COUNTY OF YOLO
Health and Human Services Agency
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HHSA Substance Use Case Manager Program

Purpose: To improve service delivery, outcomes and insight for vulnerable residents of Yolo County who struggle with substance use issues through providing a continuum of supports and motivational interviewing.

Target Population:

1. **High System Utilizer Clients (Priority Population)**
   - Yolo County residents; and
   - Indigent or Yolo County Medi-Cal beneficiary; and
   - Substance use is a primary contributing factor to their current situation; and
   - 2 or more hospital admissions, OR 4 or more ER visits in the past 6 months; and
   - 2 or more arrests, OR 4 or more contacts with law enforcements in the past 6 months

2. **Outreach and Engagement Clients**
   - Yolo County residents; and
   - Indigent or Yolo County Medi-Cal beneficiary; and
   - Substance use is a primary contributing factor to their current situation; and
   - Previous efforts to engage clients in substance use treatment have been unsuccessful

3. **Inter-County Transfer Clients**
   - Clients that reside in Yolo County with Medi-Cal showing active in another county; and
   - Client is willing to transfer his/her Medi-Cal to Yolo County

Services Offered:

1. Outreach and Engagement
2. Linkage to physical health care, mental health care, housing, and income resources as appropriate, based on need
3. Collaboration between substance use providers, physical health and mental health providers, housing providers, and criminal justice partners
4. Temporary support during the process of switching Medi-Cal to Yolo County

Referrals:

- To refer, please email or call:
  - Ian.Evans@yolocounty.org (530) 666-8297
  - Kristi.Abbott@yolocounty.org (530) 666-8686
HHSA Substance Use Case Manager Program

Referrals

Access Points
MDT Meetings
SUR Meeting
SUD Providers

Determination

Forensic/SUD Program Manager and Supervisor

Services

High Utilizers (Priority Population)
1. Outreach
2. Engagement
3. Motivational Interviewing (M.I.)
4. Insight building
5. Linkage to SUD when ready
6. 2-4x/month contact
7. SSM domain driven

Outreach/Engagement Clients
1. Outreach
2. Engagement
3. Motivational Interviewing (M.I.)
4. Insight building
5. Linkage to SUD when ready
6. 1-4x/month contact
7. SSM domain driven

Inter-County Transfer (ICT) Clients
1. ICT assistance
2. Weekly check-ins
3. Linkage to SUD when Medi-Cal is switched

Discharge

Outreach/Engagement Clients
Discharge when client is safe/stable in SSM OR consistent engagement efforts are no longer effective

High Utilizers
Discharge from case load when client is safe/stable in SSM domains & reached outpatient level 1.0 for SUD TX

Inter-County Transfer Clients
Discharge from caseload once Medi-Cal is switched & client is connected to SUD TX

ian.Evans@volocounty.org Kristi.Abbott@volocounty.org 4/24/2019