



COUNTY OF YOLO

Health and Human Services Agency

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Local Mental Health Board Meeting Minutes

Monday, May 23, 2016, 7:00 PM – 9:00 PM
Arthur F. Turner Community Library Meeting Room
1212 Merkley Avenue, West Sacramento, CA 95691

Members Present: Bret Bandley; James Glica-Hernandez; June Forbes; Lisa Cherubini; Martha Guerrero; Nicki King; Richard Bellows; Robert Schelen; Sally Mandujan; Sarah Hahn; Tawny Yambrovich; Tom Waltz

Members Excused: Brad Anderson; Supervisor Don Saylor

Staff Present: Karen Larsen, HHS Director
Mental Health Director, Alcohol and Drug Administrator
Katy Eckert, Interim HHS Assistant Director
Makayle Neuvert, Secretary, LMHB Administrative Liaison
Emily Henderson, Assistant Deputy to Don Saylor

Community Members: Reed Walker; Yolanda Fergun; Judy Dempsey

CALL TO ORDER

This meeting was preceded by a public forum held from 6:00-7:00 PM where open commentary and discussion was led by the Communication and Education Committee members.

1. Welcome and Introductions: The May 23, 2016 meeting of the Local Mental Health Board (LMHB) was called to order at 7:10 PM; introductions were made.
2. Public Comment:
 - A public forum participant thanked the group for the work they do.
3. Approval of Agenda: **Motion:** June Forbes, **Second:** Nicki King, **Discussion:** None, **Vote:** Unanimous
4. Approval of Minutes from April 25, 2016: **Motion:** Lisa Cherubini, **Second:** James Glica-Hernandez, **Discussion:** Member Tawny Yambrovich requested an edit removing the hyphen from the word "high school-ers," **Vote:** Unanimous
5. Member Announcements
 - June reminded all that the NAMI-Yolo annual picnic is scheduled for June 1 at 5:00 PM at the Davis Community Park.
 - Member Sarah Hahn announced that she was regrettably resigning from the LMHB citing structural changes at UC Davis which was consuming an increasing amount of her time. She noted that she is interested in a future role on the Board for either her or one of her staff members in order to retain the connection between UD Students and the LMHB.
 - The final 2016 LMHB Public Forum will be held just prior to the June 27 meeting and James requested all to encourage participation.

- Karen shared that the Mental Health Services Act (MHSA) Plan was to be released this week and all members were asked to review.

6. Correspondence

- California Association of Local Mental Health Boards and Commissions Invitation to the 2016 Annual Meeting: Member Nicki King agreed to attend and represent the Board.

TIME SET AGENDA

- 7. Yolo County [HHSA Behavioral Health Services Fiscal Year 2016-2017 Requested Budget Presentation \(see Item 7 of the May 23, 2016 Agenda packet\)](#) was shared by Katy Eckert, Interim HHSA Assistant Director.**

Karen Larsen was asked to share a list of behavioral health contracts including the contractor and the amounts. Chair Bob Schelen asked that the Budget and Finance Committee meet before the June meeting to gather relevant information then report out at the June meeting on a recommendation of support for the HHSA Behavioral Health Services Fiscal Year 2016-2017 requested budget. The intention is to submit comments/recommendation to the BOS to be included in the September budget revise. Nicki noted that she would like to remain a part of the Budget and Finance committee.

CONSENT AGENDA

- 8. Mental Health Director's Report:** The following item(s) were pulled from Karen Larsen's Mental Health Director's Report for additional discussion.
- Substance Use Disorder Prevention, Treatment and Recovery Site Visit: Karen clarified the purpose and process of this audit as a review of our services which are contracted out to providers.
 - Mental Health Court: The update was reviewed. This topic is coming back to the June 13 CCP meeting to consider the proposal to double the slots which will require HHSA to double the staffing. It is presumed that the CCP AB 109 dollars may decline and there is concern about expanding staffing and not having sufficient resources. Both HHSA and Probation are looking at funding options and will go back to the table. Some additional inquiry on Courts interest may be needed.
 - Certified Community Behavioral Health Clinic: Additional clarification was requested on this topic and Karen shared a basic overview as well as a note that though the intent is very positive, it is not likely that Yolo is a contender in this first round.
 - Child Welfare Mental Health Services: James inquired about the programmatic changes and teenage transitional youth (TAY) activities at the Wellness Center. Karen shared that TAY participation in the existing Adult Wellness Centers is low so additional attention is being given to providing a TAY focused center. Our Foster Care and Katie A penetration rates are low so the plan is to put the mental health clinicians into the Child, Youth and Family Branch. The group discussed interest in a wide variety of future presentations; Foster CARE in Yolo County including State changes; TAY Services; EPSDT Services; Children's services narrowed to realignment or MHSA; Mental health services for children throughout the system – both broad and narrow focus. Given the numerous topics and wide areas of interest, the group was asked to consider the topic further and return to the next meeting with more clarity. Karen agreed to then coordinate HHSA presentations either at LMHB or outside of the meetings.

REGULAR AGENDA

9. Board of Supervisors Report: Assistant Deputy to Supervisor Don Saylor shared that at the upcoming May 31 BOS meeting a resolution proclaiming May as Mental Health Month would be presented and all LMHB members were invited to attend.

10. Chair Report – Bob Schelen

a. LMHB Officer Election: The annual election of officers was performed, with the following nominated members unanimously elected. **Motion:** Martha Guerrero, **Second:** Lisa Cherubini, **Discussion:** None, **Vote:** Unanimous

- Chair: James Glica-Hernandez
- Vice Chair: Nicki King
- Secretary: Sally Mandujan

James took a moment to acknowledge Bob's service on behalf of the Board with the presentation of a gratitude plaque. Bob thanked everyone and shared positive sentiments about this opportunity to help people personally.



b. Strategic Plan Update: Bob shared that he has been in communication with former member Davis Campbell and is now the champion of this topic. He is putting together a specific program of the general issues (5 year plan) and specific immediate issues. Bob will have something prepared by the June meeting.

c. No Place Like Home Resolution General Principles and Guidelines Discussion: [See the CBHDA principle shared](#). A motion was made. **Motion:** June Forbes moved that these CBHDA principle be the ones we recommend for Yolo County. **Second:** Bob Schelen **Discussion:** Martha reminded all that we could recommend any language should modification be desired. Bob clarified that the original motion from last month was to share information with the BOS asking them to consider these in conjunction with consideration of the No Place Like Home Resolution. Karen's perspective was asked and she said that there isn't anything she disagrees with but reiterated the potential concerns about giving up MHSA money then having to compete to access it. Nicki suggested that the BOS consider and think about what is most appropriate for Yolo County. Martha noted that LA is likely going to get dedicated funding, thus taking them out of the competition. Allocation is being considered based on homeless counts or population. Some members wanted to stress the concern over creating a situation where there are winners vs. losers. Comparison to the SB 82 funding was noted where Yolo County performed very well. It was restated that this money is only spendable on persons experiencing homelessness who have mental health issues. Any letter of support should be expedited. Vote: Passes with 1 No: Nicki King and 1 Abstention: Sally Mandujan

d. Legislative Ad Hoc Committee Report: [Updates were shared see Item 10-d of the May 23, 2016 Agenda packet](#). The No Place Like Home Resolution was already covered in the previous topic. The Legislature will soon be taking action on [AB 2821](#), focused on housing expansion and complementary to the whole person care concept for Medi-Cal beneficiaries.

e. Board Committee Reports

- Communication and Education Committee:
 - Proposed Facebook community page for the LMHB: This topic was introduced and proposed for including announcements, meeting dates, informational posts, and advocacy item approved by the Board. Action was tabled to the next meeting.
- Program Committee: None
- Budget and Finance Committee: None

ADJOURNMENT

11. Future Meeting Planning and Adjournment

- The next meeting will be held on Monday, June 27, 2016, 7:00 – 9:00 PM in the Thomson Conference Room at 137 N. Cottonwood Street, Woodland, CA 95695. The next meeting will include a Public Forum from 6:00 – 7:00 PM, followed by a regular meeting from 7:00 – 9:00 PM.
- The MHSA Fiscal Year 2016-17 Plan Update will be shared at the June 27 LMHB meeting.
- The meeting was adjourned at 9:00 PM



Behavioral Health Housing Principles May 6, 2016

Expanding safe and affordable housing is a key priority for the undersigned behavioral health providers and advocates. County behavioral health departments, community based providers, family members and mental health service consumers are essential partners in any effort to reduce and prevent homelessness when mental illness and/or substance use are key contributing factors. A safe place to call home is essential for personal recovery and wellness, and behavioral health services are critical in preventing homelessness. Based on our experiences, we strongly believe the following principles must be considered in designing new efforts and targeting new investments:

1. Utilize the Public Behavioral Health Target Population Definition for Homelessness Prevention and Reduction Efforts

Use of Mental Health Services Act (MHSA) funding must be consistent with the voter mandate. MHSA funded supportive housing is targeted for people who are homeless or at risk of being homeless. A person who lives on the streets or lacks a fixed and regular night time residence is considered homeless. Individuals who are at risk of being homeless may include youth exiting the child welfare system, individuals discharged from hospitals or psychiatric health facilities, and individuals released from jails. The target population for purposes of MHSA housing is further defined as adults, older adults, transition-age youth with serious mental illness, children with severe emotional disorders and their families, who at the time of assessment for housing services meet the criteria for MHSA programming as defined in Welfare and Institutions Code 5600.3.

2. Utilize Strategies That Prevent Homelessness

Strategies to prevent homelessness should include coordinated discharge or release planning to ensure that individuals have access to a place to live as well as behavioral health services upon release/discharge. Often, individuals living with serious mental illness cycle through the criminal justice system without an appropriate behavioral health diagnosis or treatment. Re-entry planning should include behavioral health services, as well as supportive housing, in order to prevent homelessness. Additionally, for individuals who receive behavioral health treatment in hospitals, discharge planning should include ensuring a stable place to live in addition to linkages to behavioral health services. Partnerships between social service providers, behavioral health providers, law enforcement, family members, and consumers are important to prevent homelessness in the target population.

3. Utilize Proven Models To Respond to Homelessness

Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – while providing supportive services. This approach posits that having a roof over one's head is an essential step in reducing homelessness while acknowledging the many mental health and substance use challenges that prevent the homeless from accepting assistance. Rapid Re-housing rapidly connects families and individuals experiencing homelessness to permanent housing. Efforts should also be made to

ensure that individuals in temporary and bridge housing are targeted for permanent, supportive housing (i.e., not just those individuals who are homeless). Programs should also support housing provided by caregivers to individuals living with mental illness. A variety of proven strategies should be considered in any investment to end homelessness.

4. Invest in Supportive Services and Break the Cycle of Long-Term Homelessness

Supportive services, for people with behavioral health challenges, are essential to housing stability and to maximizing each individual's ability to live independently. County Behavioral health departments in collaboration with community providers, family members, and consumers are uniquely positioned to identify and intervene - in collaboration with community partners, family members, and consumers - to address the dual, interwoven, public health crises of substance use and mental illness that complicate homelessness. A successful strategy to combat homelessness will build on local and statewide collaborations and include essential mental health and substance use services.

5. Fund Construction, Operating Subsidies, and Supportive Services

Capital development, which includes the construction of new buildings and the rehabilitation of existing buildings, is only one of the *three* major costs to permanent supportive housing. Equally important is funding to make up the difference between what it costs to operate the housing – such as paying for maintenance, property management and other employees, or a new roof -- and what residents can afford to pay. Most homeless individuals lack income beyond a monthly check provided under federal Social Security programs for people with disabilities and could not afford the rent of an apartment without a subsidy. Therefore, in order to maintain appropriate living standards in the housing units, and to make the units affordable for the tenants, the units must be subsidized through a capitalized operating reserve or some other form of subsidy. And finally – supportive services including mental health and substance use are essential.

6. Ensure Residents of All Counties Can Benefit from Additional Housing Investments

Homelessness impacts all counties. Therefore, any MHSA funds set aside for the purpose of expanding housing capacity should be available, through a noncompetitive process, to all counties to invest in additional housing and supportive services. Stakeholder involvement is a key tenet of the MHSA, and counties investing in additional housing and supportive services will maintain robust stakeholder processes in the planning of any new programs. Any additional investments should be accompanied by evaluation measures and funding to support outcome-based evaluations.

7. Balance Investment

Counties and providers are working diligently to achieve the goals of the MHSA which calls for more expansive, inclusive, effective, innovative, and an accountable mental health system. Every dollar devoted to a statewide approach to housing is a dollar that will not be spent providing direct mental health and substance use services at a time of overwhelming need. There needs to be a balance between investing in affordable housing and investing in other critical mental health and substance use services.

8. Consider MHSA Revenue Volatility

MHSA funding allocations are not consistent each year. The annual amount of MHSA funding diverted for housing needs to be adjusted and matched with the volatility of the revenue source and each county should be able to determine what funding is used to pay back any bond debt in collaboration with their stakeholders and in accordance with the MHSA component regulations (e.g. Prevention and Early Intervention (PEI), Innovation, Community Services and Supports (CSS), funds at risk of reversion or new funding). In addition, there needs to be a consideration given to fund services *in the long term* to people living in permanent supportive housing created by any statewide program as well as funding for long term operating costs of maintaining housing.

9. Ensure Flexibility to Address Local Needs

There is not a “one size fits all” approach to housing across the State; there are a number of housing models for supportive housing. The housing setting can vary and is based on a range of factors including the resident’s preference, the type of housing available, affordability, and the history of a local community’s real estate market. For example, in cities, large apartment buildings are typical while in suburban and rural communities; single-family homes are more common. Programs need flexibility with regard to the utilization of housing such as options for long term Master Lease agreements and housing rehabilitation, in addition to capital investments. Additionally, California is a diverse state and programs must be culturally appropriate and able to meet the needs of each community.

10. Address “Not in My Backyard” (NIMBY) and Siting Challenges

Organizations that provide housing and supportive services to people with mental health and substance use disorders have tremendous challenges including identifying housing sites, obtaining necessary funding, arranging for services, navigating complex administrative systems, and securing scarce funding sources even when neighbors and local government support the project. The process becomes far more difficult when neighbors protest about housing “those people” in “our” neighborhood. Any statewide housing initiative should support efforts to reduce stigma and housing discrimination against people with mental health and substance use challenges. These efforts should include education and training, as well as possible legislative and/or statutory approaches that impact city and county governmental officials and staff.

11. Leverage and Increase the Impact of Existing and Emerging State Housing and Services

The MHSA Housing Program developed in August 2007 set aside \$400 million in funds to provide capital development loans and critical funding for long term operating subsidies for the development of affordable rental housing for MHSA individuals. Each county’s Department of Mental Health provides MHSA residents with an *individualized array of supportive services* needed for recovery and the opportunity to become fully functioning community members. These program funds are administered for counties by the California Housing Finance Agency (CalHFA) and the California Department of Health Care Services (DHCS). The funds from the MHSA Housing Program will ultimately house approximately 2,600 MHSA residents. Several counties plan to continue the partnership and assign additional MHSA dollars to CalHFA to administer under a new statewide program. Additionally, as authorized under the Affordable Care Act, States can create “Health Homes” to serve individuals with chronic conditions including mental health and substance use. One of the primary goals of the Health Home Program in California is to link individuals to housing and services. This is another opportunity to address the needs of the homeless. While these programs have had a substantial impact, the need for additional support, both in housing and supportive services, is clear. It is, however, imperative that new programs align with existing initiatives.