

**Behavioral Health Division Update  
Behavioral Health Commission  
April 2020 Data  
May 20, 2020 Meeting**

**BH Director & DEPUTY DIRECTOR UPDATES**  
(Nicole Ebrahimi-Nuyken & Jamie Samboceti)

- **Nancy Callahan, IDEA Consulting, review and assessment of the Behavioral Health Division:** The Behavioral Health Division has contracted with Nancy Callahan and IDEA Consulting to conduct an in-depth review and assessment of all services to determine effectiveness and areas for improvement. Nancy Callahan has more than 30 years of experience of developing and providing behavioral health programs as well as consulting with many counties in California on a variety of mental health and substance use treatment programs. She has conducted quality reviews of county behavioral health programs and been instrumental in supporting counties in implementing changes in service delivery to improve outcomes. Nancy Callahan and Nicole Ebrahimi-Nuyken began this review this month with in person interviews of Behavioral Health staff, contracted provider agencies, partner county agencies such as Child Welfare Services, and community stakeholders. It is anticipated that the final report will be completed in July of this year.

**EL DORADO COUNTY BEHAVIORAL HEALTH DIVISION STAFFING**

- **New Hires:**
  - Nicole Ebrahimi-Nuyken, LMFT, Behavioral Health Director
  - Danielle Christopherson, MH Worker FT
  - Logan Hayes, EH MH Worker
- **Promotions:**
  - None
- **Recruitments:**
  - Ongoing
    - WS Mental Health Clinicians (Extra Help and Regular)
    - WS Medical Office Assistant (Extra Help and Regular)
    - SLT Extra Help Clinicians, Workers and Aides
    - WS Mental Health Clinician - SUDS
    - WS Psychiatric Technicians
    - WS Analyst (Extra Help and Regular)
  - New
    - None
- **Separations:**
  - SLT SUDS MH Clinician Allison Hibbard

- **Position Changes:**

Shane Kelly, to SUDS Health Program Specialist, from MH Worker Extra Help

## PLACEMENTS

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

- **28** IMD beds
- **1** State Hospital
- **14** Enhanced Board and Care beds
- **15** Board and Care - Sacramento & Galt
- **Total:**
  - **53** Out of County Placements
  - **3** In County Placements

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

- **WS: 12** of 19 beds filled:
  - T1 **1** openings,
  - T2 **5** openings,
  - T3 **1** openings,
  - T4 **0** openings
- **SLT: 2** of 6 beds filled:
  - T1 openings: 4 openings, due to distancing only one more client can be considered for T-house placement at this time.

### Permanent Supportive Housing (Heather Longo / Sabrina Owen)

#### West Slope

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

- **5** of 5 units occupied
- Wait List:
  - 1 bedroom: 6
  - 2 bedroom: 6
  - 3 bedroom: 1

#### South Lake Tahoe

Clients receive ICM team coverage

- **6** of 6 units occupied
- Wait List: unknown
  - This development 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 **26** Admissions; **20** Admissions were El Dorado County residents and **6** were Out of County residents.
- There were **19** El Dorado County residents discharged; **14** to Home with Support, **0** to Home without support, **1** MHRC/IMD, **2** Board and Care, **0** to ICM T-House, **0** to Shelter, **1** to Other, and **1** to Emergency Department.
- Upon discharge, **19** El Dorado County residents were insured and **0** El Dorado County residents were pending insurance.
- There were **0** Seclusion Episodes, **0** Physical Restraint Episodes (**0** minutes), **1** Assaults (**2** clients – patient to patient), **2** Elopements, **1** Medication Errors (**0** medication errors with no patient involvement), Client Surveys **26**
- There were **0** denials of El Dorado County referrals: N/A
- Average daily census was **10.53** (range 6-14) with **10.04** average length of stay of days.
- Concurrent Reviews resulting in no medical necessity found. **0**

## CRISIS SERVICES

### Crisis Intervention Teams (CIT) (Nicole Cable and Sabrina Owen)

- **SLT:** meeting was cancelled due to pandemic. We have reached out to our LE partners to offer assistance by phone while they are in the field and through other methods to help reduce individuals from being taken to the ER unnecessarily if they can be assisted with a safety plan. We are adjusting to a new service delivery model.
- **WS:** All Meetings have been cancelled due to COVID-19. Several new protocols for working with EDCSO and PPD while they are in the field, and early faxing of new Client packets from Marshall Hospital, prompting quicker PES responses, have been put into place to reduce the impact on Marshall Hospital emergency services and to promote “Sheltering in Place.” Feedback from LE and MMC regarding these new procedures has been very positive.
- **PERT:**

Contacts for Month	51
Safety Plans	23
PERT Involuntary Holds Written	5
Law Enforcement Holds Written during PERT Shift	0
Voluntary Transports to Emergency Department	N/A
Law Enforcement Holds Written	19

Behavioral Health Outpatient Holds Written	1
Other/Unable to Locate/Inaccurate Report for Service	N/A
Substance Use Admitted/Confirmed	N/A
Adult Protective Services (APS) Referrals	0
"Fit For" Jail Crisis Risk Assessments Conducted by PERT	2

## JUSTICE SERVICES

### Restoration of Competency (Nicole Cable)

- 0 Outpatient ROC referrals
- 0 Jail ROC referral
- 0 client receiving ROC Outpatient services
- 0 client receiving ROC Inpatient services

## QUALITY ASSURANCE & PATIENT RIGHTS

### Quality Improvement / Utilization Review (Angelina Larrigan / Ren Strong)

- Behavioral Health has been participating in weekly calls with DHCS surrounding service delivery during COVID-19. Participants include County MHPs, SUDS, CBHDA and DHCS. Calls address Waivers (a request from the State to the Centers for Medicare & Medicaid Services, or "CMS" to waive or modify federal Medicaid requirements), flexibilities in service provision, and FAQs surrounding alternative service delivery to meet consumers' needs during shelter in place order.
- Due to COVID-19 precautions, EQRO was performed as a "desk audit". EQRO staff reviewed the documentation submitted by the County and asked questions via email or phone. The County is awaiting the draft report, and will have an opportunity to provide EQRO with feedback.
- Behavioral Health has been submitting technology requests to update its telehealth capabilities. This includes equipment for the clinics and t-houses, as well as improved internet connectivity at Pioneer Park (in the South County area).

### Grievances/Appeals/Hearings (Christina Hammel / Ren Strong)

Month Filed	Month Completed	Type	Topic	Location	Outcomes (Appeals / Hearings Only)
12/2019	03/2020	Grievance	Quality of Care – Expressed dissatisfaction	Tahoe	--
12/2019	03/2020	Grievance	Quality of care- Treatment issues or concerns from a division other than Behavioral Health within HHSA Quality of care- Treatment issues or concerns at Behavioral Health	West Slope	--
01/2020	04/2020	Grievance	Quality of care – Staff behavior	Tahoe	--
01/2020	04/2020	Grievance	Quality fo care – Treatment issues or concerns	West Slope	--
01/2020	04/2020	Grievance	Quality of care – Staff behavior	West Slope	--
02/2020	05/2020	Grievance	Other – Patients' Rights	West Slope	--
02/2020		Grievance	Access/Quality of care	West Slope	--
02/2020		Grievance	Quality of Care – Staff behavior	PHF	--
02/2020	05/2020	Grievance	Other – Physical environment	West Slope	--
03/2020		Grievance	Quality of Care – Staff behavior	West Slope	--
03/2020		Grievance	Quality of care – Staff behavior	PHF	--
04/2020		Appeal	Access to Services	West Slope	Awaiting decision

## **PROGRAM ACTIVITY UPDATES**

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

#### **Tahoe and West Slope**

- SUDS continues to accept all referrals for screening, assessment, and placement. All services are done by telephone, telehealth and in accordance with state guidance regarding service provision during COVID emergency. We have five staff teleworking and two staff on leave. We have recently engaged all referral channels (hospital, CPS, CCP, etc.) to ensure that they are up and running and have the right contact info/forms. All SUDS residential contract providers are accepting placements at this time. SUDS staff are completing COVID-19 Pre-screenings on every beneficiary placed and sending the screening to the provider with the authorization/assessment information.

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

- The MHSA Team participated in various conference calls, webinars, and meetings related to items of interest to MHSA.
- On April 13, 2020, the Fiscal Year 2020/21 - 2022/23 MHSA Three-Year Program and Expenditure Plan was posted for 30-day Public Comment. Public Comments are due by May 13, 2020 at 5 p.m.

## **OUTPATIENT SERVICES**

### **(Sabrina Owen (SLT); Doris Jones and Nicole Cable (WS))**

#### **Tahoe:**

- Most outpatient services now being delivered by phone. ICM team has been supporting clients in their homes and providing intermittent meals and outreach to frequent wellness guests and more vulnerable clients that have been identified by their clinicians.

#### **West Slope:**

- Outpatient Clinicians have been diligent to call their clients for Individual sessions and for periodic check in calls as clinically indicated.
- Outpatient Clinicians are looking to provide Group MHS via Teleconference due to the positive results of Individual MHS Telephone sessions and more clients requesting Group Tx via TeleHealth.
- Ten Outpatient Peer Leadership Academy Graduates have agreed to participate in a Peer Warm Line to contact Outpatient clients who have been referred by their Outpatient Clinician and who have agreed to be contacted by Peer Leaders during the continued Stay-at-Home Order. Clients are matched with a Peer Leader who will contact clients during a specified day and time. Outpatient Staff are available to Peer Leaders daily. Peer Leaders will receive Individual and Group Supervision.

### Wellness Center Activities:

#### Tahoe:

- Wellness is closed. The ICM team has been doing outreach and occasionally delivering meals to known wellness participants and vulnerable clients.

#### West Slope:

- Wellness Center remains closed to the public.
- Wellness Center and ICM/FSP Staff are collaborating to pack lunch food and deliver it to the T-Houses so staff may work with T-House residents to prepare their own lunches daily during the week.
- Bag lunches are prepared and provided to Wellness Center walk ups from 12-1pm during the week which has recently averaged 4 individuals per day.

### ICM Activities:

#### Tahoe:

- Facilitating outside walks with small groups (with proper distancing). Reinforcing use of coping skills during this challenging time.

#### West Slope:

- Staff is providing several groups in the t-houses including a new Cooking/Communication group which the clients are reportedly really enjoying. The clients are also receiving skill based packets each week to complete to reinforce their knowledge and use of coping skills

### Children's Services (Angie Larrigan)

This month's update includes experiences EDC BH children's contract providers have shared while providing services during the Shelter In Place directive.

- Below is a detailed program update from **Sierra Children and Family Services**. "Our staff have been asked to dig deep, grab buckets of creativity, and to be there for their own families, and the families that they serve. We have a few staff that are now teachers as well as providers of services, and their schedules have become very flexible. Our leadership team has been meeting frequently to ensure that our staff's needs are met and supported, and we have implemented mindfulness meditations into some of our staff meetings, helping to ease the busy brain.

Creativity has been immense and contacts with most families/clients has increased; more frequent check in's with shorter amounts of time per session. We can see that these more frequent outreaches have increased productivity, but more than that; our clients are truly benefiting. We are providing food, art equipment, gas money, a weighted vest among other things in order to make the sheltering at home easier. We have ordered generous amounts of activities to "do" with kids via zoom; games, art projects, reading books, and telling stories. We have used screen share to view videos about empathy,

kindness, mindfulness; and have been able to do things like share the screen and give control of the screen to the client so that therapist/family specialist and client can "color together". Our ICC/CFTs have incorporated our newly hired (just as COVID hit) Parent Partner into them, which has been wonderful. Zoom allows us to "see" people that would typically need to be on the phone due to distance. We had a dad who really struggled with his step-son, play his guitar to his boy during an ICC/CFT. We are sitting with clients in the community in lawn chairs or on blankets six feet away with masks on. We have collected data on our high school kids to assess how many of them are doing better without pressures from going to school (+/-1/3), ones doing worse (+/-1/3), and those about the same (+/-1/3). We had a severely traumatized kiddo who would only use "chat" during zoom with the therapist initially, to being present at a zoom ICC/CFT.

It's hard sometimes to keep up, and our eyes become weary from the Zooms, and...we have had a handful of kids/families who have not responded at all, or infrequently to the attempts at contact. But the majority of the feedback is overwhelmingly positive. Given the size of the County, it is not surprising that in some remote locations, video conferencing is not possible, but many of those families will work with us on the phone. I know that we will all be happy when things open up, but having had this opportunity to realize the strength of connections and creativity."

- **Summitview** reports a trend where clients and caregivers are increasingly struggling with the current Shelter in Place order. Several clinicians are reporting increased substance use by the caregivers which makes it hard to support the clients and families. The majority of Summitview clients have been able to access Telehealth with no major complaints. However, based on the age of the client, it can be difficult to maintain engagement for any length of time (specifically with young children). The clinicians are trying to keep sessions short and increase frequency of contacts by reaching out several times during the week.
- **Stanford Youth and Family Services** reports increased comfort and fluency with telehealth service delivery. In April Telehealth engagement from many families increased. Some youth were not as receptive for various reasons (challenges with reception, only having a phone to use for telehealth and finding it strange, deeper work feeling less personable, etc) and some had overall increased anxiety or depression around the shelter in place, which resulted in initial engagement challenges. Stanford has experienced staffing challenges during this time which has precipitated increased engagement barriers. Despite the challenges, Stanford continued to support and collaboratively brainstorm solutions and created safe ways to provide in-person support services and have seen a resurgence in engagement.

Stanford reports being able to meet the needs of families in a variety of ways and continue to be creative. Some of the examples of creativity include: utilizing flex

funding to support youth in receiving materials to engage in healthy coping strategies in place of self-harm, supporting another youth who's not allowed any form of screens (due to probation requirements) with connecting a landline so the team can remain in touch, staff creating daily rotation schedules within their team to support a high-risk youth in managing thoughts of SI/SH and implementing a virtual youth support group. Stanford has hired and trained a new wraparound family specialist who is providing support services to families both via telehealth and in-person. Lastly, they have hired a facilitator who will be starting in May, which will be more staff designated specifically to El Dorado County consumers rather than borrowing from other programs.

- **New Morning** provided an update which includes similar challenges and success during this difficult time. New morning reports "seeing a pattern of fatigue/burn-out in therapists. One therapist is thriving on tele-health, but the others are missing the in-person interactions that can tell us so much about our clients. People learn best by physically moving/doing and it has been frustrating and limiting for the therapists. Some good things are that as a kiddo walks through their house you often get to see how every one interacts in their family over video, which can be enlightening. One of our therapists has been ingenious in getting kids to participate in tele-health as she is good with online video/computer games and is using Sims 4 to engage the children and use it therapeutically. She is passing this on to other therapists and we look forward to seeing how it will increase participation. We are looking at new ways of engaging clients, because after weeks of tele-health we have noticed a lot of "burn-out". Client's parents also seem to be tired of scheduling online meetings. We are noticing a new pattern of some people really engaging (those who are soaking up the help) and those who are disengaging (those who perhaps don't need us anymore). We think that this latter group is influenced by the fact that people's routines/interactions in society have been minimized, therefore a lull in difficult interactions might be happening."

#### **TAY DBT/FEP Program (Sabrina Owen and Doris Jones)**

##### **Tahoe**

- Anna has continued to stay in phone contact with all her DBT group clients. She hopes to have a tele-health platform soon to be able to connect via video.
- FEP services are delivered via telephone support.

## 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
AMFT	Associate Marriage and Family Therapist
AOT	Assisted Outpatient Treatment
APCC	Associate Professional Clinical Counselor
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	County Behavioral Health Directors Association of California
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
CDCR	California Department of Corrections and Rehabilitation
CDSS	California Department of Social Services
CEU	Continuing Education Unit
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
CWS	Child Welfare Services
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
EDCOE	El Dorado County Office of Education
EDCSO	El Dorado County Sheriff's Office
EDSO	El Dorado Sheriff's Office
EDCVC	El Dorado Community Vision Coalition
EH	Extra Help

EHR	Electronic Health Record
EPSDT	Early and Periodic Screening, Diagnosis and Treatment
EQRO	External Quality Review Organization
ER	Emergency Room
FAQs	Frequently Asked Questions
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
Hubs	Reference to the Innovation Program “Community-Based Engagement and Support Services”, also called “Community Hubs”
IA	Intergovernmental Agreement
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
MHRC	Mental Health Rehabilitation Center (facility)
MHSA	Mental Health Services Act
MHSOAC	Mental Health Oversight and Accountability Commission
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
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
NACT	Network Adequacy Certification Tool
NM	New Morning Youth & Family
NOABD	Notice of Adverse Benefit Determination
OAC	Mental Health Services Oversight and Accountability Commission, also MHSOAC
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
RFQ	Request for Qualifications
ROI	Authorization for Release of Information
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 and Family Services
UR	Utilization Review
VA	United States Department of Veterans Affairs
WET	Workforce Education and Training
WIA	Workforce Investment Act
WOIA	Workforce Innovations and Opportunities Act
WS	West Slope