3 referred to Substance Abuse Treatment
- WS in the last 30 days: 81 crisis assessments, 35 hospitalized (7 open clients), 10 referred to Substance Abuse Treatment

Crisis Intervention Teams (CIT) (Jamie Samboceti and Sabrina Owen)

- CIT continues to assign home visits by CIT trained officers for those who have had a 5150 written by EDSO. They are building strong relationships in our community with our clients and those who may become our clients.
- We connect with CIT when there is concern about someone in our community. They will assign a CIT officer to do a welfare check as needed.
- CIT has a plan to provide local training to officers in the next few months. Many are completing 24 hours of training.

Psychiatric Health Facility (Doris Jones/Dee-Anna Dreier)

- There were **36** Admissions in October, 2014;
  29 Admissions were El Dorado County residents and **7** were Out of County clients.
- There were **37** El Dorado County residents discharged in October, 2014;
  14 to home with support; **10** to home without support; **10** to Adult Residential Facilities;
  0 to Skilled Nursing Facilities; **0** to Board and Care Homes; **0** to local T-Houses; **1** to Jail;
  1 to Shelters; **1** to Other: Medical Facility
- Upon Discharge, **34** El Dorado County residents were insured
- During the month of October, there were **0** seclusion episodes all together totaling **0** hours.

MHSA (Ren Scammon)

- The Community Planning Process for development of the FY 15/16 MHSA Plan Update is underway. Meetings are currently scheduled in Cameron Park, El Dorado Hills, Georgetown, Mt. Aukum, Placerville and South Lake Tahoe, and the team continues to schedule additional meetings. Information about the meetings can be found on the MHSA web page at: www.edcgov.us/MentalHealth/MHSA.aspx.
- The Mental Health Division's October Cultural Competency meeting featured an informative discussion about the American Indian community, a history of factors contributing to current culture, and a discussion of traditional treatments and the ways in which mental health needs are addressed. Rose Hollow Horn Bear and James Marquez from the Foothill Indian Education Alliance were the guest presenters.

Behavioral Health Court (Shirley White)

- Placerville Behavioral Health Court has 16 active participants; 1 successful graduation in November and 2 new referrals pending assessments.
- South Lake Tahoe Behavioral Health Court has 10 active participants; 1 participant will be graduating on November 20, 2014 and 1 new referral pending assessment.

AB 109 (Shirley White)

- 1 client will be transitioning from the jail to Residential Substance Abuse Treatment this week. A total of 4 AB 109 clients are receiving Residential Substance Abuse Treatment. These clients are being given additional support to create transitional plans to ensure that they are successful when they return to CCC services.

Patients' Rights Advocate (Doris Jones)

- Mental Health Grievances 2014-15 fiscal year, beginning July 1, 2014; **8** grievances have been received; **8** have been completed. There are **0** outstanding grievances to be assigned for investigation with outcomes pending.
- South Lake Tahoe Mental Health Wellness Center Site Visit and meeting with clients: November 29, 2014.
- PHF Ongoing Client Advocacy with Psychiatric Health Facility, Mental Health, and Public Guardian regarding Mental Health Client needs, requests, issues and rights.
- PHF Ongoing: On-site presence at the facility to provide advocacy, support, information, and education to Mental Health Clients, Client's family and support system members and Agency staff; attend care team meetings, staffings and represent clients at Certification Review Hearings.
- Ongoing work to implement policies and procedures that coincide with applicable codes, regulations, laws and mental health patients' rights.
- Ongoing: Resources, information, education, consultation and training materials provided for Health and Human Services staff.
- Ongoing: Mental Health Sites Safety Coordination with all Mental Health facility sites regarding safety issues and to ensure quarterly fire drills are scheduled, held and documented as well as periodic facility safety inspections per County guidelines.
- Ongoing: County-Wide Safety Coordinator: Attend quarterly meetings, participate in projects, complete all required follow-up, provide updates and information to Mental Health Site Safety Team Members.

Initials

AB	Assembly Bill
ADL	Activities of Daily Living

AOT	Assisted Outpatient Treatment
B&C	Board and Care
BHC	Behavioral Health Court
CalMHSA	California Mental Health Services Authority
CBT	Cognitive Behavior Therapy
CCC	Community Corrections Center
CCP	Community Corrections Partnership
CFTN	Capital Facilities and Technology Needs
CIT	Crisis Intervention Team
CSS	Community Services and Supports
DBT	Dialectical Behavior Therapy
Dx	Diagnosis
EDSO	El Dorado County Sheriff's Office
EH	Extra Help
FY	Fiscal Year
HHSA	Health and Human Services Agency
ICM	Intensive Case Management
IMD	Institution for Mental Disease (facility)
Katie A.	*Katie A. vs. Bonta* Lawsuit and/or resulting programs/services
LL	Laura's Law
LOCUS	Level of Care Utilization System
LPS	Lanterman Petris Short
MH	Mental Health
M-F	Monday through Friday
MHRC	Mental Health Rehabilitation Center (facility)
MHSA	Mental Health Services Act
MHW	Mental Health Worker
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PEI	Prevention and Early Intervention
PES	Psychiatric Emergency Services
PHF	Psychiatric Health Facility
QI/UR	Quality Improvement/Utilization Review
RFP	Response For Proposal
SAMHSA	Substance Abuse and Mental Health Services Administration
SLT	South Lake Tahoe
SO	Sheriff's Office
T-House	Transitional Housing
WET	Workforce Education and Training
WS	West Slope

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

Mental Health Division
Patricia Charles-Heathers
Assistant Director

768 Pleasant Valley Road, Suite 201
Diamond Springs, CA 95619
530-621-6290 Phone / 530-622-1293 Fax

1900 Lake Tahoe Boulevard
South Lake Tahoe, CA 96150
530-573-7970 Phone / 530-543-6873 Fax

BOARD OF SUPERVISORS

RON "MIK" MIKULACO
District I
SHIVA FRENTZEN
District II
BRIAN K. VEERKAMP
District III
RON BRIGGS
District IV
NORMA SANTIAGO
District V

October 28, 2014

Marshall & Barton Hospitals
Emergency Department

Re: Protocol for Individuals with History of Recent Stimulant Use or Current Stimulant Intoxication and Admission to the Psychiatric Health Facility

Individuals who screen positive for Methamphetamine/Amphetamine during their initial medical clearance and demonstrate aggression or agitation while at the Emergency Department (ED) shall be considered "high risk" individuals and will therefore be subject to the following triage process prior to their acceptance at the El Dorado County Psychiatric Health Facility (PHF):

1. Observation at the Emergency Department (ED) for a **minimum of 6 hours** to ensure adequate time for appropriate medically managed treatment. During this observation at the ED, the patient will need to be free of restraints and demonstrate stable vital signs. If during this period of observation there is evidence of ongoing agitation or aggression, then the Admitting Psychiatrist, after the case is presented for considering admission to the PHF, may require that the patient continue to stay at the ED for an additional specified time, to ensure appropriate stabilization and treatment prior to admission to the PHF.

2. After the 6 hours, the Crisis Worker in consultation with the Attending Medical Doctor at the ED will need to re-evaluate whether or not the individual continues to meet the 5150 criteria for admission to an inpatient facility. A mental health condition other than methamphetamine/amphetamine intoxication should be identified that will be the focus of treatment.

3. Initiation of treatment with an appropriate medication (Lorazepam and/or antipsychotic medication) will be necessary for these individuals prior to admission to the PHF.

4. Current vital signs and all required lab work including a CBC, Chemistry Panel and EKG will need to be reviewed by the Admitting Psychiatrist prior to admission to the PHF.

5. A telephone consultation between the Admitting Psychiatrist and the Attending Medical Doctor at the ED will be required in order to review all treatment recommendations, discuss related medical conditions, identify the psychiatric condition that will be the focus of treatment, and to ensure the individual's agitation level has sufficiently decreased to allow for a safe transfer to the PHF.

This triage process will also apply to individuals at the Emergency Department found to be under the influence of any mind-altering substance who are also demonstrating aggressive/agitated behaviors. It is important to note that the Psychiatric Health Facility is not licensed to provide medically managed detoxification, and that patients requiring this should be managed at a medical facility.

It is hoped that these additional precautions will further improve the treatment of patients requiring medical management of their acute intoxication or withdrawal syndromes and further enhance the safety of patients as well as staff at the Emergency Departments and Psychiatric Health Facility.

Sincerely,

Robert Price, M.D.
Medical Director, Mental Health Division

Cc: Don Ashton, Director
Patricia Charles-Heathers, Assistant Director Health Services
Psychiatrists
PHF Licensed Nurses
PES Staff

COUNTY OF EL DORADO

HEALTH & HUMAN SERVICES

Don Ashton, M.P.A.
Director

Mental Health Division
Patricia Charles-Heathers
Assistant Director

768 Pleasant Valley Road, Suite 201
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October 29, 2014

Marshall & Barton Hospitals
Emergency Department

Re: Psychiatric Emergency Services

This is to inform you that due to budgetary, staffing and safety issues, effective December 1, 2014, Psychiatric Emergency Services (PES) staff will not be available to respond to calls from the Emergency Department to assess adult clients for possible 5150 holds from 12:00 am to 8:00 am.

PES staff will respond to all calls made up until 11:00 pm and will be present at the Emergency Department the following morning at 8:00 am to check in and complete any assessments that may be needed.

We would like to schedule a meeting with you and your appropriate staff as soon as possible to discuss the impact this may have on your department, and assist in problem solving any issues that could potentially arise. Please contact my Executive Assistant, Traci Williams, at (530) 295-6904 to schedule a meeting.

Sincerely,

Don Ashton, M.P.A.
Director

c: Patricia Charles-Heathers, Ph.D., Assistant Director Health Services
Robert Price, M.D., Medical Director

County of El Dorado

See meeting locations listed below

Minute Order

Mental Health Commission

Jim Abram, Chair, West Slope Council / Countywide
Denise Burke, Chair, Tahoe Council
Sue Novasel, Board of Supervisors Representative
Michael Ranalli, Board of Supervisors Alternate Representative
Dr. Richard Lynn, Vice-Chair, Tahoe Council
Jan Melnicoe, Vice Chair, West Slope Council
Ben Ehrler, Secretary, Tahoe Council
Bonnie McLane, Secretary, West Slope Council
Dan Boals, Commissioner, West Slope Council
Dr. Stephen Clavere, Commissioner, West Slope Council
Steve Ehrler, Commissioner, Tahoe Council
Guadalupe Medrano, Commissioner, West Slope Council
Lorraine Nordone Pond, Commissioner, Tahoe Council
Maria Quintero, Commissioner, West Slope Council
David Sterkin, Commissioner, West Slope Council
Craig Therkildsen, Commissioner, West Slope Council
Stacy Bolton, Associate Member
Jane de Felice, Associate Member
Vacant (1) Commissioner

Wednesday, January 7, 2015 **5:00 PM** **Meeting Locations (in person and connected via tele/video-conferencing):**
• Health and Human Service Agency, 3057 Briw Road, Sierra Room, Placerville, CA
• Mental Health Office, 1900 Lake Tahoe Blvd., South Lake Tahoe, CA

Special Meeting

5:03 P.M. - CALLED TO ORDER AND ROLL CALL; INTRODUCTIONS

Guests: None.
HHSA Staff: Don Ashton, Patricia Charles-Heathers, Jackie Norlie, Dr. Robert Price, Jamie Samboceti, Ren Scammon, Alexis Zoss
Chair Abram recognized the new appointments to the Mental Health Commission approved by the Board of Supervisors on January 6, 2016.

Present: 14 - Stacy Bolton, Richard Lynn, Guadalupe Medrano, Denise Burke, Jan Melnicoe, Ben Ehrler, Lorraine Nordone Pond, Craig Therkildsen, Jim Abram, Bonnie McLane, David Sterkin, Stephen Clavere, Dan Boals and Steve Ehrler

Absent: 2 - Maria Quintero and Sue Novasel

ADOPTION OF THE AGENDA

Chair Abram discussed the new agenda format.

A motion was made by Commissioner Lynn and seconded by Commissioner Clavere to adopt the agenda.

DRAFT

Yes: 13 - Richard Lynn, Guadalupe Medrano, Denise Burke, Jan Melnicoe, Ben Ehrler, Lorraine Nordone Pond, Craig Therkildsen, Jim Abram, Bonnie McLane, David Sterkin, Stephen Clavere, Dan Boals and Steve Ehrler

Absent: 2 - Maria Quintero and Sue Novasel

PUBLIC COMMENT

None.

DISCUSSION / ACTION ITEMS

1. 15-0009

2015 Officer Elections:
1) Review of the slate of officer nominees from the Nominating Committee and consideration of any additional nominations from the floor;
2) Election of officers for the South Lake Tahoe Council and West Slope Council;
3) Election of the Countywide Chair.

Commissioner McLane listed the Slate of Officers proposed by the Membership Committee as follows:

West Slope:
Chair: Jim Abram
Vice-Chair: Jan Melnicoe
Secratary: Bonnie McLane

South Lake Tahoe:
Chair: Denise Burke
Vice-Chair: Richard Lynn
Secretary; Ben Ehrler

County-wide Chair: Jim Abram

A motion was made by Commissioner Lynn and seconded by Commissioner Therkildsen to elect the Slate of Officers as identified by the Membership Committee.

Yes: 13 - Richard Lynn, Guadalupe Medrano, Denise Burke, Jan Melnicoe, Ben Ehrler, Lorraine Nordone Pond, Craig Therkildsen, Jim Abram, Bonnie McLane, David Sterkin, Stephen Clavere, Dan Boals and Steve Ehrler

Absent: 2 - Maria Quintero and Sue Novasel

2. 15-0023

Discussion regarding Associate Members; appointment of Associate Members.

Chair Abram appointed Stacie Bolton and Jane de Felice as Associate Members. Chair Abram will contact previous Associate Member Diana Hankins to determine if she continues to be interested in serving as an Associate Member.

Approved

DRAFT

3. 14-1661 Appointment of an ad hoc subcommittee to review the projected budget shortfall in the Mental Health Services Act (MHSA) Community Services and Supports (CSS) component and make recommendations by the end of April 2015 to the Mental Health Commission on service reductions and/or changes to achieve a balanced budget in future years.

Chair Abram discussed the formation of an Ad Hoc Committee to review the projected budget shortfall in Community Services and Supports (CSS) budget under the Mental Health Services Act (MHSA) and to make recommendations by the end of April 2015, or sooner, to the Mental health Commission on service reductions and/or changes to achieve a balanced budget in future years. Commission members also discussed the information needs of the Ad Hoc Committee and the date and time for the initial meeting, along with future meeting needs for the Ad Hoc Committee members.

Ren Scammon, MHSA Program Manager, stated that she and a HHSA Fiscal staff member will be available to work with the Ad Hoc Committee.

Chair Abram appointed the following as CSS Budget Shortfall Ad Hoc Committee members: Chair Abram, Commissioner Clavere, Commissioner McLane, Commissioner Melnicoe, Commissioner Pond, and Commissioner B. Ehrler.

Mental Health Division staff to set up the meeting and provide support as needed for the CSS Budget Shortfall Ad Hoc Committee.

Approved

5:16 P.M. - ROLL CALL

Present: 15 - Stacy Bolton, Richard Lynn, Guadalupe Medrano, Denise Burke, Jan Melnicoe, Maria Quintero, Ben Ehrler, Lorraine Nordone Pond, Craig Therkildsen, Jim Abram, Bonnie McLane, David Sterkin, Stephen Clavere, Dan Boals and Steve Ehrler

Absent: 1 - Sue Novasel

DRAFT

4. 15-0037 Update on the Psychiatric Health Facility transition.

Don Ashton, Director of the Health and Human Services Agency (HHSA), provided an update on the transition of operations of the Psychiatric Health Facility (PHF) from HHSA to Telecare. The Telecare staff who will be working at the PHF have started their 80 hours of required training. All County staff stationed at the PHF who elected to remain with the County have been placed into positions within HHSA, either at the Outpatient Mental Health Clinic or as an Eligibility Worker in Social Services. The PHF is currently closed for remodeling, an activity that was necessary whether or not the PHF services were contracted. The PHF is closed effective January 6 through January 19, and individuals in need of emergency in-patient services are being placed out of County. The State will be performing its inspection of the facility during the week of January 12, 2015 to license Telecare to operate the PHF.

Commissioner Clavere asked what renovations are being made. Director Ashton identified that the walled nursing center is being removed, one seclusion room is being re-purposed to a quiet space, video monitoring equipment is being installed in common areas, and other exterior structural upgrades are being made.

Commissioner Clavere asked if Telecare is providing onsite security. Assistant Director Charles-Heathers stated that on-site security will only be present if there is a patient from the Jail admitted.

Commissioner Medrano expressed her hope that clients who were placed out of the County are doing well.

No Action Taken.

DRAFT

5. 14-1663 Assisted Outpatient Treatment (AOT) update, discussion of next steps, and determination of actions to be taken.

Chair Abram provided an update on the Laura's Law / Assisted Outpatient Treatment meeting from December during which next steps in the process were discussed. Chair Abram also updated the Commission with his brief discussions with representatives from the District Attorney, Probation and Public Defender offices that occurred on January 6, all of whom were open to learning more about Laura's Law / Assisted Outpatient Treatment. The Community Corrections Partnership (CCP) will be meeting in February and the Laura's Law / Assisted Outpatient Treatment committee will make a presentation to them. Chair Abram will send out the date and time of the meeting, along with Laura's Law / Assisted Outpatient Treatment resources, to the entire Commission.

Director Ashton stated that he would like to have a pre-meeting with the Laura's Law / Assisted Outpatient Treatment committee to discuss the presentation content. Commissioner Melnicoe stated that based on her previous attendance at the CCP, it would be good to have a concise presentation then allow the CCP members to ask questions.

Commissioner Lynn asked who decides eligibility for participation in Laura's Law / Assisted Outpatient Treatment. Discussion about this issue proceeded, and the Mental Health Director makes the determination based on the referral. If determined eligible, then the judicial system becomes involved with a panel.

Commissioner Medrano was concerned about the amount of work required to engage an individual through Laura's Law / Assisted Outpatient Treatment and that some County departments may not be happy with the workload, and that some individuals may not present symptoms on the day of assessment. Assistant Director Charles-Heathers stated that the evaluation for eligibility for Laura's Law / Assisted Outpatient Treatment is very specific.

Commissioner Clavere inquired as to the duration of the CCP meeting and whether that would be sufficient time to provide an overview of Laura's Law / Assisted Outpatient Treatment. Director Ashton confirmed Commissioner Melnicoe's recommendation to keep the presentation concise, perhaps 15-20 minutes, and to be sure to answer the questions of the District Attorney and the Sheriff, especially questions related to having individuals enrolled in Laura's Law / Assisted Outpatient Treatment living in our community. Commissioner Therkildsen discussed that individuals who may be eligible for Laura's Law / Assisted Outpatient Treatment are not currently receiving treatment and this program will help keep them from returning regularly to other services such as courts, jails and hospitals.

Identification of the next steps was discussed. Director Ashton discussed that until the reaction of the CCP is known, the next steps may be difficult to determine. The Commission expressed interest in speaking with members of the Board of Supervisors individually, and representatives from each District may decide to speak with the Supervisor associated with their District.

The Mental Health Division will schedule a meeting with the Laura's Law / Assisted Outpatient Treatment committee at the end of January as a pre-meeting for the CCP meeting.

Commissioner Melnicoe identified the need to have Supervisor Novasel, the appointed Board of Supervisor representative to the Mental Health Commission, updated on Laura's Law / Assisted Outpatient Treatment. Chair Burke will forward the Laura's Law / Assisted Outpatient Treatment resources provided by Chair Abram to Supervisor

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Novasel.

No Action Taken.

COMMISSIONER'S COMMENTS

Commissioner B. Ehrler inquired as to whether the Mental Health Commission meetings can be videotaped and posted with the minutes. Director Ashton stated videotaping the meetings is not feasible, but audio recordings are possible. The Mental Health Commission will agendize this topic at a future meeting and invite County Counsel to attend to discuss.

Commissioner Clavere spoke at the Board of Supervisors meeting on January 6, 2015 and encouraged members appointed to the Mental Health Commission by the Board of Supervisors be active in their participation.

Commissioner Lynn requested that the word "Psychologist" be removed from his name on the agenda heading.

Commissioner Melnicoe stated that recent communications received by NAMI about the PHF transition had kind words about Dr. Price.

Commissioner B. Ehrler requested that the video conferencing equipment be made available for the CSS Budget Shortfall Ad Hoc Committee meeting.

Commissioner Medrano offered congratulations to Chair Abram for his re-election to the Countywide Chair position.

6:05 P.M. - ADJOURNED

Next regular meeting of the Mental Health Commission is January 28, 2015, at 5:00 pm.

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