

Yolo County Health & Human Services Agency

Mental Health Director's Report

January 25, 2021 (6-8pm)

- a) James Glica- Hernandez – There are no words for the void left by James' passing. He was larger than life and simply oozed love for life and humanity. I know all that you James join me in grief and sadness as we mourn his loss. James, while exceedingly kind, was also an unapologetic advocate for LGBTQ rights and Mental Health stigma reduction. His contributions to the music passions of so many young people from our area cannot be overstated. His passing is a reminder to us all to continue our vigilance – wear masks, physically distance, and wash our hands.
- b) COVID19 update –As of January 9th, 3,412 first doses given of the approximately 4,750 first doses on hand in Yolo.
- a. Long term care facility and staff make up about 65% of these, hospital workers about 25%, emergency medical services workers about 15%, and dialysis workers about 1%.
- Vaccine distribution from the State to counties happens weekly, for Yolo it's varied from 1,000 doses distributed to us 1 week and only 100 the following week.
- CDPH puts out clarity around different types of workers, and sometimes pulls it back after feedback, so the level of detail on exactly who is eligible down to each individual person is hard to measure from time to time, but the overall Phases and Tiers on the county website currently remain accurate as the broad guidance
- There are an estimated 7,500 eligible individuals in Phase 1A, State approved an additional 300 vaccines to Yolo last night, so about 1,600 on hand to go out this week and next week's dose # should be known tonight or tomorrow
- Phase 1B tier 1 has approximately 56,000 eligible individuals, tier 2 has about 38,000 eligible individuals
- Federal government indicated that CA as a whole should begin receiving approx. 120,000 more doses per week than they currently are, and this should happen in the next 1-2 weeks
- b. For Yolo this means about another 700 additional doses/week
- CDPH is continuing to allocate 1st and 2nd doses separately, but this may change upcoming which would effectively increase the # of doses weekly CA counties would get
- At this time, CA and the US is not taking the approach that the UK is taking which is to use all doses as first doses because they don't believe there is enough evidence to show efficacy with one 1 dose
- c) Governor's Budget – The Governor's Budget will include a Department of State Hospitals'(DSH) pilot program for 3 counties (large, medium, and small) to participate in local felony competency restoration. In anticipation of this proposal, the DSH team met with Yolo to assess our interest. The goal of this project is to reduce the waitlist for state hospitals. There are currently over 1,300 people on this waitlist and the hope would be clients could be kept local, receive effective treatment and relieve pressure for the State Hospital System. The Department of State Hospitals will provide funding to local jurisdictions to develop a continuum of community based care that could include programs like Jail Based Competency Treatment (JBCT), contracts with IMDs for locked placement/forced medication, housing supports (Board and Cares, Room and Boards, etc.), and staffing to provide the oversight and treatment components necessary. We expect that DSH will

have continued interest in Yolo serving as one of the pilot sites and look forward to exploring this concept in more detail with the Board and our partners once the State Budget is released.

- d) RFP Schedule –We have selected a vendor for MHSA Evaluation. We are in contract negotiations with CARE Consulting for this scope. The RFP for FSP services has closed and the review process has begun. The Street Medicine RFP will be released next and then the K-12 Mental Health services. Thank you to our members who participated in the review.
- e) Crisis Now –Our Crisis Now learning sessions continue every other week with our Technical Assistance meetings occurring on the weeks in between. We have begun discussing opportunities with other counties to join forces for some of the components, such as 24/7 access/crisis line.
- f) Pine Tree Gardens – The contract with North Valley Behavioral Health will be going to the Board on 1/26. We have been working closely with the Save PTG group on suggested edits. Additionally, it appears as though West House may also be purchased and signed over to New Hope so that both homes will have similar operating agreements/structures.
- g) Project Roomkey/Homekey– Project Roomkey continues to serve those vulnerable homeless clients in need throughout Yolo County. The County was able to utilize CARES funding to help pay for the services and motel rooms through December 30, 2020 which has allowed HHSA/County to repurpose grant funding into 2021 and carry the project at least through March. HHSA has applied for additional grant funding, that if awarded, could carry the project through June. Some statistics on numbers served and ages served to date are below.

Age Group	Number of Enrolled	% to Total
0-17 Years	3	0.5%
18-44 Years	191	34.5
45-64 Years	273	49.3%
65-74 Years	77	13.9%
75-84 Years	7	1.3%
85+ Years	3	0.5%
Total Number Enrolled	554	

City of West Sacramento was successful in closing escrow on a Project Homekey site which will allow for a 40-unit motel to be the site of a 5-year interim housing project providing the same types of supportive services, laundry, food, and security that Project Roomkey has utilized. This will provide

a longer-term housing option for those in need and will serve as an interim housing option for folks as they look for permanent housing placements.

- h) Data Driven Recovery Project –Yolo County continues to lead the DDRP project that is now entering its' 2nd phase by bringing on 5 additional DDRP counties who receive technical support, data gathering and warehousing between their criminal justice and behavioral health systems, and for those counties who have not gone through the Sequential Intercept Mapping (SIM) process, the DDRP consultant can support their county efforts in developing a SIM for their county.

In Yolo County specifically, we are targeting work in 2021 to focus on utilizing data gathered thus far from the criminal justice, behavioral health, and homeless systems to better identified areas of need and improvement in services for our population. Additionally, Yolo County was awarded a contract from the Department of State Hospital and one from the Federal government to expand our criminal justice behavioral health services for specific populations, but both come with a lot of data reporting requirements. We will be able to utilize the DDRP work to collect this data and help it continue to meet grant deadlines but also continue painting a picture of our system needs for future grants.

Lastly, there is a trauma component of the project that looks at conducting ACESs screenings and cognitive assessments on individuals with behavioral health needs involved in the criminal justice system. It was intended to be done with in custody populations and clients at the Probation department, but due to COVID the work has been slow thus far. HHS is currently looking to work with some contracted providers already serving this population to conduct these screenings and assessments to further the trauma research component of the project.

- i) Public Guardian update- Covid-19 and our Public Guardian conservatees: The Public Guardian team continues to maintain close contact with the facilities where our conservatees are placed for care and treatment. Each facility keeps us apprised of positive cases among staff and residents and of their protocols to keep staff and residents safe and how they are treating symptoms for conservatees who have tested positive. When any of our conservatees are found to be positive for COVID-19 we remain in close contact with their treatment team to monitor the conservatee's condition. We also notify the family whenever a conservatee has tested positive, and we keep the family informed of changes to the conservatee's condition.

From the outset of the pandemic through January 21st, **58** Public Guardian conservatees have contracted COVID-19. Of those, **47** have recovered, and sadly **11** conservatees have passed away from Covid symptoms or from preexisting conditions exacerbated by Covid.

The Covid vaccines are making their way to the facilities where our conservatees are living in congregate settings, and every day more of our conservatees are vaccinated.

- j) Yolo Drug Diversion Proposal-Assembly member McCarty has been working with DA Reisig on a proposal for a pilot program for individuals struggling with SUDs who have committed certain crimes. The proposal is being discussed amongst local stakeholders and will be returning to the Board.

- k) Staffing updates – There have been several changes in the Adult & Aging leadership positions over the last several months and upcoming.

Mila Green, Deputy Branch Director, has shifted into a Behavioral Health administration role within the agency providing management oversight and support of the Behavioral Health Quality Management team, all Behavioral Health contract administration duties, and of the Behavioral Health administrative support team. Mila's passion for quality, data, and system alignment in order to meet local, state, and federal requirements will be perfectly suited for this role and ensure the agency continues to meet our requirements.

Julie Freitas has transitioned into the manager role over our Forensic, Homeless, and Substance Use systems of care. Julie's passion for those most vulnerable in our community and her desire to continue sharing her knowledge and skillset with new systems has helped her smoothly transition into this role and look to align programming and services across multiple county sectors.

Mario Gallegati is our newest manager and has transitioned into the manager role over our Access, Crisis, and Wellness services. While Mario is our newest manager, he brings almost 20 years' experience with Yolo County to the role, lots of compassion and enthusiasm for the work, and will help drive many new initiatives including the Crisis Now work forward in Yolo.

Dr. Leigh Harrington has decided to transition out of the Medical Director role and into a role as a prescriber providing direct service to clients. Dr Harrington's knowledge of the overall administration and system work will serve her well as she transitions into this new role and continues providing the direct client care that has always mattered most to her. HHSA has a current open posting for a new Medical Director position and we're fortunate that Dr Harrington is staying with us and will continue to be part of our HHSA team.

- l) Outcome Data – Recent quality improvement efforts taken by the Child, Youth, and Family Branch have included compiling data submissions through the Results Based Accountability (RBA) process from contracted mental health providers. This data has been uploaded into the Insight Vision platform to assist with performance evaluation and trend analysis.

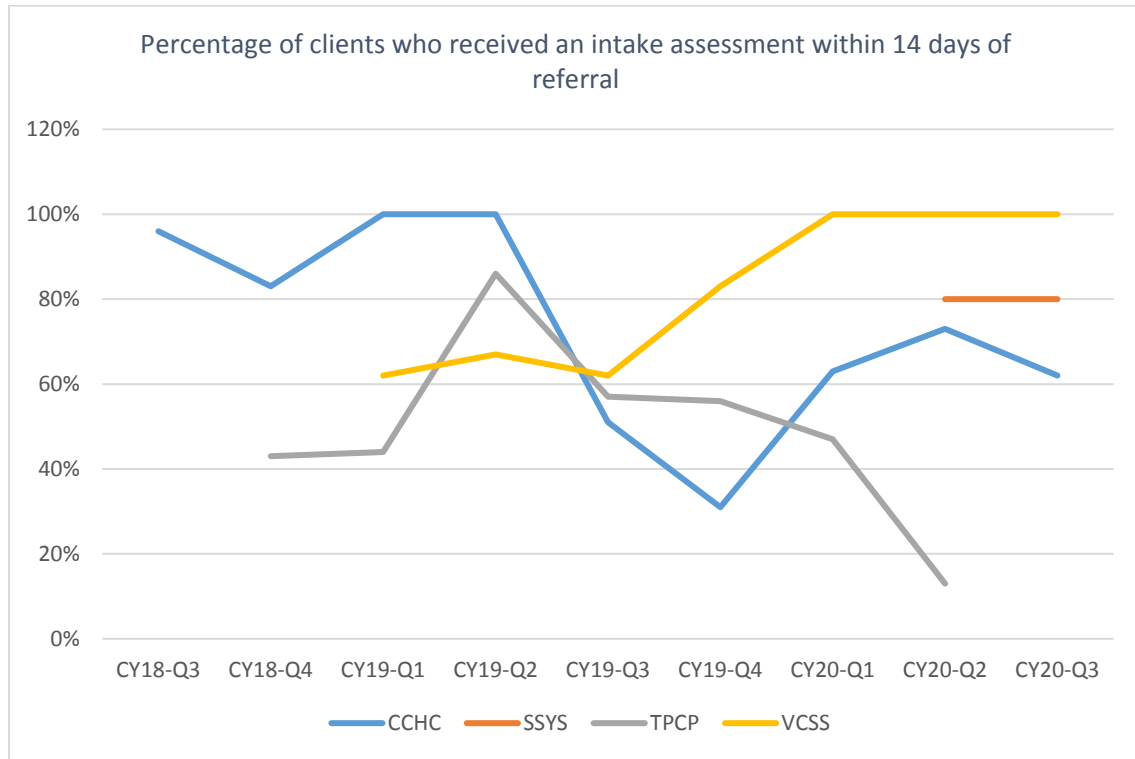
Yolo County currently contracts out core mental health services that align with the Early Periodic Screening, Treatment, and Diagnosis (EPSDT) program to the following providers:

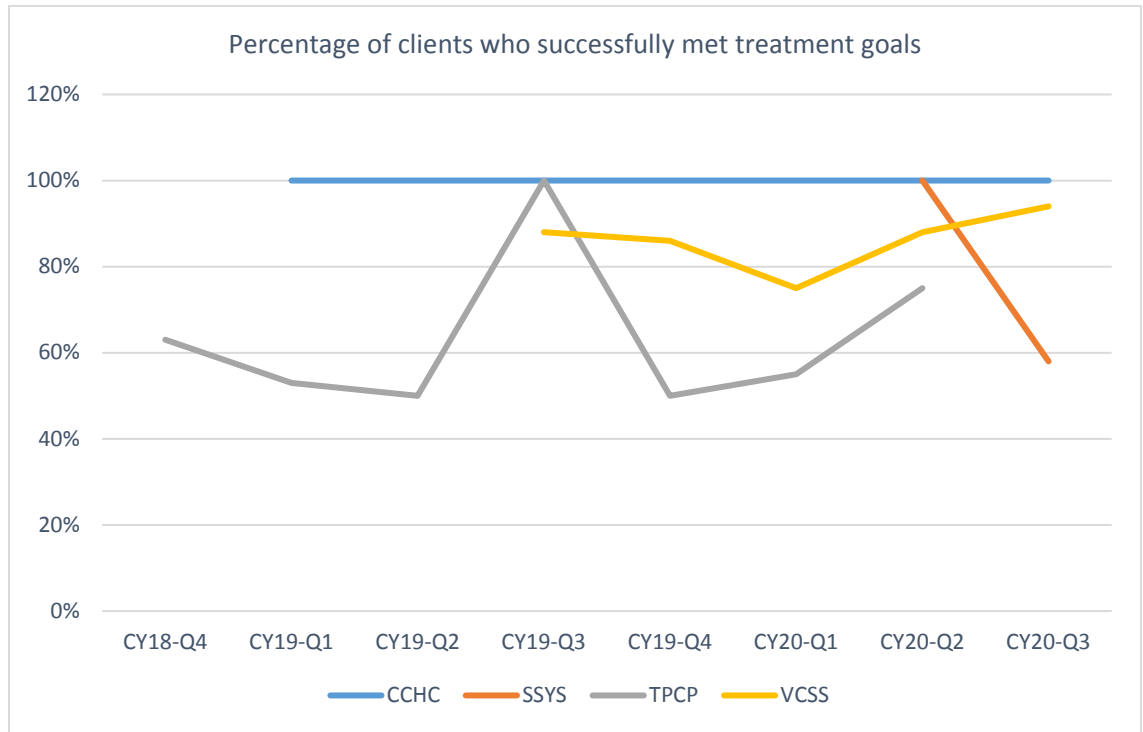
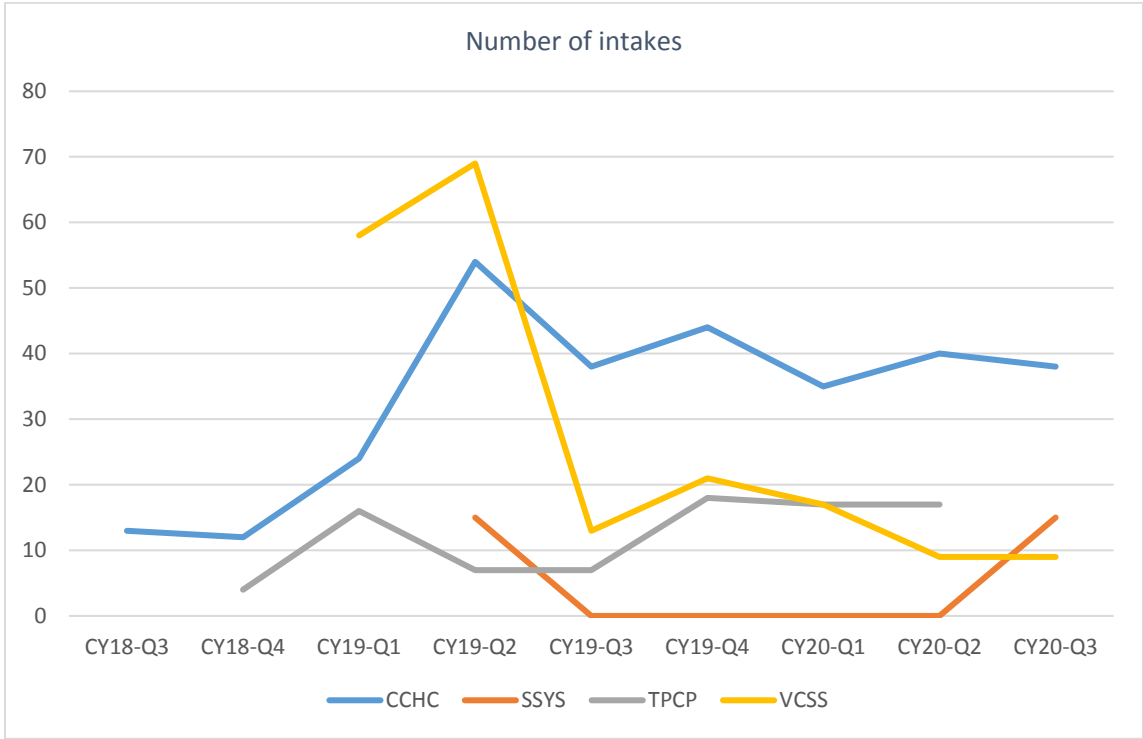
- CommuniCare Health Care Centers
- Stanford Sierra Youth Services
- Turning Point Community Programs
- Victor Community Support Services

Each provider is currently providing data regarding 29 separate data points that provide information about the quantity, quality, and effectiveness of services delivered. The charts below provide a sample of the data that is currently being collected.

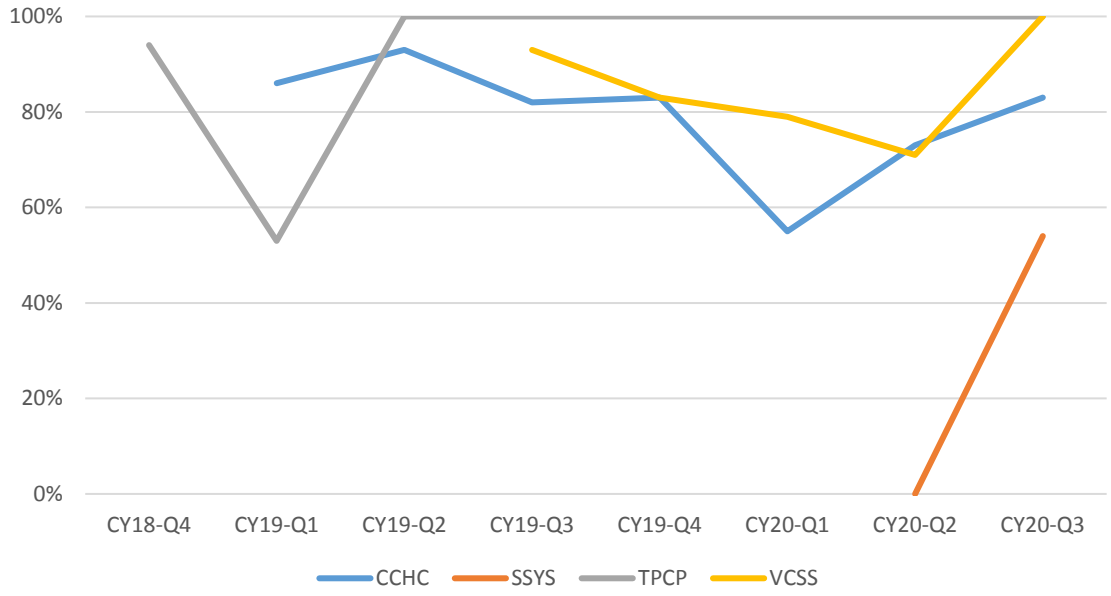
Future improvement efforts will include: reviewing the existing RBA measures to ensure that data being collected is meaningful to current HHSA goals and objectives; incorporating RBA measures

related to the Healthcare Effectiveness Data and Information Set (HEDIS) outcomes that are reported annually to the External Quality Review Organization (EQRO); and developing reporting formats that will allow for aggregating data in a manner that allows for a more comprehensive analysis of contractor and total system performance over time.





Percentage of clients with decrease in number of items needing action on Behavioral/Emotional Need section of CANS (intake vs. discharge)





January 9, 2021

To: CBHDA Members

From: CBHDA Staff

Subject: Governor Newsom's Proposed FY 2021-22 State Budget

Overview

Governor Gavin Newsom's proposed Fiscal Year (FY) 2021-22 State Budget allocates \$227.2 billion in total state spending, consisting of \$164 billion from the state General Fund (GF), \$58.3 billion from special funds and \$4.4 billion from bond funds. When federal financial participation (FFP) is included, Medi-Cal is by far the largest state program at \$117.9 billion in FY 2021-22.

In this year's proposed budget, the state is experiencing a one-time \$15 billion surplus due to the difficult to predict impacts of the pandemic on revenues and expenditures. However, much of this surplus is proposed to be allocated as one-time funding, because the state forecasts ongoing structural general fund deficits in outyears (i.e., \$7.6 billion in FY 2022-23 growing to over \$11 billion by FY 2024-25). Given the budget instability, the Administration also proposes continued investments in budget reserves totaling nearly \$22 billion between last year and the proposed FY 2021-22 budget.

The Newsom Administration's January budget proposes a historic investment in the county behavioral health safety net and proposes an infusion of \$1 billion combined, largely in one-time spending intended to build out the delivery system capacity, particularly at the community level, and support the state's intention to eventually pursue the Medicaid Institutes of Mental Disease (IMD) waiver. This investment is one of several important contributions to county behavioral health and the individuals we serve, outlined in the sections below.

The Governor's budget assumes anticipated County Behavioral Health Revenues (FY 2021-22) as follows:

- Behavioral Health Subaccount (2011 Realignment) – \$1.545 billion with no anticipated growth.
- Mental Health Subaccount (1991 Realignment) -- \$1.12 billion in 2011 Mental Health Account with no anticipated growth. An additional \$72.8 million from 91 Realignment above CalWORKs MOE into the Mental Health Subaccount.

- Mental Health Services Act - \$2.6 billion estimated revenue and \$140 million redirected to pay for No Place Like Home repayments.

According to the budget, 1991 and 2011 Realignment sources are projected to increase by 5.6% from FY 2019-20 to FY 2020-21, the current fiscal year and decrease by 1.9% in the next fiscal year, from FY 2020-21 to FY 2021-22.

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, with significant fiscal and policy adjustments in the Governor's May Revision issued in mid-May. The budget must be finalized by June 15th per the state constitution.

The legislature must vet and negotiate the final budget agreement with the Governor. CBHDA is active in advocating on behalf of county behavioral health directors on numerous budget issues. Below is a summary of what is currently known about the significant budget items for behavioral health, Medi-Cal broadly, children and youth, and criminal justice policies. CBHDA will continue to inform the membership as further details are released on the various proposals. To review the Governor's January state budget, visit <http://ebudget.ca.gov/>. Please do not hesitate to contact CBHDA staff with any questions you may have.

Priority Behavioral Health Investments

County Behavioral Health Continuum. The budget includes \$750 million one-time GF for competitive grants, available over three years, to counties to acquire and rehabilitate real estate assets to expand the community continuum of behavioral health treatment resources, including the addition of at least 5,000 beds, units, or rooms to expand capacity. The resources will address short-term crisis stabilization, acute needs, peer respite, and other clinically enriched longer-term treatment and rehabilitation opportunities for individuals with behavioral health needs in the least restrictive and least costly setting. Funds can be used for acquisition and/or rehabilitation. According to the California Health and Human Services Agency (CHHS), the funds will not be authorized for personnel. Counties will be required to provide a match of local funds. Although none of the budget documents specify the match amount, in a preliminary discussion with the Administration the local match was cited as 25%, or \$250 million, which would bring the total investment in the county behavioral health continuum up to \$1 billion in state and local funding. The Administration also linked this investment to its intention to pursue an opt-in to the Institutes of Mental Disease (IMD) waiver under CalAIM, described below.

In addition, the Administration is exploring opportunities to repurpose relinquished adult jail bond financing to add to this effort. See County Jail Relinquishments below.

CalAIM. The Budget includes \$1.1 billion in FY 2021-22, and \$1.5 billion in FY 2023-24 to implement CalAIM (effective January 1, 2022). This budget proposal includes \$21.8 GF in FY 2021-22, which will grow to \$86 million total (according to discussions with DHCS) over three years to support county behavioral health CalAIM transformation under the Behavioral Health Quality Improvement Program (BH QIP). According to DHCS, this program will provide support

and create incentives to help county behavioral health agencies reach specific milestones in the implementation of CalAIM, including coding and medical necessity-related infrastructure changes.

The broader funding amount, inclusive of Medi-Cal managed care, includes investments to provide Enhanced Care Management, In Lieu of Services, and infrastructure to expand whole person care approaches statewide. Beginning FY 2024-25, the Administration proposes to phase out infrastructure funding, resulting in ongoing costs of about \$846.4 million per year.

IMD Waiver. The DHCS Budget Summary document includes a mention of the Administration's intent to pursue the Serious Mental Illness/Severe Emotional Disturbance Institutions for Mental Disease (IMD) waiver as part of its CalAIM initiative. The Administration has communicated that the state intends to take a phased approach, in coordination with the infrastructure investments discussed above, and pursue the IMD waiver over multiple years.

Student Mental Health. The budget includes one-time \$400 million (\$200 million GF), available over multiple years, for DHCS to implement an incentive program through Medi-Cal managed care plans, in coordination with county behavioral health departments and schools. Funds seek to build infrastructure, partnerships, and capacity statewide to increase the number of students receiving prevention and early intervention behavioral health services from schools, providers in schools, or school-based health centers in light of increased need for children's mental health services. This funding allocation will be dispersed to Medi-Cal Managed Care plans to draw down a federal match; however, the DHCS will also provide enhanced incentives for creating 3-way contracts between Medi-Cal Managed Care plans, county behavioral health departments and schools. The Administration will propose budget trailer bill language to increase access to student behavioral health services.

Expanded Board and Care Support. The Budget proposes \$250 million one-time GF for the California Department of Social Services to counties for the acquisition or rehabilitation of Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) with a specific focus on preserving and expanding housing for low-income seniors. We will be working to ensure our clients are included in the budget trailer bill language that frames this proposal.

Mental Health Services Act (MHSA). The budget includes statutory changes to extend flexibilities in county spending of local MHSA funds that were included in the 2020 Budget Act in response to the COVID-19 pandemic for an additional fiscal year. Statutory changes will allow counties to draw down prudent reserves without requiring a county-by-county authorization from the state. The budget discusses allowing flexibility in the amount of Community Services and Support (CSS) funds allocated to Full Service Partnerships and the ability to use existing MHSA spending plans if COVID-19 has delayed the adoption of a new plan. As DHCS develops budget trailer bill language, we will verify that other MHSA flexibilities have also been extended including safeguarding funds against reversion.

The budget includes \$25 million one-time Mental Health Services Fund (MHSA Administrative Funds) available over five years, for the Mental Health Services Oversight and Accountability

Commission to augment the Mental Health Student Services Act Partnership Grant Program, which funds partnerships between county mental health plans and school districts.

The budget also proposes to allocate \$25 million in ongoing education funding via Proposition 98 to fund innovative partnerships with county behavioral health departments to support student mental health services. These funds would be provided to local educational agencies as a match to funding from county MHSA spending plans dedicated to the mental health needs of students.

FMAP. The Administration assumes COVID response will continue through December 2021 and anticipates the continuation of enhanced Federal Medical Assistance Percentage (FMAP) or federal match through 2021 in Medi-Cal. If enhanced federal match continues through 2021, counties will be able to provide less in non-federal share for Medi-Cal benefits. The budget includes \$4.9 billion in increased federal funding. For FY 2021-22, the budget includes \$3.3 billion in increased federal funding.

Criminal Justice

County Jail Relinquishments. The budget proposes to use adult jail financing savings and reallocate \$202 million in bond funds for the purchase or modification of community mental health facilities.

Proposition 47 Savings. The Department of Finance estimates net GF savings of \$114.8 million, an increase of \$11.9 million over the estimated savings in 2020-21. Funds are allocated according to the formula outlined in the initiative, which requires 65% to grants to public agencies to support recidivism reduction programs (such as mental health and SUD services).

Division of Juvenile Justice (DJJ) Realignment. The budget includes:

- **Office of Youth and Community Restoration** - \$3.4 million GF in FY 2021-22 and \$3.1 million GF ongoing to develop reports on youth outcomes in the juvenile justice system, staff a Child Welfare Council committee focused on improving outcomes for justice-involved youth and create an Office Ombudsperson.
- **Population Estimate** - Intake will stop for wards to DJJ on June 30, 2021. The FY 2021-22 population is estimated to be 729, a reduction of 126 from spring projections. DJJ is expected to close on June 30, 2023.
- **Board of State and Community Corrections (BSCC)** - The BSCC will distribute one-time funds of \$9.6 million in FY 2020-21 for the Regional Youth Programs and Facilities Grant Program. SB 823 also included ongoing funding for the Juvenile Justice Realignment Block Grant as follows: \$46.5 million GF in FY 2021-22, \$122.9 million in FY 2022-23, \$195.9 million in FY 2023-24, and \$212.7 million ongoing beginning in FY 2024-25.

Prison Capacity and Closures. Long-standing efforts to decrease the state prison population have been accelerated due to the risks to inmates and staff presented by COVID-19. The Department of Corrections and Rehabilitation (CDCR) plans to close Deuel Vocational

Institution by September 2021, achieving savings of \$113.5 million GF in FY 2021-22 and \$150.6 million GF beginning in FY 2022-23, with plans to close a second state-operated prison in FY 2022-23.

Department of State Hospitals

Community Care Demonstration Project for Felony Incompetent to Stand Trial (CCDP-IST). The budget includes \$233.2 million GF in FY 2021-2022 and \$136.4 million in FY 2022-23 and ongoing to contract with three counties to provide a continuum of services for felony ISTs to be served at the county level rather than at the state hospitals. This proposal seeks to demonstrate the effectiveness of streamlining services to drive improved outcomes for individuals with serious mental illness. This proposal is projected to serve 1,252 ISTs in the county continuum of care settings in FY 2021-22.

Expansion of Community Based Restoration (CBR). The budget includes \$9.8 million GF in FY 2020-21, \$4.5 million in FY 2021-22, and \$5 million GF ongoing to expand the current Los Angeles County CBR program and establish new CBR programs in additional counties in FY 2021-22. This proposal is projected to increase capacity by up to 250 beds in FY 2021-22.

Reappropriation and expansion of the IST Diversion program. The budget includes \$46.4 million one-time GF, available over three years, to expand the current IST diversion program in both current and new counties. The budget additionally includes five-year limited-term funding of \$1.2 million GF annually to support research and administration for the program. Further, the budget authorizes the reappropriation of existing program funds set to expire in July 2021.

Forensic Conditional Release Program (CONREP) Mobile Forensic Assertive Community Treatment (FACT) Team. The budget includes \$5.6 million GF in FY 2021-22, \$8 million GF in FY 2022-23 and FY 2023-24, and \$8.2 million GF in FY 2024-25 ongoing to implement a FACT team model within CONREP, in lieu of the typical centralized outpatient clinic model, to expand community-based treatment options for both IST and non-ISTs in counties and backfill State Hospital beds with IST patients. This expansion is estimated to increase capacity by up to 100 beds in FY 2021-22

CONREP Continuum of Care Expansion. The budget includes \$3.2 million GF in FY 2020-21 and \$7.3 million GF in FY 2022-23 and ongoing to increase the step-down capacity in the community in order to transition more stable non-IST patients out of state hospital beds and backfill state hospital beds with IST patients. This expansion is estimated to increase capacity by up to 40 beds in FY 2021-22

Social Services/Child Welfare

Children's Programs. The budget includes \$700.1 million GF in FY 2021-22 for children and families who may be receiving Child Welfare Services, including family support and maltreatment prevention services, foster care services, and adoptions. This is a decrease of

\$22.6 million GF compared to the 2020 Budget Act. When 1991 and 2011 realignment funds are included, total funding for children's programs is in excess of \$8.9 billion in FY 2021-22. The decrease is attributed to decreased caseload under the Continuum of Care Reform (CCR).

COVID-19 Related Supports for Child Welfare Services. The budget includes \$61.1 million GF in FY 2021-22 for services related to quarantine needs for foster youth and caregivers, support to Family Resource Centers, state-administered contracts for youth and family helplines, laptops and cellphones for foster youth, and assistance for families at risk of entering foster care. The budget provides temporary assistance payments for youth who turn 21 while in extended foster care after April 17, 2020 through December 31, 2021 and for any nonminor dependent who met eligibility requirements for Extended Foster Care and have been impacted by COVID-19.

Family First Prevention Services Act (FFPSA). The budget includes \$61.1 million (\$42.7 million GF) in child welfare funding to begin implementation of Part IV of the Act (congregate care provisions).

Family Urgent Response System (FURS). The budget intends to extend the temporary augmentation of FURS from December 31, 2021 to December 31, 2022. The suspension will be lifted if the Administration determines through the 2022 Budget Act Process that there is sufficient GF revenue to support suspended programs in the subsequent two fiscal years.

Youth Returning From Out of State - \$5.2 million one-time GF was allocated in December 2020 for CDSS to support youth in their transition back to California. These resources are intended to support county capacity building and supportive services for the returned youth, COVID-related quarantine costs and technical assistance to support counties placing the returning youth.

Child Care. The 2020 Budget Act shifted early learning, child care and nutrition programs from the California Department of Education (CDE) to the California Department of Social Services (CDSS.) This transition becomes effective July 1, 2021 and will align child care programs within a single department.

- **State Operations** - The Budget shifts \$31.7 million (\$0.9 million GF) from CDE to CDSS to administer.
- **Local Assistance** – The budget includes \$3.1 billion (\$1.3 billion GF) and shifts various programs.
- **Proposition 64 Cannabis Tax Revenue** – Will provide \$21.5 million for child care slots in 2020-21 and \$44 million ongoing. These funds will provide 4,700 child care slots.

Master Plan for Early Learning and Care. The 2019 Budget Act included \$5 million one-time GF for a long-term roadmap to universal preschool and a comprehensive, quality, and affordable childcare system. The Master Plan was released on December 1, 2020 and provides recommendations and a multi-year plan for transforming the state's child care and early education systems. An increase of \$4.3 million Cannabis Fund to expand access to child care vouchers for more than 4,500 children with \$21.5 million available starting in FY 2020-21.

Housing and Homelessness

Local Accountability Framework. The budget includes resources to create a Housing Accountability Unit at the Department of Housing and Community Development (HCD) to further facilitate affordable housing production through monitoring, technical assistance, and enforcement of existing housing production laws. This includes \$4.3 million GF for HCD to provide technical assistance to help local governments meet planning and zoning requirements before enforcement becomes necessary.

Low-Income Housing Tax Credits. The budget proposes a third round of \$500 million in low-income housing tax credits. This will further reduce funding gaps in affordable housing units statewide.

Eviction Protections. The budget proposes an immediate extension to AB 3088, which prevented a wave of evictions by protecting tenants from evictions. Many provisions of the law expire on January 31, 2021.

Continued Homekey Acquisitions. The budget proposes \$750 million one-time GF for HCD to continue to provide competitive grants for local governments to purchase and rehabilitate housing, including hotels, motels, vacant apartment buildings, and other buildings, and convert them into interim or permanent long-term housing. The Administration is asking the Legislature to take early action to approve \$250 million one-time GF and related streamlining benefits in FY 2020-21 to continue funding Homekey acquisition and rehabilitation projects.

COVID Response

COVID-19 Response. The budget reflects \$1 billion in FY 2020-21 in state and federal support for emergency response measures including supporting enhanced laboratory capacity and testing, data driven investigation, response and prevention, and coordination with local partners. The FY 2021-22 budget includes over \$820 million to continue to build on the emergency response measures.

COVID-19 Medi-Cal Caseloads Impacts. There is an anticipated increase in the Medi-Cal caseload for two primary reasons. First, the federal Families First Coronavirus Response Act (FFCRA) requires states to implement a “continuous coverage requirement,” under which Medi-Cal beneficiaries may be disenrolled only under limited circumstances. Second, under the difficult labor market conditions related to the pandemic, more individuals are qualifying for and enrolling in Medi-Cal. While the increases in Medi-Cal caseloads have been less than projected, they are consistently growing and continued growth is anticipated.

The budget assumes that the average Medi-Cal caseload will be about 14 million in FY 2020-21, with associated cost increases of \$5.4 billion total funds (\$1.7 billion GF). In FY 2021-22, the budget assumes that the average Medi-Cal caseload will increase to about 15.6 million, with associated cost increases of \$13.5 billion total funds (\$4.3 billion GF).

COVID -19 Vaccine Administration Costs. The budget includes \$31.7 million total funds in FY 2020-21 and \$315.7 million total funds in FY 2021-22 to cover vaccine administration costs including a public awareness campaign to increase vaccine adoption across the state's diverse communities.

Reopen Schools Safely. The budget includes \$2 billion one-time Proposition 98 General Fund allocation available beginning in February 2021 to augment resources for schools to offer in-person instruction including COVID-19 testing, PPE, as well as social and mental health support services provided in conjunction with in-person instruction.

Health Equity

Health Equity. The budget seeks to address disparities that have been further exacerbated by COVID-19 and includes \$4.1 million in FY 2021-22 and \$2.1 million ongoing for California Health and Human Services Agency (CHHS) to further the use of health equity data and develop an equity data dashboard. Additionally, the following initiatives seek to address equity:

- **Health Plan Equity and Quality Standards** - Invest in the Department of Managed Health Care to establish health equity standards for full service and behavioral health plans and take action against non-compliant health plans.
- **Improving Equity Through MCP Re procurements** - As Medi-Cal managed care plan (MCP) contracts come up for renewal, a focus on health disparities and cultural competency will be addressed in contract language.
- **Analysis of COVID-19 Impacts** - The budget includes \$1.7 million in FY 2021-22 and \$154,000 in FY 2022-23 from the GF for CHHS to analyze the intersection of COVID-19, health disparities, and health equity.

Office of Health Care Affordability. The budget includes \$11.2 million in FY 2021-22, \$24.5 million in FY 2022-23, and \$27.3 million in FY 2023-24 from the Health Data and Planning Fund to establish the Office of Health Care Affordability. This Office will be charged with increasing transparency on cost and quality, promote healthcare workforce stability, report quality performance equity metrics on the full healthcare system, promote payment models that reward high-quality, cost-efficient care, and promote investments in primary care and behavioral health.

OSHPD and the Office of Health Care Affordability will be moved under the umbrella of a newly created Department of Health Care Affordability and Infrastructure.

Other Health Care Investments

Medi-Cal Rx. The budget includes costs of \$219.9 million in FY 2020-21 and savings of \$612.7 million in FY 2021-22 associated with the carve-out of the Medi-Cal pharmacy benefit from managed care to fee-for-service, effective April 1, 2021. Full annual savings are projected to be approximately \$1.2 billion by FY 2023-24.

State-Only Claiming Adjustments. The budget includes \$249.8 million GF in FY 2020-21 and \$279.1 million GF in FY 2021-22 for retroactive and ongoing dental, pharmacy, and managed care, targeted case management, and behavioral health costs associated with state-only populations.

Health Information Exchange (HIE). The Administration is looking to accelerate the utilization and integration of HIEs throughout California, leveraging existing investments and identifying potential federal funding, in alignment with new federal interoperability rules. The goal is that the entire healthcare continuum contributes to and makes available data through HIEs, with priority put on state health programs.

Master Plan for Aging. The budget includes \$250 million on-time General Fund to expand housing along with additional proposals to address California's 65 and older population. Additionally, the budget has a \$5 million General Fund placeholder for other proposals including establishing a new Office of Medicare Innovation and Integration to lead innovative models for dually eligible and Medicare only eligible beneficiaries. The newly finalized Master Plan for Aging includes various proposals linked to behavioral health, including the addition of the California Department of Aging (CDA) to the Health and Human Services Agency (CHHSA) Behavioral Health Task Force.

Telehealth Flexibilities in Medi-Cal. The Budget includes \$94.8 million ongoing to expand and make permanent certain telehealth flexibilities authorized during COVID-19, primarily for Medi-Cal physical health providers for whom there were significantly more telehealth flexibilities added due to the pandemic, and to add more remote patient monitoring as a new covered benefit, effective July 1, 2021. This effort will expand access to preventative services and improve health outcomes, thereby increasing health equity.

Delay Proposition 56 Program Suspension. Given the improved revenue outlook in the short term, the budget delays the suspension of Proposition 56 programs by 12 months and includes a total of \$3.2 billion (\$275.3 million GF, \$717.8 million Proposition 56 Fund, and \$2.2 billion federal funds) for these programs in FY 2021-22. The General Fund partially supports supplemental payment programs at current levels now that program costs exceed declining tobacco tax revenues, due primarily to the assumed implementation of the ban on flavored tobacco and vaping products.

The budget assumes Prop 56 suspension effective July 1, 2022, except for supplemental payments to intermediate care facilities for the developmentally disabled, freestanding pediatric subacute facilities, and Community Based Adult Services which will be suspended December 31, 2022. The Budget also proposes to exempt supplemental payments for the Behavioral Health Integration Program, the AIDS waiver, Home Health, and Pediatric Day Health from suspension because they would not be deemed eligible by the federal government.

Yolo County Health and Human Services Agency

Request for Proposals (RFP) Schedule FY 2020-21

	RFP TITLE	BRANCH	RELEASE DATE	BIDDER'S CONFERENCE DATE	DUE DATE
Quarter 1 <i>July to September 2020</i>	College Campus Based Physical Healthcare, Behavioral Healthcare, and Related Social Services	Child, Youth and Family	9/24/2020	10/7/2020	11/4/2020
Quarter 2 <i>October to December 2020</i>	Mental Health Services Act (MHSA) Evaluation Services	Community Health	10/23/2020	11/5/2020	12/7/2020
	Full Service Partnership Mental Health Services	Adult & Aging	11/19/2020	12/4/2020	1/15/2021
Quarter 3 <i>January to March 2020</i>	Street and Mobile Medicine Services	Adult & Aging	-	-	-
	Kindergarten-12th Grade Campus Based Behavioral Healthcare Services- Davis Joint Unified School District	Child, Youth and Family	-	-	-
	Kindergarten-12th Grade Campus Based Behavioral Healthcare Services- Washington Unified School District	Child, Youth and Family	-	-	-
	Kindergarten-12th Grade Campus Based Behavioral Healthcare Services- Woodland Joint Unified School District	Child, Youth and Family	-	-	-
	Kindergarten-12th Grade Campus Based Behavioral Healthcare Services- Winters Joint Unified School District/ Esparto Unified	Child, Youth and Family	-	-	-
	CalWORKs Stage One Childcare	Service Centers	-	-	-
	Family Urgent Response System	Child, Youth and Family	-	-	-
	Drug Toxicology and Specimen Collection	Child, Youth and Family	-	-	-
Quarter 4 <i>April to June 2020</i>	Behavioral Health Access and Crisis Line	Adult & Aging	-	-	-
	WIOA Youth Services	Service Centers	-	-	-
	Supervised Visitation Services	Child, Youth and Family	-	-	-