

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

November & December *Combined Regular Meeting: Monday, December 7, 2015, 7:00 – 9:00 PM

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

All items on this agenda may be considered for action.

**In observance of the holiday season, this meeting occurrence has been adjusted to combine the November and December regular monthly meetings.*

7:00 PM CALL TO ORDER

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from October 26, 2015
5. Member Announcements
6. Correspondence
 - California Association of Local Behavioral Health Boards/Commissions: Membership Dues 07/15 – 06/16

7:15 PM CONSENT AGENDA

7. Mental Health Director's Report – Karen Larsen
 - Sutter Health
 - Excellence in Mental Health Act
 - UCD Student Mental Health
 - Sutter County Visit
 - Housing Project
 - ACT Evaluation
 - Woodland Memorial Hospital
 - Homeless Services
 - Integration Update
 - Partnership Healthplan of California
 - California Highway Patrol
 - Heritage Oaks
 - Medical Director

7:25 PM REGULAR AGENDA

8. Board of Supervisors Report – Supervisor Jim Provenza
9. Department Report – Karen Larsen
10. Chair Report – Bob Schelen
 - Approval of the 2016 Meeting Calendar
 - Proposed Amendment to LMHB Bylaws and Committee Structure Update
 - LMHB Strategic Plan Update: Review Topics for Consideration

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.

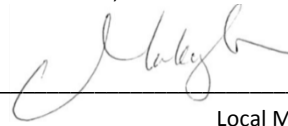
- Draft LMHB Annual Report to the BOS: Review and Approve Final Draft
- Legislative Ad Hoc Committee Update
- Communication and Education Committee Update
- Program Committee Update
- Budget and Finance Committee Update

9:00 PM ADJOURNMENT

11. Future Meeting Planning and Adjournment – Bob Schelen

- Next Meeting Date and Location – Monday, January 25, 2016, 7:00 – 9:00 PM in the in the Community Conference Room at 600 A Street, Davis, CA 95616.

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, December 4, 2015.



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



California Association of Local Behavioral Health
Boards and Commissions

INVOICE

CALIFORNIA ASSOCIATION OF
LOCAL BEHAVIORAL HEALTH BOARDS/COMMISSIONS

MEMBERSHIP DUES
July 1, 2015 through June 30, 2016

Annual dues for CALMHBC membership: \$500

Please make your check for \$500.00 payable to CALBHB/C, attach the Invoice below, and mail to:

CALBHB/C Treasurer
2338 Lakepark
Napa, CA 94558

For billing inquiries, please contact:
Beryl Nielsen
707-224-3489, 707-226-5560
Napamam@aol.com

RECEIVED
OCT 30 2015
ADMHS-Admin

Tax ID #: 33-0581682
Attached are W-9, three page Annual Report for 2014-2015 and fact sheet with Map of counties and regions

Thank you.

Please send this portion with your remittance. Thank you.

COUNTY _____

DIRECTOR MENTAL HEALTH OR BEHAVIORAL HEALTH _____

CHAIR OF
BOARD/COMMISSION _____

EMAIL ADDRESS _____



California Association of Local Behavioral Health
Boards and Commissions

Annual Treasurer's Report 2014-2015

October 17, 2015

The current balance in our checking account is , rounding, \$102,000. We also keep \$25,000 in reserve in a savings account.

In the last year , we have spent a total of \$63,000 on our quarterly meetings (\$25000 for hotel lodging, \$36,000 for food and travel, and \$3000 for miscellaneous meeting expenses). At each Quarterly meeting there are about 20 Counties sharing and taking feedback to their respective Behavioral Health commissions. Our contract totaling \$55500 with MHSOAC ,reimburses 26 Directors who attend these meetings. The remainder of the \$8000 deficit expense this year comes from reserves and from voluntary dues payments by counties. This year, our income has been from 46 counties which have paid \$500 each.

Other outlays have been for a Central Regional meeting and training, Mental Health Board trainings for Sonoma County and Santa Cruz county, Coordinator Outreach to Santa Clara and Sonoma, and guests invited to our annual June meeting. These expenses have totaled \$4000. Extensive mailings of our president's Annual Report , thank you notes from our Finance Committee to all counties paying dues, and invitations to the annual board meeting have been done this year by Kings County and we appreciate this support as well as extra support from several other counties.

Annual Audit is conducted in October. All transactions, bank statements, balance sheet, cash flow and Reports from our 501 (c) (3) exempt corporation to government agencies our reviewed and reported to the full Board of Directors at that time.

Finance Committee and Treasurer have prepared a budget for the year 2015-2016, with line items emphasizing the work we do supporting and training Mental Health/Behavioral Health Boards, empowering consumers and family members in our communities, and advocating for Behavioral Health at the state level. This budget, allocating \$20000 anticipated dues income , was voted on at the Annual meeting , June 2015.

Respectively submitted

Beryl Nielsen, Treasurer



California Association of Local Behavioral Health

Boards and Commissions

Annual Report for FY 2014-15

FY 2014-15 marked a time of great change within the California Association of Local Mental Health Boards and Commissions (CALMHB/C). As of June 20, 2015, we are the California Association of Behavioral Health Boards and Commissions (CALBHB/C). CALBHB/C will be used exclusively after the Articles of Incorporation are amended. On July 1, 2014, newly elected Officers assumed their offices and new responsibilities. The newly elected officers included Larry Gasco, Los Angeles County, President; Cary Martin, San Joaquin County, First Vice President; Marsha Ramstrom, Shasta County, Second Vice President; Mae Sherman, Lassen County, Secretary; and Debra Allen, Kings County, Treasurer. At its annual meeting in June 2015, it revised its bylaws to reflect a change in the name of the Association to the California Association of Behavioral Health Boards and Commissions (CABHB/C) and elected new officers. The newly elected officers included Larry Gasco, Los Angeles County, President; David Wood, Tulare County, First Vice President; Julie Crouch, Riverside County, Second Vice President, Mae Sherman, Lassen County, Secretary, and Beryl Nielsen, Napa County, Treasurer. Cary Martin will serve as the most recent Past President. They assumed office July 1, 2015. The Association is in the process of amending its Articles of Incorporation with the Secretary of State to reflect its new name.

CALMHB/C, now CALBHB/C, is a statewide organization that supports the work of local mental health boards. The Association was established in 1993 as a 501(c)(3) non-profit corporation (Tax ID #33-05816682). Its primary mission is to assist local mental health boards and commissions to carry out their mandated functions as specified in the Welfare and Institutions Code, Section 5600-5623.5 and to advocate for the concerns of local mental health boards and commissions in a unified voice at the state level. The Association seeks to improve the quality, quantity, and cultural competency of mental health services provided to the residents of California. Its constituency includes the mental health boards of 58 counties and the City of Berkeley and Tri City Mental Health Center. The Welfare and Institutions Code requires each mental health board to be composed of no less than 50% consumers and family advocates.

The CALMHB/C Board of Directors consists of 25 members and the most immediate past President. All members of the Board of Directors shall be a current member of a county mental health board or commission. The Board of Directors includes a significant number of consumers and advocates. Each of the Regions described below is represented by five Directors, one of whom serves as the Regional Coordinator. Its Officers including the President, First Vice President, Second Vice President, Secretary, and Treasurer, are elected at the annual meeting by the Board of Directors and county mental health boards not represented on the Board of Directors who are in attendance.

The following description provides the framework in which the Association operates. The Association's Board of Directors is and will be in perpetual flux. The terms of some Directors on their county mental

health board may end or the Director may choose to pursue other endeavors. Although many talented Directors are lost, their replacements bring new vigor and talents to the Association.

In order to encourage intra- and inter-regional cooperation and coordination, the Association is divided into Regions. These Regions coincide with the regions of the former California Mental Health Directors Association, as follows:

The Superior Region includes the counties of Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, and Trinity.

The Central Region includes the counties of Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Sutter-Yuba (Joint Powers), Tulare, Tuolumne, and Yolo.

The Bay Area Region includes the counties of Alameda, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, plus the City of Berkeley.

The Los Angeles Region includes the County of Los Angeles.

The Southern Region includes the counties of Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, and Ventura, plus Tri-City (Pomona, Claremont, LaVerne).

The Southern Region includes the counties of Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, Santa Barbara, San Luis Obispo, Tri-Cities, (Claremont, La Vern), and Ventura

The CALMHB/C provides a forum for each Director to exchange information about their respective mental health board/commission activities and issues. Each of the local mental health board/commissions is invited to attend regional meetings to discuss issues, keep informed of legislation and receive training on best practices and current affairs. At the Regional meetings, the five Directors who serve on the Board of Directors are elected. At the annual meeting, all local boards/commissions are invited to attend. At the annual meeting, a representative from each of the local boards/commissions in attendance is eligible to cast a vote for the election of the Officers and to amend the bylaws when that action is necessary. When local boards and commissions are informed of issues before them and members are empowered to perform their duties and responsibilities, the mental health departments and the people they serve will benefit.

During the past year, CALMHB/C demonstrated its growing organizational maturity. At the request of the President, a Director drafted a strategic plan. One of the products of this work was the change in the name of the Association. Because lack of funding limited the Association's ability to assist local mental health boards, two of the priority areas in the plan dealt with having the Association established in state law and securing a significant increase in funding from private and public sources. The remaining areas are ongoing areas that need our focused attention. They include education, outreach and advocacy, and infrastructure. These critical areas are essential in improving our ability to assist local mental health boards/commissions. There was extensive discussion on issues related to the draft strategic plan by the Directors at the quarterly meetings. Another product of this discussion was the creation of a Resource Development Committee.

The Association committees meet quarterly and are encouraged to meet more frequently. The President appointed an Ad Hoc Nominations Committee. This committee canvassed the Directors to ascertain

their interest in serving as candidates for office. The Nominations Committee conducted the election at the annual meeting. In addition to the candidates who had expressed interest in serving, the committee accepted nominations from the floor. The Executive Committee met monthly by teleconference and responded to business and issues that arose between the quarterly meetings. Among other activities, the President and First Vice President met with Senator Jim Beall at his San Jose office. It plans to meet with other members of the legislature and representatives of statewide mental health organizations. The Bylaws Committee made the necessary changes in the bylaws to reflect the change in our Association's name. The revisions were approved at the annual meeting. The Legislative, Communications, Training, and Finance Committees met quarterly. The Policy and Procedures Manual Committee met throughout the year but was unable to complete a draft for review and approval by the Board of Directors. This task was carried over to the next fiscal year.

The Board of Directors is considering changing its meeting structure to allow additional time to focus on infrastructure development and other issues critical to the Association. For the past several years, the Association has given a full day of one of its quarterly meetings for the CiBHS statewide training. This is something it may not do in the future. There was consideration of modifying its relationship with the California Mental Health Planning Council. One of the recommendations was to free additional time for the Association committees to meet. This would be achieved by not attending a portion or all of the Planning Council's last session, usually held Friday morning.

Although the Association focused on developing its infrastructure, it continued a robust education and training program at each of its quarterly meetings as it has for the past three years. Because of limited funding, the Association only reimburses the Directors for attending quarterly meetings. The Directors' travel and lodging are paid by the Association. They are reimbursed for other travel, incidentals, and per diem expenses. All local mental health board members are invited to participate. Members of the Association attending the quarterly meetings were exposed to a wide variety of presentations on innovative programs and training on topics critical to local mental health boards to discharge their mandated responsibilities. For example, Margot Mendelson gave a presentation advocating for Reforming Conditions of Confinement for Prisoners with Mental Disabilities in California State Prison. Roselyna Rosado, Shanna Talant, and Elizabeth Heinz talked about the I-Hot program, San Diego County's alternative to Laura's Law. Geoff Millard, Swords to Plowshares, spoke about Cultural Competency in interacting with veterans and the challenges facing veterans seeking employment and housing. Marla Kingkade, Lt. Debbie Farrar, and Christopher O'Neal talked about the joint law enforcement and mental health collaborative effort to respond to crises. Linda Garret, Risk Management Services, talked about California laws on Mental Health Confidentiality and Privacy to consumers.

At the request of Sonoma and Santa Cruz mental health boards, Directors provided training on the mandated responsibilities of the local mental health boards. The training was well received. One reason for this is that the training is provided by peers who deal or have dealt with many of the same issues in their respective mental health boards. At both training sessions, there was extensive dialogue between our Directors and the members of the local mental health boards. A consistent theme is that the county mental health boards for the most part are not provided sufficient resources. It is important to note that the Association Directors who provide this mental health board training are not reimbursed for expenses incurred because of funding limitations.

The Association continued to collaborate with the California Mental Health Planning Council (CMHPC) and the California Institute of Behavioral Health Solutions (CiBHS). Time is allocated on

Yolo County Health and Human Services Agency

BEHAVIORAL HEALTH SERVICES

Local Mental Health Board Mental Health Director's Report December 7, 2015

Sutter Health

On November 9, Karen accompanied Supervisor Villegas and West Sacramento City Councilmember Ledesma to a meeting hosted by Sutter Health. The purpose of the meeting was to discuss a regional approach to ending homelessness. Participants included elected City and County representatives from Yolo, West Sacramento, Placer, Roseville, Sacramento, Citrus Heights, and Rancho Cordova. Sutter is committed to matching private funder contributions toward a regional approach to ending homelessness. We have a meeting scheduled with Sutter Health to discuss further.

Excellence in mental Health Act

On November 13, Karen attended a meeting hosted by Congresswoman Doris Matsui and attended by California Department of Health Care Services (DHCS) and several regional behavioral health leaders to discuss next steps in the demonstration project in California toward establishing Certified Community Behavioral Health Clinics. The state received much less than we applied for and will be approaching private foundations to make up the difference.

UCD Student Mental Health

On November 20, Karen met with Roman Rivlis and the other UC Davis student who attended last month's LMHB meeting to discuss ways the County can support efforts to improve mental health treatment access on campus. Specifically, Karen offered Mental Health First Aid training, Crisis Intervention Training and Community Intervention Program. Additionally, Karen has been in active discussions with Congresswoman Matsui's office and the Steinberg Institute around their efforts to improve student mental health services on campus.

Sutter County Visit

On November 24, several participants from Sutter County came to hear about the Bridge to Housing project. They are interested in moving a similar encampment of a much larger size in their county. Participants included members of the Board of Supervisors for both counties, Assistant County Administrators, Mental Health Directors and our Housing Authority, West Sacramento Police and Homeless Coordinator, and Steve Kruse, our Bridge to Housing client representative.

Homeless Services

The Board of Supervisors and Davis City Council will both be voting on allocating funds to a Bridge to Housing 2.0 project for Davis this month. The project will offer 4 beds of interim housing for individuals identified as most at risk on the streets, with the goal of getting all into permanent supportive housing within 6 months.

Housing Project

We have submitted the application to CalHFA to draw down our MHSF funds for the housing project. As previously discussed, we have agreed to allow the funds to be used toward the development, with the agreement that all 20 units will have Project Based Vouchers. We are in discussions with the developer regarding the possibility of additional units for other clients of HHSA.

Woodland Memorial Hospital

The County is in active discussions regarding several issues with Woodland Memorial Hospital, including finalizing an MOU between our agencies. The hospital is considering a Crisis Stabilization Unit adjacent to their emergency room for clients in mental health crisis. Additionally, the hospital is in conversations with the County as to how we can partner to better serve persons experiencing homelessness. On November 9, Karen gave a presentation to Woodland Healthcare's Advisory Committee of which Janlee Wong is a member.

**Yolo County Health and Human Services Agency Behavioral Health Services
Local Mental Health Board – Mental Health Director’s Report
December 7, 2015**

ACT Evaluation

RDA has agreed to conduct a fidelity assessment of Turning Point’s Assertive Community Treatment (ACT) team and services. As an evidence-based psychiatric rehabilitation practice, ACT provides a comprehensive approach to service delivery to consumers with serious mental illness (SMI). ACT uses a multidisciplinary team, which typically includes a psychiatrist, a nurse, and at least two case managers. ACT is characterized by (1) low client to staff ratios; (2) providing services in the community rather than in the office; (3) shared caseloads among team members; (4) 24-hour staff availability, (5) direct provision of all services by the team (rather than referring consumers to other agencies); and (6) time-unlimited services. The ACT Fidelity Scale contains 28 program-specific items. The scale has been developed to measure the adequacy of implementation of ACT programs. Each item on the scale is rated on a 5-point scale ranging from 1 (“Not implemented”) to 5 (“Fully implemented”). The standards used for establishing the anchors for the “fully implemented” ratings were determined through a variety of expert sources as well as empirical research. The scale items fall into three categories: human resources (structure and composition); organizational boundaries; and nature of services.

Integration Update

The Executive Leadership Team for HHS is finally complete. Dr. Ron Chapman became our new Health Officer and we have hired Mary Kerlin from California State University Sacramento to oversee integration and several other special projects over the next year.

Partnership Healthplan of California

Partnership Healthplan of California (PHC) issued an Innovation Grant to address Social Determinants of Health. Yolo County will be applying to support Outreach Workers who will conduct Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDATs) with persons experiencing homelessness in Yolo County. This project will also specifically target individuals experiencing homelessness who are high utilizers of emergency room services. The proposal is due December 18. Should we be awarded the contract, we will most likely issue an RFP for services.

California Highway Patrol

On December 2 and December 8, a group of staff and Turning Point representatives will be presenting to local CHP officers around mental health services available locally. We will be discussing crisis services, mental health department services, CIP, 5150 processes, and homeless services.

Heritage Oaks

On November 16, Karen and several of her managers met with staff from Heritage Oaks Hospital regarding new services they are offering in Yolo County. They have opened an outpatient program in West Sacramento that includes Partial Hospitalization, Intensive Outpatient, and Co-occurring Disorders treatment. At this time they are focusing on Medicare only clients but are open to serving our clients should we enter into a contract with them. See attached.

Medical Director

The Board of Supervisors approved an increase in the salary range for the Medical Director position and some other adjustments to improve our recruitment efforts. The position has been posted and we hope to conduct interviews prior to the holidays.

Directions to the
Heritage Oaks West Outpatient Center,
located at 2945 Ramco Street, Suite 180

*For more information,
or to schedule an appointment
for a no-cost confidential
assessment, please call us
at 916-371-8863*

From Davis:

From I-80 E, going toward Sacramento, keep left to take I-80 Bus-E/US-5- E.
Take the Harbor Blvd. exit, EXIT 1B.
Turn slight Right onto Harbor Blvd.
Turn Left onto Industrial Blvd. Industrial Blvd. becomes Lake Washington Blvd.
Turn Right onto Southport Pkwy.
Turn Right onto Ramco St.
2945 Ramco St. is on the right.

From Sacramento:

Take I-80 W toward San Francisco.
Take the Harbor Blvd. exit, EXIT 1B.
Turn Left onto Industrial Blvd. Industrial Blvd. becomes Lake Washington Blvd.
Turn Right onto Southport Pkwy.
Turn Right onto Ramco St.
2945 Ramco St. is on the right.



Fully Accredited by the Joint Commission



Heritage Oaks Hospital
4250 Auburn Blvd
Sacramento, CA 95841
916.489.3336

www.heritageoakshospital.com

Heritage Oaks West Outpatient Center

2945 Ramco St., Suite 180
West Sacramento, CA 95691
Phone: 916-371-8863
Fax: 916-372-7291

**4250 Auburn Blvd
Sacramento, CA 95841
916.489.3336**

www.heritageoakshospital.com

Heritage Oaks
HOSPITAL

Heritage Oaks Hospital's newest outpatient center in West Sacramento offers programs designed as the next step for clients who have recently completed an inpatient hospital stay, or for those who are experiencing a decline in daily functioning due to mental health or emotional distress.

Referrals for admission come from psychiatric hospitals, detox programs, families, friends, physicians, psychologists, therapists, school counselors, community agencies, probation officers or other concerned individuals. Heritage Oaks works with most insurances, including HMO's, PPO's, Medicare and TriCare.

Our goal is to validate our clients' individual strengths while empowering them to attain their optimum personal growth and potential.

- ◆ *Mental Health*
- ◆ *Chemical Dependency*
- ◆ *Co-occurring Disorders*

***We're here to help you get
the care you need***

Our Programs

Our outpatient programs incorporate a range of services; physician oversight, medication management, group therapy, educational practices such as Cognitive Behavioral Therapy (CBT) and Dialectical Behavioral Therapy (DBT), and clinical assistance tailored to help our clients achieve their treatment goals.

Partial Hospitalization Program (PHP)

Six hours per day, five days per week

PHP is designed as an alternative to inpatient hospitalization. Clients benefit from all of the program intensity of acute inpatient care, but they attend PHP during the day and return home in the evening.

Intensive Outpatient Program (IOP)

Three hours per day, three days per week

IOP is more intensive than traditional outpatient programs, but less intensive than a full day of PHP. Here, clients work on putting their newly adopted skills and tools to work to meet their personal treatment goals. Their focus is on transitioning back to their daily lives at home and in their community.

***We provide continental breakfast,
lunch and snacks daily***

We want to help our clients decrease:

- ~ chaos in their relationships
- ~ emotional reactivity
- ~ impulsive behaviors
- ~ judgmental self-concept

We want to help our clients increase:

- ~ effective social interactions
- ~ the ability to take charge of their emotions
- ~ tolerance of discomfort
- ~ existing in the present moment
- ~ self-control of actions
- ~ non-judgmental self-concept

Our programs incorporate a variety of therapeutic tools through structured cognitive and behavioral interventions, including:

- Group counseling
- Education groups
- Individualized treatment planning
- Family meetings
- Discharge planning

Some group and educational topics include:

- Mindfulness
- Interpersonal effectiveness
- Emotional regulation
- Distress tolerance
- Goal setting
- Addictive behaviors
- Anxiety and stress reduction
- Life transitions

***If you need assistance with
transportation, we can help!***