

Mental Health Director's Report

October 23rd, 2023

A) CalAIM Payment Reform:

All new DHCS Mental Health and Substance Use Disorder service codes as well as service fee rates have been loaded into HHSAs' Electronic Health Record, however, provider service fee rates still need to be loaded. HHSAs' fiscal has issued new claim forms to all providers to support claim submission for FY23-24 services. Internal HHSAs' testing of state claim generation will now begin, moving us closer to drawing down revenue. Both internal and external providers have been offered targeting code training by the Behavioral Health Quality Management team.

B) Current RFPs:

The RFP for a Crisis Residential Treatment Program has closed, and a vendor has been selected. Contract negotiations are ongoing so that a new contract will be in place by Dec 31, 2023. The RFP for Integrated Behavioral Health Services has closed and received proposals are now in the evaluation process with County DFS and Procurement. The RFP for a new High Tech Call Center is active and closes on October 26, 2023. The RFP for the Community Based Navigation Center is also active and it closes on November 9, 2023.

The RFP for Adolescent Substance Use Disorder services closed, and a vendor for outpatient services has been selected. The RFP for the Children's System of Care, which includes children's Full-Service Partnership, Community Based Mental Health Programs, Therapeutic Behavioral Services, and Wraparound programs will be released in early January.

C) Medi-Cal Mobile Crisis Benefit Implementation Plan:

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 submit a written mobile crisis implementation plan to DHCS by October 31, 2023, outlining its planned mobile crisis services. Yolo County's tentative plan includes utilizing a contracted provider to supplement existing mobile crisis teams which include Clinicians and Peer Support Workers embedded with local enforcement agencies. Additional information regarding the mobile crisis benefit can be found here [CalAIM Mobile Crisis Services Initiative](#).

D) Prop 47 Update:

In 2022, Yolo County was awarded two Prop 47 grants that total \$7,000,000 to fund the expansion of services to help people living with mental illness and/or substance use disorders who are involved in the criminal justice system. The Yolo County Health & Human Services Agency (HHSAs) received \$6,000,000 to fund the Connections to CARE (Community, Assistance, Recovery, and Engagement) program. The Yolo County District Attorney (DA) also received an award of \$1,000,000 to fund the Pathway to Home program. HHSAs, the DA, and other county partners, worked collaboratively on applying for each of these grants.

HHSAs' Connections to CARE program will use Proposition 47 Grant funds to reduce recidivism by expanding services to address "complex facing system-involved people," including:

- Access to substance use disorder (SUD) treatment
- Trauma-informed intensive case management
- Peer support, housing, and other wrap-around supportive services for adults with a history of SUD and current or recent justice system involvement
- Emphasis on individuals experiencing homelessness

The District Attorney's Office and HHSA are finalizing the Prop 47/Connections to CARE (Community, Assistance, Recovery, and Engagement) MOU with the D.A.'s Office. The D.A. has already hired one staff to serve for this grant. HHSA is in the development stages with the Public Defender's Office to develop a contract for providing expungements. Several contracts are in the final stages to include RAND for the evaluation, Yolo County Children's Alliance for housing, and Yolo Conflict Resolution Center for "Know Your Rights" classes. CommuniCare + Ole's contract has been approved by the BOS and they are in process of hiring staff. Communicare Ole is hiring a peer advocate and it is a full-time benefited position. The Local Action Committee (LAC) contacts have been reviewed and members are being contacted about the program's kickoff meeting which is tentatively scheduled for November 2nd. The BSCC is also scheduled to do a site visit of the Prop 47/Connection to CARE team on November 2nd. All partners are working collaboratively to firm up the client referral process, policies & procedures, and Connections to CARE packet. Future outreach meetings between the D.A.'s office include meeting with law enforcement, homeless outreach teams, City of Davis, other partner organizations that conduct homeless outreach and a full detailing of the program to HPAC and the Executive Commission to Address Homelessness. Once the program is stood up, the Prop 47/Connections to CARE collaborative intends to showcase the program publicly.

E) Youth Hospitalization Coordination Program:

The Health and Human Services Agency (HHSA) Children's Mental Health Program identified a need for the coordination of care for youth experiencing a psychiatric crisis. To address this need, in August 2022 the program hired a case manager. The case manager serves as the Children's System Point of Contact for Emergency Departments (ED), Psychiatric Hospitals, and the HHSA crisis co-responders, for all youth experiencing a psychiatric crisis.

In situations where youth are not placed on a psychiatric hold, or when a hold is dropped and the youth returns home, the case manager provides immediate linkage to a service provider if the youth is not linked to services. For linked youth discharging from the emergency room, the case manager ensures that their community-based provider will provide timely services to address the symptoms that led to the emergency room visit. When a youth is placed in a psychiatric hospital, the case manager alerts the established mental health provider so that they can work directly with the hospital staff to develop a discharge plan in coordination with the county case manager. If the youth is not linked to a community-based mental health provider prior to hospitalization, the case manager connects with the legal guardian to discuss discharge planning and a referral to services. The case manager completes the referral and sends the discharge summary to the mental health provider to assist with treatment planning and medication management.

The case manager and clinical supervisor have identified youth that have high utilization of the emergency system. To address this, the case manager collaborates with the community-based provider to become a member of the youth's Child and Family Team. Through this process, the case manager monitors the youth's progress in treatment and provides additional assistance to reduce emergency room visits and psychiatric hospitalizations. Leveraging the integration of the county case manager in the Children's System of Care, further system improvement was achieved by establishing a Youth Hospital Coordination Meeting. This bi-weekly meeting is co-facilitated by the Children's Clinical Manager and case manager. Attendees include all Community-Based Early Periodic Screening Diagnosis and Treatment (EPSDT) providers, local Emergency Department staff, the Mental Health access line provider, and the crisis supervisor. The team reviews all youth that enter the Emergency Department for a mental health issue. This ensures that the emergency rooms have contact information for the current providers, and the county Mental Health Plan is aware of the youth so the case manager can provide linkage and discharge planning. In addition, this meeting provides space for all providers to discuss challenging clinical situations with youth that have been placed on a 5150 hold and use the collective mental health system to identify and support treatment interventions that may be effective for the youth.