

Mental Health Director's Report

February 7th, 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. Additionally, Safe Harbor is transitioning to take over provision of medication support services within the facility, a service previously provided by the Health and Human Services Agency (HHSA).
- 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, CommuniCare Health Centers, 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 was released on January 25th and closes on February 29th.
- Therapeutic Foster Care- The RFP for Therapeutic Foster Care will be released in Spring 2024.

B) Crisis Continuum of Care

- Mobile Crisis Benefit: As planned, Yolo County launched Countywide, 24-hour mobile crisis response services for Medi-Cal beneficiaries seven days a week, 365 days a year. Yolo County is piloting this benefit utilizing two short-term contracted providers and internal staff to provide the services. Children and youth ages 0-17 are served by Victor Community Support Services, and adults are served through internal staff with support from American Medical Response (AMR).
- Co-Responders: The HHSA co-responder team is now fully staffed with six clinicians, including 2 clinicians in West Sacramento, 2 clinicians in Woodland, 1 clinician in Davis, and 1 clinician providing coverage for Yolo County Sheriff and Probation. Future expansion of this team with the addition of two (2) additional FTEs is forthcoming.
- Crisis Intervention Training: In 2023, HHSA provided three 40-hour and twelve 8-hour CIT trainings to 185 officers/dispatchers/non-sworn PD from six different law enforcement jurisdictions.
- High-Tech Call Center: Contract negotiations for the new High-Tech Call Center have begun with WellSpace Health, and services are expected to begin April 1, 2024. The High-Tech Call Center will eventually have full integration of WellSpace's Regional 988 Call Center and Yolo County HHSA's 24/7 Access and Crisis Line with the ability to deploy mobile crisis teams to individuals experiencing a behavioral health crisis.

C) BOS Mental Health Study Session and Hot Topics Presentation

HHSA Assistant Director and Mental Health Director, Karleen Jakowski, and Adult and Aging Branch Director Samantha Fusselman, presented to the Board of Supervisors on January 9, 2024. This study session included an overview of several current and relevant mental health topics impacting Yolo County's local system. The agenda item, presentation materials, and recording of the presentation can be found [here](#).

D) Mental Health Services Act (MHSA) Community Engagement and Annual Update Process

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.

To inform the annual update process, Yolo County is using three approaches to engagement with the community: a community survey, key stakeholder interviews, and five community listening sessions. The community survey is being distributed electronically and there are both QR codes and physical copies of surveys available at a range of community locations (family resource centers, schools, libraries, etc.). Five (5) key stakeholder interviews were conducted with representatives from the Yolo County Office of Education, Yolo County Housing Authority, Yolo NAMI, the Yolo County Local Mental Health Board, and the Yolo County Mental Health Director.

For the Community Listening Sessions, HHSa will be hosting one hybrid in-person/virtual listening session in each supervisorial district. The HHSa MHSA team has outreached to each County Supervisor in the hopes that we can work together to ensure robust community representation from each district. HHSa and EVALCORP will take the lead to schedule and coordinate the details of the listening sessions, which we are targeting to host in February or early March. The MHSA team is working with the staff in several County Supervisors' office to partner on these upcoming events. Dates and additional details will be shared with the LMHB and widely shared across the county once they are confirmed.

E) External Quality Review (EQR)

The behavioral health External Quality Review Organization (EQRO) conducted its annual review of Yolo County's Mental Health Plan (MHP) on January 30-31, 2024. An External Quality Review (EQR) is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan (including Yolo County's Mental Health Plan), and its contractors, furnish to Medicaid beneficiaries. The focus of this review is access to care, timeliness to services, and overall quality and outcomes of care within our specialty mental health system. The EQRO also evaluates our Information Systems capability (Avatar) and the way in which we use data to drive decisions and evaluate performance.

Part of what makes these reviews unique is that the EQRO asks to meet with representation from all levels of the service delivery system, including consumers, family members, line staff, leadership, contract providers. The final report, anticipated in May, will include a summary of systemwide strengths, opportunities for improvement, and recommendations to improve the quality of care provided by the County and its contractors. In the closing session, the lead reviewer shared that Yolo County's contributions to the review process were informative and included open dialogue, which the reviewers greatly appreciated. Notably, they acknowledged that while the staff delivering services (direct and contracted) feel the pressures of the work, they are dedicated and do endorse that things are moving in a positive direction. Further, the reviewers commented on the great response from the client and family member focus groups regarding service provision, communication, and the ability to meet client needs. Detailed feedback from the final report will be shared with the LMHB once received.

F) Senate Bill (SB) 43 and Community Assistance, Recovery, and Empowerment (CARE) Act Preparation

SB 43: Senate Bill 43 expands California's Lanterman–Petris–Short (LPS) conservatorship law by updating the criteria for determining if a person is "gravely disabled," the standard for LPS conservatorship eligibility. SB 43 expands the definition of Grave Disability in two important ways: the law provides a legal basis for conserving individuals who are Gravely Disabled due to the impacts of a severe substance use disorder alone. This adds to the current definition that only allows for conservatorships based on serious mental illness or chronic alcoholism; and the expanded definition adds inability to provide for necessary medical care, and/or personal safety to the current definition of food, clothing, and shelter that is related to their mental illness or substance use disorder.

Yolo County will be participating in a California Behavioral Health Directors Association LPS/SB 43 Ad Hoc Workgroup that will begin later this month and will convene a community workgroup to include key partners in these efforts to ensure coordinated and effective implementation of SB 43 with attention to the overlap with CARE Act implementation and other current and upcoming efforts and initiatives. There are many substantial, local, and statewide efforts needed in order to implement SB 43. These include, but are not limited to:

- Develop standard clinical criteria for a severe Substance Use Disorder (SUD) grave disability assessment

- Identify facility types needed to implement SB 43, including, but not limited to:
 - SUD Conservatorship and step-down levels of care
 - Co-occurring mental health and SUD conservatorship and step-down levels of care
 - Mental Health conservatorship and step-down levels of care for individuals with co-occurring physical health needs
 - SUD and Serious Mental Illness (SMI) conservatorship and step-down levels of care for individuals with co-occurring behavioral health and physical health needs
- Develop a standard definition for grave disability on the basis of a person’s failure to provide for personal safety or necessary medical care
- Develop policies and protocols for designating individual to perform severe SUD grave disability assessments
- Develop core competencies and training to be required for staff to perform new SUD grave disability criteria assessments
- Develop clinical standard of care for SUD-only primary conservatorships, including treatments and proposed criteria for removing a conservatorship
- Develop clinical standard of care for conservatees with co-occurring mental health and SUD and behavioral health and physical health needs
- Identify workforce needs to perform SUD and medical assessments, as well as new core competencies for public guardians, designated individuals and facilities, and Patient Rights Advocates
 - This includes estimating the types and numbers of new staff needed to implement SB 43 and identifying funding to support increased workforce needs
- Develop policies and procedures related to the implementation of LPS changes for core stakeholders, including:
 - Local law enforcement
 - Designated individuals/facilities
 - Non-designated facilitates
 - County behavioral health
 - Public guardians
 - Clinicians, including hospitals and SUD providers
 - Conservatees

CARE Act: The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders through a new civil court process. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent avoidable psychiatric hospitalizations, incarcerations, and Lanterman-Petris-Short Mental Health Conservatorships. The CARE Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan that may include treatment, housing resources, and other services.

Yolo County is part of cohort two (2), implementing the CARE Act by December 2024. On Monday, January 29th, several key staff participated in a learning collaborative session with cohort one counties and Los Angeles County to discuss implementation status in each county including data regarding petitions and CARE agreements/plans, lessons learned, and next steps. There was a substantial amount of valuable information shared during this learning session. Yolo County will be convening a community workgroup to include key partners in these efforts to ensure coordinated and effective implementation and will work closely on the overlap of the CARE Act with SB43, Assisted Outpatient Treatment (AOT), and other existing and upcoming programs and services.