

**Local Mental Health Board**  
**Mental Health Director/Alcohol & Drug Administrator's Report**  
**April 28th, 2014**

**May is Mental Health Month:**

The department will be celebrating mental health month in a variety of ways (see calendar). Additionally, we will be honoring those nominated as Champions of Change in Mental Health in the Consumer category as well as the Community Partner category at the April 29<sup>th</sup> Board of Supervisor's meeting. Special thanks to Bob Schelen and Don Saylor for your assistance in the process.

**Community Based Crisis Response and Companion Grants:**

We received official notification that we have been awarded the companion grant for our SB82 proposal. This will allow us to purchase vehicles for the crisis response teams that will be modified to allow for confidential communication during mental health crisis calls. The RFP for Community Base Crisis Response has been issued and proposals are due May 6th. Special thanks to Nikki King and Tom Waltz for your willingness to participate on the review panel for these proposals.

**MHSOAC Presentation:**

On March 27<sup>th</sup>, Mark Bryan, Karen Larsen and Roberta Chambers from RDA did a presentation for the Mental Health Services Oversight and Accountability Commission about our Community Based Crisis Response proposal. Nikki King was in attendance as well.

**IGT Proposal:**

Our proposal for the use of IGT funds in Yolo County continues the RN position previously funded with a focus on transitioning individuals from the hospital back into the community and reducing re-admissions. Additionally, we are proposing a complete re-design of the department's Adult System of Care, to mirror patient centered health home standards, maximizing access, efficiencies, consumer voice and quality with a renewed emphasis on the interrelation of mental health and physical health conditions. Finally, as a new model of care emerges, nationally, statewide, and locally, that is focused on outcomes rather than fee for service, we are proposing two full time case managers assigned to high risk/high cost populations, specifically assisting individuals with mental health/substance use disorders transitioning back into society from incarceration, as well as providing outreach at local homeless shelters in an attempt to reach individuals struggling with mental health and/or substance use disorders and assist these individuals in accessing services, and again reduce hospitalizations and incarcerations. We feel this proposal is innovative and addresses many social determinants of health that drive up costs and lead to negative outcomes. We believe that these positions may very well be self-sustaining in the long run if we can prove the cost-benefit associated with their implementation.

**RFPs/Contracts:**

All 16 RFPs have been issued with the last proposals due May 16<sup>th</sup>. Eight of the sixteen have been awarded and are at some point in the contracting process. This will allow the department to complete all contracts prior to the beginning of the fiscal year. Thank you to all of our LMHB Members who have been gracious enough to assist us in the review of proposals. The department has made a conscious effort to have LMHB and/or consumer representation on every panel.

**Evidence Based Practices/Outcome Measures:**

The department has been meeting monthly with our contract providers to discuss evidence based practices and outcome measures. At the last meeting on April 7<sup>th</sup>, providers were given a handout outlining evidence based practices and outcome measures for Substance Use Disorder treatment and Mental Health Treatment for youth and adults (see attached). We appreciated June Forbes' attendance and participation.

**Psychiatrist Recruitment:**

The department has had a full time Psychiatrist position posted for almost a year with no luck in recruitment. In March we met with Human Resources and decided to break the position up into two part time Consulting Specialist positions. This allowed us to offer a higher wage without benefits and fewer hours which is often more attractive to Psychiatrists. We have four Psychiatrist applicants already and are in the interview process.

**Strategic Plan:**

The department is actively working on developing our Strategic Plan for 14/15 fiscal year (see attached). The management team has reviewed and we will be asking for staff input next week. We would appreciate input from the LMHB should you see anything missing.

**Crisis Intervention Training (CIT):**

Joan Beesley met with the Law Enforcement Training Manager's Association (LETMA) group to ask for their input and guidance on ways that we could increase attendance at CIT. The group had a host of concerns and suggestions for improvement. Joan and I subsequently met with Mike Somers regarding the feedback. He will be doing a presentation with the LETMA group to dispel myths and let them know that he is open to their feedback and adjusting the training to increase participation.

**Housing Update:**

Joan Beesley and I had a technical assistance call with CalHFA, the agency administering our MHSA housing funds. The call was very helpful and we learned that the money is collecting interest. Jill Cook, Mark Bryan and myself subsequently met with Yolo Housing Authority and Mercy Housing to discuss the project. Unfortunately, we are still at the beginning of the timeline and don't expect any significant progress for another year at least while other funding is gathered and the site is prepared.

**Excellence in Mental Health Act:**

On March 31<sup>st</sup>, Congress passed the Excellence in Mental Health Act which will increase Americans' access to community mental health and substance use treatment services while improving Medi-Cal reimbursement for these services. Initially, 8 states will be selected to participate in a 2 year pilot. California has an excellent chance in being chosen as Congresswoman Matsui was the author of the act.

## May is Mental Health Month

MAY 2014						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



### Mental Health Month

Since 1949, Mental Health Month has been observed in May. The purpose is to raise awareness about mental illnesses, such as depression, schizophrenia and bipolar disorder. Additionally, we aim to draw attention to suicide and to educate our community about mental health disorders, while reducing the stigma that surrounds them.



#### CALENDAR OF EVENTS

- **04/14:** Champions of Change Award Nomination Forms Due
- **04/29:** May is Mental Health Month BOS Resolution & Mental Health Champions of Change Awarded
- **04/29 - 05/01:** MHSA Wellness Center Annual Art Show Bauer Building – Walker/Thomson Conference Rooms
- Holiday – 05/01: *May Day*
- **05/03:** [NorCAL: NAMIWalk 2014](#), William Land Park, Sacramento
- Holiday – 05/06: *Cinco de Mayo*
- **05/13:** [Mental Health Matters Day, Sacramento](#)
  - 10:30 a.m. – Interactive exhibits open, South Lawn
  - 11:00 a.m. – Speaking Program, South Lawn
  - 11:45 a.m. – Each Mind Matters Walk on Capitol Mall
  - 12:05 p.m. – River Cats “Mental Health Matters” High School Day, Raley Field (ticketed event)
  - 3:00 p.m. – Directing Change Award Ceremony, Crest Theatre ([RSVP at www.directingchange.org/award-ceremony](#))
- Holiday – 05/26: *Memorial Day*
- **05/29:** ADMH Ice Cream Social

#### UPCOMING TRAININGS

- **Mental Health First Aid for Adults:** 05/12, 8:00 AM – 5:00 PM, West Sacramento
- **Youth Mental Health First Aid:** 05/05 – 05/06, 8:30 AM – 12:30 PM, Woodland
- **SafeTALK:** 05/21, 8:30 AM – 12:30 PM, Davis

To Register:

Contact Justin Hall at 530-666-8712 • [admh-firstaid@yolocounty.org](mailto:admh-firstaid@yolocounty.org)

**YOLO COUNTY CLINICAL OUTCOMES AD HOC COMMITTEE**  
**Outcomes: Substance Use Disorder and Mental Health**

	SUD Adult	SUD Youth	MH Adult	MH Youth/Children
<b>Screening:</b>	Audit, DAST, CAGE-AID, SBIRT	SBIRT	PHQ-9, GAD, ACES	ACES
<b>Assessment:</b>	ASI, GAIN, ASAM	ASAM		
<b>Initiation and Engagement:</b>	HEDIS Measures	HEDIS Measures	HEDIS Measures-FUH	HEDIS Measures-FUH
<b>Evidence Based Practices:</b>	SBIRT, CBT, MRT, T4C, University of Cincinnati Cognitive Behavioral Interventions for Substance Abuse, Seeking Safety	SBIRT, CBT, T4C, University of Cincinnati Cognitive Behavioral Interventions for Substance Abuse	Solution Focused, CBT, DBT, IMR, WRAP, Wellness Self - Management	CBT, TF-CBT, FFT, T4C, ART
<b>Motivational Interviewing:</b>	X	X	X	X
<b>Contingency Management:</b>	X	X		
<b>Couples/ Family Therapy:</b>	X	X	X	X
<b>12 Step Education:</b>	X			
<b>Outcomes:</b>	UAs, retention, completion, recidivism, hospitalizations, reunification	UAs, retention, completion, recidivism, hospitalization, out of home placement	MORS, Hospitalization, medication compliance,	CANS, YOQ, WFI school performance, family conflict, legal involvement, hospitalization, out of home placement
<b>Consumer Perception Surveys:</b>	POQI	POQI	POQI	POQI
<b>Cultural Competency Training:</b>	X	X	X	X
<b>Quality Assurance/ Improvement Practices Fidelity to EBP:</b>			Clinical Supervision, Peer Chart Review, Trainings	Clinical Supervision, Peer Chart Review, Trainings
<b>CWS:</b>	Reunification, UAs			
<b>Probation:</b>	Recidivism, UAs, Dosage	Recidivism, UAs		

**YOLO COUNTY CLINICAL OUTCOMES AD HOC COMMITTEE**  
**Outcomes: Substance Use Disorder and Mental Health**

**List of Acronyms**

ACES:	Adverse Childhood Experiences
ART:	Aggression Replacement Training
ASAM:	American Society of Addiction Medicine
ASI:	Addiction Severity Index
CAGE-AID:	Alcohol (CAGE) and Drug (AID) Questionnaire
CANS:	Child & Adolescent Needs & Strengths
CBT:	Cognitive Behavioral Therapy
CWS:	Child Welfare Services
DAST:	Drug Abuse Screening Test
DBT:	Dialectical Behavioral Therapy
EBP:	Evidence Based Practices
FFT:	Functional Family Therapy
GAD:	Generalized Anxiety Disorder
GAIN:	Global Appraisal Individual Needs
HEDIS:	Healthcare Effectiveness Data and Information Set
FUH:	Follow-up after Hospitalization
IMR:	Independent Medical Review
MH:	Mental Health
MORS:	Milestones of Recovery Scale
MRT:	Moral Reconciliation Therapy
PHQ-9:	Patient Health Questionnaire
POQI:	Performance Outcomes and Quality Improvement
SBIRT:	Screening, Brief Intervention, and Referral to Treatment
SUD:	Substance Use Disorder
T4C:	Thinking for a Change
TF-CBT:	Trauma-Focused Cognitive Behavioral Therapy
UAs:	Urine Analysis
WFI:	Wirtschaftswissenschaftliche Fakultät Ingolstadt or WFI – Ingolstadt School of Management
WRAP:	Wellness Recovery Action Plans
YOQ:	Youth Outcome Questionnaire