## EL DORADO COUNTY BEHAVIORAL HEALTH System Analysis & Recommendations Report to the Board of Supervisors

## SUMMARY

I.D.E.A Consulting & EDCBH 02/24/2021

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## Why Did We Do This Assessment?

- January 2019: Shadowed prior HHSA Director
- February 2019: Started as HHSA Director
  Day 1: MH Director decision
- April 2019: Learned of structural budget deficit
- August 2019: Discussion with BH leadership
- September 2019: MH Director position approved by BOS
  - CAO memo requesting assessment of benefits of outsourcing Adult BH services
- November 2019: Decision to outsource assessment
- January 2020: RIF of AD of BH
- February 2020: My eval/discussion of BH Division
  *I.D.E.A. Contract approved by the BOS*
- April 2020: I.D.E.A. assessment & new BH Director begin

### August 2019 Discussion with BH Leadership

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## Introductions and Report Methodology

Presenters:

- Don Semon, Director, Health and Human Services Agency
- Nicole Ebrahimi-Nuyken, L.M.F.T., Director, Behavioral Health
- Amy D. Haynes, Psy. D., Deputy Director, Behavioral Health
- Nancy M. Callahan, Ph.D., I.D.E.A. Consulting

#### Deliverable:

El Dorado County Behavioral Health System of Care Assessment Report

# Overview of County's Responsibility as a Mental Health Plan (MHP)







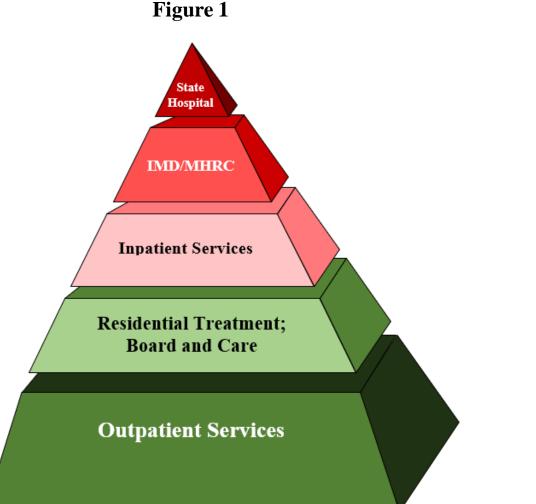
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### Interdependent Array of Outpatient and Intensive Mental Health Services

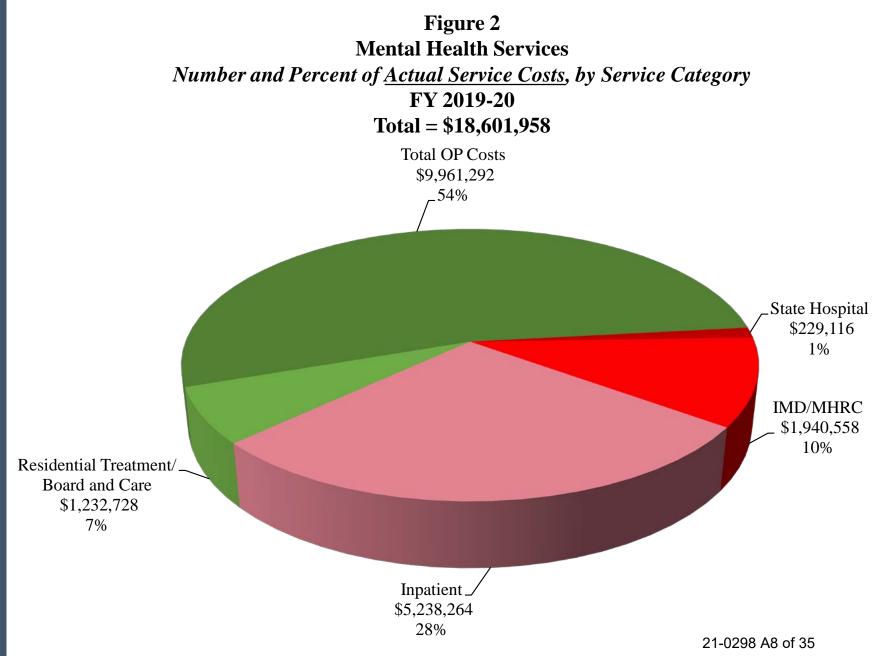
This System Analysis Report outlines the current EDC Behavioral Health Behavioral Health system of care and makes recommendations for strengthening the system to promote positive outcomes, wellness, and recovery.

- BH services ensure:
  - Access
  - Quality
  - Cost effectiveness
  - Outcomes

### Interdependent Array of Outpatient and Intensive Mental Health Services

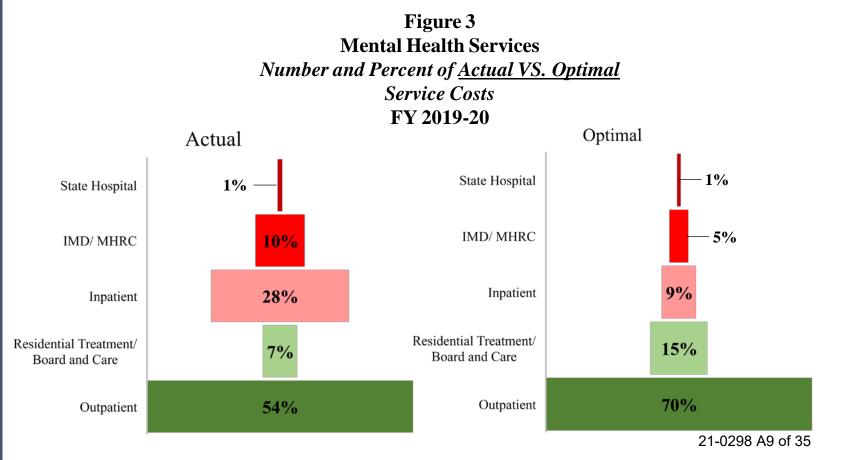


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### Interdependent Array of Outpatient and Intensive Mental Health Services

 Figure 3 compares the EDC Actual array of services with the Optimal array services.



## Comparing Actual Costs with Optimal Costs

Using the Optimal array of services, many counties have over 70% of their dollars allocated to Outpatient services and 30% to Intensive services. This allocation expands the ability to produce additional Medi-Cal revenue.

#### Figure 4 \*(Optimal Dollars)

#### **Mental Health Services**

#### Number and Percent of <u>Actual VS. Optimal</u> Service Dollars, by Category FY 2019-20

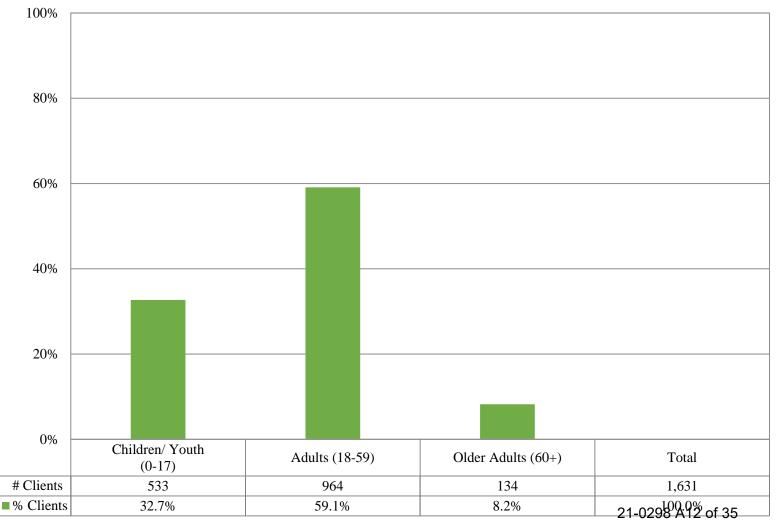
	Actual	Percent	Optimal	Percent
Outpatient	\$ 9,961,292	54%	\$ 13,021,370	70%
Intensive	\$ 8,640,666	46%	\$ 5,580,587	30%
Total	\$ 18,601,958	100%	\$ 18,601,958	100%

## OUTPATIENT MENTAL HEALTH SERVICES

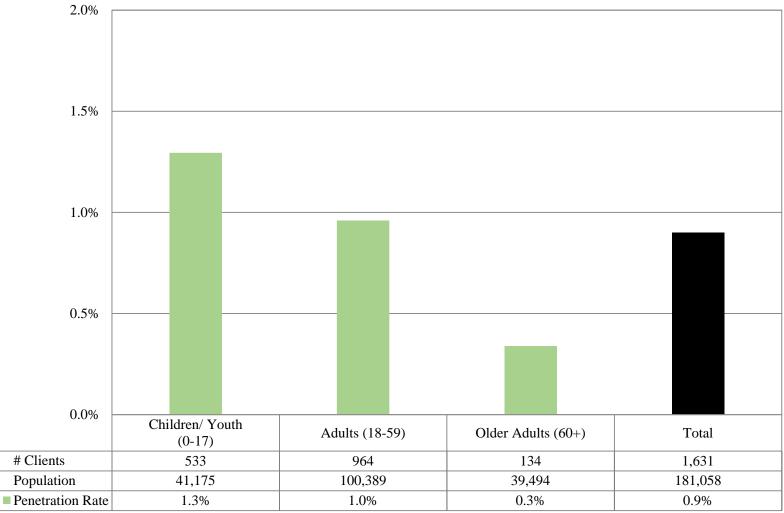
- FY 2019/20 Data and Costs

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#### Figure 5 Mental Health Outpatient Services Number and Percent of Outpatient Clients, by <u>Age</u>: Children (0-17), Adults (18-59), and Older Adults (60+) FY 2019-20



#### Figure 6 Mental Health Outpatient Services Number of Clients, 2010 Census Population, and <u>Penetration Rate</u>, By Age: Children (0-17), Adults (18-59), and Older Adults (60+) FY 2019-20



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## Mental Health Outpatient Services: Key Findings

1,631/188,058 = 0.9%

Compare 0.9% to other counties with a similar general population...

#### Figure 7 EDCBH Actual Mental Health Total Clients Served, County Population, and <u>Penetration Rate</u>, by EDC and Similar-Sized Counties

	El Dorado	Shasta	Imperial	Butte
# Mental Health				
Total Served by	1,631	3,119	8,741	7,139
County				
2010 Census Total				
Population by	181,058	177,223	174,528	220,000
County				
Total Penetration Rate by County	0.90%	1.76%	5.01%	3.25%

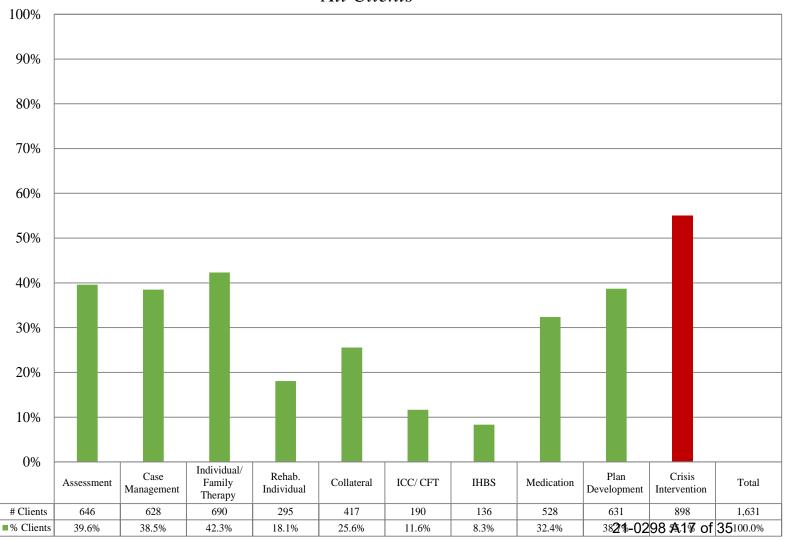
## Mental Health Outpatient Services: Key Findings

If the EDC Penetration Rate was the same as the Shasta County Penetration Rate (1.76%), EDC would have served 3,186 people.

### 181,058 X 1.76% = 3,186 people

3,186 (Projected) – 1,631 (Served) = 1,555 (Projected Unserved)

#### Figure 8 Mental Health Outpatient Services Number and Percent of <u>Clients</u>, by Service Type FY 2019-20 All Clients

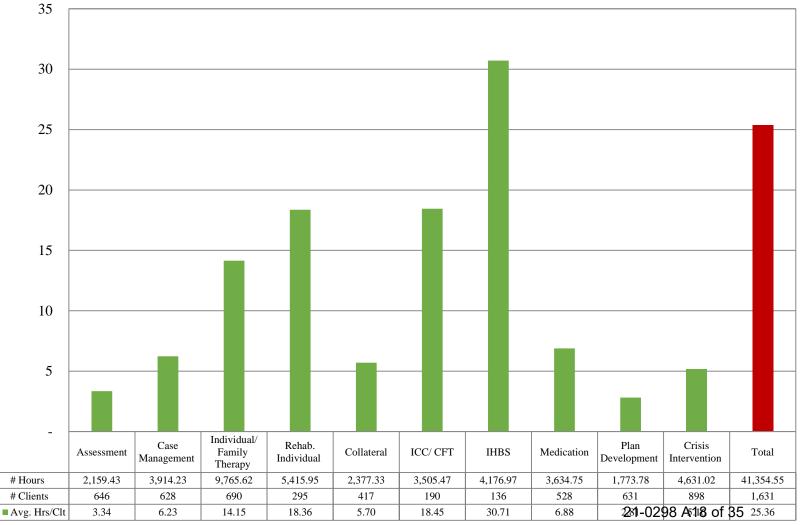


#### Figure 9

**Mental Health Outpatient Services** 

Number of Hours, Clients, and Average <u>Outpatient Hours per Client</u>, by Service Type FY 2019-20

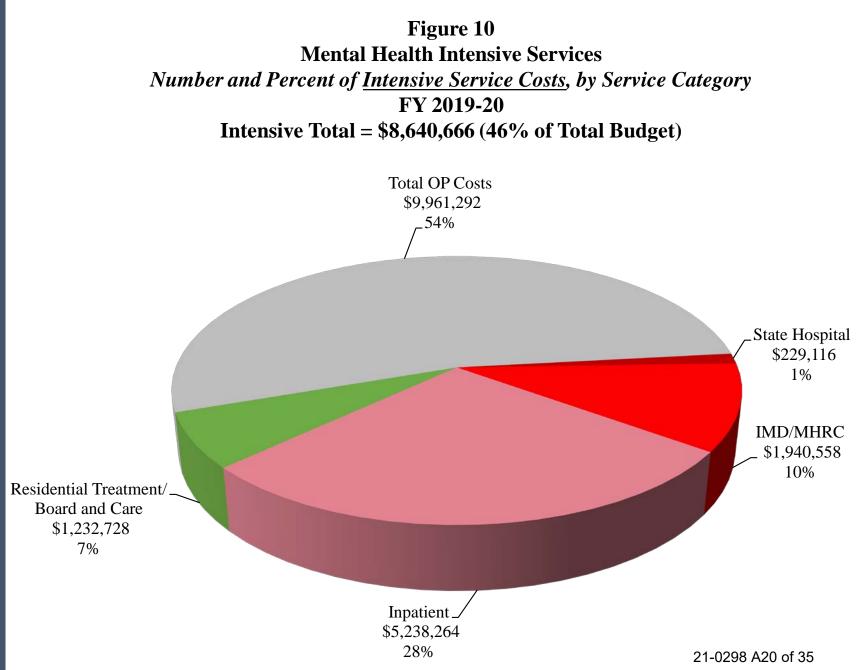
All Clients



## INTENSIVE MENTAL HEALTH SERVICES

- FY 2019/20 Data and Costs

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## Intensive Services: Key Findings

Acute Services compared to Administrative Days at Telecare PHF:

- Acute psychiatric inpatient services are billable to Medi-Cal
- Administrative Days are not billable to Medi-Cal

Last year, there were 4,406 Total Bed Days. Of these, <u>29.5%</u> were Administrative Days (1,301). If these bed days were reimbursed by Medi-Cal, EDC would have received an additional <u>\$810,511 in FY 2019/20.</u>

## Intensive Services: Key Findings

Placements Issues:

- EDC lacks a continuum of Supportive Housing options for discharging clients from the PHF and back into the community
  - Supported independent housing
  - Respite (Up to 28 days)
  - Board and Care
  - Residential facilities in the community (billable)
  - Crisis Residential
- High number of persons are on LPS Conservatorship
- Long-standing systemic expectation of placement on LPS conservatorship, with EDCBH paying for treatment

# Summary of Outpatient and Intensive Services

- Low number of people served in Outpatient
  - 0.9% Penetration Rate
- Outpatient Services do not address the needs of clients
  - High Proportion of People in Crisis (55%)
- Lack of Supportive Housing in EDC
  - High Number of People in Admin Days and IMD
- High number of high-cost Intensive services
  - 46% of all Dollars

## WOULD OUTSOURCING IMPROVE BH SERVICES?

- Summary - Discussion

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# Overview of County's Responsibility as a Mental Health Plan (MHP)



 EDCBH continues to have ultimate responsibility as the MHP:

Access, Quality, Utilization, and Fiscal = MHP

- EDCBH county staff needed to meet responsibilities and manage contracts
- Other county's experience with outsourcing

## MENTAL HEALTH SERVICES

- Recommendations

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## Vision of an Optimal System of Care



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## Vision of an Optimal System of Care

Deliver effective outpatient services

- that utilize evidence-based services to achieve positive outcomes
- to increase Medi-Cal revenue through delivery of additional Medi-Cal outpatient services
- to reduce the need for intensive levels of care
- Manage the cost-effectiveness of all services through comprehensive Quality Improvement and Utilization Review activities

#### Right Service, Right Time, Right Amount of Services

## SUBSTANCE USE DISORDER SERVICES

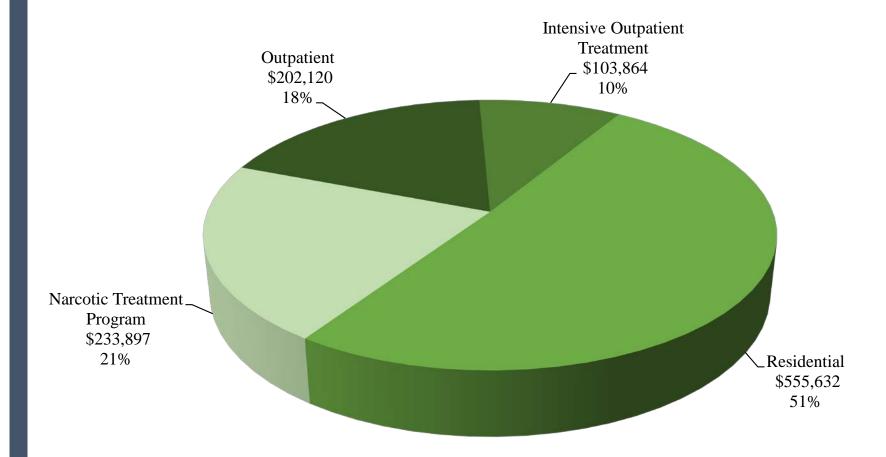
- Program Description - Program Data

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## Overview of Substance Use Disorder (SUD) Program

- Implemented Drug Medi-Cal/Organized Delivery System (DMC-ODS) in June 2019
- Expanded ability to bill Medi-Cal for a broader continuum of SUD services
  - Outpatient
  - Residential
  - Narcotic Treatment Program (NTP)
- Deliver SUD services
  - EDCBH
  - Contract Providers
- Implement EDCBH Quality Improvement and Utilization Management of DMC/ODS

#### Figure 11 Substance Use Disorder Services Number and Percent of <u>Total Service Costs</u>, by Service Category FY 2019-20 Total = \$1,095,513



## **Recommendations for SUD**

- Systematically design and continue to expand the new DMC-ODS
- Expand access to SUD services
- Expand SUD Provider Network across all levels of care
  - Western Slope
  - South Lake Tahoe
- Implement SUD Quality Improvement and Utilization Management activities

## NEXT STEPS

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## **Next Steps**

- Submit Full Report and obtain stakeholder feedback
- Immediately implement foundational recommendations and train staff
- Monitor and review data and outcomes <u>monthly</u>
- Continuously provide feedback to stakeholders, including Behavioral Health Commission and the Board of Supervisors



### *"How wonderful it is that nobody need wait a single moment before starting to improve the world." Anne Frank*