



# COUNTY OF YOLO

## Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • www.yolocounty.org

### Local Mental Health Board Meeting

**Monday, January 8<sup>th</sup>, 2024, 6:00 PM–8:00 PM**

**Location: Gonzales Building Community Room,  
25 N Cottonwood Street, Woodland, CA 95695**

**Hybrid Option through ZOOM:**

<https://yolocounty.zoom.us/j/84997072138>

**Meeting ID: 849 9707 2138**

*All items on this agenda may be considered for action.*

**LMHB CALL TO ORDER-----6:00 PM – 6:45PM**

1. Public Comment
2. Approval of Agenda
3. Approval of minutes from [December 4, 2023](#)
4. Member Announcements
5. Chair Report-Jonathan Raven
6. [Bylaw Review](#) and Approval
7. Standing Committee Updates
  - Budget and Finance-**Joe Galvan**, Jonathan Raven, Christy Correa, Nicki King
  - Communication and Education-**Dee Olivarez**, Maria Simas, Christy Correa, John Archuleta
  - Program-**Christy Correa**, Sara Gaines, Dee Olivarez, Brad Anderson
8. Review and approve [2024 Board Meeting Calendar](#)
9. Correspondence

Jonathan Raven  
*Chair*

Maria Simas  
*Vice-Chair*

Sue Jones  
*Secretary*

*District 1  
(Oscar Villegas)*

Joe Galvan  
Maria Simas  
Dolores Olivarez

*District 2  
(Lucas Frerichs)*

VACANT  
Nicki King  
VACANT

*District 3  
(Mary Vixie Sandy)*

Sue Jones  
John Archuleta  
VACANT

*District 4  
(Jim Provenza)*

Sara Gaines  
Chris Bulkeley  
Jonathan Raven

*District 5 (Angel  
Barajas)*

Brad Anderson  
Christy Correa  
Robin Rainwater

*Board of  
Supervisors  
Liaisons*

Oscar Villegas  
Jim Provenza

**CONSENT AGENDA ----- 6:45 PM – 7:30 PM**

- 10. [Mental Health Directors Report](#)-Karleen Jakowski
  - a. Current RFPs
  - b. Medi-Cal Mobile Crisis Benefit Implementation
  - c. BOS Mental Health Study Session and Hot Topics Presentation
  - d. Health Council Prop 1 Summary and Crisis Now Update Presentation
  - e. Mental Health Services Act (MHSA) Community Engagement Workgroup (CEWG) Meeting 01/16/2024
  - f. Department of Health Care Services (DHCS) Engagement Audit 23/24
  - g. Children and Youth Behavioral Health Initiative (CYBHI) Grant Awarded

**REGULAR AGENDA ----- 7:30PM – 7:50 PM**

- 11. Board of Supervisors (BOS) Report
- 12. Criminal Justice Update- Chris Bulkeley
- 13. Public Comment- on tonight’s agenda Items

**PLANNING AND ADJOURNMENT ----- 7:50PM – 8:00 PM**

- 14. Future Meeting Planning and Adjournment

Next Meeting Date and Location

\*Pending Board Approved Calendar for 2024

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, January 5th, 2024. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

**Local Mental Health Board Meeting**

**Monday, December 4, 2023**

In Person with Hybrid Option for Public

Members Present: Brad Anderson, Robin Rainwater, Sara Gaines, Christy Correa, Chris Bulkeley, Maria Simas, Sue Jones, Nicki King, Jonathan Raven

Members Absent: Dee Olivarez, Joe Galvan, John Archuleta

**CALL TO ORDER**

**Welcome and Introductions:** Meeting called to order at 6:02 pm

**Public Comment:** Melanie spoke on SB43 request for extension. Family member under 2<sup>nd</sup> conservatorship. We need to serve the clients that need assistance now. Curious where Yolo County money is at. Willing to volunteer to join a team to go after grants. Her name and email are on sign in sheet.

**Approval of Agenda:** motion to approve, 2<sup>nd</sup> by Brad and Chris Bulkeley.

Yea "I"	Nay	Abstention
8	0	0

Motion: Corrections to names

**Approval of Meeting Minutes from October 23, 2023:** motion to approve by Robin, 2<sup>nd</sup> by Chris Bulkeley

Yea "I"	Nay	Abstention
7	0	1-Jonathan Raven

Motion: Approved

**Chair Report:**

Welcoming Sara Gaines to the board and introductions made.

Jonathan came directly from teaching section of Crisis Intervention Training (CIT) at West Sacramento Police Department. We have CIT up and running. Day 1 of 5 went well.

We are working on the Bylaws, will not have the amendments before us today for a vote.

Discussed the necessity of three standing committees. Considered making Budget and Finance Committee ad hoc. Spoke with Theresa Comstock for advice. She also recommends it is held as ad hoc. Most committees have moved away from standing and changed to quarterly or ad hoc meetings.

**Nicki King**-strongly disagree with Budget and Finance being ad hoc. Had tough time getting volunteers to hold one. Not having a standing committee means we don't have continuity. It's important because of the public interest there has been about Mental Health Services Act and funding. Without someone who knows the public concerns, there are things that can be missed. We are an advisory board, and we need to share what public needs are. We are a medium size county, and there has been a standard that we have tried to meet, and I would like to continue to have those standards met. In the past, we had

standing meetings twice a year, pre-2016. Maria Simas states that she audited our records and found that there are no report-outs from the standing committees to show that they were held as standing.

**Christy Correa**-as a member of Budget and Finance Committee, I think it's important to have it remain a standing committee. If it just means we only meet twice a year, it has existed as a standing committee, and it should remain that way.

**Maria Simas**-current bylaw is vague on committees, needs more clarity.

**Sue Jones**-we need to make sure bylaws allow for flexibility.

**Robin Rainwater**-does not oppose keeping meetings as standing committees. But states it's ambiguous as to what Communications and Education Committee does.

**Jonathan Raven**-continue with three standing committees. We can always pivot once we see what they will be doing. Delores Olivares is absent today but has agreed to be chair of the Communications and Education Committee.

**Nicki King**-we have a consulting group that has been hired to evaluate programs. Program Committee could meet with the consultant that was hired to establish what they are evaluating.

**Chris Bulkeley**-asks, is there a requirement that all members participate in a committee? Jonathan states that it is a recommendation, but not requirement.

**Robin Rainwater**-states that if in the past they only met twice a year and it met the requirements of the bylaws, then we could adapt the bylaws to change frequency of Budget and Finance to twice a year instead of quarterly.

**Sue Jones**-bylaws don't specify frequency of standing committee meetings.

#### **Standing Sub-Committees:**

**Budget Finance**-Chair: Joe Galvan, Members: Christy Correa, Nicki King, Maria Simas

- Budget and Finance will continue to be a standing committee.
- Nicki King states she will join the Budget and Finance Committee.

**Communications and Education**-Chair: Dee Olivarez, Members: Maria Simas, Christy Correa

- Christy Correa-Communications and Education Standing Committee is important for the outreach piece. She has done some outreach on her own to get the public to attend the meetings. Education can cover CIT training and tracking. There is a lot of opportunity with this committee

**Program Committee**-Chair: Christy Correa, Members: Brad Anderson, Dee Olivarez, Christy states current members are Dee Olivarez and Brad Anderson. Program Committee will meet once a month for 40 minutes as a check-in and get topic to cover. Site visit suggestions: we currently have Farmhouse, Pine Tree Gardens, Monroe Detention Center, Safe Harbor. When new stabilization center is open in fall, we will schedule something for that. Also discussed having ad hoc committee to coordinate site visit dates and times. Dee will contact city leaders to confirm current city programs in each of the communities. Next meeting will be held

Wednesday, December 6<sup>th</sup>. Agenda has been posted. We really need to get our bearings on what the programs are, and then we can evaluate and look at the improvements needed.

**Calendar Approval 2024**-proposing date change to the 1<sup>st</sup> Monday of the month with pre-designated exceptions for holidays. Calendar will be mocked up for Wednesday and shared at next meeting.

**Member Announcement:** none

**Correspondence:** shared in packet

**Time Set Agenda:** Mental Health Care in Jail, Undersheriff, Matt Davis

The Sheriff's Department doesn't decide length of sentences and who gets brought in. When a person enters the jail at any time, there is a lengthy screening process related to physical wellbeing and questions related to mental health. Ideally the person is honest. If they identify having a need for mental health services, a nurse is called. If there is any health concern, a nurse is always called in. Then they go over a document that triggers an earlier contact with mental health services in the jail. Most individuals are booked and released in a matter of days. That doesn't give staff enough time to link them to services before they are released. If they don't say anything about mental health within a week, a mental health clinician checks in with any individual housed in the jail. The jail only houses adults, and they can refuse care. That provides challenges to staff. Sheriff's Department doesn't employ any doctors or nurses. The company that provides those services is WellPath. A nuance of the jail is that the contract of WellPath is managed by HHS. Jail Based Competency Treatment (JBCT) is 7-bed space that is solely for individuals that have been determined incompetent. Previously they would be waiting for state hospital bed. Ease Access Stabilization Center: If an individual is found incompetent to stand trial, the Ease Program allows them to receive treatment within a week. It goes to the Board tomorrow, which is how new the program really is. In the past, they were stuck in the jail without receiving the treatment that was needed. Sheriff's role is only care and custody. We will follow court orders; we don't make the decisions. We only handle the care we can offer.

**Chris Bulkeley**-taking medications and seeing psychiatry is voluntary. The Sheriff's Department can't force that.

**Christy Correa**-about the health and safety intake that you mentioned and the sequence of questions that are asked, if they aren't disclosing because they are in psychosis, or if they are showing signs, how does someone get put in Ad Seg (Administrative Segregation) when they are in Mental Health crisis for their safety or the safety of others? Undersheriff: We have a correctional officer, called the compliance officer, who evaluates each person to determine where each person should be housed. Lot of factors go into where a person can be safely placed. Christy: How are they accessing care from WellPath if they are in 24-hour lockdown? How can they engage in check-in or referrals? How do they get services? Undersheriff: Everyone is checked on more than 1x per hour. How services are received will be based on circumstances.

**Nicki King**-can family members be notified they are receiving care? Undersheriff: No.

**Chris Bulkeley**-having JBCT in the jail is a leap forward. We have made great strides. Two years ago, that's not something I could have said. Four years ago, before we had involuntary medication, they were reluctant, but now we can offer it and it's more humane. Strides have been made in the county. There

are vastly improved services from where we were 5 years ago. Doing involuntary medication in jail with someone found incompetent to stand trial. They had been waiting 10 plus months for a bed and delaying treatment. Now they can start treatment sooner. A lot of times there are criticisms of the jail, but today it's a vast improvement. We can always do better.

**Public Comment**-what kind of training is involved for staff? Staff will follow up with speaker

### **Consent Agenda:**

**Mental Health Director's Report**-Karleen Jakowski, Mental Health Director

**Christy Correa**-which RFPs will need board participation? Karleen states, RFP children's system of care will be extensive. Hasn't been well implemented by state. It is foster parent providing mental health services and billing for a child in their home. It's complicated, and most counties don't have those services. Not expecting to get any responses. Therapeutic foster care is just really complicated.

**Christy Correa**-crisis residential for a new contract with Safe Harbor for short-term beds when we already have long-term. Karleen states, we are in the initial contract period. Once we hit the time limit, we needed to put that out for RFP. We extended contract with Safe Harbor to get us through to new contract.

**Brad Anderson**-I was on CIT team with Turning Point. Awesome all the benefits of that, but you must have Medi-Cal. Some people needing services are still insured by their parents, and it poses a barrier to receiving services. Karleen states that crisis services will be provided regardless of insurance status. Existing co-responders are working on a system with a team available for anyone with Medi-Cal. If we find out they have private insurance, we are not going to deny services, because that's unethical.

**Karleen Jakowski**-working on a partnership with AMR to have a person respond through telehealth or in person where available. We talked about hiring a project manager just for Crisis Now or crisis responders to manage workload. We are working on the budget. We start requesting in January. We are working on that now and will request more resources, including an outreach specialist. Working on building up infrastructure. We have a dedicated analyst to help manage the data. We hope that will be supported. We are heading into a year with budget constraints, and we will have to limit some new positions. Our crisis continuum really needs some supports.

**Sue Jones**-you said "at this point" we can't bill private insurance. Is there any hope that we will eventually get there? Karleen states that right now there are so many competing demands. We're still dealing with new infrastructure and with new payment reform. Just because you bill private insurance, there is no guarantee you will get paid for services. We have collectively been advocating the state to provide assistance with billing to private insurers. We need to be able to bill regardless of insurance status. We intend on it, but we don't know when. It's not on the top of the priority list.

**Crisis Now**-might need to refer to this as our crisis continuum. Most of it is in place or in progress. Latest update on receiving center: we are waiting on plans from architectural design program. We are still aiming for fall 2024. Working on an additional location much closer to West Sacramento but unable to share about location. As soon as HHS can share, they will. The true costs involved with providing the services have been sobering. We are working hard to get it.

**Youth Mobile Response**-we are proposing to use a model that's in place in Solano County. The idea is when a student is in crisis, instead of contacting law enforcement, we would contact crisis team trained to provide assistance. The existing providers will be able to continue their regular services to kids instead of being pulled away to address a crisis. They will work as a team with the youth mobile response, which will have crisis clinicians specifically trained to assist youth. The level of crisis will still need to be determined based on what the need is. Sometimes you don't know until you start providing the services. Need to figure out how to integrate with current services without duplicating or interfering. Intent is to reduce law enforcement involvement, reduce stigma, reduce time waiting in Emergency Room. Want to provide resources in a more comfortable environment, the child's school. It is an opportunity to provide crisis services to youth and children. It won't be limited to only school sites, but we expect it to only be during school hours.

**SB343**-Christy states, you understand that I'm opposed to delaying implementation for obvious reasons. We fought hard to get it passed. I understand the reasoning behind the delay. With Care Court happening in the year, the risk to loved ones already suffering, it's an injustice to wait any longer. Compromise and instead of waiting two years, readdress in one year. We will have a better lens in December. A year provides more information. In 4<sup>th</sup> paragraph, how is the jail going to be involved? Karleen states, you end up with folks gravely disabled in jail and unable to find placement. It primarily affects the sheriff; the other is a linkage. This is an unprecedented change to the definition. Changes to language are going to greatly change. 45 counties are deferring and only 2 counties will be implementing on January 1<sup>st</sup>. We need to ethically implement. We don't have the resources or staffing, so we wouldn't be doing anyone a service. We probably don't need two years, but I would prefer we have a buffer. Huge factor is funding the Public Guardian (PG). They are fully funded by general fund. Our PG office is underfunded. They are all carrying higher caseloads than recommended, but there is no funding.

**Robin Rainwater**-for the less restrictive part, is there a way to push it up sooner without it being so far out? There is no way it can be implemented by January 1<sup>st</sup>. We have no places to put people. Can we talk about pushing up implementation of Care Court sooner, just to get some momentum?

**Public Comment:** none

## **Regular Agenda**

**Board of Supervisors Report:** none

**Criminal Justice Update:** Chris-on Wednesday afternoons, we hold a collaborative meeting with Police Department, HHSA, District Attorney's office where we also have WellPath. One of the things we do is we have a release of information for the inmates so we can discuss and determine if they are engaging. Then we assess whether we can get them into services. Prop 47 grants are slowly moving forward. Jonathan: Community Correction Partnership approved funding to start another collaborative court called Young Adults Court. Most of the funding will go to the treatment piece. If they would normally go into Mental Health Court and they are under 25, they could go into this program. There aren't that many youths in MHC now, but yes YAC could open space in MHC.

**Public Comment on Agenda Items:**

**Frida Tillman**-I have a daughter who suffers from bipolar schizophrenia. I'm begging for more resources for mental health and to do all that you can. Even though she is stabilized on meds now, please, whoever has control, push a button, write a letter, policies, or laws. My daughter was on the street for a year.

**Future Meeting Planning and Adjournment:**

Next Meeting: January 8<sup>th</sup>, 2024, Gonzales Bldg., Woodland

Adjourned: 8:02 pm



# Local Mental Health Board Bylaws

## ARTICLE I

### SECTION I: MISSION, VALUES AND RESPONSIBILITIES

#### **Mission:**

Yolo County Local Mental Health Board supports the wellness, recovery, and resilience of all Yolo County residents through the identification of local mental health assets and needs, informed advocacy and education and collaboration with policymakers, service providers, consumers, and family members.

#### **Values:**

- Every person deserves well-being and quality of life
- Every person has value, importance, and is unique
- Meaningful consumer and family participation
- Cultural sensitivity, appropriateness, and appreciation for the diversity of the region
- Highest quality, integrated services and supports
- Strong social safety net
- Political and personal accountability
- Advocacy beyond the minimum mandated care
- Evaluation and evidence based decision making

**Duties and Responsibilities:** *(Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302)*

The Yolo County Mental Health Board shall have the following duties and responsibilities:

1. Review and evaluate the Yolo County mental health needs, facilities, services and special problems in any facility within the county or jurisdiction where mental health evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.
2. Review any county agreements or contracts entered into pursuant to Section 5650 of the Welfare and Institutions Code.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process.
5. Submit an annual report to the County Board of Supervisors on the needs of performance of the county's mental health system.

6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The Mental Health Board shall be included in the selection process prior to the vote of the governing body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.
8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and the local community as required by Section 5604.2 (b) Welfare and Institutions Code.

## SECTION II: MEMBERSHIP

1. The Mental Health Board shall consist of sixteen (16) members appointed by the Board of Supervisors as follows:
  - (a) Permanent members: There shall one permanent member of the board, who shall be a member of the Board of Supervisors.
  - (b) Rotating members: There shall be fifteen (15) rotating members appointed as follows:
    - (1) At least fifty (50%) percent of the members shall be consumers or the parents, spouses, siblings, or adult children of consumers, who are receiving or received mental health services;
    - (2) At least (20%) of the total membership shall be consumers and at least twenty (20%) percent of the total membership shall be families of consumers.
    - (3) At least one member shall be a military veteran or veteran advocate. The county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer. For purposes of this section, "veteran advocate" means either a parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.
2. The Board of Supervisors shall, through its appointments to the Mental Health Board, strive to reflect the ethnic diversity of the client population of the County.
3. The Board of Supervisors is encouraged to appoint individuals who have experience and knowledge of the mental health system. (§ 5, Ord. 1159, eff. May 20, 1993)
4. There shall be an equal number of appointees by each member of the Board of Supervisors.
5. Except as provided in the next paragraph, a member of the board or the member's spouse shall not be a full-time or part-time county employee of a county mental health service, an employee of the State Department of Health Care Services, or an employee of, or a paid member of the governing body of, a mental health contract agency.

A consumer of mental health services who has obtained employment with an employer described in the paragraph above and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

6. A member of the Mental Health Board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the California Government Code.
7. If it is not possible to secure membership as specified in this section from among persons who reside in the county, the governing body may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the county mental health service, the State Department of Health Care Services, or on the staff of, or a paid member of the governing body of, a mental health contract agency. (§ 5, Ord. 1159, eff. May 20, 1993)

### SECTION III: MEMBERSHIP TERMS

1. As vacancies occur, subsequent appointments shall be made for three (3) year terms. The governing body shall equitably stagger the appointments so that approximately one-third of the appointments expire in each year.
2. Unless the Board of Supervisors specifically determines otherwise for good cause, in its sole discretion, no member may serve more than two (2) consecutive terms without at least a one (1) year break in service before becoming eligible for reappointment. (County of Yolo Administrative Policies and Procedures Manual, Advisory Board, Commissions, Committees, and Councils)
2. Membership shall be effective upon appointment by the Board of Supervisors. However, all terms shall be deemed to have commenced on February 1 following the initial appointment, and thereafter all terms shall be aligned to begin on February 1 and end on January 31.
3. If, prior to the expiration of a term, a member ceases to retain the status which qualified the member for appointment to the Mental Health Board, the membership of the member shall be terminated, and a vacancy shall be declared.

### SECTION IV: VACANCIES

When a vacancy occurs, the board chair shall contact the appropriate governing board member to determine if she/he has a candidate for the vacancy and/or if the member would consider recommendations from the Mental Health Board.

### SECTION V: TERMINATION

The term of office of a rotating member who has three (3) consecutive unexcused absences from meetings of the Mental Health Board may be terminated by the Board of Supervisors after notification to the member and the Mental Health Board. The vacancy thereby created shall be filled by the appointment of another representative of the same group ~~for the remainder of the unexpired term of as~~ the member being replaced. (§ 7, Ord. 1159, eff. May 20, 1993)

### SECTION VI: QUORUM

A quorum for meetings of the Mental Health Board shall consist of one person more than one-half of the appointed members. A majority vote of the members present shall be required for any motion, resolution, or other action. (§ 6, Ord. 1159, eff. May 20, 1993)

## SECTION VII: BOARD SELF-EVALUATION

Each year the Board shall conduct a Board Self-evaluation, which shall address issues of effective Board operation and governance and accomplishment of Board statutory requirements and annual goals. The Board may choose to use this resource: "[Evaluation Form](#)" (Google Form).

## SECTION VIII: OFFICERS

The officers shall be a chairperson, a vice-chairperson, and a secretary who shall be Mental Health Board members and who shall serve on a yearly basis and be subject to election by a majority of the Board present and voting in May of each year. (§ 8, Ord. 1159, eff. May 20, 1993)

## SECTION IX: MEETINGS

The Board shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part I of Division 2 of Title 5 of the Governing Code, relating to meeting of local agencies (The Brown Act.) The Board will meet at least ten (10) times annually.

The Board shall meet and provide opportunities for client and general public input at least once per year in the cities of Davis, Woodland and West Sacramento, California. The Board may at its discretion add additional locations as deemed necessary.

## SECTION X: REIMBURSEMENT FOR EXPENSES

Members of the Mental Health Board shall receive reimbursements for their actual and necessary expenses incurred in the performance of their duties outside the boundaries of the County. A member shall obtain written approval from the Mental Health Director prior to attending any event outside the boundaries of the County for which the member wishes to be reimbursed. Odometer reading and receipts will be required for reimbursement in accordance with the rules established by the County Auditor-Controller. Reimbursements shall be budgeted and charged against County Mental Health funds and shall be subject to the budgets limitations and restriction placed on such funds.

## SECTION XI: RESPONSIBILITIES OF OFFICERS

The Chair shall be the principal Board officer, shall chair Board meetings and serve as the Board's chief spokesperson. They shall carry out the policies of the Board and shall do everything necessary to carry into effect the Board's statutory responsibilities and additional Board goals.

The Vice-Chair shall do everything necessary to assist the Chair in the performance of their duties. In the event of absence of the Chair, the Vice-Chair shall exercise all powers of Chair.

The Secretary shall review the minutes of the Mental Health Board prior to public distribution and assist the Chair and Vice-Chair in the performance of their duties.

## SECTION XII: REMOVAL OF OFFICERS

An officer may be removed for cause from office by the majority vote of all members at an official Board meeting.

Adequate formal notice, in writing and person, must be given to an officer of such an impending removal action.

### SECTION XIII: STANDING COMMITTEES

There are three standing committees of the Board appointed by the Board Chair. The purpose of the standing committees shall be to assist and support the Board by carrying out specific tasks assigned as needed by the Board Chair and/or the Board. A standing subcommittee cannot take formal action on behalf of the Board without prior authorization of the Board. All Mental Health Board members are welcome and encouraged to attend standingsub committee meetings. The standing committees are:

**Budget and Finance:** The Budget and Finance Committee shall provide leadership to the Board by reviewing and reporting on legislative proposals, considering budget and funding issues for mental health in Yolo County, and ensuring all advising functions of the Board are carried out.

**Communications and Education:** The Communications and Education Committee shall provide leadership by assisting the Board to inform the public on mental health issues in Yolo County, developing education opportunities for the Board, and coordinating the development of the Board's annual report required by the Health and Welfare Code and Yolo County Ordinance.

**Program:** The Program Committee shall provide leadership to the Board on the review and evaluation of Yolo County mental health needs, facilities, services and special problems required by Welfare and Institutions Code and Yolo County Ordinance.

The Chairs of each of the three standing committees shall serve on the Executive Committee of the Board.

### SECTION XIV: EXECUTIVE COMMITTEE

The Executive Committee of the Board shall consist of the Board Chair, Vice Chair, Secretary, Chair of the Budget and Finance Committee, Chair of the Communications and Education Committee, and Chair of the Program Committee. The Executive Committee shall meet as needed as determined by the Board Chair. The Executive Committee is a standing committee for purposes of the Brown Act.

### SECTION XV: ~~AD HOC TASK AND TIME SPECIFIC COMMITTEES AND OTHER AD-HOC~~ COMMITTEES

The Chair may at any time appoint task-Ad Hoc and time specific committees of the board to address strategic goals, projects, or studies. These committees shall address a specific task, be for a time certain and will disband upon completion of the assigned task. (§ 10, Ord. 1159, eff. May 20, 1993).

### SECTION XVI: RULES OF ORDER

The authority of the Brown Act shall govern meetings of this organization and its standing committees and Roberts Rules of Order modified to allow open participation of the Chair, who may also set discussion time limits as appropriate.

## ARTICLE II

### SECTION XVII: AMENDMENTS

These bylaws may be amended at any meeting of this organization by a two-thirds vote of the appointed membership of the Yolo County Local Mental Health Board. These bylaws shall be reviewed periodically to ensure compliance with State Law.

### SECTION XVIII: EFFECTIVE DATE

These bylaws shall go into effect and become effective immediately upon their adoption.

### SECTION XIX: CODE OF ETHICS

The following principles and commitments constitute the Board's code of ethics.

As a member of the Yolo County Local Mental Health Board, I:

- Will become knowledgeable about the duties and mission of the Local Mental Health Board and promote those to the publics with whom I have influence;
- Will give necessary time, thought, and study to the work of the Board;
- Will attend regular meetings and participate in committee meetings;
- Will be fully and carefully prepared for each meeting by doing the required reading and completing the necessary tasks for Board and committee work;
- Will work with fellow Board members in a spirit of harmony and cooperation;
- Will respect other speakers and listen to other viewpoints;
- Will share viewpoints and, despite differences of opinion, abide by and uphold final decisions of the board;
- Will abide by the purpose of the Brown Act;
- Will disqualify myself from discussion and vote on an issue where there is a conflict of interest or if the outcome will grant me or my employer any pecuniary or material benefits; and

The code of ethics should be discussed with new board members and reviewed at least yearly by all members.

# Program Committee Meeting Minutes for 12-06-2023

---

In attendance:

Chair: Christy Correa, Committee Members: Dee Olivarez, Brad Anderson (joined later).

*Zoom Meeting started by Christy Correa at 5:00 pm*

Reviewed scope of Program Committee (PC) duties:

***The Program committee shall provide leadership to the Board on the review and evaluation Yolo County mental health needs, facilities, services and special problems required Welfare and Institutions Code and Yolo County Ordinance.***

ITEMS Discussed:

- Site Visit list for inclusion in 2024 Strategic Plan  
***Proposed SITE VISITS:***
  1. Farmhouse
  2. Pine Tree Garden
  3. Yolo County JAIL-Monroe Detention Center -“V”
  4. Safe Harbor Crisis House
  5. 24/7 Crisis Call Center (988)
  6. Yolo County Stabilization Receiving Center (crisis chairs)
- PC Proposal to LMHB for an Ad Hoc committee for a refined site visit list in Jan. for scheduling and site visit coordination by LMHB.
- Dee gave update on contact with West Sacramento (WS) City leaders to determine what programs are in place in WS. Will meet with WS City Services designee
- Christy Correa will give a PC report-out at Jan. 8<sup>th</sup> 2024 LMHB Mtg.
- New/ongoing business: Moving PC meeting date to allow for new LMHB Mtg. cadence in February.

***Discussed*** Next Program Committee meeting: **January 3<sup>rd</sup> (Wednesday) 5:00pm** (Zoom)  
[1<sup>st</sup> WED in Jan]

Adjournment at 5:39.

# LMHB 2024 Meeting Calendar

Jonathan Raven, Board | [jonathan.raven@sbcglobal.net](mailto:jonathan.raven@sbcglobal.net) | 530.681.2312

Sue Jones, Secretary | [swjones@ucdavis.edu](mailto:swjones@ucdavis.edu) | 530.661.0976

Christina Grandison, Board Liaison | [christina.grandison@yolocounty.org](mailto:christina.grandison@yolocounty.org) | 530.661.2903

January

01

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February

02

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March

03

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April

04

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May

05

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June

06

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July

07

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August

08

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
No Meeting-Summer Break						

September

09

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October

10

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November

11

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
No Meeting-Winter Break						

December

12

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Regular Meetings: 25 N Cottonwood Street, Woodland CA-Gonzales Bldg. Community Room

Regular Meeting: 1212 Merkley Avenue, West Sacramento-Arthur F. Turner Community Library

Regular Meeting: 315 E 14<sup>th</sup> St, Davis CA-Mary L. Stephens Davis Library, Blanchard Room

[LMHB Website Link](#)



## Mental Health Director's Report

January 8<sup>th</sup>, 2024

### A) Current Requests for Proposals (RFPs)

- Crisis Residential- A new contract with Yolo Community Care Continuum (YCCC) for Crisis Residential Treatment at Safe Harbor is in place as of January 1, 2024. HHSA is working closely with YCCC to implement this revised program to include short-term crisis residential services as outlined in the Crisis Now model.
- Integrated Behavioral Health Services- The Health and Human Services Agency (HHSA) selected CommuniCare+OLE as the vendor to offer Integrated Behavioral Health Services through their Creando Recursos y Enclaves para Oportunidades (CREO) program, a new contract will go to the Board on January 9, 2024.
- 24/7 High Tech Call Center- The RFP for a new High Tech Call Center closed and a vendor has been selected. The notification of award will be made the week of January 2, 2024.
- Community Based Navigation Center/Services- CommuniCare+OLE has been selected as the vendor to offer these services in Davis as of April 1, 2024. They are also the current vendor of this program.
- Youth Substance Use Disorder Services- The RFP for Adolescent Substance Use Disorder services closed, and a vendor for outpatient services has been selected.
- Children's System of Care- 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 2024.
- Therapeutic Foster Care- The RFP for Therapeutic Foster Care will be released in Spring 2024.

### B) Medi-Cal Mobile Crisis Benefit Implementation

Yolo County's Mobile Crisis Services Implementation Plan was approved by the Department of Health Care Services on December 29, 2023. Starting January 2, 2024, Countywide, 24-hour mobile crisis response services for Medi-Cal beneficiaries are available seven days a week, 365 days a year.

Mobile crisis services provide rapid response, individual assessment and community-based stabilization to Medi-Cal beneficiaries who are experiencing a behavioral health crisis. Mobile crisis services are designed to provide relief to beneficiaries experiencing a behavioral health crisis, including the use of de-escalation and stabilization techniques to reduce the immediate risk of danger and subsequent harm, as well as avoiding unnecessary emergency department care, psychiatric inpatient hospitalizations, and law enforcement involvement. Additional information about the Mobile Crisis Services benefit can be found at the DHS website at: <https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx>

The call center for Mobile Crisis Services will be the County's 24/7 Access and Crisis Line: 888-965-6647 | TDD 800-735-2929. Calls will be screened for safety concerns and diverted to 911, if necessary. A dispatch screening will determine if a mobile response is warranted; callers will be able to access 24/7 crisis counseling as before and may be referred to ongoing behavioral health services as appropriate. If a mobile response is warranted, the call will be dispatched to one of the mobile crisis response teams. HHSA is coordinating with both emergency dispatch call centers to expedite service delivery and to address any safety concerns.

Yolo County will be piloting this benefit utilizing two short-term contracted providers and internal staff to provide the services. Children and youth ages 0-17 will be served by Victor Community Support Services (VCSS), which currently provides similar services to current and former foster youth through the Family Urgent Response System (FURS). Adults will be served through internal staff with support from American Medical Response (AMR). The use of medical professionals for these services can provide a layer of support that is not available in traditional mental health services, as they may be best positioned to support physical examinations, when needed, and provide individualized care to beneficiaries who are at risk of preventable hospital admission or re-admission due to chronic care or acute physical

needs. These providers may also support a behavioral health professional's assessment to determine if a beneficiary requires emergency transport to an alternative setting for continued care.

Yolo County's long-term plan is to release two separate requests for proposals (RFPs) for the child/youth and adult systems of care. The child/youth RFP will be included in the overall children's system of care RFP that will be released on or about January 8, 2024 and intends to package Mobile Crisis Response, FURS, and a school-based mobile crisis response services into one cohesive program (the inclusion of school-based crisis response services is dependent on the outcome of a Round 5 funding request from the [Children and Youth Behavioral Health Initiative](#)). The RFP for the adult system of care is currently under development.

At this time, the HHS is not electing to screen callers for insurance type and will be serving individuals with private insurance to the degree that is possible. Whether the County utilizes contracted providers or internal staff, these services will be expensive because of the 24/7/365 requirement and because of the dire shortage of licensed mental health professionals in the local area and in California. Like most counties, Yolo County is unsure of what to expect with regards to call volume or the caseload mix of Medi-Cal and non-Medi-Cal beneficiaries. Yolo County Behavioral Health is optimistic and will be closely monitoring these services to provide continuous quality improvement and to develop an understanding of the demand for services that will inform future decisions about benefit implementation and the long-term, sustainable approach to ensuring 24/7 access to mobile crisis services.

### **C) BOS Mental Health Study Session and Hot Topics Presentation**

HHS will provide a study session at the January 9, 2024 Board of Supervisors meeting on several current and relevant mental health topics impacting Yolo County's local system including:

- Mental Health System of Care Overview and Role of the County
- Mental Health Services Act (MHSA)
- K-12 School Partnerships Project
- Forensic and Justice Involved Care
- California Advancing and Innovating Medi-Cal (CalAIM)
- Local Mental Health Board (LMHB)
- Crisis Now 2.0
- Hot Topics
  - Medi-Cal Mobile Crisis Benefit
  - 988 and Suicide Prevention Services
  - Crisis Intervention Teams (CIT)
  - Community Assistance, Recovery, and Empowerment (CARE) Act
  - Senate Bill (SB) 43
- Current and Upcoming California Initiatives

The agenda item and presentation materials can be found [here](#).

### **D) Health Council Prop 1 Summary and Crisis Now Update Presentation**

HHS will provide a brief presentation and question and answer session at the January 11, 2024 Yolo County Health Council meeting. The council is interested in receiving a summary of the proposed changes to the Mental Health Services Act (MHSA) under Prop 1 and a brief update on Crisis Now 2.0. This meeting is held in person in the Health and Human Services' Gonzales Building, Community Room located at 25 N. Cottonwood Street in Woodland.

Information about the Yolo County Health Council can be found [here](#).

### **E) Mental Health Services Act (MHSA) Community Engagement Workgroup (CEWG) Meeting 1/16/24**

**NEW:** Yolo MHSA, through the RFP process, has selected and partnered with [EVALCORP](#) to provide professional support

services inclusive of research, analysis, community planning, facilitation, and technical writing in the development of upcoming MHSA plans (FY 24-25 Annual Update; FY 25-26 Annual Update; FY 26-29 Three Year Plan). EVALCORP has been conducting countywide needs assessments and evaluations of MHSA-funded projects throughout California since 2008.

Special thanks to LMHB member Christy Correa for participating in the MHSA RFP review process.

**Upcoming:** Yolo MHSA will reconvene the Community Engagement Work Group (CEWG) in January to begin the FY 24-25 Annual Update community planning process. The CEWG is an ongoing engagement workgroup to support Mental Health Services Act Planning. The group is open to any stakeholder in Yolo County who wants to participate.

**Save the Date:** Yolo MHSA Community Engagement Work Group is scheduled for Tuesday January 16, 2024 @3:30pm – 5:00pm (<https://www.yolocounty.org/Home/Components/Calendar/Event/57512/21>).

- **Agenda:** Annual Update-Community Planning Process
- MHSA JAN CEWG [Flyer](#) for distribution (attached)

### Join Zoom Meeting

<https://us02web.zoom.us/j/82104162473?pwd=VjV4dlpxUktkYUVUaEtmK3ZDd24rdz09&from=addon>

Meeting ID: 821 0416 2473

Please forward along to anyone you feel would be interested in joining the meeting. All MHSA meetings are open to the public. We invite you to join us. We want to hear from YOU!

### F) Department of Health Care Services (DHCS) Engagement Audit 23/24

HHSA received notification of the upcoming DHCS Engagement Audit. This audit will take place April 30<sup>th</sup>- May 10<sup>th</sup>, 2024, and will review both Specialty Mental Health Services (SMHS) and Substance Use Disorder Services (SUDS) funded through Drug Medi-Cal and the Substance Use Block Grant (formerly the Substance Abuse Block Grant). The SMHS portion of this audit is occurring as part of Yolo County's triennial review cycle with the last SMHS audit having taken place in Spring of 2021. This behavioral health audit will focus on Fiscal Year 22-23. In advance of the audit period, HHSA is required to submit several hundred documents showing evidence that contractual regulations selected by DHCS for review have been met. The document submissions are due in March of 2024.

### G) CYBHI Grant Awarded

Yolo County Health and Human Services (HHSA) received two funding awards through the Children and Youth Behavioral Health Initiative's Round 2: Trauma Informed Programs and Practices. HHSA received \$12,595 for training in Cue Centered Therapy (CCT), a new evidence-based intervention from the Stanford School of Medicine to treat youth with a history of chronic trauma. Additionally, HHSA received \$10,500 for trainings in Child Parent Psychotherapy (CPP), an evidence-based therapy model for children aged 0-5 and their caregivers. Child Parent Psychotherapy was a model identified by the HHSA Clinical Manager because HHSA would like to expand and improve the mental health services offered to the 0-5 population.

HHSA will use the funding for CPP to train more clinicians on the Children's Mental Health Team to provide CPP. Cue Centered Therapy was chosen as a modality so that clinicians can offer an evidenced based treatment for youth with history of chronic trauma, not an isolated trauma incident. The entire HHSA children's clinical staff will be trained in CCT. Following the training of the clinical team, one clinician will enroll in CCT's train the trainer program, so they can train clinicians from our county contracted providers in CCT.

Yolo County Health and Human Services Agency  
Community Engagement Work Group

# MHSA

**The CEWG is an ongoing engagement work group to support the Mental Health Services Act planning in Yolo County.**

---

**Agenda:  
Annual Update-Community Planning Process**

**Zoom:**

<https://us02web.zoom.us/j/82104162473?pwd=VjV4dlpxUktkYUVUaEtmK3ZDd24rdz09&from=addon>

Meeting ID: 821 0416 2473

DIAL: 1-669-900-6833

DAY	TIME
<b>Tues Jan 16, 2024</b>	<b>3:30PM-5PM</b>

**All MHSA meetings are open to the public.  
We invite you to join us. We want to hear from YOU!**



# Medi-Cal Mobile Crisis Services Benefit Implementation Plan

## ORGANIZATION INFORMATION

County Name/BH Health Delivery System: Yolo County Health and Human Services Agency (HHSA)

Proposed Launch Date: 1/2/24

[Click here to enter response.](#)

## Contact Information

*Please provide below the contact information of the person who can answer questions about the responses (name, phone number, email address).*

- Karleen Jakowski, HHSA Behavioral Health Director  
[Karleen.Jakowski@yolocounty.org](mailto:Karleen.Jakowski@yolocounty.org)  
530.661.2978
- Samantha Fusselman, Branch Director, HHSA Adult and Aging Branch  
[Samantha.Fusselman@yolocounty.org](mailto:Samantha.Fusselman@yolocounty.org)  
530.661.2942
- Tony Kildare, Branch Director, HHSA Child, Youth, and Family Branch  
[Tony.Kildare@yolocounty.org](mailto:Tony.Kildare@yolocounty.org)  
530.661.2929

## MEDI-CAL BEHAVIORAL HEALTH DELIVERY SYSTEM'S MOBILE CRISIS SERVICES PROVIDER NETWORK

*Please describe the provider types per the allowable provider types the county plans to utilize for the Medi-Cal mobile crisis benefit.*

- Licensed/Waivered/Registered Clinical Social Workers
- Licensed/Waivered/Registered Marriage and Family Therapists
- Licensed/Waivered/Registered Professional Clinical Counselors
- Mental Health Rehabilitation Specialists
- Other Qualified Providers
- Certified Peer Support Specialists
- Licensed Practitioner of the Healing Arts (LPHAs)
- Alcohol and Other Drug (AOD) Counselors
- Emergency Medical Technicians (EMTs)

## **MENTAL HEALTH PLAN (MHP) AND DRUG MEDI-CAL (DMC) AND/OR DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)**

*Please describe how the county's MHP and DMC and/or DMC-ODS will coordinate in the delivery of mobile crisis services, to include billing and payment policies.*

Yolo County HHSA will implement a fully integrated approach across the MHP and DMC-ODS delivery systems in which a single mobile crisis services infrastructure serves the entire county. This approach will include multiple mobile crisis teams that are equipped to respond to Medi-Cal members regardless of whether they are otherwise served by the MHP or the DMC-ODS.

The primary goal of the Mobile Crisis team is to stabilize the crisis. Every effort will be made by the responding team to collect as much contact, demographic, and insurance information as clinically appropriate in the early stages of the encounter. Necessary billing information that is not collected during the encounter, such as Medi-Cal status or county of fiscal responsibility, will be determined by administrative support staff after the crisis is resolved. This will ensure that medical records are opened for clinical documentation, accurate billing, and appropriate coordination of care.

The Mobile Crisis Services teams will document all services provided in the Yolo County Electronic Health Record (EHR), (Netsmart's MyAvatar). The EHR is configured such that upon entry of a billable clinical service, a claim is generated. Service codes for the new Mobile Crisis benefit have been created.

### **REQUIRED TRAININGS**

Have members of the county's mobile crisis team have not completed the required trainings in each of the following areas?

All members of the existing mobile crisis response team have completed all required trainings. New staff who will be onboarded after 12/31/23 will complete the full array of required trainings as part of their onboarding and before delivering a billable Mobile Crisis benefit service.

All trainings are being documented in a training log.

- Crisis Assessment
- Trauma-Informed Care
- Crisis Safety Planning
- Crisis De-Escalation and Intervention Strategies
- Harm Reduction
- Culturally Responsive Crisis Care for Diverse Communities
- Co-occurring Disorders/Responding to SUD Crises
- Culturally Responsive Crisis Care for Tribal Communities
- Culturally Responsive Crisis Care for Children, Youth, and Families
- Culturally Responsive Crisis Care for Individuals/Families with IDD - Adult

*\*The county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined above. DHCS reserves the right to request a copy of these documents from the county at any time.*

## DISPATCH POLICIES AND PROCEDURES

Mobile Crisis Service Hotline Number: 888-965-6647

**The county Mobile Crisis Service Hotline Number offers live responses 24/7/365.**

*If the county does not, please describe how this will become 24/7/365 by the time the county goes live with the Medi-Cal mobile crisis benefit.*

*If the county does, enter "N/A" as a response.*

Effective 1/2/24, the existing 24-hour Access Line will become the Mobile Crisis Services Hotline Number. Currently, the 24-hour Access Line is staffed 24/7/365, and the Access Line can assist a caller in accessing emergency services. Yolo County currently only offers in-person clinical mobile crisis response Monday through Friday, 8am to 5pm, excluding County holidays, but will begin providing the Mobile Crisis Response benefit 24/7/365 beginning 1/2/24.

Yolo County will utilize a combination of contracted services and internal staff to provide the benefit. The County has fully executed a contract with the existing FURS provider (Victor Community Support Services [VCSS]) to provide 24/7/365 Mobile Response Benefit to children and youth ages 0-17, effective 1/2/24. The County is currently in the process of developing a contract with our local Emergency Medical Services (EMS) provider (American Medical Response [AMR]) to provide after-hours and weekend coverage to augment the existing mobile crisis response services that are being provided during normal working hours (M-F, 8-5). This contract will be fully executed by 1/2/24. The County will utilize internal staff to provide clinical support in a joint response with AMR.

### Dispatch Policies and Procedures

*Please describe the county's dispatch policies and procedures.*

Calls for service will come in via the 24-7 High Tech Call Center or Yolo County Dispatch (911).

For calls that come to the 24-7 Access Line, a Clinician will triage calls for service by conducting a safety screening and the Dispatch Screening Tool. If an immediate safety threat is present, the Access Line Clinician will contact 911 dispatch to respond to secure the scene prior to deploying the Mobile Crisis Response Team. If no immediate safety threat is present, the Access Line Clinician will deploy the Mobile Crisis Response Team.

For calls that come to 911 Dispatch during regular business hours, 911 Dispatch will contact the Crisis Intervention Team directly via dispatch radios; the Crisis Intervention Team will complete the Discharge Screening Tool to determine and deploy a Mobile Crisis Response Team.

Mobile crisis response will include two crisis team staff per in-person response. If only one mobile crisis team member is available to respond in person, a second crisis team member will be available via telehealth.

## MOBILE CRISIS TOOLS

### Standardized Dispatch Tools

The county does intend to use the DHCS Standardized Dispatch Tools for dispatching Medi-Cal mobile crisis teams.

*If the county does not plan to use the DHCS tool, please describe the tool in detail and include any standardized dispatch tools the county is using, if applicable. Please attach a copy of the county's tools to this response and name the file "Dispatch Tools [County Name]".*

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a dispatch template which the county may use if the county doesn't have a standardized tool.*

*If the county does plan to use the DHCS tool and the county does not use any standardized dispatch tools, enter "N/A" in the response below.*

N/A

### Standardized Crisis Assessment Tools

The county does intend to use the DHCS Standardized Crisis Assessment Tool.

*If the county does not plan to use the standardized DHCS crisis assessment tool, please describe the county's tool in detail, and include any standardized crisis assessment tools the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Assessment Tool [County Name]".*

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis assessment template which the county may use if the county doesn't have a standardized tool.*

*If the county does choose to use the standardized DHCS crisis assessment tool and the county does not use any standardized crisis assessment tools, enter "N/A" in the response below.*

N/A

### Standardized Crisis Planning Template

The county does intend to use the DHCS Standardized Crisis Planning Tool Template.

*If the county does not plan to use the DHCS standardized crisis planning template, please describe the crisis planning template, in detail, and include any standardized crisis planning template the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Planning Tool [County Name]".*

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis planning template which the county may use if the county doesn't have a standardized tool.*

*If the county does choose to use the standardized DHCS crisis planning template and the county does not use any standardized crisis planning tools, enter "N/A" in the response below.*

N/A



## PROMOTION TO AND ENGAGEMENT OF LOCAL RESOURCES

### Local Community Partnerships and Engagement

*Please describe how the county will promote and engage the local community in the availability of mobile crisis services.*

The Yolo County Mobile Crisis Planning workgroup (described below) shares progress updates and receives feedback from the Local Mental Health Board. Additionally, HHSA communicates regularly with local law enforcement agencies as well as dispatch in regard to the current delivery of mobile crisis services and will be sharing information about the new benefit with local advisory bodies.

HHSA created a planning and implementation workgroup that includes the following representatives:

- Yolo County Behavioral Health Director
- Adult and Aging Branch Director
- Child, Youth and Family Branch Director
- HHSA Manager over Special Projects
- HHSA Clinical Manager over Special Projects
- HHSA Clinical Manager overseeing Children's Behavioral Health Services
- HHSA Clinical Manager overseeing Forensic, SUD and Homeless Services/Yolo County AOD Administrator
- HHSA Clinical Manager overseeing Adult Access, Crisis and Wellness Services
- HHSA Manager overseeing Outcomes and Contracts
- Supervising Clinician overseeing Crisis Services
- MHSA Program Coordinator for Children's Services
- MHSA Program Coordinator for Adult Services
- Other HHSA Leadership as available with input from current mobile crisis clinicians

*How will the county meaningfully engage actual and potential consumers of mobile crisis services and their families?*

Yolo County HHSA will engage clients who have previously received services via mobile crisis response to gather feedback and if a family member of a Medi-Cal beneficiary requested mobile crisis services for their loved one, HHSA can request feedback from them as well. As noted above, current and former consumers of Behavioral Health Services and their family members are represented on Yolo County's Local Mental Health Board.

*How will the county engage individuals and families with lived experience of mobile crisis services?*

Certified Peer Support Staff will be members of the mobile crisis teams. Further, HHSA intends to reach consumers via our County Wellness Centers as well as through our extensive network of contracted specialty mental health providers.

*How will stakeholders such as clinicians, peers, and CBOs be engaged in the planning, implementation, and assessment of mobile crisis services? Describe how the county currently engages with schools and what additional plans the county has for maintaining and improving coordination and communication.*

HHSA created a planning and implementation workgroup that includes the agency leadership and staff noted above. The workgroup will identify specific metrics and collect and analyze data to assess the performance of the mobile crisis benefit. Yolo County HHSA will use findings for continuous quality improvement activities.

HHSA works closely with all five local school districts and the Yolo County Office of Education to coordinate behavioral health services for children and youth through our K-12 partnership program, an MHSA and MHSA funded program that embeds Behavioral Health Clinicians on school campuses throughout the County, to engage schools once the implementation plan is in place. Further, the County will work closely with the Community Based Organizations (CBOs) contracted to deliver behavioral health services throughout the community and on local school campuses to maintain and improve coordination and communication.

*How will recipients of mobile crisis services and their families provide their individual and family experience of crisis care?*

Should recipients and/or family members have complaints, they may contact Beneficiary Grievance Line: (530) 666-8788 (Confidential voicemail available 24/7). Additionally, Yolo County Health and Human Services Agency (HHSA) conducts the annual Consumer Perception survey and Treatment Perception Survey to offer consumers and family members an opportunity to provide input/feedback on mental health and substance use disorder (SUD) services for quality improvement purposes.

*How will the county leverage the information gained from outreach and engagement efforts to inform continuous quality engagement?*

HHSA will maintain records and response from outreach efforts. These responses will be referenced in ongoing efforts to improve crisis services and expand our continuum of care.

*How will usage, outcome, and consumer experience data be shared with the community?*

At program implementation, usage, outcome, consumer experience data be used internally for planning efforts. As part of our planning efforts HHSA will consider ways that this information could be shared in meaningful way. HHSA already maintains a Crisis Response dashboard and additional metrics related to the mobile crisis benefit will be added, as appropriate, to this dashboard to provide a standardized format for reporting data and outcomes to partners and the community. This could include, but is not limited to, the Local Mental Health Board, local law enforcement partners and other stakeholders, and with the general community via HHSA's website. As with all HHSA programs, we will use Results Based Accountability (RBA) measures to track program outcomes. RBA's include performance measures that seek to answer the following questions: PM 1: How much did we do? PM 2: How well did we do it? PM 3: Is anyone better off?

## Local Law Enforcement

The county has a formal partnership agreement with local law enforcement in place.

*Please describe the role of local law enforcement in the county's current mobile crisis response system.*

Our current mobile crisis response system is based on a model whereby HHSAs clinicians are embedded in each of our law enforcement agencies (LEA) and clinicians respond on scene at the same time as law enforcement. Currently, when law enforcement receives a service request for a mental health call, the mental health clinician assigned to that LEA is also dispatched on scene and arrives in their own vehicle. Law enforcement secures the scene for safety, the clinician intervenes with the individual in behavioral health crisis, and frequently law enforcement clears the scene. Typically, the "team" responding in this scenario includes a mental health clinician and a representative from law enforcement.

*If the county has a formal partnership agreement with local law enforcement in place, please attach a copy and name the file "Local LEA Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?*

Yolo County HHSAs have MOUs with local LEAs that were established with the roll-out of the Co-Responder crisis model. Yolo County intends to maintain the Co-Responder crisis model as part of the overall Crisis Continuum of Care, separate from the Mobile Crisis Benefit that will go live on 1/2/24. The MOUs will be updated once the new after-hours Mobile Crisis Services vendor is identified.

*If the county's model currently includes law enforcement as a default, how will the county shift to an only as-needed model? How will the county determine when to include law enforcement?*

Yolo County HHSAs currently utilizes a "Co-Responder" model in collaboration with local law enforcement agencies that fund a portion of the program's costs. While the County intends to maintain the Co-Responder model for daytime calls that are dispatched by local law enforcement, the Co-Responder model will not be utilized in the delivery of the Mobile Crisis Services benefit. In situations where law enforcement and clinicians respond together utilizing the Co-Responder model, services will be billed under the previously existing crisis intervention codes.

As required, the Yolo County Mobile Services Benefit will be delivered with minimal use of law enforcement, and has already begun to transition to an only as-needed model whereby Mobile Crisis Clinicians will respond on-scene independent of law enforcement when there is not a threat to public safety. Mobile Crisis Services Benefit calls will be routed through the County's 24/7 Access and Crisis Line, where the Dispatch Screening assessment will determine if a mobile response is warranted. The County intends to coordinate with the local dispatch agencies to request a law enforcement response only when a tangible safety threat is present.

Each Mobile Crisis Clinician carries a dispatch radio and is therefore able to request law enforcement backup should the safety status change. Yolo County dispatch will assess each call for service for safety to determine whether accompanying law enforcement response is required. Mobile crisis staff will also review the clinical history of known clients to assess for safety and request law enforcement accompaniment, when warranted.

Yolo County will have the Mobile Crisis Services benefit fully operational by 1/2/24.

### **Local Emergency Medical Services (EMS)**

The county does not have a formal partnership agreement with local EMS in place.

*Please describe how the county will coordinate with the local Emergency Medical Services (EMS) agency.*

Local EMS will provide support for Mobile Crisis Teams during medical emergencies. EMS can be dispatched to the scene of a response via a 911 call, at the request of LEAs, or by Mobile Team members.

Additionally, as described earlier, Yolo County HHSA is in contract discussions with our local EMS provider (AMR) to provide after-hours coverage in a quick response vehicle (overnight, weekends, and holidays) while HHSA staff continue to staff Mobile Crisis Teams during existing covered hours (these are generally beyond typical business hours). This contract is in development and expected to be executed by 12/31/23.

*If the county has a formal partnership agreement with local EMS in place, please attach a copy and name the file "Local EMS Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?*

N/A

*Please describe the role of local EMS in the county's current mobile crisis response system.*

Currently, local EMS provide support for Mobile Crisis Teams during medical emergencies. EMS can be dispatched to the scene of a response via a 911 call, at the request of LEAs, or by Mobile Team members.

*If the county's model currently includes local EMS services as a co-response model or for transportation purposes, will this practice continue? How will the implementation of this benefit impact this?*

EMS currently provides transportation to the emergency department only in emergent situations and will retain this role after the implementation of the new benefit.

## **TRANSPORTATION POLICIES AND PROCEDURES**

*Please describe the transportation policies the county will use with the Medi-Cal mobile crisis benefit.*

Yolo County will deploy a Mobile Crisis Services team within 60 minutes of the call for services to incorporated cities, and within 2 hours to the rural communities. Due to staffing shortages, there may be delayed response times between the hours of 7am-8am and 5pm-7pm Mondays through Fridays.

Daytime HHS Mobile Crisis teams will have ready access to crisis vans to respond to calls for service in the field, and upon contract execution, AMR intends to use Quick Response Vehicles to respond to calls for service.

*Does the county use non-Medi-Cal transportation or law enforcement to provide transportation? If so, to what extent? Describe any changes the county plans on making to this for the future.*

HHS Mobile Teams may transport clients when it's safe and necessary to do so. Most often services are provided on scene, and if LEAs are involved, they will provide transportation when necessary. Likewise, EMS provides transportation to Emergency Departments only when necessary. Under the proposed contract in discussion with our local EMS (AMR). AMR could provide transportation after-hours (overnight, weekends and holidays) in a quick response vehicle, not an ambulance.

## **OVERSIGHT POLICIES AND PROCEDURES**

*Please describe the county's oversight policies and procedures.*

It is the policy of Yolo County HHS BH ("The Administrator") to conduct performance monitoring and oversight activities throughout the MHP and DMC-ODS systems of care for its network providers. Performance monitoring and oversight activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances. (42 C.F.R. § 438.330(a)(e)(2)) and shall be monitored in accordance with local, state and federal regulations and any specific funding grants.

*How are the county's policies and procedures monitored?*

Yolo County's Quality Management (QM) Unit and Compliance Program conducts reviews of all Medi-Cal behavioral health programs to ensure compliance with established federal and state laws and regulations. The QM Unit conducts annual site reviews of all provider organizations to ensure compliance with contractual requirements, including monitoring for accurate record keeping and clinical documentation. QM staff conduct utilization review of clinical charts and consult with billing and fiscal teams regarding items pertaining to service codes and billing. Additionally, individual program managers meet with each of their contracted providers regularly to review contract deliverables and ensure compliance with the terms of the agreements.

*How is data captured (include names of IT systems)?*

EHR: Avatar

Yolo county recently implemented Behavioral Health data sharing exchange platforms/functionality with a direct secure messaging and referral system, FHIR API technology, Care Quality, and HIE (Health Information Exchange).

*How are any findings shared with supervisors and providers for improvement?*

HHSa has access to a new dashboard in Avatar which shows key performance indicators and can provide insight on areas that need improvement. Additionally, quarterly Mobile Crisis Response data (Results Based Accountability Measures) are shared with supervisors, managers, and leadership. QM audit findings and HHSa contract monitoring findings are shared in quarterly Quality Improvement and Compliance Committee meetings.

*How are findings used to determine potential training topics needed for supervisors and providers?*

The Behavioral Health Compliance Officer reviews individual cases when necessary and ensures additional training opportunities are available when indicated by the finding mentioned above.

## **CULTURALLY RESPONSIVE AND ACCESSIBLE SERVICES**

*Please describe how the county will ensure that the services and care the county offers are culturally responsive and accessible.*

HHSa promotes the delivery of services in a culturally competent, culturally responsive, client-centered manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds; these standards are equally applied to county and contacted providers, and policies, procedures, and practices are consistent with the principles outlined, are embedded in the organizational structure, and are upheld in day-to-day operations. Translation services are available for beneficiaries as needed, when services cannot be provided in the beneficiaries' preferred language.

Yolo County HHSa ensures that county and contacted MHP and DMC-ODS providers receive annual cultural competence training, have a process to ensure that interpreters are trained and monitored for language competence, and record and track implementation of training plans.

*Explain how the county's mobile crisis delivery system meets the requirements of cultural competence in all competence and linguistic requirements in state and federal law, including those in W&I section 14684, subdivision (a)(9); CCR, Title 9, section 1810.410; the contract between the MHP and DHCS, contracts between DMC counties and DHCS, and contracts between DMC-ODS counties and DHCS; 31 BHIN 20-070 and 21-075; and DMH Information Notices 10-02 and 10-17.*

HHSa will promote the delivery of services in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds. HHSa defines Cultural Competency as a quality-of-care issue, where effective, client-centered care is provided. Yolo County HHSa continues to demonstrate a commitment to cultural competence and culturally responsive services. All providers are responsible to provide culturally competent services.

Contracted providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-today operations. Translation services shall be available for beneficiaries, as needed.

*Please explain how the county's mobile crisis teams will work respectfully and effectively with diverse communities.*

Yolo County HHSA BH and Network Providers shall provide culturally competent services. Service providers shall ensure that policies, procedures, and practices are consistent with the principles outlined and are embedded in organizational structure, as well as being upheld in day-today operations. Translation services shall be available for beneficiaries, as needed. Yolo County HHSA shall make efforts to increase recognition, value and commitment of racial, ethnic, and cultural diversity and equality and shall strive to exhibit equitable practices, policies, and programs, internally across departments and externally for clients and the community.

The mobile crisis teams will play an integral role in ensuring culturally responsive mobile crisis services, and team members will be selected and trained accordingly. Ideally, team members will represent the cultural and linguistic makeup of the community. When this is not feasible, the team intends to train and develop strong working relationships with interpreters to assist in a crisis.

Ongoing team training topics can include awareness of cultural values and traditions, linguistics and literacy, immigration experiences and status, help-seeking behaviors, cross-cultural outreach techniques and strategies, and avoidance of stereotypes and labels. Mobile crisis team members will be encouraged to also examine their own cultures, worldviews, and biases, including how these may affect the provision of mental health services. For example, cultural issues such as communication, personal space, social organization (the influences of family, kinships, tribes, and religious, political, and economic organizations), time, and environmental control can affect responses to behavioral health crisis.

In addition, over time, our mobile crisis teams intend to establish and build on existing relationships with community resources, including trusted organizations, service providers, and cultural and faith-based community leaders. Gathering information from and establishing working relationships with these community resources will improve effective mobile crisis response efforts and strengthen our ability to connect community members to culturally relevant services and supports.

To ensure continuing cultural competence, Yolo County's mobile crisis program will conduct regular evaluation of our crisis response efforts.

*Please describe the county's dispatch and triage strategies that ensure that mobile crisis services are culturally responsive.*

As described above, Yolo County HHSA BH and Network Providers shall provide culturally competent services. Service providers shall ensure that policies, procedures, and practices are consistent with the principles outlined and are embedded in organizational structure, as well as being upheld in day-today operations. Translation services shall be available for beneficiaries, as needed.

*Please describe how the county trains mobile crisis response teams to deliver culturally appropriate and responsive services.*

Yolo County HHSA BH and Network Providers shall ensure that BH staff attend annual cultural competence training to ensure the provision of culturally competent services. Training, as noted in a prior section of this plan, should improve the cultural competence skills of staff and contract providers. Yolo County HHSA BH and Network Providers shall:

- a. Ensure there is a plan for cultural competency training for the administrative and management staff of the organization;
- b. Ensure there is a plan for cultural competency training for persons providing Specialty Mental Health Service (SMHS) and/or Drug Medi-Cal Organized Service Delivery (DMC-ODS) Substance Use Disorder (SUD) Services employed by or contracting with Yolo County HHSA BH;
- c. Have a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing) (CCR, title 9, § 1810.410 (c)(4).);
- d. Record and track implementation of training plans.

## **LANGUAGE ACCOMMODATIONS**

*Please describe how the county will ensure that services are delivered in the language preferred by the beneficiary.*

Translation services are available for beneficiaries as needed, when services cannot be provided in the beneficiaries' preferred language., as per Yolo County HHSA Policy and Procedure #5-2-001. Communication assistance is available at no cost to all clients through bilingual staff, client-selected interpreters, the universal language line, the California Relay Service, and the NorCal Center on Deafness.

All mobile crisis services teams will have 24-7-365 access to the language line. Additionally, recruitment for these staff positions will include hiring priority for bilingual and bicultural capabilities in our threshold languages.

Avatar is also set up to record whether the service was provided in the beneficiaries' preferred language, and if services are provided in a language other than English, there is a data field to capture how the language was provided (e.g., in-person interpretation, language line, etc.)

*Describe how the county will use interpreters when necessary.*

Per policy, Yolo County HHSA BH and Network Providers shall:

- a. Offer and provide interpreter services, when applicable
- b. Make written materials that are critical to obtaining services available to beneficiaries in prevalent non- English languages, including when applicable, treatment specific information be offered and provided in an alternative format (e.g., braille, audio, large print, etc.)



- c. Provides referrals for beneficiaries who prefer to receive services in that threshold language, but who initially access services outside the specified geographic area, to a key point of contact that does have interpreter services in that threshold language
- d. Ensure equal access to quality care by diverse populations, for each DMCODS SUD service provider receiving funds shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) international standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

## **RESPONDING TO THE NEEDS OF CHILDREN AND YOUTH**

### **Engagement with Local Family Urgent Response System (FURS) & Child Welfare Services**

The county has a formal partnership agreement with local FURS and Child Welfare Services in place.

*Please describe how the county will coordinate with local FURS services.*

The FURS Mobile Response System Plan Framework that was submitted to CDSS on May 1, 2021 indicates that: The Yolo County FURS Program is a collaboration and partnership with Victor Community Support Services (VCSS), Yolo County Juvenile Probation Department, and the Yolo County Health and Human Services Agency's Child, Youth, and Family Branch (CYF; an integrated branch that includes Child Welfare Services and Children's Mental Health).

*Please explain how the county's mobile crisis team partners/engages with FURS services when necessary.*

HHSa is exploring options to connect Mobile Crisis Teams to our existing FURS provider. If the determination is made that an emergent response is necessary, the Mobile Crisis Services team will respond immediately. If the call does not require an emergent response, the following question will be added to the initial screening process. "Is this a youth aged 0-20 who is a current or former foster child?" If the answer is, "Yes," the screener will explain the FURS benefit and offer to facilitate a three-way call to the FURS Hotline (833-939-3877). The FURS Hotline can then determine the appropriate response, up to and including an in-person response from the local FURS team. HHSa will ensure that the initial screener remained on the call even after the FURS hotline made a determination that an in-person response is warranted, as their process is to initiate a three way call between the caller and the local response team (in other words, since the initial screener is initiating the call to the FURS hotline, they need to remain on the line to ensure that the call doesn't drop before the local team is dispatched).

*What coordination/partnerships are needed to ensure effective engagement with FURS and County Social Services?*

Recurring collaborative meetings with HHSa CYF, HHSa A&A, Probation, and the FURS contractor are needed to ensure that gaps are identified and addressed.

### **Strategies for Responding to Children and Youth**

The county will use the DHCS provided crisis assessment tool to respond to diverse youth and young adult beneficiaries.

*Describe how the county's crisis assessment tool is responsive to diverse youth and young adult beneficiaries if the county will not be using the DHCS provided tool. If the county will use the DHCS provided tools, please enter "N/A".*

N/A

*Please describe the county's overall strategies for responding to children and youth.*

The Crisis Clinicians work with the client and family members in a culturally focused and inclusive process. The focus is to treat in the least restrictive environment unless there is a safety risk. If acute hospitalization is required, it is done with the family included in the process. The patient and family are educated regarding patient rights.

*Please explain how mobile crisis teams will work with parents, caregivers, and guardians as appropriate and in a manner consistent with state and federal privacy and confidentiality laws.*

Crisis responders are employees of our Adult and Aging Branch, therefore when clinicians require consultation for crisis situations with children and youth, they reach out to the Children's Behavioral Health Supervisor or Manager. The crisis clinicians notify the Children's Behavioral Health Team of children placed on a 5150 hold, or to determine next steps, including linkage for on-going services. When Mobile Crisis Clinicians are dispatched to a 'call for service' involving a minor, the Mobile Crisis Clinician reviews the EHR and attempts to contact the client's clinician or MH provider to assist with interventions, providing any clinical updates and insight into the client's situation.

*Please describe the county's process for triage and dispatching of staff with specialized training/experience working with children, youth, and families in crisis.*

Staff are directed to become familiar with ACE and CANS assessments, attend current trainings geared towards youth and MDTs on youth that they encounter for crisis response when clinically appropriate.

*Please describe how the county trains mobile crisis team members to deliver crisis services to children, youth, and families.*

Each mobile crisis responder has completed the core training as required can work closely with HHSA staff who specialize in youth services.

## **ENGAGEMENT WITH 911, 988, AND MANAGED CARE PLANS**

*Please describe how the county will engage with 911, 988, and Managed Care Plans (MCPs) to plan for data exchange and to develop related policies and procedures.*

Yolo County HHSA will continue to work with 911 (dispatch), 988, and our MCPs to plan for data exchange and complementary policies and procedures. Any policies and procedures created will be reviewed in a collaborative process. Now that Yolo County HHSA has joined the HIE that our largest providers use, we anticipate additional local providers may also join. Quarterly meetings with our primary MCP, Partnership Health Plan, which HHSA leadership attend, allows for policy and procedure exchange and discussion. Initial conversations and agreement development with the incoming second MCP, Kaiser, is in process now.

*How will the county's mobile crisis response team coordinate with 988, 911, and county crisis hotlines?*

Please see the attached Yolo County Mobile Crisis Workflow. Service requests may come from 911/first responder, 988, or directly to the 24-7 Access Line (e.g., self-referral or community request). Requests from 911/first responders during regular business hours go directly to the Crisis Intervention Team via dispatch radios. Requests from 911/first responders outside of regular business hours, from 988, client self-referral, and community members will go directly to the 24-hour Access Line until the upcoming new High Tech Call Center is implemented. Staff operating the 24-7-365 line will be trained in the use of the standardized dispatch tool. When a determination is made that the call requires an in-person mobile response, the call center will deploy a Mobile Crisis Services team. If it is determined that the call also requires law enforcement response due to safety considerations, the call center will coordinate with 911 dispatch to request law enforcement response.

*Please describe the county's policies and procedures for coordination of care, including the process for sharing protected health information across systems.*

Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support beneficiaries with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Each beneficiary shall have an ongoing source of care appropriate to their needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary.

All Yolo County HHSA behavioral health employees and contractors are required to review, understand, sign, and abide by PP 5-4-002 *Confidentiality and Privacy of Behavioral Health Client Information*. This policy states that "HHSA behavioral health programs shall ensure and protect the privacy and confidentiality of all sources of client information in accordance with all applicable Federal and State laws and regulations and in compliance with all Yolo County and HHSA policies and procedures..." Release of client information to any party requires completion of a valid and current written authorization for use and disclosure, unless client/legal representative consent is not legally mandated or is otherwise legally authorized.

Additionally, the Yolo County HHSA *Notice of Privacy Practices* document is provided to all clients and describes how protected health information may be used and disclosed.

Mobile Crisis Services teams will abide by PP 5-4-002 and all applicable confidentiality regulations.

Yolo County recently joined an HIE (Sac Valley Medshare) and will complete development of the related policy and procedure by 12/31/23.

*What systems will the county need to develop/enhance for data exchange across systems?*

Yolo County HHSA recently initiated an agreement with Sac Valley Med Share HIE – use of that exchange across systems will need to be developed.

*How does the county ensure that its mobile crisis response team is aware of privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA)?*

All Yolo County mobile crisis response teams will be required upon hiring, and annually thereafter, to complete a training course on HIPAA requirements. This course reviews regulations for the protection of PHI. Staff must complete and pass an examination indicating their comprehension of covered materials. The mandatory HIPAA training also provides instruction on minimum necessary business functions. Similarly, users of the electronic health record are assigned roles based on their job function to ensure users only have the minimum amount of information needed for business functions. All Yolo County HHSA staff are also required upon hiring, and annually thereafter, to complete training on the Compliance Program which, as mentioned above, promotes a culture of integrity and ethics, including the areas of confidentiality.

All staff hired by Yolo County HHSA must review and sign an acknowledgement of understanding for all HIPAA Policies and Procedures before they contact beneficiaries or their confidential information. HHSA staff and contract providers who utilize the EHR are required to attest to a data use acknowledgment.

*How does the county's mobile crisis response team ensure that, if needed, beneficiaries give their consent to release information for coordination with other delivery systems?*

Yolo County HHSA abides by and complies with all applicable state and federal laws and regulations regarding confidentiality and privacy of beneficiary information. In part, Yolo County HHSA does so in the form of beneficiary informing materials; policies and procedures; the Compliance Program; providing training.; and requiring written authorizations for use and disclosure of information. The Mobile Crisis Response Team will carry hard copies of the releases of information forms to use if needed.

## **OUTREACH TO MEDI-CAL MEMBERS**

*Please describe how the county will outreach to Medi-Cal beneficiaries to promote the availability of services and how to access them.*

Yolo County HHSa will create additional information on the HHSa Webpage as well as create a tri-fold flyer that can be distributed to providers.

*Describe what media the county will use to promote the new benefit (e.g., mailings, radio ads, posters)*

Yolo County HHSa Website, Email, Mailings, LMHB MH Director's Report

*How will the county ensure that these promotions will be accessible in threshold languages in the county?*

Yolo County HHSa and contracted providers will facilitate adequate access to BH services for all beneficiaries within Yolo County, including those with limited English proficiency or physical or mental disabilities and will make available interpretation and auxiliary aids, such as TTY/TDY and American Sign Language (ASL), available to beneficiaries, for any language.

*Does the county's mobile crisis services program provide communities the opportunity to come together to learn about crises, available resources, patient rights, and parent/guardian rights? If not, please describe the county's plan to offer this opportunity.*

Yolo County residents can learn about the crisis services available by visiting the Yolo County HHSa website or by calling our 24/7 Crisis/Access Line. Additionally, community members may attend monthly Local Mental Health Board meetings to stay informed of all behavioral health service updates and to inquire during public comment periods. Yolo County HHSa will also share news of the expanded mobile crisis response with all community partners including providers and schools. HHSa's website also includes all Policies and Procedures related to Medi-Cal services.

---

*Please read and check each box affirming the county agrees with the information.*

I affirm that this county will attach all required documents, if applicable, for review and/or approval with the submittal of this Implementation Plan. *If counties use different standardized tools, this must be approved by DHCS.*

1. Standardized Dispatch Tools with file name "Dispatch Tools [County Name]"
2. Standardized Crisis Assessment Tools with file name "Crisis Assessment Tool [County Name]"
3. Standardized Crisis Planning Template with file name "Crisis Planning Template [County Name]"
4. Local LEA Partnership Agreement with file name "Local LEA Partnership Agreement [County Name]"

5. Local EMS Partnership Agreement with file name “Local EMS Partnership Agreement [County Name]”

I affirm that the county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined in the section “Required Trainings” above. DHCS reserves the right to request a copy of these documents from the County at any time.

I affirm that the county will address any other topics identified by DHCS or its training and technical assistance contractor as needed.

Signed by: Karleen Jakowski

Email Address: Karleen.jakowski@yolocounty.org

Date Signed: 10/31/23

### **Submission of Implementation Plan and Attachments**

*Please email the completed IP file to [mobilecrisisinfo@cars-rp.org](mailto:mobilecrisisinfo@cars-rp.org) with the subject line: “[County/Organization Name] Implementation Plan Submission”. IP submissions must be submitted as a Word document (.docx). The county will receive a submission confirmation from the M-TAC team.*