

El Dorado County Health & Human Services Agency Mental Health Division

Transforming Lives and Improving Futures

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El Dorado County Mental Health

Who We Are

- * Contracted with State as the “Mental Health Plan” to provide Specialty Mental Health Services to eligible individuals.
- * Eligible individuals are entitled to a specialty mental health service if the service is both a **covered** service under the Medi-Cal program, **and** is **medically necessary** for you. **Covered** services are provided **only if** they are **also medically necessary**.

Who We Serve

- * Medi-Cal and Indigent persons who meet medical necessity criteria/Title9, chap11, 1830.210:
 - * Chronic and severe mentally ill adults
 - * Severely emotionally disturbed children or adolescents
- * And need an array of services such as: assessment, plan development, individual/group therapy, case management, collateral, med support, crisis services.

Our Missions

- * Adults - We build partnerships with adults in support of hope, meaning and purpose, by utilizing their knowledge, resiliency, strengths, family and natural supports to find and/or regain their personal wellness.
- * Children - To provide specialty mental health services to children and families utilizing respectful client-centered supports that create resilient families and communities, and hope for the future.
- * Crisis - We provide crisis intervention services to individuals and families experiencing psychiatric emergencies to help them access necessary resources and enhance individual, family and community safety.

Phases in the Continuum of Care

Preventative/Non Medi-cal – Adult/Child/Adolescent (MHSA)

Life Events
Medical Conditions
Grief/Loss
PEI examples:
Infant Parent Center
Latino Outreach
Senior Peer Counsel
MH First Aide

Mild and Moderate/Medi-cal/Primary Care – Adult/Child/Adolescent

Mild to moderate symptoms of any disorders with higher levels of functioning
California Health and Wellness
Anthem Blue Cross
DHCS-Info Notice
14-020

Traditional Services – Adult/Child/Adolescent

Severe symptoms of any disorder with lower levels of functioning/med only, individuals placed in Group Homes, Board and Care, and Locked.
(For Children's Services 5,15 or 30 hours authorized per CALOCUS score per 6 months)

Full Service Partnership (FSP)

Adult/Child/Adolescent

Severe symptoms of any disorder with lower levels of functioning with a focus on keeping clients in community, preventing higher level of care.
(60 hours per 6 months of authorized services)

Katie A. Services

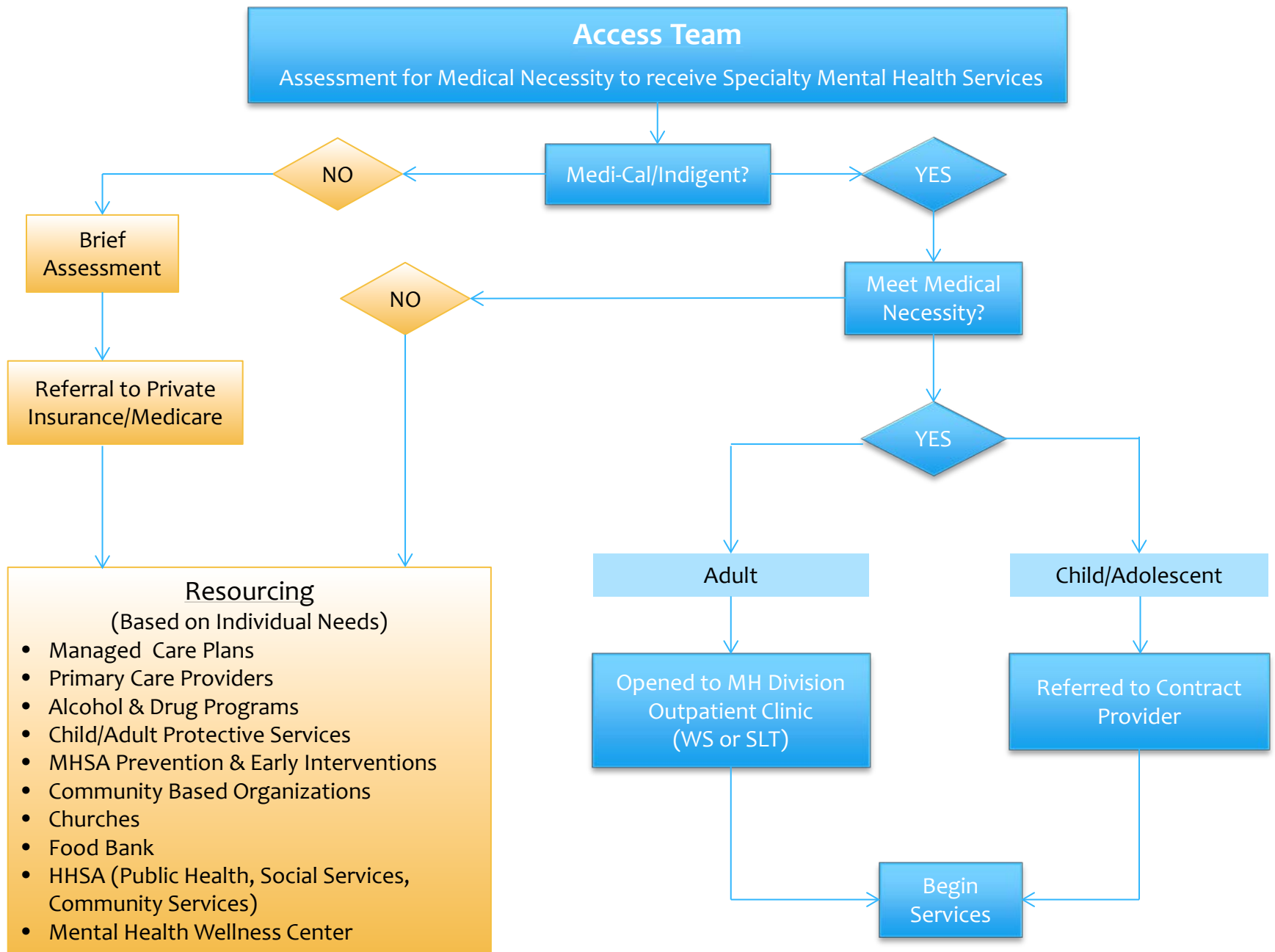
Child/Adolescent

Clients who meet the Katie A. subclass criteria, medical necessity with a focus on intensive care coordination and in home services
(75 hours per 6 months of authorized services)
(This area will change with CCR)

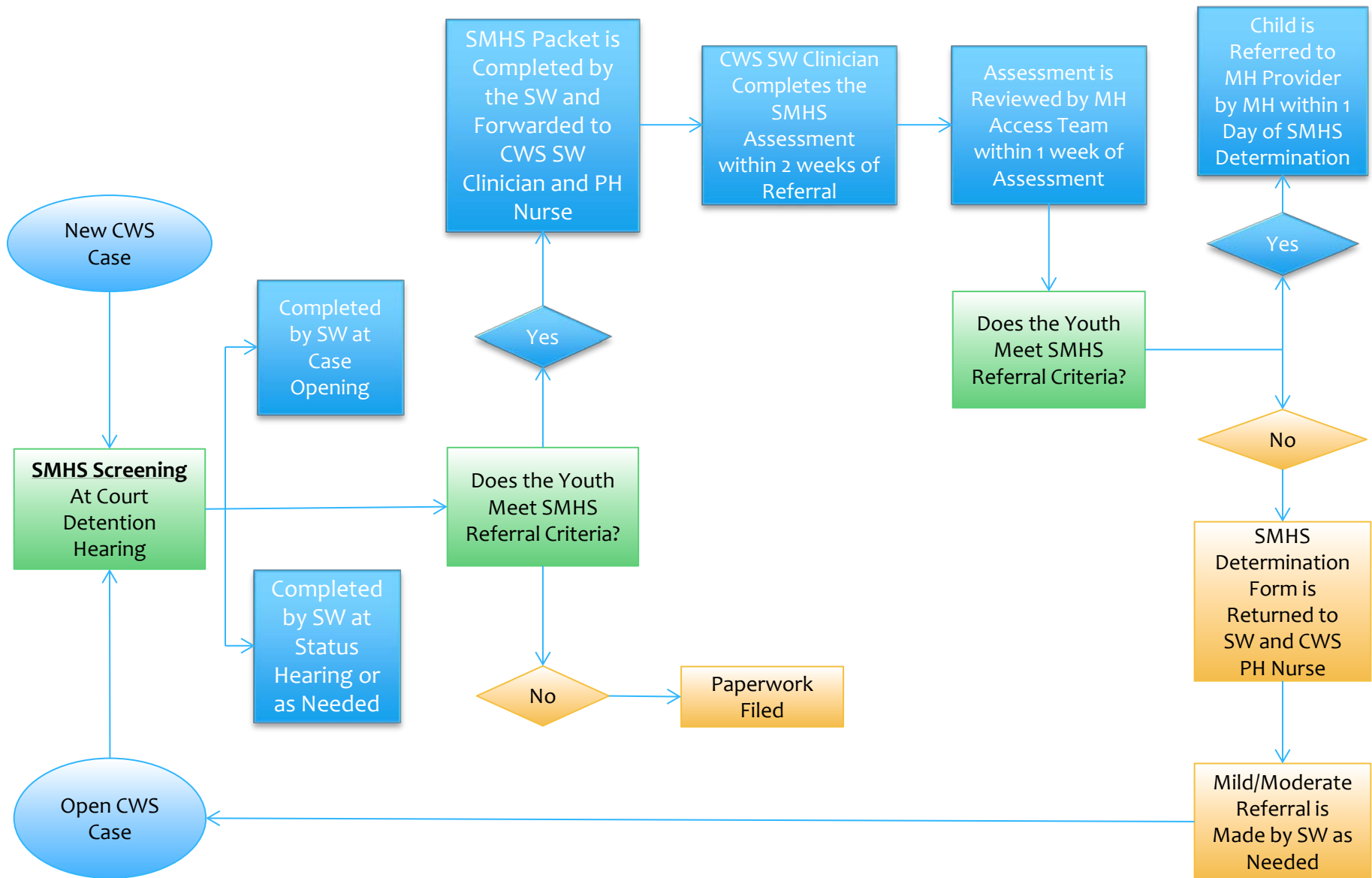
Services Provided By Specialty Mental Health Services

Accessing Services



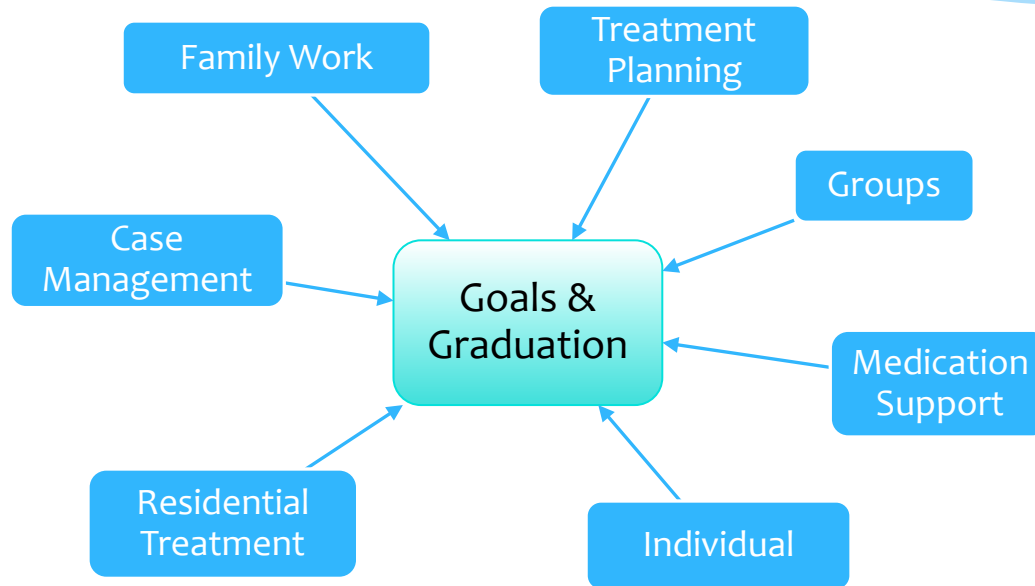


Child Welfare Service/Mental Health Referral Flowchart



Legend: SW=Social Worker, CWS=Child Welfare Service, PH=Public Health, SMHS=Specialty Mental Health Services

Available Services



- * Client Goals: Individualized, Strength Based
- * Program Goals: Self-Sufficiency and Graduation

Program Types

Adults

- * Traditional
- * Wellness (MHSA)
- * Full Service Partnership (MHSA)
- * Psychiatric Services
- * Restoration of Competency (MHSA)
- * Assisted Outpatient Treatment (MHSA)
- * Transitional Living
- * Intensive Case Management Team (MHSA)

Children/Adolescents

- * Traditional
- * Full Service Partnership (MHSA)
- * Katie A. Services (MHSA)
- * Psychiatric Services
- * Group Home Services
- * Foster Care Youth Services
- * Transition Age Youth Services (MHSA)
- * First Episode Psychosis (Grant)

Program Descriptions

Adult

Program Categories	Description
Traditional	Individualized services are provided to adults, who meet the criteria for Specialty Mental Health Services, by a multidisciplinary team. Services may include screening and assessments, referrals, medical evaluation, individual, group, family and case management services. These individuals are considered medication only, or placed in facilities.
Wellness	Provide a welcoming location for individuals with severe mental illness to receive mental health services, gain life skills for independence, and minimize negative effects of isolation frequently associated with mental illness. This includes the Wellness Center, groups, and all other services identified in the Traditional Category.
Full Service Partnership (FSP)	FSP program emphasizes services that are client and family-driven, accessible, individualized, tailored to a client's "readiness for change", delivered in a culturally competent manner, and have a focus for wellness, outcomes and accountability." FSP program identifies a "whatever it takes" approach to provision of services. Most of these individuals are a part of the Intensive Case Management Team.

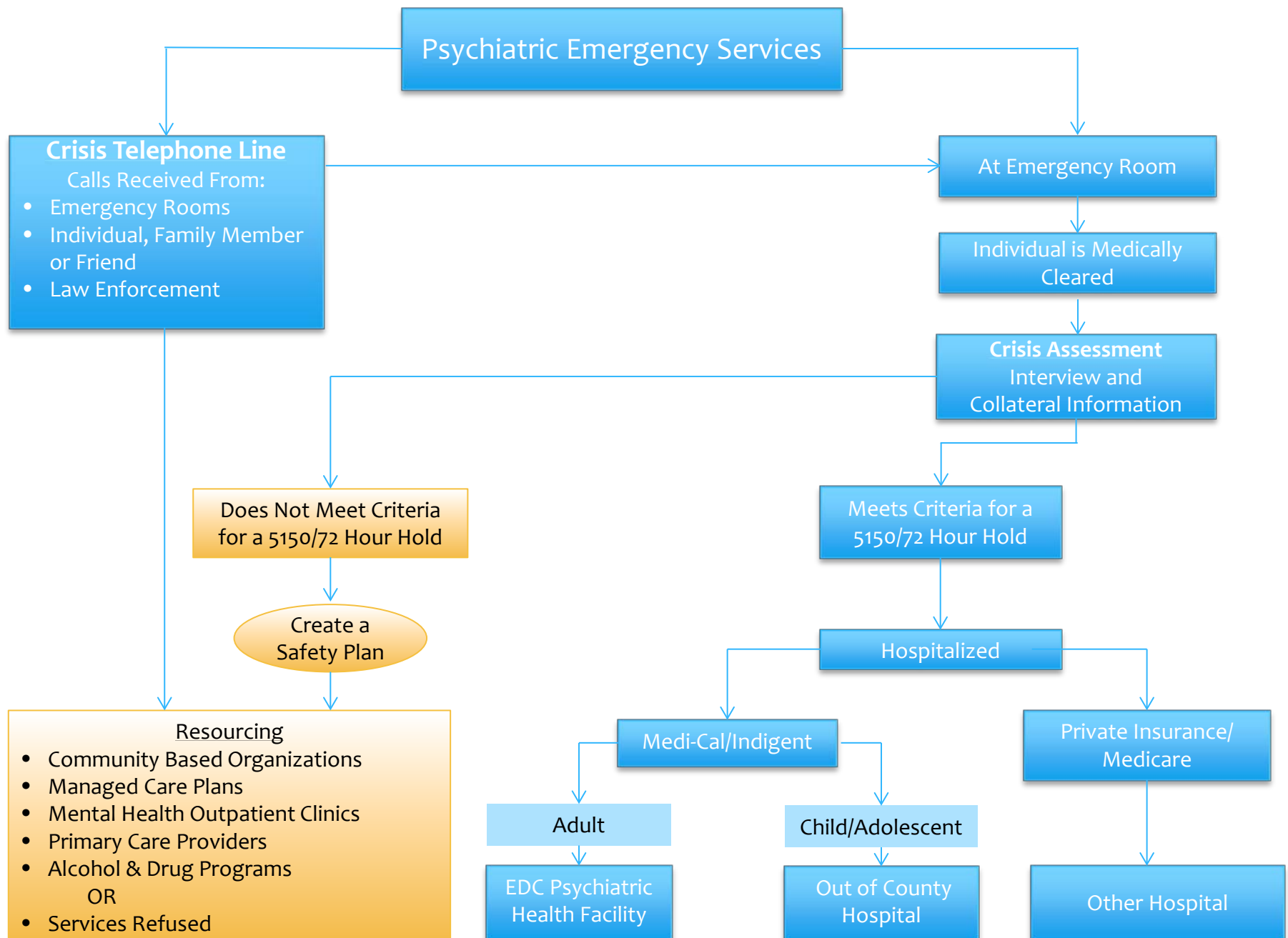
Service level is determined by the Level of Care Utilization System (LOCUS).

Program Descriptions

Children/Adolescent

Program Categories	Description
Traditional	Individualized services are provided to children and adolescents, who meet the criteria for Specialty Mental Health Services, by Contract Providers. Services may include screening and assessments, referrals, medical evaluation, individual, group, family and case management services. These individuals are in group homes, or do not have the higher level of care needs to meet the FSP services requirement.
Full Service Partnership (FSP)	FSP program emphasizes services that are client and family-driven, accessible, individualized, tailored to a client's "readiness for change", delivered in a culturally competent manner, and have a focus for wellness, outcomes and accountability." FSP program identifies a "whatever it takes" approach to provision of services. Services are provided by Contract Providers in an effort to keep the individual in the community.
Katie A. Services	Contract Providers facilitate Intensive Care Coordination (ICC) and provide Intensive Home-Based Services (IHBS) for qualifying members of the target population through the development of a treatment plan that provides for the full spectrum of community services that may be needed so that the client can achieve the identified goals.

Service level is determined by the Child and Adolescent Level of Care Utilization System (CALOCUS).



Alcohol & Drug Programs

Our Mission: The mission of the Health and Human Services Agency (HHS) Alcohol and Drug Programs is to provide an array of evidence-based services with the mission of leading efforts in the community to prevent and reduce alcoholism and drug addiction by developing, administering and implementing prevention, treatment and recovery programs in El Dorado County.

Programs Available

Prevention	Problem Solving Courts	Criminal Justice Courts	Continuing Education
Friday Night Live	Adult Drug	AB 109 Treatment Services	Monthly Classes provided by UCLA
Teen Court	Dependency Drug		
Every 15 Minutes	Juvenile Drug		
Casey's Pledge	DUI Treatment		
Community Organization Partnerships	Adult Felony		
	Behavioral Health		

Partnerships/Collaboration

- * Adult/Child Protective Services
- * Barton/Marshall
- * Community Health Center
- * Crisis Intervention Team
- * County Counsel
- * Courts
- * Law Enforcement
- * Only Kindness/ReneEvans
- * Probation
- * Public Defender
- * Public Guardian
- * Telecare PHF
- * MH Collaborative/SLT
- * Lake Tahoe Collaborative
- * Community Health Advisory/SLT
- * MH Commission
- * MAST/Older Adults
- * Child/Adult Placement Committee

June 2012 – December 2012

- * Strong focus on getting to know the services and better defining them through a Strategic Plan process.
- * Added data gathering tools to better inform the decision making process.
- * Full completion of Mission, Vision, Values and Belief Statements of all MH services.
- * Decision to close Crisis Residential Treatment (CRT), expand the Psychiatric Health Facility (PHF) to 16 beds and adopt the Intensive Case Management (ICM) Model - BOS approved effective 12/31/12.

January 2013 – December 2013

- * Alcohol & Drug Program (ADP) moved under the umbrella of Mental Health.
- * Sabrina Owen hired as Program Coordinator for South Lake Tahoe.
- * Redesigned Mental Health into 3 basic service areas: Traditional/Wellness Center, Community Based Services and Justice Services with a strong focus on MHSA billing.
- * Contracted out Children Services.
- * Designed a Utilization Review (UR) Team concept with all triaging of clients to occur internally.
- * PHF expanded from 10 to 16 beds.
- * Moved WS Outpatient Services to Diamond Springs.
- * Created an ICM/PES (Psychiatric Emergency Services) Team in SLT and aligned with the 3 basic service areas on the WS.
- * Evidenced Based groups began in Adult Outpatient Services.
- * AB 109 team hired and trained.

January 2014 – December 2014

- * Closed the 2 State Beds to reduce cost.
- * Fully functional ICM Team on WS: SLT ICM off to a great start with 2 Clinicians and solid leadership.
- * Expanded Transitions Treatment Program on the West Slope to reduce out of County placements and created Master Leases.
- * Worked closely with Contract Provider to develop an Adult Residential Facility in EDC.
- * Hired Extra Help staff to reduce overtime in PES.
- * Focused recruitments for full time Psychiatrists.
- * BOS awarded PHF RFP bid to Telecare.
- * Moved SLT Outpatient Services to new facility.

January 2015 – December 2015

- * BOS approved resolution adopting Laura's Law.
- * Developed 12 Performance Indicators for Performance Management.
- * Restructured ADP to increase capacity to serve Mental Health clients with Co-Occurring issues on both slopes. Justice Services to ADP.
- * Established 2 Transitions Treatment Program houses in SLT.
- * Received MIOCR Grant.
- * Developed School/Community Based DBT TAY (Transitional Aged Youth) Program to serve Independence High School and South Tahoe and Tallac High School.
- * ADP and Public Health hosted a Perinatal Drug Abuse Conference.
- * Drug Court Training in Washington DC, courtesy of ADP.
- * Mental Health Triennial Review noted and complimented MHD on all aspects of clinical care and staff's commitment to providing quality, high level services to our clients.

January 2016

6 Areas of Focus for 2016:

- * **Treatment/Program Design** – Short term Model of Care and Wellness Center Program
- * **Infrastructure** – Policies and Procedures, Performance Management and Contract Provider Monitoring
- * **Client Support /Empowerment** – Peer & Natural Support Treatment/Training, Jobs & Volunteer Opportunities
- * **Staff Training and Development** – Documentation and Treatment Planning, Monthly Training, Quarterly All Staff Meetings
- * CCR
- * Mentally Ill Offenders (MIOCR, ROC – Inpatient and Outpatient)