

Mental Health Director's Report

March 6th, 2024

A) Current Requests for Proposals (RFPs)

- 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.
- 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 closed 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). The pilot period with AMR has been extended to allow for additional data gathering while the Health and Human Services Agency (HHS) assesses internal capacity to support afterhours response. HHS is scheduled to present about the Medi-Cal Mobile Crisis Benefit to the County x Public Information Officer (PIO) group on Monday, March 4th. Lastly, the Agency is making good progress on internal actions needed to ensure HHS staff can provide in-person response coverage afterhours.
- Co-Responders: The HHS 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, with one of these positions being dedicated to Davis which will bring that co-responder team to 2 clinicians. HHS leadership will be attending the upcoming Law Enforcement Administrators Coordinating Council (LEACC) meeting to discuss HHS's mobile crisis response services with local law enforcement leaders.
- 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 HHS's 24/7 Access and Crisis Line with the ability to deploy mobile crisis teams to individuals experiencing a behavioral health crisis.
- Board of Supervisors Crisis Now Progress Update Presentation: HHS provide the Yolo County Board of Supervisors with an update on the progress of implementing all components of the Crisis Now model to strengthen Yolo County's crisis continuum at the February 27th, 2024 Board meeting. The agenda item, presentation materials, and recording of the presentation can be found [here](#).
- RI International Consultation: The HHS team met with RI International for ongoing technical assistance related to the Crisis Now project, and specifically related to the receiving center project and facility design, on Thursday, February 29, 2024.
- Crisis Stabilization/Receiving Center: HHS continues to work with Yolo County General Services and contracted architecture and engineering firm Lionakis to develop the architectural design plans for the Woodland Receiving Center. Bi-weekly meetings are being held with the intent to expedite the currently projected timeline with the hopes for launch prior to the projected completion date provided by General Services, which is currently Summer 2025. This portion of the project remains underfunded across the life of

the pilot and direct discussions with stakeholders and other interested and vested partners, including city partners and UC Davis, are both currently underway and forthcoming at local 2x2 meetings.

C) Transformational Change Partnership (TCP)

HHSA's Adult and Aging Branch will be participating in the second cohort of the Transformational Change Partnership hosted by the University of the Pacific McGeorge School of Law, Third Sector, and their partners. The Transformational Change Partnership (TCP) is designed to help county behavioral health agencies successfully implement the numerous state initiatives and reforms in ways that improve operations, relationships with community partners, and results. To that end, the partnership involves teams rather than individuals to build organizational capacity and support teams in honing their abilities to implement change in ways that are efficient and effective. The TCP is structured in three progressions over an eight-month period. This cohort will begin in April 2024 and go until January 2025.

HHSA has decided to leverage this technical assistance and support to improve the coordination of care for individuals involved in the adult behavioral health system. Yolo County's responsibilities as a participating county in this cohort are as follows:

- Obtain, select, and ensure commitment of a team of up to ten individuals that include direct service professionals, mid- and high-level managers, at least one person with lived experience with behavioral health services, and (as appropriate) cross-sector partners and community members.
- Select, build, and execute on an improvement project that addresses a high-value need that the agency has intended to address. This will require work time outside of the scheduled TCP sessions; the amount of work required will vary by team and project.
- Meaningfully participate in the TCP, including attending all in-person, virtual, and individual county sessions; provide ongoing feedback to TCP staff to improve programming.

HHSA leadership will be reaching out to stakeholders and key community partners and leaders to identify the potential members of Yolo's ten-member team for this project in the coming weeks. More information about the Transformational Change Partnership is attached for reference.

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

Yolo MHSA is partnering [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 was distributed electronically and QR codes and physical copies of surveys were made 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 and EVALCORP hosted one hybrid in-person/virtual listening session in each supervisorial district throughout the week of February 26th-March 1st. HHSA would like to thank the members of the Local Mental Health Board who attended these sessions, either virtually or in-person. Your presence and contributions were so valuable to this process. While the overall in-person turnout was much lower than in our 3-year planning process, HHSA is hopeful that through taking a multi-pronged approach to gathering this feedback, sufficient feedback will be available to inform the annual update process. A more detailed timeline of the anticipated annual update process and follow up regarding Proposition 1 and local impacts will be included in next month's Mental Health Director's report. A timeline of the changes and potential implementation milestones is provided below.

SB 326 (Eggman) BHSA Timeline

March 5, 2024
 Presidential Primary Election will be held, and voters will determine whether Prop 1 passes.

January 1, 2025 – June 30, 2026
New BHSA 18-month fiscal transition period begins

- Counties to start implementing new CPP process; e.g., engage expanded stakeholders; participate in MCPs and Public Health community assessments
- Begin developing new Integrated Plan for **ALL funding sources**.
- WIC 5963.03 related to stakeholders and local review process is operable January 1, 2025.
- Small rural counties may make requests for exemptions from 30% Housing allocation and FSP EBP but need to factor in a minimum of 30 days for DHCS to respond to request.
- Counties requesting to transfer funds between the BHSA categories you will need to build in 30 days for DHCS to approve the transfers.
- Counties will need to complete the local review process including stakeholder engagement, post Plan document for 30-day public comment, hold public hearing with local advisory board and get approval from the Board of Supervisors.

June 30, 2027
 Submit first Annual Update under BHSA. June 30th will be the ongoing date Annual Updates and Three-Year Plans will need to be approved by the local county BOS for submission to the state.

March 2024 – July 1, 2026
DHCS will engage stakeholders regarding transition planning including:

- Developing state metrics
- FSP standards and levels of care
- EBP/CDEPs
- Template for new annual report
- Develop secondary guidance as

July 1, 2025
 Counties can start using BHSA funds to pay for the new admin costs related to new BHSA functions up to 2% of their annual BHSA revenue received.

By June 30, 2026
 The county BOS **must** approve the **BHSA Three-Year Integrated Plan for FYs 2026/27-2028/29** and counties must submit approved document to both DHCS and the BHSOAC.

July 1, 2026
 Transition to new funding categories and new **BHSA Three-Year Integrated Plan FYs 2026/27- 2028/29** is in place. Counties will need to track local metrics and state metrics (if identified by this time), all expenditures and outcomes for each program included in the Plan and report out data in the Annual Update and new annual *County Behavioral Health Outcomes, Accountability, and Transparency Report*.

TBD 2028
 Counties will submit first *County Behavioral Health Outcomes, Accountability, and Transparency Report* which replaces the ARER.



**TRANSFORMATIONAL
CHANGE
PARTNERSHIP**



Implementation Support to Transforms Results

The Transformational Change Partnership (TCP) works with county behavioral health agencies and other government and non-government agency partners to successfully implement state initiatives and reforms in ways that improve operations, relationships, and results for the clients that they serve.

The team-based approach blends skill building and implementation support to simultaneously accomplish a pressing mandate while fortifying organizational capacity. The partnership emphasizes human-centered design, community engagement, inter-agency collaboration, change management and continuous improvement as essential to developing recovery-oriented, comprehensive, and cost-effective services that improve lives and reduce disparities in California communities.

The Partnership was launched with county guidance and state support.

The Mental Health Services Oversight and Accountability Commission provided start-up funding to the TCP based on feedback from counties that participated in the Commission's learning collaboratives. The development team consulted with county leaders from the first stages of concept development to understand what was needed from their perspective. The TCP continues to use the input and experience of county leaders and staff as meaningful input to the delivery of the fellowship program.

The partnership was forged to bring together the knowledge and experience required to design and deliver the program. The partners are the University of the Pacific's McGeorge School of Law, Third Sector Capital Partners, the California Institute of Behavioral Health Solutions, the Stanford Center for Youth Mental Health and Wellbeing, and the Steinberg Institute.

The program is designed to transform systems, one improvement project at a time.

The TCP integrates the comprehensive capacities required to fundamentally improve services with a learn-by-doing methodology to accelerate proficiency. Each county-based team completes an improvement project that yields immediate and pragmatic results to their overburdened agencies.

The program braids together well-tested elements of (change building blocks) such as data analysis, interagency coordination, and performance management with emerging aspects of service design and implementation science to provide the necessary ingredients for sustained system change.

Information is shared and applied to projects in ways that are easy to understand, provide value and build momentum so the new knowledge and capacities can be redeployed to future projects and overall operations.

Counties participate as teams that are assembled to support their selected project and to become champions for system change and continuous improvement within their agencies.

The pilot cohort demonstrates the value and potential of the program.

The pilot cohort of two counties – Placer and Nevada – began in the fall of 2023 with projects focused on the implementation of CalAIM payment reform. In support of whole-person care, payment reform shifts

counties from cost-based reimbursement to value-based reimbursement, but the administrative burden of that change is significant.

County behavioral health agencies are required to update the service codes used with contract providers that provide specialty behavioral health services. The shift away from cost-reimbursement model also introduces some financial risk, while also offering an opportunity to focus on value and quality.

The participating counties are working to implement payment reform in ways that can contribute to the transformative system-level changes that are intended and not settle for simply adopting a new financing mechanism.

The pilot is showing value and the potential for greater value.

From the first conversation with Nevada and Placer officials, the approach has evolved to accommodate the overwhelming administrative burden resulting from multiple state initiatives.

To reduce the time commitment, the information sharing and skill building aspects were completely integrated into the project and planning aspects. The content was judiciously curated to provide only the information needed and more time was allocated for project support.

Feedback from participants to the first progression was overwhelmingly positive indicating the overall approach was valuable. Participants reported the sessions have helped them move their projects forward – with an average rating of 5.4 out of 6 (on a scale of 1 = “the sessions are not at all helpful” and 6 = “the sessions are extremely helpful”).

“I just wanted to let you know how much our team appreciated the time [at the Collective Learning session]. We did a short debrief and heard incredibly positive feedback. People really enjoyed the day and felt like it was really worth their time.”

- County participant

The participants also said the tools and approaches discussed in the individual sessions would be helpful in other projects, with responses to average of 5.1 (on a 6-point scale, this time where 1 = “did not provide helpful tools or ways of thinking” and 6 = “provided very helpful tools or ways of thinking”).

Participants particularly valued activities that helped them map processes, explore root causes and develop project goals and hypotheses.

The time commitment of participants provides tangible return on that investment.

The program covers nine months, which is divided into three progressions based on the life stage of improvement projects. The program includes a weekly one-hour virtual session during which the cohorts meet regarding content of shared value or as county teams for project-related activities.

Three daylong in-person sessions are held to provide a deeper level of shared learning and activity. The in-person sessions are scheduled near the middle of each progression to help ensure county teams achieve critical project milestones. On average, county teams will spend approximately one to two hours per week in sessions with TCP staff.

County teams spend time on their projects between sessions, time that would be required to implement state required activities regardless of their participation in the program.