

Yolo County Health & Human Services

Agency Mental Health Director's Report

June 26th, 2023 (6-8pm)

a) CalAIM

HHS is continuing to work toward the implementation of CalAIM, including payment reform which goes live July 1st. We have developed initial provider rates and our teams are working to amend all Specialty Mental Health and Drug Organized Medi-Cal Delivery System contracts, crosswalk applicable billing codes, and develop training resources to assist our internal teams and our large network of contracted providers in successful implementation of this substantial system change. Significant work remains on these efforts under incredibly short timelines.

b) Crisis Now

Agency leadership held separate meetings with Dignity and Sutter, our hospital partners, to provide an update on the Crisis Now project status and the shift to Crisis Now 2.0. The Crisis Now project development team has been working on a number of items over the last several weeks including: a walk-through of the crisis receiving center site to identify space and furniture needs and to further refine the site plan, a walk-through of the West Sacramento clinic and former site of the Mental Health Urgent Care to begin the process of assessing feasibility of that site for additional receiving chairs, and has an upcoming work session to further develop and refine the overall Crisis Now budget. Further, the Crisis Residential RFP is being drafted and is expected to be released soon.

c) Crisis Intervention Training

Data regarding the Crisis Intervention Training provided to local law enforcement partners is currently being compiled and will be provided to the LMHB at the June 26th meeting.

d) Medi-Cal Mobile Crisis Benefit

By December 31, 2023, county MHPs, DMC counties, and DMC-ODS counties shall provide, or arrange for the provision of, qualifying mobile crisis services in accordance with the requirements below. Qualifying community-based mobile crisis intervention services will be available 24 hours a day, 7 days a week, 365 days a year, and will include the following service components: 1) Crisis assessment, 2) Mobile crisis response, 3) Crisis planning, 4) Facilitation of a warm handoff, 5) Referrals to ongoing supports, and 6) Follow up check-ins.

Yolo County will be required to submit a written mobile crisis implementation plan to DHCS by October 31, 2023, outlining its mobile crisis services policies and procedures. HHS has developed an internal workgroup to begin developing our local implementation plan. The group is focusing on near-term strategies to meet specific benefit requirements while considering the long-term vision for best practice crisis response for our community. Efforts thus far have included assessment and review of current mobile crisis system, mobile crisis data including total calls per day and calls per day for those who are Medi-Cal eligible and developing prioritized options to meet specific team criteria for the mobile crisis benefit and the 24/7 access requirement. Additional information regarding the mobile crisis benefit can be found here [CalAIM Mobile Crisis Services Initiative](#).

e) MHSAs Reform Proposal

Additional developments in the Governor's MHSAs reform proposal were announced by DHCS leadership on June 22nd. These changes are being proposed via SB 326 (Eggman) – MHSAs Modernization and includes the following changes:

- Rename MHSAs to Behavioral Health Services Act (BHSA)
- Update local categorical funding buckets
 - 30% for Housing Interventions for individuals with serious mental illness/serious emotional disturbance and/or substance use disorder.
 - 35% for Full-Service Partnerships
 - 30% for Behavioral Health Services and Supports (Behavioral Health Services and Supports (non FSP), Early Intervention, Capital Facilities and Technological Needs, Workforce Education and Training, innovative pilots, and prudent reserve).
 - 5% for Population-Based Prevention for mental health and substance use disorder prevention programming.
- Broaden the target population to include those with debilitating substance use disorders
- Focus on the most vulnerable
- Fiscal accountability, updates to county spending and revise county processes
- Many components will require March 2024 Ballot initiative
- Multi-year implementation starting in 2025

CBHDA developed a calculator to assist counties in assessing local impacts of the proposed changes however, that calculator needs to be updated following the new information just released by DHCS. Once that resource is updated, we will use our new plan budget to assess local impact and will provide additional information and analysis in an upcoming LMHB meeting. Additional information about this proposal can be found here [Modernizing our Behavioral Health Initiative \(ca.gov\)](#)

f) Healthy Work Survey

In June 2022, HHSAs began working with the Center for Social Epidemiology to assess the health of HHSAs as a workplace and the health of our staff. The Healthy Work Campaign (HWC) is a public health campaign focused on raising awareness in the U.S. about the health impacts of work stress on working people. The campaign also focuses on the positive actions individuals and organizations throughout the U.S. can take to advance healthy work. The Healthy Work Campaign is a project of the Center for Social Epidemiology (CSE). The CSE, founded in 1988, is a non-profit organization that has been conducting epidemiological research on the effects of work-related stress on mental health and cardiovascular disease in the U.S. and promoting public health efforts to prevent work stress-related health consequences. You can learn more about the Healthy Work Campaign here [Home - Healthy Work Campaign](#).

General ideas to reduce work stress include enhancing job control, reducing demands/efforts; creating a more supportive work environment; addressing work-life balance; reducing incivility, promote justice and fairness; addressing job security and precarious jobs; etc.

The Adult and Aging branch data (75% response rate) from this survey highlighted several areas of priority to advance healthy work for our team including: work stressors (high job demand, high workload, low resources, low job control, high emotional demands); workplace justice issues; and health issues (poor general health, poor mental health, burnout/exhaustion, trouble sleeping, depression, obesity). Detailed results were shared during an All-Branch meeting with an opportunity for staff to provide feedback and reactions. Next steps including prioritizing opportunities for improvement, developing dashboards, and developing branch workgroups develop and implement interventions.

Healthy Work is...

Healthy Work reduces work stress.
prevents burnout, illness and injury.
increases productivity and retention.
reduces health costs.
Saves Lives.

Free from Danger
Workers' personal safety is essential for productive work and engagement. Safe from injury, disease, extreme temperatures, mechanical and chemical hazards.

Free from Abuse
Emotional, psychological, and physical abuse creates permanent damage to workers and organizations. Workers affected by workplace toxicity and bullying can develop serious health problems, costing organizations heavily in healthcare and turnover.

Free from Discrimination
Discrimination against workers for who they are, their race, religion, color, sex/gender, age, geographic origin, or disability is illegal. Work morale is grounded in inclusion.

Free from Overwork
Long work hours and 24/7 expectations hurt the health of workers and severely impair performance.

Free from Being Silenced
Every voice matters, no matter the position or occupation. Workers have a right to speak as individuals and as a collective. The more say workers have, the less risk of burnout.

Free from Retaliation
Threats of losing a job, benefits, and public shaming creates a culture of fear in the workplace that destroys morale and hurts health. Retaliation against whistleblowers covers up hazards that create organizational problems.

Free to Grow
Rotating tasks, creating opportunities to learn new skills, and reducing repetition, boosts creativity, engagement, and retention.

Free to Be a Family Member
The balance of work and life is essential to the mental well-being of workers. Work-Life imbalance puts families and health at risk. Paid family leave is good for families and good for business.

Free to Thrive
Respect, fairness, and a living wage are essential to health and well-being. Paid time off to vacation, deal with illness, grieve, and take care of family – a healthy workforce is a thriving workforce.

Commitment to a Healthy Work Future
Organizations and individuals commit to an annual assessment of work stressors, to make visible the invisible, promoting improvement of work conditions, optimizing worker health, performance, and retention.

**Do you support healthy work?
Sign the Healthy Work Pledge at healthywork.org.**

HEALTHY WORK CAMPAIGN | THE CENTER FOR SOCIAL EPIDEMIOLOGY

g) Adult and Aging Branch Leadership Announcement

As noted in last month's Mental Health Director's report, HHSa has had several, long-term vacancies for critical leadership positions in the Adult and Aging Branch. Both the Deputy Branch Director and Branch Director positions have been vacant for over 7 months, with an interim Deputy serving during that time. I am thrilled to share that we have selected a Deputy Branch Director and Branch Director.

Adult and Aging Branch Deputy Director

Marisa Green has been selected as the Deputy Branch Director for Adult and Aging effective Monday, June 5th. She has been serving as the interim Deputy Branch Director for the Branch since December 2022 and has provided a tremendous amount of support to our social services team and

the larger branch functions during this time of transition. In her permanent role, she will continue to provide support on some key projects in the Branch as well as oversee the social services teams including IHSS/Public Authority, Adult Protective Services.

Marisa Green has over twenty years of experience working in county government in health and human services in the states of Texas, Nevada, and California. She obtained her BSW and MSW degrees from the School of Social Work at the University of Texas, Austin and has worked as a Sherriff's Office Victim Services Unit Supervisor; as a community planner; Offender Re-entry Project Coordinator; Family Services Supervisor; as a program manager for Workforce Investment and Opportunity Act program manager; and in a variety of program manager roles in Child Welfare Services. Marisa possesses a wide range of experience working in diverse social service settings in both urban and rural communities at the micro, mezzo, and macro levels that includes collaborative efforts with community stakeholders to develop, implement, and maintain programs dedicated to victim services, offender re-entry, restorative justice, employment services, basic needs/housing, and child welfare.

Adult and Aging Branch Director

Samantha Fusselman has been selected as the Adult and Aging Branch Director. Samantha is a Licensed Clinical Social Worker and Certified Professional in Healthcare Quality and has over 28 years of experience in both County and State Behavioral Health systems. Most recently, Samantha has served as the Executive Director of Behavioral Health Concepts, the External Quality Review Organization for County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems.

Samantha began her Behavioral Health career in Yolo County in 1995 and has worked in nearly every program represented in Yolo's Behavioral Health continuum and in addition being the Manager of the Behavioral Health Quality Management unit, she also served as the Deputy Mental Health Director for Yolo County from 2017-2019. Her combination of experience and demonstrated performance in her former roles at HHSA make her uniquely qualified to take on this role and will add incredible value to our Adult and Aging branch. I am thrilled to welcome Samantha "home" to the Yolo County Health and Human Services Agency team as the Adult and Aging Branch Director starting on August 14th.