

EL DORADO COUNTY
HEALTH AND HUMAN SERVICES
Behavioral Health System Analysis
Recommendations for Transformation

Recommendations for the Mental Health System

A. Recommendation to improve the Overall Mental Health System of Care



Recommendation #1: Infuse the Mission and Vision Statements and System Values throughout the EDCBH System of Care to provide a clear vision of health, wellness, and recovery

- ✓ *Addresses these challenges: Inconsistent management and staffing of the service delivery system; limited teamwork, communication, and collaboration across services and allied agencies*

Summary: Infusing the values of the mission and vision statements throughout EDCBH provides a foundation for creating and sustaining one cohesive system of care to deliver coordinated, timely, quality, and cost-effective services to EDC residents.

B. Recommendations to enhance the MH Access System



Recommendation #2: Develop a 24/7 Access Crisis Response Team to strengthen access to services for children and adults

- ✓ *Addresses these challenges: Unorganized crisis services, access to routine Children's SMHS and adult SMHS; high number of individuals receiving crisis services; delays in crisis response*

Summary: A 24/7 Access Crisis Response Team will create a welcoming, responsive, fluid, and flexible intake and crisis response system that provides information; conducts timely clinical assessments; determines level of care; links people to services in a timely manner; and ensures quality service that focus on wellness and recovery.



Recommendation #3: 24/7 Access Crisis Response Team triages all requests for children's mental health services and conducts a full clinical assessment to determine medical necessity; identify needed services; and link to appropriate providers

- ✓ *Addresses these challenges: Inefficient, complex access to routine children's SMHS; children only screened by EDCBH; no standardized method for referring to children to each organizational provider for SMHS; insufficient access to children/youth specialty mental health services; small number of children served; limited services in the schools and community; high number of children receiving crisis services.*

Summary: The Access Crisis Response Team will respond to all requests for children's mental health services; in a culturally-responsive manner and creating a welcoming, timely, responsive, fluid, and flexible intake system that provides information; conducts timely clinical assessments; determines level of care; ensures linkage to the appropriate level of care; systematically identifies of the appropriate organizational provider to meet the needs of each child, youth, and family/support persons; and monitors utilization and outcomes through the Quality Improvement and Utilization Review system.



Recommendation #4: 24/7 Access Crisis Response Team triages all requests for adult mental health services and conducts a full clinical assessment to determine medical necessity; identify needed services; and link to appropriate providers

- ✓ *Addresses these challenges: Insufficient access to routine adult specialty mental health services; small number of adults served; high number of adults receiving crisis, inpatient, and other intensive services*

Summary: The Access Crisis Response Team will respond to all requests for adult mental health services, creating a welcoming, responsive, fluid, and flexible intake system that provides information; conducts timely clinical assessments; determines the least restrictive level of services and; ensures linkage to the appropriate level of care for adults and their support persons; and monitors utilization and outcomes of services activities through the QI and UR system.



Recommendation #5: Strengthen the Crisis Response System to respond and assess all crisis situations in a timely manner

- ✓ *Addresses these challenges: Delays in crisis response; limited timely and coordinated response; unclear allied agency and provider roles and responsibilities in answering the crisis line; limited crisis services available across the county, including South Lake Tahoe*

Summary: Strengthening the crisis response system through clear partnerships with allied agencies will streamline access to all BH services across the county and ensure that crisis calls are answered immediately, responded to in a timely manner, are culturally-responsive, and managed appropriately by EDCBH, ED staff, law enforcement, and providers across the system. Crisis situations will be de-escalated in the community, whenever possible, and linked to outpatient services, when appropriate.



Recommendation #6: Identify one 24/7 Access Line number that is used county-wide to respond to all crisis calls, including calls from Dispatch

- ✓ *Addresses these challenges: Delays in crisis response; poor collaboration and communication across the access system; public's confusion regarding multiple phone numbers for accessing services; the after-hours crisis answering service responds to calls during business hours.*

Summary: The use of one 24/7 access line will reduce confusion for the public when they are in crisis and/or trying to request mental health and/or substance use disorder treatment services; and will increase timely response to crisis calls.



Recommendation #7: Coordinate an expedited benefit enrollment process within the Access Crisis Response Team

- ✓ *Addresses these challenges: Limited benefit enrollment activities; enrollment with Medi-Cal benefits is not consistently followed up to ensure completion and resolution of outstanding issues.*

Summary: An expedited Medi-Cal enrollment process will ensure that individuals are enrolled to receive needed health benefits, while increasing opportunities to increase revenue for EDCBH outpatient services through enhanced Medi-Cal billing and obtaining federal match dollars for services delivered.



Recommendation #8: Develop outreach activities and written informing materials in threshold languages and for culturally diverse populations

- ✓ *Addresses these challenges: Limited demonstration of cultural and linguistic competency across the system; few bilingual, bicultural staff available to deliver services in Spanish and/or provide interpreting for monolingual clients; limited outreach to specific underserved and unserved populations; limited written informing materials in threshold languages; limited information about available services and how to access needed services;*

Summary: The availability of bilingual, bicultural staff to provide immediate interpreting to individuals requesting services and to individuals receiving services is essential to the delivery of culturally proficient services. The development of brochures, outreach materials, and information on social media and the county website will provide information in both English and Spanish, to inform the public about accessing services and the types of services available. These materials are designed for different cultures; languages; and communities; including, but not limited to: Latinx; LGBTQ; children and families; TAY youth; older adults; veterans; caregiver/support persons; persons experiencing domestic violence; and suicide prevention activities.

C. Recommendations to improve MH Treatment and Continuity of Care



Recommendation #9: Enhance the Coordinated Children’s System of Care (CSOC) through a comprehensive service delivery system that utilizes funding across allied agencies to coordinate services, reduce duplication, and maximize federal dollars

- ✓ *Addresses these challenges: Fragmented children’s system of care; services funded by several different partner agencies with no shared data and/or limited ability to bill for Medi-Cal; unclear allied agency and provider roles and responsibilities; limited oversight and coordination across services and providers; duplicative services; unclear medical necessity criteria for specialized treatment programs for referring a child to each organizational provider.*

Summary: A coordinated CSOC will expand the availability of outpatient services through a systematic and timely access system, delivery of trauma-informed, culturally-responsive, evidenced-based services, measurement of outcomes over time, and maximize cost-effectiveness by blending funding to maximize the ability to obtain reimbursement from Medi-Cal, whenever possible.



Recommendation #10: Enhance the Adult System of Care (ASOC) model through a coordinated service delivery system that utilizes supportive services to promote individuals to live independently in the community, and maximize federal dollars

- ✓ *Addresses these challenges: Fragmented adult system of care; unclear allied agency and provider roles and responsibilities; limited oversight and coordination; limited outpatient clinic services available in the community; duplicative services; limited integrated services for dual-diagnosis clients; referral issues; limited community-based peer run services; respite; supported housing; housing options; and Board and Care resources.*

Summary: A coordinated ASOC will expand the availability of outpatient services; reduce or prevent crises; and support individuals discharged from higher levels of care to receive the services and support needed from EDCBH and other providers to successfully live in the community. This includes the implementation of culturally-responsive, trauma-informed services, for persons with SMI and includes those with co-occurring mental health and substance use disorders.



Recommendation #11: Expand the Intensive Case Management (ICM) Services program

- ✓ *Addresses these challenges: Strong ICM team but larger outpatient services system is fragmented; few outpatient services for the majority of adult outpatient clients; high number of persons in crisis each year; limited timely and systematic care coordination for clients following discharge from inpatient services, and other intensive services; and limited additional resources in the community including supportive housing to support people to have a stable living situation in the community.*

Summary: Expand the ICM team to include a multi-disciplinary team to expand services to serve more people, including supporting individuals who are currently receiving intensive inpatient or IMD services and prepare them for discharge.



Recommendation #12: Create a comprehensive, structured admission and discharge process across all components of intensive services

- ✓ *Addresses these challenges: Insufficient oversight of intensive/inpatient services; high utilization of crisis and inpatient services; high number of admin days in PHF while waiting for community placement; high number of Conservatorships; limited planned and responsive services to engage and support adults discharged from higher levels of care; limited systematic*

response to persons discharged from intensive services to ensure successful linkage to the community; limited ongoing case management to support individuals and remain living in the community.

Summary: A comprehensive admission and discharge process will reduce utilization of crisis and higher levels of intensive service. As the continuum of outpatient services is strengthened, the need for crisis and intensive services is reduced. This approach includes utilizing a structured quality improvement and utilization review process, that continually reviews data on admissions; length of stay; discharges; and recidivism to crisis and intensive services on a monthly basis to inform practices and continually improve outpatient services to help reduce crises and intensive services.



Recommendation #13: Expand the housing continuum of care by contracting for additional Board and Care homes, Residential Treatment programs, and a Peer-Run Respite Center; and provide supported housing services in the community

- ✓ *Addresses these challenges: High utilization of inpatient services; high number of administrative days in PHF while waiting for community placement; limited systematic response to persons discharged from intensive services to ensure successful linkage to the community*

Summary: Expanding available resources to include Board and Care homes; Residential Treatment; Peer-Run Respite Centers; a supported housing program; and identify affordable, independent living situations, will help individuals receive the support needed to remain living in the community.



Recommendation #14: Strengthen treatment strategies through evidence-based practices, training, supervision, and ongoing feedback

- ✓ *Addresses these challenges: Inconsistent use of evidenced-based treatment models across system; limited data on individual outcomes*

Summary: Strengthen treatment by identifying innovative, evidence-based practices and provide training, supervision, and ongoing feedback to integrate these new skills throughout the SOC. Identify key outcome instruments for measuring symptoms and behaviors over time, at admission, periodically, and at discharge. Analyze outcome data to measure the effectiveness of treatment programs.



Recommendation #15: Offer training and certification to individuals to enable them to be employed as Wellness Navigators within the BH system of care

- ✓ *Addresses these challenges: Limited employment of persons with lived experience and/or families working as Wellness Navigators within the service delivery system*

Summary: The development of a formal training and certification process for enabling individuals with lived experience and family/support persons to be employed as Wellness Navigator.



Recommendation #16: Hire Wellness Navigators as staff within the BH system

- ✓ *Addresses these challenges: Limited involvement and employment of persons with lived experience and/or families in the service delivery system*

Summary: Hiring persons with lived experience strengthens access, quality, and outcomes through a focus on wellness and recovery; improves communication between individuals, their families/support persons, and providers; enhances continuity of care with individuals and family/support persons; and helps employ persons who are bilingual and bicultural to deliver culturally-responsive services.



Recommendation #17: Expand availability of bicultural/bilingual staff and providers; and support them to deliver culturally-responsive services that reflect the diverse client populations of EDC

- ✓ *Addresses these challenges: Limited demonstration of cultural and linguistic responsiveness across the system; the Cultural Competency Plan has not been updated for several years; there are very few staff who are bilingual and/or bicultural; staff do not routinely attend training on cultural humility, implicit bias, utilizing interpreters, and cultural responsiveness to different populations*

Summary: Develop a culturally- and linguistically-responsive system of care that includes an updated Cultural Humility Plan; hire staff who are bilingual, bicultural; provide ongoing training to staff and providers to deliver culturally-responsive services; and review data for continually expanding access for services for different cultural groups.



Recommendation #18: Create wellness- and recovery-focused, culturally-responsive services in a welcoming environment

- ✓ *Addresses these challenges: Outpatient clinics are not welcoming; limited demonstration of cultural and linguistic competency across the system; services not routinely focused on wellness and recovery*

Summary: Creating a culturally inviting front entry with easy-to-read signage; having culturally relevant art on the walls; and assigning friendly staff to greet each person on the phone, and when they walk in, in a respectful manner promotes a safe and open environment that helps welcome new clients into the building and encourages all individuals to continue to receive services (improve retention). In addition, all clinics have easy access for persons with a disability.



Recommendation #19: Develop a Peer Respite Program

- ✓ *Addresses these challenges: Limited involvement of clients and families in their service delivery system; limited services in the continuum of care service delivery system to treat people at the lowest level of care possible*

Summary: A Peer Respite Program, available 24/7, helps to de-escalate and prevent a crisis and/or support a person being discharged from inpatient and/or IMDs to stabilize their symptoms when they return to the community.



Recommendation #20: Implement a program that facilitates communication between clients and psychiatrists

- ✓ *Addresses these challenges: Limited and/or unclear communication between clients and psychiatrists; limited involvement of clients and families in their service delivery system; clients do not routinely sign informed consents regarding side effects of medications*

Summary: The development of a systematic way to support clients in communicating problems, successes, and side-effects to treatment with their psychiatrist and other staff will facilitate open communication, improve treatment, and enhance outcomes.



Recommendation #21: Establish a process for providing psychiatric consultation to Managed Care and community physicians and psychiatrists to coordinate mental health care in the community

- ✓ *Addresses these challenges: Limited effective and efficient referral processes for children and adults.*

Summary: A collaborative system provides support to the Managed Care Plan (MCP) and local physicians and psychiatrists to serve persons with mild and moderate mental health issues, as well as supports them to treat more complex individuals who have a history of using psychiatric medications, by providing consultations with EDCBH psychiatrists.

D. Recommendations to enhance the MH Quality Improvement Program



Recommendation #22: Develop a comprehensive and continuous Quality Improvement program to authorize, monitor, and evaluate the BH system

- ✓ *Addresses these challenges: Insufficient quality management system, including monitoring of services and providers through a systematic utilization review and authorization process; insufficient outpatient service authorization and utilization review processes; insufficient inpatient and other intensive service authorization and utilization review process; limited timely data at the quality improvement committee(s); limited demonstration of cultural and linguistic responsiveness across the system; insufficient monitoring of fiscal expenditures and monitoring cost-effectiveness of services; QI Program's role and functions in the system are unclear; two separate, siloed QI departments that could be more effective with increased collaboration and communication; limited policies and procedures that are developed and/or reviewed by the QIC; no structure to obtain feedback from providers, clients, and family/support persons in QI program; need to restructure QI to implement continuous quality improvement process and utilize data to guide the implementation of system reform, across all programs.*

Summary: EDCBH will expand and implement a comprehensive, data driven Quality Improvement (QI) Program to successfully implement strategies and achieve quality and accountability to ensure every person has access to quality and cost-effective care. The goal of the QI Program is to improve access to and delivery of both mental health and substance use disorder (SUD) services, while assuring that services are community based; individual and family/support persons directed; age appropriate; culturally responsive; trauma-informed; evidence-based; cost-effective; and outcome focused.

Recommendations for the Substance Use Disorder System

A. Recommendation to improve the Overall SUD System of Care



Recommendation #23: Infuse the Mission and Vision Statements and System Values throughout the EDC BH SUD System of Care to provide a clear mission and vision of health, wellness, and recovery

- ✓ *Addresses these challenges: Inconsistent management and staffing of the service delivery system; limited team work, communication, and collaboration across services and with partner agencies.*

Summary: Infusing the values of the mission and vision statements throughout EDC provides the foundation for creating and sustaining one cohesive system of care to delivery coordinated, timely, quality, and cost-effective services to the citizens of EDC.

B. Recommendations to enhance the SUD Access System



Recommendation #24: Enhance SUD access and assessment processes, including service coordination with law enforcement, other county agencies, and partner agencies

- ✓ *Addresses these challenges: Limited staff who are trained to conduct SUD level of care assessments; limited number of staff who are designated to conduct co-occurring assessments; limited array of SUD services; limited coordination between county agencies and partner agencies*

Summary: Utilize the 24/7 Access Crisis Response Team to create a welcoming, responsive, fluid, and flexible intake system that provides information; conducts timely SUD level of care assessments; determines level of care; links people to appropriate levels of care in a timely manner; collects outcomes; and monitors activities through data and decision support tools.

C. Recommendations to improve SUD Treatment and Continuity of Care



Recommendation #25: Strengthen the SUD system through the delivery of evidence-based assessments and services; and train staff, providers, and partner agencies to deliver quality and collaborative services in the community

- ✓ *Addresses these challenges: Limited number of effective treatment modalities for SUDs; limited effective treatment options for specific individual*

populations, including co-occurring; limited methods to engage and retain individuals in treatment and systematically use evidence-based treatment models to demonstrate positive outcomes

Summary: Implementing Evidence-Based Practices (EBPs) that are effective for treating SUDs will improve services, help to retain clients, and improve client outcomes, including for persons with co-occurring disorders. Continually training staff, providers, and partner agencies to utilize the selected EBPs; collect outcomes over time, and reviewing data is essential for achieving these goals.



Recommendation #26: Expand the SUD service system and provider network

- ✓ *Addresses these challenges: Limited SUD services in the community; limited SUD services in the Tahoe area; utilize in-county certified Medication Assisted Treatment (MAT) providers, whenever possible*

Summary: Expanding the SUD service system and provider network includes collaborating with partner agencies, enhancing provider networks, and identifying additional providers who are trained and certified to deliver the full array of DMC-ODS services. Contracting with regional providers will support EDCBH to offer the full array of SUD services to meet the needs of individuals and support them to successfully recover and achieve positive outcomes. This array will include, but not limited to, staff utilizing the existing MAT services available in the community, as well as supporting providers to expand services to include MAT for youth ages 15-25 and expanding the provider network to include methadone/NTP services.



Recommendation #27: Expand SUD outreach activities and written informing materials in threshold languages and for target populations

- ✓ *Addresses these challenges: Limited outreach to the community; limited written informing materials in threshold languages (English; Spanish) that are distributed throughout the county; limited information about available services and how to access services*

Summary: The development of brochures; outreach materials; information on social media; and the county website will provide information in both English and Spanish, to inform the public about the one (1) 24/7 Access Line and describe the types of SUD services available and how to access them. These materials are designed for different cultures; groups; languages; and communities.

D. Recommendations to enhance the SUD Quality Improvement Program



Recommendation #28: Expand the Quality Improvement activities within the SUD system; and integrate into the overall BH Quality Improvement Program

- ✓ *Addresses these challenges: Insufficient quality management system, including monitoring of services and providers through a systematic utilization review process; limited effective quality improvement committee; separate, siloed QI departments for MH and SUD are inefficient; limited data on individual demographics and outcomes*

Summary: EDCBH will expand and implement a Quality Improvement (QI) Program to successfully implement strategies and achieve quality and accountability to ensure every person has access to quality care. The goal of the QI Program is to improve access to and delivery of both mental health and substance use disorder (SUD) services, while assuring that services are community based; individual and family/support persons directed; age appropriate; culturally responsive; trauma-informed; evidence-based; cost-effective; and outcome focused.