

Yolo County Health & Human Services Agency

Mental Health Director’s Report

May 22<sup>nd</sup>, 2023 (6-8pm)

a) **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. As previously reported, a Request for Proposal (RFP) was issued on 3/28/23 to procure services specifically to serve WJUSD, to address their service needs distinct from the Yolo County Office of Education (previously served together under one contract). Proposals were due May 2, 2023 and are currently under review. It is anticipated that a new provider will be in contract by July 2023 to provide services to WJUSD. The agency is taking a deep dive into sustainability measures for the K-12 services as a whole and are looking at revenue options as well as increasing Medi-Cal billing to build in greater sustainability for the services.

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

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

c) **MHSA 3-Year Plan Update—**

HHS leadership provided an MHSA update to the Board of Supervisors on May 9, 2023, as part of an HHS workshop presentation ([Agenda Item #43](#); attached MHSA slides), on funding mandates, revenue fluctuations, local priorities, and budget concerns similar to information provided at April’s LMHB meeting. HHS staff are working to review and align funds to develop a preliminary plan draft to post in June 2023. The final stage will focus on plan creation and final review of a draft, public comment, and public hearing. This process will be reviewed by the Local Mental Health Board and presented to the Yolo County Board of Supervisors for approval. Please visit the MHSA website ([www.yolocounty.org/mhsa](http://www.yolocounty.org/mhsa)) to subscribe for e-notifications to get the latest MHSA updates, events & meeting information delivered to your inbox.

d) **CalAIM—**

HHS is continuing to work toward the implementation of CalAIM, including payment reform which goes live July 1<sup>st</sup>. We are developing provider rates, amending contracts and developing policies and procedures and training resources to assist our internal teams and our large network of contracted providers in successful implementation of this significant system change. Please see below for charts that outline the magnitude of changes to our systems as a result of CalAIM implementation.

## California Advancing and Innovating Medi-Cal (CalAIM)

### Mandated Behavioral Health Changes (County Responsibility)

BEFORE CalAIM	AFTER CalAIM
<b>Payment Reform 7/1/23</b>	
FFP paid by DHCS at interim rates and settled to cost	FFP paid by DHCS at interim rates and settled to cost
HCPCS billing codes	CPT billing codes
Services claimed in minutes with no threshold	Services claimed in units consistent with selected CPT code
Reimbursement rates for each County/Plan	Reimbursement rates established for peer groups of Counties with similar costs
County share can be paid with realignment, MHSA, SGF, County GF, etc.	County share can be paid with realignment, MHSA, SGF, County GF, etc.
Disallowances for quality	Disallowances for Fraud, Waste and Abuse; reduced recoupments related to Medical Necessity
Reimbursement rates are the same for a service no matter which staff member provides it	Reimbursement rates are based on service type, location, duration, method of delivery, and practitioner discipline
Travel & Documentation time are billable	Only direct client care is billable

## California Advancing and Innovating Medi-Cal (CalAIM)

### Mandated Behavioral Health Changes (County Responsibility)

BEFORE CalAIM	AFTER CalAIM
<b>Documentation Redesign 7/1/22</b>	
Treatment plans (static)	Problem list (dynamic)
Uncoordinated Assessments	Domain-driven Assessments
Lengthy progress notes	Lean progress notes that capture action steps and service information
<b>No Wrong Door 7/1/22</b>	
Fragmented care – Clients eligible only for MH services from either the County/County-contracted providers or MCP/MCP-approved providers	Coordinated care – Clients can get complimentary MH services from providers across the spectrum to meet their needs, as long as not duplicative
Clients must be serviced in system/level of care that best suit their needs	Clients (families of children/youth) have a choice in which system they are served

## Mandated Behavioral Health Changes (County Responsibility)

BEFORE CalAIM	AFTER CalAIM
<b>Medical Necessity/Eligibility Criteria 1/1/22 - 1/1/23</b>	
Outdated Adult SMHS eligibility criteria includes a current MH diagnosis, functional impairment, and probability of function deterioration	Revised Adult SMHS eligibility criteria includes either functional impairment OR probability of functional deterioration; a diagnosis OR a suspected MH condition not yet diagnosed
Outdated Child SMHS eligibility criteria includes functional impairment and a current MH diagnosis	Child SMHS eligibility criteria includes a history of trauma, involvement in Child Welfare or Juvenile Justice system, or experiencing homelessness. Also, only suspected MH condition not yet diagnosed or significant trauma need be present.
A mental health diagnosis is a prerequisite to access reimbursable SMHS	Clinically appropriate prevention, screening, assessment, treatment and recovery services can be provided prior to mental health diagnosis
DHCS-issued list of approved ICD-10 diagnoses for County SMHS	No list of specific diagnoses required for SMHS services; as long as not a physical or neurocognitive diagnosis
County-specific SMI/SED screening tools	Statewide standardized mental health Screening tools for 0-18 and 18+ years
Provider-specific referral processes for higher or lower levels of care	Statewide standardized Transition of Care tool for all ages

- e) **Crisis Now**— HHSA Staff continue to work on implementing Crisis Now and will be presenting project updates as well as a proposed plan, as outlined below to the Board of Supervisors on May 23, 2023. 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 following provides an overview of the phased approach, pending Board of Supervisors approval on May 23, 2023.

Phase	Crisis Now Component	Timeline
1	<b>Systems Planning:</b> HHSA will consult with RI International for Technical Assistance in building out a phased approach, budget, and implementation strategies.	Spring-Fall 2023
2	<b>High Tech Call Center:</b> 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	<b>Mobile Crisis:</b> 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	<b>Short Term Beds:</b> 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	<b>Receiving Chairs/Sobering Center:</b> Reduction of chairs from 10-12 to 6-8. Chairs will not be co-located with short term beds.	Spring/Fall 2024
6	<b>Systems Evaluation:</b> 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

f) **Staffing Update—**

HHSa has had several, long-term vacancies for critical leadership positions in the Adult and Aging Branch. For the last 7 months, we have been recruiting for the vacant Branch Director position and we recently closed a recruitment for the Deputy Branch Director position as well. In addition, the Medical Director position has been a long-term vacancy for most of the last several years. We will be working with an executive recruiter to assist with several key recruitments to fill vacancies in our executive leadership team., which also includes a Deputy Branch Director position in the Child, Youth and Family branch as well. In the meantime, staff have been covering the duties of these vacancies in order to support the work in our two system of care branches and our teams.



YOLO COUNTY  
HEALTH AND HUMAN SERVICES AGENCY

2022-23  
Workshop: Health and  
Human Services Agency

Nolan Sullivan, HHSA Director

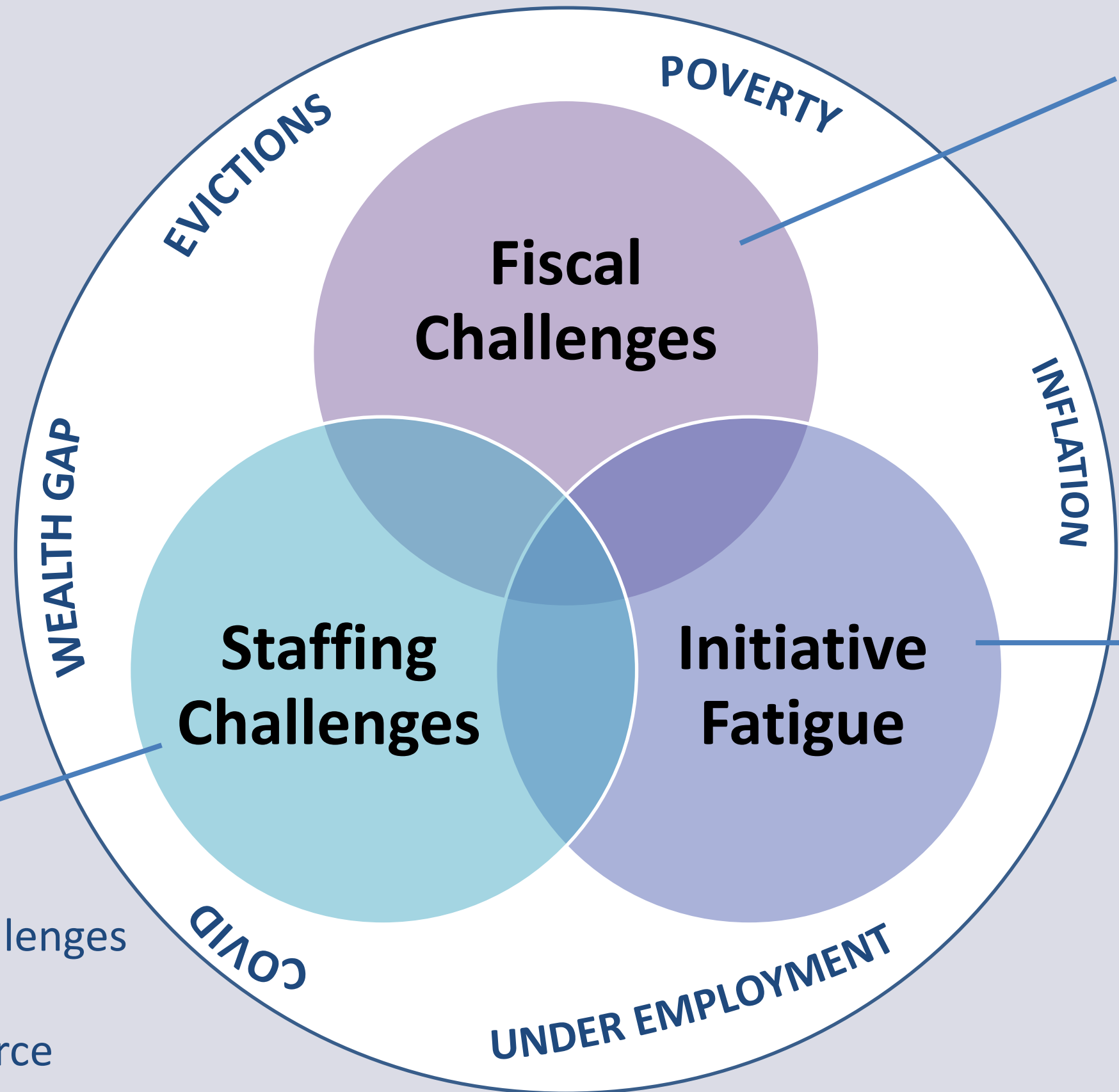
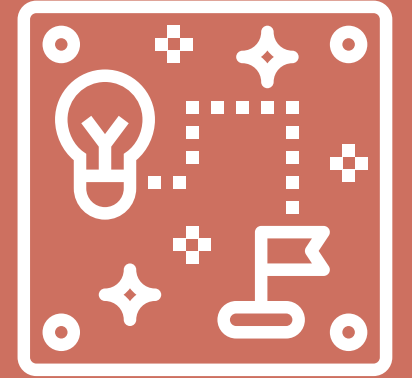


# AGENDA

- ▶ General Department Overview
- ▶ HHSA Strategic Plan Efforts
- ▶ Branch Specific Deep Dives
- ▶ Closing and Questions



# 2021-2025 HHS A LANDSCAPE



- COVID Funding Cliff
- MH Structural Deficit
- Infor
- MHSA Rev & Exp
- Unfunded Mandates
- State and Fed Allocations
- Homeless Funding

- CalAIM
- PHE Unwinding
- CARE Courts
- FFPSA
- HomeSafe
- MHSA 3- Year Plan
- CHIP/CHA
- Jail Medical
- Homeless Programs

- Vacancies
- Recruiting Challenges
- Retention
- Future Workforce
- Burnout

# ADMINISTRATION BRANCH

## Customer Service to the Agency

- Right Size of Administration
- Additional revenue streams for direct service only
- Reactive and only grow positions after a critical need arises
- Recruitment and retention challenges

## Workload Increases

- New programs and/ or Initiatives
- CalAIM, Crisis Now, MHSA, Homeless, FFPSA, Future of PH, HIAP
- Workforce Support – **31% increase** in positions
- Budget Creation and Monitoring – **72% increase** in expenditures
- Revenue Generation – **38% increase** in revenue streams
- With integration, funding becomes more diverse and complex
- Contract Development – **105% increase** in number of agreements

## Major Branch Initiatives

- CalAIM Payment Reform for all Behavioral Health
- Family First Prevention Services Act
- INFOR Cloud Suite Migration
- Project Refresh
- HHS Strategic Plan





# Adult & Aging

## Behavioral Health Programs



### Staffing

- Turnover and longstanding vacancies for clinical and key leadership positions



### Priority Local Projects and Mandatory Statewide Initiatives

- Crisis Now
- California Advancing and Innovating Medi-Cal (CalAIM) and payment reform
- CARE Act (December 2024)



### Fiscal Sustainability of Behavioral Health Programming

- Decades long core mental health budget multi-million \$ deficits
- MHSA revenue fluctuations and uncertainties with proposed MHSA reform
- Funding gaps for Substance Use Disorder (SUD) continuum



### Growing Need for Behavioral Health Services

- Expand Full Service Partnership (FSP) for adults with SMI
- Need for expanded mobile crisis and alternatives to hospitalization and incarceration



# Adult & Aging

## Mental Health Services Act (MHSA)



### Development of Local 3-Year (2023-2026) MHSA Plan

- Will be completed in June 2023; informed by community feedback



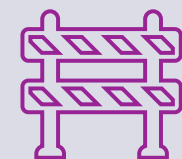
### Budget

- Fund balance to expand programs, support cost increases, strengthen infrastructure
- Funding mandates and revenue fluctuations complicate budgeting



### Local Priorities

- Crisis Now
- Increase FSP capacity; assume treatment costs for Mental Health Court expansion
- Enhance Crisis Intervention Training (CIT) program and co-responder model
- Expand Early Childhood Mental Health Access and Linkage program



### Concerns

- Budget fluctuations and sustainability of critical programming
- Lower than anticipated Medi-Cal revenue
- Pending 2024 MHSA reform initiative



# Adult & Aging

## Social Services Programs



### In Home Support Services (IHSS)

- Responding to the growing aging population and Medi-Cal expansion



### Public Guardian (PG)

- Legislative proposals to expand the guidelines for Conservatorships
- Reliance on general fund
- Local MHSA funding needed due to funding deficits



### Adult Protective Services (APS)

- Responding to the growing aging population and expanded eligibility criteria
- Home Safe



### Veteran's Services

- Reliance on general fund and related staffing and service delivery impacts



# Adult & Aging



## Homelessness

### Yolo County Homelessness Funding & Program Array

	Funding Source	Programs Funded	Funding Amount	Homelessness Category	Funding Dates
1	The Housing & Homelessness Incentive Program (HHIP)	Mobile Medicine & Internal direct services team & Other projects submitted and approved by HPAC	\$6,303,760	Street Outreach-MM; Street Outreach-Direct Service team, Prevention-TBD by RFP Permanent Housing-TBD by RFP	Now through 12/31/2027
2	Behavioral Health Bridge Housing (BHBH)	Program in development and will serve those w/SMI and/or SUD with shelter/interim housing & rental assistance	\$4,132,715	Shelter/interim Housing & Rental Assistance	Through 6/30/2027
3	Proposition 47	Connections to CARE (Community, Assistance, Recovery, and Engagement)	\$1 million	Emergency Housing & Rental Assistance	Through 3/1/2026
4	Homeless Housing, Assistance and Prevention Grant (HHAP 4)	Application completed, programs to be submitted to HPAC for review	\$930,377.72	Street Outreach, Homeless Prevention, Rapid Rehousing, Operating Subsidies, Interim Sheltering, Services Coordination, Permanent Support Housing	Through 6/30/26
5	Homeless Housing, Assistance and Prevention Grant (HHAP 5)	To be determined following release of allocation	Will be released soon	Street Outreach, Homeless Prevention, Rapid Rehousing, Operating Subsidies, Interim Sheltering, Service Coordination	TBD
6	Community Services Block Grant (CSBG)	4 <sup>th</sup> and Hope & YCCA- Emergency Shelter	\$294,531	Emergency Shelter Housing, Permanent Housing, Supportive Services, Homeless/Eviction Prevention, Emergency Services for low-income	1/1/2023-12/31/2023
7	Mental Health Services Act (MHSA) Funding	FSP: Full-Service Partnership	Varies per FSP slot	Permanent Support Housing	3-Year MHSA Plan Cycle



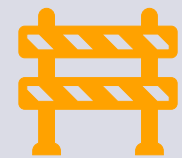
# Child, Youth & Family

## Children's Behavioral Health Services



### Youth Substance Use Disorder (SUD) Continuum

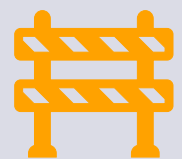
- Ongoing work to develop continuum of outpatient and residential SUD services for youth



### Challenges

- “Initiative fatigue”
- Navigating CalAIM payment reform with contractors
- Potential MHSA reform impacts
- Need to increase revenue through Medi-Cal billing and other blended funded
- AB 1051 requirement to contract directly with Short-Term Residential Therapeutic Programs (STRTPs) for mental health services

## Children's Medical Services



### Challenges

- Sunset for Child Health and Disability Prevention Program (CHDP)

