

Behavioral Health System Improvement Plan (BH SIP) – IN PROGRESS

Goal	Objective	Strategy	% complete	Start	Finish
1 Assertively Address Staffing Shortage	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.	25%	9/5/25	12/31/26
2 Increase Responsiveness to Community Needs	Development of community disaster and response framework for BH	Use of PsyStart tool	70%	NEW 7/1/25	3/30/26
		Documentation of Plan	2%	NEW 7/1/25	6/29/26
3 Develop KPI and CQI dashboards for ongoing monitoring and support of system services	Develop KPI and CQI dashboards for ongoing monitoring and support of system services	Develop Key Performance Indicators (KPI) to evaluate system performance	5%	7/16/23	2/1/26
		Leverage available technology (already available and pending) and incorporate into professional utilization review practices.	5%	9/8/25	9/8/25
	Medication Adherence (filling Prescriptions)/HEDIS	POD on SUDS side	0%	NEW	
	Power Bi development and implementation	Client services monitoring	0%	NEW	
		High level Care/Interface between PG and LPS etc. Residential/ High level placement step-downs	0%	NEW	
		Long term housing	0%	NEW	
4 Focus on Integrated Service Delivery	Increase written documentation and communication	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.	70%	10/30/23	12/30/26
	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.	75%	3/31/24	1/1/26
5 IMD/Acute Hospital Step Down and Fiscal Stewardship	Create a clinical team dedicated to acute and subacute care and stepdown	Establish encounter rate expectations for clients in restrictive settings, including engaged family members and facility staff.	90%	6/29/24	12/30/25

Behavioral Health System Improvement Plan (BH SIP) – **NEW GOALS**

Goal	Objective	Strategy	% complete	Start	Finish
NEW GOALS – In development	Develop and coordinate justice involved programs including P36, Path JI, diversion.	IN PROGRESS	0%		
	Timely Access Tracking and Monitoring	IN PROGRESS	0%	9/8/25	1/1/26
	Improved SUDs Prevention	General needs assessment for what is currently available throughout the community	0%	6/27/25	6/28/26
		Identify gaps in prevention services and develop projects to meet needs.	0%	6/27/25	6/28/26
	Idea: Efficiency of client services	IN PROGRESS	0%		
	Idea: Treatment Plans for LPS clients that is able to adapt to different placements and levels of care.	IN PROGRESS	0%		

Behavioral Health System Improvement Plan (BH SIP) – **COMPLETE**

Goal	Objective	Strategy	Start	Finish
1 Assertively Address Staffing Shortage	Develop Internship (“Clinical Trainee” Program)	Identify and assign practicum/internship coordination to a manager or supervisory level staff member, who will have responsibility for representing the Division and engaging with placing institutions.	9/26/23	3/29/24
		Modify MHSA Plan to incorporate stipends as an incentive for field placements, in line with other County internship program practices	6/30/23	7/1/24
		Map and develop internal placement opportunities for internships within targeted Behavioral Health units to maximize benefit of this strategy	10/18/23	8/1/24
	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	7/14/23	10/2/23
		Develop recruitment tracking spreadsheet and update with monthly report out on progress.	10/16/23	12/29/23
		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.	12/28/23	12/31/24
	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	7/13/23	9/27/23
		Explore regional and out of area opportunities to recruit qualified applicants in order to expand the pool of potential staffing	11/20/23	7/30/24
2 Increase Responsiveness to Community Needs	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.	12/26/23	6/28/24
		Pilot overbooking based on no-show rate and staggering appointment times to accommodate variable client attendance.	6/30/24	6/29/2025 Cancelled
		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.	6/30/24	6/29/25

Behavioral Health System Improvement Plan (BH SIP) – **COMPLETE**

Goal	Objective	Strategy	Start	Finish
2 Increase Responsiveness to Community Needs	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.	10/30/23	12/30/24
		Increase use of enhanced Board and Care facilities as inpatient step-down to decrease length of stay and promote independence.	12/31/23	12/30/24
		Provide assertive community-based follow-up to clients' post-acute services.	10/30/23	12/30/24
		Enhance preventative services designed to reduce suicidal ideation and rate of suicide completion in El Dorado County.	10/30/23	6/29/25
		Build upon established relationships and develop uniform practices with local law enforcement agencies to strengthen entry into behavioral health	12/29/24	4/29/25
3 Develop KPI and CQI dashboards for ongoing monitoring and support of system services	Develop a functional Quality Improvement Committee (QIC)	Engage broad program subject matter leadership and experts in systemic QI approach for the division.	10/30/23	6/29/24
		Include appropriate partners from other divisions that bring related expertise (e.g., Fiscal, Compliance, Admin)	10/30/23	6/29/24
		Utilize KPI and CQI dashboards to inform this process.	6/30/24	12/30/25
	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.	9/8/25	9/8/2025 Cancelled
		Establish benchmark data based for key indicators based on historical data.	10/30/23	6/1/24
		Develop KPI goals based on benchmark data.	6/30/24	12/30/24
		Provide training opportunities for division leadership and Children's providers to interpret and utilize available data.	12/27/23	12/25/24
	Increase written documentation and communication	Broadly distribute minutes from QIC and other relevant committees necessary to ensure adequate information sharing across the division.	12/31/23	12/30/24

Behavioral Health System Improvement Plan (BH SIP) – **COMPLETE**

Goal	Objective	Strategy	Start	Finish
4 Focus on Integrated Service Delivery	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.	3/31/24	6/28/25
		Identify other co-location opportunities that provide mutual benefit within HHSA, beginning with Public Health, Child Welfare, and Older Adults.	3/31/24	6/29/25
	Strengthen co-occurring service delivery	Lower administrative barriers that restrict ability to coordinate care between SUD and SMHS.	12/31/23	6/30/25 Ongoing QI
		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.	12/31/23	6/30/2025 Ongoing QI
	Utilize newly developed Information Sharing and seek data sharing agreement to facilitate integrated services.	Participate in El Dorado County Master Data Management and Data Sharing Opportunities	6/30/24	6/30/25
		Actively pursue opportunities to lower administrative barriers for data and information sharing while adhering to required legal parameters.	3/31/24	6/30/25
5 IMD/Acute Hospital Step Down and Fiscal Stewardship	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).	6/30/24	6/18/25
	Develop referral pathways from subacute care to other outpatient resources	Develop warm handoff/transition processes to assure smooth transition of care.	12/31/23	6/29/25
		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).	12/31/23	6/29/25
		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.	12/31/23	6/29/25

