



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 Meeting Minutes

Monday, September 28, 2015, 7:00 PM – 8:30 PM

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

Members Present:	Bret Bandlely; Martha Guerrero; June Forbes; James Glica-Hernandez; Josh Pozun; Supervisor Jim Provenza; Janlee Wong
Members Excused:	Brad Anderson; Richard Bellows; Davis Campbell; Robert Canning, Vice-Chair; Nicki King; Robert Schelen, Chair; Tom Waltz; Tawny Yambrovich
Staff Present:	Karen Larsen, Mental Health Director / Alcohol and Drug Administrator Makayle Neuvert, Secretary, LMHB Administrative Support Joan Beesley, MHS A Program Manager Sandra Rodriguez, Assistant Deputy to Supervisor Provenza
Guests:	Igee Amadasun, Program Director, Turning Point Community Programs Rob Villanueva, CIP Clinician, Turning Point Community Programs

This meeting began at 7:00 PM with an abridged regular meeting, followed by Board Committee Workshops from 8:30 – 9:00 PM. These minutes reflect the regular meeting agenda items.

7:00 PM - 7:10 PM CALL TO ORDER

1. Welcome and Introductions: The September 28th meeting of the Local Mental Health Board began just after 7:00 PM with Board Secretary James Glica-Hernandez facilitating on behalf of the absent Chair and Vice-Chair. Roundtable introductions were made and it was established that the meeting did not have a quorum of members.
2. Public Comment: None
3. Approval of Agenda: The agenda was not approved due to lack of quorum.
4. Approval of Minutes from August 31, 2015: The minutes were not approved due to lack of quorum.
5. Member Announcements:
 - June Forbes reminded attendees of the Mental Illness Awareness Week events sponsored by NAMI-Yolo. A flyer highlighting the details on the rally and interfaith service was shared.
 - A flyer was shared inviting all to attend Bret Bandlely's retirement from Yolo County.

7:10 PM - 7:40 PM TIME SET AGENDA ITEMS

6. Mental Health Services Act (MHS A) Annual Plan Updates for FY 2013-2014 and FY 2015-2016: Recommendation Request: The item was not considered due to lack of quorum. In an effort to get LMHB support and then present the plans to the BOS, James agreed to discuss the possibility of holding a special meeting.
7. Community Intervention Program (CIP) Van Tour: A tour hosted by Rob Villanueva, the CIP Clinician from Turning Point Community Programs. An overview of the programs was shared and questions were fielded about the job, utilization, and the van set-up.

7:40 PM - 7:45 PM CONSENT AGENDA ITEMS

8. Mental Health Director's Report: The following items were pulled from Karen Larsen's Mental Health Director's Report for additional discussion.
 - Homeless Services: Per Martha Guerrero, Steve Cruz has joined the Neighborhood Court / Restorative Justice Program which was to be featured on a local news channel this same night.
 - Psychiatry Update: Karen reviewed the details of her update and noted that she is optimistic about finding a new Medical Director.
 - Housing Project: On September 30th there will be an MHSA Housing Project Community Meeting at Woodland High School from 6:00-7:00 PM. Neighbors within 300 feet of the planned housing site are invited to talk about the project.

7:45 PM - 8:25 PM REGULAR AGENDA ITEMS

9. Board of Supervisors Report: Supervisor Jim Provenza shared an update on the County budget slated for approval the following day. He highlighted the proposed \$100,000 in support of the County's Housing First goals as well as sharing that the LMHB Budget and Finance Committee requests would also be supported.
10. Level of Care Utilization System (LOCUS) Presentation: Karen Larsen shared and reviewed with the group a document outlining the specifics of the Adult LOCUS. This tool was implemented in the Adult and Aging Branch on July 1, 2015 and is used throughout California as a means of determining what service level is appropriate for addiction as well as psychiatric services. Karen highlighted that within Adult & Aging Moderate and Intensive Recovery Services, individuals move up and down through the levels. Reassessments are done regularly. Yolo County has more than 100 adult Full Service Partnership (FSP) slots between those in the HHS and those serviced by Turning Point Community Programs. Additionally, the RFP for children's FSP services has been issued and awarded to Turning Point Community Programs. Stepping down from Institutions for Mental Disease (IMD) is a priority. Individuals who are able to move between LOCUS levels can be aided by the Wellness Recovery Action Plan (WRAP) and moving down from FSP opens up the slot for others in need while allowing them to step down and move closer toward recovery. Use of the LOCUS and the Adult Needs and Strengths Assessment (ANSA) will lend to tracking measurable outcomes. Questions and comments from members yielded the following information:
 - In terms of the County's ability to intercede before a long time stable individual detrimentally decompensates, Karen cited family members and CIT as the most likely responders.
 - Outreach for family members or care givers responding to crisis situations such as domestic violence is not an approved use of MHSA funds.
 - MHSA does not pay for state hospitals.
 - Approximately 90% of adults served are on medication, not including children.
 - Approximately 50% of adults served are LOCUS level 1 & 2 and less than 10 % are level 5. In terms of costs, the reverse is true with the most fragile using the highest proportion of funds.
11. Chair Report: In light of the absent Chair and the lack of quorum, these agenda items were moved forward to the next meeting.

8:25 PM - 8:30 PM ADJOURNMENT

12. Future Meeting Planning and Adjournment: The meeting adjourned at 8:30 PM.
 - Next Meeting Date and Location: The next regular meeting is scheduled for Monday, October 26, 2015 7:00 – 9:00 PM in the Conference Room at 600 A Street, Davis, CA, 95616.

Yolo County Health and Human Services

ADULT LOCUS

The Levels of Care are meant to serve as guidelines and are not meant to be static. Although initial placement may begin at a particular level of care, clients may (based upon an updated LOCUS, treatment plan and choice) move to/from different levels of service. Service intensity among the different modalities (psychiatric, therapy, case management, funding assistance) is presented as a guideline. Services at all levels of care must be medically necessary and expected to benefit clients. Recommended hours are not intended to be cumulative across all types of modalities. In some circumstances a consumer may have part of their hours from across all modalities, while others have all their hours from only one modality.

Level	Name	Description	LOCUS Score	Level of Care	Average Service Dosage	Re-Authorization	Clinical Review Criteria for Approval
1	Recovery Maintenance	Person lives independently with mild-to-moderate mental health symptoms	7 to 13	Triage/Screening. May receive 3 - 6 service contacts supporting linkage to outside provider	Up to 6 service contacts per year	None. If additional services requested, Triage/Screening will be repeated.	Repeat engagement -- will consider Level 2
2	Low Intensity Community Based Services	Brief/Intensive services or episodes of care. Mild clinical symptoms, behaviors and/or functional impairments. Demonstrated capacity to engage in routine outpatient treatment.	14 to 16	Medication Monitoring. Annual Medication Plan for services. Triennial Assessment with a Clinician. Primarily office-based visits.	4-12 service contacts per year	Annual	Demonstrates insight and responsiveness to medication treatment with a psychiatrist
3	Medium Intensity Community Based Services	Multiple/significant symptoms and functional impairments. Deterioration in at least one life domain due to psychiatric illness.	17 to 19	Medication Monitoring. Annual Client Plan for services. Triennial Assessment with a Clinician. Intermittent Case Management Services to maintain linkage to psychiatry care. Funding support available if needed to remain in the community. Field-based visits available as needed.	4-24 service contacts per year	Annual, or semi-annual if over 24 service contacts per year are necessary to maintain stability and independence in the community	Remains symptomatic with mild-to-moderate impairments in social relationships and other life domains
4	High Intensity Community Based Services	Capable of living independently, but requires intensive management by a multidisciplinary treatment team. Includes Mental Health Court, and chronically homeless individuals with persistent psychiatric symptoms.	20 to 22	Medication Monitoring and regular, frequent case management contact, intermittent Clinician contact and consistent funding needs to maintain community-based placement. May engage after hours and crisis services.	24-60 service contacts per year	Semi-annual	Remains symptomatic with moderate to severe impairments in multiple life domains. Uses crisis services and may be hospitalized to maintain community-based independence. May demonstrate problems with engagement in care.
5	High Intensity Wrap-Around Services	Resides in room and board or higher residential setting. Requires intensive, frequent contact, services and funding assistance to remain in the community	23 to 27	Intensive, regular scheduled case management and Clinician contacts, as well as frequent after hours and crisis contacts. Housing is room and board/board and care or higher level, with funding support needed to avoid higher level of care.	60+ service contacts per year	Semi-annual	Remains symptomatic with severe, chronic impairments in multiple life domains. Moving to lower level of care will increase risk. May demonstrate problems with engagement in care. Lack of progress warrants new treatment strategies and decision trees for crisis on a regular basis.
6	Inpatient Care	IMD/SNF. Typical legal status is LPS Conservatee.	28+	N/A	Quarterly to annual Clinician visits at IMD, focused on reviewing treatment progress and ongoing appropriateness for level of care, as well as potential opportunity for step-down	Quarterly to Semi-annual	Repeat hospitalizations due to severe and persistent psychiatric symptoms with related functional impairments.