

# Alameda County Behavioral Health Care Services for Children and Youth

STRATEGIC PLAN 2009-2012



## Alameda County Behavioral Health Care Services Children's System of Care 3 Year Strategic Plan 2009-2012

<b>GOAL 1:</b>	Integrate the delivery of services within Behavioral Health Care Services and effectively coordinate with other systems/services the child/family is also receiving
<b>OBJECTIVE 1:</b>	Improve communication about Behavioral Health Care Services and the services it provides
<b>Strategy 1</b>	On a semi-annual basis, present Partner Forums about Behavioral Health Services. Forum developed by CBO, County Staff, Partner Agencies and consumers/Family Members. Assign team to develop curriculum/agenda for forums
<b>Strategy 2</b>	Develop the use of technology to increase communication, e.g. list serve among Providers and other suggestions in the environmental scan, p. 18
<b>Strategy 3</b>	Establish ACCESS as the centralized information source for the community and providers to learn about services that are available from Behavioral Health Care Services (including those ACCESS cannot refer directly to). Develop mechanism for on-going training and evaluation of program for ACCESS staff. Include feedback loop to ACCESS/CSOC re: nature of inquiries, problems identified, plans of correction
<b>Strategy 4</b>	Develop a Behavioral Health Care Services Children's Services Report that outlines all the services that are currently being provided. This report can then be added to as the Strategic Plan unfolds.

<b>GOAL 1:</b>	Integrate the delivery of services within Behavioral Health Care Services and effectively coordinate with other systems/services the child/family is also receiving
<b>OBJECTIVE 2:</b>	Coordinate treatment of children with other systems in which the child/family is involved as evidenced by documentation of coordination in 80% of child charts
<b>Strategy 1</b>	All youth with multiple system involvement will have a meeting convened within the first 60 days with all service entities and the family present.
<b>Strategy 2</b>	Require charting to include documentation of all service systems involved with the child / adolescent and family ( use of electronic prompts)
<b>Strategy 3</b>	Appoint team, including IT, Janet B., Clinical leadership, QI to develop/assess caseloads to determine # of clients with multiple public system involvement
<b>Strategy 4</b>	Develop standards for documenting coordination and an audit tool to verify that coordination occurred.
<b>Strategy 5</b>	Select as a Behavioral Health Care Services Program Improvement Plan the integration and coordination of Behavioral Health Care Services children's services
<b>Strategy 6</b>	Assess client, family and provider satisfaction with coordination of services

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<b>GOAL 1:</b>	Integrate the delivery of services within Behavioral Health Care Services and effectively coordinate with other systems/services the child/family is also receiving
<b>OBJECTIVE 3:</b>	Require Behavioral Health providers to be the single point of responsibility to provide services until the child/family has started services elsewhere or successfully transitioned to a new level of service
<b>Strategy 1</b>	Establish development team to define the data system elements needed to determine assignment of single point of responsibility (SPR). May require prioritization and "phased in" implementation
<b>Strategy 2</b>	Based on assessment, develop policy and procedure to communicate duties and responsibilities for SPR at selected services.
<b>Strategy 3</b>	Establish data system elements that will track continuity of care for each client with regular reporting to system of care participants
<b>Strategy 4</b>	Develop systems and supports to aid children and families in transition out of care or from one type of care to another. This includes transitions from children's services to TAY or adult services, transitions from 0-5 services to school based services, etc.
<b>Strategy 5</b>	Establish and implement evaluation and outcome expectations for this effort with reassessment of outcomes on regular basis

<b>GOAL 2:</b>	Develop strength-based knowledge and effective treatment approaches
<b>OBJECTIVE 1:</b>	Utilize strength-based approaches with emphasis on wellness and resiliency
<b>Strategy 1</b>	Include CBO & County Child/Youth Providers in Minkoff & Cline Co-occurring Disorders System Transformation
<b>Strategy 2</b>	Require CBO's and County Provider's to address Wellness & Resiliency in their programs and contracts
<b>Strategy 3</b>	Evaluate strength based approaches via client/family surveys and QA audits of treatment plans and other documentation to reflect wellness and resiliency language
<b>Strategy 4</b>	Work with the child/youth support system/family to utilize their strengths. Documentation will reflect this support system/family support involvement.
<b>Strategy 5</b>	Develop a series of social-skills group models that can be piloted for specific target populations across different age ranges, and cultures/ethnicities. Track pilots to determine need, effectiveness and impact.

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<b>GOAL 2:</b>	Develop strength-based knowledge and effective treatment approaches
<b>OBJECTIVE 2:</b>	Promote individual and group cognitive behavior therapy, motivational interviewing, brief therapy, co-occurring disorder treatment, trauma-based work, intermittent treatment, family treatment and culture based treatment strategies within the Children's Behavioral Health System to address the needs of children, adolescents and transition age youth
<b>Strategy 1</b>	Prioritize treatment interventions and strategically implement them in a systematic way.
<b>Strategy 2</b>	Provide countywide training and/or countywide sponsorship of training to interventions in collaboration with our provider network
<b>Strategy 3</b>	Determine outside entities to partner w/selected treatment interventions i.e. trauma based work w/ SSA, probation other child's service agencies & schools, and evaluate effectiveness of interventions
<b>Strategy 4</b>	Work with graduate schools and continuing education to train, supervise and mentor clinicians and agencies in the above treatment approaches
<b>Strategy 5</b>	Challenge DMH/CIMH & Foundations to fund family focused, strength based and cultural approaches and support them financially.
<b>Strategy 6</b>	Review models for intermittent treatment & case management practice; develop and implement intermittent treatment options.
<b>Strategy 7</b>	Educate family members about intermittent treatment/brief interventions upon entering treatment
<b>Strategy 8</b>	Identify documentations parameters consistent w/State regulations.

<b>GOAL 3:</b>	Identify and address early signs and symptoms of emotional and behavioral problems
<b>OBJECTIVE 1:</b>	Increase public outreach, education and services to schools, pre-schools and other key community leaders
<b>Strategy 1</b>	Utilize existing resources, such as NIMH, Behavioral Health Care Services website, etc. to promote mental health and connect people to our services.
<b>Strategy 2</b>	Increase collaboration among school-based programs including school based health and mental health expansion. Increased service efforts will be informed by evaluation of existing school-based programs.
	Increase Early Childhood MH consultation efforts in more pre-schools, Head Start and childcare programs
<b>Strategy 4</b>	Initiate partnerships w/primary care providers in county clinics that serve primarily the Medi-Cal population. Provide screening and referral services at these sites.
<b>Strategy 5</b>	On a quarterly basis, present open community forums about behavioral health and how to access services (north, south, central, east)
<b>Strategy 6</b>	Develop a grant to create a program to train mentors and youth volunteers, in basic mental health/wellness concepts and red flags for referral and problem solving skills.

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<b>GOAL 3:</b>	Identify and address early signs and symptoms of emotional and behavioral problems
<b>OBJECTIVE 3:</b>	Develop a checklist/tool kit/ curriculum to identify early stages of mental health concerns including but not exclusive to trauma exposure, and to teach coping/problem solving skills
<b>Strategy 1</b>	Implement a universal mental health screening tool (PHQ 2 or 9) to be used in community settings including but not limited to Family Violence Centers and Homeless Shelters, to determine the need for further assessment and referral.
<b>Strategy 2</b>	Develop a referral protocol for children and youth who need assessment and treatment as a result of mental health screening.
<b>Strategy 3</b>	Develop mental health psycho-educational materials to be distributed at key community agencies that define social and emotional wellness, identify "behavioral red flags" for children and youth, and list problem solving skills. Web-based?

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<b>GOAL 4:</b>	Increase services to currently underserved populations
<b>OBJECTIVE 1:</b>	Providers: Recruit and retain workforce that reflects our client population 1. Scholarships for education 2. Loan reimbursement for providers with language capacity of underserved population 3. Increase number of strategically trained and personally experienced (STPE) family members, primary caregivers and community peers to assist and support youth and families in underserved communities in accessing services
<b>Strategy 1</b>	Review research and prioritize needs and capacity of workforce that matches community, including percentage of current treatment providers who have the capacity to speak languages other than English and who ethnically and/or culturally reflect the populations they serve; and languages and/or ethnic/cultural mix most needed by treatment providers to meet the linguistic and cultural needs of underserved linguistic populations.
<b>Strategy 2</b>	Set aside \$1,000,000 from MHSA Workforce and Education Funds to provide loan reimbursement grants for Bachelor and Masters Level providers identified above and commit to continued work in ACBHCS system of care.
<b>Strategy 3</b>	Develop and implement recruitment plan that emphasizes the loan reimbursement strategy listed above.
<b>Strategy 4</b>	Advocate for the State MHSA loan reimbursement program to prioritize grants to workforce for linguistic/cultural groups as well as LGBTQ and Disabilities which are in line with ACBHCS workforce needs.
<b>Strategy 5</b>	Increase number of strategically trained and personally experienced (STPE) family members (e.g. family partners) to assist and support families in underserved communities in accessing services. Each program that has a primary focus on serving an underserved community (as defined above) will be supported to hire STPE family member. For programs in which this additional position will bring the program over SMA, BHCS will work with the programs to identify ways in which this position can be added.
<b>Strategy 6</b>	When interpretation is required, develop and implement a plan to provide training to interpreters to better understand MH terminology and issues that may arise in the process for interpreting for clients and families experiencing MH distress, and to help MH professionals understand cultural issues that are relevant to the distress. This includes utilizing the Medical Interpreters Program at City College of San Francisco and their professional association as an option.

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<b>GOAL 4:</b>	Increase services to currently underserved populations
<b>OBJECTIVE 2:</b>	Outreach and Service Delivery: 1. Increase outreach to communities through methods that have shown to be effective in those communities 2. Prioritize and direct funds to target underserved communities
<b>Strategy 1</b>	Develop and implement outreach plans to reach underserved populations for current and future services. In cases where there is not a proven and clear outreach strategy, Behavioral Health Care Services will provide one time funding to convene a group to develop an outreach strategy.
<b>Strategy 2</b>	When appropriate, utilize STPE Family members to outreach to their communities
<b>Strategy 3</b>	Increase enrollment in Medi-Cal and other benefit programs by providing support to those needing help in navigating the Medi-Cal and other systems. Develop MOU with SSA to have a Supervisor and dedicated SSA worker for Behavioral Health Care Services SOC providers for Medi-Cal applications, eligibility, ct application tracking, appointment scheduling and follow-up, contacting clients whose Medi-Cal has lapsed to determine method to resume eligibility.
<b>Strategy 4</b>	Under current unused dollars for EPSDT expansion, Behavioral Health Care Services will meet with providers that specialize in serving underserved communities, and develop an expansion plan for underserved clients if there is a critical mass of full scope Medi-Cal youth. Priority will be given for new or augmented funding to agencies that serve the underserved communities mentioned above when they have reached their current capacity and have the ability to expand their services to these communities.
<b>Strategy 5</b>	Always include the underserved communities mentioned above in the design of all new programs.

<b>GOAL 5:</b>	Improve services to youth in or at risk of residential placement
<b>OBJECTIVE 1:</b>	Develop a 16 bed local high end residential treatment program with: 1. Strength-based 2. Evidence based state of the art treatment 3. Phases available (e.g. wilderness program, assessment phase, transition out plans) 4. Family house on property 5. Skill-based vocational training 1 There is a committee working on this that is facilitated by the Assistant Director of Health Care
<b>Strategy 1</b>	Obtain commitment from ICPC Executive Council to develop an RCL 14 in county facility within the next year.
<b>Strategy 2</b>	Develop Interagency Steering Committee with family consumer membership
<b>Strategy 3</b>	Facilitate focus groups with family members, and providers regarding the program design, funding, location
<b>Strategy 4</b>	Obtain County site for program
<b>Strategy 5</b>	Develop RFP and choose provider

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<b>GOAL 5:</b>	Improve services to youth in or at risk of residential placement
<b>OBJECTIVE 2:</b>	Develop intensive transition services for youth returning from residential placement including in home services; coaching in school and community (e.g. vocational, recreational, social, and, after-school programs). These services as appropriate to be made available as well to youth at risk of residential placement
<b>Strategy 1</b>	Assess scope of need for youth at risk of residential placement and youth at risk of failing reunification with family/community. (numbers of youth, location, needs, etc.)
<b>Strategy 2</b>	Expand wrap services to other populations of youth to ensure a positive transition home and sustained placement. Develop new funding sources, or other resources for services that are not covered by current funding mechanisms such as in-home and shadowing services for all youth transitioning from residential placement to a family setting, regardless of placing agencies.
<b>Strategy 3</b>	Develop a list of resources for services that are needed for youth returning to a home, family setting. Provide training to key individuals re: working with youth that may have emotional issues. Provide consultation, support, and shadowing (or behavior management resources) to the program.
<b>Strategy 4</b>	Develop programs for youth that help reintegration into the community such as vocational, social skills, educational opportunities.
<b>Strategy 5</b>	Develop and/or modify current programs for students who are high functioning academically (this strategy applies to youth not just transitioning from out of home placement but avoiding going to out of home placement). Begin by assessment of need.

<b>GOAL 5:</b>	Improve services to youth in or at risk of residential placement
<b>OBJECTIVE 3:</b>	Evaluate the efficacy of the services provided
<b>Strategy 1</b>	Conduct a survey of existing programs to see what modalities are being utilized; manifestation of strength-based orientation; elements of family friendliness.
<b>Strategy 2</b>	Establish program goals and objectives for the youth in their programs.
<b>Strategy 3</b>	Evaluate program in terms of fidelity to model, efficacy, and outcomes of youth.
<b>Strategy 4</b>	Provide feedback to programs to assist with training goals, and program improvement.

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<b>GOAL 6:</b>	Provide services to uninsured children and youth, including those services not covered by Medi-Cal
<b>OBJECTIVE 1:</b>	Advocate for funding for increased child and youth appropriate behavioral health care services
<b>Strategy 1</b>	Leadership will recommend that CMHDA review and support changes in the definition and implementation of behavioral health care child and youth services to make these services more children and youth appropriate, e.g., day treatment, out of county children and youth.
<b>Strategy 2</b>	Develop advisory council of family and consumers to actively participate in advocacy efforts.

<b>GOAL 6:</b>	Provide services to uninsured children and youth, including those services not covered by Medi-Cal
<b>OBJECTIVE 2:</b>	Develop flexibility to fund behavioral health care services for children and youth that are not currently funded by Medi-Cal, as well as services that are currently not covered by Medi-Cal
<b>Strategy 1</b>	Explore other counties' strategies for providing services that are not reimbursed through current Medi-Cal guidelines.
<b>Strategy 2</b>	Collaborate with Juvenile Justice, Education, and Primary Care to leverage funding for children.
<b>Strategy 3</b>	Utilize EPSDT funding to leverage additional federal funds.
<b>Strategy 4</b>	Explore private funding for resources (RWJ, Cal Endowment); consider establishing a grant writer position to accomplish this.
<b>Strategy 5</b>	Explore underutilized public funding streams that could be used for Behavioral Health Care Services children and youth services for uninsured children and youth, e.g., Victims of Crime, McKinney LEA billing, FQHC
<b>Strategy 6</b>	Review current restricted funding to ensure that the distribution serves the greatest number of children and youth as possible