



MEETING MINUTES

Monday, February 25, 2013, 7:00 PM

600 A Street, Davis, CA, 95616
Conference Room

Members Present: Bret Bandle; Martha Flammer; Robert Canning; Robert Sommer; Tom Waltz; Richard Bellows; Tawny Yambrovich; Caren Livingstone; Robert Schelen; Janlee Wong; Brad Anderson; Davis Campbell; Supervisor Don Saylor

Members Excused: June Forbes

Staff Present: Kim Suderman, LCSW, Director - ADMH; Dirk Brazil, Assistant County Administrator Emily Henderson, Assistant Deputy to Supervisor Saylor; Makayle Neuvert, Administrative Assistant;

Community Members: Mary Blachard; Nick Dakis, Otsuka Pharmaceutical

Others/Guests: Honorable Janet Gaard, Judge of the Superior Court; Tracie Olson, Public Defender; Jeff Goldman, Adult Program Manager - Probation; Jonathan Raven; Chief Deputy District Attorney; Joanie Turner, Clinical Program Manager - ADMH

1. **Call to Order and Introductions** – On February 25, 2013, the LMHB meeting was called to order at 7:06 PM by Chairman Robert Schelen. Introductions were made. Makayle Neuvert was introduced. She functions as administrative support to ADMH, and to the Local Mental Health Board.

2. **Public Comment** – Meeting space was noted by one person as being too small.

3. **Approval of Agenda** – Mention made of Specific Planning issue not to be discussed at this meeting.

Motion: to approve by Robert Canning, **Second:** to approve by Davis Campbell, Unanimously approved

4. **Approval of Minutes** –

- October 22, 2012
- January 28, 2013
- December 3, 2012
- February 11, 2013

Motion: to approve by Robert Canning, **Second:** to approve by Robert Sommer, **Abstain:** Tawny Yambrovich, Bret Bandle

5. **Announcements and Correspondence** –

- The Yolo County Mental Health Court is officially beginning
- The first Hearing is scheduled for Monday, March 25th, 2013. This hearing is open to the public. All are welcome to attend.

LOCAL MENTAL HEALTH BOARD – AGENDA

Monday, February 25, 2013

6. Mental Health Court (MHC) Panel:

Brief description of history and reason for MHC Panel, interest of the issue and judges noted as important. Introduction of special speakers were made. An outline of the presentation was passed out (*see attached*). Speakers followed the main topic headings with added commentary, followed by a question and answer period.

7. Review of Community Event-Reducing Gun Violence—Supervisor Don Saylor/Davis Campbell

LMHB co-sponsored this event which was held in community chambers Davis City Council. Approximately 125-150 attendees. It was important because there is a need to consider gun violence and not stigmatize mentally ill, as that is not the whole issue. The speaking panel was balanced. Emerging legislation discussed at the event however the mental illness aspect was not covered in depth nor were any new laws discussed.

8. Department Report—Kim Suderman:

The Wellness Center 2013 Art Show Calendars shared. CA Local Mental Health Boards and Commissions Workbook on the Roles and Duties of LMHB passed out to members. In addition to the Administrative Assistant position, the MHS and ASA positions have been filled. Additional positions open in medical staff areas are continuing in process. Dr. Kevin Rossi will be staying on the medical staff team.

Robert Sommer Question: What is the size of the child psychiatrists' caseload?

Kim Suderman Answer: ADMH serves annually, 700-800 kids. Not all medicated.

9. Board of Supervisor Report—Supervisor Don Saylor:

At BOS meeting tomorrow 02.26.13: Tactical plan updates; Laura's Law, including review of the measure, discussion has been asked for on 12th, see the Grand jury report on Nevada County as to how it is working there.

10. LMHB Chair Report—Bob Schelen

None

Richard Bellows asked questions about the status of the County psychiatrists and high rate of turnover. Specifically based on his opinion that they are a critical part of the team, how long does it take to regain normalcy with consumers – to stabilize the group.

Kim Suderman noted various reasons previous providers left the County including salary as a primary factor. Current staff numbers: 3 full time. 2 half time to three quarter, and one vacant position.

This issue is one of the Strategic Planning items, along with 8-9 others and at next meeting, these are all to be put into priority tiers.

11. Strategic Plan-Next Steps—Bob Schelen: March 11th will be the last of the Strategic Planning meetings.

12. Adjournment – The February 25, 2013 LMHB meeting was adjourned at 9:02 PM.

13. Next Meeting Date and Location – The next meeting date is a Strategic Planning meeting, set for March 11, 2013, 7 PM

Location: 137 N. Cottonwood, Woodland, CA, 95695, Bauer Building, Thomson Conference Room

YOLO COUNTY MENTAL HEALTH COURT

PROGRAM SUMMARY

12-month pilot:

- Up to 10
- Seriously mentally ill
- From existing resources

Team:

- Court
- DA
- PD
- Conflict Defender
- ADMH
- Probation
- Treatment provider or defense attorney with client in program by team agreement

Goals:

- Increase treatment engagement
- Reduce calls for law enforcement service
- Reduce arrests
- Reduce jail bed days
- Reduce hospital bed days

Target Population:

- Yolo resident
- US citizen
- Felony or misdemeanor conviction
- Probation, County Prison, PRCS

- Primary factor in criminality is schizophrenia, psychotic disorder, bipolar disorder, or other psychiatric illness with long-term disability
- Able and willing to give consent to participate in services and activities
- Desire to be in MHC because of a desire for help and support, not because of an expectation of leniency
- Deemed suitable by unanimous agreement

Timing:

- Pre- and post-sentence defendants may be assessed
- Acceptance is after sentencing in the home court
- MHC judge may modify sentence, with team input

Treatment services:

- Psychiatric services
- Psychotherapy services
- Transitional aged youth, adult, or older adult full service partnerships
- Connection to resources, e.g., financial, housing, medical, vocational
- Benefits advocacy
- Residential treatment, board and care, supported independent living
- Residential and outpatient substance abuse treatment

Program requirements:

- Minimum 18 months
- Four phases
 - Orientation and treatment plan development
 - Early recovery
 - Active recovery
 - Sustaining recovery
- Graduation by unanimous agreement
- Goal is a smooth transition from MHC supervision to regular MH services

Rewards and sanctions:

- Rewards favored over sanctions
- Possible rewards
 - Recognition from court
 - Phase advancement
 - Removal of negative reinforcements
 - Certificates or gift cards
 - Reduction of criminal charges and/or fines
 - Early termination of probation
- Possible Sanctions
 - Reprimand
 - Modified treatment plan
 - Demotion to earlier phase
 - Loss of privileges
 - Increase in treatment or self-help groups
 - Increased court appearances
 - Extended probation
 - Jail
 - Termination from MHC