

Julie Dachtler

From: Sara Gavin <Sara.Gavin@CommuniCareOLE.org>
Sent: Monday, October 20, 2025 2:34 PM
To: Clerkoftheboard
Subject: Public comment, Yolo County Board of Supervisors Mtg 10/21/2025 on agenda item # 37

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Dear Clerk of the Board of Supervisors,

My name is Sara Gavin, Chief Behavioral and Community Health Officer at CommuniCare+OLE and I am writing to submit written public comment for the Yolo County County's Board of Supervisors Meeting on October 21st, 2025, agenda item #37.

CommuniCare+OLE is a Federally Qualified Health Center, a non-profit community health organization that provides comprehensive medical, dental, behavioral health, and substance use treatment to families across Yolo, Napa, and Solano counties since 1972. In Yolo County, we are one of the leading providers of mental health and substance use services, for Medi-Cal and uninsured community members. For over 35 years, we have proudly partnered with Yolo County to deliver services to our community. On behalf of CommuniCare + OLE and the communities we serve, we sincerely thank the Yolo County Board of Supervisors and HHS staff for leadership and thoughtfulness during this particularly challenging time as we collectively navigate reductions to Mental Health Services Act (MHSA) funding and the transition to BHSA (Behavioral Health Services Act). We recognize the difficult decisions you are facing and appreciate your commitment to maintaining essential services, especially those most vulnerable in our community.

As you evaluate potential program reductions, we respectfully offer the following considerations to support thoughtful decision-making that prioritizes client care and service continuity.

1. Consider current contract spending and staffing:

While we understand the simplicity of equitable cuts across the board to all contracts (e.g. 25%, 45%), we encourage the board to consider the individual contracts and their unique staffing and operations to make decisions that are the least disruptive to client care and resources. Some programs are already understaffed or have vacant positions that could absorb reductions with minimal impact. Others are fully staffed, and any cuts would directly disrupt care. We've included examples from our own programs below, to illustrate this. As you can see, some of the programs can withstand deeper cuts without disruption of care, while others, any cuts will disrupt care and services. If this methodology is chosen, and cuts are unavoidable, we strongly recommend a 25% reduction, which will be the least impactful to care.

2. Prioritize Programs with post-MHSA sustainability plans:

Programs with clear sustainability strategies beyond MHSA funding should be protected. Reducing these services now, only to restore them in 2026 when new funding becomes available, is inefficient, disrupts continuity of care, and risks eroding community trust. As an example, CommuniCare+OLE is working closely with Davis Joint Unified School District to implement the All-Payor Fee Schedule that will support ongoing mental health services in schools post MHSA, but we need more time for planning. We recommend that programs with similar long-term viability should be considered and prioritized and provided a longer runway to support the transition to new funding, without having to rebuild programs later.

3. Consider that some programs may not be able to operate at all under the proposed 45% reduction:

Not all programs can sustain even partial reductions (45% reduction scenario). In some cases, the cuts would result in full program closure. We’ve provided examples below where this risk is especially high. As the board proposes cuts and reductions, it’s important to consider whether programs can operate with cuts and would result in a full elimination of the service. We recommend a 0-25% reduction so that services can sustain, even if they have a reduced capacity.

4. Explore BHSA and MHSSA Funding Opportunities:

We respectfully encourage the Board to consider exploring additional funding opportunities through BHSA and MHSSA to help strengthen and sustain vital services. These sources offer opportunities to sustain essential services and minimize disruption (MHSSA supporting limited bridge funding and BHSA supporting longer term solutions), with again, the goal of not eliminating services to then re-build later.

We greatly appreciate the board's efforts to assess the impact of funding scenarios and hope these considerations help guide decisions that preserve care for those who rely on us most. As you review the scenarios presented, below are the specific impacts they will have on our school-based programs at CommuniCare+OLE.

CommuniCare+OLE K-12 and College Partnership Contracted Services: Comparative Impact of Reduction Scenarios and Outcomes

Davis Joint Unified School District (K-12 Partnership)

25% Reduction of CCOLE K–12 DJUSD Contract

Staff Role	Before Reduction	After Reduction	Change	Impact
Therapists	5.1 FTE	4.5 FTE	▼ 0.6 FTE	Risk of losing full-time clinician; part-time retention is challenging.
Case Managers	2.0 FTE	0.0 FTE	▼ 2.0 FTE	All case management eliminated
Administrative	1.0 FTE	.5 FTE	▼ .5 FTE	Reduced administrative support would make operations more challenging.

45% Reduction of CCOLE K–12 DJUSD Contract

Staff Role	Before Reduction	After Reduction	Change	Impact
Therapists	5.1 FTE	3.0 FTE	▼ 2.1 FTE	Significant service disruption; Over 2 full-time clinicians eliminated
Case Managers	2.0 FTE	0.0 FTE	▼ 2.0 FTE	All case management eliminated
Administrative	1.0 FTE	0.0 FTE	▼ 1.0 FTE	Program operations unsustainable without admin support for critical registration and Medi-Cal related tasks.

Yolo County Office of Education (K-12 Partnership)

25% Reduction of CCOLE K-12 YCOE Contract

Category	Before Reduction	After Reduction	Change	Impact
Therapist	1 FTE	1 FTE+	— No change	No staffing impact; the contract was proactively right-sized in advance.
Administrative	1 FTE	1 FTE	— No change	No staffing impact; the contract was proactively right-sized in advance.

45% Reduction of CCOLE K-12 YCOE Contract

Staff Role	Before Reduction	After Reduction	Change	Impact
Clinician Time	1.0 FTE	0.72 FTE	▼ 0.275 FTE (11 hrs/week)	Difficult to retain clinician part-time; risk of losing entire service. Loss of infrastructure may result in full discontinuation.
Administrative	1.0 FTE	0.0 FTE	▼ 1.0 FTE	All administrative support eliminated

Woodland Community College (College Partnership)

25% Reduction of CCOLE College Partnership Contract

Staff Role	Before Reduction	After Reduction	Change	Impact
Medical Services	10 hours/week	4 hours/week	▼ 60% reduction	Significant drop-in available primary care support
Therapist	1.8 FTE	0.9 FTE	▼ 0.9 FTE	Reduced behavioral health service capacity.
Administrative	1 FTE	No Change	No Change	Administrative time cannot be reduced due to on-site and full-time support needed.

45% Reduction of CCOLE College Partnership Contract

Category	Before Reduction	After Reduction	Change	Impact
Medical Services	10 hours/week	4 hours/week	▼ 60% reduction	Reduced primary care services
BH Clinician (FTE)	1.8 FTE	0.6 FTE	▼ 1.2 FTE	Staffing viability in question; difficult to reduce to part-time
Administrative Support	1.0 FTE	0.6 FTE	▼ 0.4 FTE	Admin reduction jeopardizes infrastructure, which makes programming unsustainable.

We remain committed to working in partnership with the County and appreciate your support in balancing fiscal responsibility with the need to preserve the essential services that keep our communities healthy and resilient.

Thank you for your time and consideration.

Sara Gavin



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Pronouns: She/her/hers

We would like to acknowledge the land on which our health centers are built and on which we live, work and serve our community. For thousands of years, this land has been the home of Patwin, Miwok and Nisenan people. We are honored and grateful to be here today on their traditional lands. Source: <https://www.yochadehe.org/heritage/land-acknowledgement-statements> and <https://chirpca.org/>