Project Management Plan – System Improvement

To serve as basis for strategic planning and improvement in service delivery

Introduction

This document is intended to outline the challenges that are key indicators of Behavioral Health system performance, based upon review of historic data, the I.D.E.A. report of 2019 and follow up in 2022, and discussions with key staff. It is intended to serve as a steady reminder of goals, objectives and system direction – strategies for intervention may be identified. This naturally assumes that plans are much more complicated in reality than on paper, and that this is likely a multi-year venture that requires consistent monitoring and evaluation, with thoughtful change in approach throughout. The goals will serve to establish outcomes and help set direction, where short and long-term objectives will serve as targets for planning strategies and interventions. Understanding that implementation of activities requires a continuous quality improvement perspective to reach program goals, where ideas need to be briefly tested and examined for success or likelihood of success, identifying lessons reaped from unsuccessful efforts, followed by adapting strategies to stay on target toward the objectives. Additionally, activity may shed light on other areas warranting attention; this is a starting place. It will also require full systemic engagement and change management strategies to be successful along with transparent, two-way communication throughout. This document should be reviewed, edited, and updated at regular intervals with necessary input to be an appropriate reflection of the current state of these initiatives.

All ideas are intended to be strength based and focused on the positive outcomes desired and are invited for input by any party at any time. This presents a critical opportunity to improve the service delivery system and protect the fiscal and reputational health of the BH Division of our integrated Health and Human Services Agency. Ultimately, improving the overall health of our community.

Statement of Challenges

Significant staffing shortages, in part impacted by the COVID-19 pandemic and a statewide shortfall of Behavioral Health professionals, has resulted in systemic gaps throughout administrative, service delivery, and has had devastating impacts on the ability of the Division to respond proactively to a wide array of emerging community needs and State mandates. The number of filled clinician (LCSW, LMFT, ASW, and AMFT) positions within the Division that remained vacant the past three years has consistently hovered around 40%, with nearly a 25% vacancy rate in mental health rehabilitative specialists. This results in equivalent reductions in service capacity, as well as material reduction in the ability to meet projected and necessary Medi-Cal revenue generation – with additional impact stemming from declining revenue on resources for these critical needs.

Specific areas of impact stemming from the staffing shortages include limitations in community access to services, reduced ability of the Division to respond to behavioral health crises proactively, and delays in response to foundational changes to the State system for local government reimbursement and related contractual obligations for El Dorado County. Medi-Cal claims data provided by the EQRO show that clients served through the Behavioral Health Division demonstrate a lower rate of engagement (26% having only one service in 2022), lower adult medication utilization (with only 34% of adults using medication), and higher rates of crisis/Psychiatric Health Facility use (13%) than other Counties that have PHFs. This has resulted in a necessarily reactive stance to emerging psychiatric crises, and has critically damaged key relationships within the community – eroding trust and the ability to work on common areas of focus.

Finally, significant reliance upon IMD, acute inpatient, and state hospital beds has resulted in costs that cannot be sustained. In most circumstances (except for certain acute Medi-Cal inpatient hospitals and the El Dorado County Psychiatric Health Facility) these treatment episodes are fully funded by local dollars, at a significant cost to the County. By allocating those same dollars to an outpatient service, services can be billed to SDMC Medi-Cal and with substantial benefits to the clients. Alternatively, the

strategic use of long-term residential service, such as an Enhanced Board and Care, has far more economic sustainability (given that it is a fraction of the cost of acute psychiatric hospitalization or IMD placement). The limited quantity of outpatient service delivery misses the opportunity to generate the federal revenue to support services with non-local funds. Additionally, care plans focusing on a lower level of care are in alignment with the tenets of wellness and recovery which promote higher quality of life and ensure that clients are afforded every opportunity to live up to their highest level of potential.

By addressing these challenges, we have the opportunity to enrich the lives of many clients, including family relations, social contacts, work options, economic independence, educational advancement, and cultural enrichment. In the spirit of the Olmstead Act of 1999, whereby individuals must be served at the lowest level of care feasible, and the local government has the responsibility to offer those services, these enrichments can happen.

Priorities for the Behavioral Health System

Five overarching goals, with an interwoven theme of increasing systems thinking through creating a systemic application of resources, communication of priorities, and planful strategic initiatives followed by analysis and mid-course corrections/re-engineering form the foundation of this System Improvement Plan. These goals are interrelated, and some components necessarily require completion of steps in the prior goal areas:

1. Assertively Address Staffing Shortages: It is essential to ensure an adequate workforce to respond to emerging mandates of the revised County obligations to the Department of Health Care Services, including CalAIM, meeting the essential community needs which are the mandate of the Behavioral Health Division in El Dorado County, and demonstrate responsiveness to our community partners. It is not possible to modify the trajectory of the multiple areas of focus without an adequate workforce, and this is a core area of need which the Division will benefit from devoting resources and attention to in a coordinated way.

2. Increase Responsiveness to Community Needs: El Dorado County faces multiple community needs which are within the purview and scope of responsibility of the Behavioral Health Division, and a proactive approach to ensuring the Division is responsive to these areas of community concern is essential. Access to community members, mobile response to crisis needs, and focus on high-risk populations including individuals with justice system involvement or experiencing homelessness are essential starting points of focus for Division services and engagement.

3. Development of Continuing Quality Improvement and Utilization Review Capacity: The El Dorado County Behavioral Health Division will benefit from increased resourcing and efforts to review and support utilization review and monitoring of service delivery with a focus on high utilizers of care, step down efforts involving IMD/Acute care settings, and client satisfaction with services. A focus on Continuing Quality Improvement (CQI) is an essential, foundational building block to service excellence which will benefit the Division, the Agency, the County, and the broader El Dorado County community.

4. Focus on Service Delivery Integration: As a Division in an integrated Health and Human Services Agency, the Behavioral Health Division would benefit from an integrated model of service delivery, where ultimately, it will benefit the most vulnerable members of our community. By building on areas where success has historically occurred and strengthening internal and external relationships, we will be better positioned for leveraging and developing departmental resources which support the Division in critical areas of need such as privacy/compliance/contract support. Additionally, this removes geographic and institutional barriers to service access, when shared clients can access Behavioral Health services more readily and without the need to navigate disparate systems or sites. Lastly, it can eliminate potential

duplication of effort by both clients and staff, therefore reducing barriers to access by vulnerable populations shared across divisions.

5. IMD/Acute Hospital utilization and Fiscal Stewardship: As noted previously, the Behavioral Health Division has struggled for years with very high rates of IMD and Acute Hospital placement, which are at 100% County cost as they do not leverage State and Federal Medi-Cal dollars. It is essential these placements be decreased in frequency and reduced in duration, as they disproportionately impact resources available for core Division obligations and impact quality of life for the clients placed above the least restrictive environment they require for care. Fiscal sustainability drives this as a high priority, and additional focus on financial stewardship is essential in all areas of operation. Currently, the Behavioral Health Division is dependent on 1991 realignment transfers from other HHSA Divisions for operational continuity which is not sustainable.

Environmental Barriers/Contributors:

1. Vacant staffing positions – Timeline for creating positions, hiring, and onboarding new staff is a significant challenge for filling the high vacancy rates across the Behavioral Health Division. 23% of mental health workers and 40% of clinician positions have been vacant for an extended period, resulting in critical structural gaps. Statewide staffing shortages result in regional competition between County systems, and scarcity of critical experience in providing the specialized services required by County Behavioral Health systems.

2. Fewer network providers exist to provide outpatient services, outside of Children's services. Network providers are being lost to commercial health plans such as Kaiser and neighboring county behavioral health divisions that can pay higher salaries.
3. A disproportionate amount of funding is directed to the Children's system. Mental Health Services Act and other flexible funding is used at a greater rate than Medi-Cal funding, resulting in lost opportunities to leverage federal and state matching dollars to expand system capacity.

4. The system shows a several year history of a steadily increasing number of clients served in an inpatient setting, particularly with regard to IMD and Acute Hospitalization. It is unclear whether the increased rate of hospitalization results in better outcomes after discharge. At best it is a financial burden to the County; at worst it may be a poor consumer experience without corresponding outcome improvement. For the past two years, there has been a reduction in average length of stay for IMD settings which reverses the ongoing escalation prior to this period, it is essential that this be continued moving forward and that alternate placement opportunities be explored to build on this success. Between 2013 and 2023, adult acute psychiatric costs, IMD and residential service costs have increased 247%, outpacing inflationary indexes (which would run between 25-31% during the same period).

5. Due to workforce shortages, staff are dealing with larger caseloads. Low productivity suggests that staff morale is an issue, and their engagement needs to be an important consideration to any improvement effort.

6. Limited residential treatment resources result in slower discharge from IMD, with nowhere to discharge to, especially with needs to step down to an environment that can accommodate individuals whose condition is somewhat fragile. Further, FSP services are not as robust as in other counties, where services could be intensively "wrapped" around an individual during their transition from a locked setting.

7. FSP services are fairly thin in scale and capacity – more aligned with an intensive case management model by a clinician and a specialist. There are limited in terms of collaborative partnerships which can leverage resources and address the intended full-service scope of an FSP.

8. Quality improvement – there are very limited resources internally dedicated to quality improvement, and the majority of utilization review/CQI resourcing is through external contracted support. This limits the ability of the Division to integrate data informed decision making into programmatic systems, and slows response time related to service trends.

Environmental Strengths:

1. Wellness Center provides a centralized setting for consumer supported services, and is geographically centrally located in the Western Slope. Similar resources are provided in South Lake Tahoe at the Behavioral Health clinic.

2. A new local enhanced Board and Care facility has been constructed and affords the opportunity for consumers to receive services that meet their level of care needs within their community, closer to family and their support network.
3. A local PHF (sixteen beds) allows ease of access to engage consumers while inpatient. It is also an opportunity to influence the inpatient care and create a more seamless discharge plan. This also minimizes the inpatient experiences outside of the community.

4. There are a number of potential housing opportunities being explored for further development. The HHSA housing and homeless Division serves to support local housing needs for clients, as do MHSA funds.

5. Grant funding has been secured to expand crisis response, bridge housing for individuals with behavioral health needs, and robust infrastructure development.

6. Program managers and supervisors have many years of experience in the system and a deep understanding and connection to the local communities. Many have experience in other service areas within the community and can be useful in bridging the gaps in communication between service programs.

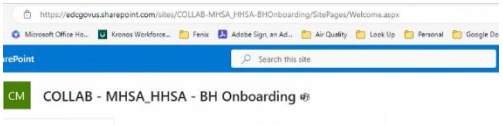
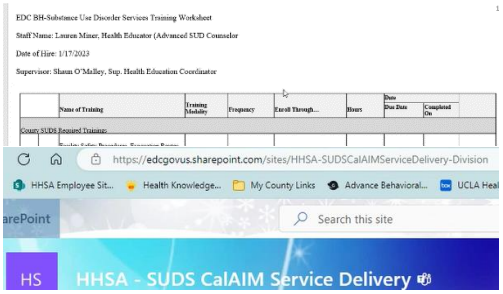
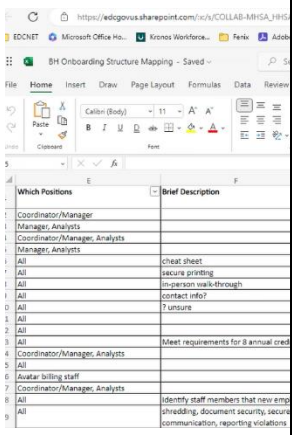
7. The children's system maintains extensive contract providers to provide school and community based specialized services. The historical financial advantages to robust services to children, and lesser so to adults, no longer exists in the current funding model, and most of the high-risk issues reside in the adult system
8. Strong, historically positive relationships exist with local medical providers including Marshall Hospital and Community Health Centers (CHC). This affords the Division opportunities to coordinate care and support a holistic model of health for service recipients.

9. Integration with law enforcement and emergency departments throughout the County, both in Placerville and South Lake Tahoe. Strong working relationships that have developed historically through this partnership, particularly with the PERT team and 5150/5585 response group, that can be leveraged to meet emerging 24/7 mobile crisis requirements.

Goal 1: Assertively Address Staffing Shortage

Objectives	Strategies	Responsible Party	Start Date	Planned Completion Date
1. Develop Internship ("Trainee" Program)	Identify and assign internship coordination to a manager or supervisory level staff member, who will have responsibility for representing the Division and engaging with placing institutions. ---Work with HR to develop a job description ---Identify potential universities National, University of Nevada, Reno (UNR), Grand Canyon (GCU)University, University of Phoenix, Alliant International, Walden, Sacramento State (CSUS) ---Engage with identified university reps ---Finalized Memorandum of Understandings (MOUs) - CSUS, GCU, UNR; in process - Walden ---Create a spreadsheet	Nathaniel Houston/ktg	9/28/2023	04/01/24
	Modify MHSA Plan to incorporate stipends as an incentive for field placements, in line with other County internship program practices ---Don't need a specific item in the plan per MZ 011824, use Other MHSA Staff funds	Meredith Zanardi	9/8/2023	7/1/2024
	Map and develop internal placement opportunities for internships within targeted Behavioral Health units to maximize benefit of this strategy ---Identify potential supervisors ---Develop a potential course of training and supervision ---Determine "windows of opportunity" with institutions	Nathaniel Houston/ktg	10/18/2023	8/1/2024

2. Assertively engage with Human Resources to fill vacancies	Confirm "hard to fill" designation for mental health clinician classification and identify funding to support these resources ---Mental Health Worker, Mental Health Clinician, Mental Health Program Coordinator and Manager of Mental Health Programs all designated as "hard to fil"	Jim Diel	7/17/2023	10/3/2023 Completed
	Develop recruitment tracking spreadsheet and update with monthly report out on progress. 011824 Met w HR, meeting regularly, tracking in place, **include** Chris as secondary Hiring Manager for all positions	Chris Kernes	10/18/2023	1/1/2024 completed
	Execute agreements with temporary staffing agencies to allow for rapid placements to accomplish mandated service needs as well as serve as a pipeline for hiring. - Agreement with Amergis Healthcare Staffing (formerly Maxim Healthcare Services Holding) pending contract execution on 9/24/24 - LocumTenens.com in proces.	Meredith Zanardi	1/1/24	1/1/25
3. Increase advertising and professional association recruitment efforts	Review current Human Resources posting and recruitment practices outside of neogov, and identify opportunities for expanded solicitation of applicants ---Provided HR website for alternative Behavioral Health recruitment opportunities	Jim Diel	7/17/2023	9/28/2023 Completed Repeat as needed
	Explore regional and out of area opportunities to recruit qualified applicants in order to expand the pool of potential staffing ---Check w HR for list ---Utilization of virtual job fairs, ongoing consideration of on site job fairs	Chris/HR	11/20/2023	07/31/2024

4. Develop onboarding process to support consistent practices among staff	Expand and develop desk manuals and work-flow materials to support clear practice guidelines within the Behavioral Health Division. ---SUDs Desk Guide Update completed ---Justine started a spreadsheet >>>>>> ---Meredith set up a webpage  ---Salina developing something for her team  ---Cross divisional collaboration opportunities to promote efficient and successful onboarding procedures	SUD & MH Program Managers Salina/Justine/Karen/ Meredith  	11/01/2023	12/31/2024

Goal 2: Increase Responsiveness to Community Needs

Objectives	Strategies	Responsible Party	Start Date	Planned Completion Date
5. Create a more consumer-friendly response to service requests.	Increase capacity at the front door, lowering barriers to care, working to engage clients before and after the assessment. ---added 1.0 FTE MH Worker to access team to support timeliness of access to services	Nicole/Chris/Justine	1/1/24	6/30/24
	Pilot overbooking based on no-show rate and staggering appointment times to accommodate variable client attendance.	Nicole/Chris/Justine	7/1/24	12/31/24
	Develop multiple access points with flexible scheduling and location to remove barriers to initial access and engagement. Increase rate of engagement from service request to intake to post-intake care.	Nicole/Chris/Justine	7/01/2024	12/31/2024
6. Leverage crisis response services to promote integration with public safety (ED and law enforcement)	Develop a crisis residential program and then create a smooth path from Psychiatric Health Facility (PHF) to Crisis Residential Treatment (CRT). Develop referral pathways from all levels of care to CRT. ---Partnering with local provider to execute CRT agreement	MH Program Manager (OP)	11/01/2023	12/31/2024
	Increase use of enhanced Board and Care facilities as inpatient step-down to decrease length of stay and promote independence. ---additional contracts in process	MH Program Manager (OP)	1/01/2024	12/31/2024
	Provide assertive community-based follow-up to clients' post-acute services.	MH Program Manager (OP)	11/01/2023	12/31/2024

	Enhance preventative services designed to reduce suicidal ideation and rate of suicide completion in El Dorado County. ---Collaborative effort under Department of Public Health grant beginning with information gathering specifically focused on youth prevention, response and post-vention processes ---Notable statistical reduction of suicide rate compared nationally	Scott/Karen	11/01/2023	6/30/2025
	Build upon established relationships and develop uniform practices with local law enforcement agencies to strengthen entry into behavioral health ---Continued discussions regarding mobile crisis response ---Anticipated live 24/7 implementation January 2025 including executed contracted services ---Collaborative development of PATH Justice Involved (PATH JI) referrals and procedures	Scott/Karen	1/01/2024	4/30/2025

Goal 3: Development of Continuing Quality Improvement and Utilization Review Capacity

Objectives	Strategies	Responsible Party	Start Date	Planned Completion Date
7. Develop KPI and CQI dashboards for ongoing monitoring and support of system services	Develop Key Performance Indicators (KPI) to evaluate system performance ---Development of system in progress with collaboration between Behavioral Health, HHSA Fiscal and BH IT staff.	Justine Collinsworth/Jim Diel/ Shaun O'Malley	By 7/17/23	3/31/25
8. Develop KPI and CQI dashboards for ongoing monitoring and support of system services	Utilize existing IDEA consulting contract to develop internal monitoring and reporting capacity based on KPI.	Justine Collinsworth/Jim Diel/Shaun O'Malley	7/17/2023	7/1/2024
	Establish benchmark data based for key indicators based on historical data.	Justine Collinsworth/Jim Diel/Shaun O'Malley	11/01/2023	6/30/2024
	Develop KPI goals based on benchmark data.	Justine Collinsworth/Jim Diel/ Shaun O'Malley	7/01/2024	12/31/2024
	Leverage available technology (already available and pending) and incorporate into professional utilization review practices. ---development workgroup focused on Children's system of care established including Quality Management, HHSA Billing and Budget as well as Executive support	Justine Collinsworth/Jim Diel/Shaun O'Malley	11/01/2023	12/31/2024
	Provide training opportunities for division leadership to interpret and utilize available data. ---Available Continuous Quality Improvement (CQI) trainings for staff	Justine Collinsworth/Jim Diel/Shaun O'Malley	1/01/2024`	12/31/2024

9. Develop a functional Quality Improvement Committee (QIC)	Engage broad program subject matter leadership and experts in systemic QI approach for the division.	Justine Collinsworth	11/01/2023	6/30/2024 completed
	Include appropriate partners from other divisions that bring related expertise (e.g., Fiscal, Compliance, Admin)	Justine Collinsworth	11/01/2023	6/30/2024 completed
	Utilize KPI and CQI dashboards to inform this process.	Justine Collinsworth	7/01/2024	12/31/2025
10. Increase written documentation and communication	Broadly distribute minutes from QIC and other relevant committees necessary to ensure adequate information sharing across the division. ---Improved system for broader distribution of information implemented	Justine Collinsworth	1/01/2024	12/31/2024 completed
	Develop a consistent approach for contract monitoring, with standardized documents/ spreadsheets for use. Create summary documents that can be distributed and reviewed, from which action steps can be identified. ---Improved contract development resources and processes in use ---Additional resources made available by County Counsel to expedite processing timelines	Meredith Zanardi	11/01/2023	12/31/2024

Goal 4: Focus on Integrated Service Delivery

Objectives	Strategies	Responsible Party	Start Date	Planned Completion Date
11. Seek (or identify?) co-locations and integrated service opportunities with other HHSA Divisions	Develop embedded FSP with housing and homeless division of HHSA to provide services alongside partner divisions engaged with this vulnerable population.	Program Manager (OP)	4/1/24	6/30/2025
	Identify other co-location opportunities that provide mutual benefit within HHSA, beginning with Public Health, Child Welfare, and Older Adults. --- Additional staff allocations approved 4/23/24 intended for expanded service delivery at alternative sites and under collaborative projects.	Nicole Ebrahimi-Nuyken	4/1/24	6/30/2025
12. Utilize newly developed Information Sharing and seek data sharing agreement to facilitate integrated services.	Pilot use of information sharing for client benefit with other divisions; explore expansion to other departments and key community partners.	Justine Collinsworth/Agency CQI Designee	4/1/24	6/30/2025
	Participate in El Dorado County Master Data Management and Data Sharing Opportunities ---Preliminary conversations with IT	Justine Collinsworth/Agency CQI Designee	7/1/24	6/30/2025
	Actively pursue opportunities to lower administrative barriers for data and information sharing while adhering to required legal parameters. ---Manifest Mx/QHIE identified as resource to allow for information sharing with Managed Care Plans. MOUs anticipated.	Justine Collinsworth/Agency CQI Designee	4/1/24	6/30/2025
13. Strengthen co-occurring service delivery	Lower administrative barriers that restrict ability to coordinate care between SUD and SMHS.	Program Manager (OP)/Salina	7/01/2024	12/13/2025
	All clinical programs develop co-occurring capable skills, able to meet needs from either component of behavioral health. SUD needs will not be a barrier to eligibility to SMHS.	Program Manager (OP)/Salina	1/01/2024	12/31/2024

Goal 5: IMD/Acute Hospital Step Down and Fiscal Stewardship

Objectives	Strategies	Responsible Party	Start Date	Planned Completion Date
14. Create a clinical team dedicated to acute and subacute care and stepdown	Increase collaborative presence at facilities where clients are receiving treatment (e.g., attend treatment team meetings at facilities, etc).	Chris Kernes / MH Program Manager (OP)	7/01/2024	6/30/2025
	Establish encounter rate expectations for clients in restrictive settings, including engaged family members and facility staff.	Chris Kernes / MH Program Manager (OP)	7/1/2024	6/30/2025
15. Develop referral pathways from subacute care to other outpatient resources	Strengthen outpatient resources to be able to receive stepdown referrals, both outpatient and less restrictive congregate care settings or other independent living (including crisis residential). Prioritize providing services in the least restrictive environment. ----CRT contract execution anticipated January 2025	MH Program Manager (OP)	1/01/2024	12/31/2024
	Develop warm handoff/transition processes to assure smooth transition of care.	MH Program Manager (OP)	1/01/2024	12/31/2024
	Develop contracts with additional board and care facilities, prioritizing proximity but not eliminating options that may meet client needs but are geographically outside of El Dorado.	Chris Kernes / MH Program Manager (OP)	1/01/2024	12/31/2024