El Dorado County Mental Health Commission

2017 Annual Report

Meeting and Officers

The El Dorado County Mental Health Commission (MHC) held eleven regular Joint Council Meetings.

County Wide Chair: Jim Abram

West Slope Council

- Jim Abram, Chair
- Jan Melnicoe, Vice-Chair
- Bonnie McClane, Secretary

South Lake Tahoe Council

- Denise Burke, Chair
- R.S. Lynn, Vice-Chair
- Ben Erhler, Secretary

MHC Committees:

- Psychiatric Health Facility Ad hoc Evaluation Committee
- 2017 Data Notebook Ad hoc Committee
- Community Based Wellness Center Ad hoc Committee
- Mental Health Commission Bylaws Revision Ad hoc Committee
- Mental Health Services Act Ad hoc Review Committee
- Nominating Committee
- Membership Committee

Mental Health Commission Meetings Presentation

March 7, 2017:

The Mental Health Commission participated in the Health and Human Services Agency, Behavioral Health Division Workshop presented to the Board of Supervisors. Participants included representatives from Behavioral Health Division, Hospital Council, Marshall Hospital, Barton Hospital, El Dorado County Sheriff and Probation and the Mental Health Commission.

March 22, 2017:

The Commission received a presentation of Psychiatric Health Facility Telecare's Annual Report.

May, 2017:

The Commission received a presentation of the FY 17-18 Health and Human Services Agency Behavioral Health Division's Proposed Budget Discussions were about Administrative Costs, Fund Balance, and unpredictability of (MHSA) Mental Health Services Act funding.

June, 2017:

Presentations on Children's Specialty Mental Health Services in El Dorado County were received from Behavioral Health Division, New Morning Youth and Family Services, and Summitview Child and Family Services.

July/August, 2017:

Presentations were received on Children's Specialty Mental Health Services in El Dorado County by: Sierra Child and Family Services and Tahoe Youth and Family Services.

September, 2017:

The Commission received an update/presentation on the Behavioral Health Division Adopted Addenda Budget which included alcohol and drug programs.

September, 2017:

A presentation on Older Adult Programs was provided by the Health and Human Services Agency.

November, 2017:

A presentation addressing Chronic Homelessness in the County of El Dorado was provided by the Director of the Health and Human Services Agency.

Commission Activities and Actions

This report is a general overview of all activities the Mental Health Commission participated in over the course of the year 2017. The information presented in this report was obtained from MHC agenda minutes, Behavioral Health Division (BHD) monthly updates, and notes. Specific details can be viewed at the El Dorado County Mental Health Commission web page in the agenda and minutes archives.

In addition, this report contains a detailed accounting of a number of ongoing issues that the Commission reviewed over the course of 2017:

- Stepping Up Initiative (pg. 4-5)
- Mental Health Rehabilitation Center (MHRC) (pg. 6-7)
- Community Wellness Center (pg. 8)
- Assisted Outpatient Treatment (pg. 9-10)
- Psychiatric Health Facility (PHF)/Telecare Corporation (pg. 10-12)
- Crisis Intervention Team (CIT), Psychiatric Emergency Response Team (PERT) Homeless Outreach Team (HOT) (pg. 13-14)
- Drug Medi-Cal Organized Delivery System (DMC-ODS) (pg. 15)
- Mental Health Commission (MHC) Bylaws (pg. 16-17)
- Continuum of Care AB 403 (pg. 18)
- Mental Health Services Act Fiscal Year 2017-2018 3 Year Plan (pg. 19)

"Stepping Up" Initiative

January 5, 2016:

Board of Supervisors adopted a Resolution supporting the "Stepping Up" Initiative. Stepping Up to Reduce the Number of Adults with Mental Illness in Jails.

October 26, 2016:

The Mental Health Commission (MHC) was given an update by the Director of Health and Human Services Agency (HHSA) that there was an upcoming collective leadership training.

January 18-19, 2017:

The County's leadership team attended the Stepping Up California Summit.

May 2, 2017:

The County leadership team met and designated the Community Corrections Partnership (CCP) as the Coordinating Council and the Chief Probation Officer (CPO) as the project coordinator for the initiative.

June 13, 2017:

The CCP developed a Mission Vision and Beliefs statement.

Mission: To reduce the negative impact of incarceration on people with mental illness who have potentially committed an offense, by preventing their unnecessary booking into jail.
Vision: Improving Lives While Ensuring Public Safety.
Belief: Offenders with a history of mental illness should be treated with compassion.

- People should be supported in the jail system through a continuum of care.
- Jails are the worst place to treat people who are mentally ill.
- Jails have a negative impact on people with mental illness.
- Jails should be reserved for those whose incarceration best services the public need.

July-December 31, 2017:

No further planning meetings were held. No additional progress in creating a plan for the initiative was made. There was a planning meeting scheduled for November, 2017, but it was cancelled.

December, 4, 2017:

Chairman of the Mental Health Commission (MHC) invited the Chief Probation Officer (CPO) to attend the January 10, 2018 Commission meeting to provide an update on progress being made on the Stepping Up Initiative. The CPO declined indicating he had not had sufficient time to get the initiative started in 2017.

February 21, 2018:

The Chief Probation Officer indicated that he was aiming for a late March 2018 kick-off.

Mental Health Rehabilitation Center (MHRC)

January 24, 2017:

The Board of Supervisors approved in concept moving forward with exploration by the Health and Human Services Agency (HHSA) in establishing a Mental Health Rehabilitation Center in the County of El Dorado.

January 25, 2017:

Mental Health Commission Meeting: The Commission discussed that it has been in support of the idea of having an MHRC in El Dorado County for the past several years. It brings clients back to our local community, which allows family to be more involved in the treatment plan. It allows clinical staff to spend more time on clients than on travel, and is a fiscally sound option. The Commission passed a motion in support of an MHRC in El Dorado County.

The Director of HHSA reported that an Request for Information (RFI) was completed and there were two responses. A property was located in the county suitable for an MHRC. HHSA was currently exploring cost and feasibility of having and MHRC that provide co-occurring mental health and alcohol and drug services.

February 22, 2017:

Mental Health Commission was updated that a walk-through of a possible location was completed. Further evaluation was continuing.

April 26, 2017:

The Mental Health Commission (MHC) had an update and discussion on Board and Care, Institution for Mental Disease (IMD) Facilities, and Secure Placement Facilities. These facilities are out of county and serve county clients. An MHRC in El Dorado County would bring county clients home for treatment and rehabilitation. HHSA"s BHD maximum cost obligation to out of county providers offering 24/7 rehabilitation services is approximately $5,887,000. per year.

June 28, 2017:

By June, two facilities that had been considered, toured, and evaluated by Facilities Department had been eliminated.

July 26, 2017:

Another facility was presented, but there was not enough bed space. The facility's need for more bed space would in addition to servicing county resident, allow the facility to accept out of county residents to help off-set cost of an MHRC.

September 27, 2017:

It was reported that a search for an appropriate MHRC facility location in the County continues.

October 25, 2017:

HHSA Director Report: a location still had not been found, but the location was high on the Central Government Facilities priority list.

Several discussions have taken place regarding the current El Dorado County Placerville Juvenile Hall building being an excellent possibility for an MHRC location, once the new Sheriff's facility is moved into and a new Juvenile Hall building is constructed.

January 29, 2018:

The Chair and Vice-Chair of the MHC met with the Director of HHSA for their monthly meeting. The Director of HHSA reported that the Chief Probation Officer and the Director discussed the possibility of using half of the Juvenile Hall building as an MHRC Facility prior to the construction of a new Juvenile Facility. Juvenile Hall was only utilizing half of the 40 bed capacity. The building was or could be divided to serve both purposes.

January 31, 2018:

Chair and Vice-Chair of the MHC met with (CPO) Chief Probation Officer and discussed the possibilities of using a portion of the Juvenile Hall Building for MHRC. The CPO indicated that it was not anytime in the near future.

Community Wellness Center

May 24, 2017:

The Mental Health Commission approved the transfer of $500,000 from Mental Health Service Act (MHSA) Community Services and Support Funds (CSS) to Capital Facilities and Technology funds at the MHSA 17-18 Fiscal Year Plan. The purpose of the transfer is to support a community based peer run Wellness Center. The Board of Supervisors subsequently approved the MHSA 17-18 Fiscal Year Plan.

October 25, 2017:

Mental Health Commission (MHC) formed an Ad hoc Community Based Wellness Center Committee.

December 5, 2017:

Health and Human Services Agency (HHSA) requested that the Board of Supervisors authorize CAO Facilities Division to enter into negotiations with Placerville 1st Church located at 2687 Andler Road to review and evaluate the purchase of the property as a location for the community Wellness Center.

December 14, 2017:

A planning meeting was attended by the MHC Ad hoc committee and Behavioral Health Division's staff for the proposed Community Based Wellness Center. Goals were developed:

- Recovery and resiliency for participants.
- Participants gain greater independence through interaction with staff, peers, and education.
- Participants linked to Community Resources.
- Increased engagement with Mental Health Services.

February 15, 2018:

The property being considered for the location of the Community Based Wellness Center had been reviewed by the CAO Facilities Division and it was determined that the project costs exceeded funds available to pursue the project at the location. HHSA continues to review building options as they become available.

Assisted Outpatient Treatment (AOT)

Laura's Law is a California State Law that allows for court-ordered AOT. To qualify for the program, the person must have a serious mental illness plus a recent history of repeated psychiatric hospitalizations or incarcerations, and a lack of compliance with mental health treatment indicated by:

- Two or more psychiatric hospitalizations or incarcerations in the last 36 months.
- Once in 48 months, a serious violent act, threat or attempt to hurt self or others.

August 25, 2015:

The Board of Supervisors approved Assisted Outpatient Treatment.

November, 2016:

County Counsel recommended that the Behavioral Health Division (BHD) move forward with the implementation of the AOT program.

January, 2017:

Six potential candidates for the program were identified and three met eligibility requirements.

February, 2017:

A fourth individual was being assessed. One person voluntarily accepted mental health services in lieu of AOT.

April/May, 2017:

The Mental Health Commission questioned eligibility requirements regarding El Dorado County Jail mentally ill inmates who qualify for the AOT program upon release. It was possible that jail time served would not qualify since the County Jail did not have a "Mental Health Forensic Unit," despite the fact that mentally ill inmates were treated with psychotropic medications in jail to manage their illness. A request was made to County Counsel for their opinion regarding the AOT eligibility criteria related to incarceration of mentally ill individuals in El Dorado County Jail.

June, 2017:

The Commission expressed its concern to the BHD that the AOT program had not successfully enrolled any clients into the program. The BHD explained that individuals that had been identified meeting criteria had elected to enter mental health treatment voluntarily in lieu of court ordered treatment and that they were tracking these individuals that did not engage in serves and would be referred back to AOT.

July, 2017:

14 applications had been received for AOT candidates. One re-engaged in voluntary services in lieu of AOT, others volunteered for services, others did not qualify due to substance abuse issues.

August, 2017:

Assistant Director of Adult Services reported that County Counsel had completed its legal investigation and found that jail time served by mentally ill individuals in El Dorado County Jail did not meet criteria for consideration for the AOT program upon their release.

October 25, 2017:

The Commission received a presentation from the BHD on outcomes of voluntary service admissions in lieu of Court Ordered Assisted Outpatient Treatment Program participation.

There were 20 referrals from January through September, 2017. Initial Referral Results were:

- 5 engaged in specialty Mental Health Services.
- 2 engaged with other Mental Health or Substance Use Disorder Provider.
- 5 did not meet criteria for Specialty Mental Health Services (SMHS.)
- One incarcerated prior to engagement.
- One moved out of county.
- 6 location unknown.

December, 2017:

Behavioral Health Division monthly report stated that there were 2 AOT clients receiving services voluntarily.

January, 2018:

Behavioral Health Division monthly report stated that there was one AOT client receiving services voluntarily.

The Assisted Outpatient Treatment (AOT) has been in operation since January, 2017. There were 20 referrals to the program in the first nine months. The result of the AOT program is that 5 people voluntarily engaged in Specialty Mental Health Services, 2 others engaged in Mental Health or Substance Use Disorder Services in lieu of AOT court-ordered treatment. The Assisted Outpatient Service program provides the leverage that the Behavioral Health Division needs to get seriously mentally ill people to engage in treatment that previously had not. Assisted Outpatient Treatment should continue to be acknowledged as a needed relevant Behavioral Health Division Program.

Psychiatric Health Facility (PHF)

Each month the Behavioral Health Division (BHD) monthly report to the Commission regarding the PHF includes data on: admission from county and out-of-county discharge information, seclusion episodes, physical restraint episodes, medication errors, denials of referral to PHF, and the average daily census (number of individuals in the PHF) and the length of stay in days.

March 22, 2017:

PHF Telecare Corporation 2016 Annual Report for the El Dorado County Psychiatric Health Facility (see attached report 17-0337). The Telecare Corporation Administrator presented the report and responded to questions from the Commission discussion regarding "blocked beds", the low daily occupancy, and how admission decisions are made, more community education regarding the purpose of the PHF and its capabilities. The BHD works with PHF to identify potential AOT clients.

August 23, 2017:

Mental Health Commission Evaluation Committee was formed to evaluate the El Dorado County Psychiatric Health Facility.

October 20, 2017:

The MHC Psychiatric Health Facility Ad hoc Committee toured the PHF and participated in an interview with the PHF Administrative and Clinical Staff.

November 29, 2017:

The Psychiatric Health Facility Ad hoc Committee presented its report for review and filing by the Commission (see attached PHF report 17-1280). The report made the following recommendations:

1. A procedure be implemented so that once a consumer of County Mental Health Services is identified as being considered for or admitted to the PHF, that the entire Avatar file be made available to PHF staff.
2. The PHF staff should be fully apprised of the AOT Program, its admitting criteria and resources, as soon as possible.
3. The County Behavioral Health Historical Information Form should be used at the PHF when doing intake, diagnosis, and development of a treatment plan.
4. There should be a Family Member Satisfaction Survey Form in addition to the Client Satisfaction Survey Form.
5. Greater education of family members should be included to inform them of what to expect while the client is in the PHF, and what to expect upon discharge in dealing with their family member.

Overall Impression:

After spending two hours interviewing administrative and clinical staff, the committee came away with a positive impression. The staff members are very committed and dedicated to providing critical mental health services to the most needy patients with limited resources.

March 28, 2018:

Telecare Corporation Psychiatric Health Facility 2017 Annual Report.

Data included in the report indicated an increase in total bed days occupied had increased from 54% in 2016 to 65% in 2017. The average daily census for clients in the PHF increased from 8.67 in 2016 to 10.1 in 2017. There were 2,603 bed days (68%) occupied by El Dorado County clients and 1,210 bed days (32%) occupied by out of county clients. These numbers indicate the ongoing and increasing need for a Psychiatric Health Facility in El Dorado County.

(see attached report 18-0498)

Crisis Intervention Team (CIT), Psychiatric Emergency Response Team (PERT), Homeless Outreach Team (HOT)

The El Dorado County Sheriff's Office (EDSO) in collaboration with the Behavioral Health Division (BHD) is providing much needed services to individuals with mental health issues in our community. The Crisis Intervention Team (CIT), Homeless Outreach Team (HOT), and the Psychiatric Emergency Response Team (PERT), are all seeing positive results in dealing with individuals in need of help with mental health issues.

There are approximately 156 CIT trained Sheriff's Deputies and Correctional Staff.

The Sheriff's CIT team responded to 502 mental health WIC 5150 evaluations in 2015. In 2016, 405 individuals were assessed and evaluated for WIC 5150 holds, and in 2017, 507 individuals were contacted and assessed for WIC 5150 holds.

The Sheriff's Homeless Outreach Team (HOT) is working in the homeless community in conjunction with BHD and is working to link homeless individuals struggling with mental illness to appropriate mental health services. The manager of the Psychiatric Services Team accompanied the HOT team in the field to provide outreach Mental Health Services to homeless individuals. One individual became involved in mental health services. The BHD and HOT team have been working to support specific homeless individuals who have been reluctant to engage in healthy choices and accept support interventions.

The Psychiatric Emergency Response Team (PERT) is a partnership with the Behavioral Health Division (BHD) and El Dorado County Sheriff's Office (EDSO) providing mobile emergency mental health crisis service. The PERT team provided emergency assessment, interventions, and referrals to services to individuals with suspected mental illness when they come to the attention of law enforcement for emergency 5150 related assessment. In field 5150 assessments help to reduce the number of emergency room 5150 evaluations. The PERT team has been in the field since January 23, 2018. The BHD and EDSO officially partnered in the field to provide Psychiatric Emergency Response Team (PERT) Services to our community.

Data from January 23-31, 2018:

6 Days of PERT

- 17 face-to-face contacts
- 4 WIC 5150 holds placed—all for grave disability

- 10 safety plans created
- 2 individuals taken to jail
- 1 individual taken to Juvenile Hall
- 28 follow-up phone calls
- 18 case reviews

Data from February 1-18, 2018:

- 65 face-to-face contacts
- 3 WIC 5150 holds
- 62 safety plans and referrals to community based resources

Data from January 23 to March 16, 2018:

PERT had 105 calls, 15 individuals were held on 5150 and 90 were provided safety plans and referrals to community based services.

The collaboration between the Behavioral Health Division and El Dorado County Sheriff's Office is providing proactive early intervention services for individuals with mental illness in hopes of engaging them in mental health services to help deal with their issues and hopefully these programs will help reduce criminal justice involvement for people with mental illness.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

The DMC-ODS is a voluntary pilot program that offers the county the opportunity to expand access to high quality care for Medi-Cal enrollees with substance use disorders (SUD.)

The goal is to improve health outcomes and decrease costs. To provide access to care and services needed for sustainable and successful recovery.

May 23, 2017:

Health and Human Services Agency (HHSA) received approval from the Board of Supervisors to move forward on submitting a DMC-ODS waiver plan to the state.

June 28, 2017:

The Assistant Director of Adult Services for the (BHD) Behavioral Health Division provided an overview of the DMC-ODS process to the Mental Health Commission. The Assistant Director for the BHD questioned the commission if they would consider changing the Mental Health Commission name to the Behavioral Health Commission with the Commission's focus to be expanded to include substance abuse.

July 26, 2017:

The Mental Health Commission discussed the need to change its name to the Behavioral Health Commission, and additional duties the Commission would be taking on by adding Alcohol and Drug programs as its responsibility as an advisory body to the to review and evaluate mental health services. The BHD Assistant Director explained that the Behavioral Health Division (BHD) was applying for the DMC-ODS waiver which would provide more funding for substance use/dual diagnosis services. That there needed to be an advisory body for DMC-ODS delivery model and that the Commission would be included in the application to the state. The commission passed a motion that it was the intent of the Mental Health Commission to become a Behavioral Health Commission and make revisions to the Bylaws.

November 29, 2017:

The DMC-ODS waiver and plan were moving forward with the review. Working with the state to complete the review and negotiate a contract to bring to the Board of Supervisors.

January 10, 2018:

BHD reported that the County's Drug Medi-Cal Organized Delivery System Plan has been approved by the state. Health and Human Services Agency will develop a Request for Quotes from prospective Drug Medi-Cal contractors.

Mental Health Commission By-Laws (MHC) Name Change/Review/Revisions

June 28, 2017:

The Assistant Director of the Behavioral Health Division (BHD) asked the Commission if it would consider changing the MHC's name to the Behavioral Health Commission (BHC) with the Commission's focus to be expanded to include substance abuse.

July 26, 2017:

The MHC discussed the need to change its name to the Behavioral Health Commission (BHC) and the additional duties it would be taking on and the Commission's duty to review and evaluate BHD programs and its duties as an advisory body to the Board of Supervisors. The Assistant Director explained to the Commission that BHD was applying for the DMC-ODS waiver which would provide more funding for substance use/dual-diagnosis (co-occurring) services. That there would need to be an advisory committee and the commission would be included in the application and the MHC name change to the Behavioral Health Commission would be favorable in the application. The County's Mental Health Department had previously changed its name to the Behavioral Health Division.

The Mental Health Commission passed a motion that it was the Commission's intent to become a Behavioral Health Commission and make revisions to the Bylaws.

September 27, 2017:

The Mental Health Commission selected and appointed an Ad hoc Bylaws Committee for the purpose of reviewing, evaluating, revising, and updating the Commission's Bylaws.

October 25, 2017:

At the MHC meeting, the following changes to the Bylaws were discussed:

- Name change from Mental Health Commission to Behavioral Health Commission.
- Changes to procedural conditions stated in the Bylaws
- Adding substance abuse/co-occurring disorder as responsibility of commission to evaluate
- Eliminating the two councils, West Slope and Lake Tahoe Council Designations and having just one unified commission.
- Better managing how the business of the Commission occurs.

The elimination of having two councils and having just one unified Behavioral Health Commission would allow commission committees to have more participants from all areas, and operate with compliance in regards to the Brown Act requirements.

January 10, 2018:

The Ad hoc Bylaws Committee reported that they have been working on the revisions and completed a rough draft and we're hoping to bring it to the Commission in February, 2017.

February 28, 2018:

The Ad hoc Bylaws Revision Committee presented, read, and reviewed their recommended changes and revisions. Following a discussion of Commission members and public comment, and a resolution of any issues discussed by the Commission, the Commission passed a motion approving the revised Bylaws and to forward them to the County Counsel for review. Once the County Counsel has reviewed and approved the Bylaw revisions, the MHC will move the name change and revisions forward to the Board of Supervisors for approval.

Continuum of Care Reform AB 403 (CCR)

Reforming the Care of Foster Care Youth

January 25, 2017:

Segments of the plan were beginning to be presented by the State. The Short Term Residential Therapeutic Program and Child and Family Teams being formed.

February 22, 2017:

Still developing Child and Family teams.

July 21, 2017:

HHSA continues to await guidelines for the implementation of additional CCR Stages anticipated to roll out between now and 2021.

September, 2017:

No change since July.

October 25, 2017:

Teams are meeting monthly to discuss barriers related to implementation of CCR making it slow to progress.

November 29, 2017:

El Dorado County Behavioral Health, Probation and Child Welfare Services and other community agencies are working collaboratively to implement CCR. The focus of CCR in El Dorado County has been on implementation of Child and Family delivery for foster care and youth.

January, 2017:

Behavioral Health Division with the support of Child Welfare Services and community partners have implemented Child and Family Team Services per AB 403 Continuum of Care Reform. The Child and Family Team's purpose is to identify strengths and needs of the children, youth and their family to help achieve positive outcomes for safety, permanency and wellbeing.

Mental Health Services Act (MHSA) 2017-2018 Fiscal Year 3 Year Plan

January 25, 2017:

The Mental Health Commission (MHC) received an update on the MHSA Three-Year Plan from Health and Human Services Agency (HHSA.) The Commission expressed that it would like input earlier in the process in development of the Plan.

March 22, 2017:

- The MHC Formed the MHSA Fiscal Year 2017-2018 Three Year Plan Ad hoc Review Committee.
- The Commission received an update on the MHSA Innovations "Community Based Engagement and Support Services Project."

April 26, 2017:

The MHC MHSA Three Year Plan Ad hoc Review Committee Report Out was given to the Commission.

May 24, 2017:

The Mental Health Commission held a public hearing for the Mental Health Services Act (MHSA) FY 2017-2018 through FY 2019-2020 Draft Three Year Program and Expenditure Plan. Substantive comments received on the Draft Plan during the 30-day comment period were received and the Commission and Public were afforded the opportunity to provide comment about the Draft Plan. A motion was approved by the Commission to approve the MHSA FY 2017-2018 Three Year Program and Expenditure Plan.

Other 2017 MHC Agenda Topics were:

- Accessing Mental Health Services
- Restoration of Competency (ROC)
- Co-ordinated Specialty Care (CSC) Early Psychosis Program
- Service Integration/HHSA
- Children's Specialty Mental Health Services
- El Dorado County Jail Mental Health Statistics:

  California Board State Corrections 2016 statistics indicated there was an average of 85 mentally ill inmates per month on medications in El Dorado County Jail.
- El Dorado County Jail Mental Health Screening
- Board and Care/IMD's/Secure Placements

Behavioral Health Division Updates

Each month the Mental Health Commission receives a report updating the Commission on Behavioral Health services provided throughout the month.

The report includes information on:

- Wellness Center (South Lake Tahoe and West Slope)
- Intensive Case Management
- Caseloads—Children and Adult Services
- Transitional Age Youth (TAY) Programs
- Assisted Outpatient Treatment
- LPS Conservatorships
- Board and Care/IMD/Secure Placements
- Staffing
- Adult Outpatient Services
- Psychiatric Emergency Services (PES)
- Crisis Intervention Team (CIT)
- Psychiatric Health Facility (PHF)
- Mental Health Services Act (MHSA)
- Behavioral Health Court (BHC)
- AB 109—Community Corrections Center
- Mental Health Clients in Jail
- Patients' Rights
- Quality Improvements/Utilization Review
- Grievances/Appeals/Hearings
- Permanent Housing
- Crisis Services
- Psychiatric Emergency Response Team (PERT)
- Restoration of Competency (ROCS)
- Alcohol and Drug Program (ADP)
- Substance Use Disorder (SUD)
- Children's Services

Unfinished Business

There are several beneficial mental health programs and initiatives that have been approved by the Board of Supervisors that have not reached final development and completion.

- The Stepping Up Initiative which was approved by the Board of Supervisors on January 5, 2016, two years five months ago. Yet very little progress has been made in creating a program that implements the initiative's intent: "Stepping Up" to reduce the number of adults with mental illness in jails.

- The concept of moving forward with the exploration of establishing a Mental Health Rehabilitation Center in El Dorado County was approved by the Board of Supervisors on January 4, 2016. The Health and Human Services Agency and the Mental Health Commission have been evaluating locations for this much-needed facility. A suitable location has been hard to find. Discussions regarding repurposing an unused half of the El Dorado County Placerville Juvenile Hall for a Mental Health Rehabilitation Center have taken place, and the possibility of proceeding with this concept in 2018. The Board of Supervisors support regarding the Juvenile Hall proposal would be welcomed and hopefully move the concept forward toward realization.

- On May 24, 2017, the concept of developing a Community Wellness Center was initiated with the allocation of Mental Health Services Act funds for the development of a location. On December 5, 2017, the Board of Supervisors supported negotiations for a location of the Center. Although the particular property was eliminated, the search for a location continues and the concept of the development of a Community Wellness Center should continue and be supported in 2018.

Looking Ahead

1. Complete the Mental Health Commission Bylaws revisions and name change with an adoption of a Resolution by the Board of Supervisors enacting the updated Bylaws.
2. Continue to request, review and evaluate Behavioral Health Division program outcome measures.
3. Review, discuss, and evaluate fund balances in both the Mental Health Service Act Fiscal Plan and Behavioral Health Division budget.
4. Advocate for Children and Adult Behavioral Health Services.
5. Continue to support the creation of a Community Wellness Center.
6. Continue to advocate for a Mental Health Rehabilitation Center.
7. Support the implementation of the Stepping Up Initiative programmatically in 2018.

Final Thoughts:

In 2017, the Commission was involved in reviewing, evaluating and learning about progress and activities in the many programs the Behavioral Health Department (BHD) provides. Informative presentation, the BHD Monthly Report and the interaction between the BHD and the commission enable the Mental Health Commission to make knowledgeable, informed reports and recommendations to the Board of Supervisors.

2018 should be a year that sees the completion of a number of excellent programs and initiatives that the Board of Supervisors has given their support to such as the Stepping Up Initiative, and Mental Health Rehabilitation Center and Community Wellness Center.

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2016 Annual Report

ADMISSION STATISTICS			
Measurement	**2016**	**2015** (opening on 1/20/15)	**2014**
Total Bed Day Capacity (16-bed unit)	5856	5,536 in 2015	5,840 annually
Total Bed Days Occupied	3176 (54%)	2,865 (52%)	4,157 (71%)
Bed Days Occupied by (EDC) Clients	1912 (60%)	1,948 (68%)	3,476 (84%)
Bed Days Occupied by Other County Clients	1264 (40%)	917 (32%)	681 (16%)
Average Daily Census	8.67 (see sample graph)	8.3	11.4
Total Unique # of EDC Clients Served	232	174	275
Total Unique # of Clients from Other Counties Served	177	131	102
Average Length of Stay (days)	8.07	8.3	8.8
# of Clients That Were Declined Admission (EDC)	31	18	Unknown
Reason Admission Was Declined (EDC Medi-Cal or EDC Placement Only)	15 Medical Issues, 7 Primary diagnosis of SA, 6 No beds available, 1 Under age of 18, 2 Other	1. Medical issues that cannot be managed within a psychiatric-only facility; 2. Primary diagnosis of substance abuse; 3. Primary insurance was other than Medi-Cal; 4. Male/female beds full.	Unknown

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2016 Annual Report

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<tr><th colspan="4">ADMISSION STATISTICS</th></tr>
<tr><th>Measurement</th><th>2016</th><th>2015
(opening on 1/20/15)</th><th>2014</th></tr>
<tr><td>Average Time to Accept Patient
(time from receipt of referrals packet through acceptance of patient)
Goal is less than 2 hours</td><td>June –July:
24% < 2 hours
July- Aug:
52% < 2 hours
Aug- Sept:
50% < 2 hours
Sept:
67% < 2 hours
Oct:
76 % < 2 hours</td><td>Varies. As of January 2016, protocol has been implemented to ensure admit or decline decision is made and communicated within two hours of receipt of referral packet. Improvements include increased doctor-to-doctor and nurse-to-nurse consultations, increased communication with the Emergency Departments and Crisis Staff, and expanded Social Worker hours. Marshall Hospital ED staff recognized improvement in placement time in the last couple of weeks.</td><td>Unknown</td></tr>
<tr><td>Discharge Placement Information from Monthly Reports (EDC only)</td><td>
<table>
<tr><th></th><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr>
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<tr><td>ER</td><td></td><td>1</td><td></td><td></td></tr>
<tr><td>MHRC</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Shelter</td><td></td><td>1</td><td></td><td></td></tr>
<tr><td>Jail</td><td>1</td><td>1</td><td></td><td></td></tr>
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B&C - 5
ARF - 4
T-House - 5
ER – 4
MHRC - 4
Shelter - 11
Jail - 2
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ARF - 26
T-House - 14
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Shelter - 26
Jail - 5
Other - 21
SNF - 2</td></tr>
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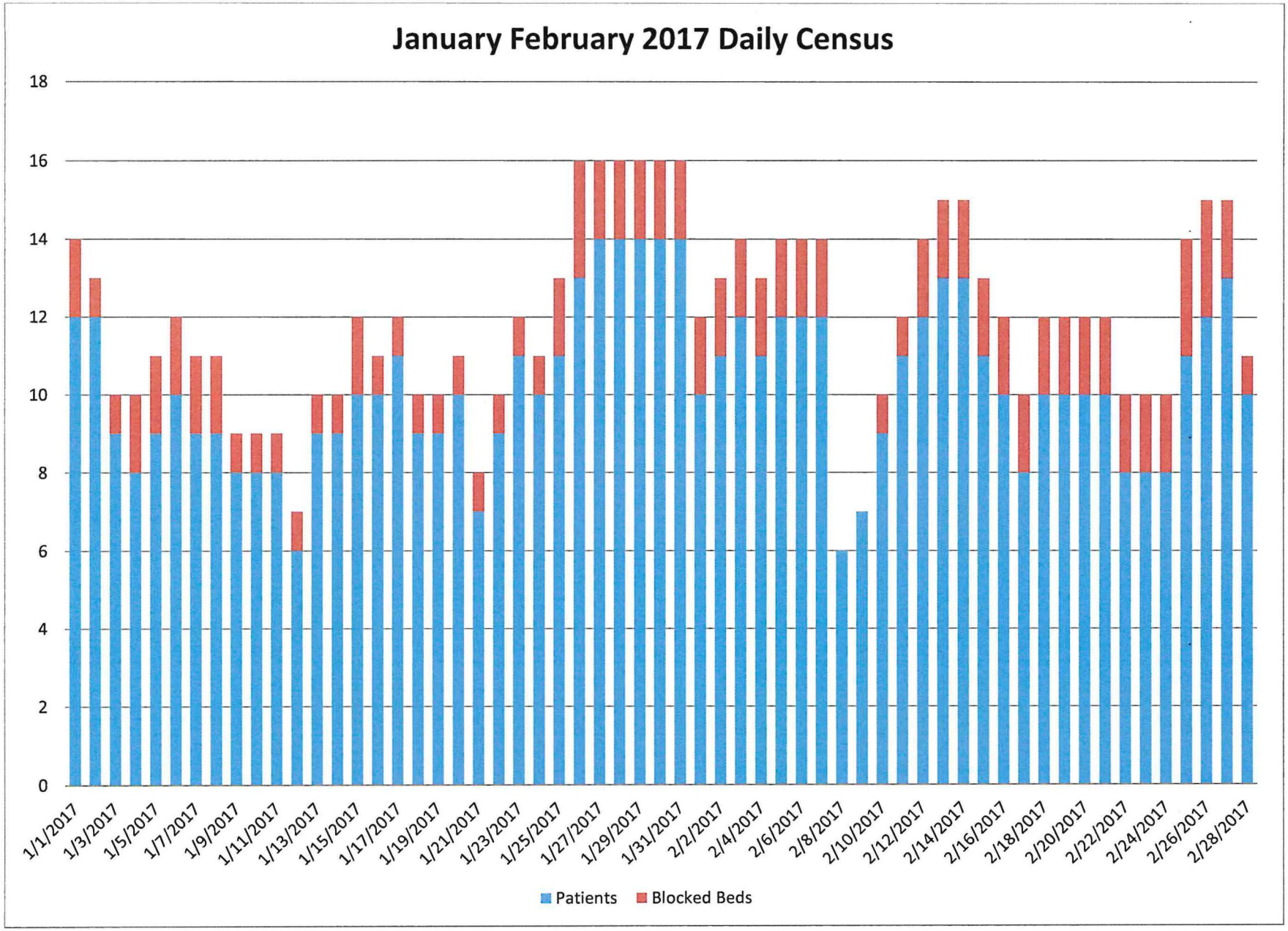
TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2016 Annual Report

QUALITY STATISTICS			
Measurement	**2016**	**2015**	**2014** April - December Only
Seclusion Episodes	11	21 • 18 of 21 seclusions were LPS client(s) (86%)	47
Mechanical vs. Physical Restraints	0 mechanical 4 physical restraints	0 mechanical restraint 1 physical restraint (LPS client)	Data Not Available
Assaults	24 6 patient to patient 18 patient to staff	22 • 14 assaults were patient-to-staff (64%) • 8 assaults were patient-to-patient (36%) • 20 of 22 assaults originated from LPS client(s) (91%)	Data Not Available
Elopements	1	0	1
Re-Hospitalization Within 7 Days of Discharge Re-Hospitalization Within 30 Days of Discharge	24 clients 21 clients	8 EDC clients and 2 from Other Counties 10 EDC clients and 1 from Other County	12 EDC clients and 2 from Other Counties 34 EDC and from 1 Other County
Medication Errors	29	6	Data Not Available
Grievances	3 • Client transfer to other PHF • Client denied razor • Client not provided xanax	1 • Boundaries Issue • Outcome: Staff Termination	14 • Quality of Care • Staff Interactions • Facility Issues • Medication Services • Doctor Appointments • Food Quality
Outcome of Consumer/Family Satisfaction Surveys (Upon Discharge)	No trends to report High satisfaction rate See attached report	Surveys show high satisfaction for 2015. No trends to report.	Data Not Available

Data collated from Continuous Quality Improvement Report, Monthly Telecare Report and Report on packet response time, grievance report. Rev. 03/22/17 AG


January February 2017 Daily Census
18
16
14
12
10
8
6
4
2
0
1/1/2017
1/3/2017
1/5/2017
1/7/2017
1/9/2017
1/11/2017
1/13/2017
1/15/2017
1/17/2017
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1/23/2017
1/25/2017
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2/20/2017
2/22/2017
2/24/2017
2/26/2017
2/28/2017
Patients
Blocked Beds

EL DORADO PHF

MHSIP SATISFACTION SURVEY

JANUARY 2016 — DECEMBER 2016

MEMBER SATISFACTION (MHSIP RESULTS)			
SURVEY COMPLETION RATE	Agree/ Strongly Agree	Neutral	Disagree/ Strongly Disagree
# COMPLETED			
238			
Recovery Oriented Questions			
Staff and I worked together to plan my treatment	88%	9%	3%
I felt comfortable asking questions about my treatment and medications	91%	7%	2%
Staff told me what side effects to watch for	78%	12%	10%
Staff believed that I could grow, change and recover	90%	8%	2%
I felt safe to raise questions or complain	85%	8%	7%
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Staff were willing to help as often as I felt it was necessary	92%	6%	2%
I, not staff, decided my treatment goals	75%	17%	8%
I was able to get all the services I thought I needed	85%	10%	5%
Member Reports Improved Functioning			
As a result of services I received:			
I am getting along better with my family	77%	19%	4%
I do better in social situations	77%	18%	5%
I am better able to deal with crisis	83%	13%	4%
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Member Satisfaction with Services			
I liked the services I received here	86%	11%	3%
Given other choices, I would still choose to get services from this agency	76%	18%	6%
I would recommend this program to a friend or family	84%	9%	7%

El Dorado County

Mental Health Commission Visit to the

Psychiatric Health Facility

October 20, 2017

Note: The El Dorado County Psychiatric Health Facility (PHF) is operated under contract by Telecare Corporation. All information contained in this report was obtained from a group interview of the PHF administrative and clinical staff which, included a psychiatrist/physician, social worker (2), registered nurse, and administrator. Staff indicated that they have a rehabilitation therapist, and a certified drug and alcohol counselor working on a volunteer basis conducting groups on the PHF. The clinical director is their full-time psychiatrist on site.

Observations: Copies of Telecare's Admission Process Policy, Admission and Exclusionary Criteria Policy, Physician's Discharge Order and After Care Form, After Care Plan, and Typical Therapeutic Group Schedule were provided for review. There is an informational brochure available to clients/families at the PHF.

Despite its drab, run-down exterior, the interior of the unit is clean, well-organized and free of clutter. The interior is well lit with overhead fluorescent fixtures. The background noise level is minimal. There is a large enclosed outdoor patio for patient exercise. Meals are prepared on site.

Initial steps in the intake process are an assessment prepared by county crisis worker (Mental Health Clinician I) at Marshall Hospital/Barton Hospital Emergency Room, where candidates are first medically cleared prior to being referred to the PHF on a 5150 hold (72 hr. involuntary hold) . The crisis worker's presenting diagnosis has considerable clinical weight in determining whether that candidate is admitted.

Staff acknowledged the difficulties discerning whether psychotic behavior has been caused by substance abuse or an underlying psychotic disorder. They therefore rely on blood levels to make that determination. Staff also indicated that when they reject a candidate on medical grounds, they are willing to reconsider admission once the medical issue is resolved. Clients with a co-occurring disorder or alcohol issue whose primary diagnosis is mental illness can be accepted to the PHF for a 5150 hold, but held at the ER until medically cleared and/or stabilized.

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Staff indicated that there have been few admission denials due to empty beds being "blocked" due to patient incompatibility.

Discharge planning begins at the intake process. (See attached Social Work Checklist). Prior to the expiration of a 5150 (72 hr. hold), a client can agree to stay voluntarily in the PHF rather than being placed on a 5250 (14 day hold). Clients' average length of stay is seven days.

There are daily treatment team meetings to discuss the progress of each client. Different groups are held throughout the day with such topics as coping skills, anxiety skills, crisis survival skills, mood regulation and music therapy. Attendance is not mandatory, but encouraged. (See attached Typical Therapeutic Group Schedule).

The PHF retains the services of an outside pharmacy consultant to conduct monthly audits of their pharmaceutical delivery system.

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Staff and the Administrator indicated that they were not aware of the County's Assisted Outpatient Treatment Program (AOT) and its possible role in discharge planning and as a possible referral source for after care services.

Recommendations:

1. A procedure be implemented so that once a consumer of county Mental Health services is identified as being considered for, or admitted to the PHF, that the entire Avatar file be made available to PHF staff.

2. The PHF staff be fully apprised of the AOT program, its admitting criteria and resources, as soon as possible.
3. The County Behavioral Health Historical Information Form should be used at the PHF when doing intake, diagnosis, and development of a treatment plan.
4. There should be a Family Member Satisfaction Survey Form, in addition to the Client Satisfaction Survey Form.
5. Greater education of family members should be included to inform them of what to expect while the client is in the PHF and what to expect upon discharge in dealing with their family member.

Overall Impression: After spending two hours interviewing the administrative and clinical staff, we came away with a positive impression. The staff are very committed and dedicated to providing critical mental health services to the most needy patients with limited resources.

TELECARE
50 YEARS
1965-2015
RESPECT
RECOVERY
RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Total Bed Day Capacity (16-bed unit)	5856	5856	5536 Due to opening 1/20/15
Total Bed Days Occupied	3813 (65%)	3176 (54%)	2865 (52%)
Bed Days Occupied by (EDC) Clients	2603 (68%)	1912 (60%)	1,948 (68%)
Bed Days Occupied by Other County Clients	1210 (32%)	1264 (40%)	917 (32%)
Average Daily Census	10.1	8.67	8.3
Total Unique # of EDC Clients Served	227	232	174
Total Unique # of Clients from Other Counties Served	124	177	131
Average Length of Stay (days)	6.9	7	8.3
# of Clients That Were Declined Admission (EDC)	44 declined (10%) 386 accepted (90%)	31	18
Number of clients with dual diagnosis	184 (48%) *Please note that 70% clients were positive for alcohol and/or drugs upon admission		

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Reason Admission Was Declined (EDC Medi-Cal or EDC Placement Only)	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse, dementia, developmental disability (against Title 22 Regulations to admit) Primary insurance was other than Medi-Cal Male/female beds full Under age of 18 Non-Ambulatory (against Title 22 Regulations to admit) *Please note we had cases that were withdrawn (discharged from hospital, transferred to another facilty, etc.)	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse (against Title 22 Regulations to admit) Male/female beds full Under age of 18	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse (against Title 22 Regulations to admit) Primary insurance was other than Medi-Cal Male/female beds full

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Average Time to Accept Patient **(time from receipt of referral packet through acceptance of patient. Goal being under 2 hours.)**	January – March 64% under 2 hours April – June 62% under 2 hours July – September 68% under 2 hours October – December 69% under 2 hours	June –July: 24% < 2 hours July- Aug: 52% < 2 hours Aug- Sept: 50% < 2 hours Sept: 67% < 2 hours Oct: 76 % < 2 hours	Varies. As of January 2016, protocol has been implemented to ensure admit or decline decision is made and communicated within two hours of receipt of referral packet. Improvements include increased doctor-to-doctor and nurse-to-nurse consultations, increased communication with the Emergency Departments and Crisis Staff, and expanded Social Worker hours. Marshall Hospital ED staff recognized improvement in placement time in the last couple of weeks.

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Discharge Placement **Information from Monthly Reports (EDC only)**	Home 216 B&C 6 ARF 0 T-House 12 ER 2 MHRC 1 Shelter 15 Jail 0 IMD 1 Other 17	Home 201 B&C 0 ARF 0 T-House 5 ER 1 MHRC 0 Shelter 1 Jail 2 IMD 0 Other 13	Home 199 B&C 5 ARF 4 T-House 5 ER 4 MHRC 4 Shelter 11 Jail 2 IMD 0 Other 21

TELECARE
50 YEARS
1965-2015
RESPECT
RECOVERY
RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Seclusion Episodes	22 (15 from one client)	11	21
Mechanical vs. Physical Restraints	1 Mechanical 1 Physical	0 Mechanical 4 Physical	0 Mechanical 1 Physical
Assaults	7 4 assaults were patient-to-staff 3 assaults were patient-to-patient	24 6 assaults were patient-to-staff 18 assaults were patient-to-patient	22 14 assaults were patient-to-staff 8 assaults were patient-to-patient
Elopements	2	1	0
Re-Hospitalization Within 7 Days of Discharge	13 clients	24 clients	8 clients
Re-Hospitalization Within 30 Days of Discharge	8 clients	21 clients	21 clients
Medication Errors	20	29	6
Grievances	5 Facility served meat and client felt this was inhumane, client filed several grievances against staff members possibly related to symptoms of paranoia.	3 Being denied a razor due to safety concern, grievance around not being prescribed Xanax and a client wanting to transfer to another facility.	1 Boundary issues resulting in staff termination.
Outcome of Consumer/Family Satisfaction Surveys (Upon Discharge)		No trends to report, high satisfaction rate	No trends to report, high satisfaction rate

Data collated from Continuous Quality Improvement Report, Monthly Telecare Report, Reports from AVATAR, Report on packet response time, and Grievance report. In some cases, data has been averaged/estimated. Rev. 03/15/2018 AG / CT

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2016 Annual Report

ADMISSION STATISTICS			
Measurement	**2016**	**2015** (opening on 1/20/15)	**2014**
Total Bed Day Capacity (16-bed unit)	5856	5,536 in 2015	5,840 annually
Total Bed Days Occupied	3176 (54%)	2,865 (52%)	4,157 (71%)
Bed Days Occupied by (EDC) Clients	1912 (60%)	1,948 (68%)	3,476 (84%)
Bed Days Occupied by Other County Clients	1264 (40%)	917 (32%)	681 (16%)
Average Daily Census	8.67 (see sample graph)	8.3	11.4
Total Unique # of EDC Clients Served	232	174	275
Total Unique # of Clients from Other Counties Served	177	131	102
Average Length of Stay (days)	8.07	8.3	8.8
# of Clients That Were Declined Admission (EDC)	31	18	Unknown
Reason Admission Was Declined (EDC Medi-Cal or EDC Placement Only)	15 Medical Issues, 7 Primary diagnosis of SA, 6 No beds available, 1 Under age of 18, 2 Other	1. Medical issues that cannot be managed within a psychiatric-only facility; 2. Primary diagnosis of substance abuse; 3. Primary insurance was other than Medi-Cal; 4. Male/female beds full.	Unknown

TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2016 Annual Report

<table>
<tr><th colspan="4">ADMISSION STATISTICS</th></tr>
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<table>
<tr><th></th><th>Qtr. 1</th><th>Qtr. 2</th><th>Qtr. 3</th><th>Qtr. 4</th></tr>
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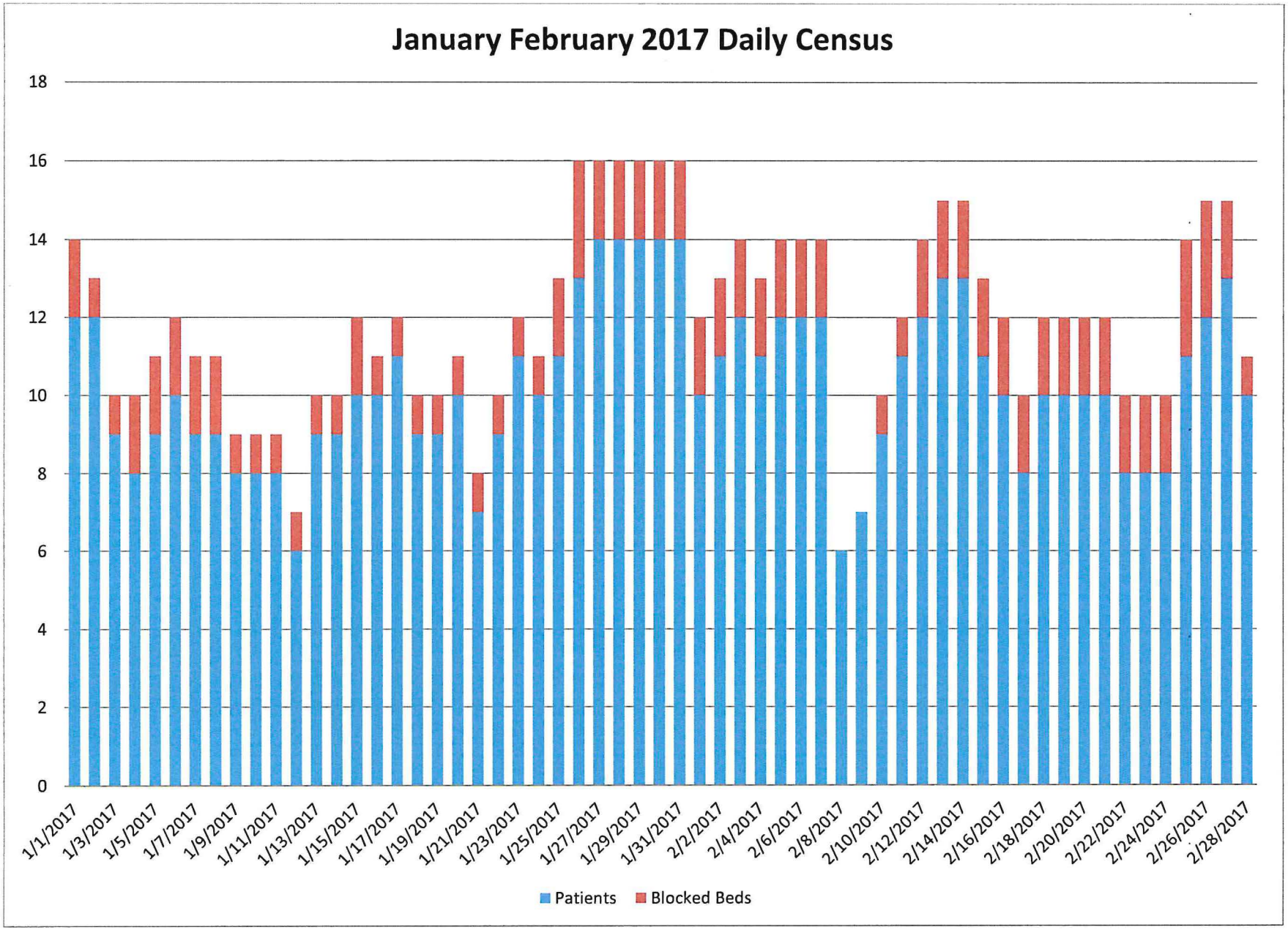
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EL DORADO PHF

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JANUARY 2016 — DECEMBER 2016

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TELECARE 50 YEARS 1965-2015 RESPECT RECOVERY RESULTS

Telecare Corporation, Inc.
El Dorado County (EDC) Psychiatric Health Facility
2017 Annual Report

Measurement	2017	2016	2015
Reason Admission Was Declined (EDC Medi-Cal or EDC Placement Only)	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse, dementia, developmental disability (against Title 22 Regulations to admit) Primary insurance was other than Medi-Cal Male/female beds full Under age of 18 Non-Ambulatory (against Title 22 Regulations to admit) *Please note we had cases that were withdrawn (discharged from hospital, transferred to another facilty, etc.)	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse (against Title 22 Regulations to admit) Male/female beds full Under age of 18	Medical issues that cannot be managed within a psychiatric-only facility Primary diagnosis of substance abuse (against Title 22 Regulations to admit) Primary insurance was other than Medi-Cal Male/female beds full

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Average Time to Accept Patient **(time from receipt of referral packet through acceptance of patient. Goal being under 2 hours.)**	January – March 64% under 2 hours April – June 62% under 2 hours July – September 68% under 2 hours October – December 69% under 2 hours	June –July: 24% < 2 hours July- Aug: 52% < 2 hours Aug- Sept: 50% < 2 hours Sept: 67% < 2 hours Oct: 76 % < 2 hours	Varies. As of January 2016, protocol has been implemented to ensure admit or decline decision is made and communicated within two hours of receipt of referral packet. Improvements include increased doctor-to-doctor and nurse-to-nurse consultations, increased communication with the Emergency Departments and Crisis Staff, and expanded Social Worker hours. Marshall Hospital ED staff recognized improvement in placement time in the last couple of weeks.

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Discharge Placement **Information from Monthly Reports (EDC only)**	Home 216 B&C 6 ARF 0 T-House 12 ER 2 MHRC 1 Shelter 15 Jail 0 IMD 1 Other 17	Home 201 B&C 0 ARF 0 T-House 5 ER 1 MHRC 0 Shelter 1 Jail 2 IMD 0 Other 13	Home 199 B&C 5 ARF 4 T-House 5 ER 4 MHRC 4 Shelter 11 Jail 2 IMD 0 Other 21

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Seclusion Episodes	22 (15 from one client)	11	21
Mechanical vs. Physical Restraints	1 Mechanical 1 Physical	0 Mechanical 4 Physical	0 Mechanical 1 Physical
Assaults	7 4 assaults were patient-to-staff 3 assaults were patient-to-patient	24 6 assaults were patient-to-staff 18 assaults were patient-to-patient	22 14 assaults were patient-to-staff 8 assaults were patient-to-patient
Elopements	2	1	0
Re-Hospitalization Within 7 Days of Discharge **Re-Hospitalization Within 30 Days of Discharge**	13 clients 8 clients	24 clients 21 clients	8 clients 21 clients
Medication Errors	20	29	6
Grievances	5 Facility served meat and client felt this was inhumane, client filed several grievances against staff members possibly related to symptoms of paranoia.	3 Being denied a razor due to safety concern, grievance around not being prescribed Xanax and a client wanting to transfer to another facility.	1 Boundary issues resulting in staff termination.
Outcome of Consumer/Family Satisfaction Surveys (Upon Discharge)		No trends to report, high satisfaction rate	No trends to report, high satisfaction rate

Data collated from Continuous Quality Improvement Report, Monthly Telecare Report, Reports from AVATAR, Report on packet response time, and Grievance report. In some cases, data has been averaged/estimated. Rev. 03/15/2018 AG / CT