

**Behavioral Health Division Update  
Behavioral Health Commission  
August 22, 2018 Meeting  
June Data**

**ASSISTANT & DEPUTY DIRECTOR UPDATES**

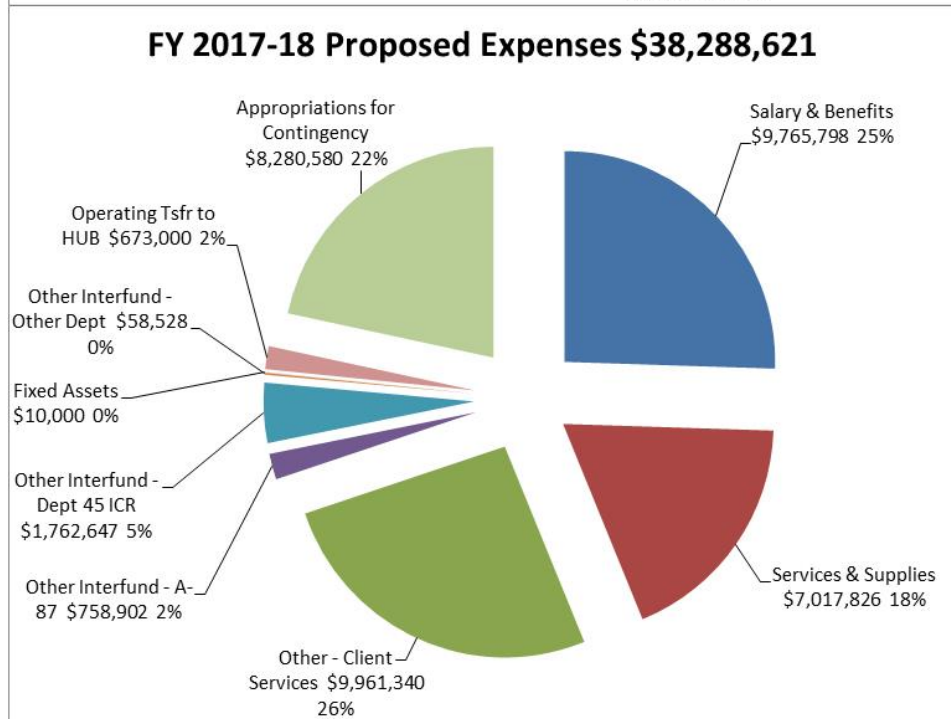
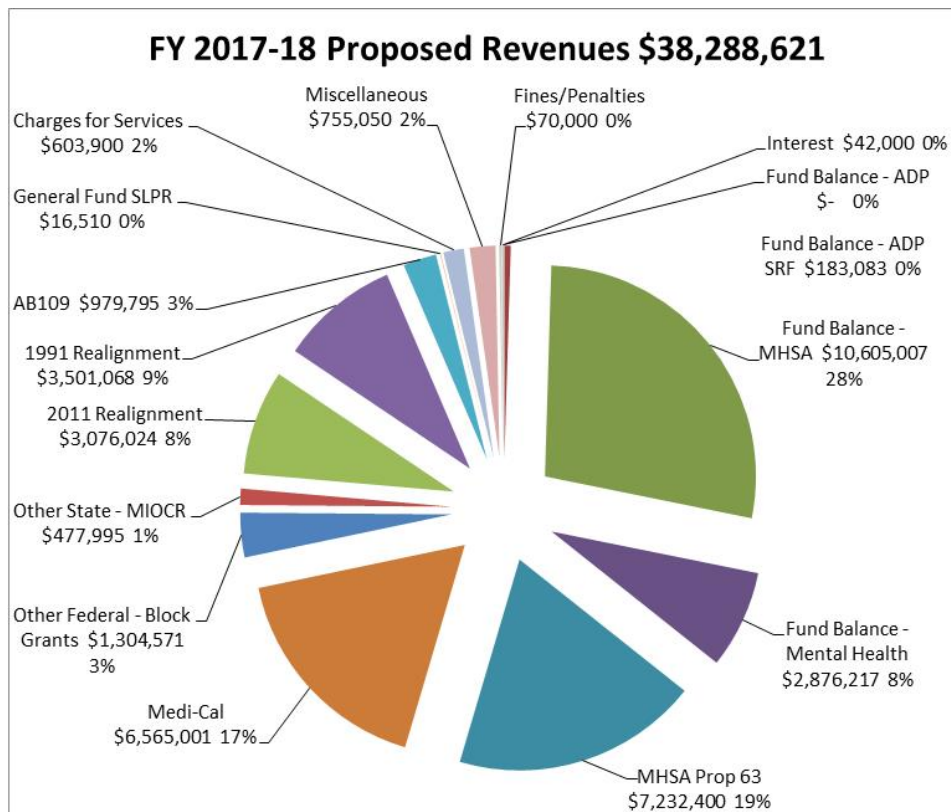
(Katy Eckert & Jamie Samboceti)

- See July Update.

**EL DORADO COUNTY BEHAVIORAL HEALTH DIVISION STAFFING**

- **New Hires:**
  - Moriah Weldy, Administrative Technician for QA/UR (1.0 WS)
  - Cheryl Sim, Senior Office Assistant (1.0 WS)
- **Promotions:**
  - None
- **Recruitments:**
  - Ongoing
    - MH Worker-Extra Help (3)
    - MH Aide (0.5)
    - MH Aide Extra Help (2)
    - Clinician I/II WS
    - Psychiatric Technician (1.0 WS)
    - Health Education Coordinator ADP (1.0 WS)
    - Health Education Coordinator ADP (0.5 SLT)
    - Patients' Rights Advocate (0.4 FTE)
    - MH Program Coordinators (1.0 WS and 1.0 SLT)
    - MH Worker (1.0 SLT)
  - New
    - None
- **Separations:**
  - Eric Preszler, LPCC (WS Crisis)
- **Position Changes:**
  - Betsy Fedor will be transitioning from a mental health worker in SLT to Health Program Specialist in SLT ADP.

## EL DORADO COUNTY BEHAVIORAL HEALTH FINANCIAL UPDATE



### Highlights:

- Most funding coming into Behavioral Health is tied to delivery of services for specified programs.
- Base funding levels for individual counties are now set for 2011 Realignment.
- The county budgets full use of fund balance on the revenue side and an appropriation for contingencies on the expense side to allow flexibility throughout the year.
- MHSAs Revenues are paid at an estimated rate all year long, a true up occurs in the July/August timeframe. The true up can either greatly increase or decrease revenues received for the year.

### Areas of Concern:

- When the economy slows down and sales tax receipts drop statewide, we will experience a reduction in 1991 & 2011 Realignment.
- When the economy slows and California millionaire's income levels drop, MHSAs revenues will likewise drop.

Note: Budget graphs for SUD services and MH services will be available in the new Fiscal Year.

## CASELOAD AND NEW SERVICE REQUEST DATA

### Unduplicated Caseload as of June 2018

Children's Outpatient South Lake Tahoe	Clients	Children's Outpatient West Slope	Clients	Total
TAY	5	TAY	31	36
Clinic*	0	Clinic*	10	10
Contractor: Sierra Child & Family Services (SCF)**	54	Contractor: Sierra Child & Family Services (SCF)**	105	159
Contractor: Tahoe Youth & Family (TY)**	4	n/a		4
		Contractor: Summitview (SV) **	84	84
		Contractor: New Morning (NM)**	31	31
		Contractor: Stanford Youth Solutions (SYS)**	3	3
<b>Subtotal Children's</b>	<b>63</b>	<b>Subtotal Children's</b>	<b>264</b>	<b>327</b>

Adult Outpatient South Lake Tahoe	Clients	Adult Outpatient West Slope	Clients	Total
Clinic	88	Clinic	280	368
ICM/FSP	18	ICM/FSP	43	61
<b>Subtotal Adults</b>	<b>106</b>	<b>Subtotal Adults</b>	<b>323</b>	<b>429</b>

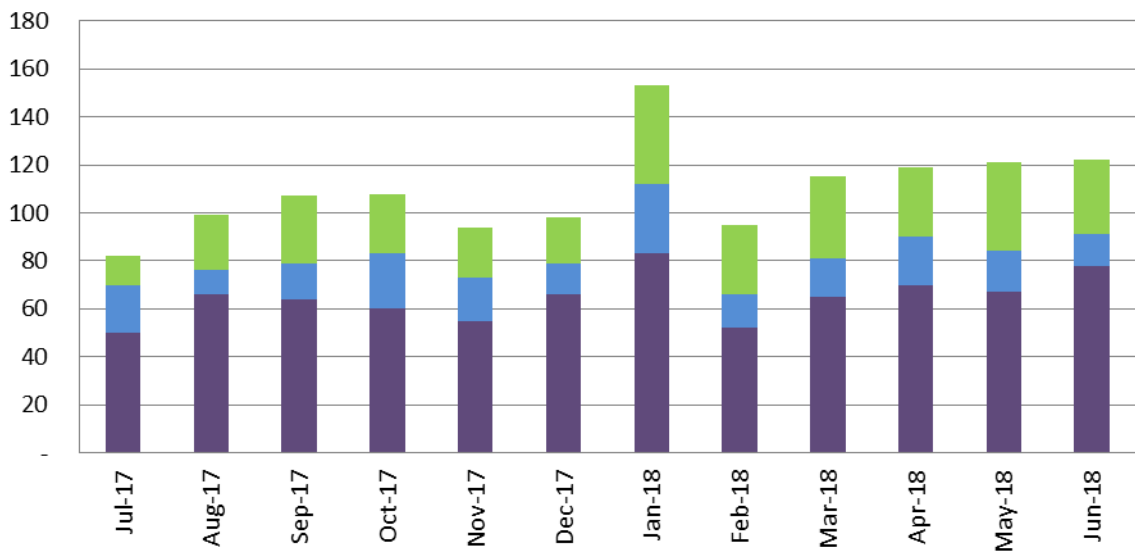
Total South Lake Tahoe	169	Total West Slope	587	756
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\* Children who are seen by the Behavioral Health Division only (no Contracted Providers)

\*\* May include children who are seen by the Behavioral Health Division's Psychiatrist

## New Service Request Trends

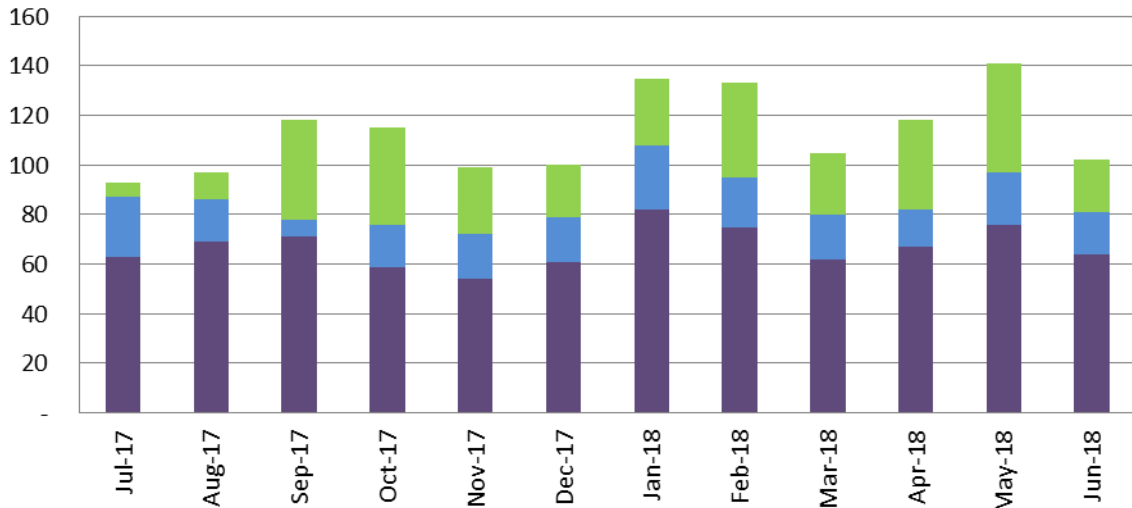
**Prior 12 Month Period New Requests for Service**



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Children	12	23	28	25	21	19	41	29	34	29	37	31
TAY	20	10	15	23	18	13	29	14	16	20	17	13
Adult	50	66	64	60	55	66	83	52	65	70	67	78

## Discharged Service Request Trends

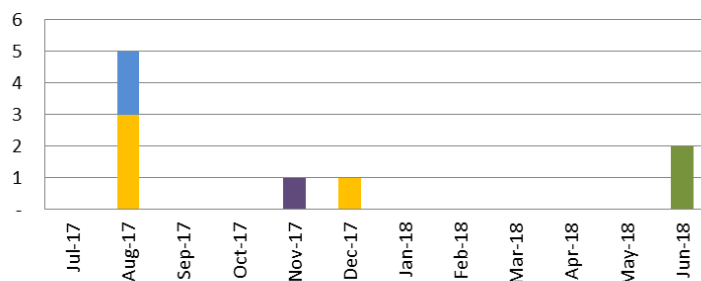
**Prior 12 Month Period Discharged Requests for Service  
(by Age)**



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Children	6	11	40	39	27	21	27	38	25	36	44	21
TAY	24	17	7	17	18	18	26	20	18	15	21	17
Adult	63	69	71	59	54	61	82	75	62	67	76	64

## Assisted Outpatient Treatment: (Nicole Cable)

**Assisted Outpatient Treatment Referrals**



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
In Review	-	-	-	-	-	-	-	-	-	-	-	2
Could Not Locate	-	2	-	-	-	-	-	-	-	-	-	-
Did Not Meet AOT Criteria	-	-	-	-	1	-	-	-	-	-	-	-
Met AOT Criteria	-	3	-	-	-	1	-	-	-	-	-	-

### Disposition of Referrals:

0 did not meet program criteria,  
0 met initial program criteria,  
0 individuals voluntarily accepted outpatient services,  
0 individuals to proceed with the AOT process,  
2 applications in review process

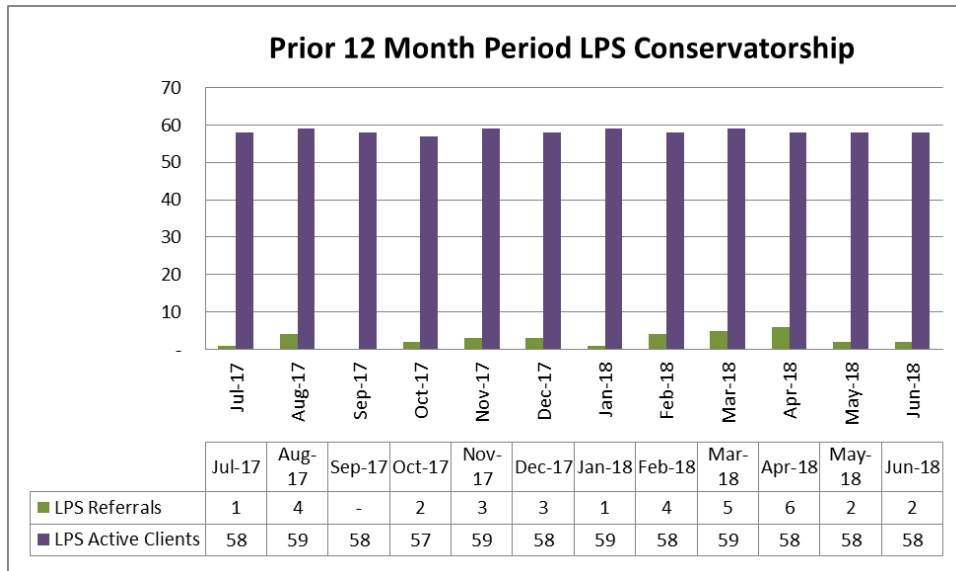
### Discharged AOT clients:

0 clients discharged:  
0 to a lower level of service,  
0 out of services

There are currently **0** AOT clients receiving services voluntarily.

AOT client (due to petition) is not engaging in services, and a petition has been filed for Temporary Conservatorship due to client's grave disability.

## LPS Conservatorship: (Nicole Cable)



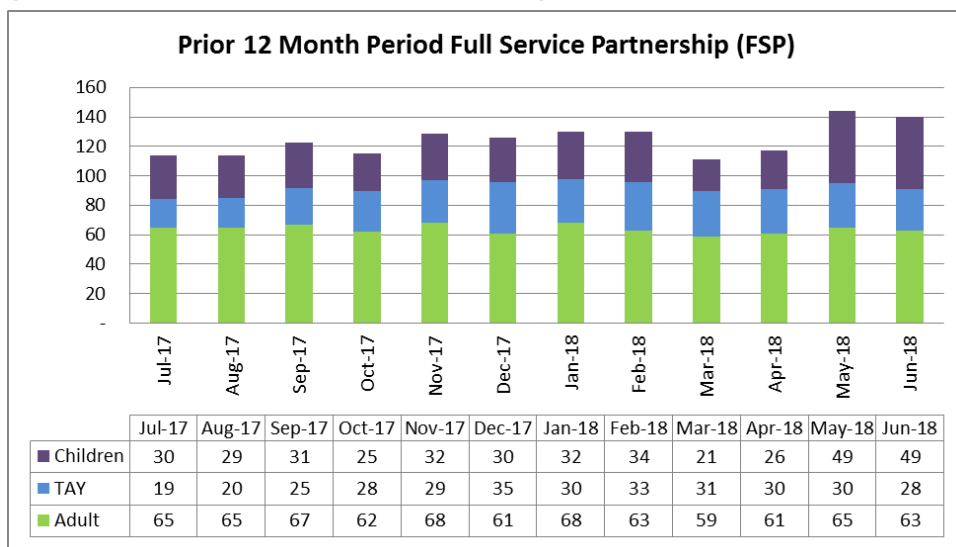
### LPS Active Clients:

58 LPS Conservatorships  
11 Temporary Conservatorships

### LPS Terminations:

1 LPS Terminations  
1 Pending LPS Terminations

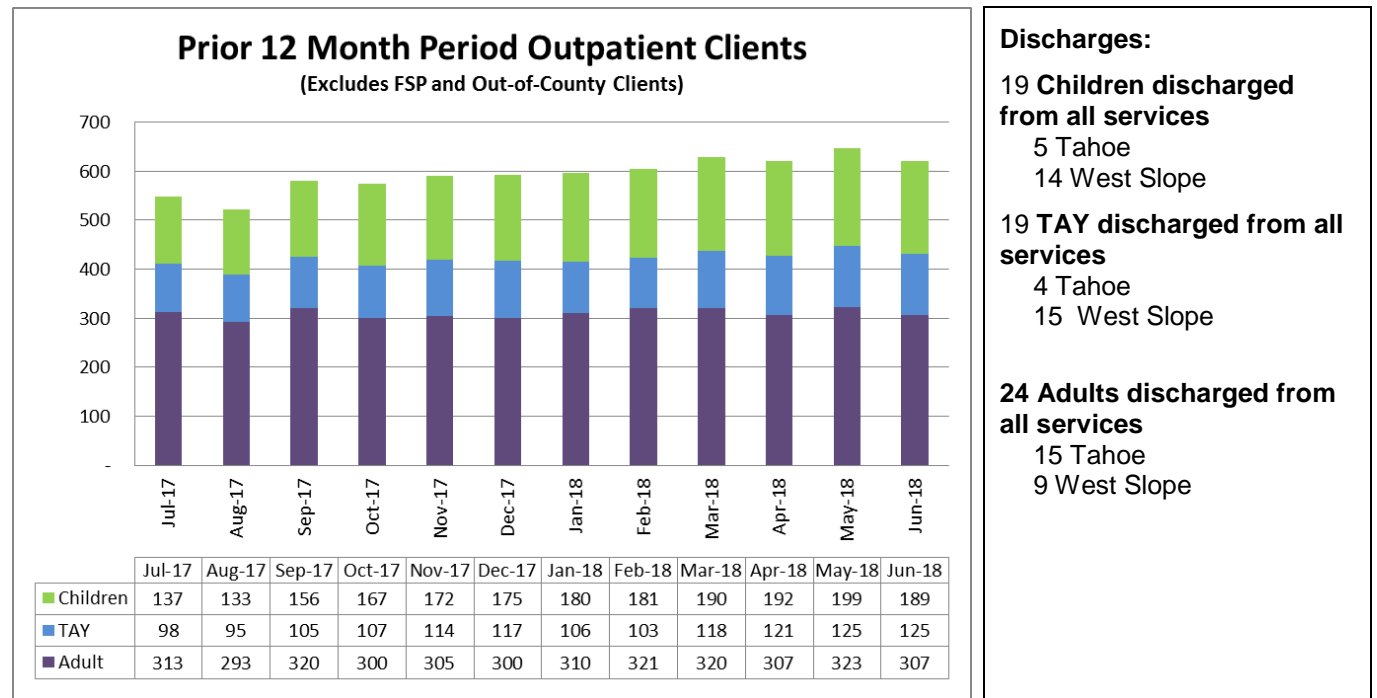
## Full Service Partnership (FSP) and Intensive Case Management (ICM) (Nicole Cable and Sabrina Owen)



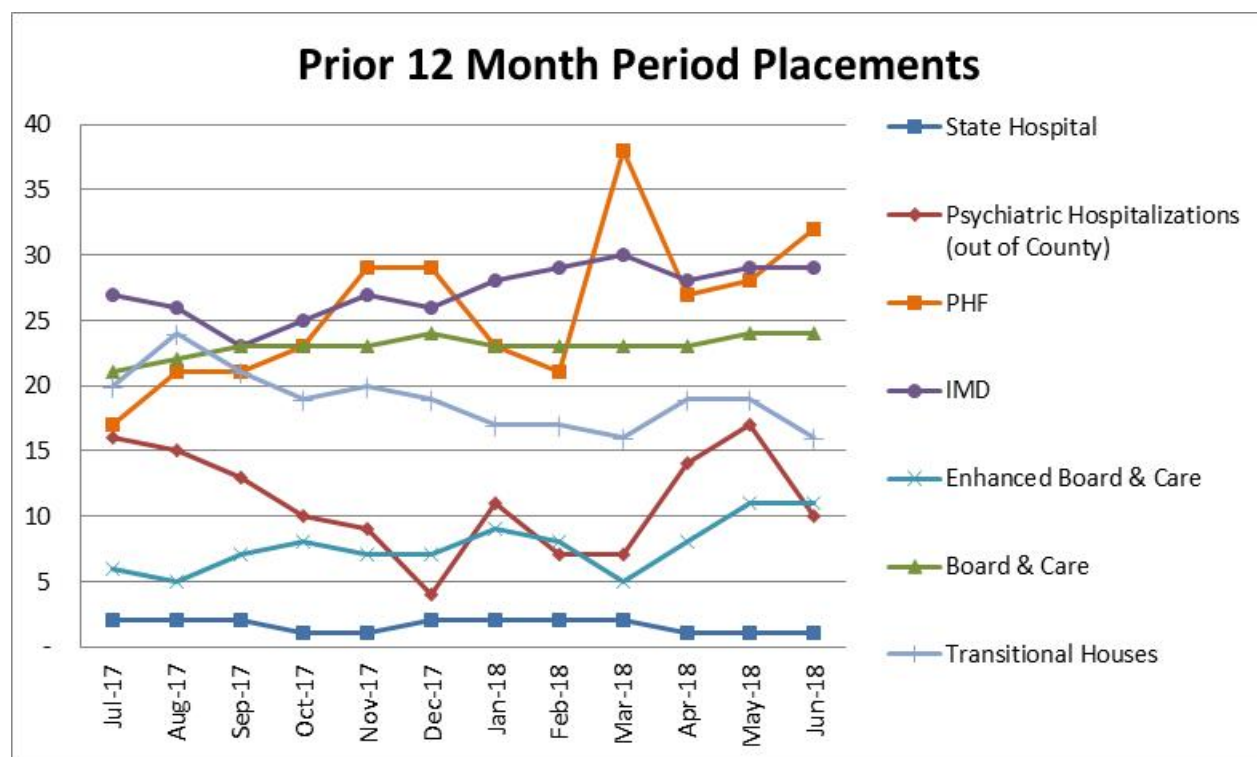
### Intensive Case Management

- West Slope: Serving 42 clients
- SLT: Serving 19 clients

## Outpatient Services (excludes FSP and Out-of-County Placements)



## PLACEMENTS



### Board and Care / IMDs / Secure Placements (Nicole Cable)

- 29 IMD beds - Crestwood/Canyon Manor/California Psychiatric Transitions (CPT)
- 1 State Hospital
- 11 Enhanced Board and Care beds including Willow Glen & Silver Ridge
- 24 Board and Care - Sacramento & Galt (including Grace Home)
- **Total:**
  - 35 Out of County Placements
  - 6 In County Placements (Silver Ridge)

### Transitions Treatment Program / MIOCR (Nicole Cable / Sabrina Owen)

- **WS:** 11 of 15 beds filled
  - T1 0 openings,
  - T2 1 Female openings,
  - T3 3 Male openings,
  - T4 0 openings
- **SLT:** 5 of 12 beds filled :
  - T1 3 openings (1-3 Female, 2 Male),
  - T2 (MIOCR) 3 opening (1-3 Male/Female)

### Permanent Supportive Housing (Ren Scammon / Sabrina Owen)

#### Trailside Terrace

Clients receive services from the Wellness and Recovery team or from community



based supports

- 4 of 5 units occupied
- Wait List:
  - 1 bedroom: 14
  - 2 bedroom: 6
  - 3 bedroom: 0

The 3-bedroom unit is currently vacant. Prospective tenants must be screened by Behavioral Health and Trailside Terrace. Applications are available on the Behavioral Health website,

<https://www.edcgov.us/government/mentalhealth/documents/MHSA%20Trailside%20Terrace.pdf>

Applications are considered on a first come, first served basis. The housing unit must consist of a family unit (i.e., roommates are not considered a housing unit).

### **The Aspens at South Lake**

Clients receive ICM team coverage

- 6 of 6 units occupied
- Wait List: unknown #
  - The Aspens is a floating unit configuration based on household size rather than a specific number of apartments for each number of bedrooms

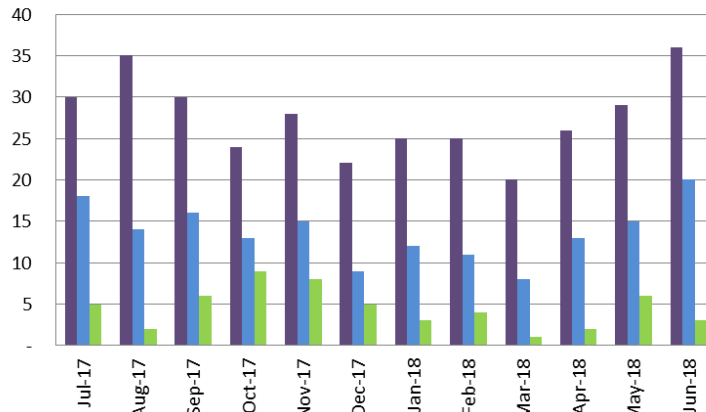
### **Psychiatric Health Facility (Nicole Cable)**

- There were 34 Admissions; 27 Admissions were El Dorado County residents and 7 were Out of County residents.
- There were 28 El Dorado County residents discharged; 16 to Home with Support, 8 to Home without support, 0 MHRC/IMD, 0 Board and Care, 1 to ICM T-House, 1 to Shelter, 2 to Other, and 0 to Emergency Department.
- Upon discharge, 19 El Dorado County residents were insured and 9 El Dorado County residents were pending insurance.
- There were 0 Seclusion Episodes, 0 Physical Restraint Episodes (0 minutes), 0 Assaults (0 clients), 0 Elopements, 2 Medication Errors (1 medication errors with no patient involvement), Client Surveys 25
- There were 4 denials of El Dorado County referrals: No Female Beds (1); Ongoing medical issues (2); No blocked room available (1)
- Average daily census was 10.7 (range 8-14), with 11 average length of stay of days.

## CRISIS SERVICES

### Psychiatric Emergency Services (PES) (Sabrina Owen and Angie Larrigan)

Prior 12 Month Period Psychiatric Emergency Services - SLT



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Crisis Assessments	30	35	30	24	28	22	25	25	20	26	29	36
Hospitalizations	18	14	16	13	15	9	12	11	8	13	15	20
Referrals to Substance Use Treatment	5	2	6	9	8	5	3	4	1	2	6	3

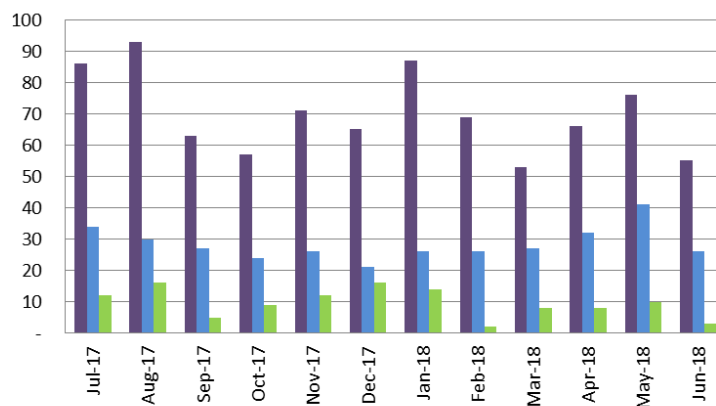
#### Crisis Assessments for Open Clients:

- SLT: 36
- West Slope: 55

#### Hospitalizations of Open Clients

- SLT: 20
- West Slope: 26

Prior 12 Month Period Psychiatric Emergency Services - WS



	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Crisis Assessments	86	93	63	57	71	65	87	69	53	66	76	55
Hospitalizations	34	30	27	24	26	21	26	26	27	32	41	26
Referrals to Substance Use Treatment	12	16	5	9	12	16	14	2	8	8	10	3

### Crisis Intervention Teams (CIT) (Angie Larrigan and Sabrina Owen)

- **SLT:** CIT met in June with only Behavioral Health, Sheriff, Highway Patrol and Adult Protective Services present. No SLTPD or Probation presence. Discussed WS Sheriff Department Sergeant Troy Morton's promise to attend in months to

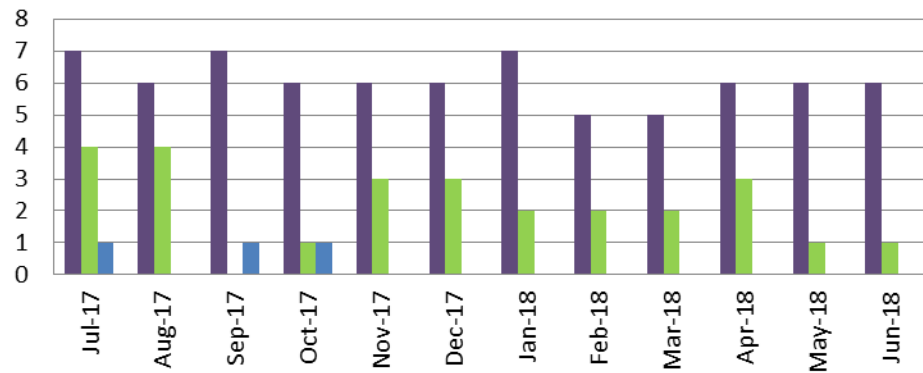
come (as SLT CIT Sergeant Yarbrough has retired) and his hope to improve attendance by encouraging our other community partners to attend consistently.

- **WS:** The WS CIT MDT meeting continues to be well attended by representatives from El Dorado County Jail, California Forensic Medical Group (CFMG), Sheriff's Office (EDSO), Placerville Police Department, Adult Protective Services, Public Guardian, Public Defender's office, District Attorney's Office and El Dorado County Behavioral Health. Each stakeholder in attendance presented motivated to strategize and problem solve community concerns to support positive change in our community.
- **PERT:** Stats for June consist of three, 40 hour weeks, as PERT was in training in San Diego for the 1st week in June. Deputy Alvarez joined the PERT team and has shown to be a fantastic addition to the team. In the near future, PERT will compile all anonymous data ranging from simple demographics, to mental health diagnosis and illicit drug use into Survey123. Survey123 is an intuitive and "formcentric" application that makes field data gathering simple and extremely productive. PERT stats for June are as follows:
  - Engaged in 25 face-to-face encounters
  - 23 safety plans and referrals were made
  - 2 5150s were initiated by PERT
  - 4 Fit For Incarceration assessments were conducted
  - The PERT team reports that 11 face-to-face contacts would have been placed on a WIC § 5150 72-hour hold by EDSO without the skilled field based PERT interventions.
  - PERT provided approximately 45 follow up contacts to individuals identified as having mental health concerns by CIT patrol deputies

## JUSTICE SERVICES

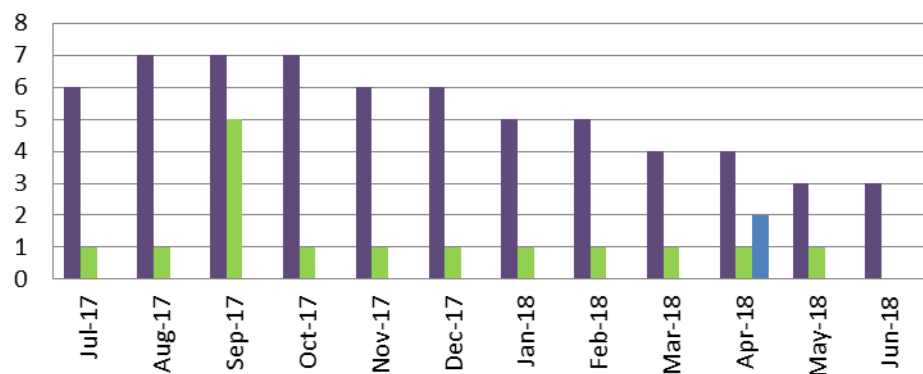
### Behavioral Health Court (John Schumacher)

#### Prior 12 Month Period Behavioral Health Court - SLT



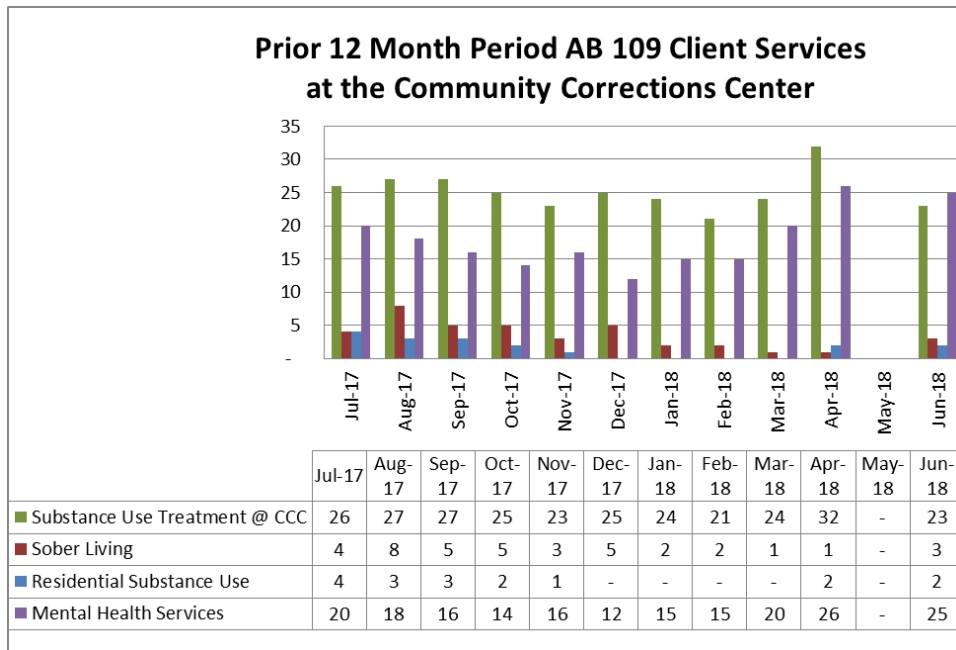
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Active Participants	7	6	7	6	6	6	7	5	5	6	6	6
Sober Living	4	4	0	1	3	3	2	2	2	3	1	1
Residential Substance Use	1	0	1	1	0	-	-	-	-	-	-	-

#### Prior 12 Month Period Behavioral Health Court - WS



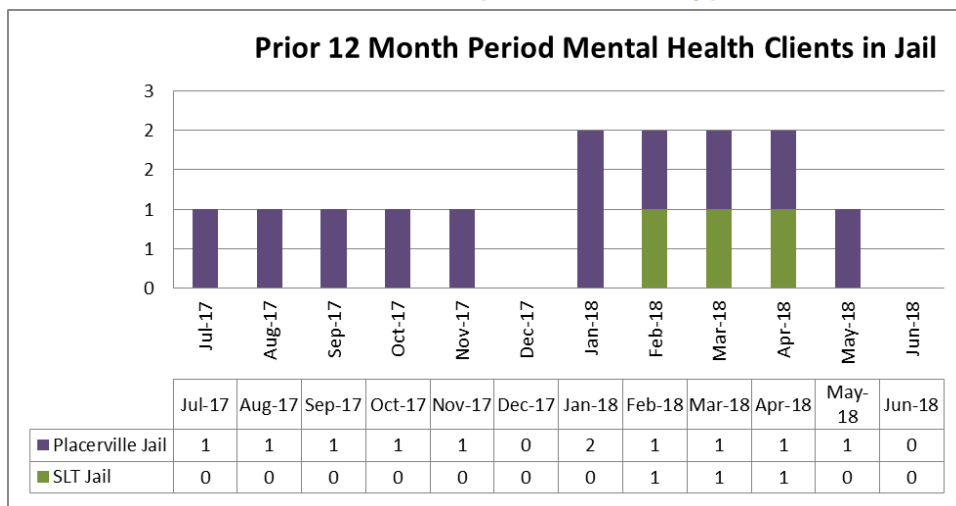
	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18
Active Participants	6	7	7	7	6	6	5	5	4	4	3	3
Sober Living	1	1	5	1	1	1	1	1	1	1	1	-
Residential Substance Use	0	0	0	0	0	-	-	-	-	2	-	-

## AB 109 (John Schumacher)



- 6 clients are receiving Substance Use Education services in the South Lake Tahoe jail.
- 12 clients are receiving Substance Use Disorder treatment in Placerville Jail.
- 0 client is receiving treatment from a contracted community provider in SLT.
- 1 clients are receiving treatment from a contracted community provider in Placerville.

## Mental Health Clients in Jail (Moriah Weldy)



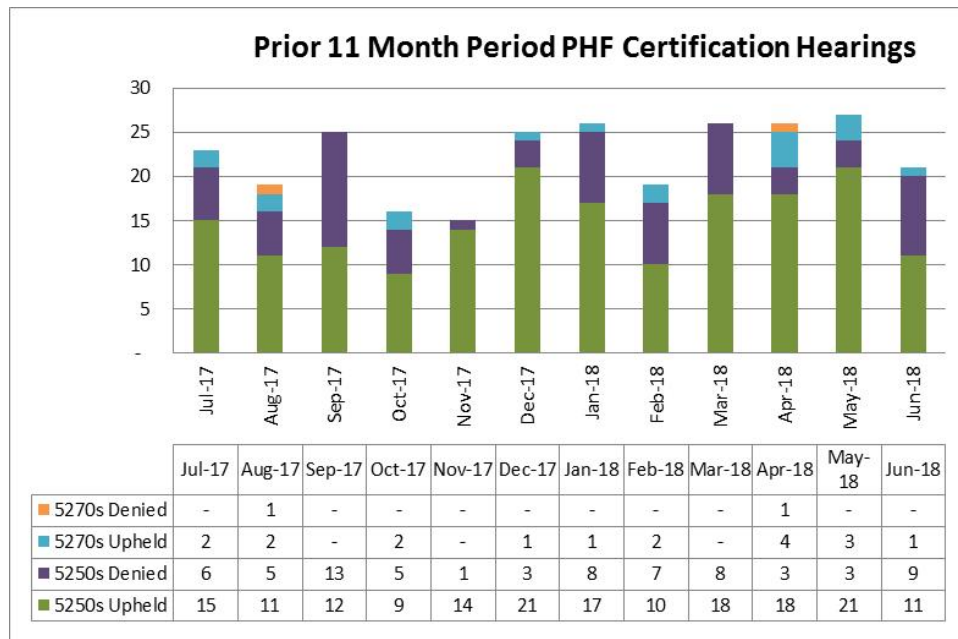
Count of Behavioral Health's existing clients that were receiving Specialty Mental Health Services at the time of their incarceration in the Placerville or SLT Jails only.

## Restoration of Competency (Nicole Cable)

- 0 Outpatient ROC referrals
  - 0 Jail ROC referral
  - 0 client receiving ROC Outpatient services
  - 1 client receiving ROC Inpatient services
- Individual is currently in PHF and receiving services while inpatient.

## QUALITY ASSURANCE & PATIENT RIGHTS

### Patients' Rights Advocate (Ren Scammon)



Certification hearings are held at the PHF on Mondays and Thursdays (except holidays).

- 27 Certification Notices were served.
- 1 client discharged prior to the hearing date
- 5 clients converted to voluntary prior to the hearing
- 21 hearings were held

### Quality Improvement/Utilization Review (Ren Scammon)

- See July Update

### Grievances/Appeals/Hearings (Ren Scammon)

Month Filed	Month Completed	Type	Topic	Location	Outcomes (Appeals / Hearings Only)
See July Update					

## PERFORMANCE IMPROVEMENT METRICS (reported quarterly)

Next Report Period: Quarter 4 (April through June 2018)

Reporting Month: September 2018

## **PROGRAM ACTIVITY UPDATES**

### **ALCOHOL AND DRUG SERVICES / SUBSTANCE USE DISORDERS (Salina Drennan)**

Tahoe:

- Besty Fedor has accepted a position as Health Program Specialist with ADP. She will be working with criminal justice clients in the jail and the community.

West Slope:

- ADP Staff located at Victory Mine will be moving to 929 Spring Street as of 7/31/18. Notification letters were sent to active clients on the West Slope. The phone number to access services remains the same: 530-621-6290.

### **MENTAL HEALTH SERVICES ACT (MHSA) (Heather Longo/Tami Smith)**

- MHSA met with HHSA representatives regarding the PATH (Projects for Assistance in Transition from Homelessness) Grant. Tahoe Coalition for the Homeless (TCH) applied for the grant, estimated to be about \$35,391 with a \$11,797 match from MHSA. TCH currently operates the Warm Room in South Lake Tahoe, where they have provided 7370 shelter bed nights over the past three (3) winters. They assisted 19 people in finding housing last winter. If awarded the grant, TCH intends to continue its winter operations, as well as expand services to provide outreach and case management in the summer months.
- On June 4, 2018, MHSA, in coordination with the Behavioral Health Commission, held a Public Hearing on the draft Fiscal Year 2018-19 MHSA Annual Update.
- On June 26, 2018, MHSA presented the Fiscal Year 2018-19 MHSA Annual Update to the Board of Supervisors, for their consideration and adoption. The Board unanimously adopted the MHSA Annual Update.
- MHSA was notified by California Department of Health Care Services (DHCS) of a pilot audit of the MHSA 3-Year Program and Expenditure Plan, covering Fiscal Year 2017/18 through Fiscal Year 2019/20. The onsite audit was originally scheduled for July, but rescheduled by DHCS for October 2018.
- Met with various Prevention and Early Intervention (PEI) providers regarding program delivery, invoicing, and preparation for presentation to the California Commission on Aging.

## **OUTPATIENT SERVICES**

**(Sabrina Owen (SLT); Lesly Van Sloten and Nicole Cable (WS))**

### **Wellness Center Activities:**

Tahoe:

- Clients from both slopes enjoyed a lakeside BBQ on June 15, just one of the benefits of living in SLT.

West Slope:

- Pre-4th of July Celebration on June 26th with music by the Dried Mangoes, BBQ, games and plenty of sun and fun.

### ICM Activities:

Tahoe:

- Attended the County Fair thanks to donated tickets.

West Slope:

- Hiking at Cody Lake on June 9th, trip to SLT for their annual BBQ on June 15th, two Saturday morning fishing trips on June 16th (Union Valley) and June 30th (Silver Lake). Annual ICM Team Luau on June 28th.

### Children's Services (Angie Larrigan)

Behavioral Health and Child Welfare Services continue to work together to develop the Children's System of Care. The Children's System of Care embraces the "no wrong door" approach to serve Children and Youth experiencing complex and interrelated needs that require services spanning multiple disciplines and agencies.

Together, with the support of Child Welfare Services and our community partners, the Behavioral Health Division has implemented the Children and Family Team service per AB 403, Continuum of Care Reform. A Child and Family Team is defined as group of individuals who are convened by the placing agency and who are engaged through a variety of team-based processes to identify the strengths and needs of the child or youth and his or her family, and to help achieve positive outcomes for safety, permanency, and well-being.

AB1299, Presumptive Transfer ensures that foster children placed outside of their county of original jurisdiction are able to access mental health services in a timely manner. Presumptive transfer, or waiver of transfer of responsibility, is required for providing or arranging for mental health services to a foster child from the county of original jurisdiction to the county in which the foster child resides. A waiver of Presumptive Transfer is made when it has been determined that the transfer of mental health services would disrupt continuity of care or timely access to services. AB 1299 requires the mental health plan in the host county to assume responsibility for the authorization and provision of mental health services, and payments for services, upon the presumptive transfer.

EDC Child Welfare Services and the Behavioral Health Division have encountered many issues related to gaps in State guidance related to Presumptive Transfer. EDC BHD has experienced concerns with the Presumptive Transfer process that appear to also be concerns for multiple Counties. Some of the issues have included the lack of a clear united definition of the term "foster youth", and that some Counties do not accommodate Presumptive Transfer when the individual is a foster youth, but has been placed out of County by Education (rather than Child Welfare Services).



DHCS and California Department of Social Services (CDSS) have identified standardized functional assessment tools to analyze outcome data. The first tool is the Child and Adolescent Needs and Strengths (CANS) Scale. Children and youth receiving SMHS will be assessed by CANS-certified county staff on a regular basis. Implementation of the CANS will allow DHCS to analyze treatment outcome data according to a variety of independent variables, including beneficiary diagnosis, type(s) and frequency of SMHS received, types of psychopharmacological agents prescribed (if applicable), and other factors potentially relevant to outcomes. The second tool is the 35-item parent report form of the Pediatric Symptom Checklist (PSC-35). The PSC-35 is a psychosocial screening tool containing 35 questions that parents/caregivers answer about their child. The PSC-35 is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible.

The Behavioral Health Division and Child Welfare Services continue to collaborate in preparation for awaited guidance surrounding AB 403 Short-Term Residential Therapeutic Program (STRTP) and Therapeutic Foster Care (TFC) Continuum of Care Reform stages.

Monthly meetings have been taking place between the Central Region Children's System of Care coordinators to discuss strengths and barriers identified with the implementation of the various CCR expectations.

### **TAY DBT/FEP Program (Sabrina Owen and Lesly Van Sloten)**

#### **Tahoe**

- June saw final close to high school groups as they are now on break for summer. Summer engagement in recreational/social events will be offered. Anastasia continues to see 4 FEP clients.

#### **Placerville**

- The West Slope Wellness Center continued with hosting TAYs on Thursday afternoons. The program continues to evolve as TAY attendees guide the program design.

# ADULT OUTPATIENT GROUP SCHEDULES

## WS Adult Outpatient Services

<b>Monday</b>	
BHC/Wellness - Check In Group	10:30 am - 11:30 am
Anger Management	1:15 pm - 2:00 pm (Open to clients)
Ted Talks	1:15 pm - 2:00 pm (Wellness/Peer Led)
Exercise Group	2:00 pm - 3:00 pm (Wellness/Peer Led)
Basic Conversation Skills	2:00 pm - 3:00 pm (Wellness)
Stress Reduction	3:00 pm - 4:00 pm (Open to clients)
Play a Game Group	3:00 pm - 4:00 pm (Wellness)
Life Skills	3:00 pm - 4:00 pm
<b>Tuesday</b>	
Dried Mangoes Rehearsal Music Group	10:00 am - 11:00 am (Wellness)
Ted Talks	1:15 pm - 2:00 pm (Wellness/Peer Led)
Women's Co-Occurring Recovery Group	1:15 pm - 2:45 pm (ADP)
Art Group with Jan from NAMI	1:30 pm - 3:00 pm (Wellness/Peer Led)
Healthy Pleasures	1:30 pm - 2:30 pm (Staff and Peer Led)
Job Connections Group	1:30 pm - 3:30 pm (Wellness)
Smoking Cessation	3:00 pm - 4:00 pm (Wellness)
<b>Wednesday</b>	
DBT Skills Group - Skills Training	10:00 am - 12:00 pm
Transitional Housing Independent Living Skills	12:00 pm - 1:00 pm
Dual Recovery Anonymous - Peer Support Group	1:00 pm - 2:00 pm (Wellness/Peer Led)
Ted Talks	1:15 pm - 2:00 pm (Wellness/Peer Led)
Self-Care/ADLS Group	1:30 pm - 3:30 pm (Wellness)
Soothing Techniques	2:00 pm - 3:00 pm (Wellness)
Anger Management Group	2:00 pm - 3:00 pm
MH Peer Leadership Academy	2:00 pm - 4:00 pm
<b>Thursday</b>	
Seeking Safety Group	10:30 am-12:00 pm
Improv Music Group	10:00 am - 11:00 am (Wellness/Peer Led)
Women's Co-Occurring Recovery Group	1:15 pm - 2:45 pm (Seeking Safety, ADP)
Healthy Pleasures	1:30 pm - 2:30 pm (Wellness)
TAY DAY	2:00 pm - 4:00 pm (Wellness)
Anxiety and Depression Group	2:30 pm - 3:30 pm (Wellness/Peer Led)
<b>Friday</b>	
DBT Group - Skills Training	10:00 am - 12:00 pm (Closed)
Men's Co-Occurring Recovery Group	10:15 am - 11:45 am (ADP)
Ted Talks	1:30 pm - 2:00 pm (Wellness/Peer Led)
DBT Group - Skills Training	1:30 pm - 2:30 pm
Cinema Club	2:00 pm - 4:00 pm (Wellness)
Mindfulness Group (On hold)	2:45 pm - 3:30 pm (Wellness)

## SLT Adult Outpatient Services

<b>Monday</b>	
Co-Occurring DBT	11:00 am - 12:00 pm
DBT - Mindfulness (modified)	1:00 pm - 2:30 pm
Women's Group	1:00 pm - 2:30 pm
DBT - Skill Building	1:30 pm - 2:30 pm (Wellness)
TED Talks - Information & Conversation	3:00 pm – 3:30 pm (Wellness)
Current Events Discussion	3:35 pm – 4:00 pm (Wellness)
<b>Tuesday</b>	
DBT - Mindfulness	1:00 pm - 2:30 pm
Health Awareness/Cooking	1:30 pm - 2:30 pm (Wellness)
Peer Leadership	3:00 pm - 3:30 pm (Wellness)
Just One Thing (Mindfulness)	3:35 pm - 4:00 pm (Wellness)
<b>Wednesday</b>	
DBT – Emotional Regulation	10:30 pm - 12:00 pm
DBT – Interpersonal Effectiveness	1:00 pm - 2:30 pm
Recovery Through Art	1:30 pm - 2:30 pm (Wellness)
Refuge Recovery	3:00 pm - 3:30 pm (Wellness)
Healthy Relationship Skills	3:35 pm - 4:00 pm (Wellness)
<b>Thursday</b>	
Co-occurring Women's Group	10:30 am - 12:00 pm (ADP)
DBT - Distress Tolerance	1:00 pm - 2:30 pm
Community Excursions	1:00 pm – 4:00 pm (Wellness)
Movement Mindfulness	1:30 pm - 2:30 pm (Wellness)
Stress Management/Coping Skills	3:00 pm - 3:30 pm (Wellness)
Social Awareness	3:35 pm - 4:00 pm (Wellness)
<b>Friday</b>	
BHC Group	12:30 pm - 1:00 pm
Volunteering	1:00 pm - 4:00pm (Wellness)
Anger Management	1:30 pm - 2:30 pm (Wellness)
Leisure Skills	3:00 pm – 3:30 pm (Wellness)
Paths to Recovery (Book Study)	3:35 pm - 4:00 pm (Wellness)
Men's Wellness	2:30 pm - 4:00 pm
<b>Saturday</b>	
Friends 'n Fitness	11:00 am - 12:30 pm

## INITIALS & DEFINITIONS

Initials	Definition
AB	Assembly Bill
ACEs	Adverse Childhood Experiences
ADL	Activities of Daily Living
ADP	Alcohol and Drug Programs

AOT	Assisted Outpatient Treatment
APS	Adult Protective Services
ARF	Adult Residential Facility
B&C	Board and Care
BHC	Behavioral Health Court
BHD	Behavioral Health Division (formerly the Mental Health Division)
BOMUSD	Black Oak Mine Unified School District
BSCC	Board of State and Community Corrections
CalMHSA	California Mental Health Services Authority
CalQIC	California Quality Improvement Coordinators
CANS	Child and Adolescent Needs and Strengths
CBHDA	California Behavioral Health Directors Association
CBO	Community Based Organization
CBT	Cognitive Behavior Therapy
CCC	Community Corrections Center or California Conservation Corps
CCP	Community Corrections Partnership
CCR	Continuum of Care Reform
CDSS	California Department of Social Services
CFMG	California Forensic Medical Group
CFR	Code of Federal Regulations
CFT	Children and Family Teams
CFTN	Capital Facilities and Technology Needs
CHP	California Highway Patrol
CIT	Crisis Intervention Team
CMS	Centers for Medicare & Medicaid Services
CPP	Community Planning Process
CPS	Child Protection Services
CPT	California Psychiatric Transitions
CSS	Community Services and Supports
DBT	Dialectical Behavior Therapy
DHCS	Department of Health Care Services (California)
DMC-ODS	Drug Medi-Cal Organized Delivery System
Dx	Diagnosis
ED	Emergency Department
EDC	El Dorado County
EDCMH	El Dorado County Mental Health
EDCSO	El Dorado County Sheriff's Office
EDSO	El Dorado Sheriff's Office
EDCVC	El Dorado Community Vision Coalition
EH	Extra Help
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
FEP	First Episode Psychosis
FSP	Full Service Partnership
FTE	Full-Time Equivalent
FY	Fiscal Year
HHSA	Health and Human Services Agency
HOT	Homeless Outreach Team
ICC	Intensive Care Coordination
ICM	Intensive Case Management
IHBS	Intensive Home-Based Services
IMD	Institution for Mental Disease (facility)
ITWS	Information Technology Web Services

Katie A.	<i>Katie A. vs. Bonta</i> Lawsuit and/or resulting programs/services
LCSW	Licensed Clinical Social Worker
LL	Laura's Law
LOCUS	Level of Care Utilization System
LPCC	Licensed Professional Clinical Counselor
LPS	Lanterman Petris Short
LT	Limited Term
LTCC	Lake Tahoe Community College
MAR	Medication Administration Record
MDT	Multi-Disciplinary Team
M-F	Monday through Friday
MH	Mental Health
MHD	Mental Health Division
MHOAC	Mental Health Oversight and Accountability Commission
MHRC	Mental Health Rehabilitation Center (facility)
MHSA	Mental Health Services Act
MHSUDS	Mental Health and Substance Use Disorder Services, a division of the State's Department of Health Care Services (DHCS)
MHW	Mental Health Worker
MIOCR	Mentally Ill Offender Crime Reduction
MOA	Medical Office Assistant
MRT	Moral Reconation Therapy
NACT	Network Adequacy Certification Tool
NM	New Morning Youth & Family
OP	Outpatient
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PCP	Primary Care Physician
PD	Police Department
PEI	Prevention and Early Intervention
PERT	Psychiatric Emergency Response Team
PES	Psychiatric Emergency Services
PG	Public Guardian
PHF	Psychiatric Health Facility
PIP	Primary Intervention Program or Program Improvement Plan
POC	Plan of Correction
PPD	Placerville Police Department
PSC-35	Pediatric Symptom Checklist
QA/UR	Quality Assurance/Utilization Review
QI	Quality Improvement
QI/UR	Quality Improvement/Utilization Review
QIC	Quality Improvement Committee
RIF	Reduction in Force
RFI	Request for Information
RFP	Request for Proposal
ROC	Restoration of Competence
RV	Remi Vista
SAMHSA	Substance Abuse and Mental Health Services Administration
SB	Senate Bill
SCF	Sierra Child & Family
SLT	South Lake Tahoe
SLTPD	South Lake Tahoe Police Department
SO	Sheriff's Office
STHS	South Tahoe High School

STRTP	Short-Term Residential Therapeutic Program
SUD	Substance Use Disorders
SV	Summitview Child & Family
SYS	Stanford Youth Solutions
T-House	Transitional Housing
TAY	Transitional Age Youth
TBD	To Be Determined
TCH	Tahoe Coalition for the Homeless
TFC	Therapeutic Foster Care
TYFS	Tahoe Youth and Family Services
Tx	Treatment
TY	Tahoe Youth & Family
UR	Utilization Review
WET	Workforce Education and Training
WIA	Workforce Investment Act
WOIA	Workforce Innovations and Opportunities Act
WS	West Slope