



Yolo County Board of Supervisors - January 9, 2024

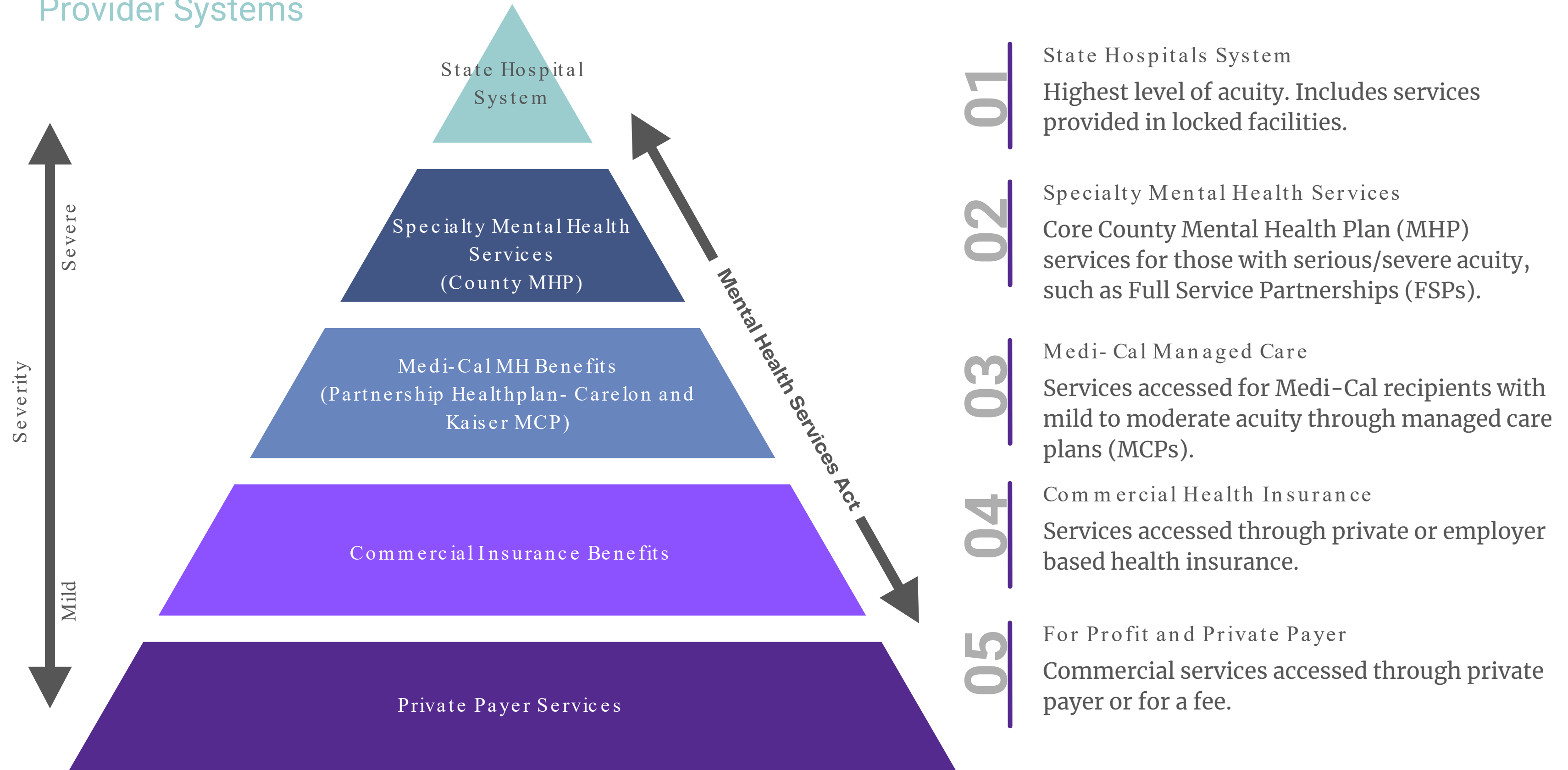


Mental Health

Hot Topics and Study Session

The Role of the County in Mental Health Services

Provider Systems



County Mental Health Services

Levels of Care



Acute

- Crisis Response
- Psychiatric Hospitalization

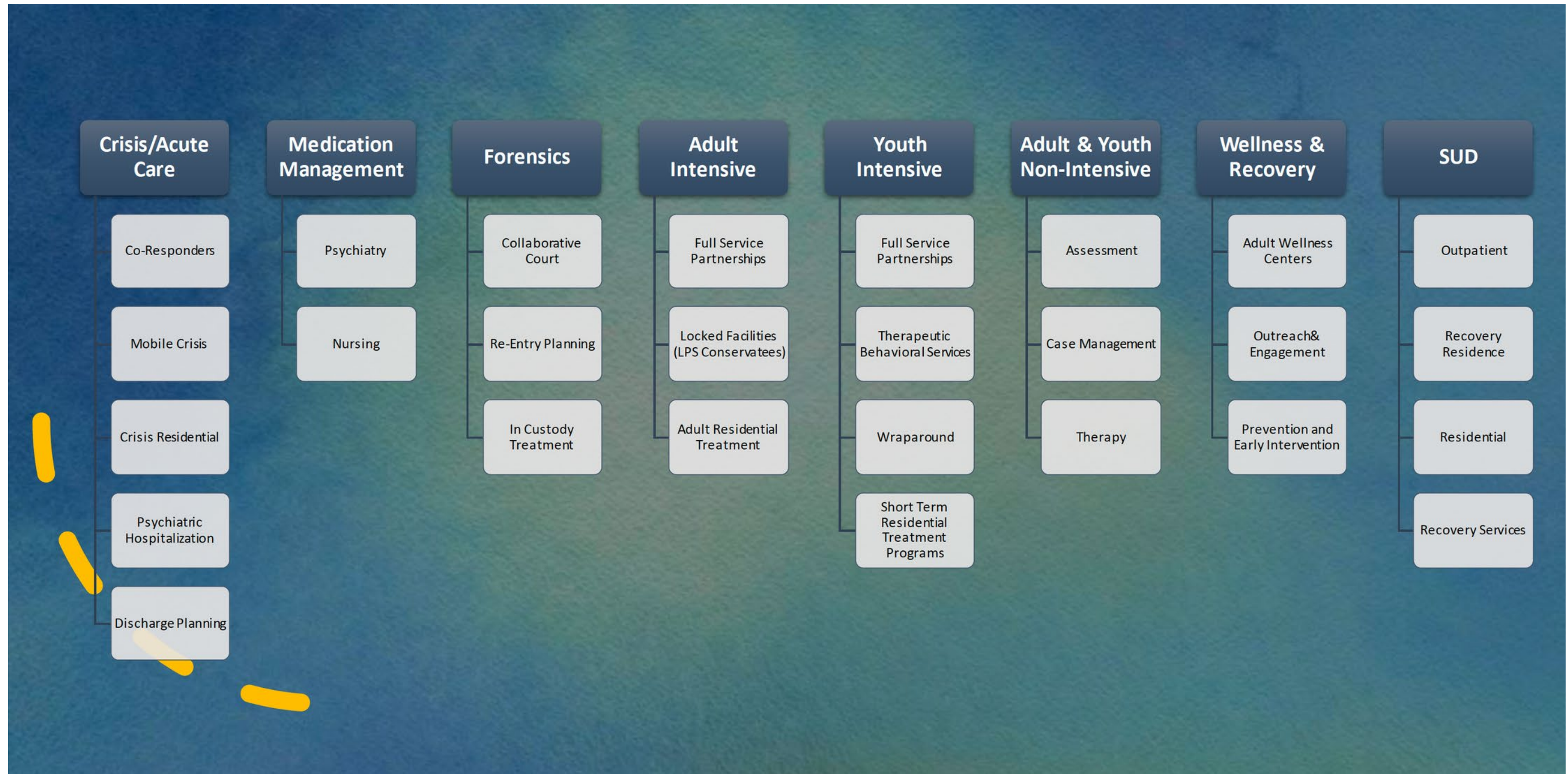
Sub-Acute

- Crisis Residential
- Locked Facilities (IMD)

Outpatient

- Intensive Treatment (e.g., FSP, Wraparound)
- Psychiatry/Medication Management
- Non-Intensive Treatment (e.g., Therapy, Case Management)
- Wellness Centers/Prevention and Early Intervention

County Behavioral Health Service Array



Mental Health Services Act (MHSA)

What is MHSA?

Proposition 63 or the Mental Health Services Act (MHSA) passed in 2004, provides a wide range of prevention, early intervention, and treatment services and the development of the infrastructure, technology, and workforce needed to support the public behavioral health system. It is funded by a 1% income tax to those with annual personal incomes above \$1 million.



MHSA Components:

CSS

Community Services and Support
Provides direct services to individuals with severe mental illness using a client-centered, wellness and recovery-focused approach, including housing.

PEI

Prevention and Early Intervention
Helps counties prevent negative outcomes by intervening early in the onset of mental health needs with timely access to services and supports.

INN

Innovation
Aims to explore and develop new mental health models that improve the quality of services, promote collaboration, and increase access to services.

CFTN

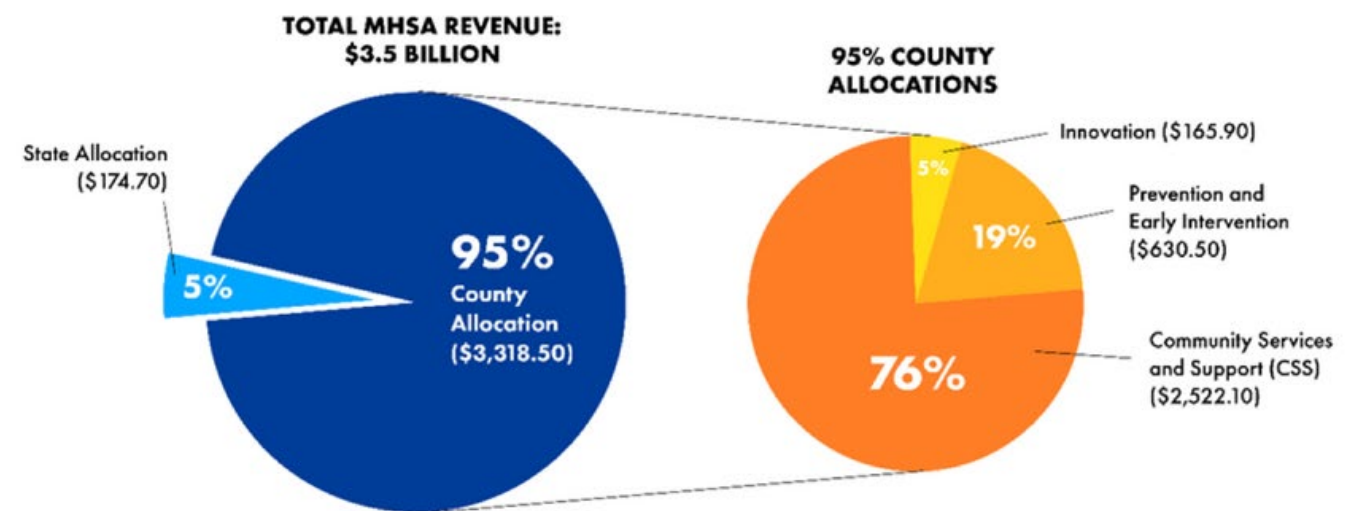
Capital Facilities and Technological Needs
Supports the development of facilities and technologies used for administrative and direct services.

WET

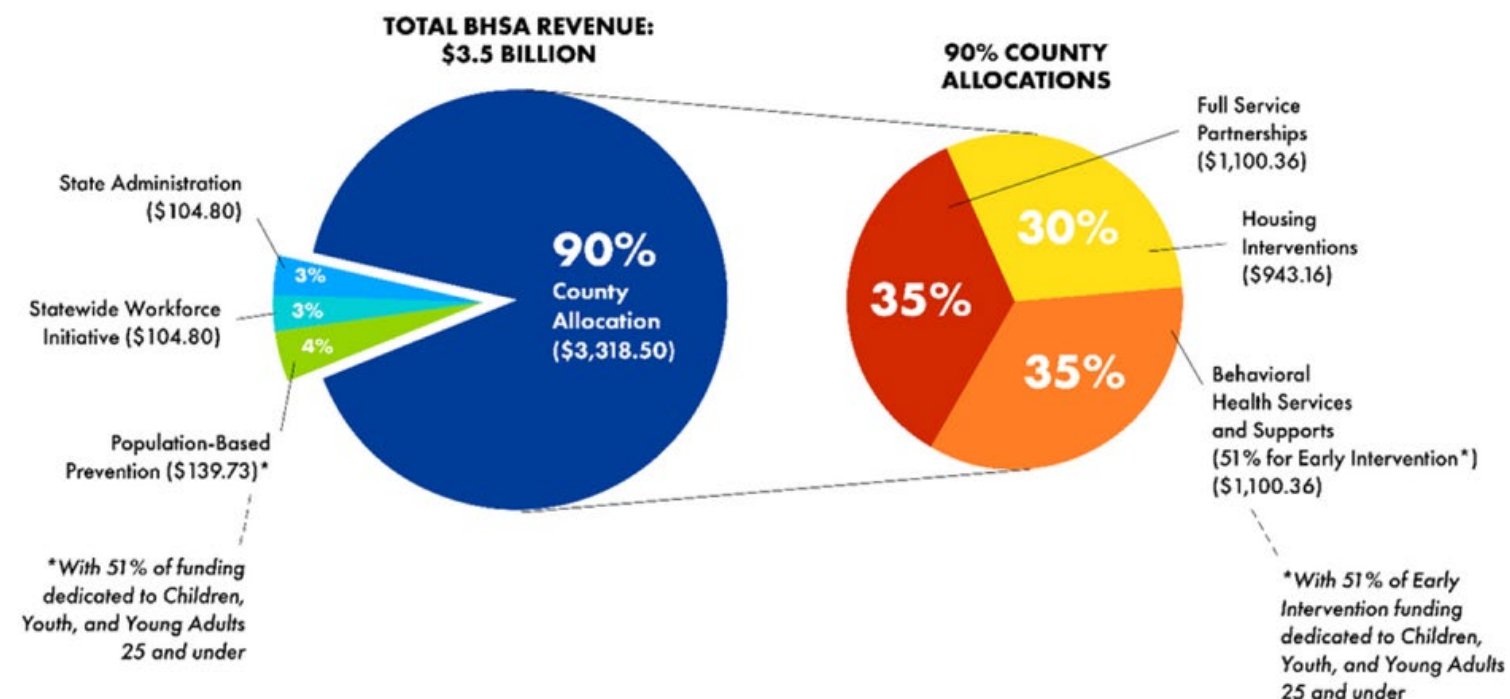
Workforce Education and Training
Supports the building of diverse mental healthcare workforces to include the viewpoints and expertise of clients and their families/caregivers and provide services that are linguistically and culturally competent.

Proposed Changes to MHS A

CURRENT ALLOCATION



PROPOSED ALLOCATION

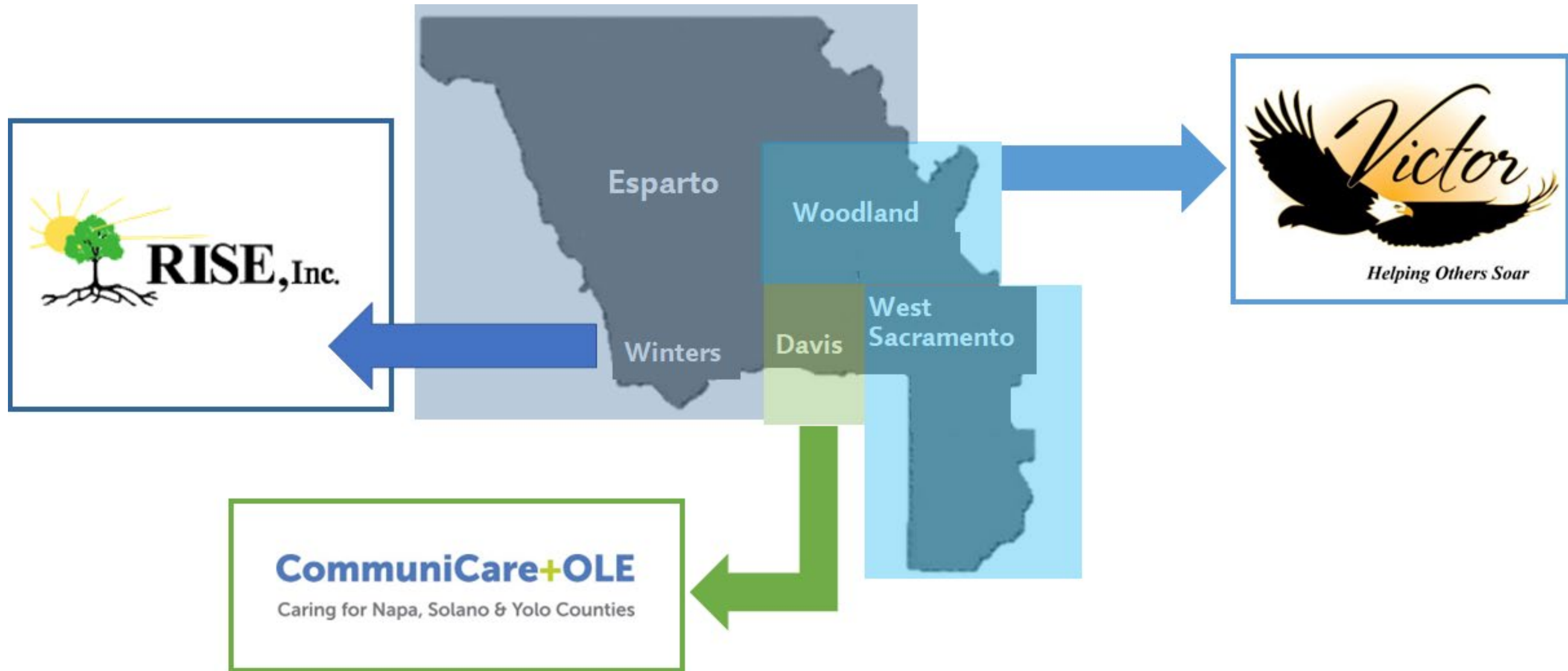


SB326 (Eggman) - Behavioral Health Services Act

- Expanded target population
- Mandated housing expenditure category
- Proposed allocations include:
 - Housing (30%)
 - FSP (35%)
 - Behavioral Health Services and Supports (30%)
 - Flexible (17.15%)
 - Early Intervention Children (9.15%)
 - Early Intervention All Ages (8.75%)
- Changes to local mental health boards
- Substantial changes to planning and reporting processes

AB531 (Irwin) - Housing Bond

- Proposes \$6.3 billion bond to build behavioral health treatment, residential care settings, and permanent supportive housing.
- Dedicates a portion funding to housing for veterans at risk of, or experiencing, homelessness.



2004	2009-2020	2020	2021	2022	2023-2026	2026
Voters approve Prop 63 (MHSA)	Early iterations of school-based MH Services (MHSA)	Awarded MHSSA grant funding	Providers selected, contracts executed, and services begin	Services fully operational, focus on long-term funding	Current MHSA Plan cycle	MHSSA grant scheduled to sunset

Forensic and Justice Involved Care

Treatment Provision for the Justice Involved

Yolo County forensic teams help individuals who have been charged with a crime and who have a mental health and/or substance use condition to connect with community-based treatment programs in lieu of incarceration. Treatment can start while in custody, continue through re-entry planning, and may include participation in collaborative courts.



In Custody Services

The county team oversees a variety of programs provided in the county jail, including contracted behavioral health, medication assisted treatment, and competency restoration.

Re-Entry Services

The county team provides coordinated planning to assist individuals transitioning from in custody to community-based specialty and non-specialty behavioral health services.

Collaborative Courts

Through innovative partnerships with the local DA and court system, Yolo County diversion programs provide treatment pathways in lieu of incarceration for over 200 individuals annually.

What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative, by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of individuals on Medi-Cal by implementing broad delivery system, as well as program and payment reform across the Medi-Cal program.

Three Primary Goals

01

Identify and manage member risk and need through whole-person care approaches and addressing social determinants of health.

02

Transform Medi-Cal into a more consistent and seamless system by reducing complexity and increasing flexibility.

03

Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

CaAIM Overview

Overview of Key CaAIM Initiatives

Shift Towards Population Health Management Approach

Medi-Cal managed care plans (MCPs) will assess enrollee risk levels, determine an individual's unmet social needs, and provide care coordination across all health settings. MCPs are encouraged to offer [Community Supports](#), such as housing services and medically tailored meals, to address the social drivers that impact overall health and wellbeing. For the highest-need members designated as "populations of focus", MCPs will provide intensive in-person case management through [Enhanced Care Management \(ECM\)](#).

Standardized Managed Care Benefits

DHCS is currently revising managed care contracts across the state to standardize member benefits so that all Medi-Cal members have access to the same set of services.

All Medi-Cal MCPs must provide new dental benefits beginning in 2022 and deliver long-term services and supports (LTSS) by 2027.

Mandatory Medi-Cal Managed Care Plan Enrollment for Dual-Eligibles

Nearly 1.1 million Californians are eligible for both Medi-Cal and Medicare, commonly referred to as [dual eligibles](#).

Beginning January 1, 2023, DHCS will require that dual eligibles enroll in a Dual Eligible Special Needs Plan (D-SNP).

Behavioral Health System Transformation

CaAIM updates eligibility criteria, screening procedures, and documentation to reduce barriers to mental health and SUD services. Counties may consolidate activities into one behavioral health MCP with a value-based payment system.

Also, a "no wrong door" policy will be established to quickly connect Medi-Cal members to behavioral health services, regardless of where they initially seek care.

CaAIM Focus Populations

- Individuals Experiencing Homelessness
- Individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- High Utilizers of Care
- Individuals Transitioning to the Community from Incarceration
- Foster Youth
- Individuals at Risk of Institutionalization

What is the Local Mental Health Board (LMHB)?

Local boards are responsible for reviewing community mental health needs, services, facilities and special problems, and serve in an advisory capacity to local governing bodies (Board of Supervisors) and local mental/behavioral health directors per CA Welfare and Institutions Code 5604.2.

Who serves on the LMHB?

There are 15 dedicated members on the Local Mental Health Board, including peers, family members of people with mental illness, mental health professionals, and individuals from a variety of other backgrounds.

How does the public get involved with the LMHB?

The public is invited to attend LMHB meetings, which are generally held on the 4th Monday of each month. Meetings rotate between Woodland, Davis, West Sacramento, and one rural venue each year.

The public is also invited to participate in many open discussions throughout the year regarding the County's key mental health policy concerns, including the MHSA plan development process through the Community Engagement Workgroup (CEWG).

The Local Mental Health Board (LMHB)



LMHB Roles and Responsibilities

The Yolo County Board of Supervisors, Appointed Local Mental Health Board Members and County Staff all have specific roles in regards to operation of an effective LMHB.

01

Yolo County Board of Supervisors

- Appoint members to represent their district on the LMHB
- County Board members are expected to work with their representatives to collect and share information
- Select two County Supervisors to serve as Board Liaisons to the LMHB who regularly attend LMHB meetings

02

Local Mental Health Board Members

- Review and evaluate mental health needs, facilities and services
- Review county agreements and contracts related to WIC Section 5650
- Advise the Board of Supervisors and Mental Health Director on aspects of the mental health program
- Review and approve procedures to ensure citizen and professional involvement in the planning process
- Submit an annual report on the County's mental health care system.
- Review and make recommendations for the County Mental Health Director to the Board of Supervisors
- Review and comment on performance outcome data
- Assess the impact of the realignment of services from state to county delivered services per WIC 5604.2

03

County Staff

- County Mental Health Director is responsible to attend meetings, provide a Director's report and, where possible, provide relevant requested information back to the body
- County staff schedule and host meetings, notice the public, work with the LMHB to set agendas, and provide administrative and scheduling support

Crisis Now 2.0



24/7 Crisis and Sobering Center
 Creating a whole new system of care for
 mental health and sobering emergencies



Access/Crisis Call Center
 (24/7)



Co-Responder vs Crisis
 Responder (24/7)



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



Hot Topics: Crisis Services

24/7 Mobile Crisis

Mobile crisis services are a community-based intervention designed to provide de-escalation and relief to individuals experiencing a behavioral health-related crisis wherever they are, providing rapid response, individual assessment and community-based stabilization.

The mobile crisis services benefit went into effect on January 1, 2024 and will ensure that Medi-Cal beneficiaries have access to coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.

988 and Suicide Prevention Services

The 988 Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.

There are twelve 988 call centers across California and Yolo County is partnering with our regional call center, located in Sacramento.



Crisis Intervention Teams (CIT)

CIT programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates, and other partners to improve community responses to mental health crises.

The goals of Yolo's CIT program are to:

- Improve safety during law enforcement encounters with people experiencing a mental health crisis, for everyone involved;
- Increase connections to effective and timely mental health services for people in mental health crisis;
- Use law enforcement strategically during crisis situations and increase the role of mental health professionals, peer support specialists, and other community supports; and
- Reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery.

Hot Topics

Community Assistance, Recovery, and Empowerment (CARE) Act

Under the CARE Act, qualifying individuals or entities can petition the Court to help connect eligible individuals to a broad array of services, including mental health and housing services, via a voluntary CARE Agreement or CARE Plan established and overseen by a judicial officer.

Individuals must meet all the following criteria to be eligible for CARE Court:

- 18 years of age or older.
- Diagnosed with a disorder within the "schizophrenia and other psychotic disorders" class of disorders and currently symptomatic.
- Not clinically stabilized in ongoing treatment.
- The individual's mental health is substantially deteriorating, and they are unlikely to survive safely in the community without supervision and/or need services and support to prevent relapse and deterioration.
- Participation in a CARE Plan is the least restrictive alternative and the individual is likely to benefit from participation in a CARE Plan.

Yolo County will be implementing the CARE Act by December 1, 2024 as part of cohort 2.

Senate Bill (SB) 43

SB43 makes several significant changes to the state's involuntary detention and conservatorship laws under the Lanterman-Petris-Short (LPS) Act. These changes include, but are not limited to:

- Expanding "gravely disabled" criteria to allow for the involuntary detention and conservatorship of individuals to include:
 - A standalone "severe" substance use disorder (SUD) or co-occurring mental health disorder and severe SUD;
 - Individuals who are unable to provide for their basic personal need for personal safety or necessary medical care; and,
- Requiring counties consider less restrictive alternatives such as Assisted Outpatient Treatment (AOT) and CARE Court in conducting conservatorship investigations.

Yolo County will be implementing the changes made by SB43 by January 1, 2026.

Current and Upcoming California Initiatives

A Rapid and Significant Expansion of County Services and Responsibilities (2022-2024)

New Medi-Cal Benefits

- 24/7 Mobile Crisis Services
- 90-Day Jail In-Reach
- Peer Support Specialists*
- Contingency Management*
- Mental Health IMD*
- Community Health Workers*
- First Episode Psychosis (BHSA)
- ACT/FACT (BHSA)
- Evidence Based Practices (BHSA)
- Supported Employment (BHSA)
- Housing (BHSA)
- Enhanced Care Management

Child Community Support Initiatives

- School-Linked Fee Schedule
- FFPSA
- AB2083
- OYCR

Program/Quality Reforms

- BH Payment Reform
- BH Eligibility Criteria
- Mental Health and SUD Plan Integration
- Documentation Reform
- BH Quality Incentive Program
- Comprehensive Quality Strategy
- CPT Coding
- Fiscal Reporting (BHSA)
- Outcomes Accountability (BHSA)
- FSP Levels of Care (BHSA)
- SB525 Minimum Wage Increase
- Centers of Excellence
- Network Adequacy
- Cultural Competence Plan Reform

Department of State Hospitals

- Community Based Restoration
- Diversion
- Growth Cap/Penalties

LPS and Crisis Continuum

- SB43 Grave Disability Criteria
 - Involuntary SUD
 - New medical and personal safety
- AB2275
- AB2242
- 988

Infrastructure (Treatment & Housing)

- Housing Bond (BHSA)
- No Place Like Home
- Community Care Expansion
- Behavioral Health Continuum Infrastructure Program
- Data Exchange
- Workforce

Housing/Homelessness

- Housing Category (BHSA)
- Behavioral Health Bridge Housing

Questions and Discussion

Karleen Jakowski, LMFT
Assistant HSA Director
Mental Health Director



Phone
530.661.2978



Email Address
karleen.jakowski@yolocounty.org

Samantha Fusselman, LCSW, CPHQ
Adult and Aging Branch Director



Phone
530.661.2942



Email Address
Samantha.fusselman@yolocounty.org

