



Placer County Mental Health, Alcohol and Drug Advisory Board  
**ANNUAL REPORT**



Join The Movement



Pain Isn't Always Obvious



Suicide Is Preventable

*PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD*

*REPRESENTATION*

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*DISTRICT 1*

Supervisor: JACK DURAN

Yvonne Bond (*Secretary/Treasurer*)  
Dianne Wierenga

*DISTRICT 2*

Supervisor: ROBERT WEYGANDT

David Bartley  
Sharon Behrens

*DISTRICT 3*

Supervisor: JIM HOLMES

Tony Allinger  
Stacci Filla  
Geoffrey McLennan

*DISTRICT 4*

Supervisor: KIRK UHLER

Lisa Cataldo

*DISTRICT 5*

Supervisor: JENNIFER MONTGOMERY

Gregg Cirillo  
Sharon Stanners (*Vice-Chairperson*)  
Theresa Thickens (*Chairperson*)

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**The Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is submitting this Fiscal Year 2016-2017 Annual Report to the Placer County Board of Supervisors as required by Welfare and Institutions Code (5604.2).**

## I. INTRODUCTION

The goal of this annual report is to provide a snapshot of Placer County's mental health, alcohol and drug programs, facilities, and consumer interests; challenges and recommendations are highlighted for consideration. Fiscal Year (FY) 2016-2017 Board goals are listed below for quick reference. The *Board Overview* section (next) provides a description of Board itself; its mission, composition, roles, and responsibilities. The body of the document includes FY 2016-2017 *Committee Annual Reports*, providing descriptions of *Goals, Findings, and Status* for each activity. Finally, a summary of FY 2016-2017 Board Trainings and Presentations is listed for review.

### FISCAL YEAR 2016-2017 BOARD GOALS

#### **Executive Committee**

- ✓ Integrate Quality Assurance and Quality Improvement (QA/QI) activities into committees
- ✓ Modify MHADAB Bylaws
- ✓ Implement a Self-Evaluation Annual Report Card
- ✓ Promote a minimum number of member trainings, site visits, and outreach goals

#### **Alcohol and Other Drugs Committee**

- ✓ Monitor Drug Medi-Cal Organized Delivery System (DMC-ODS) - 1115 Waiver
- ✓ Increase visibility of the MHAD Board by outreach to programs to understand how programs positively impact the community we serve.

#### **Children's Services Committee**

- ✓ Assess Sprouts Trauma Informed Preschool Program
- ✓ Monitor Youth Psychotropic Medication
- ✓ Promote Trauma Informed Care
- ✓ Explore Commercially Sexually Exploited Children (CSEC)
- ✓ Monitor Katie A (dependency Mental Health)
- ✓ Explore New World of Work Option For Foster Youth
- ✓ Explore Youth Voice Project

#### **Adult Services Committee**

- ✓ Monitor Assisted Outpatient Treatment
- ✓ Promote Housing Services
- ✓ Family Involvement
- ✓ Assess Conservatorship Process
- ✓ Monitoring of Data and Quality Improvement
- ✓ Explore the Mentally Ill in the Criminal Justice System

## II. BOARD OVERVIEW

### MISSION STATEMENT

The mission of the Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is to promote citizen and consumer participation in planning, providing and evaluating the mental health system of care; assist in establishing measurable client and system outcomes; review and make recommendations to the annual performance contract; and advise the Directors of the Systems of Care and Health and Human Services and the Board of Supervisors on issues relevant to the provision of mental health services to priority populations.

### PRINCIPLES

The Placer County Mental Health, Alcohol and Drug Advisory Board shall be guided by the following principles:

- ✓ Promote services and programs (within the family and culture) utilizing a client-centered approach.
- ✓ Prioritize resources for those most in need of services.
- ✓ Promote services and programs that are community based and coordinated with child and adult service systems (e.g., schools, social services, health, juvenile justice, law enforcement, etc.).
- ✓ Promote services provided in the least restrictive, clinically appropriate environment.
- ✓ Foster public/private partnerships and collaboration to improve service delivery and availability.
- ✓ Enhance quality and cost effectiveness of services by establishing measures of performance focusing on individuals receiving services, family members, and the entities delivering services.
- ✓ Provide leadership in education, prevention, early identification, and advocacy, with community and consumer participation and collaboration.

### RESPONSIBILITIES

The foremost role of the MHADAB is to review and evaluate the community's mental health and substance use needs, services, facilities, and special problems. To accomplish this task, the Board conducts monthly meetings in various locations within the county to facilitate reviews, receive staff reports, and solicit community input. In FY 2015-2016 the MHADAB met in both Roseville and Auburn. The regular monthly meeting is usually held on the fourth Monday of each month. In addition, the Board holds monthly committee meetings and a yearly retreat to review work and develop plans. Specifically, the MHADAB responsibilities are defined in Welfare and Institutions Code Section 5604.2 as follows:

5604.2(a) Local mental health Board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.
- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the governing body.
- (7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.

(8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health Board.

5604.2(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the Board shall assess the impact of the realignment of services from the state to the county on services delivered to clients and in the local community. (Amended by Statute 1993, Ch. 564. Sec. 3. Effective January 1, 1994.)

## **BOARD COMPOSITION**

The MHADAB promotes citizen and consumer participation in planning, providing, and evaluating mental health and substance-use-disorder services in Placer County, and is comprised of consumers and family members who are receiving, or have received, mental health, alcohol or drug services. In addition, the Board includes individuals who have experience and knowledge in mental health, alcohol and drug systems of care. The Board carries out its duties with the guidance from its *Executive Committee* and working committees. Both Board members and community volunteers serve on the following committees and subcommittees: *Alcohol and Other Drugs Committee, Quality Improvement Committee, Children's Services Committee, Joint Children's and Quality Improvement Subcommittee, and Adult Services Committee*. The next section details the work of each of these committees in FY 2016-2017.

### III. EXECUTIVE COMMITTEE REPORT

#### A. Integrate Quality Assurance and Quality Improvement (QA/QI) Activities

In FY 2016-2017 the Board instituted an integrated Quality Assurance model, where each Board Committee monitored relevant mandates and outcomes and reported those data within their respective annual committee reports. Details of County QA/QI activities that span several committee areas, however, are reported under the Executive Committee Section. In brief, Placer County System of Care (SOC) is responsible for nearly 30 state, federal, and internal program audits – several quarterly, most annually, and a few triennially. The board monitors adherence to these audits through continuous collaboration with Placer County mental health staff. The following information addresses cross-committee activities and QA/QI activities conducted directly by the Board.

Goal: Placer/Sierra Mental Health Plan (MHP) requires an annual *External Quality Review Organization (EQRO)* review by the United States Department of Health and Human Services (DHHS) Center for Medicaid and Medicare Services (CMS). The Board's goal is to provide adequate monitoring of this process needed to promote superior services.

Findings: Unlike other reviews, the EQRO review does not focus on compliance to regulations or contracts but includes an analysis and evaluation of aggregated information on quality, timeliness, and access to services in the MHP. This is accomplished through conducting a variety of stakeholder interviews with contracted providers, consumers, and direct service staff members. All MHPs are required to include two performance improvement projects (PIPs) during the year. The two PIPs submitted during the previous year were approved to continue during this year. The first PIP continued to focus the Use of Psychotropic Medications within the Children's System of Care (SOC), while the second PIP continues to focus one on Timeliness and Access to Services within both the Adult and CSOC. Upon review by EQRO, the PIPs were determined to be complete. Ongoing monitoring of these areas have continued as part of the SOC QA program. Two new areas of opportunity for improvement were identified and two new PIPs are currently being implemented. The first PIP impacts both SOC and addresses the reconfiguration of the AVATAR Electronic Health Record (HER) known as the GAP Analysis. The second PIP is focusing on the ASOC implementation of Collaborative Documentation

Status: Some of the recommendations identified as a result of the EQRO include:

- ✓ The county to begin billing Medicare
- ✓ Implement mobile and contract provider access to the HER and calculate system wide timeliness measures
- ✓ Explore the feasibility of increasing residential and crisis services for children and teens.
- ✓ The System of Care identified the two new PIPs above for FY 2017-2018 and will have these PIPs reviewed by EQRO in January 2018.

Goal: Improve internal audit test calls of "front door" intake performance of the 24/7 Mental Health Access Phone Lines.

Findings: During the DHCS Triennial review of 2015, the MHP was found to be out of compliance for the 24/7 access line in the areas of providing beneficiaries information on how to access services, how to use the beneficiary problem resolution process and maintaining an accurate log of all initial request. As a result of these findings in FY 2016-2017, each committee was scheduled on a rotating calendar to make test calls to the 24/7 access lines. Each committee agreed to make three test calls during "their" month, in addition to test calls made by the SOC QA team and Mental Health America.

Status: As a means of increasing internal test calls numbers (numbers which met state mandates in prior fiscal years, but failed to promote superior access to county mental health services), the

MHADAB members, Mental Health America staff, and employees of the Placer County QI Team collaborated to increase both Adult Intake Services (AIS) and Family and Children's Services (FACS) test calls over and above the state mandates. In addition, state mandates are changing to include additional numerous data collection points and options for caller needs. To improve the 24/7 phone line monitoring, the MHADAB members worked with representatives from the SOC QA team to develop a test call training manual and guide that included examples of scenarios to ensure that all mandates were addressed. These guidelines were included in the MHADAB Member Handbook for easy reference.

During FY 2016-17, 68 test calls were completed, 42 of these calls were made during business hours and 26 were completed after business hours, on weekends and holidays. This is an 89% increase over the goal and a 423% increase over the number of test calls completed during FY 2015-2016. The number of calls that were logged and included the name of the beneficiary increased to 60% (14% over last year) and the number of calls logged with the date of the call increased to 78% (a 9% increase).

Goal: Review and complete the Mental Health Boards and Commissions 2016-17 Data Notebook.

Findings: The Board responded to a request from the California Mental Health Planning Council (CMHPC) and the California Association of Local Mental Health Boards/Commissions (CALMHB) to provide county data for the state's "Data Notebook." The Data Notebook is a compilation of all counties outcomes related to varying focus areas each year; it is designed to help local MH boards compare public data in evaluation of local mental health services. One goal of the document was to facilitate a discussion of local program strengths, local unmet needs, and areas in need of improvement. The completed Data Notebook and this process also help the California Mental Health Planning Council fulfill some of the federal and state reporting mandates on the state's MH system. The data and discussion of the 2016-17 data notebook was focused on the behavioral health services for children, youth, and transition age youth (TAY) and was organized into three main sections:

- ✓ Access, engagement and post-hospitalization follow up
- ✓ Vulnerable populations of youth with specialized mental health needs, and
- ✓ Mental Health Services Act (MHSA) funded programs that help children and youth recover.

Completion of the Data Notebook indicated that the CSOC is doing an effective job in providing access and engagement for children in all of its communities relative to Specialty Mental Health Services. Children and youth who are struggling with mild to moderate impairments as a result of their mental illness are referred to the Managed Care Plans (MCPs) and primary care providers. For children and youth who are struggling with severe impairments are able to access an array of federal and state services provided through the county, private providers, organizational providers and MHSA funded Full Service Partnerships (FSPs). MHSA Prevention and Early Intervention (PEI) and Innovation services are available to all Placer County children, youth and their families.

Status: The Data Notebook was completed with assistance from county staff and the Board is awaiting the CMHPC and CALMHB final state-wide report. This is an annual activity which will continue into FY 2017- 2018.

Goal: Ensure the Board remains effective in monitoring the quality of services.

Findings: The MHADAB member's remains committed to monitoring the quality of services being provided. Each committee now receives QI updates from the County, a representative from the MHADAB regularly participates in the Placer/Sierra County Systems of Care Quality Improvement Committee quarterly meetings, and each committee is responsible for monitoring QA/QI in their area.

Status: FY 2017-2018 will continue to focus on integrating quality improvement activities into each committee through ongoing review and discussion of data and improvement activities. Representatives from the SOC QA/QI team will continue participate in each committee's meeting to ensure that areas of improvement are identified, and monitoring activities are reviewed. Therefore, this goal is ongoing and will continue to improve monitoring of mental health and substance services in the county. This activity will continue into the next fiscal year.

Goal: *In-Home Supportive Services (IHSS) Quality Assurance (QA) Review.* The IHSS/QA review by Department of Social Services (CDSS) was conducted from April 12-14, 2017 and focused on the IHSS needs assessment process, the County's QA monitoring practices and the county's levels to improve the delivery of services to recipients and to ensure uniformity in the authorization of those services. During this review, CDSS staff accompanied the County QA staff on two home visits and reviewed a total of 45 IHSS recipient cases. Overall, the County's IHSS program was found to be 100% in compliance in nine areas. Areas of concern identified through the review pertained to insufficient documentation for protective supervision (five of nine cases) and paramedical services being authorized past the time recommended by the physician (seven of 14 cases).

Findings: The County IHSS program had been on a Quality Improvement Activity Plan (QIAP) due to the annual rate of reassessments falling short of the 80% compliance rate. The IHSS team has made great strides in this area and successfully complete the QIAP with a compliance rate of 80.10%.

Status: This activity will continue into the next fiscal year.

Goal: DHCS Annual (FY 2016-2017) *Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) and the State County Contracted Compliance* review occurred between December 13 and 15, 2016. The review is based off of a comprehensive monitoring tool that is completed by the County, discussion with County and provider staff and review of supporting documents. Each year the focus of the review was primarily to review the County's adherence to the monitoring requirements.

Findings: Overall, the review went well; however, the County did receive some deficiencies related to not completing 100% of the reviews and not meeting the requirement of submission of providers completed Corrective Action Plans to DHCS within the 14 day timeframe. The outcome of the review and the County's Corrective Action Plan was reviewed with the AOD sub-committee.

Status: This activity will continue into the next fiscal year.

Goal: Review of Annual Quality Improvement Work Plan and Effectiveness - On an annual basis, the SOC QI team develops a work plan and determines the effectiveness of the previous year's work plan. The SOC QI work plan clearly demonstrates the integrated service delivery model that the County is known for. Components of the QI work plan include: Population Assessment and Utilization Data Objectives, including Cultural and Linguistic competency; Performance Improvement Projects; Service Delivery and Systems Capacity; Accessibility and Timeliness of Mental Health Services; Client Satisfaction; Service Delivery Systems and Clinical Issues Affecting Clients; Provider Relations; Child Welfare Services-System Improvement Plan; Substance Use Services-Quality Management; and IHSS. A new QI work plan was developed based on the effectiveness of the work plan. In addition, areas identified by new regulatory changes are also included in the new QI work plan to ensure that the County monitors adherence.

Findings: Due to the amount of detail available in the current QI Work Plan, a summary of effectiveness is not provided here, but can be accessed at: [Placer County Network Provider Newsletters, Meeting Minutes, Quality Improvement Work Plans and Surveys.](#)

Status: The QI Work plan and QI Work plan effectiveness documents will continue to be reviewed on an annual basis by the MHADAB.

## **B. Modify MHADAB Bylaws**

Goal: The Board sought to update its bylaws to address changing legislation and promote improved services to the citizens of the County.

Findings: State law requires counties to establish and maintain a Mental Health Board or Commission; in Placer County we have added responsibilities to this body creating a Mental Health Alcohol and Drug Advisory Board. The MHADAB was comprised of sixteen (16) seats, four (4) of which were vacant and which included one (1) seat filled by a member of the Board of Supervisors. Half of the total membership was made up of consumers and family members.

The bylaws were previously amended on November 17, 2009. In FY 2016-2017, the members of the MHADAB brought to the BOS the following proposed bylaw changes, which were reviewed by County Counsel and approved by the BOS.

Status: In April of 2017, the MHADAB Bylaws were modified as follows:

- ✓ Amend bylaws to change the membership total. The MHADAB shall consist of twelve (12) members, which includes the one (1) member of the Board of Supervisors.
- ✓ Amend bylaws to clarify membership criteria related to Public Interest members, amend bylaws to effect change related to membership term limit, allowing for exception when vacancies exist. Member in good standing may extend their term with Board approval for an additional full or partial term.
- ✓ Amend bylaws to effect change in membership eligibility for consumers, making it more flexible and consistent with state legislation, allowing consumers to be employed at local agencies and still be eligible to be members of the MHADAB as long as said position has no interest, influence or authority of financial or contract matters.
- ✓ Amend bylaws to extend the responsibility of the Secretary/Treasurer in the event of the absence or disability of the Chairperson or Vice-Chairperson.

## **C. Implement a Self-Evaluation Annual Report Card**

Goal: Create an ongoing method by which the PCMHADAB could identify its own areas of strength and challenge.

Finding: In FY 2015-2016, a self-evaluation survey was conducted by the members at the Board's Annual Retreat. The outcome of this effort illustrated the Board's areas of strengths and its areas of need. In FY 2016-2017, the Board institutionalized this self-evaluation as an annual activity, entitled *Annual Report Card*, and found for the current fiscal year three areas requiring greater attention, including:

- 1) Member orientation; 2) committee participation; and 3) outreach.

Status: The Executive Committee is convening an Ad Hoc Annual Report Card Committee to identify ways to better address the Board's needs in these areas.

## **D. Include a minimum number of member trainings, site visits, and outreach goals**

Goal: Promote adequate and consistent training and community interaction with the MHADAB.

Findings: This goal was addressed at the Board's Annual Retreat in FY 2015-2016; the members agreed that a minimum number of trainings, site-visits, and outreach activities should occur as an integral part of its annual plan *and* each standing committee's activities.

Status: In FY 2016-2017 all committees included activities to address trainings, site-visits, and outreach activities, which can be found in their respective annual reports next.

*Respectfully submitted by the: MHADAB Executive Committee members*

#### IV. ALCOHOL AND DRUG COMMITTEE REPORT

In FY 2016-2017, the Alcohol and Other Drugs Committee (AOD) transitioned to new committee members, including new committee co-chairs in January 2017. Although the committee members changed, the committee remained dedicated to learning about and providing feedback on the various alcohol and substance use services available in Placer County. The AOD committee continues to be committed to ensuring that efficient and quality, service delivery systems for substance abuse are available to promote person-centered wellness, and to prevent misuse of alcohol and drugs within Placer County.

Placer County staff from multiple departments, service providers, MHADAB members and consumers offered input about current services, about outcomes, and about service gaps within the county. The committee gathered information and gained insight about county services through attending presentations, training, visiting service providers, and through outreach activities. The committee advocated for improving and adding services when a need was identified.

Throughout FY 2016-2017, the committee participated in a QA project by conducting mock calls to both the adult and the children's intake lines. The committee also attended a presentation from County staff to learn about the County's compliance requirements for contracted programs with Department of Health Care Services (DHCS).

Specific activities that were completed related to the committee's FY 2016-2017 goals are outlined below.

##### A. Drug Medi-Cal Organized Delivery System (DMC-ODS) - 1115 Waiver.

Goal: Gain knowledge about the innovative, 1115 Waiver and learn what service changes may occur with waiver implementation. Provide feedback regarding potential service changes and advocate for services to facilitate sustainable recovery for eligible beneficiaries within Placer County.

Findings: County staff presented 1115 Waiver overviews to the committee, committee members participated in Department of Health Care Services (DHCS) waiver training, and committee members learned the following key points about the 1115 Waiver:

- ✓ Encourages more local control and accountability.
- ✓ Includes implementation of evidence based practices modeled after the American Society of Addiction Medicine (ASAM).
- ✓ Provides access to additional treatment options not covered by standard Drug Medi-Cal.
- ✓ Provides a continuum of care model which requires system interaction.
- ✓ Projected waiver outcomes include increased recovery success with decreased health care costs associated with sustained recovery.

Status: Committee members gained baseline knowledge about the 1115 Waiver. The committee will continue to seek additional information and knowledge about the waiver and about the provider network and access to substance abuse treatment options once this innovative program is underway. By continuing to gain knowledge and understanding about Placer County's 1115 Waiver implementation, Committee members will be prepared to evaluate and advocate for substance abuse services in FY 2017-2018. The program is scheduled to begin in early 2018 as State reviewers have given approval.

**B. Increase visibility of the MHADAB by outreach to programs to understand how programs positively impact the community we serve.**

Goal: Increase visibility to service providers and consumers within the alcohol and substance abuse arena by conducting visits to county programs and service providers. Interface and collaborate with programs, services providers and consumers. Provide insight and education about the AOD committee and the MHADAB, and encourage service providers and consumer involvement with the AOD Committee and Board to help facilitate maintaining and improving substance use programs within the county.

Findings: Committee members attended a presentation from County staff about County service providers where they learned about the various services and levels of care. Committee members visited several programs and service providers throughout FY 2016-2017, including the following:

- ✓ “American Society of Addiction Medicine” symposium, presented by Dr. Mee-Lee was attended.
- ✓ The “Recovery Happens” annual event was attended and committee members volunteered at the community event by managing a MHADAB table and by meeting substance abuse providers.
- ✓ A NAMI meeting was attended.
- ✓ The Auburn, Placer County Homeless Shelter was visited.
- ✓ Drug Court was attended.
- ✓ CoRR, residential and outpatient settings were visited and CoRR managers attended the May meeting of the committee in Rocklin.
- ✓ Mental Health First Responder training was attended by a committee member and first responder certification was secured.
- ✓ Community Resource Fair (CRT) was attended.
- ✓ A member spent one day touring several North Lake Tahoe and Truckee health and human services programs.
- ✓ A member attended the County sponsored Cannabis Conference at Squaw Valley in May 2017.
- ✓ A member attended a presentation and opening of a residential care center, and the drug dispensary by Koinonia Family Services in Loomis.
- ✓ A member attended a tour of Napa State Hospital’s programs.
- ✓ A member attended a morning session of the well-attended, Aegis, outpatient addiction treatment center in Roseville.

Status: Committee members learned about the various programs/supports listed above, giving them baseline knowledge to evaluate and advocate for services. Committee members will continue to increase their knowledge and increase visibility to service providers within the alcohol and substance abuse arena to facilitate recovery and prevent misuse of alcohol and drugs within Placer County. For the upcoming fiscal year, the committee will slightly change its focus to include more youth addiction services events, the impact of any changes to the American Health Care Act including Medi-Care and Medi-Cal funding, and of addiction services in the county criminal justice system.

*Respectfully submitted by the: MHADAB Alcohol and Other Drug (AOD) Committee members*

## V. CHILDREN'S SERVICES COMMITTEE REPORT

### A. Sprouts Trauma Informed Preschool Program Assessment

Goal: Follow the development of the Sprouts Trauma Informed Care Preschool program.

Findings: The Sprouts Program was developed through a collaborative effort from several Placer County programs: First 5, Campaign for Community Wellness, Children's System of Care Leadership, and the MHADAB Children's Committee. For many years, Federal and State research and reports identified the need for the development of Trauma-Informed Programs for young children to intervene with mental health supports as early as possible to enhance their school readiness and change the trajectory of their developmental process in a positive manner

The Sprouts program is located at the Children's Receiving Home of Sacramento (3555 Auburn Boulevard, Sacramento). Sprouts serves children ages two to six years who have experienced early trauma. It provides intensive site based, daily (8:30 to 1:00 pm), therapeutic classroom using the Creative Curriculum, The Incredible Years and Dinosaur School Curriculum. Other services include individual and group therapy, skill building, team discussions and planning for the child and family.

The program employs: 1 clinician, 3 teachers, 1 site supervisor/preschool director, and 1 clinical program manager. An occupational therapist trained in trauma is independently contracted with to provide supportive services.

Enrollment currently is 2 youth from Placer County as well others from Sacramento County. Census was 8 kids but August graduation for kids going to kindergarten put census back to current level. There are pending referrals.

Status: Sprouts is still evolving as it attempts to resolve transportation issues and the desire to add additional services, such as speech. Currently, Placer County staff members are providing transportation from Auburn and Rocklin to the program in Sacramento. The program was established to be a multi-county resource, financially supported by enrollment from the schools, child welfare Department, hospitals, Behavioral Health Department, etc. with referral from those locations from private therapists, physicians, early childhood education specialists and families all from counties in the region. Sprouts was not meant to be sustained through Placer County only agencies. Referral from outside Placer County has been problematic, especially from the various school systems. In order to broaden counties knowledge of the Sprouts program and therefore promote sustainability, an advisory board was created a year ago. The advisory Board is made up of school advocates, fundraising experienced high profile individuals, a pediatric dentist, an occupational therapist, a child therapist, child advocate, and past Children's Receiving Home Board members. A CSOC/PCMHADAB member sits on this advisory board. Board is still evolving and continues to reach out for additional members.

An outreach presentation to inform community and county groups has been developed to enhance the understanding of the needs for this trauma informed program. Numerous successful presentations have been made. Rotary Club of Sacramento hosted in February at an event to benefit Sprouts. A member of the Board attended and spoke with potential donors. A member of the Children's committee has met with staff and the Sacramento DA and assistant DA to discuss trauma informed care and Sprouts. There are pending meetings with two of Sacramento Board of Supervisors. In last few weeks the program has come closer to forming a referral relationship with Sacramento County. The staff and advisory board are exploring the possibility of providing consult, training and evaluation services as an additional source of funding.

Sprouts staff training: In May several staff traveled to Kansas City to The Children's Place for training and collaboration. The Children's Place has had a successful early trauma informed program for ages 0 to 6 for over 25 years. Sprouts staff were able to meet with therapists, teachers and administrator to discuss programming, grants, recruitment and enhancing referrals from other agencies. This training and collaboration was seen as very successful. New strategies for obtaining buy in from other counties and agencies were adopted.

Site visits were in August, October 2016; January, February, March, and May 2017. Attached please find the Demographics from the Sprouts program, which was compiled by both the program managers and the Placer County QA team.

## **B. Psychotropic Medication**

Goal: Continue to receive training and updates on the change in the law regarding, foster youth and Medi-Cal population. (SB 238, SB 253, SB 319 and SB 484 passage as well as other legislation.)

Findings: These new laws place a focus on the use of psychotropic medication use, including anti-psychotics with the foster youth and Medi-Cal population. These laws have led to changes in how prescriptions are processed at pharmacies and has required more extensive information that is needed from prescribers for approval. There is now increased scrutiny in tracking, monitoring and making public psychotropic usage in this population, particularly in out of home care group settings. These laws have been helpful in identifying and exposing physicians who prescribe high above the state and national average. One of the unintended consequences, however is that a number of physicians are concerned about the level of scrutiny in brings to all physicians, who are not high providers, serving this population. They have indicated they will quit serving foster children. One prominent physician in this area has already opted out of providing these services. This bears watching. As a part of this continued focus, Placer County continues a work group focused on this area, with nursing and program staff, as well as two youth advocates. The Quality Improvement and Program focus this year has been continued usage of the state data obtained pursuant to a global data sharing agreement to compare Placer County usage to state overall. A number of areas have been improved as a result of this process, including JV 220 tracking and HEP compliance and a client perception of care tool was also initiated as part of this effort. New court forms were introduced on July 1, 2016 which required a major effort for transition, due to new information require and new processes.

As noted in last year's annual report, in April 2015, the California Guidelines for Use of Psychotropic Medication for Children and Youth in Foster Care was produced and Placer county disseminated this to all physicians and psychiatrists on staff and working in group homes that we contract with. The specifics regarding parameters, diagnosing challenges and practices can be found.

Status: This remains an ongoing issue that has been updated with the CSOC Director on several occasions and has intense Quality Improvement oversight.

## **C. Trauma Informed Care**

Goal: Review and Analyze CSOC programs and other trauma informed programs within the Placer systems.

Findings: Many systems continue to struggle with collaboration regarding treatment and programs for Traumatized children and many are not aware of impact of trauma and its effect on a child's developmental, emotional, medical and social systems. Recently a trauma resilience work group was formed to explore providing a conference to heighten awareness and encourage collaboration. The Placer County Office of Education, Placer County CSOC, Probation Department, Kids First, Coalition

for Auburn and Lincoln Youth, Placer County Mental Health Board, the Latino Leadership Council and Adventist Health are collaborating to host a Trauma and Resilience event intended to be inclusive of all youth-serving systems in Placer County (e.g. education, child welfare, juvenile justice, public health, community based and Faith based organizations). The purpose of this event is to raise awareness about the prevalence of trauma and adverse childhood experiences among our youth; increase trauma sensitivity in agency practices, procedures and policies; foster interagency collaboration at the community level to better serve children and families; expand work force development around trauma-informed practices at the practitioner level and provide an opportunity for all agencies to create an action plan specific to their organization and goals for enhanced trauma focus and activities.

Status: Placer 2017 First Annual Trauma and Resiliency Conference. When: Wednesday September 20th open enrollment; Thursday, September 21, 2017 invitation only to agencies and community leaders serving the Placer County. Where: Rocklin Community Event Center.

#### **D. Commercially Sexually Exploited Children (CSEC)**

Goal: Review the need for a collaborative approach to responses to children being sexually exploited or in danger. Review the laws regarding sex trafficking, and Placer County's response, policies and procedures.

"An individual is a commercially sexually exploited child (CSEC) or sexually trafficked, as described in Section 236.1 of the California Penal Code, or who receives food or shelter in exchange for, or who is paid to perform sexual acts described in Section 236.1 or 11165.1 of the California Penal Code, and whose parent or guardian failed to, or was unable to protect the child, is a commercially sexually exploited child." These children will become dependents through Placer county Welfare System instead of wards through the Probation department due to changes in the law. Clinically appropriate services in Placer County are being offered primarily through Stand Up Placer, who received a SAMHSA grant to serve human trafficked victims, including CSEC.

Children's Committee member met with two staff members from Stand Up Placer in June to discuss programs and services.

Findings: Placer County is working on an interagency protocol. The agencies involved in the collaboration are the Juvenile Court of Placer County, Placer County Health and Human services Department, Placer County Probation Department, Public Defenders Office of Placer County, Placer County District Attorney's Office, Placer County Sheriff's Office, Auburn Police Department, Lincoln Police Department, Rocklin Police Department, Placer County special Investigations Unit, Placer County Office of Education, Children's Dependency Attorney's and Stand Up Placer. Due to the complexity of the MOU and number of agencies involved, the protocol is still in process of review by the various entities and county counsel.

The interagency group is working to ensure that Placer County implement a standard agreed upon definition of, response to and policies and procedures that ensure cross system collaboration that will coordinate the needs of CSEC. They have been working on a screening process that identifies CSEC and those at risk. The tool in use is currently under review to be replaced with a more robust screening tool. A multidisciplinary response is the goal with specially trained individuals to identify and screen within each agency and specialized services to be held mainly through Stand Up Placer. The agencies are working toward a fully operational CSEC committee to provide oversight and support to ensure that the Placer County Agencies and partners effectively collaborate to better identify and serve victims of commercial sexual exploitation and children at risk of becoming exploited.

Status: A work group has been meeting regularly from the various agencies and they are working toward finalization of this joint formal MOU. Training for first responders, law enforcement, and probation have occurred with some targeted trainings for social workers and community partners. Additional training is planned for social workers, mental health clinicians and other community agencies. Screenings are occurring with social workers, probation, law enforcement and some community partner agencies.

In February, 2016 the PCMHADAB Children's Committee and Lincoln Community Resource Collaborative hosted a community informational meeting on CSEC at Lincoln High School. Lincoln Police Chief, Rocklin PD CSEC officer, an FBI agent, Roseville PD officers gave presentations regarding awareness of the issue. This was well received.

Due to the demand for the February, 2016, a second event held in May in Lincoln. This time, the presentation centered on social media and the dangers/misuse of same. The Police Chief and Rocklin representative, who oversees media abuse, provided information to make parents and students aware of their vulnerability given certain sites and sharing of information.

Quality Improvement activities in this area include tracking the number of identified youth either being trafficked or at risk of trafficking. The California Department of Social Services has granting funding for education in this areas, as well as training on screening and service development, so a number of other outcomes are also being monitored and reviewed.

#### **E. Katie A (dependency Mental Health)**

Goal: To monitor Placer County's compliance with State of California Katie A. targets.

Finding: Placer County meets compliance. As a County who uses Wraparound services extensively, Placer was well placed to meet most of the mandates regarding this service earlier than other counties.

As stated in previous annual report " In 2011 settlement of the a class action case mandates the provision of intensive in-home and community based mental health services for California children who are in foster care or at imminent risk of removal from their families. This settlement is intended to alter existing policies and practices of counties by promoting mental health assessments for all children involved in foster care. It provides for intensive care coordination, intensive home-based mental health services, therapeutic foster care and the establishment of child and family teams.

Status: Placer County is working to move more quickly on identifying which clients need ICC (Intensive Care Coordination) and other enhanced provisions of service as IHBS and ICC was extended to all Medi-Cal beneficiaries who meet medical necessity requirements as an EPSDT beneficiary. CSOC has already been offering this service regardless of class status or insurance status to those who fit the Wraparound (or IHBS) criteria both through internal county practitioners and resources and through an outside contractor. Most of these have been funded through MHSA dollars. Committee receives periodic updates on the status of Katie A. provision of services.

Quality Improvement involvement in monitoring Katie A provision of services is extensive given the requirement of the settlement agreement. Reports, data, and actual numbers of services are all State Department of Health Care Services county required reports.

#### **F. Projects in Development**

Goal: Title - New World of Work Option for Foster Youth.

Findings: Project Participants - Geoff McLennan (PCMHADAB) sat on the state committee that created this program; other on the project were Bill Ryland from Koinonia Home for Teens and Sharon Behrens (PCMHADAB).

Status: State Legislation created to address lack of graduations, graduates unfit for state jobs and lacking basic work skills. First year budget is about \$ 220 million.

This legislation identified 10 "competencies that are needed for job success: knowledge of workplace culture, communication and technology skills that are proven indicators of hiring and career success. Over 20 workplace skill models were considered during the committee study. New World of Work model was chosen, vetted with colleges and is now ready for projects. Youth who receive training in these competencies will receive certificates in each competency passed. It then allows them to qualify to take state civil service exams.

Geoff McLennan has been working with Sierra College on a pilot project. Sierra College received training on this model in February, 2017. The pilot project will target Foster Youth placed at Koinonia to work alongside their already existing workability programs.

Several meetings have been held with Koinonia regarding feasibility and their interest in exploring how this pilot project might work. Assignments as to contacts with state individuals, Sierra College and NWOW state trainer. Beginning stages of exploration.

Goal: Title - Youth Voice Project.

Findings: Project Participants - Kerry Callahan, assistant superintendent of instructions WPUSD, Jessica Fernandez, Glenn Edwards Middle School Leadership teacher, Lincoln ; Kris Wyatt, WPUSD school Board, Lincoln Community Resource Collaborative, Sharon Behrens (PCMHADAB, LCRC).

Status: Youth Voice Project in process of development/exploration. This is a collaborative project with WPUSD and Children's Committee and Lincoln Community Resource Collaborative. Exploring a pilot project to empower young people to stand up for the rights of others and respect others feelings. It mirrors other national/state projects to heighten awareness of the culture of "disrespectfulness". This project goes beyond saying Stop Bullying. It designates school mediators by training school personnel, mentors to facilitate resolution. The leadership teacher and students will be taking this on as a youth lead project. They are looking to develop posters, pins and other project identifiers. Some of the slogans they have looked at: "I promise to stop bullying and respect others feelings"; "Take a stand lend a hand," "The end of bullying begins with you, report, support, defend, Be a hero"; and "Stand up, Speak out".

*Respectfully submitted by the: MHADAB Children's Services Committee (CSC) members*

## VI. ADULT SERVICES COMMITTEE REPORT

In FY 2016-2017, the Adult Services Committee (ASC) transitioned to new committee co-chairs. Although the committee chairpersons changed, most committee members remained and we welcomed both new board members and public interest members. The ASC continues to be committed to ensuring that quality service delivery systems for adults in Placer County are available to promote recovery and access to services within Placer County.

Throughout the FY 2016-2017, the ASC participated in a quality assurance (QA) project by conducting mock calls to both the adult and the children's intake lines.

The committee gathered information and gained insight about county and state level services through visiting service providers, and through outreach activities. The committee advocated for improving and adding services when a need was identified. The ASC interacted with Placer County staff from local and state hospitals, service providers, and consumers who provided input about current services, about outcomes, and about service gaps within the county. The following are the ASC FY 2016-2017 goals and the specific activities related to those goals.

### A. Assisted Outpatient Treatment

Goal: Monitor Implementation of Assisted Outpatient Treatment.

The ASC continued to evaluate and understand how the Assisted Outpatient Treatment (AOT) implementation in Placer County compares and contrasts with AOT implementation in other counties.

The members:

- ✓ Examined and reviewed AOT as it pertains to Placer County
- ✓ Compared and distinguished implementation of other counties utilizing AOT programs within California and around the country.
- ✓ Worked to understand what creates an effective AOT program
- ✓ Determined how other counties define success of AOT
- ✓ Pursued clarification as to what a successful standard of use would look like for Placer County
- ✓ Identified the potential ability to meet the defined expectation
- ✓ Investigated AOT effectiveness within and outside of Placer County
- ✓ Continued to try and understand how AOT can be made appropriate on a pragmatic level for Placer County

It was and continues to be, the hope of the committee to first seek to identify the various AOT programs in California and then outside of California. The ASC continues to gather information regarding application, length of time in use, challenges, modifications and successes will be gathered and shared with the members.

Findings: Maureen Bauman, ASOC Director, provided an overview of the Placer County with an overview of how AOT has been used in Placer County since its implementation in January 2015 to spring 2016. Statistics of usage were presented as well as an overview of the program as not all were familiar with the AOT process (commonly referred to as Laura's Law). ASC believes the Placer County AOT program has provided the foundation and a fundamental basis for improved outreach and recovery mechanisms that the ASC believes it can build upon.

Status: Clients in Placer County are on a path to Recovery with support from the community. That is a success for those clients, their families and our community. As with any treatment there is no guarantee that the path will always move forward nor be even, but getting started is often the hardest step.

In 2016-2017 we continued to advocate for increased public communication about AOT. Also, some attention must be paid to those clients who 'fail' out of AOT but continue to be of concern.

## **B. Housing**

Goal: Develop Recommendations for housing programs for Severely Persistently, Mentally Ill Persons.

ASC continues to review the housing options available to the severely mentally ill. As a matter of general priority we believe Placer County should be making affordable housing a top concern. The ASC met with Turning Point Housing Coordinator Pamela Boss who provided two separate presentations on the housing program delivered by Turning Point. The information supported our current knowledge of housing options and further demonstrated the need for more permanent, supportive housing for the severely, persistently, mentally ill with high acuity mental illness.

Each of the ASC members who attended have life experience with a family member with mental illness and are aware of the struggle to find appropriate and decent housing. The biggest question was whether we had enough housing for persons with high acuity mental illnesses. The answer, of course, was no. There are waiting lists for all the supportive housing and only a handful of the total beds are permanent (i.e. so you can live there as long as you need to, which for some can be their lifetime). For clients who cannot manage their own daily self-care (such as reliably taking their own medications and attending to their SDL), the option is a Board and Care.

Findings: ASC completed three site visits to mental health and crisis center hospitals: Napa State Hospital, Cornerstone, and Telecare.

Napa State Hospital is licensed as an Acute Psychiatric Facility. The Skilled Nursing unit and Acute Psychiatric units are certified by the Centers for Medicare and Medicaid Services. The facility sits in the Napa Valley on 120 acres.

- ✓ Challenges: There are 5 State hospitals, placement is a major challenge. Each hospital runs at capacity there is not enough beds.
- ✓ Statistics:
  - 60 Psychiatrists
  - 1207 patients
  - 80% are penal referrals from the Superior court systems within each county. These are people who have mental disorders and are Not Guilty for Reason of Insanity (1026's) and (1370's) who are Incompetent to Stand Trial.
  - 20% are LPS civil commitments
  - 27 Placer County residents
  - Conservatees typically stay 8 years

Staff personnel indicated that many of their clients would not be in such an institution if a medication regime were followed.

ASC members also visited a couple local facilities. The first was Cornerstone which has 12 beds currently but they are trying to increase their capacity to 14 beds. The average stay for each patient is 11 days; however they are licensed for stays up to 30 days. We found this facility to offer a very comfortable and relaxed environment for its residents.

Telecare PHF has 16 beds and the average stay for each patient is 8.5 days; however, they can accommodate a 5270 patient for up to 30 days.

Placer County ASOC has made real progress in securing a new property that will provide permanent housing for 18 ASOC mentally ill clients. This new complex will be located in Roseville near the Gathering Inn. It will offer 18 studio units with an onsite manager office/residence. This is part of the support needed to serve our community well.

Another area we believe can benefit from our review is encouraging ASOC and other support organizations such as Turning Point to better collaborate in terms of disseminating information about housing. We believe it is equally important that service providers have an understanding regarding the HUD placement requirements.

Status: As a matter of general priority we believe Placer County should continue to make affordable housing a top concern, and under that heading we put housing that serves our most disabled residents at the top. Mental illnesses are illnesses. The homeless shelter population has a number of persons with active symptoms who are living day to day without the benefit of stable housing that Dr. Marbut stated was essential for their recovery. There are misconceptions in the public that persons with mental illnesses are making logical choices to stay homeless. This is erroneous and insensitive.

### **C. Family Involvement**

Goal: Develop Recommendations for inclusion of family members in treatment programs.

Findings: The components of a good family involvement plan are addressed via a “three-pronged” approach, including:

- ✓ *Participation* in a loved one’s recovery program. This would include providing input to the system, doctors, nurses, social workers, etc. regarding information that will benefit or assist in the loved one’s recovery process. The AB1424 is one vehicle we would like to better understand in terms of how it can be leveraged and integrated into the process.
- ✓ *Education*. Families will be better suited to assist their loved ones if sufficiently educated, have an understanding of the best way to communicate with family members, learn how to navigate the system, including criminal, social services, hospitals, and facilities providing services to our loved ones. We all agreed that the current culture does not necessarily support the concept that families have a right to be there.
- ✓ *Support and Guidance*. Families would greatly benefit from social services support during a crisis and during non-crisis periods.

Because of medical privacy rights, family cannot participate in conversations with treatment providers unless the client has signed a Release of Information (ROI). Each provider has its own form, so if a client is treated by different entities, a family would need an ROI from each one in order to be able to participate in an integrated way.

Care providers appear to be supportive of meeting with families when there is an ROI. It is particularly frustrating, however, when a loved one has not signed an ROI and thus the family has been unable to receive or to give information that they feel would help their loved one’s treatment success. Families have always had a right to give information (without expecting information in return) but there is not a clear method for families to be informed of their rights.

There is, however, good evidence that proactively involving families in treatment, as well as providing components that focus on the family itself, lead to better outcomes for clients and address the very real distress that families suffer. Several members of the ASC are family members who are able to share their own life experiences.

Status: The ASC reviewed a draft version of a form presented by Marie Osborne for Placer County Mental Health “*Information Provided by a Family Member or other Support Person – Part A.*” This form serves to provide a means for family members to communicate about their relative’s mental health history pursuant to AB1424. AB1424 provides a way for family or support members to provide pertinent information to treating medical providers. . The completed form will be placed in the consumer’s mental health chart.

#### **D. Conservatorship**

Goal: Increasing Awareness of Accessibility to Conservatorship as an Option.

Findings: Conservatorship may be considered when the risk is defined as the inability to provide or take advantage of basic needs for food clothing and shelter.

Cyndy Bigbee, ASOC Program Manager over the Public Guardian office, presented an overview of the Public Guardian organizational structure and the two different types of conservatorship. The Public Guardian office is an unfunded mandate out of the Probate Code.

- ✓ Probate – can be petitioned directly to the court. This is a private probate petition or a referral can come in from Adult Protective Services.
- ✓ LPS – A referral comes from a hospital or doctor at a 5150/5270 facility. A declaration of “gravely disabled” is made by a doctor to the Placer County Public Guardian office.

The following information was provided by Cyndy Bigbee. During FY 2015-2016, we accepted or were awarded 11 conservatorships; 2 Murphy’s, 6 LPS and 3 Probate. We declined 15. Of those declined, 1 was appointed to another conservator, 1 was referred to another county, and 13 did not meet criteria for conservatorship.

Status: Conservatorship should remain a viable option if a client is still perceived to be at significant risk of further need for treatment after medication options and multiple hospitalizations are unsuccessful and he/she still continues to refuse alternatives such as AOT.

#### **E. Monitoring of Data and Quality Improvement**

Throughout this year, the ASC committee has received data on various programs within the ASOC. Data provided and reviewed by this committee have included Mobile Crisis response, Timeliness and Access to Services and Hospital Crisis Response time. In addition data exploring the utilization of the Psychiatric Health Facility, Crisis Residential Program and Conservatorships have been reviewed. The committee has appreciated the data that has been made available to them and would like to have the opportunity to receive this data on a more regular basis.

#### **F. Future Goals - The Mentally Ill and the Criminal Justice System**

The ASC Committee would like to understand the entanglement of the criminal justice system with the population of the mentally ill. While it remains clear that the challenges to our criminal justice system and the mental illness community continue to grow, the committee wishes first to understand how and where the criminal justice system is impacted and what services are being offered, utilized and at what level of capacity. Once we understand more of the intricacies of the criminal justice system then we may be able to determine or distinguish further needs, challenges and successes. It needs to be ascertained what has been decided to be successful and what is believed to be falling short of the County’s needs, if at all.

It may also be beneficial to research other criminal justice systems that have a variety of programs offered within California and around the country to establish additional resources for Placer County. Exploration is needed regarding how the legal community, first responders, service providers and employees of the criminal justice system are trained to manage their contact with the mentally ill to provide additional professional development. There is a desire to further implement programs that address the needs Placer County, the criminal justice system and the severely mentally ill (SMI) population.

Committee members continue to learn about the Housing, Conservatorship, AOT, and other programs/supports listed above. Although several goals have been carried over from FY 2014-2015 we believe these topics remain relevant and necessary to evaluate and advocate for services. Committee members will continue to increase their knowledge and increase visibility to service providers within the Adult Service Committee to facilitate recovery within Placer County.

*Respectfully submitted by the: MHADAB Adult Services Committee (ASC) members*

## VII. BOARD TRAININGS AND PRESENTATIONS

### Trainings and Guest Speakers

- ❖ *July 2016:*
  - Amy Ellis, Program Manager, Adult System of Care – Drug Medi-Cal Organized Delivery System 1115 Waiver
- ❖ *August 2016:*
  - Maureen F. Bauman, Director, Adult System of Care, Assisted Outpatient Treatment / Public Service Announcements – Directing Change Videos
- ❖ *September 2016:*
  - Maureen F. Bauman, Director, Adult System of Care - Behavioral Health Revenue PP
- ❖ *October 2016:*
  - Review of Bylaws and Handbook (procedural things)
- ❖ *November 2016:*
  - Chris Pawlak, Program Supervisor, Adult System of Care – Crisis Intervention Training (CIT)
- ❖ *December 2016:*
  - Curtis Budge, Program Manager, Adult System of Care – SB 82 Mobile Crisis Team
- ❖ *January 2017:*
  - Twylla Abrahamson, Director, Children’s System of Care (CSOC) – CSOC Update – Continuum of Care Reform
- ❖ *February 2017:*
  - Mid-year Committee Reports
- ❖ *March 2017:*
  - Marie Osborne, Assistant Director, Adult System of Care – Quality Assurance/Quality Improvement Update
- ❖ *April 2017:*
  - Carols Solis, MD, Adult Psychiatry, Turning Point Community Programs – Presenting on Methods and Medications that are Working for Clients
- ❖ *May 2017: ANNUAL RETREAT*
  - **Mental Health Program Overview – Placer County Correctional Facilities:** Joanne Hendricks, Medical Program Manager - Jail Services/California Forensic Medical Group (CFMG) and John Eby, Regional Director for Mental Health Services for CFMG
  - **Conservatorship Panel / Overview of the Conservatorship Process:** Jennifer Smith, Placer County, County Counsel; Elizabeth Madsen, Placer County, Public Defender’s Office; and Cyndy Bigbee, Program Manager over Public Guardian, Adult System of Care
- ❖ *June 2017:*
  - Twylla Abrahamson, Director, Children’s System of Care (CSOC) – CSOC Update