**An Overview of Findings** 

# **EDC Children Services**

Submitted by Behavioral Health Commission Children's Services Ad Hoc Committee

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# **EDC Behavioral Health Service**

Behavioral Health is a part of a larger System of Care that provides mental health treatment services. Our services are carved out of the available Medi-Cal funded system to only address individuals who have been diagnosed with a serious mental illness (SMI - adults) or who have a severe emotional disturbance (SED - children and youth). In addition, a wide array of services is provided through MHSA funding.



Resiliency

Funding PolicyProgram Partners

#### What drives it?





#### *How do I access the system?*

Schools

Community Hubs

Hospital

Child Welfare System

**Another County** 

# **Entry Gap**

Lack of awareness of direct lines to help navigate the system

Access line (530) 621-6290 and 1-800-929-1955

Crisis line West Slope (530) 622-3345 Tahoe (530) 544-2219

New Mandate! Development of Family Urgent Response System targeted for Foster Youth and former Foster Youth Currently being developed through interdepartmental effort between Probation, Child Welfare Services, and EDC Behavioral Health Team

# **Entry Recommendation**

 Launch an awareness campaign focused on accessing the system

## **Treatment Services**

## What drives this system component?



## **Treatment Service Gaps**

- What did we learn from contract providers
- Accessibility to services
- Funding
- Coordination of care
- Respite Care

## What did we learn from contract providers?

*New Morning* - Substance and Drug Abuse program recently reinstated

- Need to get the word out
- Level of youth residential treatment availability a concern Role of Drug Medi-Cal Organized Delivery System (DMC-ODS)
- Lack of sober activities
- Build adult and peer mentoring program

#### **Tahoe Youth and Family Services**

- Shortage of qualified staff is hampering service delivery
- Coordination with Juvenile Detention Center
- Working with Probation's Mental Health Program Coordinator

### Sierra Child and Family Services

- Community based mental health services for foster and adoptive families
- What would the agency like to see from the Behavioral Health Commission (BHC)
  - could be more active in pursuing and agendizing matters relating to children
  - BHC review and comment on legislation impacting children's services
  - Develop a Children Services Committee within the BHC
  - increased interaction with Child Welfare Services (EDC CWS) to identify gaps in services for foster children

#### **Stanford Sierra Youth and Family**

- High Fidelity Wraparound Model which the Child and Family Team (CFT) meeting process
- Flex funding for out-of-box treatment consistent with family mental health/wrap around objectives

#### **EDC Behavioral Health**

- Plays a major role in the interdepartmental and interagency coordination of care/services
- Oversees all contracted providers in quality of care and compliance with state and federal regulations

## **Accessibility to Services**

- Remote areas
- Out of County
- Latino Community
- Access Unit
- Connectivity and Telehealth issues during COVID-19

#### **Remote Areas**

- Wellness Centers
- Telehealth therapy
- Getting qualified therapist

### **Out of County**

• How services are funded make immediate continuation of treatment services more difficult

• Foster and adopt children face challenges in continuum of care which validates need for presumptive transfer policy

### **Latino Community**

• Removing the stigma

Broad range of outreach through contract providers

• Ongoing challenges

#### **Access Unit**

• More robust coordination of care

• Better communication between service providers as youth transitions from one phase to another

## Funding

• Medi-Cal issues

A gap in mild to moderate treatment CalAIM California Advancing and Innovating Medi-Cal Legislation

• Private insurance

Not having sufficient in network providers

- Medi-Cal not approved therapies Flex funding resources for specific therapies
- System of care for treatment of physical health versus mental health Funding impacts

## **Coordination of Care**

• Schools

Mental Health funding received through Educationally Related Mental Health services (ERMHS)

• Group homes Provide Wrap Around Services

## **Respite Care**

• Identified Need

• Current services available

# **Treatment Service Recommendations**

- Further identify the relationship between Youth and Family Commission and Behavioral Health Commission
- Support County staff in the development of a Respite Care program
- Provide an opportunity for contract providers to present to the full commission
- Support the development of a strategy to strengthen care coordination between agencies
- Develop a response to challenges in care coordination as youth transition from group home to assimilation to broader community
- Providing treatment services for mild to moderate through a more robust system of care
- Support staff and contract providers in identifying funding opportunities for specific therapies not generally covered by Medi-Cal

# **Transitioning to Self-Sufficiency**

What is the plan?

## **Transitioning to Self-Sufficiency Gaps**

- Patient Rights Advocate
- Care Coordination

# **Transitioning to Self-Sufficiency Recommendations**

- Development of an ombudsman program that works with the Patient Rights Advocate
- Better communicate the benefits the Access Unit provides
- Develop a communication strategy between agencies regarding services/resources available as youth transitions from one phase to another
- Increase awareness of adult programs should there be a need for system re-entry

# **System Resilience/Maintenance**

What providing services during a pandemic has taught us?