



YOLO COUNTY
HEALTH AND HUMAN SERVICES AGENCY

CRISIS NOW 2.0

COUNTY OF YOLO
HEALTH & HUMAN SERVICES AGENCY
GONZALES BUILDING

AGENDA

- Background
- What is Crisis Now?
 - Components of Crisis Now
- Initial Time line
- Challenges
- Proposed Time line
- Delta s

BACKGROUND

- HHSA participated in a 10-month (Sept 2020-July 2021) Crisis Now learning collaborative sponsored by the Mental Health Services Oversight and Accountability Commission (MHSOAC).
- The nationally recognized Crisis Now Model was identified as a solution to several gaps in the Yolo crisis care continuum.
- In an effort to maintain full fidelity to the Crisis Now model, HHSA proposed a project plan that included a facility renovation, an estimated budget, and an ambitious timeline.
- HHSA staff have attempted to implement the proposed plan, but have determined that it's not financially feasible to follow the initial project proposal and timeline.
- The following slides include a new timeline that includes a phased approach to building the Crisis Now model.

WHAT IS CRISIS NOW?



Access/ Crisis Call Center
(24/7)



Co-Responder vs Crisis
Responder (24/7)



Receiving
Center/ Sobering Center
and Short-Term Crisis
Residential (24/7)



May 2021 -
September 2021

Release RFP for
24/7 Access Line

October 2021 -
March 2022

Locate/ Renovate Site
for Receiving/ Sobering
Center and Short-Term
Crisis Residential

July 2022 -
September 2022

RFP / Contract for
Crisis Provider

Future of Crisis
Response

Moving from Co-
Responder to
Clinician/ Peer

PREVIOUSLY PROPOSED TIMELINE



CHALLENGES



Facility: The previously identified site for the Receiving Chairs and Short Term beds proved to be cost prohibitive after initial site plans were created. Staff also encountered significant issues with Call Center Infrastructure.



Budget: Stable long term funding was not identified to support all components of the Crisis Now model in development and operation.



Timeline: The previously proposed timeline assumed stable funding sources, a satisfactory location, and qualified and interested contracted providers to launch the services.

Phase 1:
Planning
Spring-Fall
2023

Phase 2:
High-Tech Call
Center
Winter 2023







Phase 3:
Short-Term
Crisis Beds
Fall/ Winter 2023

Phase 4:
Crisis Receiving
Chairs
Spring/ Fall 2024

Phase 5:
System
Evaluation
2025/ 26

UPDATED TIMELINE



	Crisis Now Program Component	Crisis Now 2.0 Projected Cost & Timeline	Delta
1	System Planning	Cost: up to \$10,000 in consulting fees + Staff time Timeline: FY22/23-23/24 	HHS A will consult with RI International for Technical Assistance in building out a phased approach, budget, and implementation strategies.
2	High Tech Call Center: 24/7 Access and Crisis Line + Telehealth services	Cost: TBD Timeline: RFP in development 	The original proposal intended to create a standalone 24/7 call center that would be constructed by the county, on county property. The revised plan proposes to consolidate services: 1) 24/7 Access and Crisis, 2) 988/Local suicide prevention hotline, and 3) Crisis Now Mobile Dispatch all into one service. This would be contracted out to a local call center provider.
3	Mobile Crisis	Cost: \$1.4 mil/FY Timeline: N/A 	Projected costs and primary functions of current co-responder teams will not change. There may be an expansion to include after-hours coverage aligned with a mobile crisis Medi-Cal benefit implementation later this year.
4	Short Term Beds	Cost: \$1.3 mil/FY Timeline: Fall/Winter 2023 	16 beds were suggested in the original proposal. HHS A will start with a smaller number of beds (~6) and intends to contract out beds with a local provider in lieu of the original plan to build a county bed facility. This would increase transportation costs but significantly decrease construction and ongoing facility costs.
5	Receiving Chairs	Cost: \$3.4 mil/FY Timeline: Spring/Fall 2024 	Reduction of chairs from 10-12 to 6-8. Chairs will not be co-located with short term beds.
6	System Evaluation	Cost: ~\$15,000 Timeline: FY25/26 	System evaluation was not built into the original budget. HHS A recommends including a small budget for 3rd party evaluation after the 3-year pilot is complete.

Questions?



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