



# 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, June 5<sup>th</sup>, 2024, 6:00 PM–8:00 PM**

**Location:** 25 N Cottonwood Street, Woodland, Gonzales Bldg.  
Community Room

**Secondary Location:** 25 N Cottonwood Street, Woodland, Rm. 110

**Hybrid Option through ZOOM:**

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

**Meeting ID: 849 6078 7627**

**(Public meetings are recorded and posted for public access)**

*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 [May 1, 2024](#)
4. Member Announcements
5. Chair Report-Jonathan Raven
  - Calendar change-board to break in July
6. Bylaw review and approval
7. Ad Hoc-Nominations Discussion and Vote (Joe Galvan)
8. Correspondence

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

9. 5150/Involuntary Holds-Guest Panel
  - \*Trigger Warning-some of tonight’s material could be triggering, we will have licensed clinicians in attendance to provide support.

**CONSENT AGENDA-----7:15 PM – 7:30 PM**

10. [Mental Health Directors Report](#)-Karleen Jakowski
  - a. Current Requests for Proposals (RFP)

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

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.

- b. Crisis Continuum Updates
- c. Mental Health Services Act (MHSA) Annual Update Progress

**REGULAR AGENDA ----- 7:30PM – 7:55 PM**

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

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

- 14. Future Meeting Planning and Adjournment

Next Meeting Date and Location

July-Summer Break

August 7<sup>th</sup>-Winters

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, May 31<sup>st</sup>, 2024. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

**Local Mental Health Board Meeting**

**Wednesday, May 1<sup>st</sup>, 2024**

In Person with Hybrid Option for Public

Members Present: Robin Rainwater, Nicki King, Jonathan Raven, Maria Simas, Sara Gaines, Sue Jones, Melanie Klinkamon, John Archuleta, Brad Anderson, Kimberly Mitchell, Chris Bulkeley, Joe Galvan, Meg Blankinship

Members Absent: Dee Olivarez

**CALL TO ORDER**

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

**Public Comment:**

Jen Boschee-Danzer, Executive Director with NAMI Yolo-Upcoming NAMI Events:

- May 7<sup>th</sup> Lunch and Learn presentation. She will send out ZOOM Link.
- May 9<sup>TH</sup> Hope and Resilience Dinner in Davis. Tickets are sold out. May open up a few tickets in the next few days.
- June 11<sup>th</sup> will have kickoff party for NAMI Walks at Woodland Community College on September 8<sup>th</sup>.
- May 1<sup>st</sup> Big Day of Giving Begins. Make your donations. Opens at midnight.

**Correspondence:** NONE

**Approval of Agenda:** motion to approve Chris Bulkeley, 2<sup>nd</sup> Maria Simas

Yea "I"	Nay	Abstention
13	0	0

Motion: Approved

**Approval of Minutes from April 3, 2024:** motion to approve Chris Bulkeley, 2<sup>nd</sup> Brad Anderson

Yea "I"	Nay	Abstention
13	0	

Motion: Approved

**Member Announcements:** NONE

**Chair Report:**

Time to vote on new officers. Unsure of where Maria and Sue are at, and I am more than happy to pass the baton to someone else. Would like to create an ad hoc committee to figure out recommendations for our officers for next year. If no one wants to be chair, I would consider doing it. I don't want

someone to not decide to do it because they think I still want to remain as chair. Looking for a few people.

**Correspondence:** None

**Strategic Planning Follow-up:** Reviewed document created by Brittany Peterson.

**Jonathan Raven**-we are going to get these on the calendar and schedule some presenters on the top seven issues.

**Karleen Jakowski**-there are some standing items from HHSa that we think should be brought to this board annually. They include budget updates, regular timelines for MHSA process so we can build that into long-range planning. The requirements for the deliverables of the Local Mental Health Board include the Data Notebook and the Annual Report. Discussed really building out structures of requirements first and then what needs to be completed by this board. Then that will give the board a good sense of where there is opportunity to fill in with presentations, topics, and study sessions that the board is interested in from the top areas. Long-range planning calendar will be a great tool to carry on each year. It's a great tool for incoming chair. Christina and Karleen will work on some of the deliverables.

**Nicki King**-relative to the list, should we add Public Guardian? These are the most vulnerable in the county. If someone else looked at that they might make the connection from SB 43 to Public Guardian, and it should be a priority.

**Chris Bulkeley**-we have SB 43 on the list that involves Public Guardian, we want to make sure Public Guardian has enough resources to provide services and implement SB 43.

**Jonathan Raven**-we will be updating this every year, and I agree PG should be a priority.

**Melanie Klinkamon**-does SB 43 also include Care Court?

**Jonathan Raven**-no, they could be under a care plan but not a conservatorship.

**Melanie Klinkamon**-does not understand how Care Court could operate without inclusion of Public Guardian.

**Jonathan Raven**-if all other interventions fail, they could end up with a referral to conservator's office.

**Karleen Jakowski**-will prepare some information she can share on Care Court and include in next Mental Health Directors Report.

**Brad Anderson**-agrees PG is important to include in our strategic plan and is glad 5150 is number one priority.

**Nicki King**-to the extent this is a working document, if we were going to share these priorities with someone, they would wonder what was happening with public guardian.

**Jonathan Raven**-do we want to change the label for SB 43 to SB 43/Public Guardian/SB 43 Implementation?

**Jim Provenza**-Public Guardian doesn't even have the funding to do work now and SB 43 is going to heavily impact, so the board may want to advocate at a meeting, write a letter. It sounds like we need twice the number to do the Public Guardian job. So Local Mental Health Board can come to support the budget.

**Jonathan Raven**-we did weigh in at the last meeting. Jonathan wrote a letter and presented at Board of Supervisors meeting. Supervisor Provenza is one of the biggest supporters of funding Public Guardian.

**Karleen Jakowski**-the request we put in is for two additional Public Guardian staff for current caseloads, and that does not account for the increase that will be seen with SB 43. We wouldn't be requesting in this budget year but next fiscal year, so this is our ramp-up approach to getting it fully staffed. Budget presentation on May 7<sup>th</sup>, and HHSA is doing data follow-up for class compensation comparison, caseload staffing. We will figure out that piece, and not sure when the CAO is expecting that.

**Karleen Jakowski**-my understanding is there is a budget presentation at the May 7th meeting, and we are doing some additional follow-up at the request of CAO office with some data with some comparable counties that we use for class compensation comparison. So, there's specific data we are looking at: caseload, staffing, and things like that. Our team will be working on that data. Not sure when CAO is expecting that.

**Jonathan Raven**-will this board have another meeting before the BOS needs input? If the critical meeting is after our next meeting, then it won't be a problem because we have our meeting in June.

**Chris Bulkeley**-will we be able to get some data from Karleen on the work they are doing now to collect the data. Will we be able to use some of it as public comment? (Karleen will prepare follow up presentation to provide some of the data collected.)

**Karleen Jakowski**-is happy to share data but not sure what the plan is by CAO office, so she can't speak to that. She will follow up with Agency Director.

**Jonathan Raven**-just received email from Tara Thronson that states there will be some sort of resolution for LMHB, so Jonathan will be there on May 7<sup>th</sup>. Jonathan states he or someone else can comment on behalf of the board to support the funding.

#### **Bylaws Discussion-**

**Jonathan Raven**-we are going to have some bylaws changes as a result of Prop 1 in regard to make-up of the board. We will need someone to represent Transition Age Youth, and a representative from a local school district. This change will become effective January 1, 2025. We are still working on our amendments, and one of the issues that had come up, and we discussed with Theresa Comstock, was standing committees. There was a lot of discussion around standing committees which require us to adhere to Brown Act which makes meeting really challenging. The question is whether we want to have three standing committees or whether some of those committees can become ad hoc which do not

require Brown Act guidelines. Maria will continue the discussion and once we review and talk about it, if people want to make a motion to change the bylaws, we can entertain that, and if we want to keep them as is we can do that as well.

**Maria Simas**-for the discussion, I took exactly what was in the bylaws, and so I just want to refresh what the bylaws currently say and then briefly discuss Brown Act, how it impacts what we should be doing in these committees, and then the rest will be discussed. Current bylaw regarding committees was read to the board. Brown Act rules and communication guidelines when Teresa Comstock came to the board, she added additional details in terms of the budget that we should be asking for regular input from HHSA, so we should be getting that on regular basis anyway. In addition, we do need to make sure that we are having our Annual Report and Data Notebook report, which is not listed for our Communication and Education Committee. She also noted that some of these meetings can be held by ad hoc. As for Program Committee, I won't go into that because we have representative here who can speak more to what's occurring. Theresa did specify if it's going to be a group that meets on regular basis it needs to be a standing committee.

**Supervisor Provenza**-if it's something that isn't going to always be there, it can be held as ad hoc.

**Brad Anderson**-were we wrong to send out and ask questions in our Program Committee, because some questions were asked?

**Maria Simas**-my understanding is that you can send out information, but you cannot ask for input on issues that are going to come up on a vote.

**Jonathan Raven**-I think it's issues that are going to come up for a vote, those are the issues we cannot have a discussion with the committee absent the full committee and noticed on the Brown Act.

**Brad Anderson**-we need to make that strict rule, so we don't make errors on that guideline.

**Chris Bulkeley**-we had productivity working on Bylaws Ad Hoc Committee that if we had to follow Brown Act rules that would be a nightmare. If we have ad hoc committee to prepare the annual report, we will be able to develop that more efficiently. We should look at the number of standing committees we have, as it may be excessive and burdensome. If you are meeting on regular item, then standing committee is useful. We are all volunteers, and we want to be productive with our time.

**Maria Simas**-to clarify, if there is a group that will meet on a regular basis, that needs to be standing committee, but other discussions such as budget can be held through ad hoc.

**Joe Galvan**-the issue is that I have seen standing committee meetings that could have been ad hoc. Ad hoc should be for the purpose of problem-solving tasks assigned by board to bring back to us. I agree standing committees keep people from volunteering. Ad hoc allows us to look at one piece and then we may look at having another committee. Ad hoc's specific narrowed views are more appropriate. If I am on a standing committee, it may prevent me from participating in another committee, but if held through an ad hoc, there is opportunity to be involved in more areas.

**Supervisor Provenza**-the key is to have a specific task and then come back with a recommendation to share with board. For example, the chair of Board of Supervisors changes each year. The chair holds an ad hoc for discussing the current budget year, and that of course changes each year.

**Sue Jones**-when we tried to do the Annual Report with a standing committee, we didn't make any progress. Annual Report needs to be ad hoc.

**Melanie Klinkamon**-when we have something that needs to get finished, that's an ad hoc. It feels like standing committees are an opportunity for our community to get involved, so we need to be careful that we don't have meetings outside of the Brown Act where we want community input. Identifying where we want community input and then developing standing committee around that. I noticed some people don't know we exist and what our role is. The Brown Act was created so the community could have a voice. I'm concerned if we don't have anything open to public that's not the right thing to do.

**Maria Simas**-not all of these and maybe look at each standing committee separately.

**Nicki King**-one reason I thought Budget should be a standing committee is that there was a firestorm with previous MHSA budget. NAMI had voiced concerns that they were not given enough of a voice. Thought standing committee would help clear up the confusion that existed in the past.

**Karleen Jakowski**-I would have to go in and gather numbers to see how many community engagement workgroups we have held. We do a lot more leading up to the three-year plan, whereas annual plan is updates to the current three-year plan. It can be adjusted where some things aren't working and need to be adjusted. I believe they hold at least 4 virtual community engagement workgroups. I can speak to this last community engagement process. It had incredibly poor engagement, and often our staff outnumbered our community participants. A lot of what we do is get feedback from community about what their priorities are and what their needs are. We identify the priorities, receive feedback, and put responses together. The Local Mental Health Board reviews and holds the Public Meeting open for public response, and then it goes back for updates and is submitted to the board.

**Jonathan Archuleta**-problem we had last time is we wanted the three-year plan a little earlier so we could review it.

**Karleen Jakowski**-we are in our first year of our three-year plan. There's an Annual Update process, so we just did the listening sessions. We had a lot of fiscal changes this year, an entire transition of our county financial system, so we are still waiting for some actuals. We can't finalize some fiscal things, so we will be a little behind. I am keeping to the commitment to bring it here when it's ready, so we have lots of time to talk about it. I will say that MHSA funding has been volatile. Last year, our revenue was much lower than anticipated, which is really problematic. But then we are hopeful for some upswings on some revenue, which will be great because we have been having to spend down fund balance to pay for the contracts because we budgeted based on the projections. It will be interesting review to go through with you all, but we will be beyond July here.

**Jonathan Raven**-let's take them one at a time in a discussion and maybe get a motion on whether to change the bylaws. Budget and Finance, any thoughts on whether the Budget and Finance, Program, and Community Outreach and Engagement remain a standing committee?

**Niki King**-believes Budget should remain standing committee.

**Chris Bulkeley**-they've made a point there should be certain community outreach and engagement that might be public. That might be the only standing committee that we want to have. What the standing committee should look like, I'm not the expert on that.

**Maria Simas**-can I make a recommendation? What I am hearing is that we have not done as a board a good job managing the communication and publicizing when things are available. So maybe what we need to do is add to our annual calendar a targeted period where we publicize, and we partner with NAMI or someone to get that word out to get participation on public comment.

**Supervisor Provenza**-I think at one of our last meetings when we were brainstorming was learning how to communicate information from the board and staff consistently through our community. It comes back to finding different avenues to do that.

**John Archuleta**-what we did before is work on navigation so there's somewhere people could go to get the information. We had listening sessions on certain topics that allow the public to share. NAMI does a great job at communicating with the public. But they aren't available everywhere. We would love to have them in West Sacramento.

**Bylaws Change:** motion that we remove the language of standing committees from the bylaws in Section 13 read earlier today with the understanding that we will be committed to having ad hoc committees by Maria Simas, 2<sup>nd</sup> Sara Gaines.

Yea "I"	Nay	Abstention
13	0	0

Motion: Approved

**Melanie Klinkamon**-wants to be able to reach community for input. That's her only concern with ad hoc.

**Jonathan Raven**-we have to do a better job at public outreach. We don't need to have a standing committee to seek input. We should always be seeking input, and maybe we make a committee to work with NAMI on getting public participation.

**Brad Anderson**-public should be represented as much as it can be by us. I don't know if ad hoc is better than standing, but I'm willing to do the work of the board.

**Maria Simas**-with regard to standing committees, our problems are that we don't have a lot of public participation. For me, we address that with ad hoc. We need an outreach ad hoc to improve our community participation.

**Ad Hoc Committee Assignments:**

- **Outreach Ad Hoc**-Sara Gaines, Kimberly Mitchell, Melanie Klinkamon, Meg Blankinship, Sue Jones, John Archuleta



- **Site Visit Ad Hoc**-Sara Gaines (Chair), Kimberly Mitchell, Meg Blankinship, Brad Anderson, and Nicki King
- **Nomination Committee Ad Hoc**-Joe Galvan (Chair), Meg Klinkamon, John Archuleta, and Dee Olivarez

**Time Set Agenda: None**

**Public Comment: None**

**Consent Agenda:**

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

**Maria Simas**-in therapeutic foster care, that's going to be released for RFP. Will you be asking for volunteers?

- Karleen Jakowski-states yes. We just started our triennial audit. In our children's section they have asked a lot of questions. Somewhere like Yolo with 200,000 people, the potential for us to have therapeutic foster care will be slim to none. Sacramento has only four therapeutic foster care homes in their whole county with their population. We will issue. I am not hopeful we will get bids. We will reach out and ask for participation from board. Therapeutic foster care is new. If child meets certain threshold, then child would go into a therapeutic foster care where family bills medical as if they were a provider. Most are not willing to take on the risk. There are a lot of challenges in the actual benefits. We are on track to have RFP issued at end of month. We will reach out to Jonathan to ask for a volunteer from the board.

**Maria Simas**-I see the budget is coming up for presentation in May, so those are your proposals. Is that going to come back in some format to us?

- Karleen Jakowski-I don't know what the format will be for this. I just know there is county presentation and then work with Fiscal to bring a presentation back here.

**Meg Blankinship**-you note the high-tech call center transition has gone well. What's the metric?

- Karleen Jakowski-we didn't have any issues with calls going from one agency to another. Was nervous about transfer over of calls on day of, but that part went seamlessly. In terms of ongoing opportunities, the provider needs to learn our system. There will be some ongoing training. Considering we just launched at end of March, it's going fairly well. We were holding our breath and crossing our fingers, and that part went fine.

**Jonathan Raven**-Jonathan made public comment at last BOS. There were strong feelings about the significant issue with Partnership Health and Dignity contract not being renewed and the 7000 Yolo County residents losing all their doctors, aside from the mental health providers because that's a different system. One of most vocal was Supervisor Provenza. Maybe, Karleen, you can give us an update. I know Nolan our HHS Director sits on the board at Partnership.

- Karleen Jakowski-on April 26<sup>th</sup>, Partnership sent a new proposal to Dignity, but we don't know anything more than that. It's a bit tense, but Partnership did send new proposal. As you have

seen, our Board of Supervisors sent over letter requesting state mediation. Staff initiated contact requesting update on state mediation process. Staff working with providers to assist with reassignment. 10,000 patients have been reassigned to CommuniCare OLE, 4000 from West Sacramento, little over 3000 reside in Woodland, little over 3000 would receive services in Davis. Believe Winters is being reassigned and some others are assessing their abilities to take on that many new patients at one time. Trying to ramp up their own services in order to take in that kind of influx. Dr. Sisson is working with medical providers at Partnership and with other providers to stay connected there. We are escalating issues as they come to us. MH services through Dignity are not disrupted. We don't lose access to 3B North, but that's a bit different. Primary and specialty care is the most impacted here. It's disruptive. Partnership managed care-screening process for mental health to establish Mild to Moderate. Could have had care through Dignity, but they will continue to get their behavioral health services.

**Brad Anderson**-is it only the Dignity hospitals?

- Karleen Jakowski-Dignity failed to execute a new contract with Partnership and Aetna. They corrected the partnership with Aetna but not with Partnership. Dignity has multiple contractual Partnership issues. Had an order where rates were locked until a certain date. When that expired, they requested rate increases, and they continue to negotiate and failed to come to agree with Partnership.

**Jonathan's Raven**-states son somehow was switched to Aetna without advance notice. He was Partnership and then was all of the sudden with Aetna.

- Karleen Jakowski-states his Aetna could be different.

**Jonathan Raven**-the impact for Yolo is bad, but the impact farther up is really bad in Shasta areas. They have to travel many miles to see their doctors. So, it's not as challenging in Yolo.

- Karleen Jakowski-states it's still quite disruptive for patients.

**Public Comment on Mental Health Directors Report:** None

## Regular Agenda

### Standing Sub-Committees:

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

- **Joe Galvan**-we have refrained to hold a committee until issues were resolved in regard to standing committees vs. ad hoc.

**Communications and Education**-Chair: Dee Olivarez, Members: Maria Simas, John Archuleta

- **Message from Dee Olivarez (absent)**-have not had a meeting. John states she spoke of mission statement and provided an example. Karleen states we already have one, and it was sent back to Dee for review. Don't need to recreate the wheel, need to see.
- **Maria Simas**-read current mission statement to board.

- **John Archuleta**-just need to take inventory to see if we are meeting that. Working to ensure we are doing it.

**Program Committee**-Chair: Sara Gaines, Members: Brad Anderson, Dee Olivarez, Melanie Klinkamon

- **Sara Gaines**-we didn't meet today. We were looking at a questionnaire from San Francisco County. We were going to make recommendations on what we want to include in an anonymous survey.
- **Melanie Klinkamon**-seems like there needs to be some questions evaluated on survey. We do a consumer perception survey system wide. But this one is different. Karleen will look at it and County Counsel will look at it for legal aspect. Karleen will reach out to Sara to discuss separately.
- **Sara Gaines**-we already have some site visit documents, but they are still in draft form. Then we will make decisions about where the three sites are that we want to visit.
- **Brad Anderson**-will we meet between now and the next meeting? Can meet through Zoom since it will be through ad hoc.

**Board of Supervisors Report:** Supervisor Provenza-the board went back to Washington, DC on the annual capital trip. Chair Frerichs met with legislators for support funding for Crisis Now. We are two million short for the crisis receiving center. We are short for building cost but have funding for the services. We met with Senator Padilla, Congressman Mike Thompson, Congresswoman Doris Matsui. Response was favorable. I don't know if that's part of the original request, but we have the address we wrote to if you want to submit additional support for the funding. We have a phone call with Padilla's expert on mental health issues this week. To get nailed down some commitment. You may have received a request to participate, in case they ask a question, and we don't know the answer.

**Jonathan Raven**-what's the timeline?

- Supervisor Provenza-it's unclear. Because of how the budget process is working or not working in DC, the dates are unclear.

**Mel Klinkamon**-how confident do you feel this will happen? How can we support? Should we go rogue and send a letter of support?

- Supervisor Provenza-our chances are good for one or both since we only asked for one. Given there was only one request from our county, I think chances are pretty good. But sending a letter in support is encouraged.

**Criminal Justice Update:** Provided by Chris Bulkeley

We had a Mental Health Court graduation, and we saw friendly faces in back. We will also have Mental Health Diversion graduations coming up. In next 3 months, there will be 11 graduates. We have one participant who makes incredible cookies. It's a significant number. It's a new program, and we are using CommuniCare for the services. It's less intensive as far as the severity of addiction. We are leveling up a couple of people who aren't successful and may need a higher level of care. We do have a new Prop 47 cohort where the application is due June 10<sup>th</sup>. I have talked about two other Prop 47 grants with HHS and DA, so we aren't able to apply. So, Probation is taking lead. What I've seen in last two cohorts, they never have enough applicants, so it rolled over to larger grant. So, it's good Probation is going after

smaller court. Working on a Youth Court so funding could go to that, and there is a reentry program that Probation Department is looking at. A great way to provide feedback and get worked out is [prop47atolocounty.org](http://prop47atolocounty.org). Input on what it should look like or be used for. In development right now. One thing we are getting feedback on, regarding the connection to care grant, is we don't have a dedicated probation officer. Maybe nice to have a member on this board to be on their committee. Feedback or ideas are being solicited. These grants are collaborative with different county agencies so they can be successful. It's a lot of work doing the community outreach. I will do a monthly here is what we are going to do and send them out. We haven't sent out those dates yet. One is going to be occurring soon. We did have addiction intervention court, and our person relapsed and passed away. It's very frustrating to add a success, and then relapse. He went into a holding cell to talk to participant and then I asked him to meet and do publicity and that is the guy who relapsed and passed away. We need to be aware of those challenges. This isn't the first time. It has happened before. That's the reality. We will have to expand knowledge on this.

Each individual success is what makes these graduations so worth it. We had a graduate come and talk about being 10 years clean, employed, and productive.

**Public Comment:** Jen Boschee-Danzer-upcoming NAMI Walks. We split off from Sacramento to keep all the money for our own programs. They invite neighboring small affiliates to join. The Sacramento walk does happen this Saturday.

**Chris Bulkeley**-we got our collaborative court to participate in the Yolo NAMI Walks and getting out there in numbers. When we participate in the Sacramento walk, 40% goes directly to Sacramento. It's in Land Park. There is a sense of community where people just get it. It's powerful.

**Future Meeting Planning and Adjournment:**

Next Meeting: Wednesday, June 5th at 6 pm at 25 N Cottonwood Street, Woodland, CA in the Community Room.

Adjourned: 8:02 pm

## Mental Health Director's Report

June 5<sup>th</sup>, 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

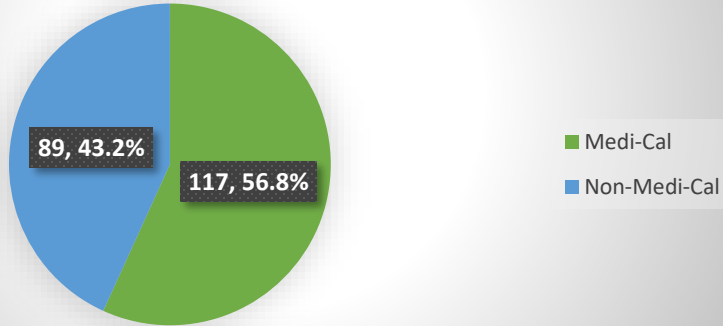
HHSA continues to monitor call volume, outcomes, and billing related to the implementation of the Medi-Cal mobile crisis benefit to assess the fiscal structure of the current pilot. We will continue with the current model through as we assess a model that is clinically appropriate, fiscally sustainable, 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

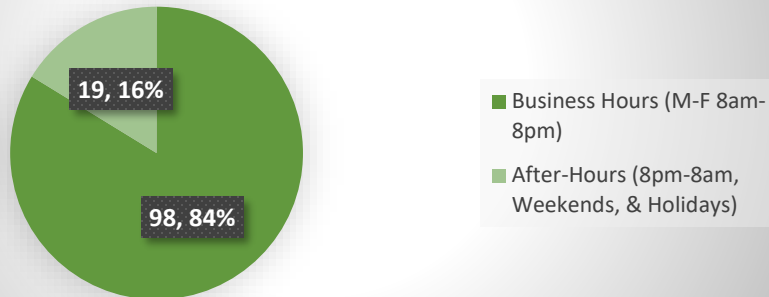
Mobile Crisis Services Delivered 1/2/24 – 5/20/24			
Payor	# Services	% Medi-Cal	Revenue
Medi-Cal	117	56.8%	\$474,184.62
<i>(After Hours)</i>	<i>(19)</i>	<i>(16%)</i>	<i>(\$77,004.34)</i>
Non Medi-Cal	89	43.2%	\$0
<b>Total</b>	<b>206</b>	<b>100%</b>	<b>\$474,184.62</b>

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%
<b>Total</b>	<b>206</b>	<b>46</b>		<b>117</b>	

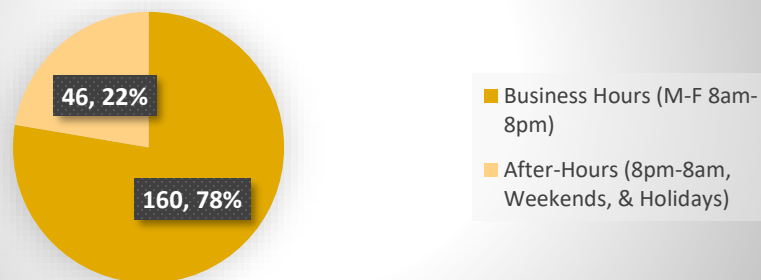
## Mobile Crisis Services by Payor, 1/2/24 - 5/20/24



## 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

HHSA continues to make good progress with County General Services and the contracted Architectural Design firm on construction documents for the receiving center remodel. We are nearing an important milestone of 100% construction documents. 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.

#### **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 20<sup>th</sup> 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.