

# COUNTY OF YOLO

Health and Human Services Agency

Joan Planell  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 661-2750 • www.yolocounty.org

## Local Mental Health Board

**\*Regular Meeting: Monday, August 31, 2015, 7:00 PM – 9:00 PM**

Arthur F. Turner Community Library Meeting Room  
1212 Merckley Avenue, West Sacramento, CA 95691

*All items on this agenda may be considered for action.*

*\*This meeting will include a Public Forum beginning at 6:00 PM, followed by a regular meeting from 7:00 PM – 9:00 PM. This agenda reflects the regular meeting agenda items.*

### 7:00 PM CALL TO ORDER

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from July 27, 2015
5. Announcements
6. Correspondence
  - August 2015: Final Submitted Yolo County Data Notebook 2015 for California Mental Health Boards and Commissions
  - August 10, 2015: City of Davis Letter of Response and City Council Sub Committee Staff Report Regarding 2100 Fifth Street – Former Families First Site

### 7:25 PM CONSENT AGENDA ITEMS

7. Mental Health Director's Report – Karen Larsen
  - Mental Health Services Act
  - Housing Project
  - SAMHSA'S Certified Community Behavioral Health Clinic Planning Grant
  - 1115 Drug Medi-Cal Organized Delivery System Waiver
  - HHS Integration
  - Homeless Services
  - ICD-10 Implementation
  - SBIRT Training
  - EQRO Draft Report

### 7:30 PM TIME SET AGENDA ITEMS

8. Brown Act Training Presentation - Philip Pogledich, Yolo County Counsel

### 8:25 PM REGULAR AGENDA ITEMS

9. Chair Report – Bob Schelen
  - Reconsider Proposed Amendment to LMHB Bylaws
  - Legislative Ad Hoc Committee Report

Robert Schelen  
**Chair**

Robert Canning  
**Vice-Chair**

James Glica-Hernandez  
**Secretary**

#### **District 1**

Bret Bandley  
Martha Guerrero  
Sally Mandujan

#### **District 2**

Robert Canning  
Tom Waltz  
Nicki King

#### **District 3**

Richard Bellows  
Tawny Yambrovich  
James Glica-Hernandez

#### **District 4**

Robert Schelen  
Janlee Wong  
June Forbes

#### **District 5**

Brad Anderson  
Davis Campbell  
Joshua Pozun

#### **Board of Supervisors Liaison**

Jim Provenza

*Alternate*  
Don Saylor

*If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Department of Health Services – Alcohol, Drug and Mental Health Administration, 137 N. Cottonwood Street, Suite 2500, Woodland CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.*

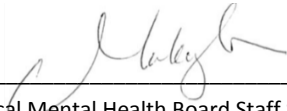
- Board Committee Reports
  - Communication and Education Committee
  - Program Committee
  - Budget and Finance Committee: July 27, 2015 Report

**9:00 PM ADJOURNMENT**

10. Future Meeting Planning and Adjournment – Bob Schelen

- Next Meeting Date and Location – Monday, September 28, 2015, 7:00 PM – 8:00 PM\* in the Bauer Building, Thomson Conference Room at 137 N. Cottonwood, Woodland, CA 95695. *\*The next meeting will consist of an abridged regular meeting from 7:00 – 8:00 PM followed by Board Committee Workshops from 8:00 – 9:00 PM.*

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, August 28, 2015.

  
\_\_\_\_\_  
Local Mental Health Board Staff Support Liaison  
Makayle Neuvert, Secretary  
Yolo County Health and Human Services Agency

**YOLO COUNTY: DATA  
NOTEBOOK 2015  
FOR CALIFORNIA  
MENTAL HEALTH BOARDS  
AND COMMISSIONS**



*Prepared by California Mental Health  
Planning Council, in collaboration with:  
California Association of Local Mental  
Health Boards/Commissions*

# YOLO COUNTY: DATA NOTEBOOK 2015

## FOR CALIFORNIA

### MENTAL HEALTH BOARDS AND COMMISSIONS

**County Population (2014):** 207,212

**Website for County Department of Mental Health (MH) or Behavioral Health:**

- <http://www.yolocounty.org/health-human-services/alcohol-drug-and-mental-health->

**Website for Local County MH Data and Reports:**

- <http://www.yolocounty.org/health-human-services/health-department/health-statistics/reports-publications>
- <http://www.countyhealthrankings.org/app/#!/california/2015/rankings/yolo/county/outcomes/1/snapshot>

**Website for local MH Board/Commission Meeting Announcements and Reports:**

- <http://www.yolocounty.org/health-human-services/alcohol-drug-and-mental-health-/local-mental-health-board->
- <http://www.yolocounty.org/home/showdocument?id=25092>

Specialty MH Data<sup>1</sup> from 2013: see Archives folder at <http://www.caeqro.com/>

Total number of persons receiving Medi-Cal in your county (2013): 45,497

Average number Medi-Cal eligible persons per month: 35,280

Percent of Medi-Cal eligible persons who were:

**Children, ages 0-17:** 48.1 %

**Adults, 18 and over:** 51.9 %

Total persons with SMI<sup>2</sup> or SED<sup>3</sup> who received Specialty MH services (2013): 1,822

Percent of Specialty MH service recipients who were:

**Children, ages 0-17:** 34.1 %

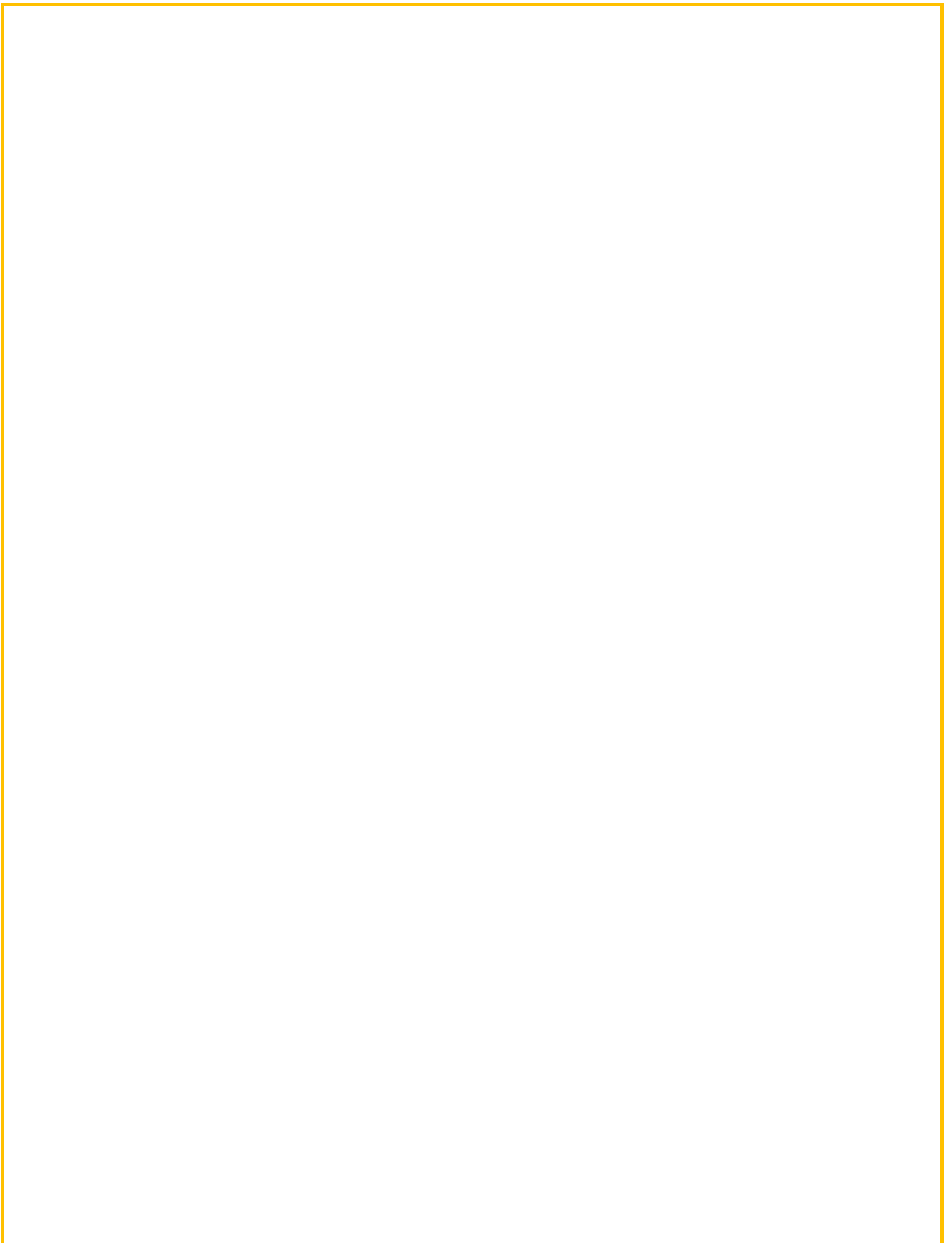
**Adults, 18 and over:** 65.9 %

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<sup>1</sup> Downloaded July 2014 from the former APS Healthcare website, [www.caeqro.com](http://www.caeqro.com).

<sup>2</sup> Serious Mental Illness, term used for adults 18 and older.

<sup>3</sup> Severe Emotional Disorder, term used for children 17 and under.



## Strategies to Meet Needs of Persons Experiencing a Mental Health Crisis

### Treatment Options and Alternatives to Locked (Involuntary) Facilities

While every effort is made to notify Californians of the availability of services and to encourage individuals to seek services early, sometimes a crisis occurs and immediate intervention is needed. In a worst case scenario, law enforcement is called to respond but in a better case scenario, a multi-disciplinary team that includes a mental health professional and a peer will meet with the individual in crisis. The toll and costs of hospitalizations and incarceration of individuals experiencing a mental health crisis are high on both the individual and public system. Many counties have implemented diversionary programs to help persons in crisis manage the situation, de-escalate their symptoms and recover without having to enter an institution.

We are seeking to identify the resources and options that are available to promote the least restrictive environment that will help individuals experiencing a MH crisis to stabilize and move toward recovery. Our goal is to highlight effective programs that meet this essential need on the continuum of services. Effective programs are an excellent way to reduce stigma, and to reduce costs allowing those savings to be used in other areas of the service system. By sharing information about programs with a substantial track record, we wish to promote programs of quality, excellence and safety.

### Continuum of Care for SMI in your Community

**1. Do you have these types of facilities in your county? Please check all that apply. Please mark 'Other' (and describe) if your county contracts for beds outside of your county.**

- IMDs (Institutions for Mental Diseases, used often for placement of MH clients who are under conservatorship and others)
- PHFs (Psychiatric Health Facilities)
- SNF with PTP (Skilled Nursing Facility with Psychiatric Treatment Program)
- State Hospital beds
- Psychiatric hospital beds
- None of the above
- Other, please describe \_\_\_\_\_

**2. If you do not have any of the above facilities in your county and you have a need that goes beyond crisis intervention, how do you handle a need for a longer term hospitalization (14-90 days)?**

- Transport to out-of-county psychiatric care facility
- Crisis intervention services
- Licensed adult residential facility (board and care home) that receive extra funding from the county (or placing agency) for additional MH-related services
- Other, please describe \_\_\_\_\_

**3. What alternatives to a locked facility do you have for those experiencing an immediate MH crisis? Please check all that apply.**

- Crisis Stabilization Service (23 hours)
- Crisis Residential
- Mobile Crisis Intervention Teams
- Transport to another county for treatment
- Transport to another state for treatment
- Assisted Outpatient Treatment (AOT) teams (Laura's Law type programs)
- Licensed adult residential facility (board and care home) that receives extra funding from the county (or placing agency) for additional MH-related services
- Other, please list or describe:

**24-Hour Crisis Response Line:** During business hours, the 24-hour phone line is answered by front desk support staff and transferred to Crisis staff. For calls or in-person solicitations, crisis staff are on hand to assess Yolo County residents for imminent risk due to a mental disorder. Crisis staff are also trained and ready to provide appropriate intervention on a continuum of care (most restrictive to least restrictive). During non-business hours, the crisis response line is answered by contracted agency staff (Yolo Community Care Continuum). Contracted staff are trained to provide initial triage services that address or stabilize the caller until the next working day. For emergencies or immediate risk situations, contracted staff alert local law enforcement to assess the situation. All crisis response line staff provide information on how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes. Inquiries are logged and disseminated to appropriate providers for immediate referral, follow up, or treatment.

**Laura's Law Assisted Outpatient Treatment Program (AOT):** Yolo County Specialty Mental Health Services attempts to meet the needs of SMI adult county residents who demonstrate

non-compliance with treatment and (a) 2 inpatient hospitalization episodes or 2 prison/ jail terms within a 36 month period, or (b) 1 serious act of violence or threats towards self/ others within a 48-month period. This program also serves county residents whose mental health conditions are deteriorating, or are unlikely to receive treatment due to their SMI. AOT services include: providing community-based treatment; 24/ 7 on-call support; increasing compliance with primary care and mental health treatment; improving medication compliance and mitigating unnecessary crisis events or acts of violence and/ or harm to self and others. This program increases the likelihood that consumers are referred to, and linked with the right treatment provider, at the appropriate level of care. Finally, the AOT program offers training and education to community mental health providers and local law enforcement/ probation/ court personnel.

**4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? Please check all that apply.**

- MH court
- Drug Court (some counties have combined into “problem-solving courts”)
- Jail diversion program (a court-ordered MH program where client avoids jail)
- Re-entry programs with MH/BH services to assist persons released into the community after leaving a correctional facility (e.g. programs funded by AB 109, Proposition 47, or related services)
- Other, please list or describe:

**Inmate Discharge Medication Program:** The program provides inmates with a paid 30-day supply of mental health medications upon release from prison or jail. The program currently utilizes one full-time social worker who focuses solely on discharge planning and the picking up/ dispensing of consumer medications. The prescriptions are filled by our community partner, Raley’s. Raley’s was specifically chosen because Yolo County has a pre-existing MOU with this provider on another county-wide prescription assistance program.

**5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above?**

- No  Yes  If yes, please list and describe:

**Bridge to Housing Program (B2H):** This short-term program (90-days) was initiated in November 2014 to assist homeless Yolo County residents (at that time, the county homeless population was estimated at 475). Under this program, 71 long-term homeless residents (including 47 dogs and 22 cats) were moved from a river encampment into temporary housing in West Sacramento, California. The program was funded by Yolo County and the City of West Sacramento. It was implemented by a consortium of county agencies (Drug, Alcohol & Mental Health, the County Administrator’s Office, District Attorney’s Office, Employment & Social



Services, Environmental Health, Health Services, Probation, Public Defender's Office, and Sheriff-Animal Services), the City of West Sacramento, and numerous faith-based and private industry groups. The effort was a pilot project aimed at transitioning homeless Yolo County residents from their river environment to sustainable housing and a host of services, including mental health treatment, substance abuse treatment, job skills training, and life counseling. In its most active phase, people who had lived along the riverbank, on an average of 4.5 years, packed up and boarded buses that took them to temporary apartment housing at the Old Town Inn. They were fast-tracked for federal housing assistance because their eviction was ordered by way of a "governmental action." They were offered temporary placement for 60 to 120 days and were asked to look for permanent rental units that would eventually be paid for with federal housing vouchers. Homeless residents were also given assistance with applying for job training, health insurance benefits, disability benefits, and one year's worth of free cellular phone service.

In January 2015, Yolo County Specialty Mental Health Services allocated an additional \$30,000 to support the B2H program through the end of February 2015. From the 71 original residents, B2H successfully placed 18 of them into permanent housing. Over 82% of the residents reported obtaining health insurance, which paved the way for them to secure necessary substance abuse treatment, mental health treatment and primary care services in the near future. B2H also leveraged resources by linking 35% of the residents with a local social security program. Additionally, Northern California Construction and Training program partnered with B2H with the intent of providing vocational training and job placement assistance to another 35% of the residents. This project is currently recognized statewide.

**Homeless Court:** Yolo County District Attorney is developing a grant to develop a Homeless Court to function in a similar, but not identical fashion, as Mental Health and Drug Court. While the target audience is the homeless, by its very nature, it is being put together in a way to help those in the homeless population that have mental health issues and/or co-occurring disorders.

**6. Prevention. Does your county have any programs implemented specifically as alternatives to locked facilities that haven't been addressed above?** This is an open question that could include MHSA-funded prevention programs designed to assist individuals in crisis, or to prevent first-break psychosis. Such programs could include local implementation of a program for more MH triage workers (funded by SB 82). This question could also be addressed by other strategies that engage public (county) and private partnerships, regardless of funding sources.

**Crisis Intervention Program (CIP):** Yolo County Specialty Mental Health Services received a substantial Senate Bill 82 grant award for expanding its Crisis Intervention Program (CIP). CIP's goal is to have trained clinical staff available when law enforcement responds to a mental health crisis. To date we have 4 FTE clinicians co-located with the following local law enforcement jurisdictions: Woodland, West Sacramento, Davis, and Yolo County Sheriff/Winters. This partnership was created to minimize the costly placement of individuals in hospitals and jails. There is also a peer counseling component that supports SMI county residents after a crisis event has passed. The peer component also promotes access to and engagement with mental health services that might prevent future crisis events and promote recovery and wellness. CIP

partners with law enforcement and responds to requests for consultation or assessment at the location of an incident. CIP services include: providing consultation on transporting the individual to the emergency room or other suitable service; mitigating unnecessary emergency hospital room visits; increasing access to primary care and immediate treatment options; improving medication compliance; and improving SMI consumer treatment options. This program increases the likelihood that consumers are referred to, and linked with the right treatment provider, at the appropriate level of care. Ongoing community needs assessment and focus groups with law enforcement have resulted in a high level of support from local law enforcement agencies. Law enforcement actively assists the county with tracking individuals showing early warning signs of mental illness that flag the CIP team to action. Law enforcement also tracks calls where mental illness was a contributing factor (but not the primary reason for the call). This collaboration between county mental health personnel and law enforcement has been well-received by the community.

**Crisis Intervention Team (CIT):** Senate Bill 82 grant money was also earmarked for the training of both CIT and law enforcement (LE) personnel. This rigorous training requires a 32-hour commitment from CIT and law enforcement personnel that results in the equivalency of certifying in California Peace Officer Standards and Training (P.O.S.T.). The CIT plan establishes a 100% certification target for CIT staff, patrol officers, and public safety dispatchers. As with many jurisdictions, the implementation of CIT in LE agencies has been met with many impractical, procedural hurdles. However, an agreement between Yolo County's Sheriff's Office and Specialty Mental Health Services unit has circumvented a delay in getting the program up and running. For example, CIT and law enforcement have agreed to share confidential information in order to expedite the assessment and evaluation of SMI community residents. Timely access to both criminal and mental health records for the county's SMI population also facilitates the placement of offenders in appropriate treatment facilities, rather than having our residents wait at local hospitals or jails without receiving immediate or proper treatment.

**First Episode Psychosis Program (FEP):** Yolo County Specialty Mental Health Services received funds added to the Mental Health Block Grant for the purpose of developing a first episode psychosis program. To this end, the program aims at enhancing response times for this population and increasing accessibility to mental health services. In order to do this, the county partnered with a local non-profit community mental health provider (Turning Point) who has incorporated FEP into existing protocols in various jurisdictions. Law enforcement and CIP clinicians responding to 9-1-1 calls become the first point of contact with the identified population. Their objective would be to link families or individuals experiencing first episode psychosis with Turning Point services in order to receive the interventions and treatment needed early on.

**Wellness Center:** A drop in Wellness Center is located at the Woodland clinic for transition-aged youth (16-24) and adults. Clients must be a current client of Yolo County Specialty Mental Health Services. The primary goal of the Wellness Center is to engage consumers in a variety of wellness and recovery activities. Thus, consumers are encouraged to attend as many

rehabilitative and skill-building groups as they feel are needed. Consumers are also provided with a computer lab and access to the Internet.

**Housing Now Program (HNP):** HNP was established by Yolo Community Care Continuum with funding from the MSHA Local Innovation Fast Track grant. HNP is intended to provide Yolo County SMI residents with timely and comprehensive housing resource coordination and assistance whether they are (a) homeless, or (b) in a stage of crisis that could affect their housing situation. An overwhelming majority of program participants have reported experiencing major hurdles impeding their ability to maintain sustainable housing. Examples include: multiple evictions, felony criminal history, poor credit history, deficient life/ financial skills, substance abuse, domestic violence, and chronic homelessness. The overall goal of HNP is to increase the number of SMI consumers who can acquire and maintain sustainable housing. At its core, HNP utilizes Critical Time Intervention (CTI) and a wellness recovery system driven by the consumer. This means that the program offers medium to long term case management services (for a minimum of 6 months), in the form of: house searching, applying for housing, application and credit check payment, financial coaching, skill development, advocacy and mediation services amongst consumers and individual property managers/ owners in Yolo County. From the program's inception (August 2014), HNP has served a total of 56 SMI adults in Yolo County. The average time span from program entry to permanent housing is 2.13 months. As of January 2015, 41% SMI consumers reported acquiring some form of income that contributed to individual savings, first month's deposit, or rent payment.

**7. Unmet needs. Please describe any specific unmet needs for children, transition-aged youth, adults or older adults in your county for either MH-related hospitalization or community-based crisis treatment services.**

Yolo County's LMHB has determined the following unmet needs in the community:

- 23-hour crisis stabilization unit
- Supportive Housing options for SMI adults and transition aged youth

**8. If you could ask for any specific resource, program, or facility to meet serious, urgent MH needs in your community, what would be your top three priorities?**

Yolo County's LMHB has determined the following as top three priorities:

- 23-hour crisis stabilization unit or detox center
- Supportive Housing options for SMI adults and transition aged youth
- Transportation services

## The Impact of Substance Abuse on the MH System of Care in your County

9. This next question may help define the nature and scope of the substance use problem in your community. Resources for such information may include the Alcohol and Other Drug Administrator for your county, your county Sheriff's Department, or the Behavioral Health Director.

**What substances are the most commonly abused in your county? Please select the top three drug categories below (and indicate estimated percentage if known).**

- Alcohol: **13%**
- Marijuana, hashish or synthetic marijuana (e.g. 'spice', 'bath salts'): **21%**
- Amphetamines, methamphetamine, prescription stimulants (ADHD drugs): **33%**
- Cocaine, 'crack' cocaine
- Opioids (heroin, opium, prescription opioid pain relievers)
- Club Drugs (MDMA/Ecstasy, Rohypnol/flunitrazepam, GHB)
- CNS depressants (prescription tranquilizers and muscle relaxants)
- Hallucinogens (LSD, Mescaline/peyote/cactus, Psilocybin/mushrooms)
- Dissociative Drugs (Ketamine, PCP/phencyclidine/angel dust, Salvia plant species, dextromethorphan cough syrup)
- Inhalants (solvents, glues, gases, nitrites/laughing gas)

**10. With respect to SUD treatment in your county, what are the main barriers to access and engagement with treatment?**

- Transportation: **(4)**
- Wait list to enter treatment
- Language and/or cultural issues
- Client not ready to commit fully to stopping use of drugs and/or alcohol: **(1)**
- Failure to complete treatment program
- Lack of treatment programs or options locally
- Lack of workforce licensed/certified to treat clients who have co-occurring MH and SUD issues
- Stigma and prejudice regarding diagnosis or participation in treatment: **(3)**
- Reduced motivation of clients due to changes in court-required drug treatment programs (Prop 47 reduces penalties for some SU crimes, thus individuals may choose to opt out of drug court supervision. Drug court is a way to reduce penalties in exchange for engaging in SUD treatment): **(2)**
- Other, please describe \_\_\_\_\_

**11. What could be done to increase successful outcomes for SUD recovery in your county? Choose the top three priorities.**

- Ongoing case management (3)
- Support individuals to make necessary changes in social patterns (new neighborhood; change routes to home, school or work; change circle of friends) (2)
- Medication services
- Family treatment/ education
- Health and nutrition classes
- Parenting classes
- Onsite access or referrals for primary health care screening and treatment
- Vocational training and support, including employment readiness classes (1)
- Other, please describe \_\_\_\_\_

**12. Have any SUD treatment strategies been shown to be especially successful in your county?**

Yes  None

If yes, please describe: Yolo County has been successful using the following SUD treatment interventions with our SMI/ SED consumer population:

1. Seeking Safety
2. Cognitive Behavioral Interventions (specifically for substance abuse)
3. Moral Reconation Therapy
4. Thinking for a Change
5. Change Companies (interactive journaling)

**13. How does your county support individuals in recovery to increase the rates of success? Please check all that apply in your county.**

- Transportation to outpatient treatment and therapy appointments
- Motivational interviewing
- Case management/aftercare/follow-up services and referrals
- Services more like FSP<sup>4</sup> or wrap-around services
- Family treatment and/or family education

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<sup>4</sup> Full Service Partnership mental health services, programs funded by the Mental Health Services Act.

- Medication services
- Teaching about activities of daily living
- Parenting classes
- Smoking cessation classes or treatment
- On-site health testing and treatment
- Linkage to primary care clinic for health tests and treatment
- Job readiness training, vocational services, GED/college classes
- Facilitate a change in the person's culture, to build new relationships, routines, patterns not linked to alcohol or drug use.
- Peer support, mentors or sponsors in the community
- Classes about nutrition, cooking, exercise, and care of one's own health
- Other, please describe \_\_\_\_\_

In your opinion, which of the above are the four factors most essential to client success in SUD recovery?

- ✓ Motivational Interviewing interventions specifically designed to assist SUD individuals with problem-solving, critical thinking, and decision making functions.
- ✓ Family interventions specifically designed to foster family understanding, coping and communication. These interventions contain psychoeducational components that help the family deal with the behavior & emotional state of the family member who is attempting to recover from addiction. Family interventions also address the resulting effect on the family system and validates the struggles that each family member undergoes when one of its members is ill. Family interventions attempt to preserve and enhance the group's functioning as it undergoes significant stages of change.
- ✓ Assisting individuals with relational/ social skill building to enhance their personal relationships (not linked to SUD).
- ✓ Assisting individuals with job readiness skills that move them toward future employment.

14. **Prevention.** This last question is about coordinating prevention efforts between different agencies and groups. We believe that prevention and education activities are important to help reduce the number of persons using drugs or abusing alcohol, especially for youth under 18 and young adults.

The evidence shows that prevention efforts are much more effective when coordinated across multiple service systems. Currently, funding for MH efforts have a different source than that for

substance abuse prevention<sup>5</sup> and therefore must be devoted to mental health. This results in most programs being separate or ‘siloed’ which risks producing fragmented, patchwork efforts and less than optimal outcomes for consumers.

**Does your county implement coordinated programs to address prevention of both SUD and mental illness in children, transition-aged youth and young adults?**

Yes √      No \_\_\_

**If yes, please provide a brief description of the program, target audience, and activities.**

**Friday Night Live Alcohol and Drug Prevention Program (for Youth):** Friday Night Live (a program within Yolo County Health and Human Services) has an active partnership with the Yolo County School District to provide middle and high school youth with educational and leadership opportunities. School sites (with active Club Live, Friday Night Live and Friday Night Live Mentoring Chapters) send youth to this program to learn more about the effects of drug and alcohol abuse. SED youth (a) residing in Yolo County, or (b) attending Yolo County schools with or without full scope Medi-Cal are eligible to apply for this program.

**Victor Community Support Services Co-Occurring Treatment Program:** This program is for juvenile justice-involved adolescents (ages 12-18) suffering from co-occurring disorders (substance abuse and mental health disorders). The program is based on the harm reduction model. The agency seeks to meet the needs of these adolescents by: empowering teens, restoring family cohesiveness, and initiating recovery.

**Turning Point Free to Choose Program:** This program offers TAY (ages 18-25) with peer counseling/ group support also from a Harm Reduction perspective.

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<sup>5</sup> Examples of programs funded from different sources could include MHSA Prevention and Early Intervention programs or the substance Abuse Prevention and Treatment Block Grant. You may know of others in your community.

**Addendum: Question #15**

**Resources for local Advisory Boards to carry out their Mandated Roles**

These questions address the operations of county mental health boards, behavioral health boards, or mental health commissions, regardless of current title. These items have been included in partnership with the California Association of Local Mental Health Boards and Commissions.

**(a) What process was used to complete this Data Notebook? Please check all that apply.**

MH Board completed majority of the Data Notebook

County staff and/or Director completed majority of the Data Notebook

Data Notebook placed on Agenda and discussed at Board meeting

Other; please describe: The Quality Management department facilitated a discussion with board members who answered at least half of the questionnaire in that session. Quality Management took the remainder (Substance Use Disorder portion) to other knowledgeable county executive management staff and synthesized the report on behalf of the Local Mental Health Board.

**(b) Do you have suggestions for future Data Notebook themes or topics?**

Yes  No  If yes, please list: \_\_\_\_\_.

**(c) Does your Board have a yearly budget to support its activities?**

Yes  No  If yes, \$ \_\_\_\_\_

*Note: While the Yolo County Mental Health Board does not have a yearly budget, financial support of a sort is give to the Board by the County when we develop special projects for consumers and outreach to the community.*

**(d) Does your Board have designated staff to support your activities?**

Yes  No

If yes, please provide their job classification \_\_\_\_\_

Briefly describe their duties \_\_\_\_\_

**(e) What is the best method for contacting this staff member or board liaison?**

Name and County: Makayle Neuvert -Yolo County

Email: [makayle.neuvert@yolocounty.org](mailto:makayle.neuvert@yolocounty.org) Phone: (530) 666-8946

**(f) What is the best way to contact your Board presiding officer (Chair, etc.)?**

Name and County: Bob Schelen, Chair, Yolo County LMHB

Email: [slobadbobs@aol.com](mailto:slobadbobs@aol.com)

Phone #: (916) 849-2110



**REMINDER:**

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. We welcome your input.

**Please submit your Data Notebook report by email to:**

**[DataNotebook@CMHPC.CA.GOV](mailto:DataNotebook@CMHPC.CA.GOV)**.

**For information, you may contact the email address above, or telephone:**

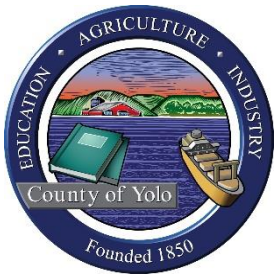
**(916) 449-5249**

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413
- Sacramento, CA 95899-7413







# COUNTY OF YOLO

Health and Human Services Agency

*Joan Planell*  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 661-2750 • www.yolocounty.org

## Local Mental Health Board

**Date:** 08/27/15

**TO:** LMHB Members

**FROM:** Bob Schelen, Chair

**SUBJECT:** City of Davis Letter of Response and City Council Sub Committee Staff Report  
Regarding 2100 Fifth Street – Former Families First Site

Board Members,

Attached you will find two attachments/communications. One is the response of the City to the joint letter that was sent by Cass Sylvia, President of Yolo NAMI and myself detailing NAMI and Yolo LMHB concerns about the site, as well as some of the housing for at-risk populations in Yolo County. Please also find attached a City of Davis Staff Report on a Davis City Council Sub-Committee Report on dealing with Mace Ranch dedication land on 5th Street. The City Council Sub-Committee recommends that the site be used (developed) for at-risk populations, including those in the community with mental health needs.

I have communicated with the Davis City Council on both their response to us and the City of Davis staff report. We will be discussing both of these communications under correspondence in this month's agenda.

Bob Schelen

Robert Schelen  
*Chair*

Robert Canning  
*Vice-Chair*

James Glica-Hernandez  
*Secretary*

***District 1***

Bret Bandlely  
Martha Guerrero  
Sally Mandujan

***District 2***

Robert Canning  
Tom Waltz  
Nicki King

***District 3***

Richard Bellows  
Tawny Yambrovich  
James Glica-Hernandez

***District 4***

Robert Schelen  
Janlee Wong  
June Forbes

***District 5***

Brad Anderson  
Davis Campbell  
Joshua Pozun

***Board of  
Supervisors  
Liaison***

Jim Provenza

*Alternate*  
Don Saylor



**City Manager's Office**

23 Russell Boulevard – Davis, California 95616  
530/757-5602 - FAX: 530/758-0204 – TDD: 530/757-5666



August 10, 2015

Robert Schelen  
Yolo County Local Mental Health Board

Cass Sylvia  
NAMI- Yolo

Re: 2100 Fifth Street- Former Families First Site

Dear Mr. Schelen and Ms. Sylvia,

Thank you for your recent inquiry regarding the former Families First Site that is located at 2100 Fifth Street. As you may be aware, the City recently received a planning application from a private developer of this site who is proposing to develop rental housing focused on serving students at this location. As part of the City Council's review of this project's pre-application, there was discussion about staff working on identifying local affordable housing and social services needs that could potentially be met as part of this overall project. The City is not considering purchase of the site, as the City does not have adequate resources for its purchase and/or development. We did consider this option previously, but found it infeasible.

City Council direction is that staff proceeds with processing the application, while considering options for meeting local social services and affordable housing needs. Staff is working on gathering information about the potential range of needs that could be met on this site in order to determine the best potential use for the affordable housing and social services portion that could be negotiated into the overall project. Staff began looking at options in the context of the affordable housing needs in the city and as a result of the recent homelessness summit that occurred in June. That being said, there could be opportunity for the co-habitation of various uses, depending upon their compatibility, but we are still working on the details.

The City does not intend to interrupt the County's work on its own mental health housing projects. And while the City is considering local needs for housing that could assist individuals with mental illness, it is more likely that such a need would be met on another site, such as a site that is wholly dedicated to affordable housing. Planning and housing & social services staff would be happy to schedule a meeting with you to hear more about your thoughts regarding this need and this site. Please feel free to contact Danielle Foster at (530) 747-5853 or [dfoster@cityofdavis.org](mailto:dfoster@cityofdavis.org) to set a meeting for this discussion.

Thanks for your efforts in serving our community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mike Webb".

Mike Webb, Assistant City Manager





**CITY OF DAVIS  
CITY COUNCIL AGENDA  
COMMUNITY CHAMBERS, 23 RUSSELL BOULEVARD, DAVIS, CA 95616  
TUESDAY, AUGUST 25, 2015  
6:30 P.M.**

*Members of the City Council:*

*Dan Wolk, Mayor*

*Robb Davis, Mayor Pro Tem*

*Lucas Frerichs*

*Brett Lee*

*Rochelle Swanson*

*Dirk Brazil, City Manager*

*Harriet Steiner, City Attorney*

PLEASE NOTE – The numerical order of items on this agenda is for convenience of reference; **times listed are estimates**. Items may be taken out of order upon request of the Mayor or Council Members. A 4/5 vote of the Council is required to begin consideration of a new item of business after 11:30 p.m.

Roll Call

Approval of Agenda

Item 1

6:30 Ceremonial Presentation: Proclamation Honoring Honza Rejmanek for His Participation in the X-Alps

Item 2

6:35 City Manager Brief Announcements/Communications

Item 3

6:40 **Public Comments**

At this time, any member of the public may address the City Council on matters which are not listed on this agenda, or are listed on the consent calendar. Speakers will be asked to state their name for the record. Comments are usually limited to no more than 3 minutes per speaker. If possible, citizens should reserve their comments for regular matters listed on this agenda at the time the item is considered by the Council. However, members of the public who are not able to stay until their item is heard are welcome to speak during the general Public Comments period. (Please note: comments for official Public Hearings should only occur during the hearing.)

The Public Comments section is for the City Council to receive comments; except for brief questions for clarification, no discussion or action may be taken on any item that is not listed on the agenda. Public comment may be continued to the end of the meeting if the time allotted for public comment expires.

Item 4

**Consent Calendar**

6:55 All matters listed under the Consent Calendar are considered routine and non-controversial, require no discussion and are expected to have unanimous Council support and may be enacted by the Council in one motion in the form listed below. There will be no separate discussion of these items; however, before the Council votes on the motion to

adopt, members of the Council, staff, or the public may request that specific items be removed from the Consent Calendar for separate discussion and action. Item(s) removed will be discussed later in the meeting as time permits.

A. School Crossing Guard Contract (*Public Works Director Robert Clarke/Assistant City Engineer Brian Mickelson/Bike & Pedestrian Coordinator Jennifer Donofrio*)

Recommendation:

1. Approve Resolution Authorizing the City of Davis to Enter Into a Contract with American Guard Services, Inc., for Operating the School Crossing Guard Program
2. Approve Resolution Authorizing the City of Davis to Enter Into a Memorandum of Agreement with Davis Joint Unified School District to Share Expenses of the School Crossing Guard Program

B. Support Efforts to Address Critical Funding Needs for State and Local Transportation Infrastructure (*Public Works Director Robert Clarke*)

Recommendation: Approve Resolution Urging the State to Provide New Sustainable Funding for State and Local Transportation Infrastructure

C. Proposed 90-Minute Parking – West Side of Anderson Road South of Chavez Elementary School (*Assistant City Engineer Brian Mickelson/Senior Civil Engineer Roxanne Namazi*)

Recommendation: Introduce Ordinance Amending Section 22.08.285 of the Davis Municipal Code Relating to Ninety-Minute Parking

D. Proposed Issuance of Revocable Street Use Permits to Allow Basketball Hoops on Certain City Streets (*Police Chief Landy Black/Assistant Police Chief Darren Pytel*)

Recommendation:

1. Introduce Ordinance Amending Article 35.01 of the Davis Municipal Code to Allow the Police Chief to Issue Revocable Street Use Permits
2. Receive information regarding the permitting process for issuing revocable Street Use Permits to allow certain basketball hoops to encroach on the city right-of-way

E. Second Reading: Ordinance Amending Section 22.08.310 of the Davis Municipal Code Relating to Parking Prohibited At All Times (L Street, between Second and Third Street, both sides)

Recommendation: Adopt (Introduced 06/30/2015)

F. California Office of Traffic Safety Selective Traffic Enforcement “STEP” Grant (*Police Chief Landy Black*)

Recommendation: Approve Budget Adjustment #4 (\$114,495) – appropriating grant funds for staff overtime, replacement radar for patrol cars and a computerized traffic collision reconstruction/calculations system

G. Commission/Board Meeting Minutes:

1. Historical Resources Management Commission Meetings of November 17, 2014, and January 26, February 23, March 16, May 18 and June 30, 2015



2. Human Relations Commission Meetings of March 26, April 23, May 28 and June 25, 2015
3. Natural Resources Commission Meetings of April 28, May 28, June 23, July 28, September 22 and October 27, 2014
4. Recreation & Park Commission Meetings of January 15, March 19, April 16 and May 21, 2015
5. Social Services Commission Meetings of May 18 and June 15, 2015
6. Woodland-Davis Clean Water Agency Board Meeting of March 19, 2015

Recommendation: Informational

H. Proclamation Naming September as Safe Digging Month in Davis

Recommendation: Informational

### Regular Calendar

Item 5

7:00 Public Hearing: 1111 Richards Boulevard Embassy Suites Hotel & Conference Center; Planning Application #14-18: Mitigated Negative Declaration #4-14, Specific Plan Amendment #1-14, Conditional Use Permit #2-14, Design Review #9-14 (*Assistant City Manager Mike Webb/Community Development Administrator Katherine Hess*)

Recommendation:

1. Certify Mitigated Negative Declaration #4-14 as adequately assessing the potential impacts of the project
2. Introduce Ordinance Amending the Zoning and Design Guidelines of the Gateway/Olive Drive Specific Plan Regarding Hotel Uses in the West Olive Drive Commercial Service Area
3. Approve Conditional Use Permit application #21-14 for the hotel conference facility operation
4. Approve the site plan and architecture for the project, based on the findings and subject to the conditions

Item 6

8:00 Developer Selection Process for the Mace Ranch III Affordable Housing Land Dedication Site - 2990 Fifth Street (*City Council Subcommittee Davis & Frerichs/Assistant City Manager Kelly Stachowicz/Housing & Human Services Superintendent Danielle Foster*)

Recommendation:

1. Confirm the greatest priorities of the City Council for the land dedication site at 2990 Fifth Street as the following policy objectives:
  - a. Maximize project affordability
  - b. Serve individuals with special needs, with a focus on mental health, physical disabilities, and substance abuse challenges, who are homeless or at-risk of homelessness
2. Based on the criteria stated above, confirm that the top three candidates for further City Council consideration (in alphabetical order) are:
  - a. Creekside Courts- Davis Community Meals, Neighborhood Partners, John Stewart Company (DCM)
  - b. Meta Housing (Meta)
  - c. Resources for Community Development (RCD)

3. Direct staff and Subcommittee to work with the applicants of the identified top three applications to further refine their proposals using the criteria above, City Council comments, the process criteria, and a focus on the project's ability to be developed and its long-term sustainability, including quality construction, adequate project reserves, low city subsidy, project design, and long-term ownership of the project
4. Once these proposals are further refined, return to the City Council for final selection between these top candidates

Item 7

- 9:00 A. City Council Brief Communications:
1. AB 1234 reporting of meetings attended at City expense
  2. Brief announcements and/or questions to be referred to staff
  3. Reports on various 2x2 meetings and Commission/Board/inter-jurisdictional assignments
- B. City Council Long Range Calendar. The calendar is a fluid, working document used to support efficient and effective meetings. The calendar is subject to change to best fit items into the time schedule of the Council meetings. At this time, Council may request items be placed on a future meeting agenda.
- C. City Council Goals 2014-2016. The Council Goals, Objectives and Tasks Matrix is meant to be a flexible representation of priorities for the period FY 2014-2016. As community needs and focus change over time, the Council can use the Goals Matrix to determine priorities and the City Manager can then determine the shifting of appropriate resources.

Adjournment

The foregoing agenda for the August 25, 2015 regular meeting of the Davis City Council was delivered to each Councilmember and posted on the outside public bulletin board at City Hall, 23 Russell Boulevard on August 20, 2015 and made available to the public during normal business hours.

**How to obtain City Council Agendas:** View on the internet: <http://city-council.cityofdavis.org>; Hard copies available at City Hall, main hallway, 23 Russell Boulevard.

**City Council Agenda packets are available for review or copying at the following locations:** Review: View on the internet: <http://city-council.cityofdavis.org>; City Hall, main hallway, 23 Russell Boulevard; During Council meetings: rear of Community Chambers. Copying: City Hall, City Clerk's Office, 23 Russell Boulevard.

City Council meetings are televised live on City of Davis Government Channel 16 (available to those who subscribe to cable television) and replayed at the following schedule: Wednesday at 9:00 a.m.; Thursday at 7:00 a.m., 1:00 p.m. and 7:00 p.m.; and Saturday at 1:00 p.m. Meetings are also televised live and available for review for three months on the web at <http://archive.cityofdavis.org/media/>. Videotapes of City Council meetings since 1995 are available for review at the Davis Branch of the Yolo County Library. The tape of the most recent meeting will normally be available by the Monday following the meeting. If you have any questions regarding televised meetings or the Government Channel in general, please call 757-5667.

**General Notes:**

- Meeting facilities are accessible to persons with disabilities. By request, alternative agenda document formats are available to persons with disabilities. To arrange an alternative agenda document format or to arrange aid or services to modify or accommodate persons with a disability to participate in a public meeting, contact the City Clerk by calling 757-5648 (voice) or 757-5666 (TDD).

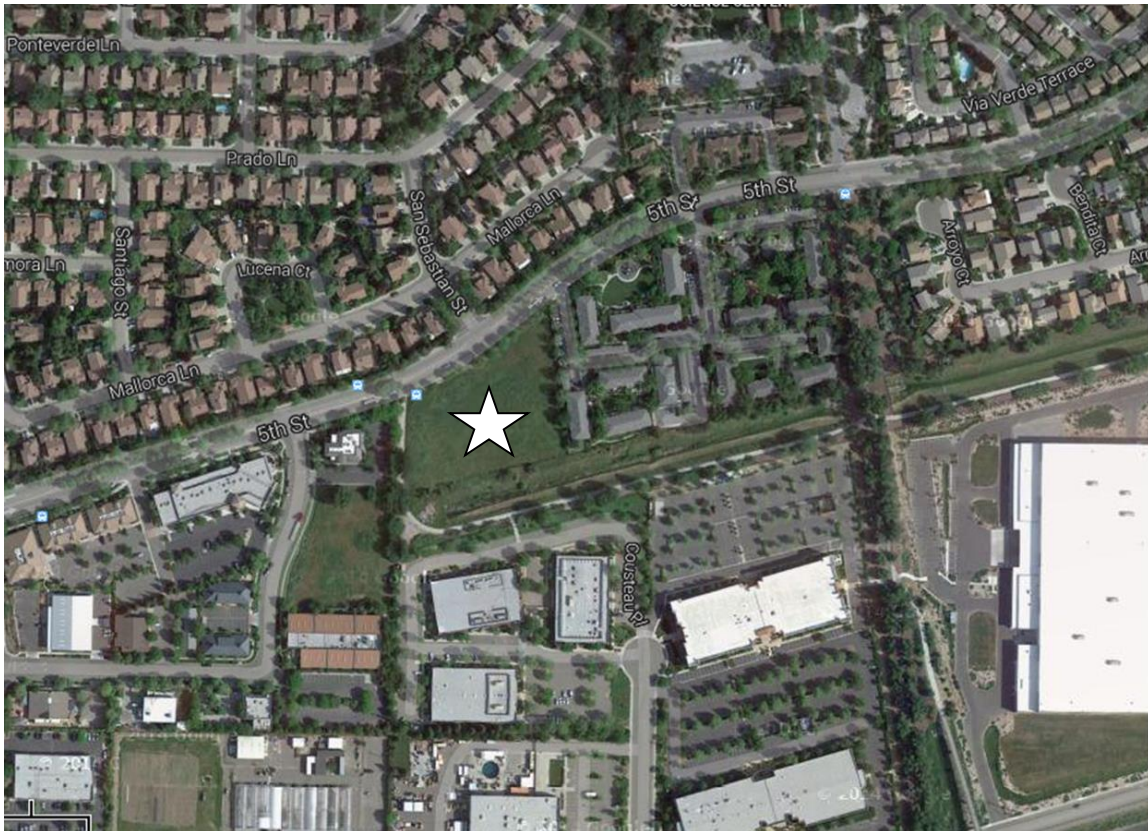
*Davis City Council Agenda  
August 25, 2015*

- Any writing related to an agenda item for the open session of this meeting distributed to the City Council less than 72 hours before this meeting is available for inspection at City Hall, City Clerk's Office, 23 Russell Blvd. These writings will also be available for review at the City Council meeting in the public access binder in the rear of the Community Chambers.
- Staff recommendations are guidelines to the City Council. On any item, the Council may take action which varies from that recommended by staff.
- The City does not transcribe its proceedings. Anyone who desires a verbatim record of this meeting should arrange for attendance by a court reporter or for other acceptable means of recordation. Such arrangements will be at the sole expense of the individual requesting the recordation.
- For questions about this agenda, please call the City Clerk's Office (530) 757-5648.





**Request for Proposals**  
**City of Davis**  
**Mace Ranch III Affordable Housing Site**  
**2990 Fifth Street**



**Submittal deadline: November 14, 2014 at 5pm**

Davis City Hall  
City Clerk's Office  
23 Russell Blvd, Suite 1  
Davis CA 95616  
(530) 747-5853  
Staff contact: Danielle Foster  
dfoster@cityofdavis.org

The City of Davis is pleased to issue this *Request for Proposals* for the potential development of the Mace Ranch Affordable Housing site located at 2990 Fifth Street, Davis, CA 95618. The city is inviting interested developers to submit proposals for the development of the site with affordable housing units, with a preference for rental housing. This is a site that has been dedicated to the city pursuant to the city's Affordable Housing Ordinance and requires a minimum of 21 affordable housing units be developed. The city intends to convey the site to a developer that includes a non-profit owner partnership for the development of low, very low, and extremely low income affordable rental housing units. The units are to be developed with permanent affordability that will remain in perpetuity, in accordance with the city's ordinance. Consistent outreach to the site's neighbors is expected of the successful applicant in this process and will be part of the ultimate development and management of the project.

**Submittal Deadline and Requirements:** Proposals should be submitted **no later than 5 p.m. November 14, 2014** to the Davis City Hall- City Clerk's Office located at 23 Russell Blvd, Suite 1, Davis, CA 95616. Proposals received after the deadline will not be considered.

**Priority:** The City of Davis is committed to addressing local housing needs for all Davis residents, including those with very low and extremely low incomes. The City Council discussed this site at a September meeting and believes that this site could accommodate 34- 50 rental housing units (if rezoned) to serve low, very-low, and extremely low income households, including veterans and other special needs households. The City Council also stated its preference for neighborhood outreach and input.

**Site and Zoning and Information:** This 1.67-acre site is part of the Mace Ranch subdivision. The site is currently zoned as part of a Planned Development subarea for single-family use, with a maximum of 29 housing units and the option for office space to support the non-profit affordable housing use. The City Council has interest in considering proposals that would require a density increase on this site, with a range from 34 up to 50 units in total, and believes that rental housing units (which would require rezoning) would also serve a greater community need.

**Current Zoning:** Planned Development #4-88, Residential Single-family Subarea

**Current General Plan Designation and Density:** Residential Medium Density with Net Density up to 18.14 units per acre with density bonus

Units within a proposal may be attached or detached, but should consider opportunity for accessibility. Development standards, such as setbacks, lot coverage, parking, usable open space, and height requirements are established at the Final Planned Development stage, which requires approval at a public hearing before the Planning Commission. Rezoning the site to rental housing and increasing allowable site density would require a public hearing at the Planning Commission and the City Council. The selected developer will be required to apply for the necessary planning approvals to accomplish the project prior to gaining site control and improving the site. Neighborhood compatibility will be a critical component of the planning review.

**Eligible Developers:** Affordable housing developers and developers with affordable housing development experience from Northern California are invited to submit proposals for the development of the site described above. Developers proposing rental projects should be partnered with a non-profit affordable housing organization. It is the City's preference that a completed rental housing project be owned by a local non-profit whose primary focus is the development and preservation of affordable housing, or a completed ownership project would be sold to income-qualified owner households.

Allowable Housing Types: The City of Davis desires to provide a variety of affordable housing types throughout the City to address the needs of the community. While the City will consider ownership proposals, the City believes that rental housing units on this site will address critical housing needs of very low and extremely low income households. Rental housing units are also likely to be more financially feasible on this site given limited resources for affordable housing projects. In addition to interest in extremely low and very low income housing units, the City Council also stated a desire to consider special housing needs in this project, including veterans.

Resident Incomes: Housing on this site is required to be provided for very low and low-income households (50 and 80 percent of median household income, respectively), at minimum. Greater affordability and a mix of affordability will be looked upon favorably. In for-sale affordable projects, the ratio of low to very-low income residents in projects can be flexible, but it is hoped that the recommended project will focus towards serving very-low, low, and extremely low income households through rental housing units. Units developed on this site would remain affordable in perpetuity through city-recorded deed restrictions.

Financial Assistance: The City of Davis is an entitlement jurisdiction for CDBG and HOME funds, and sometimes has small amounts of local Housing Trust Fund monies. However, with the loss of Redevelopment funding a few years ago, the City has fewer funds for affordable housing development. Subsidy financing from the City for construction of this development, if necessary, would not be available until 2017, after the City has fulfilled existing commitments on other pending projects. The City has not identified any funding source for operating subsidies at an affordable housing project.

Review Criteria: Selection criteria are included as an attachment to this RFP. Development proposals will be evaluated for completeness in responding to the information submittal requirements in this RFP and the criteria that are listed. Input from the neighbors at an initial neighborhood meeting was collected on October 13, 2014 and is included in the review criteria.

Selection Process: Proposals are not expected to include detailed financial projections or plans, but summary information for projected financing and a general site plan is desired. It is the City's expectation that final project details will be jointly determined and refined by the City and the selected developer, in consultation with project neighbors and applicable City Commissions.

Neighborhood Meeting: City staff will review each proposal and may request additional information. Neighbors of the land dedication site will review proposals submitted at a **November 19<sup>th</sup>** meeting. Please plan to attend this meeting at **5:30pm at the Windmere Apartments Community Room at 3100 Fifth Street** if you choose to submit a proposal for this site. You will be provided an opportunity to introduce your proposal at that meeting and field questions from the neighbors.

The current timeline for this RFP process is attached to this document as Attachment 3. The City anticipates that title to the property will be transferred from the City to the selected developer after final planning entitlements and funding commitments have been received. Alternative timing may be considered. A covenant requiring compliance with City affordable housing and maintenance requirements will be recorded to the property when title is transferred.

Additional Information: Questions or requests for further information should be directed to Danielle Foster, Housing & Human Services Superintendent, at (530) 747-5853 or [dfoster@cityofdavis.org](mailto:dfoster@cityofdavis.org).

Attachments:

1. Proposal Cover Sheet and Submittal Requirements
2. Location Map
3. Request for Proposals Timeline- Mace Ranch
4. Selection Criteria

**CITY OF DAVIS**  
**REQUEST FOR PROPOSALS**  
 LAND DEDICATION FOR AFFORDABLE HOUSING  
 MACE RANCH SITE

**PROPOSAL COVER SHEET**

APPLICANT/PARTNERSHIP:

ADDRESS:

CONTACT PERSON & ORGANIZATION:

PHONE:

FAX:

EMAIL:

**Proposal Submittal Requirements:** Submit a narrative project description, preliminary site plan and project proforma aimed at addressing the following issues:

**1. Description of Type of Development Proposed**

- The City Council has established a priority for very-low and extremely low income rental housing on this site. However, proposals for other housing types will also be considered.
- Preliminary description of design and construction concepts and objectives (townhouses, stacked flats, clustered units, other) *See the selection criteria for additional information on goals for the type of development and its relationship to the surrounding neighborhood.*
- Whether the preliminary project would provide amenities or supportive services to residents or the neighborhood.
- Whether the project would target identified special needs populations (veterans, seniors, homeless persons, other) and, if so, an assessment of the need for that housing. Please address each of the following items:
  - Ownership structure;
  - Resident population income and household composition;
  - Resident selection criteria;
  - Mechanisms for fostering resident stability;
  - On-site management and resident services;
  - Governing body and resident representation.
- Development and Community Character: Please provide a preliminary conceptual plan that includes the following:
  - Sketches, photos, and/or illustrations;
  - Rough architectural diagrams;
  - Descriptive narrative.
  - Architectural style, details, and features;
  - Unit height;
  - Development size (number of proposed units and justification);
  - Development density: (number of proposed units/bedrooms/residents on site and justification);
  - Configuration (e.g., apartments, townhomes, stacked flats, duplexes, cottages) ;
  - Setbacks (front, sides, back);
  - Parking (e.g., number, garages, carports, locations, visitors);
  - Building materials; (stucco, siding, tile, etc.)
  - Landscape and consideration of easements;
  - Community/neighborhood recreation/meeting facility;
  - Long-term maintenance, care and management of the development;
  - Green features and water reduction/consciousness aspects;
  - Accessibility and visitability features.

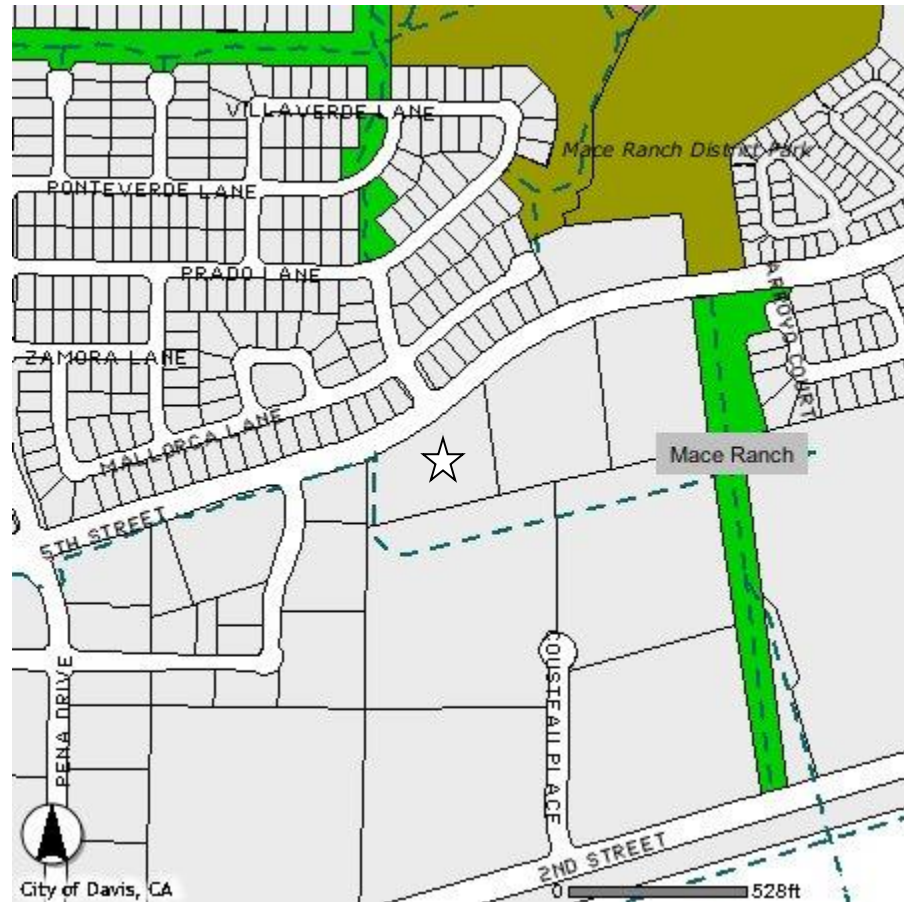


- Resident Selection Criteria. The city will review and approve all resident selection policies and procedures to be used in the project.
- Anticipated timeline for development and anticipated benchmarks or hurdles.
- Preliminary description of proposed funding sources and financing structure. Please prepare and submit a draft proforma for the project.
- Income Qualification: The units are to be developed with permanent affordability that serves low, very low, and extremely low income households.

## **2. Capacity of Developer**

- Experience of the organization's Board of Directors, staff, and consultants. Please include organizational Bylaws, Articles of Incorporation, Board of Directors roster, and resumes of applicable staff or consultants;
- List of previous developments built by the organization or its staff, with addresses, a brief description of the project's physical and financing structure (for at least 3-5 relevant projects), and contact names for financing entities and local jurisdictions who have worked with your organization. In addition, please include the following:
  - Examples where you have successfully built projects in similar communities;
  - Examples of similar projects that were less successful or were criticized for not meeting the neighborhood's, city's, funding institutions, or resident's expectations or requirements, and lessons learned;
  - Developer method(s) for balancing community requests with financial constraints.
  - Resident and neighbor testimonials, and references;
  - Illustrations, plans and/or pictures of the evolution of past projects from original plan/concepts through final result;
  - Describe other federal, state, and local funding opportunities, and likelihood of award that will assist this project in reaching both the developer's objectives and the community's vision.
- Whether developer is a Yolo County non-profit organization or intends to create or partner with a Yolo County non-profit organization for the purposes of developing and maintaining this project;
- A copy of the latest Audit, Income and Expense Report, Balance Sheet and operating budget for the organization.
- Confirmation that the organization agrees to produce audits and other financial and management documents for city review as required by the city during the life of the project.
- Confirmation that the organization will comply with local and federal requirements for contracts, including opportunities for women and minority-owned businesses, competitive bidding, and cost reporting.
- Community Partnership: Please describe how the developer proposes to partner with the Mace Ranch neighborhood community in the planning and developing of this site. In addition, please address the following issues in a detailed action plan:
  - Continuing community outreach, communication, and dispute resolution during design, planning, building and life of the project; and
  - Responses to existing neighborhood input, as outlined in the Attachment 4, Selection Criteria.

**CITY OF DAVIS**  
**REQUEST FOR PROPOSALS**  
**LAND DEDICATION FOR AFFORDABLE HOUSING**  
**LOCATION MAP – MACE RANCH SITE**





CITY OF DAVIS  
**AFFORDABLE HOUSING**  
REQUEST FOR PROPOSALS  
TIMELINE

# Mace Ranch



**CITY OF DAVIS**  
**REQUEST FOR PROPOSALS**  
**LAND DEDICATION FOR AFFORDABLE HOUSING**  
**SELECTION CRITERIA – MACE RANCH SITE**

1. Capacity of organization to work with neighbors, city staff, and the Social Services Commission in developing a project that is suitable for the location and consistent with City priorities. Willingness and openness to city staff and neighbor input throughout the project's refinement and the development review process.
2. Capacity of organization to develop affordable housing. Developers with previous experience developing affordable housing are preferable. Developers proposing rental projects should be partnered with a non-profit affordable housing organization for long-term ownership.
3. Compatibility of proposed project with the existing neighborhood. Specific objectives for the project include:
  - Architectural compatibility with surrounding residential and non-residential development.
  - Adequate parking and traffic circulation. Alternative modes of transportation considered.
  - Building heights, especially along the street and adjacent to existing houses, similar to those already in the area.
  - Setbacks along the street similar to those existing within the neighborhood.
  - Consideration of existing easements.
  - Visitability and accessibility of the units.
4. Consistency with the Council-adopted RFP goals of providing housing for low, very low, and extremely low income households and a desire for 35-50 rental housing units on the parcel, with potential options for veterans and/or other special needs groups.
5. Need level for housing for the identified/proposed target population;
6. Requests/projected requirements for City subsidy financing for predevelopment and construction;
7. Sustainability of the proposed project, including durability of construction materials being proposed and the project's ability to fund necessary services and maintenance on an ongoing basis.
8. Proposed energy-efficiency, water consciousness, and environmentally responsible components of the project.
9. Responsiveness to initial neighborhood feedback.

Neighborhood Feedback for Project Consideration (from October 13, 2014 meeting):

- Respond to local housing needs.
- Connect to neighboring bikepath connections.
- Incorporate small courtyards throughout the site (like at Windmere I/II) for shared smaller communities and child safety, especially due to proximity to Fifth Street. Courtyards provide opportunities for residents to play and socialize.
- Include a thoughtful landscape transition from Windmere II into the land dedication site.
- Provide a plan for long-term maintenance and quality property management of the site.
- Incorporate good construction materials that last, are durable, and hold up well in the long-term.
- Incorporate "eco features" (solar panels, efficient lighting, etc.).
- Be water conscious—reduced lawn sizes, if any is needed.
- Ensure adequate parking for site, including consideration of covered parking.
- Consider building materials and design in regards to its susceptibility to mold.
- Consider flooring materials in stacked flat units and incorporate noise reducing designs.
- Limit proximity of bedroom windows to parking spaces to reduce/limit noise impacts.

# Yolo County Health and Human Services Agency

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## BEHAVIORAL HEALTH SERVICES

### Local Mental Health Board Mental Health Director's Report August 31, 2015

**July 28, 2015 BOS Recognition of Mark Sawyer, Mental Health Clinician, as a Difference Maker.**



### **Mental Health Services Act**

Please note that the draft 2014/2015 plan has been posted and the 30 day comment period is open. Please make sure that you review the posted plan and submit any suggested edits/additions prior to September 10, 2015. The public hearing will occur on September 10, 2015 at 5pm at Bauer building. Visit the Yolo County MHSA Documents webpage for more information: <http://www.yolocounty.org/health-human-services/agency-information/mental-health-services-act-mhsa/mhsa-documents>.

### **Housing Project**

As presented at the last meeting, an additional grant award of \$2.9 million has been secured for the project. The County, Housing Authority, Mercy Housing, and CalHFA are in active and productive discussions regarding unit count, financing, and subsidies. The County is preparing to release an RFP for demolition of the existing structure. Our hope is to have a contract in place for demolition by the end of the year.

### **SAMHSA'S Certified Community Behavioral Health Clinic Planning Grant**

On August 13, 2015, the Department of Health Care Services (DHCS) submitted California's application for SAMHSA's Certified Community Behavioral Health Clinic. The grant requests is for \$1.9 million to develop and strategize plans to establish CCBHCs. This grant opportunity was born out of Congresswoman Matsui's Excellence in Mental Health Act and has the potential to transform behavioral health care if granted. California's CCBHC Planning Grant application is posted at: [http://www.dhcs.ca.gov/services/Documents/CCBHC\\_Grant\\_Application.pdf](http://www.dhcs.ca.gov/services/Documents/CCBHC_Grant_Application.pdf)

### **1115 Drug Medi-Cal Organized Delivery System Waiver**

On August 13, 2015, the Center for Medicare and Medicaid Services (CMS) approved California's Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver amendment which provides a continuum of care for substance use disorder treatment services. The DMC-ODS enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence based practices in substance abuse treatment and coordinates with other systems of care. Yolo County has informed the Department of Health Care Services (DHCS) that we will be opting into this waiver. DHCS has placed Yolo County in Phase III of the implementation process coming after Bay Area counties and Southern California. Our department will host the first in a series of ongoing meetings in preparation for this implementation this week. We are inviting all of our existing substance use disorder providers to these meetings so that they can partner with us as we embark on this exciting opportunity.

**Yolo County Health and Human Services Agency  
Behavioral Health Services  
Local Mental Health Board Mental Health Director's Report  
August 31, 2015**

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**HHS Integration**

HHS integration continues to move forward. The executive team continues to meet weekly and discuss items related to job classifications, communication, space, and training. Our current focus is primarily on getting the branches housed together.

**Homeless Services**

We officially hired our Homeless Coordinator for the County. Additionally, we continue to meet with West Sacramento, Davis, and Woodland to discuss plans for intervening in homelessness in each community. We are in the process of writing the application to HUD with our Homeless, Poverty, Action Coalition.

**ICD-10 Implementation**

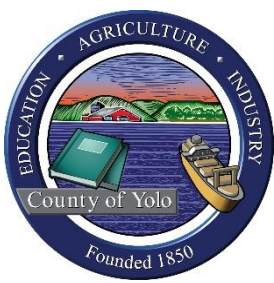
Providers throughout the country will be required to utilize ICD-10 diagnoses for all services provided on and after October 1, 2015. The Yolo County Health and Human Services Agency is excited to host a nationally recognized trainer for two, one-day trainings. Lisette Wright, MA and Licensed Psychologist from Behavioral Health Solutions, will be onsite Thursday and Friday, September 10 and 11, to train our staff and partners on the clinical aspects of this transition.

**SBIRT Training**

On August 19, 2015, we hosted a regional training on Screening, Brief Intervention, and Referral to Treatment. The training focused on increasing knowledge of screening and brief intervention concepts and techniques, an introduction and practice in screening and identification skills, a review of motivational interviewing skills and other skills necessary to delivering brief interventions. SBIRT is an evidence based practice generally used in the primary care setting to address alcohol and/or substance use.

**EQRO Draft Report**

On August 11, 2015, the Yolo County Mental Health Plan (MHP) received the External Quality Review Organization's (EQRO) draft report from the review conducted on April 8-9, 2015; the draft report covered MHP activities between November 2013 and March 2015. Emphasizing the MHP's use of data to promote quality and improve performance, the EQRO reviews key MHP quality management documents prior to the onsite review, meets with key staff and stakeholders onsite, and then summarizes its findings pertaining to Access, Timeliness, and Quality. At the conclusion of the report, the EQRO identifies high level system strengths and opportunities for improvement, and makes specific recommendations for improvement. This year, the EQRO praised the MHP for improvements in access to care, the interface of inpatient to outpatient care, investment in quality management, and progress toward Level of Service/Level of Care (LOS/LOC) tools and clinical outcomes measures. The EQRO identified opportunities for improvement related to reporting and analysis of co-occurring disorders, setting metrics and tracking timeliness data, adopting national healthcare quality standards, and incorporating LOS/LOC tools into the Electronic Health Record (EHR). Finally, the EQRO made three specific recommendations for the MHP to address prior to the next review in January 2016: increase IT staffing to support clinical, QI, and state mandates related to the EHR; conduct quantitative analysis of psychiatry capacity and explore practical and affordable remediation; and further development of the Wellness Center operations, including increased consumer leadership and management. Yolo County submitted written feedback to the EQRO requesting edits/modifications to 14 different areas within the report. Upon receipt, we will distribute the final report to interested partners, stakeholders, and staff.



# COUNTY OF YOLO

Health and Human Services Agency

*Joan Planell*  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 661-2750 • www.yolocounty.org

**TO: LMHB Members**

**FROM: Bob Schelen, Chair and James Glica-Hernandez, Secretary**

**SUBJECT: Proposed amendment to the LMHB Bylaws:**

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We are seeking a proposed change in the by-laws. After reading the Yolo County Counsel interpretation of the Brown Act and how they apply to our Board, we are requesting the elimination of Section 15 of the by-laws and replacing it with a new Section 15 as follows:

*"The Chair shall appoint, with Executive Committee advice, Ad-Hoc Committees of this Board that shall deal with the specific and general needs of the population of Yolo County in terms of the mission of the Local Mental Health Board, oversight of the administration, and programs of the County Departments, such as the Yolo County within the Health and Human Services Agency. Ad-Hoc Committees shall serve at the Chair's leisure, with permission of the Board."*

Attachment: LMHB By-laws, dated December 11, 2013

Robert Schelen  
*Chair*

Robert Canning  
*Vice-Chair*

James Glica-Hernandez  
*Secretary*

***District 1***

Bret Bandley  
Martha Guerrero  
Sally Mandujan

***District 2***

Robert Canning  
Tom Waltz  
Nicki King

***District 3***

Richard Bellows  
Tawny Yambrovich  
James Glica-Hernandez

***District 4***

Robert Schelen  
Janlee Wong  
June Forbes

***District 5***

Brad Anderson  
Davis Campbell  
Joshua Pozun

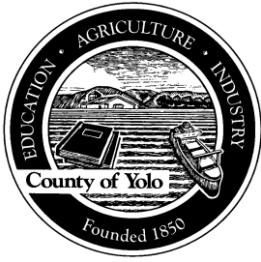
***Board of  
Supervisors  
Liaison***

Jim Provenza

*Alternate*  
Don Saylor







## BYLAWS

### ARTICLE I

#### SECTION I: MISSION, VALUES AND RESPONSIBILITIES

Mission:

Yolo County Local Mental Health Board supports the wellness, recovery, and resilience of all Yolo County residents through the identification of local mental health assets and needs, informed advocacy and education and collaboration with policymakers, service providers, consumers, and family members.

Values:

- Every person deserves well-being and quality of life
- Every person has value, importance and is unique
- Meaningful consumer and family participation
- Cultural sensitivity, appropriateness, and appreciation for the diversity of the region
- Highest quality, integrated services and supports
- Strong social safety net
- Political and personal accountability
- Advocacy beyond the minimum mandated care
- Evaluation and evidence based decision making

Duties and Responsibilities: *(Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302)*

The Yolo County Mental Health Board shall:

1. Review and evaluate the Yolo County mental health needs, facilities, services and special problems.
2. Review any county agreements or contracts entered into pursuant to Section 5650 of the Welfare and Institutions Code.
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to insure citizen and professional involvement in all stages of the planning process.
5. Submit an annual report to the County Board of Supervisors on the needs of performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The Mental Health Board shall be included in the selection process prior to the vote of the Governing Body.

**LOCAL MENTAL HEALTH BOARD – BYLAWS**  
**Updated: December 11, 2013**

7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Department, the Board of Supervisors and the State Mental Health Commission.
8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and the local community as required by Section 5604.2 (b) Welfare and Institutions Code.

**SECTION II: RELATIONSHIP WITH THE COUNTY BOARD OF SUPERVISORS**

It is the intent of the Board to maintain excellent relations with the Yolo County Board of Supervisors. The primary role of the Board is to advise the County Board of Supervisors on all mental health issues in Yolo County as defined by the California Welfare and Institutions Code.

**SECTION III: RELATIONSHIP WITH THE COUNTY DIRECTOR OF MENTAL HEALTH**

It is the intent of the Board to maintain a collaborative and supportive relationship with the County Director of Mental Health and staff.

**SECTION IV: MEMBERSHIP**

The Mental Health Board shall consist of sixteen (16) members appointed by the Board of Supervisors as follows:

- (a) Permanent members: There shall one permanent member of the board, who shall be a member of the Board of Supervisors.
- (b) Rotating members: There shall be fifteen (15) rotating members appointed as follows:
  - (1) At least fifty (50%) percent of the members shall be consumers or the parents, spouse sibling, or adult children of consumers, who are receiving or received mental health services;
  - (2) At least (20%) of the total membership shall be consumers and at least twenty (20%) percent of the total membership shall be families of consumers.
- (c) The Board of Supervisors shall, through its appointments to the Mental Health Board, strive to reflect the ethnic diversity of the client population of the County.
- (d) The Board of Supervisors is encouraged to appoint individuals who have experience and knowledge of the mental health system.

**SECTION V: MEMBERSHIP TERMS**

The initial terms of the fifteen (15) rotating members of the Mental Health Board shall be as follows:

- (a) Five (5) members shall be appointed for a three (3) year term.
- (b) Five (5) members shall be appointed for a two (2) year term.
- (c) Five (5) members shall be appointed for a one-year term.
- (d) Thereafter, as vacancies occur, subsequent appointments shall be made for three (3) year terms.
- (e) Membership shall be effective upon appointment by the Board of Supervisors. However, all terms shall be deemed to have commenced on February 1 following the initial appointment, and thereafter all terms shall be aligned to begin on February 1 and end on January 31.

**LOCAL MENTAL HEALTH BOARD – BYLAWS**  
**Updated: December 11, 2013**

- (f) There shall be an equal number of appointees by each member of the Board of Supervisors.
- (g) No member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a County mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency.
- (h) A member of the Mental Health Board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the California Government Code.
- (i) If, prior to the expiration of a term, a member ceases to retain the status which qualified the member for appointment to the Mental Health Board, the membership of the member shall be terminated, and a vacancy shall be declared.
- (j) If it is not possible to secure membership as specified from among persons who reside in the County, the Board of Supervisors may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the County mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency. (§ 5, Ord. 1159, eff. May 20, 1993)

**SECTION VI: VACANCIES**

When a vacancy occurs, the board chair shall contact the appropriate governing board member to determine if she/he has a candidate for the vacancy and/or if the member would consider recommendations from the Mental Health Board.

**SECTION VII: TERMINATION**

The term of office of a rotating member who has three (3) consecutive unexcused absences from meetings of the Mental Health Board may be terminated by the Board of Supervisors after notification to the member and the Mental Health Board. The vacancy thereby created shall be filled by the appointment of another representative of the same group for the remainder of the unexpired term of the member being replaced. A person so appointed may then serve a maximum of two (2) additional terms following the completion of the unexpired term.

**SECTION VIII: QUORUM**

A quorum for meetings of the Mental Health Board shall consist of not less than one-half (1/2) of the currently appointed members. A majority vote of the members present shall be required for any motion, resolution, or other action. (§ 6, Ord. 1159, eff. May 20, 1993)

**SECTION IX: BOARD SELF-EVALUATION**

Each year the Board shall conduct a Board Self-evaluation, which shall address issues of effective Board operation and governance and accomplishment of Board statutory requirements and annual goals.

**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.

### **SECTION XI: MEETINGS**

The Board shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part I of Division 2 of Title 5 of the Governing Code, relating to meeting of local agencies (The Brown Act.) The Board will meet at least ten (10) times annually.

### **SECTION XII: REIMBURSEMENT FOR EXPENSES**

Members of the Mental Health Board shall receive reimbursements for their actual and necessary expenses incurred in the performance of their duties outside the boundaries of the County. A member shall obtain written approval from the Mental Health Director prior to attending any event outside the boundaries of the County for which the member wishes to be reimbursed. Odometer reading and receipts will be required for reimbursement in accordance with the rules established by the County Auditor-Controller. Reimbursements shall be budgeted and charged against County Mental Health funds and shall be subject to the budgets limitations and restriction placed on such funds.

### **SECTION XIII: RESPONSIBILITIES OF OFFICERS**

The Chair shall be the principal Board officer, shall Chair Board meetings and serve as the Board's chief spokesperson. He/she shall carry out the policies of the Board and shall do everything necessary to carry into effect the Board's statutory responsibilities and additional Board goals.

The Vice-Chair shall do everything necessary to assist the Chair in the performance of his/her duties. In the event of absence of the Chair, the Vice-Chair shall exercise all powers of Chair.

The Secretary shall take the minutes of the Executive Committee meetings, review the minutes of the Mental Health Board prior to public distribution and assist the Chair and Vice-Chair in the performance of their duties.

### **SECTION XIV: REMOVAL OF OFFICERS**

An officer may be removed from office, for cause by the majority vote of all members casting secret ballots at an official Board meeting.

Adequate formal notice, in writing and person, must be given to an officer of such an impending removal action.

### **SECTION XV: STANDING COMMITTEES**

There are three standing committees of the Board appointed by the Board Chair. The purpose of the standing committees shall be to assist and support the Board by carrying out specific tasks assigned as needed by the Board Chair and/or the Board. A subcommittee cannot take formal action on behalf of the Board without prior authorization of the Board. All LMH Board members are welcome and encouraged to attend subcommittee meetings. The standing committees are:

**Advocacy and Finance:** The Advocacy and Finance Committee shall provide leadership to the Board by reviewing and reporting on legislative proposals, considering budget and funding issues for mental health in Yolo County and ensuring all advising functions of the Board are carried out.

**Communications and Education:** The Communications and Education Committee shall provide leadership by assisting the Board inform the public on mental health issues in Yolo County,

**LOCAL MENTAL HEALTH BOARD – BYLAWS**  
**Updated: December 11, 2013**

developing education opportunities for the Board and coordinating the development of the Board's annual report required by the Health and Welfare Code and Yolo County Ordinance.

Program: The Program committee shall provide leadership to the Board on the review and evaluation Yolo County mental health needs, facilities, services and special problems required Welfare and Institutions Code and Yolo County Ordinance.

The Chairs of each of the three standing committees shall serve on the Executive Committee of the Board

**SECTION XVI: SECTION XVII: EXECUTIVE COMMITTEE**

The Executive Committee of the Board shall consist of the Board Chair, Vice Chair, Secretary (if appointed), Chair of the Advocacy and Finance Committee, Chair of the Communications and Education Committee, and Chair of the Program Committee. The Executive Committee shall meet as needed as determined by the Board Chair.

**SECTION XVII: SUB COMMITTEES AND OTHER SPECIAL COMMITTEES**

The Chair may at any time appoint task and time specific committees of the board to address strategic goals, projects or studies. These committees shall be for a time certain and will disband upon completion of the assigned task. (§ 10, Ord. 1159, eff. May 20, 1993)

**SECTION XVIII: RULES OF ORDER**

The authority of the Brown Act shall govern meetings of this organization and Roberts Rules of Order modified to allow open participation of the Chair, who may also set discussion time limits as appropriate.

## **ARTICLE II**

### **SECTION I: AMENDMENTS**

These bylaws may be amended at any meeting of this organization by a two-thirds vote of the appointed membership of the Yolo County Mental Health Board. These bylaws shall be reviewed periodically to insure compliance with State Law.

### **SECTION II: EFFECTIVE DATE**

These bylaws shall go into effect and become effective immediately upon their adoption.

The Board shall meet and provide opportunities for client and general public input at least once per year in the cities of Davis, Woodland and West Sacramento California. The Board may at its discretion add additional locations as deemed necessary.

### **SECTION III: CODE OF ETHICS**

A code of ethics should include, but not be limited to the following:

As a member of the Yolo County Local Mental Health Board, I:

- Will become knowledgeable about the duties and mission of the Mental Health Board, and promote those to the publics with whom I have influence;
- Will give necessary time, thought, and study to the work of the Board;
- Will attend regular meetings, and participate in committee meetings;
- Will be fully and carefully prepared for each meeting by doing the required reading and completing the necessary tasks for Board and committee work;
- Will work with fellow Board members in a spirit of harmony and cooperation;
- Will respect other speakers and listen to other viewpoints;
- Will share viewpoints, and despite differences of opinion, abide by and uphold final decisions of the board;
- Will abide by the purpose of the Brown Act;
- Will disqualify myself from discussion and vote on an issue where there is a conflict of interest or if the outcome will grant me or my employer any pecuniary or material benefits; and
- The code of ethics should be discussed with new board members and reviewed at least yearly by all members.



60% of the affected population has now moved into permanent housing. Many are pursuing employment. This program has the potential of reducing long-term costs for supporting the homeless population. The committee strongly recommends additional subsequent programs.

### **Assisted Outpatient Treatment**

Assisted Outpatient Treatment (AOT) is a program made possible by SB 585, often referred to as "Laura's Law". This program can result in significant cost reductions by reducing the need for conservatorships, emergency hospitalizations, out-of-home placements and incarceration. In Yolo County, the original 4 funded slots were expanded to an average of 7 by flexing the ACT slots. This increased expenses by about \$100,000. The overall cost reduction, as well as the long-term improvement in client outcomes justifies additional funding for these slots.