

Mental Health Director's Report

June 5th, 2024

A) Current Requests for Proposals (RFPs)

- None posted at this time

B) Crisis Continuum Updates

Receiving Center Progress

HHSA continues to make good process with County General Services and the contracted Architectural Design firm on construction documents for the receiving center remodel. We are nearing an important project milestone of 100% construction documents. Preliminary cost estimates for the construction have come in much higher than anticipated and HHSA is working with County General Services to assess the specifics of these cost estimates, assess any cost savings measures, and other viable alternatives that can bring this project to timely implementation. HHSA is concurrently working on issuing a Request for Information (RFI) to seek information about the operation of Crisis Receiving Centers, including staffing ratios, revenue generation, licensing, and utilization which will help inform a high-quality Request for Proposals (RFP) for the operations of the Receiving Center that will result in a well-developed contract for the operations of these critical services.

Medi-Cal Mobile Crisis Benefit

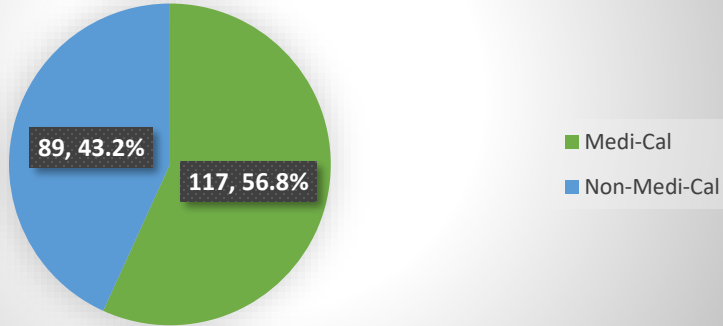
HHSA continues to monitor call volume, outcomes, and billing related to the implementation of the Medi-Cal mobile crisis benefit to assess the fiscal structure of the current pilot. We will continue with the current model through as we assess a model that is clinically appropriate, fiscally sustainable, and a good fit for the geography of Yolo County and local needs of the Yolo County Medi-Cal population. Preliminary data from the implementation of the Medi-Cal Mobile Crisis Benefit has been compiled and can be found in the charts below.

MOBILE CRISIS UTILIZATION 01/02/24 THROUGH 5/20/24

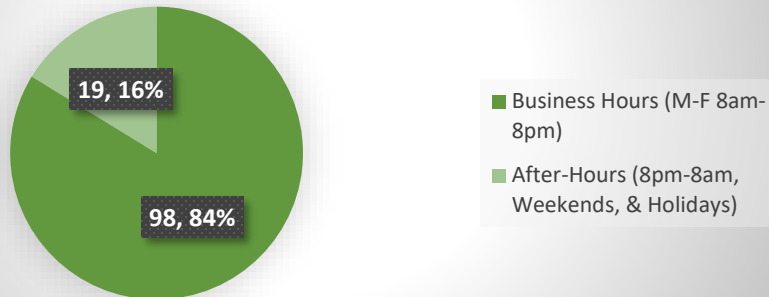
Mobile Crisis Services Delivered 1/2/24 – 5/20/24			
Payor	# Services	% Medi-Cal	Revenue
Medi-Cal	117	56.8%	\$474,184.62
<i>(After Hours)</i>	<i>(19)</i>	<i>(16%)</i>	<i>(\$77,004.34)</i>
Non Medi-Cal	89	43.2%	\$0
Total	206	100%	\$474,184.62

Monthly Distribution of Mobile Crisis Service Delivery 1/2/24 – 5/20/24					
Month	# All Services	# After-Hours	% After-Hours	# Medi-Cal Services	% Medi-Cal
January	7	2	28.6%	3	60.0%
February	43	6	14.0%	29	70.7%
March	52	10	19.2%	28	55.1%
April	56	18	32.1%	30	55.6%
May (through 5/20)	48	10	20.8%	27	64.3%
Total	206	46		117	

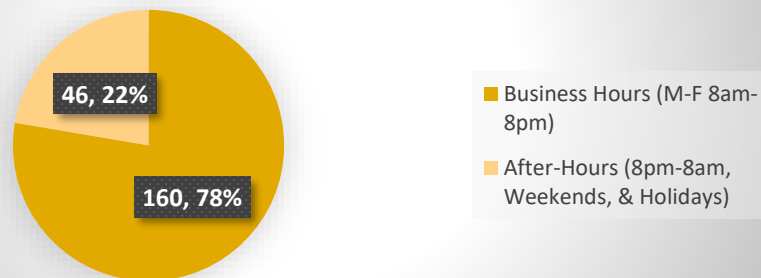
Mobile Crisis Services by Payor, 1/2/24 - 5/20/24



Time of Service Delivery - Medi-Cal Only, 1/2/24 - 5/20/24



Time of Service Delivery - All Payor Types, 1/2/24 - 5/20/24



High Tech Call Center Transition

HHSA has successfully transitioned our former 24/7 access and crisis line to a high-tech call center with a new provider, WellSpace Health. This new vendor took over operation of Yolo HHSA's Crisis and Access line as of 3/27/24. In that time, they have fielded 260 calls. After screening, 33 callers were referred into HHSA MH services while 58 callers were referred to mild-to-moderate MH services or Carelon/Partnership; 137 callers were referred to a contracted Drug MediCal provider.

Currently, WellSpace employs a voicemail (in English, Spanish, and Russian) to capture any calls that are missed for any reason. The vendor's voicemail protocol is as follows:

- Staff are trained not to use voicemail as a back-up when on the line and are instructed to triage callers to the best of their ability to connect live with all callers.
- When a call does go to voicemail, all WellSpace staff can see in real time that a message has been left. Staff are trained to listen to the messages and call the caller back immediately. When a return call is not possible within 15 minutes, staff are directed to contact their supervisor.
- In all instances, voicemail messages are returned no later than 1 hour after the initial call by a Crisis and Access Line staff.

No later than July 30, 2024, Yolo HHSA will have the first set of performance measure data from WellSpace covering the period of 3/29/24 to 6/30/24. These measures include the following:

- Number of calls received for a MH service request, a SUD service requests, crisis services, or other assistance.
- Number of Youth or Adult MH screenings completed, as well as completed Yolo Substance Use Disorder (SUD) screenings.
- Number of callers provided crisis intervention/de-escalation services by phone, third-party callers provided BH crisis education/support, in which a Mobile Crisis Response Team was dispatched, and/or transferred to 911 due to imminent risk of harm to the caller or someone around the caller.
- Total missed calls, call answer rate, average call answer speed.
- Number of callers receiving services not in English.
- Number of callers transferred to another County or a private insurance service provider.
- Number of referrals to Yolo HHSA Specialty Mental Health services, mild-to-moderate mental health providers or Carelon/Partnership, SUD treatment providers, or a Primary Care Provider.
- Number of callers receiving crisis service who do not call back in crisis in the following 30-day period.

Receiving Center Progress

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C) Mental Health Services Act (MHSA) Annual Update Progress

Due to unanticipated delays with actual budget information for this fiscal year, projected Mental Health Services Act (MHSA) revenue for next fiscal year, and a proposed budget for next fiscal year, the Annual Update process has been significantly delayed. We received the fiscal information needed the week of May 20th and are now working to assess adjustments that will need to be made to account for a significant projected statewide shortfall in MHSA revenue in fiscal 24/25, resulting in impacts to both internal programming and contracted services. Our team is working quickly to balance the MHSA budget for FY 24/25 and the projected \$6m local shortfall with several key guiding priorities in mind:

- 1) Ensure that we are meeting our categorical spending requirements as outlined in the Mental Health Services Act;
- 2) Mitigate impacts to service delivery in mandated categorical spending and service areas, to the extent possible;
- 3) Maximize Medi-Cal revenue by prioritizing MHSA contracts that leverage MHSA as a match for the federal entitlement related to Medi-Cal Specialty Mental Health Services to maximize our funding and impact;

- 4) Assess which of our currently funded MHSa program will no longer be eligible for MHSa funding once the categorical funding changes included in Proposition 1 are implemented July 1, 2026 and determine whether those changes should be made sooner to align with our current fiscal outlook; and
- 5) Evaluate outcome measures for funded programs and utilize data driven decision making to approach right sizing our plan and budget to the changing projections related to MHSa revenues for fiscal year 24/25.

I will keep this Board apprised of an updated timeline to have the Annual Update draft prepared for LMHB review, public comment, and public hearing and apologize for these unanticipated delays. Due to the timing and requirements related to the MHSa process, HHSA may need to respectfully request the addition of a special meeting to hold the public hearing for the MHSa Annual Update.