

# 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, October 26, 2015, 7:00 PM – 9:00 PM**

600 A Street, Davis, CA, 95616 – Conference Room

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

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

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from August 31, 2015, September 28, 2015, and October 15, 2015
5. Member Announcements

### 7:10 PM - 7:30 PM TIME SET AGENDA

6. TED Talk – “Everything You Think you Know about Addiction is Wrong” by Johann Hari

### 7:30 PM - 7:40 PM CONSENT AGENDA

7. Mental Health Director’s Report – Karen Larsen
  - Housing Project
  - Children’s Full Service Partnership Provider
  - 1115 Medicaid Waiver Update
  - Homeless Services
  - Excellence in Mental Health Act
  - Integration Update

### 7:40 PM - 8:55 PM REGULAR AGENDA

8. Board of Supervisors Report – Supervisor Jim Provenza
9. Chair Report – Bob Schelen
  - Proposed 2016 Meeting Calendar
  - Proposed Amendment to LMHB Bylaws and Committee Structure Update
  - LMHB Strategic Plan Update
  - Draft LMHB Annual Report to the BOS
  - Legislative Ad Hoc Committee Update
  - Communication and Education Committee Update
  - Program Committee Update
  - Budget and Finance Committee Update

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

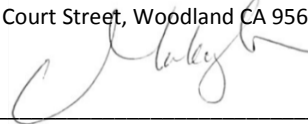
*If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should 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.*

**8:55 PM - 9:00 PM ADJOURNMENT**

10. Future Meeting Planning and Adjournment – Bob Schelen

- Future Meeting Agenda Topics
- Next Meeting Date and Location – Monday, December 7, 2015\* 7:00 – 9:00 PM in the in the Arthur F. Turner Community Library Meeting Room, 1212 Merkley Avenue, West Sacramento, CA 95691.  
*\*In observance of the holiday season, this meeting occurrence has been adjusted to combine the November and December regular monthly meetings.*

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, October 23, 2015.



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

# Yolo County Health and Human Services Agency

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## BEHAVIORAL HEALTH SERVICES

### Local Mental Health Board Mental Health Director's Report October 26, 2015

#### **Housing Project**

The services plan section of the housing project application will be going to the Board of Supervisors on November 17, 2015. The RFP for demolition of the old Peterson Clinic is expected to be released before the end of the year.

#### **Children's Full Service Partnership Provider**

Turning Point Community Programs was the vendor selected for our Children's Full Service Partnership provider. They provided a [presentation](#) about their program plans to the Provider Stakeholder Workgroup this month and we are pleased with the adaptations they have made for the younger population.

#### **1115 Medicaid Waiver Update**

DHCS has reported that they suggested a new proposal to CMS due to the decision by CMS that the shared savings funding source was off the table. While DHCS looked to find other funding sources, CMS found most of those to be unviable. Therefore, the remaining funding source is the designated state health programs.

The new package proposed by DHCS would be for a total of \$7.25 billion in federal funds (down from \$17 billion in the original proposal) to provide for the following five programs:

1. Public Hospital System Incentive Reform (\$1.5 million annually)
2. Global Payment System (\$236 million in first year; lowered to \$160 million in last year)
3. Dental Transformation (\$150 million annually)
4. Whole Person Care – Voluntary County Program (\$300 million annually)
5. Independent Access Assessment of DHCS

#### **Homeless Services**

HSA staff are meeting weekly with individuals from the cities (Woodland, Davis, and West Sacramento) as well as holding meetings with providers and funders to bring to fruition our vision of reducing homelessness in Yolo County. The Board of Supervisors doubled the amount of money we requested to initiate Bridge to Housing 2.0.

#### **Excellence in Mental Health Act**

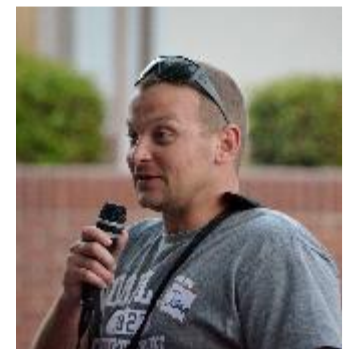
Congresswoman Doris Matsui (CA-06) announced that California is one of 24 states receiving funding for planning grants under the Excellence in Mental Health Act demonstration project authored by Congresswoman Matsui and signed into law last year by President Obama. California will receive \$982,373 out of a total of \$22.9 million in national funding, which will support the development of Certified Community Behavioral Health Clinics.

#### **Integration Update**

Public Authority moved into the Bauer Building last week and a team from In Home Supportive Services is moving into the West Sacramento Building B. The moves of programs will continue through Spring of 2016, with the ultimate goal of having all branches housed together and wrapping around the vulnerable populations they serve.

Yolo County Health and Human Services Agency Behavioral Health Services  
Local Mental Health Board – Mental Health Director’s Report  
October 26, 2015

Pictures from MIAW Rally



October 21, 2015

To: Yolo County Local Mental Health Board

From: Martha Guerrero/Program Committee Members

Re: September Program Committee Report

The Program Committee reviewed the following items and recommend the following actions be adopted at the next LMHB meeting:

- 1) Law Enforcement Response to Behaviorally Disabled Children in Yolo County Elementary and Middle Schools: The following video from the ACLU shows how a disabled child is handcuffed by a police officer to restrain his behavior. Yolo County has the benefit of the Community Intervention Program to support individuals in their setting. Action Requested: Request that the Administration reach out to law enforcement officials to refer individuals to utilize the CIP program and minimize the use of restraints with school-age children.
- 2) Participation at the Quarterly Public LMHB Forum: Most peers are too daunted by transportation challenges and some say they feel intimidated by the system to attend a quarterly public LMHB Forum. Action Requested: 1) Recommend that Community and Engagement/Speaker's Bureau do outreach to consumers so that we may obtain their valuable input on consumer's needs. 2) Explore how consumers can have access to reliable transportation system such as Uber/Lyft for this and other service needs, and 3) reach out to Yolo Transportation Authority to explore options such as a professional transportation system for adult consumers that the county may contract with for transportation support.
- 3) Access to Wellness Centers: This issue was discussed in Karen Larson "Director's" report and that update addressed the concerns related to access to Wellness Center in West Sac that will start up soon, therefore this item was removed from the agenda.
- 4) Integrated Mental Health and Substance Abuse Treatment Program: A SAMSHA Plan was discussed. Action Requested: The HHS Integration provides an opportunity to develop an Integrated Mental Health and Substance Abuse (Co-Occurring Disorders) treatment system. We request that they consider implementing recommendations from the attached power point as the Administration moves forward with implementing HHS system changes.

New Agenda Items to consider: The Program Committee is interested in an update from the County on employment for consumers either at their next Program Committee meeting or at a LMHB meeting. We are interested in guidance from the LMHB on how to proceed with this update.



## Children with Disabilities Handcuffed

The ACLU has just filed a federal lawsuit on behalf of two elementary school students with disabilities who were handcuffed. We have a [disturbing video of one of the incidents.](#)

Students with disabilities represent 12% of public school students but are 75% of all students subjected to physical restraint at school, according to the U.S. Department of Education. Students of color and students with disabilities are especially vulnerable to the discriminatory application of discipline. One child in this case is Latino, and the other is African-American.

Tell others to speak out about this incident. Share on [Facebook](#) and [Twitter.](#)

Anthony D. Romero  
Executive Director, ACLU

The cover features a dark purple background with a light purple horizontal band across the middle. On the right side, there is a photograph of three people (two women and one man) smiling and embracing each other. In the top right corner, there is a logo for 'EVIDENCE-BASED PRACTICES KIT' with the tagline 'Knowledge Informing Transformation'. In the bottom left corner, there is the logo for the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, with the website 'www.samhsa.gov'.

# Integrated Treatment for Co-Occurring Disorders

An Evidence-Based Practice

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
Center for Mental Health Services  
www.samhsa.gov

## What Are Evidence-Based Practices?

Services that have consistently demonstrated their *effectiveness* in helping people with mental illnesses achieve their desired goals

Effectiveness was established by different people who conducted rigorous studies and obtained similar outcomes

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## Examples of Evidence-Based Practices



- Integrated Treatment for Co-Occurring Disorders
- Supported Employment
- Assertive Community Treatment
- Family Psychoeducation
- Illness Management and Recovery

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## Why Implement Evidence-Based Practices?



According to the President's New Freedom Commission on Mental Health:

State-of-the-art treatments, based on decades of research, are not being transferred from research to community settings

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## Why Implement Evidence-Based Practices? (continued)



According to the President's New Freedom  
Commission on Mental Health:

If effective treatments were more  
efficiently delivered through our mental  
health services system . . . millions of  
Americans would be more successful in  
school, at work, and in their communities

—Michael Hogan, Chairman

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## What Is Integrated Treatment for Co-Occurring Disorders?



Integrated Treatment is a research-proven  
model of treatment for people with serious  
mental illnesses and co-occurring substance  
use disorders

Consumers receive combined treatment for  
mental illnesses and substance use disorders  
from the same practitioner or treatment team.  
They receive one consistent message about  
treatment and recovery

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## Practice Principles for Integrated Treatment for Co-Occurring Disorders



- Mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders
- Integrated treatment specialists are trained to treat both substance use and serious mental illnesses
- Co-occurring disorders are treated in a stage-wise fashion with different services provided at different stages
- Motivational interventions are used to treat consumers in all stages, but especially in the persuasion stage

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## Practice Principles for Integrated Treatment for Co-Occurring Disorders



- Substance abuse counseling, using a cognitive-behavioral approach, is used to treat consumers in the active treatment and relapse prevention stages
- Multiple formats for services are available, including individual, group, self-help, and family
- Medication services are integrated and coordinated with psychosocial services

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## Treatment is Integrated



Mental health and substance abuse treatment are evaluated and addressed

- Same team
- Same location
- Same time

Treatment targets the individual needs of people with co-occurring disorders and is integrated on organizational and clinical levels

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## Treatment is in a Stage-Wise Fashion



### Precontemplation – Engagement

Assertive outreach, practical help (housing, entitlements, other), and an introduction to individual, family, group, and self-help treatment formats

### Contemplation and Preparation – Persuasion

Education, goal setting, and building awareness of problem through motivational counseling

### Action – Active treatment

Counseling and treatment based on cognitive-behavioral techniques, skills training, and support from families and self-help groups

### Maintenance – Relapse prevention

Continued counseling and treatment based on relapse prevention techniques, skill building, and ongoing support to promote recovery

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## Integrated Treatment Recovery Model



- Hope is critical
- Services and treatment goals are consumer-driven
- Unconditional respect and compassion for consumers is essential
- Integrated treatment specialists are responsible for engaging consumers and supporting their recovery

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## Integrated Treatment Recovery Model (continued)



Focus on consumers' goals and functioning,  
not on adhering to treatment

Consumer choice, shared decisionmaking,  
and consumer/family education are  
important

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## Integrated Treatment Recovery Model (continued)

Integrated treatment is associated with the following positive outcomes:

- Reduced substance use
- Improvement in psychiatric symptoms and functioning;
- Decreased hospitalization
- Increased housing stability
- Fewer arrests and
- Improved quality of life

-(Drake et al., 2001)

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## Summary

Integrated Treatment for Co-Occurring Disorders is effective in the recovery process for consumers with co-occurring disorders

The goal of this evidence-based practice is to support consumers in their recovery process

In Integrated Treatment programs, the same practitioners, working in one setting, provide mental health and substance abuse interventions in a coordinated fashion

Consumers receive one consistent message about treatment and recovery

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## Additional Resources



For more information about Integrated Treatment for Co-Occurring Disorders and other evidence-based practices, visit

[www.samhsa.gov](http://www.samhsa.gov)