Yolo County Department of Health Services

Local Mental Health Board
Meeting Minutes

Monday, October 27, 2014, 7:00 PM – 9:00 PM
600 A Street, Davis, CA, 95616 – Conference Room

Members Present:	Brad Anderson; Bret Bandley; Robert Canning, Vice-Chair; Martha Guerrero; June Forbes; James Glica-Hernandez; Nicki King; Supervisor Don Saylor; Robert Schelen, Chair; Tom Waltz; Tawny Yambrovich
Members Excused:	Richard Bellows; Davis Campbell; Michael Hebda; Caren Livingstone; Janlee Wong
Staff Present:	Mark Bryan, Assistant Director Karen Larsen, Mental Health Director / Alcohol and Drug Administrator Makayle Neuvert, Administrative Assistant Emily Henderson, Assistant Deputy to Don Saylor
Community Members:	Sally Mandujan, NAMI Yolo
Guests:	Al Rowlett, CEO, Turning Point Community Programs Diana White, COO, Turning Point Community Programs

1. **Call to Order and Introductions –** The October 27, 2014 meeting of the Local Mental Health Board (LMHB) was called to order at 7:03 PM. The meeting began with a viewing of a video shared by member Nicki King from her work with the California Reducing Disparities Project (CRDP) for the Office of Health Equity. The movie titled, "Beyond the Beats & Lyrics," gave perspective on young African American men and the links between societal stigma from law enforcement and the resulting impacts to mental health. Following this viewing the meeting resumed and introductions were made of the guest presenters from Turning Point Community Programs. Emily Henderson was also introduced and welcomed back to her position as Assistant Deputy to Supervisor Don Saylor.
2. **Public Comment –** None
3. **Approval of Agenda – Motion:** June Forbes, **Second:** Nicki King, **Discussion:** None, **Vote:** Unanimous, passes
4. **Approval of Minutes from August 25, 2014 and September 22, 2014 –** Because there was not a quorum in September, these minutes were not subject to approval. The August 25th minutes were approved as follows: **Motion:** James Glica-Hernandez, **Second:** Robert Canning, **Discussion:** None, **Vote:** Unanimous, passes
5. **Announcements and Correspondence –** None
6. **Board of Supervisors Report** – Supervisor Don Saylor shared a brief announcement about the upcoming Winter Service Center grand opening scheduled for November 13th; all were invited to attend. This location will now offer dedicated space for mental health services previously offered in borrow space at the Winters library.
7. **Community Intervention Program (CIP)** – Al Rowlett, CEO and Diana White, COO of Turning Point Community Programs shared an overview and update on the CIP program. This presentation was followed by a Q&A session.
    - The board shared support of the CIP offering community programs linkages and resources to those they encounter.
    - Supervisor Saylor suggested that the coverage areas be referenced as "regional" rather than "City" or "Community" based in order best use the CIP resources in proximity to adjacent geography and also to not lose the City of Winters by including it in the unincorporated location designation.

- 1-2 Weeks of training with Law Enforcement is occurring. Additionally, 5150 and Managing Assaultive Behavior trainings are being provided by Yolo County.
- The hope is that by the beginning of 2015 all four teams will be fully staffed and in place.

8. Department Report

a. Mental Health Director's Report – Karen Larsen shared a list of updates with the Board members as an attachment to the agenda. Each update is listed below, prefaced by "MHD Report:" and followed by any additional discussion that occurred during the meeting.

- Child Welfare Services (CWS) / Probation Assessment:

  MHD Report: *On September 24th our department participated in a half day assessment of the juvenile justice and child welfare systems. This was an interdisciplinary process with stakeholders from throughout the county represented. This process occurs every three years and is aimed at identifying gaps in care and areas of improvement for these systems.*

  Discussion: June noted the increased interest in Prevention and Early Intervention programs, citing a recent radio program (Portland, ME model, Dr. McFarlan, kick-start in San Diego, IPS in Ventura, and Sacramento County). She asked how Yolo County contractors R.I.S.E. and Victor relate and compare to the UCD programs in Sacramento County. Karen noted that at the fiscal year contracts for both providers were modified to focus more on early intervention and continue with the broad school based prevention programs as well. These efforts though are not the same as the Early Signs programs done in Sacramento County but a potential area of focus in the future. Children's mental health could be a separate agenda item or work into the committee

- Clinical Outcomes Workgroup:

  MHD Report: *On October 6th the clinical outcomes group met and reviewed the logic models previously created in tandem with an overview of several evidence based or widely accepted outcome measures. We are considering using the CANS and ANSA tools internally and with our contract providers. These tools are in our electronic health record and have several quality of life domains.*

  Discussion: None

- Mental Health Workshop:

  MHD Report: *On October 7th Karen provided the Board of Supervisors with a mental health workshop highlighting local data, our continuum of care, gaps in service, accomplishments and plans for the future. We were happy to have some of our LMHB members at the meeting to share their support.*

  Discussion: None

- Mental Illness Awareness Week -NAMI Rally / Interfaith Ceremony:

  MHD Report: *Our department was pleased to participate in the events tied to mental illness awareness week and coordinated by NAMI. The rally was well attended and uplifting and the interfaith ceremony was inspirational.*

  Discussion: Board members shared appreciation for June's site choice and participation noting the e signage and the presence on Main Street as a positive. The mental health community in Yolo County was described as really powerful and impressive. The Chair agreed that these public events are important as is the efforts to increase public involvement.

- Homelessness-Bridge to Housing:

  MHD Report: *Yolo County Board of Supervisors approved $50,000 for the project, with $50,000 matching support by the City of West Sacramento. Yolo County's support services include Employment & Social Services, Health Services, Animal Control, and Environmental Health. The City of West Sacramento's Police Department and City Manager's Office are also supporting the effort. Conrad is*

the property owner of the private parcel; public parcels are owned by the City of West Sacramento and California State Parks.

Discussion: The details of the encampment residents and the scope of the move was discussed. The plan is to move the residents and pets from the encampment to a motel where, during the paid 90-120 days stay, the City, County, and other partners will work to wrap services around these individuals. Also, because they were moved as a result of a government action, the residents will be eligible for priority on the housing vouchers list. News coverage and media promotion is being handled delicately to respect the private information of those involved but also recognizing the potential to de-stigmatize the situation.

- Suicide Prevention:

  MHD Report: *We have been offering suicide prevention training countywide to all, including providers. The Suicide Prevention courses we offer are ASIST or Applied Suicide Intervention Skills Training (2 full days); SafeTALK, which is focused more to recognizing signs and symptoms (4 hours); and QPR-Question/Persuade/Refer (1-1/2 to 2 hours). Also, Mental Health First Aid, (Adult and Youth versions) contain a significant suicide prevention component and is an 8 hour course. In January, we will be offering QPR for our staff and contract providers, since it seems to be the most clinician-friendly and takes less than 2 hours of their time.*

  Discussion: None

- Law Enforcement, Hospitals, Mental Health:

  MHD Report: *Our department continues to work toward fostering relationships with those community partners who touch the lives of the people we serve. We recently hosted a meeting with law enforcement, the hospitals and some of our providers to discuss common concerns surrounding mental health crisis intervention in our County and ways we can intervene in the increasing trends in hospitalizations. This group will meet again in December and review several items. Additionally, several staff attended a meeting with Woodland Memorial to work through some of our common areas of disagreement. We will be drafting an MOU and continuing this dialogue.*

  Discussion: Karen will share updates and hospitalization statistics in the future.

- Crisis Intervention Training:

  MHD Report: *Please see updated attendance information for CIT provided through our department. Additionally, please see description of West Sacramento program and attendance. It is worth noting that the West Sacramento Police Department will have 100% of their officers trained by the end of February. (See updated stats and West Sacramento information in MHD Report)*

  Discussion: Discussion from the group centered on the training time commitment of West Sacramento Police Department and Yolo County Sheriff of 8 hours versus the 32 hour training POST Certified CIT training, including:

  - There may be a tendency to rely on the SB82 Community Intervention Program mental health clinician rather than attending to the 32 hour training.
  - Davis Police Department and Woodland Police Department have the capability to put staff through 32 hours of CIT training so others should be held to the same standard.
  - Other jurisdictions (San Jose) send new staff immediately to CIT training so it is becoming an industry standard and we can support this effort. The LMHB Goal is to have all law enforcement trained in the 32 hour CIT course.

- 11th Statewide Conference on Integrating Substance Use, Mental Health, and Primary Care Services in our Communities:

  MHD Report: *Karen and Dr. Karen Linkins' presented a workshop entitled, "Patient Centered Care: Confronting Your Own Stigma to Treat the Whole Person". As we move toward becoming a person*

centered system, and changing from fee for service to pay for performance models of reimbursement, we must be mindful of engaging those individuals who are the most challenging. People experiencing co-morbid behavioral health and chronic health conditions deserve to be treated with dignity and respect and require extra time and attention.

Discussion: Brief discussion centered on the continuing stigma associated with substance use disorders and the historical efforts to separate these disorders from mental illness. Funding is representative of this stigma as the amounts are significantly smaller than for other disorders.

- Personnel / Recruitment:

  MHD Report: *We have found another Psychiatrist to fill our consulting specialist position. We are finalizing pre-*employment *screening and expect the candidate to begin the second week in November. Additionally, we met again with a geriatric Psychiatrist and intend to fill this role at 16 hours per week. We have also hired our Cultural Competency/Workforce Education and Training Coordinator and are finalizing the interview process for two Clinical Supervisors.*

  Discussion: None

- Upcoming Trainings:

  MHD Report: *We have several trainings coming up in the near future for staff and contract providers, including* Wellness *Recovery Action Planning, Managing Assaultive Behavior, Question / Persuade / Refer, 5150 Certification, and Culturally and Linguistically Appropriate Services, just to name a few.*

  Discussion: Regarding the 5150 training, the hope is that if we build up our capacity of training clinicians, it will assist law enforcement and hospitals to efficiently hospitalize individuals. 5150 designations are an avenue to treatment but also have a regulatory statue side that is important because it takes away a person's rights. It is delicate balance and the documentation is important to respect the civil rights in the pursuit of taking care of a person.

- Jail / Juvenile Detention Facility (JDF) Services and Oversight:

  MHD Report: *Karen toured the jail and JDF this month and strategized with jail staff in particular about finding space for services in the current facilities. Phoenix House joined us on the tour and may look to providing evening and weekend services as a means for meeting the needs of the individuals in custody. Our* department *continues to provide oversight of the medical and mental health services provided in these facilities. Lieutenant Rademaker is retiring tomorrow after serving this county for decades. He has been a champion of the mentally ill incarcerated in our county. He will be missed and we are happy that LMHB has decided to acknowledge his dedication with a plaque.*

  Discussion: None

- Employee Satisfaction Surveys:

  MHD Report: *As discussed previously, it is our goal to improve employee satisfaction and morale. The department issued our employee satisfaction survey over the summer but had very low participation. Karen went back to the all staff meeting and reinforced that we are truly invested in improving the department and want to* hear *from our employees. We reissued the survey and had 100% of ADMH staff complete it. The majority of the scores are improving and it appears that of the scores that are decreasing, most revolve around our electronic health record.*

  Discussion: Overall there Significant increase in the hope and faith in the leadership

- Blue Shield California Foundation Grant:

  MHD Report: *Our department is participating in a collaborative with Redwood Community Health, Sonoma County, Partnership Health Plan, Beacon Health Strategies, and behavioral health providers to discuss cross system issues and gaps and strategize around ways to ameliorate these. We will have regular conference calls, face-to-face meetings and other opportunities for improving our systems of care.*

Discussion: None

- Upcoming Dates:
  - October 30th: Flu Shot Clinic for Clients
  - November 8th: River Clean Up West Sacramento
  - November 12th : Bridge to Housing Move date
  - November 13th: Health & Human Services Winters Site Grand Opening
  - November 18th – 20th: WRAP Training

b. Health & Human Services (HHS) Integration Update – Karen Larsen shared the following HHS Updates:

- Recruitment for the HHS director position is in process and the plan is to have this position filled by the first of the year.
- The Phased approach (handouts) to the integration was shared and discussed. The Phase II and Phase III organizational charts were reviewed and explained in terms of the concept, timing, and relationship to each other, as well as how programs may be linked together.
- Questions were posed regarding the options for dividing funding sources. Karen confirmed this was part of the considerations in the planning and guiding the effort to first integrate at the leadership level to increase flexibility of funding uses. The Phase III groupings are specifically not focused on funding but rather than populations.
- A survey is anticipated soon and all are encouraged to participate.

9. Chair Report – Bob Schelen shared the following updates with the Board:

a. Committee and Sub-Committee Updates: Bob announced that there will be three committees populated with board members. Since he received no feedback on who wants to participate on which committees, a list or roster will be sent out in the next couple days and feedback was requested. Also included will be the definitions of what the committees are as referenced in the bylaws. The December meeting will allow discussion time of what the specific committee jobs are and which each member wants to sit on. Changes will be entertained via email to Bob.

- James expressed interest in Outreach and Education participation
- Martha was noted as the Chair of the Program Committee
- Bob suggested an amendment to the bylaws to say that members should serve on each committee.
- Tawny asked to be removed from the committee roster.

b. Strategic Plan Review: The next meeting will include a specific review of strategic plan.

c. Long Range Planning Calendar Review: The planning calendar was shared and reviewed for 2015. It was proposed that the listed public forums and committee workshops will stand in place of three meetings.

d. Legislative Report: The legislative matrix was shared with the group and all were invited to review and contact Martha with any questions.

10. Adjournment – The meeting was adjourned at 9: 32 PM

11. Next Meeting Date and Location – Monday, December 1, 2014, 7:00 PM – 9:00 PM in the Arthur F. Turner Community Library Meeting Room at 1212 Merkley Avenue, West Sacramento, CA 95691.

Al Rowlett, CEO
916-364-8395
alrowlett@tpcp.org

Diana White, COO
916-364-8395
dianawhite@tpcp.org

Mila Green, Program Director
530-601-5959
milagreen@tpcp.org

SB-82

Community Intervention Program

SB-82

- Senate Bill 82 – Federal funding for community based crisis intervention
- Yolo County Proposal– A partnership between law enforcement and mental health to provide crisis intervention and follow up linkage or service coordination for those already linked to services.

Implementation

- Turning Point Community Programs to partner with local law enforcement:
  - Yolo County Sheriff
  - Davis Police Department
  - Woodland Police Department
  - West Sacramento Police Department
  - Winters Police Department

Implementation

- Where possible, TPCP Clinicians will be co-located with law enforcement or based as close to law enforcement as possible.
- Coverage in 4 areas:
  - West Sacramento
  - Woodland
  - Davis
  - Unincorporated areas of Yolo County

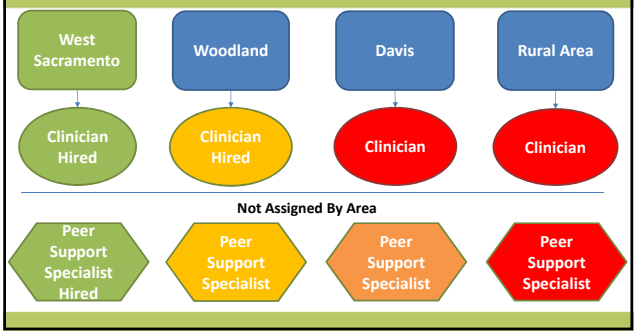
Staffing

- Each area will have an assigned clinician.
- The clinician will accompany law enforcement to respond to calls in which mental health is thought to be a contributing factor

Staffing

- Peer Support Staff will also be assigned to each area, 4 FTE total.
- Information about the emergency responses will be given to a peer support staff so that follow-up about needed linkages/resources can take place.

Where We Are Now



West Sacramento

West Sacramento — Office Space Identified for Clinician. Details of service roll out still being discussed.

Clinician — Will begin ride-alongs with officers 10/29-11/7. Anticipated service start of 11/10. 5150 cert. training on 11/13.

Woodland

Woodland — Office Space Identified for Clinician.

Clinician — Start date of 11/3. Service start to begin after completion of training, mid November. 5150 cert. training on 11/13.

Davis

Davis — Office Space Identified for Clinician.

Clinician — Still recruiting for this position.

Rural Areas

Rural Areas — Office Space Identified for Clinician.

Clinician — Still recruiting for this position.

Other Considerations

Clinicians — Currently interviewing a part-time clinician and may hire a couple to meet the following needs:

- Ability to cover nights that would allow full-time clinicians to have 2 days off in a row.
- Ability to cover sick time, vacation needs of full-time clinicians.

Other Considerations

Rural Areas — An historically low volume of calls may be better met by supportive coverage from another lower call area.

Woodland — An historically high volume of calls may require a 2nd clinician for covering call needs.

Program Goals

- Decreased contact with law enforcement for those struggling with a mental health issue
- Decreased hospitalizations
- Decreased criminal justice involvement by those with an underlying mental health need.
- Better collaboration between mental health and law enforcement

Questions?

Yolo County Department of Health Services

ALCOHOL, DRUG AND MENTAL HEALTH

Local Mental Health Board
Mental Health Director's Report
October 27, 2014

Child Welfare Services (CWS) / Probation Assessment:

On September 24th our department participated in a half day assessment of the juvenile justice and child welfare systems. This was an interdisciplinary process with stakeholders from throughout the county represented. This process occurs every three years and is aimed at identifying gaps in care and areas of improvement for these systems.

Clinical Outcomes Workgroup:

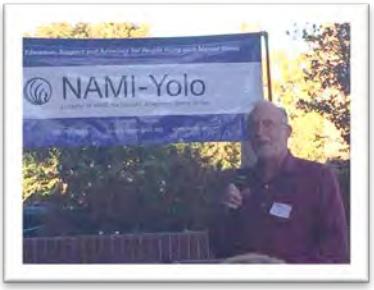
On October 6th the clinical outcomes group met and reviewed the logic models previously created in tandem with an overview of several evidence based or widely accepted outcome measures. We are considering using the CANS and ANSA tools internally and with our contract providers. These tools are in our electronic health record and have several quality of life domains. (See overview of tools)

Mental Health Workshop:

On October 7th Karen provided the Board of Supervisors with a mental health workshop highlighting local data, our continuum of care, gaps in service, accomplishments and plans for the future. We were happy to have some of our LMHB members at the meeting to share their support. (PowerPoint attached)

Mental Illness Awareness Week -NAMI Rally / Interfaith Ceremony:

Our department was pleased to participate in the events tied to mental illness awareness week and coordinated by NAMI. The rally was well attended and uplifting and the interfaith ceremony was inspirational. (See photos)

Homelessness-Bridge to Housing:

Yolo County Board of Supervisors approved $50,000 for the project, with $50,000 matching support by the City of West Sacramento. Yolo County's support services include Employment & Social Services, Health Services, Animal Control, and Environmental Health. The City of West Sacramento's Police Department and City Manager's Office are also supporting the effort. Conrad is the property owner of the private parcel; public parcels are owned by the City of West Sacramento and California State Parks. (See press release)

Suicide Prevention:

We have been offering suicide prevention training countywide to all, including providers. The Suicide Prevention courses we offer are ASIST or Applied Suicide Intervention Skills Training (2 full days); SafeTALK, which is focused more to recognizing signs and symptoms (4 hours); and QPR-Question/Persuade/Refer (1-1/2 to 2 hours). Also, Mental Health First Aid, (Adult and Youth versions) contain a significant suicide prevention component and is an 8 hour course. In January, we will be offering QPR for our staff and contract providers, since it seems to be the most clinician-friendly and takes less than 2 hours of their time.

Law Enforcement, Hospitals, Mental Health:

Our department continues to work toward fostering relationships with those community partners who touch the lives of the people we serve. We recently hosted a meeting with law enforcement, the hospitals and some of our providers to discuss common concerns surrounding mental health crisis intervention in our County and ways we can intervene in the increasing trends in hospitalizations. This group will meet again in December and review several items. Additionally, several staff attended a meeting with Woodland Memorial to work through some of our common areas of disagreement. We will be drafting an MOU and continuing this dialogue.

Crisis Intervention Training:

Please see updated attendance information for CIT provided through our department. Additionally, please see description of West Sacramento program and attendance. It is worth noting that the West Sacramento Police Department will have 100% of their officers trained by the end of February. (See updated stats and West Sacramento information)

11th Statewide Conference on Integrating Substance Use, Mental Health, and Primary Care Services in our Communities:

Karen and Dr. Karen Linkins' presented a workshop entitled, "Patient Centered Care: Confronting Your Own Stigma to Treat the Whole Person". As we move toward becoming a person centered system, and changing from fee for service to pay for performance models of reimbursement, we must be mindful of engaging those individuals who are the most challenging. People experiencing co-morbid behavioral health and chronic health conditions deserve to be treated with dignity and respect and require extra time and attention.

Personnel / Recruitment:

We have found another Psychiatrist to fill our consulting specialist position. We are finalizing pre-employment screening and expect the candidate to begin the second week in November. Additionally, we met again with a geriatric Psychiatrist and intend to fill this role at 16 hours per week. We have also hired our Cultural Competency/Workforce Education and Training Coordinator and are finalizing the interview process for two Clinical Supervisors.

Upcoming Trainings:

We have several trainings coming up in the near future for staff and contract providers, including Wellness Recovery Action Planning, Managing Assaultive Behavior, Question / Persuade / Refer, 5150 Certification, and Culturally and Linguistically Appropriate Services, just to name a few.

Jail / Juvenile Detention Facility (JDF) Services and Oversight:

Karen toured the jail and JDF this month and strategized with jail staff in particular about finding space for services in the current facilities. Phoenix House joined us on the tour and may look to providing evening and weekend services as a means for meeting the needs of the individuals in custody. Our department continues to provide oversight of the medical and mental health services provided in these facilities. Lieutenant Rademaker is retiring tomorrow after serving this county for decades. He has been a champion of the mentally ill incarcerated in our county. He will be missed and we are happy that LMHB has decided to acknowledge his dedication with a plaque.

Employee Satisfaction Surveys:

As discussed previously, it is our goal to improve employee satisfaction and morale. The department issued our employee satisfaction survey over the summer but had very low participation. Karen went back to the all staff meeting and reinforced that we are truly invested in improving the department and want to hear from our employees. We reissued the survey and had 100% of ADMH staff complete it. The majority of the scores are improving and it appears that of the scores that are decreasing, most revolve around our electronic health record.

Blue Shield California Foundation Grant:

Our department is participating in a collaborative with Redwood Community Health, Sonoma County, Partnership Health Plan, Beacon Health Strategies, and behavioral health providers to discuss cross system issues and gaps and strategize around ways to ameliorate these. We will have regular conference calls, face-to-face meetings and other opportunities for improving our systems of care.

Upcoming Dates:

- October 30th: Flu Shot Clinic for Clients
- November 8th: River Clean Up West Sacramento
- November 12th : Bridge to Housing Move date
- November 13th: Health & Human Services Winters Site Grand Opening
- November 18th – 20th: WRAP Training

CLINICAL OUTCOMES MEASURES

Yolo County ADMH
Presented by Resource Development Associates
October 6, 2014

Agenda

- Introductions
- Logic models review
- Outcome measures
- Small group exercises
- Report back
- Wrap-up/next steps

Introductions

3

- Name, role, organization
- What are you hoping to get out of today's session?

Review of Logic Models

4

- Adults
- Youth

Outcomes Measures

5

- What are outcomes measures?
  - Indicators and tools that are used to assess outcomes
  - Define or operationalize what is being measured
- Goal is for all providers to use same set of measures so target outcomes can be compared:
  - Over time
  - Between programs
  - To norms

Why Are Outcome Measures Important?

6

- Standardize the assessment process
- Increase the rigor and credibility of assessment
- Help us to monitor outcomes over time
- Assess whether clinical services are producing desired results

Questions to Ask

7

- What specific indicators are we measuring?
  - E.g. Risk behaviors, addiction severity
- What populations or target groups are we interested in? Has the measure been validated for these populations?
  - E.g. Spanish speakers, adults, youth, LGBT
- How universally used is the measure?
  - Can it be used across lifespan with youth/adults?

Considerations

8

- Cost
- Feasibility
- Effort required
- EHR: What measures are pre-loaded?
- Who can administer the measurement tool?
- How long does it take to complete?
- How is it scored?
- Is there a test and re-test window?

Review of Selected Tools

9

- Standardized
- Evidence based
- Widely used across California

Small Group Exercise

10

- Review logic model and table of outcomes measures
  - Adults
  - Youth
- Questions
  - Which measures do you think are most appropriate for your programs? Why?
- Report back

Wrap-up/Next Steps

11

- What did you learn today?

Questions/Comments?

Rajni Banthia, PhD
rbanthia@resourcedevelopment.net
510-488-3820

Roberta Chambers, PsyD
rchambers@resourcedevelopment.net
510-984-1478

Yolo County Department of Alcohol, Drug and Mental Health
Logic Model for the Adult System of Care

Process			Evaluation Tools	Outcome			Impact
Inputs *What resources are available?*	**Activities** *What services are being offered and by whom?*	**Outputs** *What were the quantifiable results from the activities?*		**Short-Term (1-2 years)** *What did you achieve in the short-term?*	**Intermediate (3-5 years)** *What did you achieve in the intermediate term?*	**Long-Term (6-10 years)** *What did you achieve in the long-term?*	*How did your achievements affect the overall community?*
Staff Resources: • Alcohol, Drug, and Mental Health (ADMH) personnel • Community Based Organization (CBO) personnel • Student Interns, e.g. MSW, BSW, and MFTI • Volunteers • Peers **Funding:** • Mental Health Services Act (MHSA) • Medi-Cal • Medicare • AB109 Realignment • SAMHSA Block Grant funding • Other grants **Facilities/Infrastructure:** • ADMH facilities • CBO facilities • Hours of operation • Technology, e.g. electronic health records (EHR) • Other service sites • Vehicles/vans	**Direct Services:** • Medication management • Case management • Care placement • Outreach • Assessment • Hospitalization • Alternatives to hospitalization, e.g. Crisis Residential Treatment (CRT) and Assertive Community Treatment (ACT) • Therapy (individual and group) • Primary health care • Meaningful activities of daily living • Housing placement • Entitlement enrollment • Health education to individuals • Health education within the community • Early intervention **Professional Development:** • Attend professional development trainings • Attend skill-building trainings • Attend workgroups and other meetings	**Direct Services:** • # of patients enrolled by service and demographic • # of patients by level of acuity/disposition treated by service • # of beds utilized • # of bed days • Average length of stay (LOS) • Discharge disposition • # of outreach encounters • # of outreach events by geography • # of assessments completed • # of patients referred for follow up by service • # of days between initial call and assessment appointment • # of days in between appointments by service • # of patients housed • # of days to process entitlements application • # of information dissemination events attended **Personnel:** • # of training attendees • # of meetings/workgroups attended		**Individual:** • ↓ mental health symptoms/ • ↑ MH recovery • ↑ treatment compliance • ↑ physical health • ↓ substance use • ↓ self-harm behaviors • ↓ hospitalizations • ↑ life skills acquisition • ↑ self-management skills • ↑ connectedness to family • ↑ knowledge about MH symptoms and warning signs • ↓ # of days in jail • ↑ # of people housed • ↑ housing stability / days housed • ↑Satisfaction **Program:** • ↑ staff skills and knowledge level • ↑ access for underserved areas • ↑ treatment compliance • ↑ retention of clients • ↓ ER utilization • ↓ suicide completion rate • ↑ outreach encounters • ↑ outreach events by geography	**Individual:** • ↑ MH recovery • ↑ family stability • ↓ hospitalizations • ↓ # of days in jail • ↑ # of people housed • ↑ knowledge about MH symptoms and warning signs • ↑ employment/ meaningful involvement in the community **Program:** • ↑ access for underserved areas and populations • ↑ retention of clients • ↑ family reunification **System:** • ↓ ER costs • ↓ jail recidivism rate • ↓ homelessness • ↑ quality of life indicators o Mental health, family, legal, et al. • ↑ staff skill and knowledge level • ↓ stigma related to mental health and substance use • ↑ wellness and recovery orientation	**Individual:** • ↑ MH recovery • ↑ knowledge about MH symptoms and warning signs • ↑ staff skill and knowledge level • ↑ employment/ meaningful involvement in the community **Program:** • ↑ program/ treatment completion • ↑ family reunification **System:** • ↑ quality of life indicators o Mental health, family, legal, et al. • ↓ stigma related to mental health and substance use • ↑ wellness and recovery orientation	Clients who receive treatment services and recovery supports experience positive changes in their mental health that contribute to their self-sufficiency in multiple domains, including: • Mental health • Substance use • Physical health • Housing • Employment • Income • Family relations/ parenting • Social relations • Education • Life skills • Community involvement • Safety The local mental health system contributes to client success by being accessible, warm, welcoming, engaging, culturally relevant, and integrated throughout. • ↓ stigma related to mental health and substance use

Yolo County Department of Alcohol, Drug and Mental Health
Logic Model for the Adult System of Care

Process			Evaluation Tools	Outcome			Impact
Inputs *What resources are available?*	**Activities** *What services are being offered and by whom?*	**Outputs** *What were the quantifiable results from the activities?*		**Short-Term (1-2 years)** *What did you achieve in the short-term?*	**Intermediate (3-5 years)** *What did you achieve in the intermediate term?*	**Long-Term (6-10 years)** *What did you achieve in the long-term?*	*How did your achievements affect the overall community?*
Community Partnerships: • Health Services • Department of Employment and Social Services (DESS) • Provider network • Health and Human Services (HHS) Workgroup • National Alliance on Mental Illness (NAMI) representatives • Advisory Board representatives • Local Mental Health Board (LMHB) representatives	**Systems Level:** • Identification of needed services • Identification of needed personnel • Coordination of data and information within ADMH • Update billing systems • Process contracts and Memorandums of Understanding (MOUs)	**Systems Level:** • Identification of needed services • Identification of needed personnel • Coordination of data and information within ADMH • Update billing systems • Process contracts and Memorandums of Understanding (MOUs) o # of contracts/MOUs o Length of time		**System:** • ↓ ER costs • ↓ jail recidivism rate • ↓ homelessness • ↑ quality of life indicators o Mental health, family, legal, et al. • ↑ training opportunities • ↑ wellness and recovery orientation • ↑ data available for decision making • % using evidence-based practices			

Yolo County Department of Alcohol, Drug and Mental Health
Logic Model for Youth Mental Health Treatment Services

Process			Evaluation Tools	Outcome			Impact
Inputs *What resources are available?*	**Activities** *What services are being offered and by whom?*	**Outputs** *What were the quantifiable results from the activities?*		**Short-Term (1-2 years)** *What did you achieve in the short-term?*	**Intermediate (3-5 years)** *What did you achieve in the intermediate term?*	**Long-Term (6-10 years)** *What did you achieve in the long-term?*	*How did your achievements affect the overall community?*

Staff Resources:
• Alcohol, Drug, and Mental Health (ADMH) personnel
• Student interns, e.g. MSW, BSW, and MFTI
• Program supervisors and managers
• Volunteers
• Family Partners
 	
Funding:
• Mental Health Services Act (MHSA)
• Medi-Cal
• Medicare
• SAMHSA Block Grant funding
• Other grants
 	
Facilities/Infrastructure:
• ADMH Facilities
• CBO facilities
• Hours of operation
• Technology, e.g. electronic health records (EHR)
• Other sites
• Vehicles/vans
 	
Community Partnerships:
• Health Services
• Department of Employment and Social Services (DESS)
• Provider network
• Health and Human Services (HHS) Workgroup
	Direct Services:
	• Inpatient, residential, or hospital services
	• Individual therapy
	  o Trauma-focused Cognitive Behavioral Therapy (TF-CBT)
	  o Art/play/sand tray therapy
	• Rehabilitation services
	• Family therapy
	  o Parent-child Interaction Therapy (PCIT)
	  o Family Focused Therapy
	  o Incredible Years
	• Group Therapy
	  o Transition Age Youth Center
	  o Cognitive Behavioral Interventions for Substance Abuse (CBI-SA)
	• Restorative justice
	• Trauma-informed care
	  o Schools in Yolo County
	• Screening and assessment
	• Community outreach and education
	
	Professional Development:
	• Attend professional development trainings
	• Attend skill-building trainings
	• Attend workgroups and other meetings
	
	Systems Level:
	• Identification of needed services
	• Identification of needed personnel
	• Coordination of data and information within ADMH
	• Update billing systems
	• Process contracts and Memorandums of Understanding (MOUs)
	  o # of contracts/MOUs
	  o Length of time
		Direct Services:
		• # of services utilized
		• # of children/youth enrolled by service and demographic
		• #/% successful completion
		• Cost per person served
		• # of clients served within their community / from outlying areas
		• # of non-English speaking clients served
		• Locations of service delivery
		
		Personnel:
		• # of training attendees
		• # of meetings/workgroups attended
		
		Systems Level:
		• # of Needed services identified
		• # of Personnel needed identified
		• Data/information coordinated within ADMH
		• Billing codes/systems updated
		• Contracts/MOUS processed
		• % using evidence-based practices
				Individual:
				• ↓ behavior problems / self-harm behaviors
				• ↓ mental health Symptoms
				• ↓ hospitalizations
				• ↑ life skills
				• ↓ suspensions / expulsions from school
				• ↑ academic performance
				
				Program:
				• ↑ access for underserved areas and populations
				• ↑ treatment compliance
				• ↑ retention of clients
				• ↓ out-of-home placement / incarceration
				• ↑ % of program completion
				
				System:
				• ↓ recidivism
				• ↑ family stability
				• ↑ in quality of life indicators
				  o Mental health, family, legal, et al.
					Individual:
					• ↓ behavior problems / self-harm behaviors
					• ↓ hospitalizations
					• ↑ life skills
					• ↑ academic performance
					
					Program:
					• ↓ out-of-home placement / incarceration
					• ↑ treatment compliance
					• ↑ retention of clients
					
					System:
					• ↑ family stability
					• ↓ stigma related to mental health and substance use
					• ↑ in quality of life indicators
					  o Mental health, family, legal, et al.
						Individual:
						• ↑ in high school graduation rate
						• ↓ in school dropout rate
						
						Program:
						• ↑ % of program completion
						• ↓ out-of-home placement / incarceration
						
						System:
						• ↑ family stability
						• ↓ stigma related to mental health and substance use
						• ↑ in quality of life indicators
						  o Mental health, family, legal, et al.
							Clients who received treatment services experience positive changes in their mental health that contribute to academic performance, decrease involvement in the criminal justice system, lead to positive social relationships, and promote a more stable home-life.
							
							The local mental health system contributes to client success by being accessible, warm, welcoming, engaging, culturally relevant, and integrated throughout
							• ↓ stigma related to mental health and substance use

Client Outcome Measurement Tool Inventory: Adults

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Addiction Severity Index	The Addiction Severity Index (ASI) is a semi-structured interview for substance abuse assessment and treatment planning. The ASI is designed to gather valuable information about areas of a client's life that may contribute to their substance-abuse problems.	**Population:** • Adults • Adult criminal justice populations **Languages:** • English • Spanish • Various different languages	• Addiction severity • Identification of contributing factors	• Interviewer / clinician administered	45-60 minutes	Data collected in two parts: Lifetime severity and a 30 day composite	30 days	Private
Adult Needs and Strengths Assessment	The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult's behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.	**Population:** • Adults • Older adults • Family members • Caregivers • Normed for urban/rural, all genders, and diverse racial and ethnic groups **Languages:** • English • Spanish	• Life functioning • Strengths • Acculturation • Mental health needs • Risk behaviors • Caregiver strength and needs	• Interviewer / clinician administered	20-30 min	4-point scale	Questions reflect past 30 days.	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
ASAM Criteria	The ASAM criteria, also known as the ASAM patient placement criteria is a national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. The criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.	**Population:** • Adults • Adolescents • Co-occurring populations **Languages:** • English	• Level of care • Intensity of treatment • Biomedical / psycho-social conditions and complications	• Interviewer / clinician administered	110 minutes	Six assessment dimensions. Requires purchase of ASAM software to utilize/ score	N/A	Private
Brief Psychiatric Rating Scale (BPRS)	BPRS is rating scale to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behavior. It has proven particularly valuable for documenting the efficacy of treatment in patients who have moderate to severe disease.	**Population:** • Clients with moderate to severe mental illness **Languages:** • English • Spanish	• Psychiatric symptoms • Efficacy of treatment	• Interviewer / clinician administered	20-30 minutes	Each symptom is rated 1-7 and depending on the version between a total of 18-24 symptoms are scored.	6 Months	Public
Brief Symptom Inventory (BSI)	The Brief Symptom Inventory (BSI) test provides a short version of the SCL-90-R instrument to quickly measure psychological symptoms.	**Population:** • Adult • Adolescents **Languages:** • English • Spanish	• Psychological Symptoms	• Client/Patient self-reported	8-10 minutes	5 point rating scale	N/A	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Clinician Activation Measure	The Clinician Activation Measure (CS-PAM), adapted from the Patient Activation Measure (PAM), assesses a clinician's beliefs about patient self-management. Research shows the CS-PAM to be a reliable measurement tool that can assess and differentiate clinicians on their beliefs and attitudes about the importance of patient self-management competencies and behaviors. Clinicians more supportive of patient activation have shown to translate this belief system into their clinical work.	**Population:** • Clinicians **Languages:** • English	• Clinician's beliefs of patient self-management	• Clinician self-report	5-10 minutes	14 item survey scored on 4 item scale	N/A	Private
Consumer Assessment of Health Providers and Systems	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of patient surveys rating health care experiences. The surveys are available in the public domain and focus on healthcare quality aspects that patients find important and are well equipped to assess. Results are used by Medicare in determining Diagnostic Related Group payment for each hospital.	**Population:** • Consumers and Patients **Languages:** • English • Spanish	• Client satisfaction • Experience of care • Accessibility • Decision making involvement • Coordination of care	• Client/Patient self-reported • Interviewer / clinician administered	Varies based on survey	CAHPS can measure a variety of indicators. The number of items dependent on survey measures. Most items are scored on a 4-point scale. Results are submitted to the CAHPS database for analysis and comparison.	Varies	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Consumer Recovery Outcomes System (CROS)	Consumer Recovery Outcomes System (CROS) was Designed to help guide quality improvement efforts. Program evaluation reports can benchmark program effectiveness, monitor the impact of clinical or quality improvement initiatives, and collect needs assessment data.	**Population:** • Adults with severe mental illness **Languages:** • English	• Level of recovery • Symptom severity • Quality of life	• Client/Patient self-reported • Interviewer / clinician administered	10-15 minutes	28 items across 4 domains: • Hope for the future • Daily functioning • Coping with clinical symptoms • Quality of life	N/A	Private
Generalized Anxiety Disorder 7 (GAD-7)	Generalized Anxiety Disorder 7 (abbreviated as GAD-7) is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD).	**Population:** • Adults • Adolescents **Languages:** • English • Spanish • Various different languages	• Assessment for GAD • Symptom severity	• Client/Patient self-reported • Interviewer / clinician administered	5 minutes	7 items scored on a 4-point scale	Questions reflect past two weeks. Follow up as needed	Public
Illness Management Recovery Scale (IMR)	The Illness Management and Recovery (IMR) scale was created to measure recovery outcomes produced by the IMR program. However, many other mental health care programs are now designed to impact recovery-oriented outcomes, and the IMR has been identified as a potentially valuable measure of recovery-oriented mental health outcomes.	**Population:** • Adults with severe mental illness **Languages:** • English • Spanish	• Recovery-oriented mental health outcomes • Efficacy of treatment or intervention	• Client/Patient self-reported • Interviewer / clinician administered	10 minutes	15 items rate by 5-point behaviorally anchored scales	6 months	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Internet Mental Health Quality of Life Scale	The Internet Mental Health Quality of Life Scale is a measure of an individual's quality of life. It measures social and occupational functioning, mental health, physical health, and progress.	**Population:** • Adults with moderate to severe mental illness • Adults with substance use disorder **Languages:** • English	• Psychological Symptoms • Behavioral Symptoms	• Client/Patient self-reported	10-15 minutes	Three-point scale for 78 items:	N/A	Public
Lawton Instrumental Activities of Daily Living (IADL)	The Lawton Instrumental Activities of Daily Living (IADL) Scale assesses a person's ability to perform tasks such as using a telephone, doing laundry, and handling finances. The scale may provide an early warning of functional decline or signal the need for further assessment.	**Population:** • Older adults (non-institutionalized) • Homebound adults **Languages:** • English • Spanish	• Self sufficiency • Cognitive and physical functioning	• Client/Patient self-reported • Interviewer administered • Caregiver-proxy administered	10-15 minutes	Eight-point summary score based on highest level of functioning in each category	Follow-up as needed	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Mental Health Inventory (MHI)	Mental Health Inventory (MHI) is a method for evaluating mental health issues such as anxiety, depression, behavioral control, positive effect, and general distress. This instrument helps in the measure of overall emotional functioning.	**Population:** • Adults **Languages:** • English • Spanish	• Emotional functioning	• Client/Patient self-reported	5-10 minutes	8 items in which the respondent uses a 6-point Likert-style response. The scoring system for the MHI is relatively complex and generates a total score as well as subscale scores for anxiety, depression, behavior control, and positive affect.	Measures past 30 days	Public
Milestones of Recovery Scale (MORS)	The Milestones of Recovery Scale (MORS) is an effective evaluation tool for tracking the process of recovery for individuals with mental illness. The system is based on assessing the consumer's status on three distinct variables: • level of risk • Level of engagement • Level of skills and supports	**Population:** • Individuals with moderate to severe mental illness • Not normed with diverse populations **Languages:** • English	• Level of recovery	• Staff/ Clinician Administered		Based on where they fall on these three variables, consumers are assigned to a stage of recovery ranging from "extreme risk," all the way up to "advanced recovery."	Frequently	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Patient Health Questionnaire (PHQ-9)	The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. It can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response.	**Population:** • General client population • Adolescents • Proven effective in geriatric population **Languages:** • Available in a variety of language	Depression and Depression severity Suicidality Efficacy of treatment or intervention	• Client/Patient self-reported • Staff/ Clinician Administered	5-10 minutes	9 items to detect depression and assess severity. Each items is rated on 3 point scale. The total of all 9 items provides depression severity.	Follow-up as directed by treatment plan	Public
Patient Activation Measure	The Patient Activation Measure® (PAM®) assessment gauges the knowledge, skills and confidence essential to managing one's own health and healthcare. The PAM assessment segments consumers into one of four progressively higher activation levels. Each level addresses a broad array of self-care behaviors and offers deep insight into the characteristics that drive health activation. A PAM score can also predict healthcare outcomes including medication adherence, ER utilization and hospitalization.	**Population:** • Adult patients • Patients with chronic conditions • Individuals engaged in prevention efforts **Languages:** • English	• Patient's attitudes and beliefs about health • Capacity for self-management	• Client/Patient self-reported • Staff/ Clinician Administered	5-10 minutes	22 item (13 on short version) scored on 4-point scale. Can by scored by clinician.	N/A	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
PROMIS System	The Patient Reported Outcomes Measurement Information System (PROMIS) provides clinicians and researchers access to reliable, valid, and flexible measures of health status that assess physical, mental, and social well–being from the patient perspective. PROMIS measures are standardized, allowing for assessment of many patient-reported outcome domains based on common metrics that allow for comparisons across domains, across chronic diseases, and with the general population.	**Population:** • Adults • Children • Parents (Proxy Reporting) **Languages:** • English • Spanish	• Depression • Anxiety • Anger • Alcohol Use, consequences, & expectations • Psychosocial illness impact • Self-efficacy • Smoking	• Client/Patient self-reported • Staff/ Clinician Administered	Length of time depends on the number of domains	PROMIS instruments employ 5 response items for each question or statement. Scoring can be done through PROMIS Assessment Centers.	Follow-up determined by instrument	Private
Psychological General Well Being Index (PGWBI)	The PGWBI is a 22-item health-related Quality of Life (HRQoL) questionnaire US which produces a self-perceived evaluation of psychological well-being expressed by a summary score. There is also a shorter validated version of the questionnaire (PGWBI-S)	**Population:** • General adult Population • Validated across a variety of cultural groups and patient populations **Languages:** • Russian • Spanish	• Well-being • General Health • Level of Recovery	• Client/Patient self-reported • Interviewer administered	5-10 minutes	22 items rated on a 6 point scale with 110 point maximum. Higher scores represent greater well-being.	30 days	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Self Sufficiency Matrix	The self-sufficiency matrix is an assessment and outcome measurement tool. This impact measurement tool has 25 individual scales, each measuring observable change in some aspect of self-sufficiency.	**Population:** • Adults • Homeless adults **Languages:** • English	• Housing stabilization • Permanent housing retention /stabilization • Self-sufficiency	• Client/Patient self-reported • Interview/ Observation administered	10 minutes	25 items measure on a 5 point scale ("in-crisis to "thriving")	Every 6 months	Public
Social Functioning Scale (SFS), ~50.	The SFS is a reliable measure designed to enable assessment of social functioning, relevant to the needs and impairments of individuals with schizophrenia. This assessment has two parts: one for patient and another for a family member or caregiver	**Population:** • Adults with Schizophrenia **Languages:** • English	• Intervention efficacy • Behavioral impairments • Recovery level / Self-efficacy	• Client/Patient self-reported • Caregiver-proxy reported	20-30 minutes	76 items for individual; 72 for family/caregiver. Scoring is conducted using scale provided with assessment	Every 3 months	Public
Symptom Checklist 90 (SCL-90 / -R)	The Symptom Checklist-90-R (SCL-90-R) is designed to evaluate a broad range of psychological problems and symptoms of psychopathology. It is also used in measuring the progress and outcome of psychiatric and psychological treatments or for research purposes.	**Population:** • Adults • Adolescents (13 and older) **Languages:** • English	• Psychological symptoms • Changes in symptoms • Intervention / treatment effectiveness	• Client/Patient self-reported	12-15 minutes	90 items 5-point rating scale. Require scoring software or mail-in scoring service provided by Pearson Clinical	As needed	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
World Health Organization Quality of Life Scale (WHOQOL)	The World Health Organization Quality of Life (WHOQOL) was to developed as an international cross-culturally comparable quality of life assessment instrument. It assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns.	**Population:** • Adults **Languages:** • English • Spanish • 20 different languages	• Physical health • Psychological health • Social relationships • Environment	• Client/Patient self-reported • Interview/ Observation administered	10-15 minutes	26 items scored on a 5 point scale.	2 week recall time	Public

Client Outcome Measurement Tool Inventory: Children, Adolescents, and TAY

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
ASAM Criteria	The ASAM criteria, also known as the ASAM patient placement criteria is a national set of criteria for providing outcome-orientated and results-based care in the treatment of addiction. The criteria is the most widely used and comprehensive set of guidelines for placement, continued stay and transfer/discharge of patients with addiction and co-occurring conditions.	**Population:** • Adults • Adolescents • Co-occurring populations **Languages:** • English	• Level of care • Intensity of treatment • Biomedical / psycho-social conditions and complications	• Interviewer / clinician administered	110 minutes	Six assessment dimensions. Requires purchase of ASAM software to utilize/ score	N/A	Private
Brief Psychiatric Rating Scale (BPRS-C)	BPRS-C is rating scale for children and adolescents to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behavior. It has proven particularly valuable for documenting the efficacy of treatment in patients who have moderate to severe disease.	**Population:** • Clients (children) with moderate to severe mental illness **Languages:** • English • Spanish	• Psychiatric symptoms • Efficacy of treatment	• Interviewer / clinician administered	20-30 minutes	Each symptom is rated 1-7 and depending on the version between a total of 18-24 symptoms are scored.	6 Months	Public
Brief Symptom Inventory (BSI)	The Brief Symptom Inventory (BSI) test provides a short version of the SCL-90-R instrument to quickly measure psychological symptoms.	**Population:** • Adult • Adolescents **Languages:** • English • Spanish	• Psychological Symptoms	• Client/Patient self-reported	8-10 minutes	5 point rating scale	N/A	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Child and Adolescent Needs and Strengths (CANS)	The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services.	**Population:** • Children and Adolescents • TAY • Normed for diverse populations and LGBTQ Populations **Languages:** • English • Portuguese • Spanish	• Psychological symptoms • Risk behaviors • Developmental functioning • Family functioning	• Interviewer / clinician administered	10 minutes	41 items scored on a 4-point scale	Questions reflect the past 30 days	Public
Clinician Activation Measure	The Clinician Activation Measure (CS-PAM), adapted from the Patient Activation Measure (PAM), assesses a clinician's beliefs about patient self-management. Research shows the CS-PAM to be a reliable measurement tool that can assess and differentiate clinicians on their beliefs and attitudes about the importance of patient self-management competencies and behaviors. Clinicians more supportive of patient activation have shown to translate this belief system into their clinical work.	**Population:** • Clinicians **Languages:** • English	• Clinician's beliefs of patient self-management	• Clinician self-report	5-10 minutes	14 item survey scored on 4 item scale	N/A	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Consumer Assessment of Health Providers and Systems, Child Version	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a series of patient surveys rating health care experiences. The surveys are available in the public domain and focus on healthcare quality aspects that patients find important and are well equipped to assess. Results are used by Medicare in determining Diagnostic Related Group payment for each hospital.	**Population:** • Consumers and Patients **Languages:** • English • Spanish	• Client satisfaction • Experience of care • Accessibility • Decision making involvement • Coordination of care	• Client/Patient self-reported • Interviewer / clinician administered	Varies based on survey	CAHPS can measure a variety of indicators. The number of items dependent on survey measures. Most items are scored on a 4-point scale. Results are submitted to the CAHPS database for analysis and comparison.	Varies	Public
Generalized Anxiety Disorder 7 (GAD-7)	Generalized Anxiety Disorder 7 (abbreviated as GAD-7) is a self-reported questionnaire for screening and severity measuring of generalized anxiety disorder (GAD).	**Population:** • Adults • Adolescents **Languages:** • English • Spanish • Various different languages	• Assessment for GAD • Symptom severity	• Client/Patient self-reported • Interviewer / clinician administered	5 minutes	7 items scored on a 4-point scale	Questions reflect past two weeks. Follow up as needed	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Internet Mental Health Quality of Life Scale	The Internet Mental Health Quality of Life Scale is a measure of an individual's quality of life. It measures social and occupational functioning, mental health, physical health, and progress.	**Population:** • Adults with moderate to severe mental illness • Adults with substance use disorder **Languages:** • English	• Psychological Symptoms • Behavioral Symptoms	• Client/Patient self-reported	10-15 minutes	Three-point scale for 78 items:	N/A	Public
Patient Health Questionnaire (PHQ-9)	The PHQ-9 is the nine item depression scale of the Patient Health Questionnaire. It can be a powerful tool to assist clinicians with diagnosing depression and monitoring treatment response.	**Population:** • General client population • Adolescents • Proven effective in geriatric population **Languages:** • Available in a variety of language	Depression and Depression severity Suicidality Efficacy of treatment or intervention	• Client/Patient self-reported • Staff/ Clinician Administered	5-10 minutes	9 items to detect depression and assess severity. Each items is rated on 3 point scale. The total of all 9 items provides depression severity.	Follow-up as directed by treatment plan	Public

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
PROMIS System	The Patient Reported Outcomes Measurement Information System (PROMIS) provides clinicians and researchers access to reliable, valid, and flexible measures of health status that assess physical, mental, and social well–being from the patient perspective. PROMIS measures are standardized, allowing for assessment of many patient-reported outcome domains based on common metrics that allow for comparisons across domains, across chronic diseases, and with the general population.	**Population:** • Adults • Children • Parents (Proxy Reporting) **Languages:** • English • Spanish	• Depression • Anxiety • Anger • Alcohol Use, consequences, & expectations • Psychosocial illness impact • Self-efficacy • Smoking	• Client/Patient self-reported • Staff/ Clinician Administered	Length of time depends on the number of domains	PROMIS instruments employ 5 response items for each question or statement. Scoring can be done through PROMIS Assessment Centers.	Follow-up determined by instrument	Private
Symptom Checklist 90 (SCL-90 / -R)	The Symptom Checklist-90-R (SCL-90-R) is designed to evaluate a broad range of psychological problems and symptoms of psychopathology. It is also used in measuring the progress and outcome of psychiatric and psychological treatments or for research purposes.	**Population:** • Adults • Adolescents (13 and older) **Languages:** • English	• Psychological symptoms • Changes in symptoms • Intervention / treatment effectiveness	• Client/Patient self-reported	12-15 minutes	90 items 5-point rating scale. Require scoring software or mail-in scoring service provided by Pearson Clinical	As needed	Private

Measurement Tool	Description	Population/ Languages	Indicators	Who Can Administer	Length	Scoring	Test/retest Window	Public/Private Domain
Youth Outcome Questionnaire	The Youth Outcome Questionnaire is a collection of questions designed to collect data regarding the effectiveness of youth therapies. The Y-OQ is a parent report measure of treatment progress for children and adolescents (ages 4 – 17) receiving mental health interventions. The Y-OQ–SR is an adolescent self-report measure appropriate for ages 12 – 18.	**Population:** • Children • Adolescents **Languages:** • English • Spanish	• Interpersonal distress • Somatic • Interpersonal relationships • Critical items (suicide, hallucinatory) • Social problems • Behavioral Dysfunction	• Client/Patient self-reported	10 minutes	64 self-reported items, with 5-point scales responses	Administered Every 6 months	Private

Yolo County
Department of Health Services
Alcohol, Drug and Mental Health Branch

MENTAL HEALTH WORKSHOP

BOARD OF SUPERVISORS OCTOBER 7, 2014

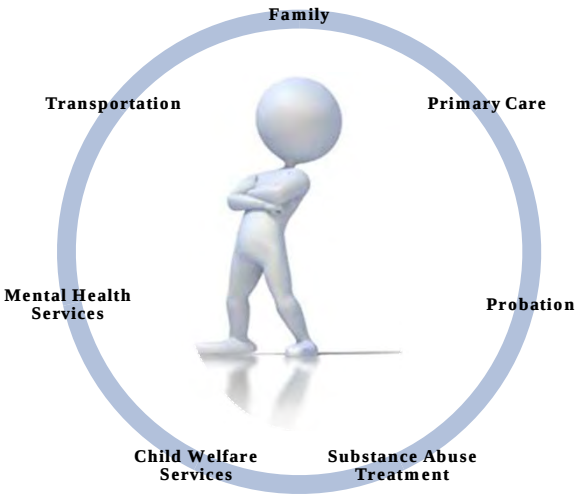
Mental Health Workshop Objectives

- Increase knowledge of local services
- Understand gaps in services
- Increase knowledge of local data
- Understand strategies and resources necessary to bridge gaps

Continuum of Care

Adult and Children System of Care

- Family
- Primary Care
- Housing / Food
- Substance Abuse Treatment
- Child Welfare Services
- Probation
- Mental Health Services
- Transportation

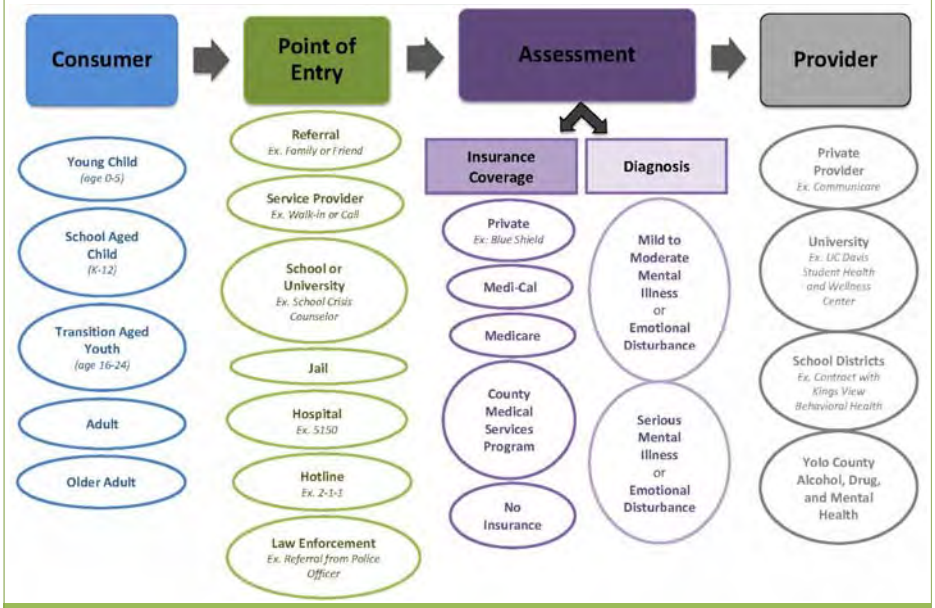


Therapeutic Continuum of Care

Client and family members are engaged at **every** level, in **every** decision.

Depending on the severity of mental health needs and/or substance abuse issues, an appropriate level of care will be determined by the care team along with **client and their family**.

Moving Through the Mental Health System in Yolo County



Local Data

Adult System of Care	Children System of Care
• Incarcerated Mentally Ill • Hospitalization Trends • Crisis Residential Trends • Residential, Board & Care, • Institutions for Mental Disease	• Juvenile Detention Facility • Hospitalization • Group Home Placements • Child Welfare Service Involvement

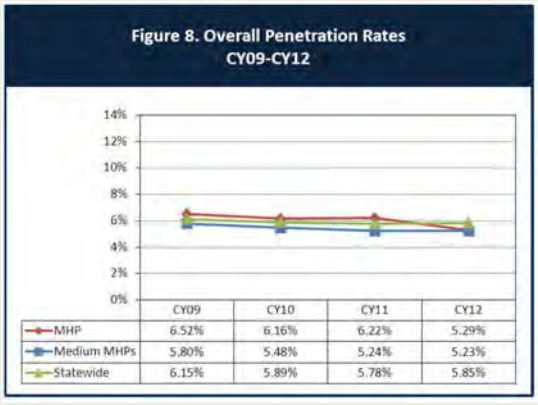
Prevalence of Need and Penetration Rates

Prevalence Rates represent the number of people with Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED).

Prevalence of Need	Total Population			ADMH Target Population		
	Cases	Pop.	%	Cases	Pop.	%
Yolo County: SMI - All Ages	10,199	199,407	%5.11	5,360	70,111	%7.64
Yolo County: Broad - All Ages	28,266	199,407	%14.18	13,737	70,111	%19.59
California: SED – Children	714,431	9,447,051	%7.56	367,257	4,122,927	%8.91
California: SMI- All Ages	1,178,513	27,514,613	%4.28	615,555	8,002,878	%7.69
California: Broad Mental Health – All Ages	4,361,574	27,514,613	%15.85	1,892,195	8,002,878	%23.64

Penetration Rates

Penetration rates tell us how many people we are serving compared to how many people are in need of services.



- Calculated by dividing the number of individuals estimated to have SMI/SED by the number of people who actually receive public mental health services.

Who We Serve

ADMH Adult Services

- 1,558 adults served
- 22, 341 hours of service provided

ADMH Children Services

- 498 of children served
- 7,004 hours of service provided

*Information reflects fiscal year 13/14

Who Our Providers Serve

Contracted Mental Health Services by Provider and Program

Adults

Turning Point Community Programs
- Assertive Community Treatment
  - 64 Clients Served
  - 6,750 Visits
- Free To Choose
  - 104 Clients Served
  - 1,028 Units
- Pine Tree
  - 36 Clients Served
  - 3,012 Visits

Yolo Community Care Continuum
- 713 Clients Served
- 8,602 Visits

Yolo Family Service Agency
- 71 Clients Served
- 504 Sessions

CommuniCare Health Centers
- 1,967 served
- 6,551 Visits

Suicide Prevention Crisis Line
- 3,737 Clients Served
- Survivor Support Groups

Children

Turning Point Community Programs
- Therapeutic Behavioral Services /Community Based Services
  - 33 Clients Served
  - 1,105 Units

Yolo Family Service Agency
- 111 Served
- 3426 Sessions

CommuniCare Health Centers
- 235 Served
- 2,894 Visits

Suicide Prevention Crisis Line
- 1,320 Clients Served
- School Programming/Survivor Support groups

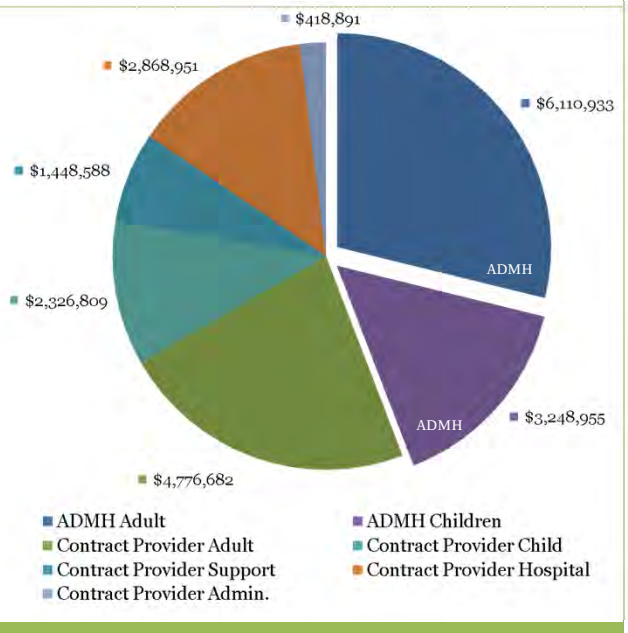
ADMH Levels of Care

Number of Clients Served vs. Resources Spent FY 13/14

• State Hospitalization	2 Clients	$237,250 Per Client	• Total: $474,500
• Skilled Nursing Facilities	4 Clients	$3,553 Per Client	• Total: $14,210
• Institutions for Mental Disease	21 Clients	$57,883 Per Client	• Total: $1,215,540
• Short Term Hospitalization	51 Clients	$8,644 Per Client	• Total: $440,817
• Residential, Group Homes, Board & Care	144 Clients	$7,319 Per Client	• Total: $1,053,956
• Outpatient	2, 237 Clients	$3,564 Per Client	• Total: $7,971,746
• Prevention & Early Intervention	8,304 Clients	$174 Per Client	• Total: $1, 448,093

Fiscal Year 2014-2015 Budget

Mental Health Treatment Breakdown for Adults and Children



*Information reflects fiscal year 14/15 requested budget.

Gaps

- MHSA Stakeholder Process
- Local Mental Health Board
- Yolo Leaders Forum
- Mental Health Planning Community Forum

Mental Health Planning Council Community Dialogue

California Mental Health Planning Council (CMHPC)

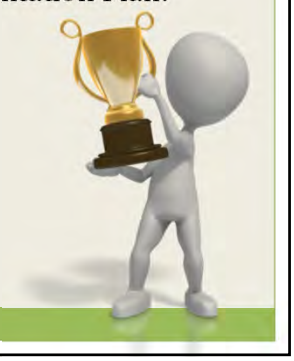
- CMHPC is a mental health advisory body to state and local government, the Legislature, and residents of California.
- CMHPC evaluates California's system of mental health care.

Community Dialogue on Mental Health – September 10th 2014 in Woodland

- 50+ people in attendance representing consumers, family members, county staff, contract providers, law enforcement, courts and other counties.
- Suggestions and focused discussion surrounding:
  - System Improvements
  - MHSA Services
  - ADMH FY 14/15 strategic initiatives
  - Public and private mental health delivery systems gaps

Fiscal Year 13/14 Accomplishments & Innovations

- Implementation of Laura's Law / Assisted Outpatient Treatment: *Tactical Plan Goals 4 & 5*
- Implementation of Mental Health Court: *Tactical Plan Goals 1, 3, 4 & 5*
- MHSA Stakeholder Process & 3-Year Implementation Plan: *Tactical Plan Goals 4 & 5*
- Affordable Care Act Implementation: *Tactical Plan Goals 3, 4 & 8*



Fiscal Year 14/15 ADMH Strategic Plan Goals

Goal 1: To partner with the people we serve to improve satisfaction, engagement and health outcomes. *Tactical Plan Goal 4G, 4A, 4I*

Goal 2: To partner with employees to improve satisfaction, retention and services. *Tactical Plan Goal 4E*

Goal 3: To partner with contract providers and community to increase trust and improve the care of consumers. *Tactical Plan Goal 4H*

Goal 4: To partner with the people we serve, contract providers and the community to improve the quality of mental health and substance use disorder services provided throughout Yolo County. *Tactical Plan Goal 4B, 4G, 4E, 4F, 4A, 4H*

Goal 5: To partner with county leaders and contract providers to ensure financial sustainability while maintaining high quality, efficient services. *Tactical Plan Goal 4A, 4B, 4H*

Fiscal Year 14/15 Key Initiatives

- Goal 4: Enhance & Sustain the Safety Net
  - Improved access to care – "front door", psychiatric access, productivity
  - Implementation of Evidence Based Practices and Outcome Measures
  - Increase efficiencies in scheduling practices,
- Goal 5: Preserve & Ensure Safe and Crime Free Communities
  - Community Based Crisis Response Program – SB82
  - Increased services to incarcerated populations
  - Planned assessment pilot project for AB109 population

Questions

Therapeutic Continuum of Care

– CRISIS AND TRIAGE SERVICES–	– MENTAL HEALTH SERVICES –
24-Hour Crisis and Access Line Crisis Triage Services SB82 - Community Based Crisis Response Daily Triage and Assessment for Services Appointments	Psychiatric and Nursing Services Staff Clinicians Children's Systems of Care Adult Systems of Care

– CLINIC LOCATIONS –

Woodland	Davis	West Sacramento
Mon. – Fri. 8 AM to 5 PM (530) 666-8630 137 N. Cottonwood St., Ste. 1500 Woodland, CA 95695	Mon. & Wed. 8 AM to 5 PM (530) 757-5530 600 A St. Davis, CA 95616	Tue., Thu, & Fri. 8 AM to 5 PM (916) 375-6350 500B Jefferson Blvd. West Sacramento, CA 95605

– ADMH THERAPEUTIC CONTINUUM OF CARE –

Client and family members are engaged at every level, in every decision.
Depending on the severity of mental health needs and/or substance abuse issues,
an appropriate level of care will be determined by the care team along with client and their family.

	Prevention	Mild to Moderate	Serious Conditions
Mental Health	• Prevention & Early Intervention • Urban and Rural Residential • Mental Health First Aid • Crisis Intervention Training (CIT) • Friday Night Live (FNL) • SafeTalk / Assist	• Yolo Family Service Agency (YFSA) • CommuniCare Health Centers • Beacon	• Psychiatric Oversight and Treatment • Turning Point Community Programs • Safe Harbor / Crisis Residential • Board & Care • Institutions for Mental Disease (IMD) • Hospitalizations
Substance Use	• Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Primary Care Setting	• Outpatient Substance Abuse Treatment of 4 to 9 Months (TPCP, CCHC) • Brief Intervention of 6 to 8 Visits with Behavioral Health Specialist • Smoke Less • Adolescent Youth Treatment	• Intensive Outpatient Program • Residential Treatment of 3 to 6 Months • Detox
Primary Care	• Physical Examination • Health Screenings • Health Prevention • Lab Work • Immunizations / Flu Shots	• Chronic Disease Management • Health Education • Regular Appointments • Dental Care	• Referrals for Specialty Care • HIV Case Management Services
Service Linkages	• Community Recovery Support Systems • Faith Based	• Vocational / Educational Agency Services & Supports • Housing Opportunities • Food • Transportation	• Hospitalization and Crisis Residential out of Home Placements for SMI / SED

COUNTY OF YOLO

Office of the County Administrator

Patrick S. Blacklock
County Administrator

Beth Gabor
Manager of Public Affairs

625 Court Street, Room 204 ▪ Woodland, CA 95695
(530) 666-8042 ▪ FAX (530) 666-8193
www.yolocounty.org

FOR IMMEDIATE RELEASE
October 24, 2014

Contact: Beth Gabor, Manager of Public Affairs
(530) 666-8042 [w] ▪ (530) 219-8464 [c]

Media Advisory: Bridge to Housing Pilot Project Timeline Change

(Woodland, CA) – In an effort to ensure the Bridge to Housing Pilot Project is a success and all the necessary components are in place, the timeline for the project has changed. The North Levee Clean Up Day will now be held on Saturday, November 8 with moving day targeted for Wednesday, November 12.

Background

The riverbank in West Sacramento has long attracted people experiencing homelessness, especially along what is referred to as the North Levee (publicly and privately owned parcels north of the Broderick Boat Ramp). The North Levee area currently has an established community of approximately 71 people experiencing homelessness, 47 dogs and 22 cats. Members of this homeless community have lived there, without trash service or running water, for an average of 4.5 years, with some members homeless there for ten years or more.

The City of West Sacramento has worked previously to clear the area of homeless camping on several occasions; however, without other alternatives, the homeless have continued to return to the site after each instance.

This time, the West Sacramento Police Department reached out to representatives of public, private and faith-based agencies to think about a different and more effective way to work with the North Levee homeless encampment. The result is a collaboratively developed Bridge to Housing Pilot Project which is a time- and population-limited project designed to test a "Housing First" model for Yolo County. It consists of the following components:

- Initial Outreach

- North Levee Clean Up Day (November 8) – Requested by the homeless residents as a way to give back to the community for its assistance with donations and the assistance of United Christian Centers, Waste Management, Ethan Conrad and Home Depot, to name a few

- Moving Day (Target: November 12) – Participating members (71 residents already identified) will move to a temporary housing location. There will be opportunities for a pet clinic, public health assessment, laundry, transportation and a move into a temporary housing site

- Pets will be allowed to go with their owners to temporary housing but some may have to pare down; pet owners are aware of this

- Yolo County Animal Services will be providing a cleaning station, immunizations and medication, as well as solutions for pets that may need to be surrendered

- Triage, Assessment and Application – During the 60 to 120 day stay in housing, 71 already identified members will participate in applying for benefits for which they may be eligible, including job training and assistance, chemical dependency, disabled benefits, counseling and other services. In addition, they will apply for available permanent housing programs for which they may be eligible

- Ongoing Services – Includes mental health, substance abuse, medical services and case management

- Placement in Permanent Housing – Includes ongoing and, in some cases, intensive case management to help them succeed in their new housing.

Partners: Bridge to Housing is a multi-disciplinary effort that includes:

- County of Yolo, including County Administrator's Office, Employment & Social Services, Environmental Health, Health Services, Probation and Animal Services
- City of West Sacramento, including the Police Department and City Manager's Office
- Legal Services of Northern California
- Yolo County Housing, including the CEO's office, Real Estate Services and Housing Assistance
- United Christian Centers
- CommuniCare Health Centers
- Mercy Faith Coalition
- Yolo Community Care Continuum
- California State Parks
- Yolo Food Bank
- Home Depot
- Waste Management
- Turning Point Community Programs
- Northern California Construction & Training
- Yolo County Day Reporting Center (Sacramento County Office of Education)
- Conrad Properties

The Yolo County Board of Supervisors approved $50,000 for the project, with $50,000 matching support by the City of West Sacramento. Yolo County's support services include Employment & Social Services, Health Services, Animal Control and Environmental Health. The City of West Sacramento's Police Department and City Manager's Office are also supporting the effort. Conrad is the property owner of the private parcel; public parcels are owned by the City of West Sacramento and California State Parks.

###

YOLO COUNTY MENTAL HEALTH SERVICES ACT
PREVENTION & EARLY INTERVENTION SUMMARY PROGRAM DATA
CRISIS INTERVENTION TEAM (CIT) TRAINING (32 hours)
DISABILITY RESPONSE, INC./MICHAEL SUMMERS

		Fiscal Year 11-12	Fiscal Year 12-13	Fiscal Year 13-14	Fiscal Year 14-15 (thru 9/30/14)
LAW ENFORCEMENT/FIRST RESPONDERS TRAINED		**38**	**89**	**79**	**23**
LE Officers/First Responders Trained By Age					
	18 to 24	0	0	0	4
	25 to 59	37	86	78	18
	60+	1	1	1	0
	Declined to State	0	2	0	1
LE Officers/First Responders Trained By Gender					
	Males	22	64	61	13
	Females	16	25	18	10
LE Officers/First Responders Trained By Ethnicity					
	African American	1	9	5	2
	Latino	9	14	12	3
	Native American	0	0	1	0
	Caucasian	25	60	55	14
	Asian	0	3	1	1
	Pacific Islander	3	1	4	0
	Other or Bi-racial	0	2	1	3
LE Officers/First Resp. Trained--Languages Spoken					
	English Only	✓	✓	70	19
	Bilingual: English/Spanish	✓	✓	7	2
	Bilingual: English/Russian	✓	✓	1	0
	Bilingual: Other	-	-	-	2
LE Officers/First Responders Trained By Agency					
	Davis Police Department	2	5	14	1
	West Sacramento Police Department	3	9	2	0
	Winters Police Department	1	2	2	0
	Woodland Police Department	6	5	1	2
	Yolo County Probation Department	0	10	3	1
	Yolo County Sheriffs' Department	2	0	1	0
	U. C. Davis Police Department	0	0	1	0
	California Highway Patrol (local office)	2	3	1	0
	Other Local First Responders (EMTs, Community College Police, Regional Transit, Hospital Security, Tribal Security, etc.)	22	19	25	11
	Out of County Law Enforcement Participants	Detail not available	36	29	8

Per Request of Karen Larsen, Mental Health Director, Yolo Co. Dept. of Health Services:

Information on mental health training being offered to the City of West Sacramento Police Department by the Sacramento County Regional Crisis Intervention Team.

The following information was provided by **Brooke Angle, Training Officer for City of West Sacramento Police Dept.**, regarding their participation in the 8-hour class, ***Crisis Intervention Training Awareness:***

1. **Course Description:**

   CRISIS INTERVENTION TRAINING AWARENESS - 8 HOUR CLASS
   This class is geared for law enforcement and emergency-related first responders and is an overview and awareness course designed to assist dispatchers and first responders with identifying and assisting individuals with mental illnesses. CIT is designed to promote community solutions to assist individuals with mental illnesses. The course is a law-enforcement based crisis intervention partnership with community and health care groups. The training will increase the safety of officers, consumers, their family members and other citizens within the community. CIT reduces the stigma and the need for further contact with the criminal justice system. The training will provide students with an understanding of the basic symptomology of mental illnesses, considerations and tactics for communicating with mentally ill subjects and will provide an awareness of the community resources available.

   See: http://www.eventbrite.com/e/crisis-intervention-training-8-hours-tickets-10462508645?aff=es2&rank=3

   This POST-certified 8-hour class is provided by Sacramento County Regional Crisis Intervention Team, in partnership with Folsom PD, Rancho Cordova PD, Sacramento PD, Citrus Heights PD, Elk Grove PD, Galt PD, Veterans Affairs PD, Sacramento County Department of Behavioral Health Services, NAMI Sacramento and Dignity Health, and the class is sponsored by the Department of Homeland Security/UASI.

2. **Relevant Completion Statistics, as of 09/24/2014:**
   - 15 out of 18 applicable non-sworn WSPD employees have attended, totaling 83%.
   - 31 out of 50 sworn WSPD employees have attended, totaling 62%.
   - Registration for this class concludes for WSPD on 02/20/2015, by which date 100% of applicable employees previously or currently enrolled will have completed the 8-hour training.
   - Many dispatchers, LE Chaplains, and community/advocacy groups are attending. The class is geared toward emergency first responders (police, fire, etc.) but is open to anyone who deals with the public.

Seasonal flu vaccine will be provided. Both nasal flu mist and flu injections are available.

FREE FLU CLINIC!

WHEN & WHERE

Thursday, October 30th
1:00 p.m.—4:00 p.m.

Yolo County Health Services Department
137 North Cottonwood
Woodland, CA 95695


Nasal Flu Mist ↑

SPONSORED BY:

Yolo County Health Services
Yolo Office of Emergency Services

For more information call:
530-666-8630

Protect yourself and your family, get vaccinated!

"This information is being distributed as a community courtesy.

You're Invited

Please join Yolo County in celebrating the opening of the

Yolo County Health & Human Services Winters Site

November 13th at 3:30pm

111 East Grant Avenue
Winters, CA

Ribbon cutting ceremony
Remarks from Board of Supervisors Chair Don Saylor & Mayor Cecilia Aguiar-Curry
Flu vaccination clinic 3-6pm
Car seat safety checks 3-6pm

Food and beverages will be provided

All are welcome to attend!

Rain or Shine

Services available beginning October 20th	
Employment & Social Services	M-F, 8:00 – 4:00
Children's Mental Health	2 days/week
Services available beginning January 1st	
Women, Infants and Children (WIC)	2 days/month

For questions, please contact Kara Perry at DESS at kara.perry@yolocounty.org

EDUCATION · AGRICULTURE · INDUSTRY
County of Yolo
Founded 1850

Primer on Proposed Three Phase Approach

In January 2014 the Yolo County Board of Supervisors approved the vision of an integrated Health and Human Services Agency (HHSA), to include the Department of Health Services (Alcohol, Drug and Mental Health and Public Health) and the Department of Employment and Social Services. Since January, leadership across the three departments has been working closely with the County Administrator to develop a comprehensive integration plan to be submitted to the Board of Supervisors in January 2015. A wide range of planning and development activities have taken place over the past nine months, including an ongoing planning and visioning process with department program managers, programmatic and fiscal analyses, and solicitation of local stakeholder perspectives and feedback. Through this work, a proposed HHSA organizational structure has been developed that is designed using a phased implementation.

Integration Phasing Plan

The HHSA integration process is proposed to take place over time, with programs, staff and services coming together in phases. Budget considerations, protocol and procedure development, new and/or modified job classifications, staff development and training, and more detailed assessment of client needs and numbers, are all readiness steps that must occur before major program integrations can proceed. Further, a staging process, including space planning, will be critical in order for staff to move from existing locations into co-located environments.

Phase I is the current planning process which will continue until important initial integration steps are completed. This includes:

- Creation of new senior leadership job descriptions,
- Selection of leadership staff,
- Development and approval of new budget units for combined staff and functions,
- Planning for the co-location of administrative functions into one Administrative Unit, and
- Other assessment and program integration preparation.

Throughout Phase I, the organizational structures of the departments will remain largely intact with potential changes only for senior HHSA leadership.

Emergence of Customer Service Centers

One of the important aspects of the HHSA integration will be development of Service Centers in several locations of the County. The initial stages of this development will begin in Phase I. Planning for a Winters Service Center is well underway, with Employment and Social Services and Children and Youth Mental Health services beginning in late October 2014. Public Health's Women, Infants and Children (WIC) supplemental nutrition program will move their services

from the Winters' library to the new service center in January 2015. Additional service needs will be assessed for inclusion as the service center moves forward.

Davis ranked high for needing services in the initial HHSA survey; however, services are limited to those provided by ADMH and WIC. In Phase II, DESS plans to locate some services in Davis, which may form the basis for a Davis Service Center. As in Winters, clients in Davis will have the opportunity to vocalize other service needs, and plans to meet those needs can follow.

With staff and services relocating to Winters and Davis, space in Woodland will be freed up, which will provide the flexibility to use existing buildings to create one-stop Service Center opportunities by allowing for co-location. In West Sacramento, HHSA services are located on the same campus and efforts will be made maximize space usage to allow for better coordination of multiple client needs. As a part of the Service Center concept, it is contemplated that "Client Navigators" will be added to help guide clients into and through services.

In Phase III, full implementation of Service Centers is planned for Woodland, West Sacramento, Winters and Davis. For other areas of the County, it is anticipated services could be delivered through the use of a mobile outreach teams when transportation or other barriers prevent access to the service centers.

Phase II HHSA Organizational Structure

The Phase II HHSA organizational chart is where structural HHSA integration will begin to take shape. Initially, there will be new HHSA leadership positions: HHSA Director, HHSA Assistant Director, and HHSA Deputy Director. This leadership configuration is consistent with the Yolo CAO's office and other Departments within the county. The Assistant Director will be responsible for most programmatic functions. The Deputy Director will be responsible for integrating the administrative functions, which will be critical to support the myriad of moves, training, budget considerations, and other issues that must be addressed to facilitate programmatic integration.

Certain functions will report to the HHSA Director in Phase II, including communications, strategic planning, and data/performance management. Elevating these functions to the HHSA Director is intended to raise their prominence and consistency and their role in shaping policy and program development for the new agency.

During Phase II, the three "branches" of Employment and Social Services, Public Health, and Alcohol, Drug and Mental Health will remain similar to their existing structure. However, each will be led by a new classification titled HHSA Branch Director. Additionally, a new "Integrated Programs Branch," to be led by an HHSA Branch Director will focus on supporting newly integrating programs/program components. This Branch Director will be responsible for assisting program staff develop and conduct appropriate training, create protocols for integrated work, and provide further planning for Phase III integration. This branch will also

work hand-in-hand with the HHSA Deputy Director and other administrative staff to ensure that planning for staff relocations, facility changes, potential duty assignment or classification adjustments, and budget implications of new program interfaces all occur. Continuous collaboration and communication between Directors and their branches will be a key component to the success of the overall integration effort and will assure that re-located personnel and programs are appropriately supervised and supported during the transition.

Phase III HHSA Organizational Structure

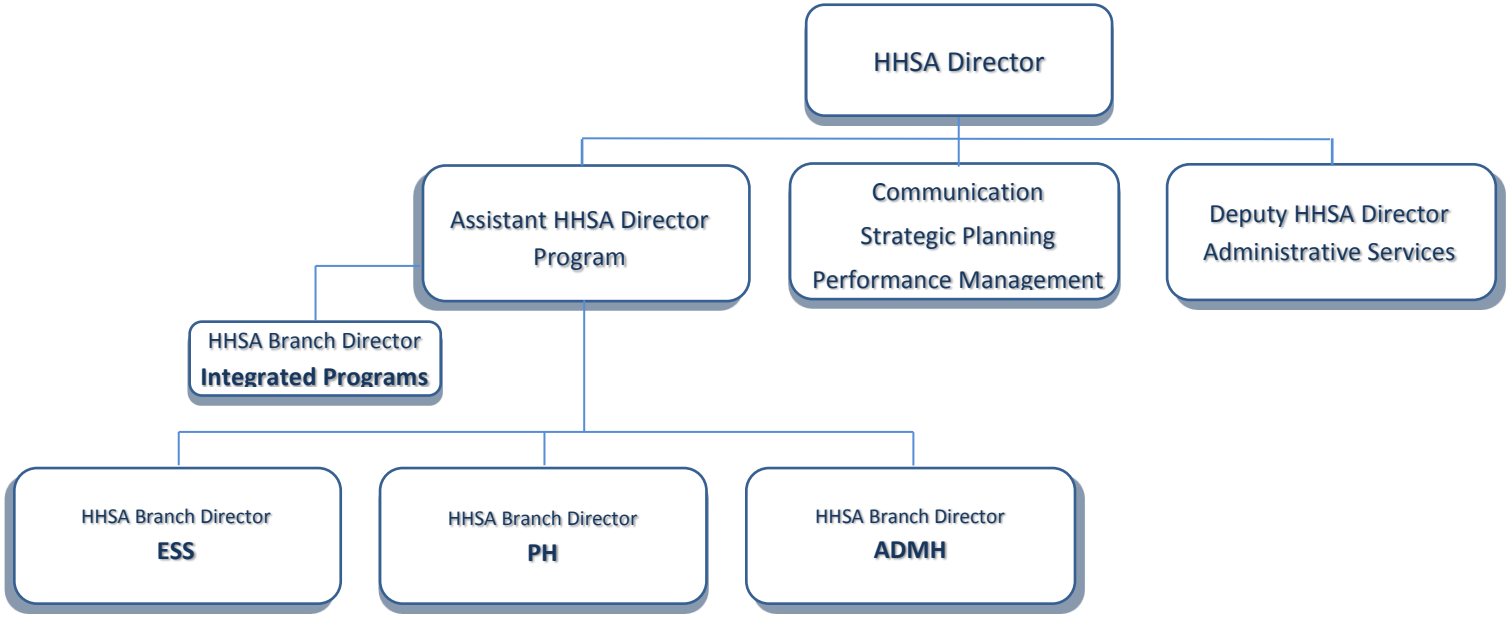
In Phase III of HHSA organizational development, the most obvious programmatic and organizational reporting changes will occur. Importantly, there is no pre-determined timeline set for the transition from Phase II to Phase III, rather it will occur as space and staff resources and integrated program development can proceed. Four new branches will emerge in Phase III: Adult and Aging; Child, Youth and Family; Community Health; and Service Centers. Notably, the same number of branches will exist in Phase II as in Phase III. Leadership staff will likely remain as Branch Directors, and shift to new program oversight roles.

In Phase III current programs or program components will be arranged in new ways under the new branch structure. These new branches represent the population served by the branch (Adult and Aging and Child, Youth and Family) or the type of service or location performing the service (Community Health and Service Centers). These groupings have been designed to achieve two objectives: assist clients to receiving needed services from one integrated service team or location; and, maximizing the population-based (whole community) expertise of community health efforts. Under the new agency structure, key programmatic positions will report to the Assistant HHSA Director so that appropriate oversight is provided to the health and mental health programs spread within the new branches.

Yolo County Health and Human Services Agency

Draft Organizational Chart

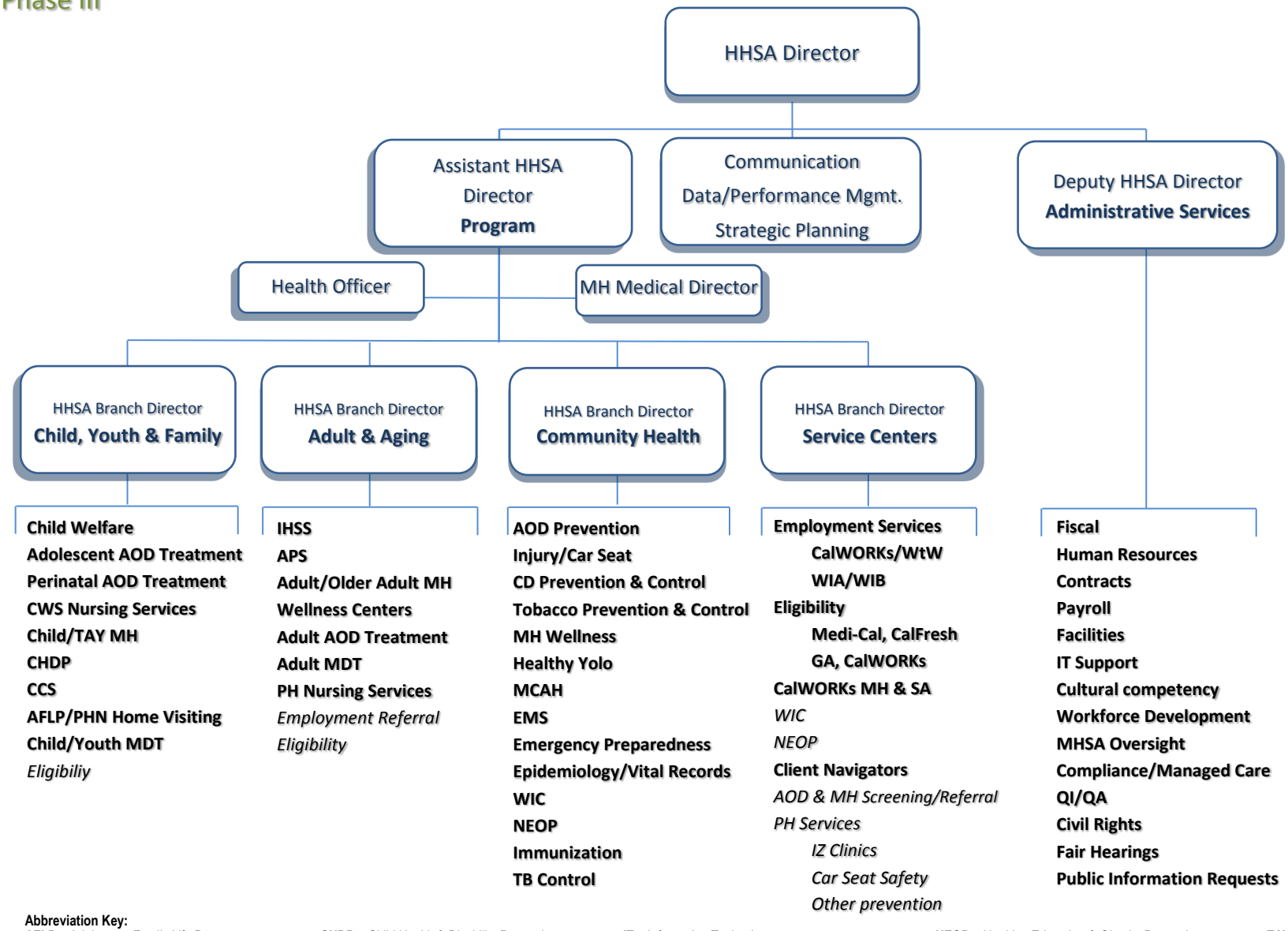
Phase II



Yolo County Health and Human Services Agency

Draft Organizational Chart

Phase III



Abbreviation Key:

AFLP = Adolescent Family Life Program
AOD = Alcohol & Other Drugs
APS = Adult Protective Services
CCS = California Children's Services
CD = Communicable Disease
CHDP = Child Health & Disability Prevention
CWS = Child Welfare Services
EMS = Emergency Medical Services
GA = General Assistance
IHSS = In Home Support Services
IT = Information Technology
IZ = Immunization
MCAH = Maternal Child & Adolescent Health
MDT = Multi-disciplinary Team
MH = Mental Health
NEOP = Nutrition Education & Obesity Prevention
PH = Public Health
QA = Quality Assurance
QI = Quality Improvement
SA = Substance Abuse
TAY = Transitional Age Youth
WIA = Workforce Investment Act
WIB = Workforce Investment Board
WIC = Women Infants & Children
WtW = Welfare to Work

BOLD reflects Core Programs within this Branch. *ITALICS reflect Supplemental Program/Service* in this Branch, reports to another Branch.

Year

2015

LMHB Meeting Dates

Regular Meeting 01/26/15 - Davis
Regular Meeting 02/23/15 - West Sacramento
Public Forum & Committee Workshops 03/23/15 - Woodland
Regular Meeting 04/27/15- Davis
Regular Meeting 05/26/15 - West Sacramento
Public Forum & Committee Workshops 06/22/15- Woodland
Regular Meeting 07/27/15 - Davis
Regular Meeting 08/24/15 - West Sacramento
Public Forum & Committee Workshops 09/28/15 - Woodland
Regular Meeting 10/26/15- Davis
Regular Meeting 12/07/15 - West Sacramento

LMHB Regular Meeting
LMHB Public Forum & Committee Workshops
Holiday

January

Su	M	Tu	W	Th	F	Sa
				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

February

Su	M	Tu	W	Th	F	Sa
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

March

Su	M	Tu	W	Th	F	Sa
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				

April

Su	M	Tu	W	Th	F	Sa
			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		

May

Su	M	Tu	W	Th	F	Sa
					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						

June

Su	M	Tu	W	Th	F	Sa
	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				

July

Su	M	Tu	W	Th	F	Sa
			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	

August

Su	M	Tu	W	Th	F	Sa
						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					

September

Su	M	Tu	W	Th	F	Sa
		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			

October

Su	M	Tu	W	Th	F	Sa
				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

November

Su	M	Tu	W	Th	F	Sa
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					

December

Su	M	Tu	W	Th	F	Sa
		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		

Agenda Item Tracking

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing Past/ Proposed/ Planned	Category 2: Type Presentation/ Update/ Report/ Development/ Collaboration	Category 3: Action Recommendation/ Follow-Up/ Letter/ Meeting/ Committee/ Tabled
02/25/13	Mental Health Court Panel	Judge Janet Gaard-Courts; Jonathan Raven-Chief Deputy District Attorney; Tracie Olsen-Public Defender; Joanie Turner-Adult Program Manager ADMH; Jeff Goldman-Adult Division Manager Probation (Invited)	Past	Presentation	-
02/25/13	Review of Community Event-Reducing Gun Violence	Supervisor Don Saylor; Davis Campbell	Past	Update	-
02/25/13	Strategic Plan-Next Steps	Bob Schelen, Chair	Past	Development	-
03/11/13	Approve Mission, Vision, and Values	Bob Schelen, Chair	Past	Development	-
03/11/13	Strategic Planning Update	RDA	Past	Update	-
03/25/13	Consumer & Others Open Microphone Crisis Intervention Team (CIT) Training in West Sacramento	Various	Past	Public Comment	Motion (Pass)/ Letter
03/25/13	LMHB Chair Report: Legislative Report Laura's Law Bills: AB 1265 and SB 664	Bob Schelen, Chair	Past	Report	Motion (Pass)/ Letter
03/25/13	LMHB Chair Report: Legislative Report Proposition 63 Bills: SB 585 and SB 664	Bob Schelen, Chair	Past	Report	Motion (Pass)
04/22/13	Laura's Law Presentation	Nevada County	Past	Presentation	-
04/22/13	LMHB Chair Report: Strategic Plan	Bob Schelen, Chair	Past	Update	-
05/28/13	Strategic Plan Adoption	Bob Schelen, Chair	Past	Milestone	Motion (Pass)
05/28/13	Laura's Law Recommendation	Kim Suderman	Past	Recommendation	Motion (Pass)
05/28/13	ADMH Budget Review	Department Report	Past	Presentation	Motion (Fail)
05/28/13	Department Report:	Department Report	Past	Update	-
06/24/13	Health and Human Services Discussion	Christopher Lee, CAO's Office	Past	Presentation	-
06/24/13	Laura's Law Update	Kim Suderman	Past	Update	-

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing	Category 2: Type	Category 3: Action
06/24/13	LMHB Chair Report: AB 109 Update	Bob Schelen, Chair	Past	Update	-
06/24/13	LMHB Chair Report: Steinberg Mental Health Proposal Update	Bob Schelen, Chair	Past	Update	-
07/22/13	MEETING CANCELLED	-	Past	-	-
08/05/13	Department of Public Health/ Department of Alcohol, Drug and Mental Health Leadership Merger	Patrick Blacklock, CAO; Jill Cook, Director – Health Dept.; Mark Bryan, Deputy Director – ADMH	Past	Update	-
08/05/13	LMHB Chair Report: Legislative Report	Bob Schelen, Chair	Past	Update	-
08/26/13	Review and Make a Recommendation to the Board of Supervisors on the Proposed Unified Leadership Structure for the Alcohol, Drug and Mental Health and Health Departments	Patrick Blacklock, CAO	Past	Presentation	Motion (Pass)
08/26/13	Laura's Law Update	Kim Suderman	Past	Update	-
08/26/13	CalMHSA Update – Public Service Announcements on Mental Health Stigma and Suicide Prevention	Kim Suderman	Past	Presentation	-
09/23/13	Brown Act Review	Robyn Drivon, County Counsel	Past	Presentation	-
09/23/13	MHSA Stakeholder Process	RDA	Past	Presentation	-
09/23/13	Department Report: Mental Health Director Position	Jill Cook; Mark Bryan	Past	Update	-
09/23/13	LMHB Chair Report: Strategic Plan Implementation/ Bylaws Sub-Committee Report • Bylaws: Introduce • Long Range Planning Calendar: Introduce	Bob Schelen, Chair	Past	Update	-
09/23/13	Plan Next Meeting Agenda Items: a. Health and Human Services Analysis Report/Recommendation – RDA b. November/December Consolidated Meeting Date – December 2nd	Bob Schelen, Chair	Past	Planning	-
10/28/2013	Health and Human Services Analysis Report/Recommendation – RDA	RDA	Past	Update	-
10/28/13	Department Report: SB 82 – Investment in Mental Health Wellness Act Funding	Jill Cook; Mark Bryan	Past	Discussion	-
10/28/13	Department Report: AB 82 – Medi-Cal Outreach and Enrollment Funding	Jill Cook; Mark Bryan	Past	Discussion	
10/28/13	Department Report: Inmate Discharge Medication Update	Jill Cook; Mark Bryan	Past	Update	

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing	Category 2: Type	Category 3: Action
10/28/13	Department Report: Updates • Crisis Intervention Program (CIP) • Mental Health Court • Laura's Law / AOT Pilot Program	Jill Cook; Mark Bryan	Past	Update	
10/28/13	LMHB Chair Report: Strategic Plan Implementation/ Bylaws Sub-Committee Report • Bylaws: Discuss/Edit	Bob Schelen, Chair	Past	Discussion/Review	-
12/02/13	MHSA Stakeholder Process - Update	RDA	Past	Update	-
12/02/13	Department Report: Mental Health Director Recruitment Update	Jill Cook; Mark Bryan	Past	Update	
12/02/13	Department Report: SB 82 Grants Update	Jill Cook; Mark Bryan	Past	Update	
12/02/13	Department Report: Crisis Intervention Program (CIP) Update	Jill Cook; Mark Bryan	Past	Update	
12/02/13	LMHB Chair Report: Strategic Plan Implementation/ Bylaws Sub-Committee Report / Bylaws: Vote/Adopt	Bob Schelen, Chair	Past	Adoption	-
01/27/14	Health & Human Services Integration Update	Mark Bryan; Jill Cook; Joan Planell	Past	Update	
01/27/14	Final MHSA 3-Year Program & Expenditure Plan	RDA	Past	Recommendation	Motion (Pass)
02/24/14	Joint Meeting with Yolo Healthy Aging Alliance (YHAA)	Supervisor Jim Provenza; YHAA	Past	Collaboration	Follow-Up
03/24/14	Jail Mental Health	Sheriff Ed Prieto; Jodel Jencks, CFMG	Past	Update	
03/24/14	SB 1054 (Steinberg), Mentally Ill Offender Crime Reduction (MIOCR) grants	Legislative Report	Past	Report	Motion (Pass); Letter
04/28/14	Crisis Intervention Training (CIT)	MHD Report	Past	Update	Motion (Pass); Letter
05/27/14	ADMH Requested FY2014-2015 Budget Presentation	Mark Bryan	Past	Presentation	Motion (Pass)
05/27/14	Mental Health Director's Report – Mental Health Matters Day	MHD Report	Past	Update	Motion (Pass); Letter; Follow-up
06/23/14	Yolo County Housing Authority MHSA Housing Update	Lisa Baker; Stephan Daues	Past	Presentation	Follow-Up
09/22/14	Strategic Plan Update and LRPC	Bob Schelen, Chair	Planned	Update	NA

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing	Category 2: Type	Category 3: Action
10/27/14	Laura's Law/AOT and SB 82 CBCR Presentation	TPCP: Diana White; Al Rowlett	Planned		
12/01/14	LMHB Strategic Plan Annual Review	Bob Schelen, Chair	Planned		
01/26/15	Yolo Housing Authority / Homelessness	Lisa Baker; Tracey Dickinson	Proposed		
01/26/15	YCCC Presentation	Suggestion	Proposed		
02/23/15	SUD Service Overview	Suggestion	Proposed		
02/23/15	Rose King, Mental Health Activist	Suggestion	Proposed		
03/23/15	**COMMITTEE WORKSHOP - NO REGULAR MEETING**	**Recurring**	**Proposed**		
03/23/15	**Quarterly Public Forums to Hear Consumer and Family Perspectives**	**Recurring**	**Proposed**		
04/27/15	CSOC overview including contracted services (CCHC, YFSA, TPCP)	Suggestion	Proposed		
04/27/15	ADMH Budget Presentation	Recurring	Proposed		
05/26/15	Election of Officers: BYLAWS SECTION X: OFFICERS *The officers shall be a chairperson and a vice-chairperson who shall be Mental Health Board members and who shall serve on a yearly basis and be subject to election by a majority of the Board present and voting by a majority of the Board present and voting in May of each year. A secretary may be elected, unless secretarial staff is otherwise provided.*	Recurring	Planned		
05/26/15	Mike Summers, CIT Training Presentation	Suggestion	Proposed		
06/22/15	**COMMITTEE WORKSHOP - NO REGULAR MEETING**	**Recurring**	**Proposed**		
06/22/15	**Quarterly Public Forums to Hear Consumer and Family Perspectives**	**Recurring**	**Proposed**		
07/27/15	Sheriff and CFMG Update	Suggestion	Proposed		
07/27/15	ADMH Strategic Plan Accomplishments	Recurring	Proposed		
08/24/15	LMHB Strategic Plan Annual Review	Recurring	Proposed		
09/28/15	**COMMITTEE WORKSHOP - NO REGULAR MEETING**	**Recurring**	**Proposed**		
09/28/15	**Quarterly Public Forums to Hear Consumer and Family Perspectives**	**Recurring**	**Proposed**		
10/26/15	TBD	TBD	Proposed		
10/26/15	TBD	TBD	Proposed		
12/07/15	LMHB Strategic Plan Annual Review	Chair	Proposed		

Yolo County Local Mental Health Board

Meeting Date	Item	Action	Responsible Party	Completion Date
08/05/13	Suggestion: Member(s) would like to encourage more LMHB representation from the Hispanic community citing changes in the immigrant population including increased education.	Consider including as a strategic initiative for next year	All Members	
08/05/13	Suggestion: From a training aspect, civic groups (e.g. Moose, Masons, Odd Fellows) are good options to consider. He advocates cooperation between the County and city and civic groups or churches to get training integrated in the community.	Bob will report out on this at during the annual update	Bob Schelen	
08/05/13	Suggestion: We have a network of non-profits that offer services, we should ask for meeting time to discover specific populations served.	Bob suggested as possible good fit for Janlee or other members to support.	Bob Schelen / Janlee Wong (tentative)	
08/05/13	Suggestion: A request for a complete discussion on the organization of Health Department was made along with an organization chart.	In process: see HHS Integration Efforts	Jill Cook / Mark Bryan / Karen Larsen	
09/23/13	Request: New Trustee Packets Requested	Already in practice and shared by Admin. Support	Makayle Neuvert	Ongoing
03/24/14	Motion: A motion was made to have the LMHB support SB 1054. The amendment was added to request that the BOS also support SB1054. A letter will be drafted for the 04/08/14 BOS meeting.	Motion made	Bob Schelen	
04/28/14	Motion: A motion was made to write a letter to BOS to recommend all law enforcement agencies (County and City) achieve 100% CIT training in 5 years.	Motion made, letter written in June	Bob Schelen	
05/27/14	Motion: The Board made a motion to write a letter addressing the Sacramento Bee opinion piece by Rose King in response to the 05/13/14 Mental Health Matters day event. Bob will draft the letter	Motion made, letter written in June	Bob Schelen	
05/27/14	Invitation: Invite reporter Rose King to join the LMHB for a discussion on her views regarding Mental Health Matters Day	Proposed and on the LRPC for February 2015	Bob Schelen	
05/27/14	Invitation: Invite Tracey Dickinson to present on her Homelessness report	Proposed and on LRPC for January 2015	Karen Larsen / Makayle Neuvert	
06/23/14	Invitation: Invite Lisa Baker for YHA Overview	Proposed and on LRPC for January 2015	Karen Larsen / Makayle Neuvert	

Meeting Date	Item	Action	Responsible Party	Completion Date
08/25/14	Suggestions: Regarding CIT training - Infuse the popular trainings with mental health issues, e.g. tactical driving; - Have the SB82 clinician offer short roll call trainings for officers; - Have CIT trainer Mike Summers present refresher/booster sessions. - Improve the CIT training audit or feedback process by having a separate survey for training managers and the command versus the POST version. - Allow interested parties (e.g. LMHB or NAMI members, people with education pedagogy background, etc.) to attend and provide feedback on CIT. This was noted as a possibility since ADMH is the holder of the contract.	See invitation to have Mike Summers present to the Board; All can share advocacy positions at that meeting	All Members	
08/25/14	Invitation: Invite Mike Summers to present at a LMHB meeting to share CIT training details and the approach including adaptations under way.	Proposed and on LRPC for March 2015	Karen Larsen / Makayle Neuvert	
08/25/14	Request: In order to accurately report the cost, Mark will report back with the per-participant/slot cost for AOT services.	In process; May link to October presentation from TPCP	Mark Bryan	
08/25/14	Invitation: The Board requested a scheduled CBCR presentation and van tour from the contract provider Turning Point Community Programs.	TPCP accepted invitation; see LRPC for October 2014	Karen Larsen / Makayle Neuvert	
08/25/14	Suggestion: All were encouraged to filter questions to Martha and it was suggested that the ad hoc sub-committee meet and have a deeper conversation on the recommended next actions.	See related agenda discussion at September 2014 meeting	All Members	Ongoing
08/25/14	Request: Tawny suggested adding to the agenda the use of MHSA PEI dollars to fund school counselors at elementary schools.	Added to the agenda for September 2014; AB 114 update	Tawny Yambrovich / Bob Schelen	09/22/14
08/25/14	Request: EPSDT and CalWorks numbers were requested as an addition to the next Metric Report	In process	Mark Bryan / Metric Report	
08/25/14	Suggestion: Sub-committees were invited to meet prior to the next meeting at the Bauer Building which will be available beginning at 6 PM on September 22nd.	See related agenda discussion at September 2014 meeting	Bob Schelen	
09/22/14	Suggestion: The Board is to review the LRPC and provide feedback to LMHB@yolocounty.org	See discussion in the September and October 2014 meetings	All Members	
09/22/14	Suggestion: James was suggested as an addition to Strategic Pan Operational Action #1 & #7	See discussion in the September and October 2014 meetings	James Glica-Hernandez and Bob Schelen	

Meeting Date	Item	Action	Responsible Party	Completion Date
09/22/14	Request: Supervisor Saylor requested that the CIT attendance details, the cumulative data, and details on the 8 hour course open to all staff in West Sacramento (as opposed to the Memphis Model 32 hours CIT course) be sent to the BOS again so the information can be discussed with city managers in the 2x2's.	To be confirmed	Karen Larsen / Makayle Neuvert	
09/22/14	Suggestions: related to the discussion on AB114 • Have someone from the Office of Education speak to the board on this issue on the broader context of school counselors. • Write a letter to Dr. Ortiz to present but ask specific questions related to youth with IEPs, the broader issue of school counselors as applies to SMI/SED populations ns then also mild to moderate issues. • Have the Board capitalizing on election season to come up with an action plan to find out what will be done on this issue. • Request the collection of or access to existing data on related staffing and IEP information for the LMHB to review	To be confirmed		

CMHDA 2013-2014 Legislative Update

As of 10/27/2014 (Sorted by subject)

Bill Author	Description	Position
SB 508 Hernandez D	**Medi-Cal: eligibility. (Chaptered: 9/29/2014)** Current law requires, with some exceptions, a Medi-Cal applicant's or beneficiary's income and resources be determined based on modified adjusted gross income (MAGI), as specified. Current law requires the State Department of Health Care Services to establish income eligibility thresholds for those eligibility groups whose eligibility will be determined using MAGI-based financial methods. This bill would codify the income eligibility thresholds established by the department and would make other related and conforming changes. This bill contains other related provisions and other existing laws. **Status:** 9/29/2014 - Chaptered by Secretary of State - Chapter 831, Statutes of 2014.	Watch
SB 578 Wyland R	**Behavioral sciences: records retention. (Chaptered: 9/9/2014)** Would require, for a client or patient whose therapy is terminated on or after January 1, 2015, a marriage and family therapist, licensed educational psychologist, licensed clinical social worker, or licensed professional clinical counselor to retain the client's or patient's health service records for a minimum of 7 years from the date therapy is terminated. The bill would, in this regard, require a minor client's or minor patient's health service records to be retained for a minimum of 7 years from the date the client or patient reaches 18 years of age. The bill would authorize records to be retained in either a written or an electronic format. **Status:** 9/9/2014 - Chaptered by Secretary of State - Chapter 312, Statutes of 2014.	Watch
SB 1438 Pavley D	**Controlled substances: opioid antagonists. (Chaptered: 9/19/2014)** Would require the Emergency Medical Services Authority (EMSA) to develop and adopt training and standards, and promulgate regulations, for all prehospital emergency medical care personnel, as defined, regarding the use and administration of naloxone hydrochloride and other opioid antagonists. The bill would authorize the EMSA to adopt existing training and standards for prehospital emergency medical care personnel regarding the statewide use and administration of naloxone hydrochloride or another opioid antagonist to satisfy the requirements of the bill's provisions. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 491, Statutes of 2014.	Support SB 1438 (Pavley) CBHDA Request for Signature Letter (September 3, 2014)
Children & Youth		

Bill Author	Description	Position
AB 420 Dickinson D	**Pupil discipline: suspensions and expulsions: willful defiance. (Chaptered: 9/27/2014)** Would eliminate the authority to suspend a pupil enrolled in kindergarten or any of grades 1 to 3, inclusive, and the authority to recommend for expulsion a pupil enrolled in kindergarten or any of grades 1 to 12, inclusive, for disrupting school activities or otherwise willfully defying the valid authority of those school personnel engaged in the performance of their duties. The bill would make the restrictions inoperative on July 1, 2018. **Status:** 9/27/2014 - Chaptered by Secretary of State - Chapter 660, Statutes of 2014.	Support AB 420 (Dickinson) CMHDA SEN Floor Support Letter
AB 883 Cooley D	**Child sexual abuse: prevention pilot program. (Vetoed: 9/29/2014)** Would establish the Child Sexual Abuse Prevention Program as a pilot program in no more than 3 counties, as selected by the State Department of Social Services from among counties that volunteer to participate and based on specified criteria, to provide child sexual abuse prevention and intervention services through public, private, or nonprofit programs that provide those services. The bill would annually appropriate $50,000 from the General Fund to each county that is selected to conduct a pilot program, thereby making an appropriation. **Status:** 9/28/2014 - Vetoed by the Governor	Watch
AB 1455 Campos D	**Pupils: bullying: counseling services. (Chaptered: 8/21/2014)** Would authorize the superintendent of a school district, the principal of a school, or the principal's designee to refer a victim of, witness to, or other pupil affected by, an act of bullying committed on or after January 1, 2015, to the school counselor, school psychologist, social worker, child welfare attendance personnel, school nurse, or other school support service personnel for case management, counseling, and participation in a restorative justice program, as appropriate. **Status:** 8/21/2014 - Chaptered by Secretary of State - Chapter 229, Statutes of 2014.	Watch
AB 1993 Fox D	**Pupils: bullying. (Chaptered: 9/18/2014)** Would require the State Department of Education to develop an online training module to assist all school staff, school administrators, parents, pupils, and community members in increasing their knowledge of the dynamics of bullying and cyberbullying, as specified. **Status:** 9/18/2014 - Chaptered by Secretary of State - Chapter 418, Statutes of 2014.	Watch
AB 2035 Chesbro D	**Sexually exploited and trafficked minors. (Vetoed: 9/29/2014)** Would specifically make legislative findings and declarations, until January 1, 2017, that a minor is within the jurisdiction of the juvenile court and a dependent child of the court if the minor is a victim of human trafficking, and the parent or guardian failed or was unable to protect the child. This bill contains other related provisions and other existing laws. **Status:** 9/29/2014 - Vetoed by the Governor	Watch
SB 593 Lieu D	**Social impact partnerships: pilot program. (Vetoed: 9/29/2014)** Would state findings and declarations of the Legislature regarding the social problems currently facing the state and the function of social innovation financing, pay-for-success contracts, and social impact partnerships. The bill would authorize the Governor, or his or her designee, to solicit proposals for social impact partnerships using pay-for-success contracting and to enter into social impact partnerships, as	Watch

	defined, to address policies or programs not currently funded by the state, to address a particular component of a state program in order to improve outcomes or lower state costs, to reduce recidivism, to reduce child abuse and neglect, or to assist at-risk and foster children. **Status:** 9/29/2014 - Vetoed by the Governor	
SB 924 Beall D	**Damages: childhood sexual abuse: statute of limitations. (Vetoed: 9/30/2014)** Would establish 2 separate statute of limitations for an action for recovery of damages suffered as a result of childhood sexual abuse. An action for recovery of damages suffered as a result of childhood sexual abuse occurring prior to January 1, 2015, would be subject to specified provisions of existing law. An action involving childhood sexual abuse occurring on or after January 1, 2015, would be required to be commenced within 22 years of the date the plaintiff attains the age of majority, or within 3 years of the date the plaintiff discovers or reasonably should have discovered that psychological injury or illness occurring after the age of majority was caused by the sexual abuse, whichever period expires later. **Status:** 9/30/2014 - Vetoed by the Governor	Watch
Criminal Justice		
Bill Author	**Description**	**Position**
AB 2186 Lowenthal D	**Defendants: competency. (Chaptered: 9/29/2014)** Current law specifies commitment proceedings to include circumstances for the voluntary and involuntary administration of antipsychotic medication. This bill would require the court to consider opinions developed by examining medical professionals during the inquiry determining mental competence when the court is determining if the defendant lacks the capacity to make decisions regarding the administration of antipsychotic medication. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 733, Statutes of 2014.	Watch
AB 2190 Maienschein R	**Criminal defendants: gravely disabled persons. (Chaptered: 9/29/2014)** Current law prohibits outpatient status for a person who is charged with and found incompetent on a charge of, convicted of, or found not guilty by reason of insanity of certain crimes, until the person has actually been confined in a state hospital or other treatment facility for at least 180 days. This bill would exempt from this 180-day prohibition cases where the court finds a suitable placement, including, but not limited to, an outpatient placement program, that would provide the person with more appropriate mental health treatment and the court finds that the placement would not pose a danger to the health or safety of others. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 734, Statutes of 2014.	Watch
AB 2625 Achadjian R	**Defendants: competence. (Chaptered: 9/29/2014)** Would require, if a medical report indicates that there is no substantial likelihood that a defendant will regain mental competence in the foreseeable future, the committing court to order the defendant to be returned to the court no later than 10 days following receipt of the report, and would require the medical director of the state hospital or other treatment facility in which the defendant is confined to promptly notify the defense counsel and the	Watch

	district attorney and to notify the committing county's sheriff that transportation will be needed for the patient. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 742, Statutes of 2014.	
SB 1412 Nielsen R	**Criminal proceedings: mentally incompetent offenders. (Chaptered: 9/29/2014)** Would prohibit a person from having his or her probation, mandatory supervision, postrelease community supervision, or parole revoked while that person is mentally incompetent. The bill would establish a process by which the person's mental competency is evaluated and by which the defendant receives treatment, including, if applicable, antipsychotic medication, with the goal of returning the person to competency. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 759, Statutes of 2014.	Watch
Facilities		
Bill Author	**Description**	**Position**
SB 911 Block D	**Residential care facilities for the elderly. (Chaptered: 9/28/2014)** Current law requires an administrator of a residential care facility for the elderly to successfully complete a department-approved certification program prior to employment that requires, among other things, a minimum of 40 hours of classroom instruction on a uniform core of knowledge. This bill would change the minimum hours of classroom instruction to 80 hours, including 60 hours of in-person instruction, and would add additional topics to the uniform core of knowledge, including the adverse effects of psychotropic drugs for use in controlling the behavior of persons with dementia. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 705, Statutes of 2014.	Watch
Foster Youth		
Bill Author	**Description**	**Position**
AB 1790 Dickinson D	**Foster children: mental health services. (Chaptered: 9/29/2014)** Would require the State Department of Social Services to convene a stakeholder group to identify barriers to the provision of mental health services by mental health professionals with specialized clinical training in adoption or permanency issues to children receiving those medically necessary specialty mental health services. The bill would require the stakeholder group to make specific recommendations by January 31, 2016, for voluntary measures to address those barriers, but would provide that those recommendations are not binding on any state or local government agency or private entity. **Status:** 9/29/2014 - Chaptered by Secretary of State - Chapter 766, Statutes of 2014.	Watch
Gun Control		
Bill Author	**Description**	**Position**
AB 1014 Skinner D	**Gun violence restraining orders. (Chaptered: 9/30/2014)** Would authorize a court to issue a temporary emergency gun violence restraining order if a law enforcement officer asserts and a judicial officer finds that there is reasonable cause to believe that the subject of	Watch

	the petition poses an immediate and present danger of causing personal injury to himself, herself, or another by having in his or her custody or control, owning, purchasing, possessing, or receiving a firearm and that the order is necessary to prevent personal injury to himself, herself, or another, as specified. This bill contains other related provisions and other existing laws. **Status:** 9/30/2014 - Chaptered by Secretary of State - Chapter 872, Statutes of 2014.	
SB 505 Jackson D	**Peace officers: welfare checks: firearms. (Chaptered: 9/30/2014)** Would require law enforcement agencies to develop, adopt, and implement written policies and standard protocols pertaining to the best manner to conduct a "welfare check," when the inquiry into the welfare or well-being of the person is motivated by a concern that the person may be a danger to himself or herself or to others. This bill contains other related provisions and other existing laws. **Status:** 9/30/2014 - Chaptered by Secretary of State - Chapter 918, Statutes of 2014.	Under review
Homelessness & Housing		
Bill Author	**Description**	**Position**
AB 1733 Quirk-Silva D	**Public records: fee waiver. (Chaptered: 9/29/2014)** Would, on or after July 1, 2015, require each local registrar or county recorder to issue, without a fee, a certified record of live birth to any person who can verify his or her status as a homeless person or a homeless child or youth, as defined. The bill would require a homeless services provider, as described, that has knowledge of a person's housing status to verify the person's status as a homeless person or homeless child or youth for purposes of this provision. **Status:** 9/29/2014 - Chaptered by Secretary of State - Chapter 764, Statutes of 2014.	Support AB 1733 (Quirk-Silva) CMHDA Support Letter (6.19.14)
AB 1929 Chau D	**California Housing Finance Agency: MHSA funding: special needs housing for person with mental illness. (Chaptered: 9/27/2014)** Would require the California Housing Finance Agency, with the concurrence of the State Department of Health Care Services, to release unencumbered Mental Health Services Fund moneys dedicated to the MHSA housing program upon the request of the respective county, and would require these counties to use these to provide housing assistance, as defined, to identified target populations, including persons with a serious mental disorder. This bill contains other related provisions and other existing laws. **Status:** 9/27/2014 - Chaptered by Secretary of State - Chapter 674, Statutes of 2014.	Support AB 1929 (Chau) CBHDA Support Letter (August 20, 2014)
Juvenile Justice		
Bill Author	**Description**	**Position**
AB 1276 Bloom D	**Youth offenders: security placement. (Chaptered: 9/27/2014)** Would require the Department of Corrections to conduct a youth offender Institutional Classification Committee review at reception to provide special classification consideration for every youth offender. The bill would require the department to consider placing a youth offender at a lower security level than corresponds with his or her classification score, or placing a youth offender in a facility that permits increased access to programs, based on the Institutional Classification Committee	Under review AB 1276 (Bloom) CMHDA Support Letter

	review and other factors, including, among others, the youth offenders recent in-custody behavior. **Status:** 9/26/2014 - Chaptered by Secretary of State - Chapter 590, Statutes of 2014.	
SB 1089 Mitchell D	**Medi-Cal: juvenile inmates. (Chaptered: 9/29/2014)** Current law requires the State Department of Health Care Services to develop a process to allow counties to receive any available federal financial participation for acute inpatient hospital services and inpatient psychiatric services provided to juvenile inmates, as defined, who are admitted as inpatients in a medical institution, as prescribed. This bill would provide that the process developed be implemented in only those counties that elect to provide the county's pro rata portion of the nonfederal share of the state's administrative costs. **Status:** 9/29/2014 - Chaptered by Secretary of State - Chapter 836, Statutes of 2014.	Support SB 1089 (Mitchell) CBHDA Request for Signature (August 18, 2014)

LGBTQ

Bill Author	Description	Position
AB 496 Gordon D	**Medicine: continuing medical education: sexual orientation, gender identity, and gender expression. (Chaptered: 9/26/2014)** Current law requires all continuing medical education courses on or after July 1, 2006, to contain curriculum that includes cultural and linguistic competency, as defined, in the practice of medicine. Current law requires accrediting associations to develop standards for compliance with the cultural competency requirement before July 1, 2006, and authorizes the development of these standards in conjunction with an advisory group that has expertise in cultural and linguistic competency issues, as specified. This bill would authorize the accrediting associations to update these compliance standards, as needed, in conjunction with the advisory group described above. **Status:** 9/26/2014 - Chaptered by Secretary of State - Chapter 630, Statutes of 2014.	Support AB 496 (Gordon) CBHDA Request for Signature Letter (August 28, 2014)

Medi-Cal

Bill Author	Description	Position
AB 505 Nazarian D	**Medi-Cal: managed care: language assistance services. (Chaptered: 9/29/2014)** Would require the State Department of Health Care Services to require all managed care plans contracting with the department to provide Medi-Cal services, except as specified, to provide language assistance services, which includes oral interpretation and translation services, to limited-English-proficient Medi-Cal beneficiaries, as defined. The bill would require the department to determine when a limited-English-proficient population meets the requirement for translation services, as prescribed. **Status:** 9/29/2014 - Chaptered by Secretary of State - Chapter 788, Statutes of 2014.	Watch

Mental health (general)

Bill Author	Description	Position
AB 1847 Chesbro D	**Mental health disorders: language. (Chaptered: 7/18/2014)** Would revise these provisions to instead refer to persons with a mental health disorder or persons who lack legal capacity to make decisions, respectively. The bill would make related technical changes.	Support AB 1847 (Chesbro)

	This bill contains other related provisions and other existing laws. **Status:** 7/18/2014 - Chaptered by Secretary of State - Chapter 144, Statutes of 2014.	CMHDA Support Letter (June 19, 2014)
Older Adults		
Bill Author	**Description**	**Position**
AB 1744 Brown D	**California Department of Aging. (Vetoed: 9/30/2014)** Current law requires the California Department of Aging, in accomplishing its mission, to consider available data and population trends in developing programs and policies, collaborate with area agencies on aging, the California Commission on Aging, and other state and local agencies. This bill, until January 1, 2018, would require the department to establish a blue-ribbon task force comprised of at least 13 members, as specified, to make legislative recommendations regarding supportive services for family caregivers in California, if the department receives sufficient nonstate funds from private sources to implement the bill. **Status:** 9/30/2014 - Vetoed by the Governor	Watch
Outcomes/Accountability		
Bill Author	**Description**	**Position**
AB 2679 Logue R	**County mental health services: baseline reports. (Chaptered: 9/19/2014)** The Bronzan-McCorquodale Act requires the Director of Health Care Services to establish a Performance Outcome Committee, as specified, and requires the committee to develop measures of performance for evaluating client outcomes and cost effectiveness of mental health services provided by counties, as specified. The act requires counties to annually report data on these performance measures to local mental health advisory boards and to the director. The act requires the director to annually make this county performance data available to the Legislature, as specified. This bill would additionally require the director to annually post the county performance data described above on the department's Internet Web site. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 476, Statutes of 2014.	Support AB 2679 (Logue) CBHDA Request for Signature letter (August 21, 2014)
Practice & Professions		
Bill Author	**Description**	**Position**
AB 496 Gordon D	**Medicine: continuing medical education: sexual orientation, gender identity, and gender expression. (Chaptered: 9/26/2014)** Current law requires all continuing medical education courses on or after July 1, 2006, to contain curriculum that includes cultural and linguistic competency, as defined, in the practice of medicine. Current law requires accrediting associations to develop standards for compliance with the cultural competency requirement before July 1, 2006, and authorizes the development of these standards in conjunction with an advisory group that has expertise in cultural and linguistic competency issues, as specified. This bill would authorize the accrediting associations to update these compliance standards, as needed, in conjunction with the advisory group described above.	Support AB 496 (Gordon) CBHDA Request for Signature Letter (August 28, 2014)

	Status: 9/26/2014 - Chaptered by Secretary of State - Chapter 630, Statutes of 2014.	
AB 2198 Levine D	**Mental health professionals: suicide prevention training. (Vetoed: 9/18/2014)** Would require a psychologist, marriage and family therapist, educational psychologist, professional clinical counselor, and clinical social worker who began graduate study on or after January 1, 2016, to complete a minimum of 15 contact hours of coursework in suicide assessment, treatment, and management before he or she may be issued a license. **Status:** 9/18/2014 - Vetoed by the Governor	Support with Suggestions AB 2198 (Levine) CMHDA Support Letter (June 19, 2014)
Public Safety		
Bill Author	**Description**	**Position**
AB 1547 Gomez D	**Domestic Violence Advisory Council. (Chaptered: 7/21/2014)** Current law, until January 1, 2015, establishes the Domestic Violence Advisory Council to the Office of Emergency Services, and specifies the composition and appointment of council members. Under current law, the office and the council collaboratively administer the Comprehensive Statewide Domestic Violence Program. This bill would delete the January 1, 2015 date of repeal, effectively allowing these provisions to remain in effect indefinitely. **Status:** 7/21/2014 - Chaptered by Secretary of State - Chapter 153, Statutes of 2014.	Watch
SB 1054 Steinberg D	**Mentally ill offender crime reduction grants. (Chaptered: 9/18/2014)** Current law establishes, within the Board of State and Community Corrections, the California Juvenile Justice Data Working Group, and the working group is required, to recommend a plan for improving specified juvenile justice reporting requirements, including streamlining and consolidating requirements without sacrificing meaningful data collection. The working group is required to submit its recommendations to the board no later than December 31, 2014. This bill would extend, to April 30, 2015, the date to submit recommendations. **Status:** 9/18/2014 - Chaptered by Secretary of State - Chapter 436, Statutes of 2014.	Support SB 1054 (Steinberg) CMHDA Support Letter (6.19.14)
Social Justice		
Bill Author	**Description**	**Position**
AB 505 Nazarian D	**Medi-Cal: managed care: language assistance services. (Chaptered: 9/29/2014)** Would require the State Department of Health Care Services to require all managed care plans contracting with the department to provide Medi-Cal services, except as specified, to provide language assistance services, which includes oral interpretation and translation services, to limited-English-proficient Medi-Cal beneficiaries, as defined. The bill would require the department to determine when a limited-English-proficient population meets the requirement for translation services, as prescribed.	Watch

	Status: 9/29/2014 - Chaptered by Secretary of State - Chapter 788, Statutes of 2014.	
State Hospitals		
Bill Author	**Description**	**Position**
AB 1340 Achadjian R	**Enhanced treatment programs. (Chaptered: 9/29/2014)** Would, commencing July 1, 2015, and subject to available funding, authorize the State Department of State Hospitals to establish and maintain pilot enhanced treatment programs (ETPs), as defined, for the treatment of patients who are at high risk of most dangerous behavior, as defined, and when safe treatment is not possible in a standard treatment environment. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 718, Statutes of 2014.	Significant Concerns AB 1340 (Achadjian) CMHDA Significant Concerns (July 17, 2014) AB 1340 (Achadjian) CMHDA Letter Significant Concerns (June 6, 2014)
AB 1960 Perea D	**State summary criminal history information: state hospitals. (Chaptered: 9/29/2014)** Would require the director of a state hospital or a clinician, as defined, to obtain the state summary criminal history information for a patient committed to the State Department of State Hospitals. The bill would state the purposes for which the information may be used, including to assess the violence risk and the appropriate placement of the patient, and would require the information to be removed from the patient's file and destroyed within 30 days of the patient being discharged. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 730, Statutes of 2014.	Support CBHDA AB 1960 (Perea) Request for Signature letter (August 18, 2014)
AB 2190 Maienschein R	**Criminal defendants: gravely disabled persons. (Chaptered: 9/29/2014)** Current law prohibits outpatient status for a person who is charged with and found incompetent on a charge of, convicted of, or found not guilty by reason of insanity of certain crimes, until the person has actually been confined in a state hospital or other treatment facility for at least 180 days. This bill would exempt from this 180-day prohibition cases where the court finds a suitable placement, including, but not limited to, an outpatient placement program, that would provide the person with more appropriate mental health treatment and the court finds that the placement would not pose a danger to the health or safety of others. This bill contains other related provisions and other existing laws. **Status:** 9/28/2014 - Chaptered by Secretary of State - Chapter 734, Statutes of 2014.	Watch
SUD		
Bill Author	**Description**	**Position**
AB 1535 Bloom D	**Pharmacists: naloxone hydrochloride. (Chaptered: 9/15/2014)** Would authorize a pharmacist to furnish naloxone hydrochloride in	Support

	accordance with standardized procedures or protocols developed and approved by both the California State Board of Pharmacy and the Medical Board of California, in consultation with specified entities. The bill would require the board and the Medical Board of California, in developing those procedures and protocols, to include procedures requiring the pharmacist to provide a consultation to ensure the education of the person to whom the drug is furnished, as specified, and notification of the patient's primary care provider of drugs or devices furnished to the patient, as specified. **Status:** 9/15/2014 - Chaptered by Secretary of State - Chapter 326, Statutes of 2014.	CBHDA AB 1535 (Bloom) Request for Signature letter (August 18, 2014)
AB 1743 Ting D	**Hypodermic needles and syringes. (Chaptered: 9/15/2014)** Current law, until January 1, 2015, authorizes a pharmacist or physician to furnish 30 or fewer hypodermic needles and syringes for human use to a person 18 years of age or older solely for his or her personal use. This bill would delete that January 1, 2015, date of repeal and would, until January 1, 2021, authorize a pharmacist or physician to provide an unlimited number of hypodermic needles and syringes to a person 18 years of age or older solely for his or her personal use. This bill contains other related provisions and other current laws. **Status:** 9/15/2014 - Chaptered by Secretary of State - Chapter 331, Statutes of 2014.	Support CBHDA AB 1743 (Ting) Request for Signature letter (August 18, 2014)
AB 1967 Pan D	**Drug Medi-Cal. (Chaptered: 9/19/2014)** Would require the State Department of Health Care Services to promptly notify the behavioral health director, or his or her equivalent, of each county that currently contracts with a certified provider for Drug Medi-Cal services if the department has commenced or concluded a preliminary criminal investigation, as defined, of the provider. This bill would require that any communication between the department and a county specific to the commencement or conclusion of a preliminary criminal investigation is confidential and not subject to disclosure pursuant to, among other things, the California Public Records Act. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 461, Statutes of 2014.	Support AB 1967 (Pan) CBHDA Request for Signature Letter (August 28, 2014)
AB 2612 Dababneh D	**Medi-Cal. (Vetoed: 9/16/2014)** Current law authorizes the State Department of Health Care Services, subject to federal approval, to create a health home program for enrollees with chronic conditions, as prescribed. This bill would require the department, in implementing that program, to request a waiver of federal law to authorize the state to claim federal financial participation for health home services provided to individuals, who are otherwise eligible under the health home program and who are state or county inmates in their last 30 days in custody, by a provider or team of providers, as specified, to ensure coordination of care and reduce gaps in care. **Status:** 9/16/2014 - Vetoed by Governor. VETOED	Watch
SB 973 Hernandez D	**Narcotic treatment programs. (Chaptered: 9/19/2014)** Current law requires the State Department of Health Care Services to license the establishment of narcotic treatment programs in this state to use narcotic replacement therapy in the treatment of addicted persons whose addiction was acquired or supported by the use of a narcotic drug or drugs, not in compliance with a physician and surgeon's legal prescription. This bill would authorize a program to admit a patient to narcotic maintenance or narcotic detoxification treatment at the	Watch

	discretion of the medical director and would require the program to assign a unique identifier to, and maintain an individual record of, each patient of the program. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 484, Statutes of 2014.	
SB 1045 Beall D	**Medi-Cal Drug Treatment Program: group outpatient drug free services. (Chaptered: 7/7/2014)** For purposes of Drug Medi-Cal, current law requires that the maximum allowable rate for group outpatient drug free services be set on a per person basis and requires that a group consist of a minimum of 4, and a maximum of 10, individuals, at least one of which must be a Medi-Cal eligible beneficiary. This bill would require a group to consist of a minimum of 2 and a maximum of 12 individuals, at least one of which is a Medi-Cal eligible beneficiary. **Status:** 7/7/2014 - Chaptered by Secretary of State. Chapter 80, Statutes of 2014.	Support with Suggestions SB 1045 (Beall) Memo to Members (July 16, 2014
SB 1046 Beall D	**Insurance: mental illness: developmental disabilities: coverage: penalties. (Vetoed: 8/19/2014)** Current law requires health insurance policies to provide benefits for specified conditions, including coverage for behavioral health treatment, as defined, for pervasive developmental disorder or autism, as specified. This bill would give the Insurance Commissioner the authority to assess administrative penalties for any violations of the above provisions, including any rules or orders adopted or issued based on violations of those provisions. The penalties would not exceed $2,500 for each violation, or for an ongoing and continuous violation, the penalty would not exceed $2,500 per day for as long as the violation continues. **Status:** 8/19/2014 - Vetoed by the Governor	Support CBHDA (SB 1046) Beall Request for Signature letter (August 13, 2014)
SB 1161 Beall D	**Drug Medi-Cal. (Chaptered: 9/19/2014)** Current law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal) under which the State Department of Health Care Services is authorized to enter into contracts with counties for various drug treatment services for Medi-Cal recipients, or is required to directly arrange for these services if a county elects not to do so. This bill would require the department, if the department seeks a specified waiver to implement Drug Medi-Cal, to pursue federal approvals to address the need for greater capacity in both short-term residential treatment facilities and hospitals settings for short-term voluntary inpatient detoxification. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 486, Statutes of 2014.	Jt. Support with CSAC SB 1161 (Beall) CBHDA Jt Support with CSAC (August 29, 2014)
SB 1339 Cannella R	**Medi-Cal: Drug Medi-Cal Treatment Program providers. (Chaptered: 9/19/2014)** Would provide that if the State Department of Health Care Services designates a nonprofit Drug Medi-Cal provider or applicant as a "high" categorical risk , the criminal background check and the requirement to submit fingerprint images and related information would apply to the officers and executive director of the nonprofit provider or applicant. This bill contains other existing laws. **Status:** 9/19/2014 - Chaptered by Secretary of State - Chapter 488, Statutes of 2014.	Watch

Veterans

Bill Author	**Description**	**Position**

AB 585 Fox D	**Department of Veterans Affairs: use of real property. (Chaptered: 9/27/2014)** Would require the Department of Veterans Affairs, by July 1, 2016, to create a prioritized list of unused or underutilized nonresidential real property owned by the department, and to propose one or more potential uses that will benefit California veterans, as specified. The bill would require the department to consider its inventory of properties as an integrated system, and to address how prospective uses of the properties could complement each other. **Status:** 9/27/2014 - Chaptered by Secretary of State - Chapter 641, Statutes of 2014.	Watch
AB 1509 Fox D	**Veterans: transition assistance. (Chaptered: 9/27/2014)** Current law establishes the Department of Veterans Affairs, which is responsible for administering various programs and services for the benefit of veterans. This bill would require, by July 1, 2015, the Department of Veterans Affairs to develop a transition assistance program for veterans who have been discharged from the Armed Forces of the United States or the National Guard of any state, as specified. The bill would require the program to include certain California-specific transition assistance information. **Status:** 9/27/2014 - Chaptered by Secretary of State - Chapter 647, Statutes of 2014.	Watch
SB 1227 Hancock D	**Diversion: members of the military. (Chaptered: 9/27/2014)** Would authorize the court, with the consent of the defendant and a waiver of the defendant's speedy trial right, to postpone prosecution, either temporarily or permanently, of a misdemeanor and place the defendant in a pretrial diversion program, if the defendant was, or currently is, a member of the United States military and if he or she may be suffering from sexual trauma, traumatic brain injury, post-traumatic stress disorder, substance abuse, or mental health problems as a result of his or her military service. **Status:** 9/27/2014 - Chaptered by Secretary of State - Chapter 658, Statutes of 2014.	Watch

Total Measures: 47

Total Tracking Forms: 47

10/27/2014 12:13:46 PM