

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

Wednesday, March 6th, 2024, 6:00 PM-8:00 PM

Location: West Sacramento Police Department, 550 Jefferson Blvd, West Sac

Hybrid Option through ZOOM:

<https://yolocounty.zoom.us/j/84960787627>

Meeting ID: 849 6078 7627

All items on this agenda may be considered for action.

LMHB CALL TO ORDER-----6:00 PM- 6:30 PM

1. Public Comment
2. Approval of Agenda
3. Approval of minutes from [February 7, 2024](#)
4. Chair Report-Jonathan Raven
 - Welcome new board members
 - Melanie Klinkamon
5. Bylaw-tabled until after election
6. Correspondence-[resignation from Christy Correa](#)

TIME SET AGENDA-----6:30-7:15 PM

[Public Guardian Presentation](#)-Laurie Haas

CONSENT AGENDA-----7:15 PM – 7:30 PM

7. [Mental Health Directors Report](#)-Karleen Jakowski
 - A) Current Requests for Proposals (RFPs)
 - B) Crisis Continuum of Care
 - C) Transformational Change Partnership (TCP)
 - D) Mental Health Services Act (MHSA) Community Engagement and Annual Update Process

Jonathan Raven
Chair

Maria Simas
Vice-Chair

Sue Jones
Secretary

District 1
(Oscar Villegas)
Joe Galvan
Maria Simas
Dolores Olivarez

District 2
(Lucas Frerichs)
Kimberly Myra Mitchell
Nicki King
Meg Blankinship

District 3
(Mary Vixie Sandy)
Sue Jones
John Archuleta
Melanie Klinkamon

District 4
(Jim Provenza)
Sara Gaines
Chris Bulkeley
Jonathan Raven

District 5 (Angel Barajas)
Brad Anderson
Vacant
Robin Rainwater

Board of Supervisors Liaisons
Oscar Villegas
Jim Provenza

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REGULAR AGENDA ----- 7:30PM – 7:55 PM

- 8. Standing Committee Updates-*Jonathan to appoint Meg Blankinship to Budget and Finance Committee and Program Committee*
 - **Budget and Finance**
Chair: Joe Galvan **Members:** Meg Blankinship, Nicki King, Maria Simas
 - **Communication and Education**
Chair: Dee Olivarez **Members:** Maria Simas, Christy Correa
 - **Program**
Chair: Vacant **Members:** Brad Anderson, Dee Olivarez, Sara Gaines
 - Site Visit Forms for Board Approval
- 9. Board of Supervisors Report
- 10. Criminal Justice Update- Chris Bulkeley
- 11. Public Comment- on tonight’s agenda Items

PLANNING AND ADJOURNMENT ----- 7:55PM – 8:00 PM

- 12. Future Meeting Planning and Adjournment

Next Meeting Date and Location
Wednesday, April 3, 2024, at 6pm
Walker/Thomson Conference Room
137 N Cottonwood Street, Woodland CA

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, March 1st, 2024. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

Local Mental Health Board Meeting

Monday, February 7th, 2023

In Person with Hybrid Option for Public

Members Present: Dee Olivarez, Sue Jones, Chris Bulkeley, Sara Gaines, Christy Correa, Jonathan Raven, John Archuleta, Joe Galvan, Maria Simas, Robin Rainwater, Kimberly Myra Mitchell, Margaret "Meg" Blankinship, Brad Anderson

Members Absent: Nicki King

CALL TO ORDER

Welcome and Introductions: Meeting called to order at 6:01 pm by Jonathan Raven

Public Comment: None

Approval of Agenda: motion to approve Robin Rainwater, 2nd Sue Jones

Yea "I"	Nay	Abstention
13	0	0

Motion: Passes change to the meeting location, WSPD Community Room 500 Jefferson

Approval of Meeting Minutes from January 8th, 2023: motion to approve Chris Bulkeley, 2nd Joe Galvan

Yea "I"	Nay	Abstention
8	0	1-Robin Rainwater

Motion: Approved with change to "Correspondence" *to read Letter from Linda Wight included with agenda packet for tonight*

Chair Report: Introduction to new Board Members

Meg Blankinship: Shared personal experience and passion for Mental Health Services. Has long career in health care and sees the impact in Emergency rooms and Health Care.

Kimberly Mitchell: Primary experience as a consumer and peer perspective. Familiar with Crisis Mental Health System locally. Has worked as EMT and Wildland Firefighter.

Bylaws Review: We may want to have further discussion and decide whether to change some things around standing committees. Chris says that even though he has worked on this since the summer he recommends we reword some things around the standing committees. Joe Galvan sees the benefits around the flexibility of an ad hoc committee. Meg states she is not clear on how we get the work done and what is the work that needs to be done. Dee wants to step back and understand from the start how do we as a collective board initiate the action. Theresa suggested considering how you would onboard new board member. Theresa states, once a year the board would take some time to evaluate what are the top two or three areas that people really want to consider. It could be things that come up through

the year that the board finds important. If the Board of Supervisors has an area they are really interested in, they could make recommendations.

Theresa adds keep in mind if Proposition 1 passes you may have to rewrite the Bylaws.

Christy Correa-We have been meeting as a standing committee since the summer. Because of these meetings, the board will be doing site visits.

Sue Jones-Standing committees are for deliberation because they must be open to the public; ad hoc is more for getting something done. Coordination done by ad hoc committees. We don't need to put too many specifics in the bylaws. We want to have some flexibility.

Robin Rainwater-A good ad hoc committee could be to do a strategic plan for the board. We don't have one, and we all really need one. Program Committee may be running strong now but, in a year, or two that may change. Robin feels strongly we may want ad hoc for strategic planning to help the board with direction; to identify three topics and/or three goals.

Theresa Comstock-There might be an ad hoc or prompts but the whole board would be involved with the planning, and there would be public input. She provided the example of brainstorming, writing ideas down, and circling the top three.

Will add future agenda item for strategic planning discussion and give advance notice for community members to discuss.

Bylaw Approval: No motion on Bylaws at this time, will be tabled until future meeting.

Standing Sub-Committees

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

- **Joe Galvan, Chair**- None

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

- **Dee Olivarez, Chair**-None

Program Committee-Chair: Christy Correa, Members: Brad Anderson, Dee Olivarez

- **Christy Correa Program Chair**-Sara Gaines appointed by Jonathan Raven. Report given by Sara Gaines. Developed a site visit guide for Yolo County. We have been reviewing in meeting. What we need from the board is to look through and discuss. The committee would like input on changes before trying to schedule some site visits. Send input or feedback to Christina by February 21st and she will forward to Sara. Would like to bring back a revised copy and actual report and finalized list so we can vote on in March meeting. Suggest we add a client interview to the form. Current form focuses on staff and directors. The site has a confidential form (Karleen will evaluate what anonymous means). Templates come from other county examples and have been developed to

work for Yolo. San Francisco is the only county where they do site visits where they interview. Doesn't believe it works that well for other members, but my recommendation is to go with observation report.

- **Meg Blankinship**-If County hasn't done site visits in a while, we want to make sure it comes across as more collaborative as opposed to adversarial. Observers are getting everything they are asking for and staff being observed aren't concerned about why they are being observed and where the information is going. It's good to have the BH director review the report to be sure it's ready before it becomes a public document. Your role is to look for information that could help you advise.
- **Maria Simas** – We need to make sure we understand any HIPAA issues regarding doing client interviews while they are in a care facility. Karleen was going to check and see if they had guidelines.

Member Announcement: None

Correspondence: None

Time Set Agenda: Welcome Theresa Comstock from CALBHB/C-Training

- **Dee Olivarez**-How often should standing committees be meeting? Theresa hasn't seen Standing Committee be functional. She recommends, look at subject matter, could it be short term with a goal or objective that could be met and then that meeting could end?
- **Chris Bulkeley**-Do most boards do annual report and is that with a standing or ad hoc committee? Theresa recommends ad hoc or executive committee review.
- **Joe Galvan**-In your experience, that flexibility lends itself to more robust discussion and a quicker solution. Theresa: Exactly, small group can be a good tool.
- **Meg Blankinship**-Question about jurisdiction from last slide: How do boards handle placements out of county? Should we do site visits out of county? Theresa: In practice, boards will usually go outside their county if services for their county are being provided in those locations.
- **Sue Jones**-For site visits, do you have tips or pitfalls that we should be thinking about? Theresa: I would choose sites where board is unbiased. It should be less than a quorum. Information provided in best practice information shared with the board.
- **Theresa**-Performance outcome data looks like it could use some updating, but there was some information available. These are pulled from reports that you guys have.

Karleen Jakowski-Increased support from agency is required to help with coordination with getting data and contracts. Brittany Petersen previously held the liaison role in the past. She has a lot of skill and expertise in analytical skills. She will provide additional administrative support. We are still working out some of the logistics and how we will work out contacts.

Jonathan Raven-Has worked quite extensively with Brittany, and she will be a good addition.

Consent Agenda:

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

Continuum of Care-Slow going with quantity of after-hours calls. We have a lot of daytime calls, and we strengthened our staff to meet the two-person staff requirement. We requested data, which we will review and share with the board in next report. The first few after-hours calls didn't go perfectly, so we have some kinks to work out. We did have some successes and positive outcomes. Kinks noticed were with 24-hour crisis line. Heritage Oaks struggled with routing calls appropriately and placed calls on hold for extended times or they gave incorrect information. We have selected a new 24-hour crisis line provider through the RFP process. We are going to work out as many kinks as possible before we transition to the new provider.

AMR is deployed by the crisis line after hours, and we are working on having licensed MH professionals also go out in person, but we are working out the safety issues. AMR has received specialized training to respond to crisis calls. It's not ideal to partner, because it's very expensive.

Jonathan Raven-On co-responders, this is the first time we are fully staffed. Our co-responders were going out and covering outside their jurisdictions. On CIT, prior to last year, there were some concerns with training but feels we have made a lot of progress.

Samantha Fusselman-States they are in the process of hiring a new staff to coordinate all the training. Anticipating doing one 40-hour training before end of June. They are getting requests for even more, and now UC Davis is requesting additional training. They anticipate hopefully offering more when they have an outreach specialist.

Karleen Jakowski-We have one supervising crisis clinician coordinating all the training. We have budgeted to hire one extra staff to assist with strengthening the material and coordinating the training.

Christy Correa-Within the three local law enforcement departments, there are over 300 officers, so that's a lot of training to coordinate.

In the past month, we have been working with UC Davis, and there is more opportunity for us to increase our partnership. We have had positive discussions around crisis.

Kimberly Mitchell-Has been a disconnect in crisis on campus. When a student is in crisis in the community, the agencies don't interface with each other and there is no overlap in communication.

Jonathan Raven-Steady progress on outcome measures for MHPA funded programs.

Karleen Jakowski-Confirmed dates for West Sacramento, Esparto, and Davis for Community Listening Sessions. Great partnership with county supervisors and staff, week of Feb 26th.

Karleen Jakowski-Did not want to put out an RFP until we knew what we wanted in a provider. Seemed like cart before the horse to develop outcome measures. Would like to see where we are in March. Internal teams have been working diligently to see that our data is being collected. Karleen will follow up with Tony and Samantha for data. That's been our focus internally.

Robin Rainwater-On EQRO, will there be a full presentation? Robin would like to see performance improvement measures.

Karleen Jakowski-We usually just provide feedback, and we won't have report for a couple of months. If board wants a presentation, we can work on that. Samantha Fusselman was previous executive director for BHC. She can come and share somewhere around June meeting.

Survey to close this Friday the 9th. We are getting feedback in several ways. Has been distributed widely. It went to key stakeholders and community listening session.

Senate Bill 43 End Care-

Robin Rainwater-Would like updates.

Karleen Jakowski-Just getting our feet under us. Combined into one update because there is a lot of overlap. We will likely have two work groups. Our intention is to convene a local collaborative with all partners who need to have a seat. We're looking to see some of the statewide work to help plan out what that will look like. Samantha Fusselman will participate on the state side, Public Guardian will participate on that side with CBHDA (California Behavioral Health Directors Association). We also know counties are moving at different paces. There are a very small number of counties already participating and they are already having some challenges. We will learn from the counties who implemented right away. Karleen included some things that need to be developed before we can implement 43. There are zero dollars connected. Biggest gap is in Public Guardian office. Our staff is carrying much higher caseloads. We will offer presentation at the next meeting on PG. There are impacts to Behavioral Health as well, and then there is a whole other piece on where to place people. That doesn't exist right now at all. There are some housing dollars, but they need to build.

Sue Jones-It's an incredibly complicated program that involves civil rights issues. Even though you're doing everything you can to make sure nothing goes wrong, something will still go wrong. In the back end, will you have enough staff available to investigate the complaints on civil rights violations. Tony: We have an investigator assigned from County Counsel, but it's not full time. HHS is continuing to work on getting a full-time position funded. So, complaints can be routed to the investigator, who acts as an independent third party. In next budget cycle, it remains to be seen whether that position will be funded for full time. It was denied last year. If the position can't be funded, we will continue with this ad hoc role to get the coverage. Previously complaints came to us, we would handle them internally, and there was some question as to whether investigations were being done. So, this provides us a third party to respond outside of our staffing.

Chris Bulkeley-County opted to wait until 2026. Are we applying that definition just to mental illness or the other ailments as well under gravely disabled? Karleen: In terms of when we implement, we selected 2026, but there's nothing to prevent us from implementing sooner if we're ready. To be determined.

Karleen Jakowski-It was entirely unrealistic that any county could stand this up in 11 weeks. The MH directors are spending more than 50% of their time writing policy and procedure to keep up. We want to do right by our community and our residents. We are putting our all into it, and we are committed to keep LMHB and BOS apprised of our progress. We have right intentions and understand the frustrations. But it's Karleen's job as MH Director and Public Guardian to do it right.

Sue Jones-So right now "gravely disabled" is legally defined differently depending on the county you are in and whether they've implemented the law yet? Karleen: Yes.

Kimberly Mitchell-What does implementation look like? Karleen: Nothing has happened yet. For us, we must start with criteria and a training around definitions. Work around having appropriate facilities is

more than just us. Lots of work must be done at the state level. Some don't exist period across the state. We will need more board and cares.

Board Comment on Mental Health Directors report:

Public Comment on Mental Health Directors Report:

Linda Wight-Shout out to PG and services they provide and toss out a thought on people already identified as needing guardianship. As people are ready to step down, I hope there are some definitions in place. When people lose the ability to engage in caring for themselves, they have rights too.

Regular Agenda

Board of Supervisors Report: Iulia Bodeanu, Deputy to Supervisor Villegas, was present to represent the BOS. She notes we are happy to partner with getting the MHSA information out. No other report.

Criminal Justice Update-The Department of State Hospitals (DSH) has been funding the DSH program through a grant. DSH is now offering to permanently fund the program. We are moving forward with that as a county. This program allows for those found incompetent to stand trial to be treated in the community, rather than being treated in a locked facility (e.g., the jail or a state hospital). It's also a diversion program, so successful participants will not end up with a criminal conviction. Our Prop 47 grant is operational, and we are getting referrals now, so we are hoping to have people engaged in the program by next month.

Public Comment on Agenda Items: None

Future Meeting Planning and Adjournment:

Next Meeting: Wednesday, March 6, West Sacramento Police Department.

Adjourned: 8:02pm

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.

Yolo County Public Guardian

Presented By:

Manager/Chief Deputy Public Guardian, Laurie Haas



Who is the Public Guardian and What Do We Do?

The first office of the Public Guardian in California was established in 1945 in Los Angeles County. Now every California county has a Public Guardian who is the substitute decision maker for the person and estate of vulnerable populations of the county, such as the frail elderly and persons with serious mental illness.

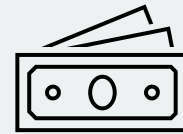
Our Yolo County Commitment



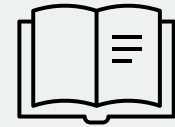
- Treat everyone with dignity, compassion and understanding



- Act in the best interest of the conservatee

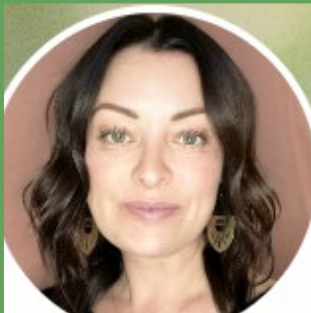


- Protect and manage conservatee estates to the highest standard



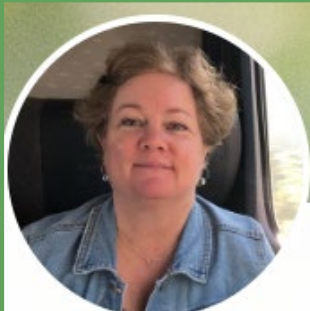
- Commitment and Oath to BOS and Court to carry out duties openly and willingly accepting the role bestowed upon PG

Public Guardian Leadership



Karleen Jakowski

Public Guardian



Laurie Haas

Chief Deputy Public Guardian

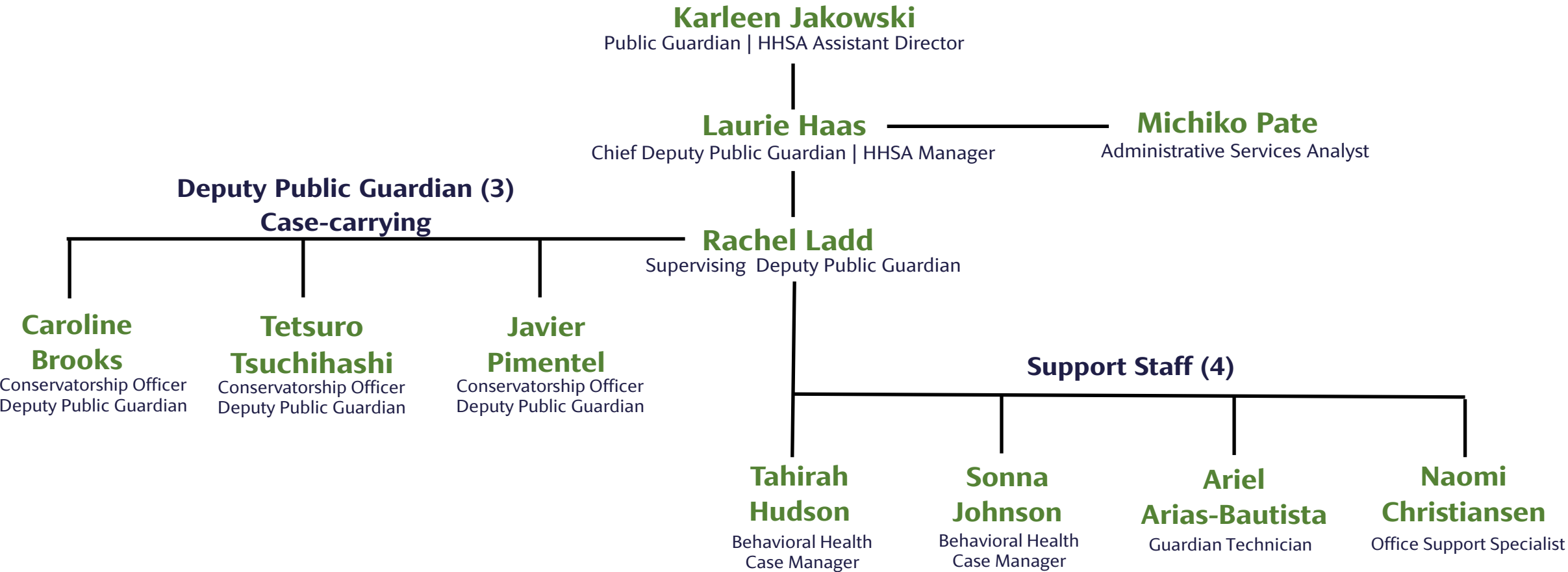


Rachel Ladd

Supervising Deputy Public Guardian



Organization Chart



We care for 249 of Yolo County's most disabled and vulnerable individuals. Here's how:

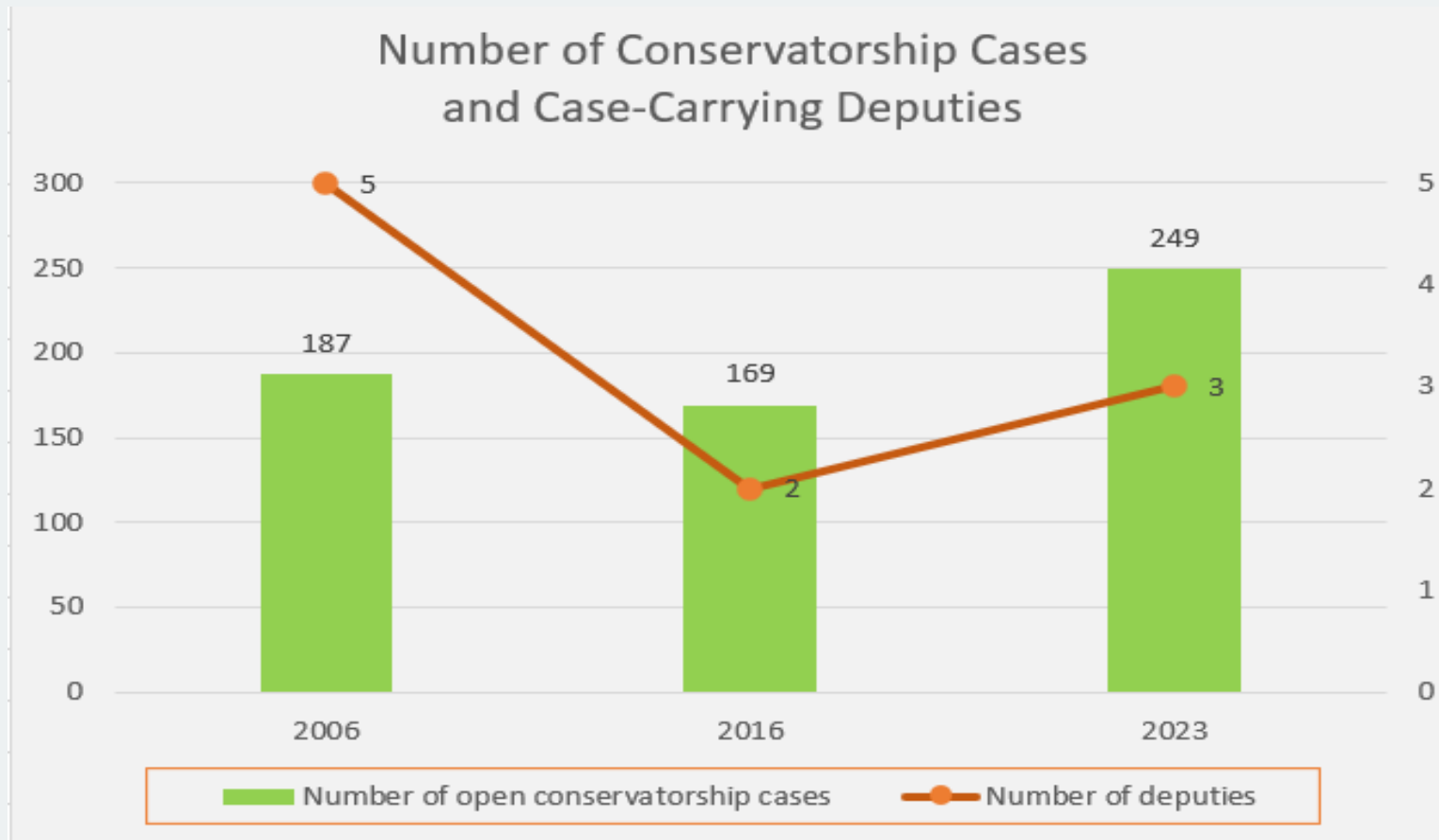
Tasks Requiring Deputized Staff

- Investigation of all conservatorship referrals
- Recommendation to the Court whether conservatorship is necessary
- Ongoing Court Reporting for every conservatee
- Inventory/Marshalling of all assets and properties (search, property removal, storage)
- Sales of assets (real estate, vehicles, jewelry, firearms, securities, antiques and other items)
- Applying/maintaining conservatee public benefits; Securing pensions, stocks, investments
- Paying bills/debt management (medical, utilities, mortgage, loan, collections, and others)
- Special Needs Trust management
- Placement Arrangements
- Community and Provider relations- statewide
- Coordination of medical/psychiatric needs, Treatment, consents
- Estate planning and management
- End of life decisions
- Case closure and discharge

Support Staff Tasks

- Regularly scheduled conservatee visits; Contact with family members
- Transporting/accompanying conservatees to medical/psychiatric appointments
- Purchase and delivery of needed items for conservatee
- Administrative support (phone calls, faxes, mail, scheduling)

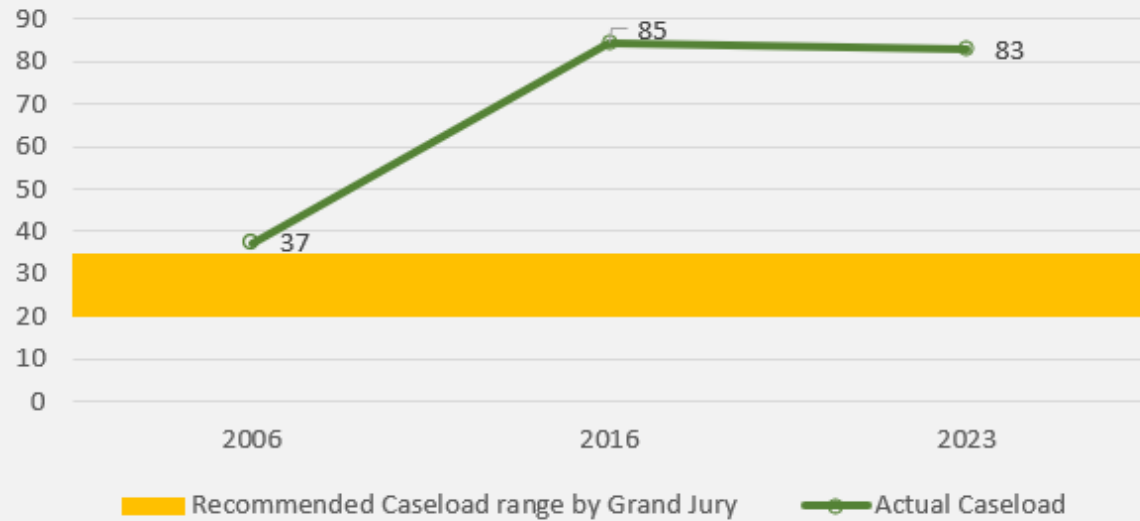
In the past 17 years, the number of conservatees has grown 33% but the number of deputies to care for the conservatees has reduced by 60%.



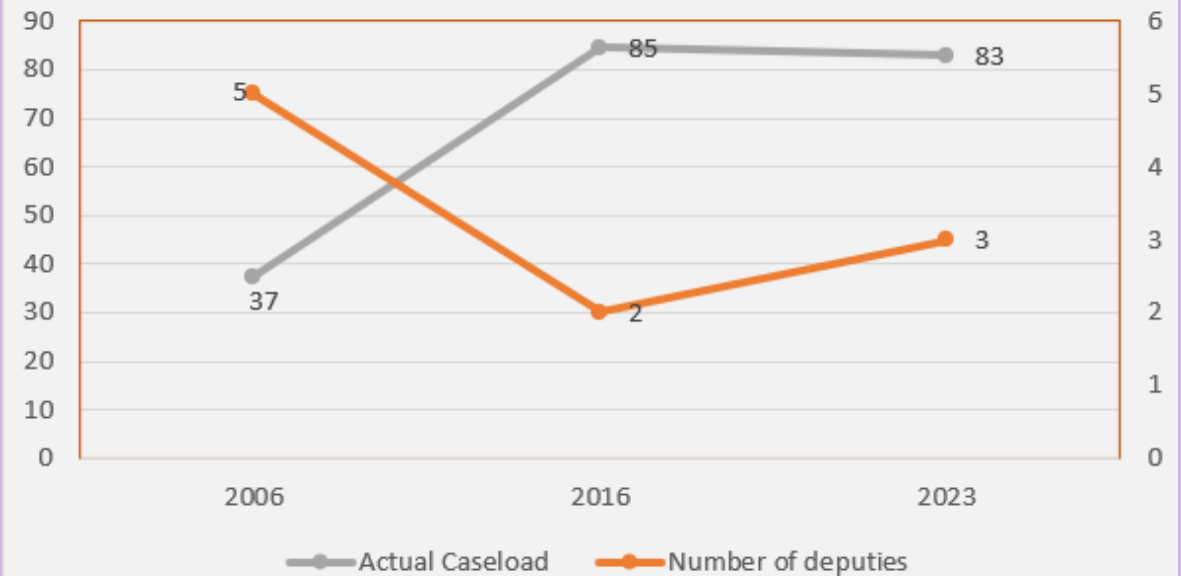
Caseloads 300% above Grand Jury's recommended level



Actual deputy caseload vs. Grand Jury recommended caseload range



Average Caseload and Number of deputies



Challenges for Public Guardian

Unable to fully complete 2016 Internal Co Audit Corrective Action Plan due to inadequate deputized staffing.

Unable to fulfill 2020 Grand Jury recommendations for manageable PG Deputy caseload sizes.

Deputy caseloads are **3 times** the recommended level for proper care of conservatees.

High turnover in PG Deputy positions due to burnout and stress. **300% turnover** in past 7 years.

Adequate training time for Deputy positions is 2 years. High turnover results in new Deputies being tasked to make major decisions with limited experience.

High caseloads result in errors by PG Deputies pertaining to conservatee safety, needs, and protection of assets.

Risk to County as a result of errors due to inadequate staffing.

The Future of Public Guardian



Questions

- Laurie Haas
- (530) 666-8102
- Laurie.Haas@yolocounty.org

Thank you

CHRISTY CORREA

118 4th Street | Woodland, CA | 95695

February 8th 2024

Clerk of the Board
Angel Barajas, District 5 Supervisor
Yolo County Board of Supervisors
625 Court Street, Room 206
Woodland, CA 95695

Dear Clerk of the Board:

I am resigning from the Yolo County Local Mental Health Board (LMHB) effective immediately. I have appreciated the opportunity you have provided me, to make a contribution to the communities of Yolo County by bringing awareness to behavioral health service needs.

I wish the best to the current members of the LMHB, to continue to make strides towards recommendations for health equity and addressing the disparities in health care consumers are struggling to live with.

Sincerely,

Christy Correa