

Yolo County Health & Human Services Agency

Mental Health Director's Report

April 24th, 2023

a) **CalAIM**

A dedicated HHS Payment Reform workgroup, made up of fiscal, leadership, and program staff are working with both substance use disorder and specialty mental health contracted providers to set service rates for next Fiscal Year based on the upcoming service code changes per DHCS as of July 1, 2023.

Yolo HHS has received all its state-determined, County-specific reimbursement rates (for all service types) and is in the process of comparing them to contractor-reported program costs to determine reasonable service rates across the board. This takes the place of former annual cost settlement processes between HHS and each provider agency.

From there, the new rates will be built into each contract, our electronic health record, and provider claim forms. This monumental change in how each staff person will document client services, how each provider organization will claim for services provided, and how HHS will get reimbursed by DHCS is complicated and such a departure from current processes that it has created some unknowns as HHS prepares its budget for FY23-24 services.

b) **K-12 School Partnerships Project**

The K-12 School Partnerships project continues operating in the four geographical catchment areas of Woodland, Davis, West Sacramento, and the Rural communities. The implementation of the programs is specific to the needs of each region and designed in collaboration with the local educational agency and the Health and Human Services Agency. The K-12 school-based mental health services are operational year-round and to this end, all catchment areas are currently collaborating with the providers to design programming and service delivery over the coming summer break.

As previously reported, due to the differences in needs in the Woodland region, the decision was made to separate the contracts between Woodland Joint Unified School District (WJUSD) and the Yolo County Office of Education (YCOE). YCOE will continue to be served by CommuniCare Health Centers. A Request for Proposal (RFP) was issued on March 28th to procure services specifically to serve WJUSD. Proposals are due on May 2nd and will be reviewed by a panel including representatives from HHS and WJUSD.

c) **Upcoming RFPs**-Please see linked page for information on upcoming RFPs. [LINK](#)

RFP Title	Release/Anticipated Release Date	End Date
Jail/JDF Behavioral Health and Medical Services	3/2/23	4/13/23 3pm
Substance Use Disorder Adult Continuum of Care	3/3/23	5/5/23 4pm
K-12 School Partnerships Program- WJUSD	3/28/23	5/2/23 2pm
High Tech Call Center	April 2023	TBD
Crisis Residential	April 2023	TBD
Professional Support Services-Mental Health Services Program (MHSA)	4/7/23	5/11/23

d) **Crisis Now**

HHSA Staff continue to work on Crisis Now implementation. The Crisis Now Model includes: 1) High-tech Call center, 2) Mobile Crisis Response 3) Receiving Chairs/Sobering Center, and 4) Short-term Crisis beds. The initial proposal and timeline created in 2020 has been delayed in favor of a phased approach with the intent to create a more sustainable model. The phased approach will include each component of Crisis Now with the addition of systems evaluation after the 3-year pilot and adjustments to the size and location of each component. The following provides an overview of the phased approach, pending Board of Supervisors approval.

Phase	Crisis Now Component	Timeline
1	Systems Planning: HHSA will consult with RI International for Technical Assistance in building out a phased approach, budget, and implementation strategies.	Spring-Fall 2023
2	High Tech Call Center: The original proposal intended to create a standalone 24/7 call center that would be constructed by the county, on county property. The revised plan proposes to consolidate services: 1) 24/7 Access and Crisis, 2) 988/Local suicide prevention hotline, and 3) Crisis Now Mobile Dispatch all into one service. This would be contracted out to a local call center provider.	Winter 2023
3	Mobile Crisis: Projected costs and primary functions of current co-responder teams will not change. There may be an expansion to include after-hours coverage aligned with a mobile crisis Medi-Cal benefit implementation later this year.	N/A
4	Short Term Beds: 16 beds were suggested in the original proposal. HHSA will start with a smaller number of beds (~6) and intends to contract out beds with a local provider in lieu of the original plan to build a county bed facility. This would increase transportation costs but significantly decrease construction and ongoing facility costs.	Fall/Winter 2023
5	Receiving Chairs/Sobering Center: Reduction of chairs from 10-12 to 6-8. Chairs will not be co-located with short term beds.	Spring/Fall 2024
6	Systems Evaluation: System evaluation was not built into the original budget. HHSA recommends including a small budget for 3rd party evaluation after the 3-year pilot is complete.	2025/26

e) **QM Audits/Reviews**

Behavioral Health Quality Management has been working on various audits, submissions, and Corrective Action Plan (CAP) responses which include the following:

- SABG DMC-ODS Audit – CAP submitted to DHCS, awaiting initial findings and on-site/virtual review.
- DMC-ODS NACT CAP – CAP items completed and submitted to the state per DHCS timelines. We are awaiting confirmation from DHCS.
- The Quarterly Test Call (to our 24/7 Access line) Report is in process. Test calls are actively occurring and being reviewed; report submitted to DHCS on April 21, 2023.
- DCHS TA audit – Required document submitted to DHCS on April 19, 2023.
- DRAFT EQRO Mental Health Plan report was received, reviewed, and feedback submitted back to BHC. We are awaiting the final report.

f) IST Growth Cap Penalty

Senate Bill (SB) 184 (Chapter 47, Statutes of 2022) established a growth cap for all counties for individuals committed as Incompetent to Stand Trial (IST) on felony charges and includes a county penalty if a county exceeds its growth cap. Yolo County's growth cap is 35 individuals per year. Based on DSH estimates we averaged 2.9 referrals month during the time frame selected by DSH will face our first penalty payments in the Fall of 2023.

The funds collected via penalties will be dispersed back to the county and used for the purpose of activities that will divert individuals with serious mental illnesses (SMI) from the criminal justice system and lead to the reduction of felony IST determinations. HHS Staff are working with the County Administrators Office and Criminal Justice partners to plan for these changes and discuss strategies to reduce penalty payments. (See attached one-page fact sheet for more information.)

g) MHSA Reform Proposal

On Sunday, March 19th the Governor announced a three-pronged strategy to reform California's Behavioral Health System, consisting of the following:

1. A Bond to Fund Behavioral Health Residential Capacity and Housing for Homeless Veterans (
2. Mental Health Services Act (MHSA) Reform
3. "Making Today's System of Care Work Better for All Californians" – Alignment of benefits and accountability across Medi-Cal and Commercial Insurance

Additional details have been posted on the CalHHS website at: <https://www.chhs.ca.gov/behavioral-health-reform/>

1. Facilities Bond: Bond to Fund Behavioral Health Capacity and Housing for Homeless Veterans

This 2024 ballot general obligation bond would fund anywhere from \$3-5 billion for:

- Housing for Homeless Veterans
- Multi-Property Settings
- Cottage Settings
- Home Settings

2. Mental Health Services Act (MHSA) Reform and Reprioritization

- Changes the existing 5 MHSA funding components (CSS, PEI, INN, WET and CFTN) to 3 funding categories: Housing, FSP and Other and allocates the funding for each component as follows:
 - Housing- 30%
 - Full-Service Partnership (FSP)- 35%
 - Other- 35%
- Expands the target population to also serve those with only an SUD diagnosis.
- Will require a focus on vulnerable populations as defined:
 - Adults with serious mental illness (SMI) or substance use disorder (SUD) who are or at risk of experiencing homelessness or are or are at risk of being justice- involved, and/or meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative.

- Children and youth with serious emotional disturbance or SUD, who are experiencing homelessness, are involved or at risk of being justice involved, meet the criteria for behavioral health linkages under the CalAIM Justice-Involved Initiative or are in or transitioning out of the child welfare system.
- Overhaul county accountability and transparency including 3-year plan and planning process requirements.
- Changes prudent reserve cap for small and large counties; shortens timeline to reassess prudent reserve to every 3 years.
- Moves the Mental Health Services Act Oversight and Accountability Commission (MHSOAC) under the California Health and Human Services Agency (CalHHS) to increase coordination and improve outcomes.

3. Broader Behavioral Health Reform

- Medi-Cal Managed Care (MCP) and Commercial Insurance: Align behavioral health benefits across all health plans in California so All Californians enjoy access to the care they need. This will require close partnership with both Medi-Cal and commercial health plans to address opportunities to build needed programs and capacity.
- County Behavioral Health: Significantly increase accountability for services provided and outcomes achieved for all Californians through greater reporting expectations and transparency around access, quality, equity, and cost/revenue data applied to all county behavioral health plans.