EDC CHILDREN SERVICES

Findings and Recommendations

**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.
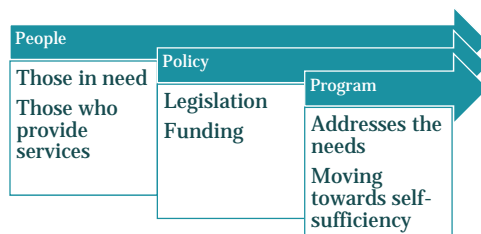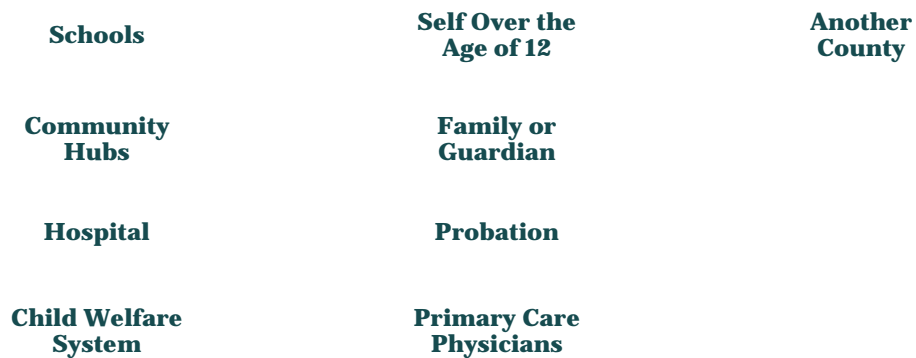
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The System

What are its components?

Entry
Access

Treatment
Services

Resiliency
☐ Funding ☐ Policy
☐ Program ☐ Partners

What drives it?

People		
Those in need	Policy	
Those who provide services	Legislation Funding	Program
		Addresses the needs
		Moving towards self-sufficiency

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Entry

How do I access the system?

Schools	**Self Over the Age of 12**	**Another County**
Community Hubs	**Family or Guardian**	
Hospital	**Probation**	
Child Welfare System	**Primary Care Physicians**	

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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
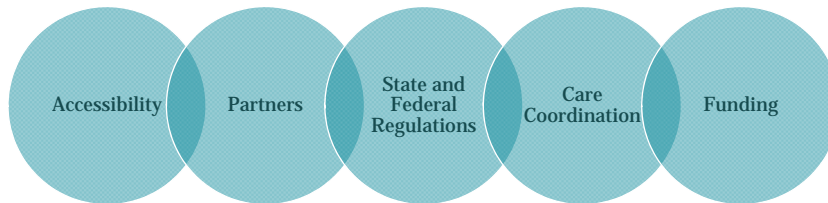Behavioral Health Team

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Entry Recommendation

• Launch an awareness campaign focused on accessing the system and what support systems are available for families.

• Improve navigation of information on the website

• Development of request for service list

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Treatment Services

What drives this system component?

Accessibility • Partners • State and Federal Regulations • Care Coordination • Funding

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Treatment Service Gaps

• What did we learn from contract providers

• Accessibility to services

• Funding

• Coordination of care

• Respite Care

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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 substance use 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

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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
  - Conducts the Child Adolescent Needs and Strengths (CANS) assessment

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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

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Stanford Sierra Youth and Family

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

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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

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Accessibility to Services

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

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Remote Areas

- Student Wellness Centers
- Telehealth therapy
- Getting qualified therapist
- Community Hubs
  - Public Health Nurses

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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

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Latino Community

- Removing the stigma

- Broad range of outreach through contract providers
  - Tahoe Youth and Family Services
  - Family Resource Center
  - New Morning

- Ongoing challenges
  - Lack of bilingual/bicultural therapists

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Access Unit

- More robust coordination of care

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

- Development of an individual road map for treatment

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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
  Uniform Method of Determining Ability to Pay (UMDAP)

- Exclusionary criteria for Specialty Mental Health Services
  Medi-Cal Guidelines
  Managed Care Plan
  Flex funding resources for specific therapies availability through existing service provider contracts

- System of care for treatment of physical health versus mental health
  Funding impacts

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NE2

Coordination of Care

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

- Group homes
  Provide intensive Specialty Mental Health Services

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NE2 I am nit sure what toughts you are having in rgeards to the Group homes bullet

Nicole Ebrahimi-Nuyken, 11/16/2020

Respite Care

- Identified Need

- Current services available

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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 insuring training in treatment modalities consistent with current evidence-based therapies

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Transitioning to Self-Sufficiency

What is the plan?

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Transitioning to Self-Sufficiency Gaps

- Patients' Rights Advocate
- Care coordination through the whole age range

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Transitioning to Self-Sufficiency Recommendations

- Institution of a navigator within the Social Services network
- 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
- Development of family support systems that are peer based

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System Resilience/Maintenance

- What providing services during a pandemic is teaching us?
  - Need a more robust digital infrastructure

- External Quality Review

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System Resilience/Maintenance Recommendations

- Support County efforts in building digital infrastructure

- Receive and utilized annual External Quality Review to identify potential problem areas in the system to help build system resiliency

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