DATE: August 4, 2021

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: Paul Lorenz, Chief Executive Officer, Santa Clara Valley Medical Center
Sherri Terao, Director, Behavioral Health Services Department

SUBJECT: Continuum of Services, Aftercare for Youth Post Inpatient Hospitalization, and Capacity within Behavioral Health Services Department (BHSD) – corrected

During the Children’s, Seniors, and Family Committee (CSFC) on April 22, 2021 (Item No. 6), Supervisor Ellenberg requested that VMC provide an off-agenda report on the continuum of services for children and youth, aftercare services for youth post inpatient hospitalization, and the capacity of the Children, Youth and Family (CYF) System of Care (SOC) in BHSD.

**BHSD’s CYF SOC**

The CYF SOC provides services that have both depth and breadth in the service array to address the needs of children and youth with behavioral health needs. These programs are arranged on continuum of care from prevention services, which includes School Linked Services (SLS), Prevention and Early Intervention (PEI) and Clinical High Risk for Psychosis to intensive services which include residential for both behavioral health and substance use treatment and Wraparound services. Inclusive of the CYF SOC services are the Crisis Continuum of services which include Mobile Response and Stabilization Services, Post Crisis Services, and a Crisis Stabilization Unit (CSU). The total capacity for the CYF SOC provides approximately 22,050 spaces for treatment and in FY 21 year to date May 2021 served 12,195 children and youth. There CYF programs have not waitlists.

The BHSD’s CYF strives to provide services influenced by the System of Care model.

A System of Care as defined by Substance Abuse and Mental Health Services Administration (SAMHSA) is “A broad, flexible array of services and supports for a defined population that is organized into a coordinated network, integrates care planning and management across multiple levels, is culturally and linguistically competent, builds meaningful partnerships with families and youth at service delivery, management, and policy levels, and has supportive policy and management infrastructure.”

The services provided within the CYF SOC seek to make explicit that the services are child and family centered and are part of an integrated service delivery system. The values of cultural humility, equity, inclusion, and trauma informed practices are the underpinnings of CYF’s
mission. Integration of services with the larger system of care which includes, education, regional center, public health, physical health, and other child serving departments and agencies is central to comprehensive and integrated care coordination.

**CYF Continuum of Care**

**Care Coordination for Hospital Aftercare**

Discharge planning for aftercare services from inpatient hospitalization begins on the first day of admission. The CYF hospital liaison connects with hospital staff, provider staff and families to ensure comprehensive care coordination for a child or youth to support their transition back to the community and to services. Timely communication is key, and in the current practice, the CSU staff provide the CYF hospital liaison a daily report of Medi-Cal and unsponsored youth admitted to hospitals. In addition, two of the hospitals provide daily census of admissions of Medi-Cal or unsponsored youth admitted to the hospital liaison to begin care coordination with the hospital social work staff. For children and youth that have commercial insurance the same level of attention to care coordination and safety planning are provided to those youth by both the CSU and inpatient hospital social work staff. This practice of timely communication and comprehensive care coordination will continue as part of the hospital care and discharge planning design for the new hospital.
New Inpatient Psychiatric Hospital for Children and Youth

The new inpatient psychiatric hospital for children, adolescents and adults will be opening in late 2023. This new facility is designed to be welcoming and will be filled with spaces for healing, using light, color, and nature. There will be 21 beds for adolescents and 14 beds for children. The same level of comprehensive care coordination will continue to transition children and youth back to the community. By aligning the clinical practice with the values and principals of the System of Care model (where the care is integrated and centered around the child), youth and family will meet their goals for wellness and recovery.
Network Adequacy

The current referral structure and requirements from the California Department of Health Care Services (DHCS) Network Adequacy Certification Timeline (NACT) supports timely access to services and adequate network capacity. A parent or guardian of a Medi-Cal beneficiary who calls the Behavioral Health Call Center requesting behavioral health services for their child is assigned that same day to either a contracted provider or a county outpatient clinic to be scheduled for a behavioral health clinical assessment. An outpatient treatment services provider has within 10 business days to conduct a clinical assessment and provide treatment services. For children and youth with commercial insurance NACT is also required.

The current referral structure and requirements from the Department of Health Care Services (DHCS) Network Adequacy Certification Timeline (NACT) does not allow BHSD to maintain a waitlist. BHSD has capacity to serve youth within the Children, Youth, and Family System of Care programs.

cc: Miguel Marquez, Chief Operating Officer
    James R. Williams, County Counsel
    Megan Doyle, Clerk of the Board
    Chief Board Aides
    Debbie Dills-Thompson, OBA
    Agenda Review Administrator