

## Local Mental Health Board

### Director's Report

January 27, 2020

- a. **Governor's proposed 2020/2021 Budget** – see Attachment.
- b. **Mental Health Urgent Care** – In response to community request for an alternative to emergency departments in addressing mental health crises on evenings and weekends, the Yolo County Health and Human Services Agency (HHSA) opened the First Responders' Mental Health Urgent Care (MHUC) in February 2018. The project was funded in part by both a Mental Health Services Act (MHSA) Innovation project which runs through June 2020, as well as a partnership with Sutter Health that provides Nurse Practitioner services at the site.

While the MHUC has offered a quality expansion of crisis intervention support, there has been consistently low utilization of the program, especially on Sundays. Data spanning the last 23 months informed HHSA' careful consideration and decision to close the program on Sundays. The MHUC does remain open from 12:00pm to 9:00pm Monday through Saturday. The same data set (see Attachment) shows that each month since opening an average of,

- 33 clients are served by the on-site Nurse Practitioner
- 5 clients are brought in by a County law enforcement agency (overwhelming West Sacramento PD)
- 46 clients are served at the Urgent Care.

Overall, the MHUC is not fiscally sustainable as average monthly claimable service delivery is usually only half of the average monthly cost. This pattern of underutilization continues despite ongoing community and law enforcement agency engagement and education efforts. HHSA is working with County law enforcement and local hospitals to determine our next steps.

A core component of the MHSA Innovation project is an ongoing Multidisciplinary Forensic Team, which will continue to work on improved collaboration strategies between emergency medical services and law enforcement personnel, hospital emergency departments and HHSA. In addition, on January 16<sup>th</sup> Karen Larsen and Sandra Sigrist met with Law Enforcement leads to review options for community-based crisis response in partnership with law enforcement jurisdictions. Next steps will be proposed following receipt of their feedback by mid-February (see Item g below).

- c. **Pine Tree Gardens**-Pine Tree Gardens ad hoc met on January 15<sup>th</sup> in Davis.
  - a. Pine Tree Gardens East has submitted a 6-month budget which was reviewed and will be included as an attachment.
  - b. Review of the expenses and potential sources of additional revenue: Yolo County, Turning Point, City of Davis, and Parents. Currently the operator income is low, PTG Committee has provided \$15k to the operator. Potential sources of additional revenue:
    - PTG group is asking the county to provide money to operators

- Parents contribute monthly to house
  - County does not have a business relationship with providers. There is \$450k set aside for Turning Point to make facility repairs. County may be able to reimburse with receipts.
  - Increase monthly board and care rates as SSI is increased
- c. Turning Point completed home inspections on both PTG East and West with each of the homes requiring an estimated \$200,000 in repairs. Plans for landscaping will be given to architect (pro bono)/rotary
- d. Statewide Advocacy: CSAC, CWDA, CBHDA, Steinberg Institute, LA County
- Budget Ask-\$500 Million: LA Times Article
  - Governor's Budget-LA Times Article

The Governor's budget includes \$750 million flex fund statewide that called Board & Cares; there will be a grant process or allocation; PTG Committee raised total assets of \$238K as of Jan 12; Petra is putting together an email about revisiting patches.

- d. **Adult Residential Facility (ARF) Update-** HHSa issued an RFP in early December and received no respondents. HHSa is now pursuing back-up options, including consideration of sole sourcing the funds in order to expend by the deadline of June 30<sup>th</sup>.
- e. **Partnership Health of California and Dignity Health-** Partnership Health Plan of California (PHC) has informed the Counties of Yolo, Shasta, and Siskiyou that nearly 23,000 PHC members may be impacted if PHC and Dignity Health cannot reach a contract agreement by January 31, 2020. Approximately 18,000 of the 23,000 potentially impacted members are residents of Yolo County. The current contract covers primary, specialty, and hospital-based care as well as ancillary services. Despite the efforts of PHC to proactively mitigate this disruption for members, and after one contract extension, Dignity and Partnership did not reach agreement by December 31, 2019. State regulation requires PHC to mail impacted members a 30-day notice of termination which includes members' options to receive care. Since an agreement with Dignity was not reached by the end of December, member notices were mailed on December 31, 2019. Members currently assigned to a Dignity doctor will continue to receive care from Dignity through January 31, 2020. Any continuity of care requests, for care beyond February 1, 2020 will be assessed by PHC's Care Coordination team. As member notifications are received, PHC and Dignity's teams will work together on an orderly transition of care to other contracted, neighboring facilities, wherever possible. PHC will be working with members and families to identify new primary care providers, effective February 1, 2020, and to ensure that those who are in the midst of care can continue to see their Dignity Health providers for a period of time, as is required by law. The Department of Health Care Services is assisting with this transition and PHC will continue to provide updates when available. Affected PHC members are encouraged to call PHC's Member Services Department toll free at (800) 863-4155.
- f. **MHSA 3-year planning process** –On January 7<sup>th</sup>, HHSa leadership held a cross-branch integrated planning session, facilitated by MHSA contracted planning Consultants, Community Advocacy Research & Evaluation Consulting Group (C.A.R.E.). The focus of the day was to review an MHSA Planning Brief, completed by the C.A.R.E. team, which incorporated community input gathered through the past few months. Following a robust discussion, C.A.R.E. will now consolidate the information into a full narrative and

forward to HHSa Fiscal team who will frame out a proposed implementation budget. Once the complete document is reviewed and approved by HHSa leadership, the DRAFT Plan will be publicly posted for 30 days, as well as reviewed at the standing monthly MHSA Community Engagement Work Group (CEWG). With all additional comments incorporated, the proposed Plan will then go to the Board of Supervisors for approval/adoption.

- g. **LEACC presentation (presentation attached)**- On January 16<sup>th</sup> Karen Larsen and Sandra Sigrist met with Law Enforcement leads to review options for community-based crisis response in partnership with law enforcement jurisdictions. Next steps will be proposed following receipt of their final feedback on 3 key issues:
  - a. **CIP/Urgent Care** – Given sustained low utilization of site-based crisis support at the Urgent Care, a Task Force response team may be considered. This would include joint participation and support by all jurisdictions, with two officers and a Clinician responding county wide. Additionally, at least one City was interested in also funding Clinicians as an alternative to law enforcement involvement on mental health call response.
  - b. **CIT** – Discussion centered on continuing to RFP this service or have it provided by HHSa, as well as increasing the number of standard hours to 40, and providing ongoing 8-hour refreshers for trained officers. There was also a request to provide training for all Dispatch staff county-wide.
  - c. **5150** – A draft revised MOU was distributed, which incorporates a component specific to navigation of individuals living homeless. There was mixed feedback on including the information in a revised form.
- h. **Sutter/Dignity 5150 response**-Yolo County HHSa will meet with our hospital partners on February 6th to discuss a variety of issues surrounding our mutual responsibilities as they relate to persons experiencing mental health crisis. Discussion will cover; Mental Health Urgent Care, 24/7 Access Line provider, 5150 hold process, and potential for community-based crisis response.
- i. **Yolo/Sacramento Homeless Coordination**-Representatives from Yolo and Sacramento County, including City partners, have met twice over the last 3 months to discuss improvement in coordination with our individuals experiencing homelessness. To better understand each other's systems, the group is discussing law enforcement and shelter coordination, services and housing at different levels, how data may be shared across jurisdictions, and how homeless staff from each jurisdiction can better coordinate around individuals who may migrate between counties.
- j. **School based mental health**-(MHSSA application,LCAP/MHSA/EPST) County meeting with school district Superintendents to discuss leveraging resources to increase mental health services on K-12 campuses.
- k. **Mobile Medical Unit** – In October, 2019 the Department of Health Care Services released one-time funding allocation notices to Counties without existing Whole Person Care pilots, to implement programs which coordinate health, behavioral health and social services in a patient-centered manner, with the goal of improved beneficiary health and well-being. In early January, HHSa received approval from the Board of Supervisors to use the one-time funds to purchase a mobile medical unit, equipped with medical and dental exam space and associated plumbing and electrical. The funds will

cover the cost of vehicle purchase, maintenance, operation, and training required for staff to operate the vehicle. HHSa is actively working with Sutter and Dignity Health partners to develop an RFP for the service provider, and will concurrently pursue purchase of the mobile medical unit once the funding allocations are distributed to Counties. The target population for the services will include vulnerable individuals across the County, who are in need of immediate care as well as supported coordination to engage with an ongoing health home.



January 10, 2020

To: CBHDA Members

From: CBHDA Staff

Subject: Governor Newsom's Proposed FY 2020-21 State Budget

Governor Gavin Newsom released his Administration's second proposed Fiscal Year (FY) 2020-21 State Budget this morning. The proposed budget allocates \$222 billion in total state spending, consisting of \$153 billion from the state General Fund (GF), \$63 billion from special funds and \$5 billion from bond funds. Furthermore, when including federal financial participation, Medi-Cal overall is by far the largest state program at \$103.5 billion in FY 2020-21.

The Governor's proposed budget reflects the Administration's continued commitment to health care and a focus on addressing California's homelessness crisis. The proposed FY 2020-21 budget increases the state GF contribution to health and human services by 13 percent, the largest increase of any state budget area. Most of the increases are in the form of one-time augmentations.

Anticipated County Behavioral Health Revenues (FY 2020-21) include:

- Behavioral Health Subaccount (2011 Realignment) – \$1.603 billion including \$103.5 million in growth.
- Mental Health Subaccount (1991 Realignment) -- \$1.32 billion
- Mental Health Services Act - \$2.33 billion after \$61 million transferred to pay for No Place Like Home bond debt. \$2.21 billion for local assistance to counties.

The annual state budget process begins with the introduction of the Governor's proposed budget each January, proceeds through the legislative budget process over the next six months, and is finalized by June 15th, following the release of the Governor's May Revision in mid-May.

The proposals in the Governor's budget are vetted through the budget process. CBHDA is active in advocating on behalf of county behavioral health directors on numerous budget issues. Below is a summary of significant budget items in behavioral health, Medi-Cal broadly, children and youth, and criminal justice policies. To review the Governor's January state budget, visit <http://ebudget.ca.gov/> . Please do not hesitate to contact us with any questions you may have.

## High Priority Behavioral Health Issues:

### Medi-Cal Healthier California for All (Previously CalAIM)

Medi-Cal Healthier California for All is pursuing structural changes to the state's behavioral health payment system, revising the medical necessity standard in Medi-Cal and expanding statewide wraparound services, such as housing and social services. This year, California will submit to the federal administration a Medicaid Section 1915(b) waiver and Section 1115 waiver to implement the Medi-Cal Healthier California for All initiative, effective January 1, 2021.

- **Behavioral Health Infrastructure Investments:** The budget includes \$45.1 million GF in FY 2020-21 and \$42 million GF in FY 2021-22 (\$87 million total over two years to counties) for the Department of Health Care Services (DHCS) to implement a Behavioral Health Quality Improvement Program. The Program will fund county-operated community mental health and substance use disorder systems to incentivize system changes and process improvements that will help counties prepare for the Medi-Cal Healthier California for All initiative. According to the budget, proposed improvements include enhanced data-sharing capability for care coordination and establishing the foundational elements of value-based payment such as data collection, performance measurement, and reporting. This funding represents the Administration's understanding that the transition to a new behavioral health payment system will necessitate training and infrastructure changes at the local level.
- **Managed Care Infrastructure Investments:** The proposed budget includes \$695 million (\$348 million GF), growing to \$1.4 billion (\$695 million GF) in FYs 2021-22 and 2022-23. According to the budget, this investment will provide for enhanced care management and in lieu of services investments within Medi-Cal managed care, necessary infrastructure to expand whole person care approaches statewide, and build upon existing dental initiatives. Beginning in 2023-24, the Administration proposes to phase out infrastructure funding.
- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** The proposed budget also includes \$426 million (\$62.6 million GF) to support the Drug Medi-Cal Organized Delivery System (DMC-ODS). DMC-ODS will be included in California's 2020 waivers.

### Mental Health Services Act (MHSA) Review

In the proposed budget, the Governor expressed the Administration's interest in updating the MHSA. The Administration acknowledges that the MHSA has become a foundational element of California's mental health system. In alignment with CBHDA policy priorities, the Governor proposes allowing MHSA funds to be used for individuals with a primary substance use disorder diagnosis. The Governor also suggests the MHSA focus on people with mental illness experiencing homelessness or involved in the criminal justice system, as well as for early intervention for youth. After engaging stakeholders including CBHDA, the Administration plans to develop proposed changes to the MHSA by spring 2020.

### Behavioral Health Task Force – Mental Health Parity

The Administration is establishing the Behavioral Health Task Force at the Health and Human Services (HHS) Agency. The Task Force will bring together relevant state departments,

counties, consumers, health plans, providers, and other stakeholders. According to the budget, the Task Force will review existing policies and programs to improve the quality of care, and coordinate system transformation efforts to better prevent and respond to the impacts of mental illness and substance use disorders in California's communities.

In addition, HHS and the Department of Managed Health Care will work with health plans, providers, patient representatives, and others to update and strengthen enforcement of behavioral health parity laws and other health plan requirements. Enforcement efforts will focus on timely access to treatment, network adequacy, benefit design, and plan policies. The Administration will propose updates by spring 2020.

#### California Access to Housing and Services Fund

The budget includes \$750 million one-time GF to establish the California Access to Housing and Services Fund in the Department of Social Services. The goals of the proposed Fund are to reduce homelessness by moving individuals and families into stable housing and increase the number of units available to individuals and families experiencing homelessness or at risk of homelessness. The Fund will provide performance-based contracts to regional administrators with a 10 percent administrative cap. This proposal includes board and care subsidies and capital costs as one of the eligible uses, although it does not align with the proposal submitted to the Administration by CBHDA and the Steinberg Institute for \$500 million GF one-time to counties to stabilize the loss of board and care facilities, which CBHDA will continue to pursue via the legislature.

Planned uses of the Fund include:

- Short and long-term rental subsidies;
- Small and medium-size contributions to encourage development of new units;
- Stabilize *board and care* facilities by funding capital projects and/or operating subsidies;
- Engage landlords to secure units and negotiate leases
- Provide tenancy support services
- And coordinate case management with counties for those receiving rental subsidies.

The Governor's budget also proposes that the Fund would allow regional partners to pool federal, state, local and private funds to better leverage funding to connect individuals to housing, provide preventative services, and increase affordable housing capacity.

#### Department of State Hospitals - Community Care Collaborative Pilot Program

The budget includes \$24.6 million GF in FY 2020-21 totaling \$364.2 million GF over six years to establish a Community Care Collaborative Pilot Program in three counties. This initiative will establish incentives to treat and serve individuals deemed Incompetent to Stand Trial (IST) in the community. The program will primarily target development of community-based treatment options for felony ISTs and increase local investments to reduce the rates of arrests, rearrests, and cycling in and out of institutions for this population.

In addition, the budget proposes \$8.9 million GF in FY 2020-21 and \$11.2 million GF ongoing to expand Jail-Based Competency Treatment program in eight additional counties. This expansion is estimated to increase capacity by up to 63 beds in FY 2020-21.

CBHDA and the Steinberg Institute submitted a request for \$250 million one-time GF for the implementation of AB 1810 pretrial mental health diversion, which CBHDA will continue to pursue via the legislature. This proposal focuses on community-based treatment for felony ISTs and not the broader population eligible for diversion under AB 1810.

#### K-12 Community Schools Grants

The budget includes \$300 million one-time Proposition 98 funds to establish community school grants for local educational agencies supporting innovative community school models. Community schools offer unique models to provide integrated educational, health and mental health services to students with a wide range of needs. Specifically, the grants will provide resources to local educational agencies to implement programs aligned with the community school model. Programs can include integrated and coordinated student wrap-around services, including intensive health, mental health, and social services, as well as early screening and intervention for learning and other needs. Programs can also include collaborative leadership and support for educators, including professional development in student mental and behavioral health, trauma-informed care, social-emotional learning, restorative justice, and other key areas.

This budget proposal could be an opportunity to expand upon CBHDA's legislative proposal for integrated school behavioral health services, as well as last year's proposal on providing mental health first aid training in schools.

#### **Other Behavioral Health Proposals:**

##### New Vaping Tax

To address the rapid increase in youth use of potent nicotine-based vaping products, the budget proposes a new nicotine content-based E-cigarette tax. According to HHS, 80 percent of high school teens who consume tobacco use vaping devices. Most are using a flavored tobacco product. The vaping tax will begin on January 1, 2021. The new tax will be in addition to all existing taxes on E-cigarettes. Revenues from the new tax are expected to be \$32 million in FY 2020-21 and will be deposited into a new special fund to be used for administration, enforcement, youth prevention, and healthcare workforce programs. In addition to the tax, the Administration seeks to implement a statewide ban on all flavored nicotine products as of January 1, 2021.

##### Proposition 64 – Cannabis Tax Fund

The budget estimates approximately \$200 million in Proposition 64 funding in FY 2020-21 for education, prevention and treatment of youth substance use disorders and school retention. However, the budget does not propose how these funds should be allocated. Last year, as a relatively new funding source, the Administration proposed funding allocations for Proposition 64 in the Governor's May Revise.



### Proposition 56

The Administration did not propose any new allocations for Proposition 56 funding for supplemental Medi-Cal provider payments and loan repayment for physicians including psychiatrists. Last year's budget included multiple year allocations. The proposed budget states that a spending plan will be developed for the Proposition 56 revenues that remain in FY 2020-21 in the FY 2021-22 Governor's budget.

### Adverse Childhood Experiences and Early Childhood Development

The budget includes a proposal for \$10 million in one-time GF for the development of an adverse childhood experiences cross-sector training program that will be accredited by the Office of the Surgeon General, in addition to a statewide adverse childhood experiences public awareness campaign.

In addition, the budget proposes to establish the Department of Early Childhood Development under the California Health and Human Services Agency to promote a high-quality, affordable, and unified early childhood system that improves program integration and coordination with other major programs serving young children. This will be done in coordination with the Department of Education and the State Board of Education.

### **Other Medi-Cal Proposals:**

#### Managed Care Organization (MCO) Tax and Proposition 56

The budget forecast assumes federal approval of the MCO tax with revenue beginning to accrue in 2021-22. The MCO tax levies a tax on managed care plans to draw down over \$1 billion in federal matching Medi-Cal funding. When the MCO tax revenue is secured, the suspension of various health and human services investments effective December 31, 2021 included in last year's budget will be delayed by 18 months until July 1, 2023. These suspensions include Proposition 56 supplemental payment increases.

#### Nursing Facility Financing – Quality Assurance Fee

The budget proposes to reform the Quality Assurance Fee funding framework for nursing facilities to move from a primarily cost-based methodology to one that better incentivizes value and quality. The intent of these reforms is to further enable nursing facilities to invest in quality patient care while assuring the long-term financial viability of these essential Medi-Cal providers.

#### Systemic, Therapeutic, Assessment, Resources and Treatment Training

The budget includes \$4.5 million (\$2.6 million GF) to provide training for individuals serving those with developmental disabilities on person-centered, trauma-informed, and evidence-based support services for individuals with co-occurring developmental disabilities and mental health needs.

#### Medi-Cal Expansion for Low-Income Undocumented Californians Aged 65 and Above

The budget expands full-scope Medi-Cal coverage to low-income undocumented Californians aged 65 and above. This expansion will ensure an estimated 27,000 undocumented persons will access Medi-Cal covered behavioral health services, if necessary.

### **Other Criminal Justice Proposals:**

#### Proposition 47 Saving

The Department of Finance estimates net GF savings of \$122.5 million for Proposition 47, an increase of \$44 million over the estimated savings in FY 2019-20. These funds will be allocated according to formula in the initiative which require 65 percent to be allocated for grants by the Board of State and Community Corrections to public agencies to support recidivism reduction programs including mental health and substance use disorder services.

#### California Department of Corrections and Rehabilitation (CDCR)

CDCR Inmate population is expected to decrease by approximately 13,000 by 2022-2023 with Proposition 57 implementation. All private prisons for male inmates will end by 2020 and contracted public in-state correctional facilities will close by July 2022. The budget predicts that the Administration will close a state-operated prison in the next five years if population trends hold. The budget Includes:

- \$552.7 million in FY 2020-21 to focus on rehabilitation and reentry with funding for programs, nearly double FY 12-13.
- \$6.2 million GF in 2020-2021 (\$10.1 million ongoing) for Youth Offender Rehabilitative Communities for individuals under the age of 26 to house offenders in campus-style environments conducive to positive behavioral programming.
- \$3.8 million one-time GF to retrofit 64 intake cells across the state to improve the safety of CDCRs facilities for individuals experiencing a mental health crisis.
- \$722,000 ongoing GF to support an electronic health care data exchange process to transfer health records to counties for inmates transitioning to county custody or the community.
- \$5.9 million GF in 2021 (\$8.4 million ongoing) to support expansion of telepsychiatry and \$1.4 million ongoing GF to contract psychiatry resources to meet a federal court order.

#### Department of Youth and Community Restoration

The 2019 Budget Act included resources to transition the Division of Juvenile Justice from the Department of Corrections and Rehabilitation to the Health and Human Services Agency as an independent department. The budget will consist of 1,415.9 positions and \$289.7 million (\$260.8 million GF) in FY 2020-21. The transition aligns with the rehabilitative mission and core values of the Agency by providing trauma-informed and developmentally appropriate services to youth in California's juvenile justice system.

#### Adult Probation Reform

The budget includes \$60 million for three years and \$30 million in FY 2023-24 to supervise and provide probation services to misdemeanants with the aim of improving public safety by reducing recidivism of these individuals. Research shows compulsory conditions are an

effective way to connect justice-involved individuals with treatment and services to reduce their likelihood of cycling through the criminal justice system.

### Local Jail Oversight

The Administration proposes strengthening the oversight of county jails through the Board of State and Community Corrections. The Board will more actively engage counties regarding deficiencies identified in inspections and provide additional technical assistance to counties where issues are identified.

### **Other Homelessness Proposals:**

#### Root Causes of Homelessness Study

The Governor in his press release dated January 8th announced that Health and Human Services Agency alongside researchers at UCSF and California Policy Lab are conducting a comprehensive, data-driven study to better understand the root causes of homelessness and more fully understand the situation in California.

#### Other Homelessness Proposals

The Governor proposes through his budget and Executive Order N-06-19:

- Continues work with local governments to place new housing on excess state land. To date, nearly 20 cities and counties have expressed interest in partnering with the State for developments of new affordable housing.
- Tasks CalTrans and the Office of Statewide Health Planning and Development with working with local partners to find property adjacent to highways or state roads and vacant or decommissioned hospitals and facilities that can be used on a short-term emergency basis to house individuals experiencing homelessness.
- Tasks the Department of General Services to supply 100 camp trailers from the state fleet and the Emergency Medical Services Authority to deploy modular tent structures to provide temporary housing.
- Continues to seek private philanthropy to offset the cost of development of housing. To date they have received \$4.5 billion in commitments from Apple, Google, and Facebook to finance affordable housing projects.
- The budget includes \$6.8 billion across multiple departments and programs to address housing throughout the state.
- Establishes a multi-agency state crisis response team to assist local governments in addressing street homelessness comprised of:
  - Homeless Coordinating and Financing Council
  - Business, Consumer Services, and Housing Agency
  - Government Operations Agency
  - Health and Human Services Agency
  - Labor and Workforce Development Agency
  - State Transportation Agency

### **Other Child Welfare Proposals:**

### Continuum of Care Reform (CCR)

The budget includes \$548.6 million (\$373 million GF) to continue CCR efforts, including emphasis on home-based family care, improved service delivery, increased role of children and families in assessments and case planning and greater coordination of child welfare and mental health services.

### Child Welfare Services

The budget includes \$598.9 million GF for children, youth and families who receive Child Welfare Services related to family support and maltreatment prevention services, child protective services, foster care services, and adoptions.

### Child Welfare Workforce Development

The budget includes \$11 million (\$5.6 million General Fund) to establish an additional child welfare social workers regional training academy.

### **Other Education Proposals:**

#### Educator Workforce Investment Grants

The budget proposes \$350 million one-time Proposition 98 funds to augment the 2019 Budget Act appropriation for the Educator Workforce Investment Grants. The funding to local educational agencies to conduct training in:

- Multi-tiered systems of support and mental health interventions
- Social-emotional learning and restorative practices

### **Other Healthcare Proposals:**

#### Health Care Cost Containment

The Administration proposes the establishment of the Office of Health Care Affordability in Spring 2020. This Office will be charged with increasing price and quality transparency, developing specific strategies and cost targets for the different sectors of the health care industry, and financial consequences for entities that fail to meet these targets. The Office will also create strategies to address hospital cost trends by region, with a particular focus on cost increases driven by delivery system consolidation.

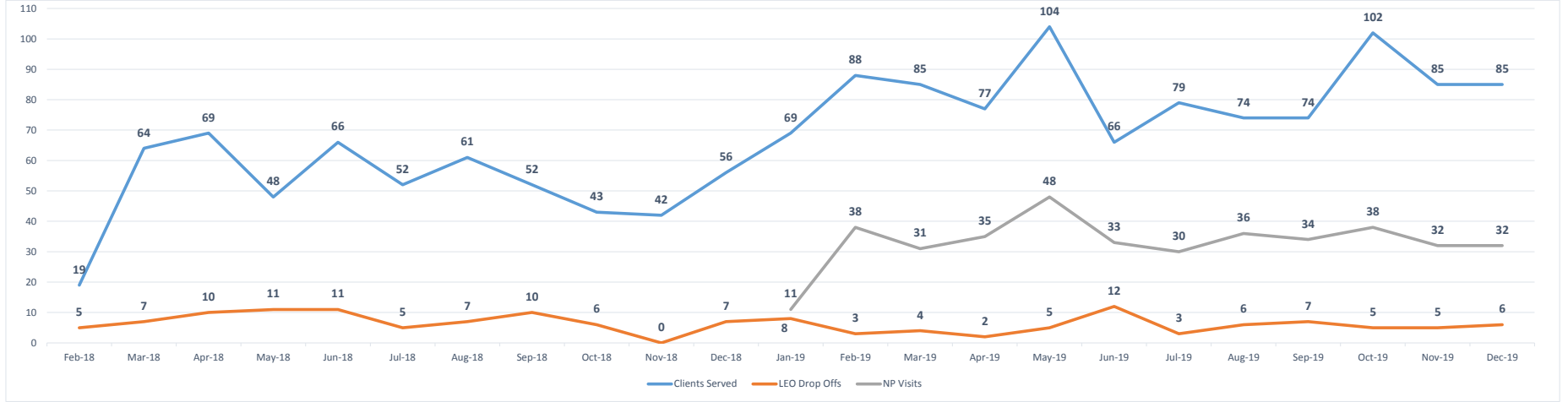
#### Prescription Drug Costs

The budget includes proposals to reduce drug costs for taxpayers, employers, and consumers that involve securing better supplemental rebates from drug manufacturers and increasing the state's purchasing power with increased partnership. In the spring, the Administration will issue additional initiatives including the establishment of a single market for drug pricing within California to combine the purchasing power of all purchasers. The Administration will also seek to establish the state's own generic drug label. The state would contract with one or more generic drug manufacturers to manufacture certain generic drugs on behalf of the state and

participating entities. This proposal will increase competition in the generic market, resulting in lower generic drug prices for all purchasers.

	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	TOTAL
<b>Clients Served</b>	19	64	69	48	66	52	61	52	43	42	56	69	88	85	77	104	66	79	74	74	102	85	85	<b>1,061</b>
<b>LEO Drop Offs</b>	5	7	10	11	11	5	7	10	6	0	7	8	3	4	2	5	12	3	6	7	5	5	6	<b>113</b>
<b>NP Visits</b>												11	38	31	35	48	33	30	36	34	38	32	32	<b>398</b>
<b>Claimable Services</b>	\$14,294	\$26,819	\$33,883	\$29,241	\$29,692	\$13,771	\$9,704	\$3,783	\$5,752	\$3,207	\$11,021	\$24,142	\$49,411	\$41,651	\$49,397	\$55,677	\$54,190	\$39,419	\$47,062	\$48,351	\$89,382	\$63,811	\$60,531	<b>\$804,191</b>
<b>Costs*</b>	\$47,312	\$47,864	\$48,591	\$60,216	\$41,397	\$57,621	\$62,782	\$49,363	\$62,081	\$60,618	\$59,095	\$101,083	\$89,844	\$86,618	\$84,681	\$86,466	\$81,202	\$81,202	\$81,202	\$81,202	\$81,202	\$81,202	\$81,202	<b>\$1,614,047</b>

\* (HHSA Salaries/Overhead/Sutter NP contract)



Inspiration Place/East House/PTG	January 1, 2010 to June 30, 2020 Projected Budget	Save PTG Comments
<b>Income/Revenue Minus P/I</b>	<b>Projected Budget</b>	
Resident SSI payments	\$ 82,808.86	Added this description; subtracted \$4,000/year from total for empty beds
Save PTG contribution	\$ 15,000.00	Save PTG Committee agreed to reimburse expenses up to this amount through June 30, 2020
<b>Total Operating Income</b>	<b>\$ 97,808.86</b>	
<b>Operating Expenses</b>		
<b>Salary</b>		
Non-management	\$ 16,250.00	Carlos salary
Respite care	\$ 14,250.00	Amount Dedre requested for respite, 40 hours/week.
<b>Total Salary</b>	<b>\$ 30,500.00</b>	
<b>Other Operating Expenses</b>		
Rent	\$ -	The LLC annual meeting minutes from 2016 state that Dedre and Turning Point agreed to \$300/month in rent. Turning Point agreed to waive this rent for 6 months.
LLC contribution	\$ 600.00	Turning Point said both Dedre and Turning Point need to contribute \$100/month for LLC fees.
Food	\$ 22,382.34	This adds up to \$9.25/day per person.
Household supplies	\$ 8,255.00	
Hygiene/CPR/medical	\$ 1,215.84	
Linens	\$ 5,560.98	TP said they can pay for window coverings with County funds, but it is not a priority because of other maintenance needs. .
Minor repair and maintenance	\$ 500.00	
Paint and supplies	\$ 250.00	Turning Point can pay for paint if needed with County funds.
Vehicle repair/maintenance	\$ 600.00	Vehicle was purchased by Turning Point about 15 years ago. They are not responsible for maintenance and vehicle repair.
Vehicle fuel	\$ 2,788.78	
Utilities/PG&E/Culligan/phone	\$ 9,250.00	
Insurance/Philly/Interwest/Worker's comp.	\$ 2,178.13	
Accountant/bookkeeper	\$ 4,000.00	Reduced this to 8,000/year from \$17,100/year if use bookkeeper who charges \$45/hour

Office supplies	\$ 1,250.00	
State licensing fee	\$ 1,000.00	
Fire inspection	\$ 50.00	
City business license	\$ 75.00	
<b>Total Other Operating Expenses</b>	<b>\$ 59,956.06</b>	
<b>Client Support Expenses</b>		
Special meals	\$ 425.00	
Clothing/art/special events/holiday	\$ 4,837.50	
Supplemental	\$ 1,000.00	
<b>Total Client Support Expenses</b>	<b>\$ 6,262.50</b>	
<b>TOTAL EXPENSES</b>	<b>\$ 96,718.56</b>	
<b>Year-End Net Assets</b>	\$ 1,090.30	Added to show profit/loss. Should show \$17,500/year profit for six months or \$35,000/year, which is the minimum Save PTG thinks Dedre should earn.

Based on the current rate of inflation in in the US, which is approximately at 2%

Based on fuel prices rising at a faster rate of inflation

*Updated January 12, 2020*

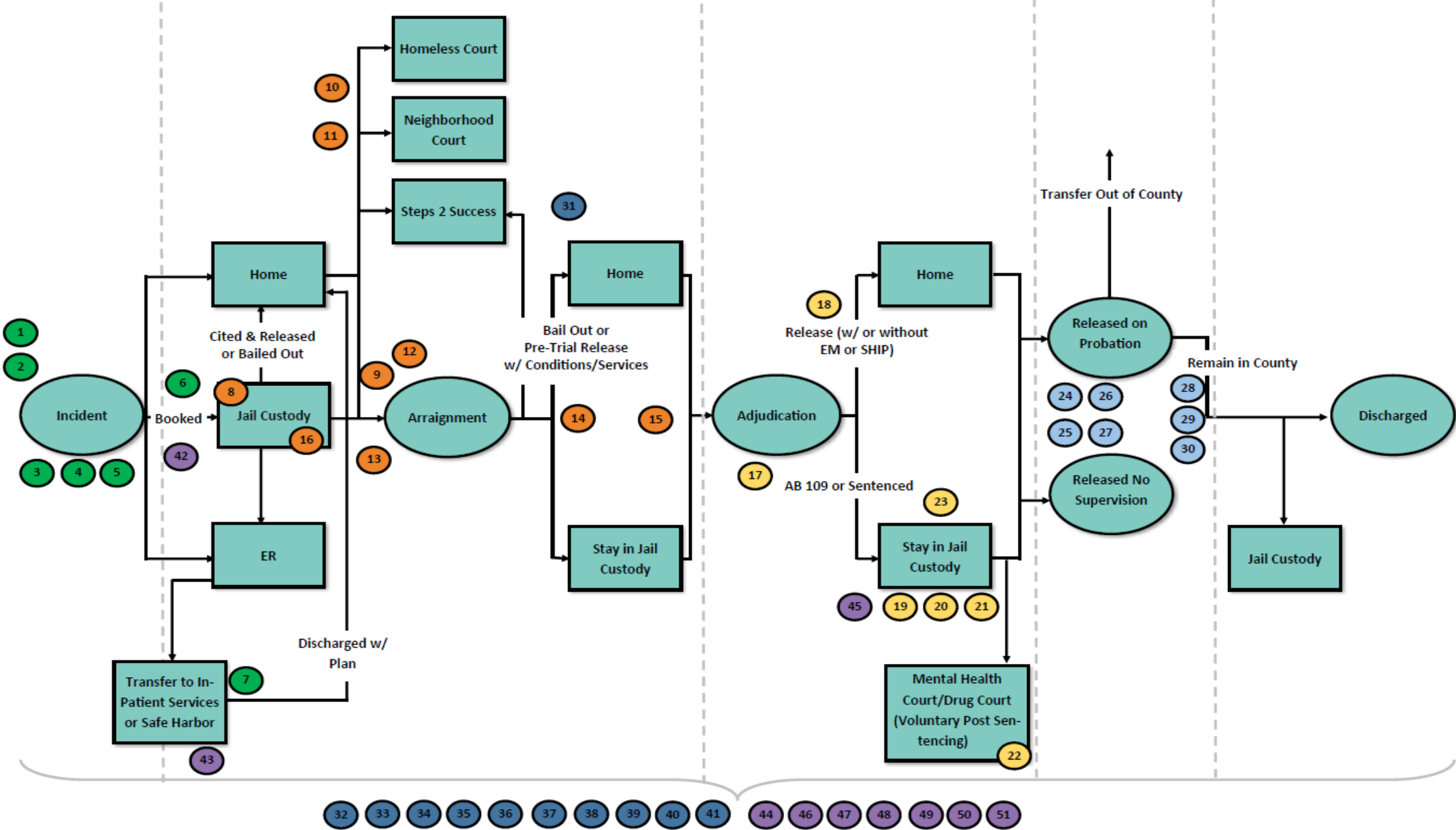




Here to serve...

Yolo County Health and Human Services  
Agency wants to partner, provide support  
and avoid bad outcomes for our law  
enforcement partners and our residents

# Criminal Justice Continuum of Care Map



# Sequential Intercept Map Priorities

- SIM priority gaps were recently voted on (10/30/19). The gaps listed below received more than 2 votes and ranked in the top 15 of 60 identified gaps.
  - *\*Loss of CIP to assist in intervention on scene and post-event follow up.*
  - *Navigator to link people to and help coordinate services.*
  - *Expand Case Management Services for diversion options.*
  - *First responders need information on health of individuals to assist in determining the correct response (avoid escalating a situation).*
  - *Difficulty in planning release for individuals with severe needs when it is clear they cannot take care of themselves.*

- Community Intervention Program (CIP)
- Crisis Intervention Training (CIT)
- West Sacramento MH Urgent Care
- DDRP Trauma Training
- Homelessness
- Next Steps...

Discussion Topics

# Community Intervention Program (CIP) Overview

- SB82
- Program ran for 3 years:
  - *Program was under utilized (1,188 encounters over 2 years, 74% less than anticipated)*
  - *Cost was approximately \$1m/year*
- Target Population:
  - *Yolo County residents who come in contact with law enforcement during a psychiatric crisis.*
- 4 Mobile Crisis Response Teams:
  - *West Sacramento*
  - *Woodland*
  - *Davis*
  - *Sheriff/Winters*
- Clinicians co-located at LEAs to provide joint response with law enforcement

# West Sacramento Mental Health Urgent Care

- Who do we serve:
  - *Adult (18 years and older) residents of Yolo County*
- Services:
  - *Crisis assessment and supportive counseling; referrals to other local community services, medication intervention*
- Location:
  - *500 Jefferson Blvd West Sacramento*
  - *Days/Hours:*  
*7 days/week, 12pm – 9pm*  
*Closed all County holidays*

[855-897-2033](tel:855-897-2033)



Average Monthly Clients Served (Feb 2018-Sept 2019)	Average Monthly Law Enforcement Drop Off (Feb 2018-Sept 2019)
76	8

# Ideas

- CIP cost prohibitive and underutilized
- Mental health urgent care cost prohibitive and underutilized
- Sequential Intercept Map refresh clearly prioritized CIP coming back
- DA's office interested in Mental Health Task Force concept
  
- How do we leverage resources to ensure the best outcomes for officers and those in crisis in our community?

# Crisis Intervention Training (CIT) Overview

- Purpose:
  - *To provide CIT to law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis.*
- Target Population:
  - *Law enforcement (LE) officers from all Yolo County LE agencies as well as other first responders serving Yolo County.*
- Two-year contract: FY18/19 & FY1920
  - *Contract with Mike Summers of Disability Response*
- Services:
  - *A minimum of 4 trainings offered per year at different County locations.*
- FY 18/19:
  - *There were a total of 63 attendees across all sessions; average 16 attendees/session*



# Reported Completion of Crisis Intervention Training (CIT)

Agency	Percentage of Officers Trained	Training Goal	Length of Training Completed
UC Davis Police Department	100%	100%	16 hours
Woodland Police Department	80%	100% within 1 year	32 hours
Davis Police Department	88%	100% by March 2020	32 hours
Yolo County Probation	67%	100% within 1 year	32 hours
Yolo County Sheriff	10 Officers have completed training	100%	32 hours

# Input

- Are you happy with current CIT provider?
- How would you feel about HHSA bringing this service in house?
- Do you have other ideas about how HHSA can partner with LEAs, first responders and dispatch to ensure all receive training and feel prepared to deal with these situations?

# Homelessness - 5150 MOU Updates

- Now includes recommendations for unsheltered individuals who do not meet 5150 Criteria and are encountered after business hours (M-F 8-5)
  - *New MOU Language Provides:*
    - Transportation
    - Shelter Options
      - *Contact information for year round and seasonal shelters*

# Next Steps...

- Mobile Medicine
- Evaluate CIT Contract
- Davis Expansion
- Evaluate use of resources at West Sac Mental Health Urgent Care
- CCP to update SIM Priorities
- Finalize 5150 MOU Updates