



# COUNTY OF YOLO

Health and Human Services Agency

**Karen Larsen, LMFT**  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • www.yolocounty.org

## Local Mental Health Board

**Monday, June 27, 2016, 7:00 – 8:00 PM\***

**Public Forum: 6:00 – 7:00 PM Regular Meeting: 7:00 – 8:00 PM Committee Workshop: 8:00 – 9:00 PM**  
137 N. Cottonwood, Woodland, CA 95695 – Bauer Building, Thomson Conference Room

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

*\*This meeting will include a Public Forum beginning at 6:00 PM, followed by an abridged regular meeting at 7:00 PM, then concluding with a Board Committee Workshop from 8:00 – 9:00 PM. This agenda reflects the regular meeting agenda items.*

James Glica-Hernandez  
**Chair**

Nicki King  
**Vice-Chair**

Sally Mandujan  
**Secretary**

### **District 1**

Bret Bandlely  
Martha Guerrero  
Sally Mandujan

### **District 2**

Nicki King  
Tom Waltz  
Vacant

### **District 3**

Richard Bellows  
James Glica-Hernandez  
Tawny Yambrovich

### **District 4**

June Forbes  
Robert Schelen  
Vacant

### **District 5**

Brad Anderson  
Lisa Cherubini  
Vacant

### **Board of Supervisors Liaison**

Don Saylor

### **Alternate**

Jim Provenza

### 7:00 PM CALL TO ORDER

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from May 23, 2016
5. Member Announcements
6. Correspondence
  - June 3, 2016 LMHB Letter to BOS regarding No Place Like Home Guidelines
  - *Proposed* – LMHB Letter to the Daily Democrat regarding Orland Mass Shooting
  - *Proposed* – LMHB Letter of Support for the Yolo County Whole Person Care Pilot

### 7:10 PM TIME SET AGENDA

7. Yolo County Mental Health Services Act (MHSA) Fiscal Year 2016-17 Plan Update – Joan Beesley, MHSA Program Manager

### 7:30 PM CONSENT AGENDA

8. Mental Health Director's Report – Karen Larsen
  - Department Update
  - Child, Youth and Family Branch
  - Whole Person Care Pilot
  - Continuum of Care Work Group
  - Board Budget Hearing
  - Public Guardian Transition
  - Jail/JDF Behavioral Health Services Contract
  - Partnership Healthplan of California
  - MHSA Housing Project

### 7:40 PM REGULAR AGENDA

9. Board of Supervisors Report – Supervisor Don Saylor
10. Chair Report – James Glica-Hernandez
  - a. Member Resignations, Appointments, and Re-Appointments

*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 Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, 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.*

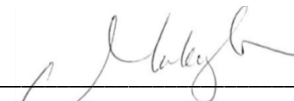
- b. Request for Recommendation of Support for the Yolo County HHSA Behavioral Health Services Fiscal Year 2016-2017 Budget
- c. Proposal for Immediate Correspondence from the Board Chair
- d. Member Tours of Local Provider Facilities
- e. Proposed Facebook Community Page for the LMHB
- f. LMHB Resource Pamphlet
- g. Strategic Plan Update
- h. Legislative Ad Hoc Committee Report
- i. Board Committee Meetings – Following adjournment of this meeting, LMHB Committees will meet in the following locations:
  - Communication and Education Committee: Thomson Conference Room
  - Program Committee: CANCELLED
  - Budget and Finance Committee: Walker Conference Room

**8:00 PM ADJOURNMENT**

11. Future Meeting Planning and Adjournment – James Glica-Hernandez

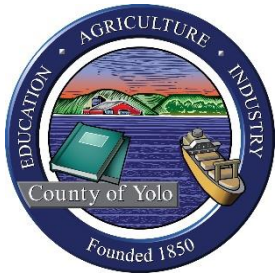
- Next Meeting Date and Location – Monday, July 25, 2016, 7:00 – 9:00 PM in the Community Conference Room at 600 A Street, Davis, CA 95616
  - Community Health Improvement Plan presentation by Emily Vaden of the HHSA Community Health Branch
- *Proposed* – The August 22, 2016 LMHB meeting to be cancelled.

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, June 24, 2016.

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

## Item 6. Correspondence





# COUNTY OF YOLO

## Health and Human Services Agency

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Director

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**SENT VIA EMAIL**

June 3, 2016

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**Vice-Chair**

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Jim Provenza

Yolo County Board of Supervisors  
625 Court Street  
Woodland, CA 95695

**RE: NO PLACE LIKE HOME GUIDELINES**

Dear Yolo County Board of Supervisors:

As the Yolo County Board of Supervisors develops initiatives for the use of Proposition 63 funding, which include No Place Like Home budget items, the Yolo County Local Mental Health Board (LMHB) shares our support for safe housing and a constructive recovery environment for those of our residents who are both mentally ill and homeless. Toward that end, the LMHB offers our strong support for the standards of development expressed in the Behavioral Health Housing Principles, dated May 6, 2016, submitted by the County Behavioral Health Director's Association of California, the National Alliance on Mental Illness of California, Urban Counties of California, and the California Mental Health Planning Council.

The principles listed in the attached document provide sound, balanced guidelines with which to promote a safe foundation for those who are homeless and living with mental illness. The balance of funding utilization, the recognition of local needs, and building a culture of support in our county, are all areas in which we know the Board of Supervisors are deeply aware. Please consider these recommendation as you develop the County plan for utilizing these funds.

If you have any comments or questions, please feel to contact me at (916) 201-1168 or by e-mail at [jcglicahernandez@gmail.com](mailto:jcglicahernandez@gmail.com). Thank you for your consideration.

Sincerely,

James C. Glica-Hernandez  
Chair  
Yolo County Local Mental Health Board

JCGH:mn

Attachments: Behavioral Health Housing Principles, May 6, 2016

Cc: LMHB Members  
Julie Dachtler, Clerk of the Board  
Lupita Ramirez, Clerk of the Board  
Karen Larsen, HHSA Director



## 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.

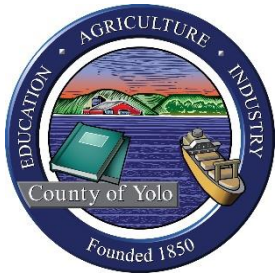
## **10. Address “Not in My Backyard” (NIMBY) and Siting Challenges**

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.





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June XX, 2016

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*Alternate*  
Jim Provenza

Jim Smith, Editor  
Woodland Daily Democrat  
711 Main Street  
Woodland, CA 95695

Letter to the Editor

Yolo County may be across the continent from Orlando, Florida, where 49 individuals were tragically murdered in the largest mass shooting in U.S. history, yet many people all over the nation are deeply affected by this horrific event. The Yolo County Local Mental Health Board (LMHB) extends our deepest sympathy to the families and friends of those who died. We also recognize that a loss like this can create an environment in which some individuals, particularly those who live with mental illness, see tragedy-related symptoms intensify.

In addition to taking actions that you know will move you toward healing, the LMHB reminds all Yolo County residents that services are available to help you through this difficult time. The County Mental Health Department provides crisis services and referrals to our service partners. Please call the toll free CRISIS and ACCESS line, which is available 24 hours a day/seven days a week: (888) 965-6647 / TDD (800) 735-2929. For more information, you may also go to the following website: <http://www.yolocounty.org/>

[health-human-services/adult-aging/crisis-services](http://www.yolocounty.org/health-human-services/adult-aging/crisis-services).

Sincerely,

James C. Glica-Hernandez  
Chair  
Yolo County Local Mental Health Board

JCGH:Editor's Initials

cc: Name(s)



## Item 8. Mental Health Director's Report – Karen Larsen



# Yolo County Health and Human Services Agency

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## BEHAVIORAL HEALTH SERVICES

### Local Mental Health Board Mental Health Director's Report June 27, 2016

#### Department Update

On May 31, Karen presented the HHSA Annual Update to the Board of Supervisors. The presentation covered prior year accomplishments, coming year initiatives, long term goals, and emerging issues. [Click here to download the presentation.](#)

#### May is Mental Health Month Resolution

On May 31 the Board of Supervisors passed a resolution proclaiming May as Mental Health Month in Yolo County. The LMHB's Bob Schelen and James Glica-Hernandez joined Karen Larsen in speaking on behalf of this resolution and the LMHB.



#### Child, Youth and Family Branch

Alissa Sykes left her position as Branch Director on June 3. Filling the Branch Director position is of critical importance to our Agency, the County, and some of our most vulnerable residents. In light of this importance, filling this position was not something we wanted to rush into, by simply making an appointment. Instead, we have decided to bring in an interim Branch Director to fill the position and open a recruitment. Ed Smith has agreed to assume the interim Branch Director position during this time.

#### Whole Person Care Pilot

Since submitting our letter of intent for the Whole Person Care Pilot back in April, we have convened several stakeholder sessions to discuss our vision for the Whole Person Care pilot application which is due July 1. Yolo County's proposal centers around our older adult population (50+) with a focus on highly vulnerable Medi-Cal beneficiaries that interact with multiple systems.

#### Continuum of Care Work Group

Yolo County's Strategic Plan for 2016-2019 identifies the goal of developing a coordinated continuum of care ranging from prevention through intensive services. This item is specific to the criminal justice system. The committee working on this item includes Karen, the Public Defender, District Attorney, Sheriff's Department, CAO, Probation, and Board of Supervisors. At the last meeting we had a presentation regarding the Stepping Up Initiative. The group will be moving forward with an assessment of our current system to identify gaps and areas of improvement to decrease the number of individuals with mental illness in custody.

#### Board Budget Hearing

On June 14, the BOS received the proposed County budget for 2016/2017. Karen presented regarding the agency's structural deficit, tools used to balance for coming year and plans to develop a 3 year sustainability plan.

## **Partnership Healthplan of California**

On June 14 the Board of Supervisors appointed Karen as the newest Commissioner on Partnership Healthplan of California’s Board. Karen is assuming the seat vacated by Jill Cook due to her new position.

## **MHSA Housing Project**

Unfortunately we didn’t get the Title 9 tax credit in the last round. We are applying again this month and should hear by September. There are only two applications per year so if we aren’t successful this round we would have to wait until next spring. Lisa Baker feels confident in our chances in the next round. [See updated Milestone Sheet attached.](#)

## **Public Guardian/Public Administrator**

The term for the office of the Yolo County Public Guardian-Public Administrator concludes in January of 2019. With the Board of Supervisor's interest in possible consolidation of the Public Guardian-Administrator office with other existing departments, Cass Sylvia has decided to retire. It will take at least six months to transition the many aspects of the department, thus she is planning her retirement for the end of December 2016. CAO staff has analyzed different organizational structures used throughout California and the associated pros and cons. This report summarizes this research. Currently, Yolo County operates with a combined Public Guardian and Public Administrator position that is duly elected by the public and stands alone as its own department. The department is serving approximately 190 clients on public conservatorship, averaging this amount in FY 2015-16. The management of these vulnerable clients is done by Cass Sylvia and her three full time staff.

### *County Models*

Among California counties there are three main organizational models for structuring the Public Guardian and Public Administrator positions:

Model 1: Stand-Alone Public Guardian/Administrator (Status Quo)-This model reflects the current structure in Yolo County of a combined Public Guardian and Public Administrator position that stands alone as its own department (either elected or appointed). About 10% of California counties have this structure, making it the less common of the three models. Additionally, only the counties of Inyo and Imperial, as well as Yolo County, retain this office as a stand-alone elected position.

*Pros and Cons:* This model is beneficial in the relative independence it provides in the administration of the duties of the department. If combined under a larger department, a policy would have to be developed to ensure against any potential conflicts of interest (see Model 2). However, this independence also means a lost opportunity to obtain the service alignment and increased resources, support staff, and internal controls that come through consolidation with a larger department.

Model 2: Separated Positions Consolidated into Other Departments-This model commonly consists of separating the two positions by placing the Public Guardian with a larger health department or agency such as Health and Human Services and consolidating the Public Administrator with another elective office (ex. Sheriff or District Attorney). This is the most popular model among California counties at approximately 55%.

*Pros and Cons:* Consolidation with larger departments in this model brings greater alignment of services as well as increased resources, support staff, and internal controls. If such a change is deemed to be in the public interest, it would require an ordinance that separates the Public Guardian and Administrator positions and reconsolidates them accordingly.

**Yolo County Health and Human Services Agency Behavioral Health Services  
Local Mental Health Board – Mental Health Director’s Report  
June 27, 2016**

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Additionally, in order to consolidate the Public Guardian position with a health department or agency, an agreement/protocol must be developed as described in California Welfare and Institutions Code §5371. The policy helps alleviate any potential conflict between Public Guardian staff making decisions on conservatorships and agency staff directing payment. Specifically, it keeps staff separate under the health agency, specifies the responsibilities of each person who is a party to the agreement/protocol, and specifies a procedure to resolve disputes or conflicts of interest. The department director then serves as final arbitrator.

Model 3: Combined Public Guardian/Administrator under Health and Human Services - In this model the Public Guardian and Public Administrator positions are combined but held under a Health and Human Services department or agency rather than being a stand-alone department. About 28% of California counties utilize this model. Additionally, the Public Guardian/Administrator is not an elected position under this model since it is consolidated into a department that does not have an elected official.

*Pros and Cons:* Similar to Model 2, this model provides the benefits associated with consolidation with a larger department (greater alignment of services; increased resources, support staff and internal controls). However, it also requires development of a policy to protect against any conflicts of interest when consolidating the Public Guardian with a health department or agency.

Additionally, in Yolo County the Public Administrator must be an elected position or consolidated with an existing elected official. Some counties in California are exempt from this under California Government Code §24011, thus allowing them to appoint the Public Administrator and establish an organizational structure as depicted in Model 3. However, Yolo County is currently not one of them. For Yolo County to adopt Model 3 it would require a legislative code change (under Government Code §24011) or a ballot measure (in accordance with Government Code §24009) so that the County may appoint rather than elect the Public Administrator position. This then allows for consolidation of the Public Administrator under the Health and Human Services Agency (HHS), rather than with an elected official.

*Recommendation*

Out of the three organizational models for the Public Guardian and Public Administrator roles, it is the recommendation of the County Administrator’s Office that the Board direct staff to develop a future organizational structure consistent with Model 2 for future Board consideration. Specifically, a collaborative planning group would be formed to develop a transition plan for consolidation of the Public Guardian with the Health and Human Services Agency (HSSA) and the Public Administrator with the office of the Sheriff-Coroner. The transition plan developed by the group would then be brought back for Board consideration and approval. This recommendation would not involve the elimination of any current positions staffed under the existing Public Guardian-Public Administrator department.

It is anticipated that consolidation of these two positions under larger departments, as depicted in Model 2, will provide a greater alignment of services as well as increased resources, support staff and internal controls. In addition to administering estates as conservators, the Public Guardian also serves in Yolo County as a conservator of persons. These duties complement many of HSSA’s aging adult and mental health services and would allow for greater collaborative and wrap around service provisions. Additionally, the Public Administrator, whose duties involve managing estates of the deceased, would benefit from the greater resources at the Sheriff’s Office and stronger alignment with the Coroner.

Lastly, with the retirement of the current Public Guardian/Administrator occurring in December 2016, Model 2 allows this change to occur more quickly, without a legislative code change or ballot measure, thus allowing the current position holder to aid in the transition.

**County – Yolo Housing Joint Housing Development Project (MHSA Funding).**

<b>Milestones, 6/14</b>	<b>Status</b>	<b>Milestones, 1/12/16</b>	<b>Updated Milestone, 6/20/16</b>
Initial market study	Complete	N/A	
Selection of dev. partner	Complete	N/A	
Initial Concept	Complete	N/A	
New Hope & Mercy MOU	Complete	N/A	
Predevelopment offer	Complete	N/A	
ENA, due June/July '14	Complete	N/A	
Predevelopment funds, 7/14	Complete \$30,000	N/A	
concept design dev. May to Oct '14	Complete	N/A	
Site control, 9/14	Complete	N/A	
PBV RFP response	Complete	Awarded –Commitment letter 2/18/16	
CalHFA MHSA app, 11/14 - 1/15	Complete	Awarded – Feb 2016	
HCD funding	Complete	Awarded – June 2015	MHP
Site Plan, Design Review, Parcel Split	Complete	Complete – March 2016	
City Approvals, 3/15	Complete	Approved – March 2016	
Tax Credit Application	Pending	Not awarded in 1 <sup>st</sup> round of 2016. Applying in 2 <sup>nd</sup> round 2016,	Application due 6/29/16
Demolition of Petersen Clinic	Soft start – mobilization	In progress	Start 6/20/16
Tax Credit Award, 9/16	Pending	Pending	September 2016
Construction Starts, 2/17	Revised schedule	Dec 2016	March 2017
Construction Completion, Originally 10/17	Revised schedule	March 2018	May 2018

\* Competition for Project Based Vouchers (PBV)

\*\* May require NHCDC to have title to property and/or YCH land lease to NHDCDC (variables)

\*\*\* funding advantage if County does demo - may be role for YCH. Clean site counts (variables)



## Item 10-h. Legislative Ad Hoc Committee Report



## CBHDA 2015-2016 Legislative Update - As of 6/22/2016

Bill/Author	Description	CBHDA Position
AB 38 Eggman (D)	<b>Mental Health Early Diagnosis and Preventive Treatment Program (Amended 6/13/16)</b> Establishes the Early Diagnosis and Preventive Treatment pilot program at the Department of Health Care Services to utilize integrated systems of care for persons with severe mental illness and children with severe emotional disturbance who have private health benefit coverage.	Watch
<u>AB 59</u> <u>Waldron R</u>	<b>Mental health services: assisted outpatient treatment. ( Amended: 3/28/2016)</b> Under the Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, participating counties are required to provide prescribed assisted outpatient services, including a service planning and delivery process, that are client-directed and employ psychosocial rehabilitation and recovery principles. Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Local Revenue Fund and the Mental Health Services Fund when included in a county plan, as specified. This bill would extend the operation of the program until January 1, 2022. <b>Status:</b> 6/15/2016 - In committee: Hearing postponed by committee. <b>Hearing:</b> 6/27/2016 10 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, LARA, Chair	Support
<u>AB 168</u> <u>Maienschein R</u>	<b>Mental health: community-based services. ( Amended: 6/20/2016)</b> The Protecting Access to Medicare Act of 2014, requires the United States Secretary of Health and Human Services to, among other things, no later than September 1, 2017, select from among those states awarded a planning grant, the states that may participate in a time-limited demonstration program that is designed to improve access to community mental health and substance use treatment services provided by certified community behavioral health clinics. Current law requires the State Department of Health Care Services to develop a proposal for the United States Secretary of Health and Human Services to be selected as a participating state in this time-limited demonstration program, as specified. This bill would require the department to submit a report to the Legislature by March 1, 2017, to include specified information if the state is selected as a participating state in this time-limited demonstration program. <b>Status:</b> 6/20/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. <b>Hearing:</b> 6/29/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair	
<u>AB 635</u> <u>Atkins D</u>	<b>Medical interpretation services. ( Introduced: 2/24/2015)</b> Would require the State Department of Health Care Services to seek federal funding to establish a program to provide and reimburse for certified medical interpretation services, except sign language interpretation services, to Medi-Cal beneficiaries who are limited English proficient. The program would offer medical interpreter services to Medi-Cal providers serving beneficiaries on either a fee-for-service or managed care basis. <b>Status:</b> 9/11/2015 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/4/2015)	Support
<u>AB 741</u> <u>Williams D</u>	<b>Mental health: community care facilities. ( Amended: 6/16/2016)</b> Would authorize a short-term residential treatment center to be operated as a children's crisis residential center, as defined, and would require the State Department of Social Services to regulate those programs, as specified. The bill would require the State Department of Health Care Services, in consultation with the County Behavioral Health Directors Association of California, representatives of provider associations, children's advocates, and other stakeholders, to establish Medi-Cal rates for children's crisis residential services, as prescribed. <b>Status:</b> 6/21/2016 - Re-referred to Com. on HEALTH. <b>Hearing:</b> 6/29/2016 1:30 p.m. - John L. Burton Hearing Room	Watch

	(4203) SENATE HEALTH, HERNANDEZ, Chair	
<u>AB 885</u> <u>Lopez D</u>	<p><b>Foster youth. ( Amended: 6/2/2016)</b> For purposes of participation in specified programs under the California Fostering Connections to Success Act, current law allows a juvenile court to assume dependency jurisdiction over a nonminor former dependent who has not attained 21 years of age under specified circumstances, including, among others, the nonminor's former guardian or adoptive parent no longer provides ongoing support to, and no longer receives benefits on behalf of, the nonminor after the nonminor turns 18 years of age. This bill would delete the requirement that the former guardian or adoptive parent no longer receive aid on behalf of the nonminor before a juvenile court may resume dependency jurisdiction for purposes of extending foster care benefits.</p> <p><b>Status:</b> 6/15/2016 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 7. Noes 0.) (June 14). Re-referred to Com. on APPR.</p>	Watch
<u>AB 1067</u> <u>Gipson D</u>	<p><b>Foster children: rights. ( Amended: 5/11/2016)</b> Would require the State Department of Social Services to convene a working group regarding the specified rights of all minors and nonminors in foster care in order to educate them, foster care providers, and others, and would require the working group to be composed of, among others, the County Welfare Directors Association of California and foster children advocacy groups. This bill contains other related provisions and other existing laws.</p> <p><b>Status:</b> 5/11/2016 - Read second time and amended. Re-referred to Com. on APPR.</p>	Support
<u>AB 1300</u> <u>Ridley-Thomas D</u>	<p><b>Mental health: involuntary commitment. ( Amended: 6/21/2016)</b> Under current law, when a person, as a result of a mental disorder, is a danger to others, or to himself or herself, or is gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or other designated professional person, and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation. This bill would authorize a nondesignated emergency physician or psychiatric professional, upon probable cause, to take the person into custody for a period of up to 72 hours for the purpose of obtaining evaluation and treatment from a designated professional person or to arrange the transfer of the person to a designated facility.</p> <p><b>Status:</b> 6/21/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH. <b>Hearing:</b> 6/29/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair</p>	
<u>AB 1568</u> <u>Bonta D</u>	<p><b>Medi-Cal: demonstration project. ( Amended: 6/2/2016)</b> Current law requires the State Department of Health Care Services to seek a subsequent demonstration project to implement specified objectives, including maximizing federal Medicaid funding for county public hospitals health systems and components that maintain a comparable level of support for delivery system reform in the county public hospital health systems as was provided under California's "Bridge to Reform" Medicaid demonstration project. SB 815 of the 2015-16 Regular Session, if enacted, would establish the Medi-Cal 2020 Demonstration Project Act, under which the department is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services.</p> <p><b>Status:</b> 6/21/2016 - Read second time. Ordered to third reading. <b>Hearing:</b> 6/23/2016 #133 SENATE SEN THIRD READING FILE - ASM BILLS</p>	Support
<u>AB 1618</u> Committee on Budget	<p><b>No Place Like Home Program: establishment. ( Amended: 6/15/2016)</b> Would establish the No Place Like Home Program, to be administered by the Department of Housing and Community Development. The bill would require the department to award \$2,000,000,000 through a competitive program among counties to finance capital costs, including, but not limited to, acquisition, design, construction, rehabilitation, or preservation, and to capitalize operating reserves, of permanent supportive housing for the target population, as specified.</p> <p><b>Status:</b> 6/15/2016 - From committee: Amend, and do pass as amended. (Ayes 10. Noes 2.) (June 15). Senate Rule 29 suspended. Read second time and amended. Ordered to third reading. <b>Hearing:</b> 6/23/2016 #101 SENATE SEN THIRD READING FILE - ASM BILLS</p>	Support

<p><b><u>AB 1644</u></b> <u>Bonta D</u></p>	<p><b>School-based early mental health intervention and prevention services. ( Amended: 5/27/2016)</b> Would rename the School-Based Early Mental Health Intervention and Prevention Services for Children Act of 1991 the Healing from Early Adversity to Level the Impact (HEAL) of Trauma in Schools Act or the HEAL Trauma in Schools Act. The bill would expand the definition of an eligible pupil to include a pupil who attends a preschool program at a contracting agency of the California state preschool program or a local educational agency, and a pupil who is in transitional kindergarten, thereby extending the application of the act to those persons. The bill would also include charter schools in the definition of local educational agency, thereby extending the application of the act to those entities. <b>Status:</b> 6/15/2016 - From committee: Do pass and re-refer to Com. on ED. (Ayes 9. Noes 0.) (June 15). Re-referred to Com. on ED.<b>Hearing:</b> 6/29/2016 9 a.m. - John L. Burton Hearing Room (4203) SENATE EDUCATION, LIU, Chair</p>	<p>Support</p>
<p><b><u>AB 1748</u></b> <u>Mayes R</u></p>	<p><b>Pupils: pupil health: opioid antagonist. ( Amended: 6/20/2016)</b> Current law authorizes a pharmacy to furnish epinephrine auto-injectors to a school district, county office of education, or charter school if certain conditions are met. Current law requires the school district, county office of education, or charter school to maintain records regarding the acquisition and disposition of epinephrine auto-injectors furnished by the pharmacy for a period of 3 years from the date the records were created. This bill would authorize a pharmacy to furnish naloxone hydrochloride or another opioid antagonist to a school district, county office of education, or charter school if certain conditions are met. <b>Status:</b> 6/20/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on JUD.<b>Hearing:</b> 6/28/2016 1:30 p.m. - Room 112 SENATE JUDICIARY, JACKSON, Chair</p>	<p>Support</p>
<p><b><u>AB 1808</u></b> <u>Wood D</u></p>	<p><b>Minors: mental health treatment or counseling services. ( Amended: 6/2/2016)</b> Current law authorizes a minor who is 12 years of age or older to consent to outpatient mental health treatment or counseling services, notwithstanding any provision of law to the contrary, if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in those services. Current law defines "professional person," for the purposes of those provisions, to include, among others, a marriage and family therapist, a marriage and family therapist intern, a professional clinical counselor, and a clinical counselor intern. This bill would additionally authorize a marriage and family therapist trainee and a clinical counselor trainee, while working under the supervision of certain licensed professionals, to provide those services. <b>Status:</b> 6/6/2016 - From committee: Do pass and re-refer to Com. on JUD. (Ayes 7. Noes 0.) (June 6). Re-referred to Com. on JUD.</p>	<p>Support</p>
<p><b><u>AB 1836</u></b> <u>Maienschein R</u></p>	<p><b>Mental health: referral of conservatees. ( Amended: 6/15/2016)</b> Would authorize the court, if a conservatorship has already been established under the Probate Code, to refer the conservatee for an assessment by the local mental health system or plan to determine if the conservatee has a treatable mental illness, including whether the conservatee is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and is unwilling to accept, or is incapable of accepting, treatment voluntarily. The bill would also require the court to appoint counsel to a conservatee if he or she cannot afford counsel. <b>Status:</b> 6/15/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on JUD.<b>Hearing:</b> 6/28/2016 1:30 p.m. - Room 112 SENATE JUDICIARY, JACKSON, Chair</p>	
<p><b><u>AB 1863</u></b> <u>Wood D</u></p>	<p><b>Medi-Cal: federally qualified health centers: rural health centers. ( Amended: 5/27/2016)</b> Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. Current law allows an FQHC or RHC to apply for an adjustment to its per-visit rate based on a change in the scope of services it provides. This bill would include a marriage and family therapist within those health care professionals covered under that definition. <b>Status:</b> 6/9/2016 - Referred to Com. on HEALTH.<b>Hearing:</b> 6/22/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair</p>	<p>Support <a href="#">A</a></p>

<p><b><u>AB 1962</u></b> <u>Dodd D</u></p>	<p><b>Criminal proceedings: mental competence. ( Amended: 6/6/2016)</b> Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Current law establishes a process by which a defendant's mental competency is evaluated, which includes requiring the court to appoint a psychiatrist or licensed psychologist, and any other expert the court may deem appropriate. This bill would, on or before July 1, 2017, require the State Department of State Hospitals, through the use of a workgroup representing specified groups, to adopt guidelines for education and training standards for a psychiatrist or licensed psychologist to be considered for appointment by the court. <b>Status:</b> 6/21/2016 - Action From PUB. S.: Do pass.To APPR..</p>	<p>Under review</p>
<p><b><u>AB 1997</u></b> <u>Stone, Mark D</u></p>	<p><b>Foster care. ( Amended: 6/21/2016)</b> Current law provides for the early implementation, by counties and foster family agencies, of the resource family approval process, which is a unified, family friendly, and child-centered approval process that replaces the multiple processes for licensing foster family homes, approving relatives and nonrelative extended family members as foster care providers, and approving adoptive families. Current law requires the State Department of Social Services to implement the resource family approval process in all counties and with all foster family agencies by January 1, 2017. This bill would also specify that the resource family approval process replaces certification of foster homes by foster family agencies and the approval of guardians. <b>Status:</b> 6/21/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HUMAN S.<b>Hearing:</b> 6/28/2016 1:30 p.m. - Room 3191 SENATE HUMAN SERVICES, MCGUIRE, Chair</p>	<p>Watch</p>
<p><b><u>AB 2017</u></b> <u>McCarty D</u></p>	<p><b>College Mental Health Services Program. ( Amended: 5/27/2016)</b> Would, until January 1, 2022, establish the College Mental Health Services Trust Account, would, beginning July 1, 2017, transfer \$40,000,000 annually to that account from funding that would otherwise be allocated to Mental Health Services Act Prevention and Early Intervention Programs, and would continuously appropriate those funds to the department to create a grant program for public community colleges, colleges, and universities to improve access to mental health services on campus, as specified. The bill would require campuses that have been awarded grants annually to report on the use of grant funds. The bill would also require the department to submit a report to the Legislature evaluating the impact of the program, as specified. <b>Status:</b> 6/9/2016 - Referred to Coms. on HEALTH and ED.<b>Hearing:</b> 6/22/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair</p>	<p>Watch</p>
<p><b><u>AB 2083</u></b> <u>Chu D</u></p>	<p><b>Interagency child death review. ( Amended: 6/14/2016)</b> Current law authorizes a county to establish an interagency child death review team to assist local agencies in identifying and reviewing suspicious child deaths and facilitating communication among persons who perform autopsies and the various persons and agencies involved in child abuse or neglect cases. This bill would authorize the voluntary disclosure of specified information, including mental health records, criminal history information, and child abuse reports, by an individual or agency to an interagency child death review team. <b>Status:</b> 6/14/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on PUB. S.</p>	<p>Support</p>
<p><b><u>AB 2279</u></b> <u>Cooley D</u></p>	<p><b>Mental Health Services Act: county-by-county spending reports. ( Amended: 6/13/2016)</b> Would require the State Department of Health Care Services, based on the Annual Mental Health Services Act Revenue and Expenditure Report, to compile information, in total and by county on an annual basis, that includes, among other things, the total amount of MHSA revenue, the amount of MHSA money received and expended for each specified component of the MHSA program, and the amount of MHSA money spent on program administration. The bill would require the department to make the collected information available to the Legislature and the public on its Internet Web site no later than July 1, 2018, and annually thereafter. <b>Status:</b> 6/13/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.<b>Hearing:</b> 6/22/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair</p>	<p>Watch</p>

<p><b><u>AB 2441</u></b> <u>Thurmond</u> D</p>	<p><b>Housing: Workforce Housing Pilot Program. ( Amended: 6/20/2016)</b> Would create the Workforce Housing Pilot Program, pursuant to which the Department of Housing and Community Development, subject to the appropriation of funds for that purpose, would award grant funding to eligible recipients, as defined, for the predevelopment costs, acquisition, construction, or rehabilitation of rental housing projects or units within rental housing projects that serve, and for providing downpayment assistance to, persons and families of low or moderate income. The bill would require all grant funds to be matched on a dollar-for-dollar basis, unless the eligible recipient is suffering a hardship and is unable to generate the matching funds. <b>Status:</b> 6/20/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on T. &amp; H.<b>Hearing:</b> 6/28/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE TRANSPORTATION AND HOUSING, BEALL, Chair</p>	<p>Watch</p>
<p><b><u>AB 2442</u></b> <u>Holden</u> D</p>	<p><b>Density bonuses. ( Amended: 4/14/2016)</b> Would require a density bonus to be provided to a developer that agrees to construct a housing development that includes at least 10% of the total units for transitional foster youth, disabled veterans, or homeless persons, as defined. The bill would require that these units be subject to a recorded affordability restriction of 55 years and be provided at the same affordability level as very low income units. The bill would set the density bonus at 20% of the number of these units. By increasing the duties of local agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. <b>Status:</b> 6/21/2016 - SEN. T. &amp; H. Vote - Do pass, but re-refer to the Committee on Appropriations.</p>	<p>Support</p>
<p><b><u>AB 2821</u></b> <u>Chiu</u> D</p>	<p><b>Medi-Cal Housing Program. ( Amended: 6/16/2016)</b> Would require HCD, in coordination with DHCS, to, on or before July 1, 2017, establish the Medi-Cal Housing Program and on or before December 1, 2017, and every year thereafter, subject to appropriation by the Legislature, award grants on a competitive basis to eligible grant applicants participating in a Whole Person Care pilot program, a program under the Medi-Cal program that provides specified entities with the option to receive support to integrate care for a particularly vulnerable group of Medi-Cal beneficiaries, including individuals who are experiencing or are at risk of homelessness, that includes eligibility based on homelessness, or with Medi-Cal managed care plans administering the Health Home Program. <b>Status:</b> 6/16/2016 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.<b>Hearing:</b> 6/22/2016 1:30 p.m. - John L. Burton Hearing Room (4203) SENATE HEALTH, HERNANDEZ, Chair</p>	<p>Support</p>
<p><b><u>SB 123</u></b> <u>Liu</u> D</p>	<p><b>Medi-Cal: school-based administrative activities. ( Amended: 6/16/2016)</b> Would authorize the State Department of Health Care Services to contract directly with a local educational agency to perform administrative activities necessary for the proper and efficient administration of the Medi-Cal program, as specified, and would designate this activity as the School-Based Administrative Claiming process program. This bill contains other related provisions and other existing laws. <b>Status:</b> 6/16/2016 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.<b>Hearing:</b> 6/22/2016 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, O'DONNELL, Chair</p>	<p>Watch</p>
<p><b><u>SB 614</u></b> <u>Leno</u> D</p>	<p><b>Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification. ( Amended: 8/31/2015)</b> Would require the State Department of Health Care Services to establish, by July 1, 2017, a statewide peer, parent, transition-age, and family support specialist certification program, as a part of the state's comprehensive mental health and substance use disorder delivery system and the Medi-Cal program. The bill would include 4 certification categories: adult peer support specialists, transition-age youth peer support specialists, family peer support specialists, and parent peer support specialists. <b>Status:</b> 9/11/2015 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/3/2015)</p>	<p>Support (Sponsor)</p>
<p><b><u>SB 815</u></b> <u>Hernandez</u> D</p>	<p><b>Medi-Cal: demonstration project. ( Amended: 6/9/2016)</b> Would establish the Medi-Cal 2020 Demonstration Project Act, under which the State Department of Health Care Services is required to implement specified components of the subsequent demonstration project, referred to as California's Medi-Cal 2020 demonstration project, consistent with the Special Terms and Conditions approved by the federal Centers for Medicare and Medicaid Services. This bill contains other related provisions and other existing laws.</p>	<p>Support</p>

	<b>Status:</b> 6/16/2016 - Read second time. Ordered to consent calendar. <b>Hearing:</b> 6/23/2016 #61 ASSEMBLY CONSENT CALENDAR 2ND DAY-SENATE BILLS	
<b>SB 819</b> <u>Huff</u> R	<b>Powdered alcohol. ( Amended: 6/15/2016)</b> Would prohibit the Department of Alcoholic Beverage Control from issuing a license to manufacture, distribute, or sell powdered alcohol, as defined, and would require the department to revoke the license of any licensee who manufactures, distributes, or sells powdered alcohol, as provided. This bill would prohibit the possession, purchase, sale, offer for sale, distribution, manufacture, or use of powdered alcohol and would make the violation of these provisions punishable as an infraction. This bill contains other related provisions and other existing laws. <b>Status:</b> 6/15/2016 - Read second time and amended. Re-referred to Com. on APPR.	Support
<b>SB 867</b> <u>Roth</u> D	<b>Emergency medical services. ( Amended: 4/12/2016)</b> Current law, until January 1, 2017, authorizes county boards of supervisors to elect to levy an additional penalty, for deposit into the EMS Fund, in the amount of \$2 for every \$10 upon fines, penalties, and forfeitures collected for criminal offenses. Current law, until January 1, 2017, requires 15% of the funds collected pursuant to that provision to be used to provide funding for pediatric trauma centers. This bill would extend the operative date of these provisions until January 1, 2027. <b>Status:</b> 6/16/2016 - Read second time. Ordered to third reading. <b>Hearing:</b> 6/23/2016 #51 ASSEMBLY THIRD READING FILE - SENATE BILLS	Support
<b>SB 884</b> <u>Beall</u> D	<b>Special education: procedural safeguards and records: mental health services. ( Amended: 5/31/2016)</b> Current law establishes certain rights and procedural safeguards for parents and pupils of individuals with disabilities, and requires a public agency to give prior written notice to parents or guardians of an individual with exceptional needs when certain actions are taken with respect to his or her placement, identification, and assessment or the provision of a free and appropriate education. This bill would require a local educational agency responsible for implementation of a pupil's individualized education program to ensure that a copy of each prior written notice is included in the pupil's records. <b>Status:</b> 6/13/2016 - Referred to Com. on ED. <b>Hearing:</b> 6/22/2016 1:30 p.m. - State Capitol, Room 126 ASSEMBLY EDUCATION, O'DONNELL, Chair	Under review
<b>SB 938</b> <u>Jackson</u> D	<b>Conservatorships: psychotropic medications. ( Amended: 5/31/2016)</b> Current law authorizes a conservator to place a conservatee in a secured perimeter residential care facility for the elderly, as specified, or to authorize the administration of certain prescribed medications upon a court's finding that among other things, the conservatee has dementia and a functional impairment. Current law requires certain findings to be made by the court for each type of authority sought by the conservator and requires a petition for authority to be supported by a declaration of a licensed physician or psychologist, as specified, regarding these findings. This bill would replace references to the term dementia in these provisions with major neurocognitive disorders (MNCDS), as defined. <b>Status:</b> 6/13/2016 - Referred to Com. on JUD. <b>Hearing:</b> 6/28/2016 9 a.m. - State Capitol, Room 447 ASSEMBLY JUDICIARY, STONE, Chair	Watch
<b>SB 1004</b> <u>Hill</u> D	<b>Transitional youth diversion program. ( Amended: 5/31/2016)</b> Would authorize specified counties to establish a pilot program to operate a transitional youth diversion program for eligible defendants. The bill would authorize a defendant to participate in the diversion program within the county's juvenile hall if that person is charged with committing a felony offense, except as specified, he or she pleads guilty to the charge or charges, and the probation department determines that the person meets specified requirements, including that the defendant is 18 years of age or older, but under 21 years of age on the date the offense was committed, is suitable for the program, and shows the ability to benefit from services generally reserved for delinquents. <b>Status:</b> 6/21/2016 - ASM. PUB. S. Vote - Do pass and be re-referred to the Committee on Appropriations. (FAIL) <b>Hearing:</b> 6/28/2016 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair	Watch
<b>SB 1110</b> <u>Hancock</u> D	<b>Law Enforcement Assisted Diversion. ( Amended: 5/31/2016)</b> Would require the Board of State and Community Corrections to award grants, on a competitive basis, to up to 3 jurisdictions to establish LEAD programs and would require the board to establish minimum standards, funding schedules, and procedures for awarding grants. The bill would	Support



	<p>establish requirements for referral of people who may be arrested for, or who have a history of, low-level drug offenses or prostitution, as defined, to social services in lieu of prosecution.</p> <p><b>Status:</b> 6/13/2016 - Referred to Com. on PUB. S. <b>Hearing:</b> 6/28/2016 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair</p>	
<p><b>SB 1113</b> <u>Beall D</u></p>	<p><b>Pupil health: mental health. ( Amended: 6/8/2016)</b> Would specifically authorize a county, or a qualified provider operating as part of the county mental health plan network, and a local educational agency to enter into a partnership that includes, among other things, an agreement between the county mental health plan, or the qualified provider, and the local educational agency that establishes a Medi-Cal mental health provider that is county operated or county contracted for the provision of mental health services to pupils of the local educational agency and in which there are provisions for the delivery of campus-based mental health services through qualified providers or qualified professionals to provide on-campus support to identify pupils not in special education who a teacher believes may require those services and, with parental consent, to provide mental health services to those pupils.</p> <p><b>Status:</b> 6/16/2016 - From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 7. Noes 0.) (June 15). Re-referred to Com. on HEALTH.</p>	Under review
<p><b>SB 1143</b> <u>Leno D</u></p>	<p><b>Juveniles: room confinement. ( Amended: 5/31/2016)</b> Current law permits minors who are detained in juvenile hall for habitual disobedience, truancy, or curfew violation to be held in the same facility as minors who are detained for violating any law or ordinance defining a crime, if they do not come or remain in contact with each other. This bill would, commencing January 1, 2018, place restrictions on the use of room confinement of minors or wards who are confined in a juvenile facility, as specified. The bill would require the performance of room confinement to be conducted in accordance with specified guidelines.</p> <p><b>Status:</b> 6/13/2016 - Referred to Com. on PUB. S. <b>Hearing:</b> 6/28/2016 9 a.m. - State Capitol, Room 126 ASSEMBLY PUBLIC SAFETY, JONES-SAWYER, Chair</p>	Watch
<p><b>SB 1174</b> <u>McGuire D</u></p>	<p><b>Medi-Cal: children: prescribing patterns: psychotropic medications. ( Amended: 6/15/2016)</b> Would require the Medical Board of California to conduct on a quarterly basis an analysis of data regarding Medi-Cal physicians and their prescribing patterns of psychotropic medications and related services using data provided by the State Department of Health Care Services and the State Department of Social Services, as prescribed. The bill would require that the data concerning psychotropic medications and related services be shared pursuant to a data-sharing agreement and would require that, every 3 years, the Medical Board of California, the State Department of Health Care Services, and the State Department of Social Services consult and revise the methodology, if determined to be necessary.</p> <p><b>Status:</b> 6/21/2016 - From committee: Do pass as amended and re-refer to Com. on B. &amp; P. (Ayes 13. Noes 0.) (June 21). <b>Hearing:</b> 6/23/2016 #10 ASSEMBLY SECOND READING FILE -- SENATE BILLS</p>	
<p><b>SB 1220</b> <u>McGuire D</u></p>	<p><b>Child welfare services: case plans: behavioral health services. ( Amended: 4/6/2016)</b> Would also require, for a child who has been assessed as needing behavioral health services, the case plan to include a summary or copy of the treatment plan developed for the child, or, if the treatment plan has not yet been finalized, the case plan to indicate that fact and be updated at the next regular court hearing after the treatment plan has been finalized. By imposing this duty on county social workers, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.</p> <p><b>Status:</b> 6/15/2016 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 7. Noes 0.) (June 14). Re-referred to Com. on APPR.</p>	Watch
<p><b>SB 1221</b> <u>Hertzberg D</u></p>	<p><b>Firefighters: interaction with persons with mental disabilities. ( Amended: 6/8/2016)</b> Current law requires the Commission on Peace Officer Standards and Training to establish a continuing education classroom training course related to law enforcement interaction with mentally disabled persons and to make the course available to law enforcement agencies in California. This bill would authorize the commission to make the course available to the State Fire Marshal. The bill would delete an obsolete reporting requirement and make a conforming change.</p> <p><b>Status:</b> 6/15/2016 - From committee: Do pass and re-refer to Com. on APPR. with recommendation: To consent calendar. (Ayes 7. Noes 0.) (June 14). Re-referred to Com. on APPR.</p>	Under review

<p><b><u>SB 1273</u></b> <u>Moorlach</u> R</p>	<p><b>Crisis stabilization units: funding. ( Amended: 4/19/2016)</b> The Mental Health Services Act establishes the Mental Health Services Fund, continuously appropriated to and administered by the State Department of Health Care Services, to fund specified county mental health programs, including programs funded under the Adult and Older Adult Mental Health System of Care Act. Current law prohibits these funds from being used to pay for persons incarcerated in state prison or parolees from state prisons This bill would clarify that the counties may use Mental Health Services Fund moneys to provide outpatient crisis stabilization services to individuals who are voluntarily receiving those services, even when individuals who are receiving services involuntarily are treated at the same facility. <b>Status:</b> 6/14/2016 - June 14 set for first hearing canceled at the request of author.<b>Hearing:</b> 6/28/2016 1:30 p.m. - State Capitol, Room 4202 ASSEMBLY HEALTH, WOOD, Chair</p>	<p>Support</p>
<p><b><u>SB 1291</u></b> <u>Beall</u> D</p>	<p><b>Medi-Cal: specialty mental health: children and youth. ( Amended: 6/13/2016)</b> Would require each mental health plan, annually on or before July 1 of each year, to submit a foster care mental health service plan to the State Department of Health Care Services detailing the service array, from prevention to crisis services, available to Medi-Cal eligible children and youth under the jurisdiction of the juvenile court and their families. This bill contains other related provisions. <b>Status:</b> 6/13/2016 - From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.</p>	
<p><b><u>SB 1335</u></b> <u>Mitchell</u> D</p>	<p><b>Med-Cal benefits: federally qualified health centers and rural health centers: Drug Medi-Cal and specialty mental health services. ( Amended: 4/20/2016)</b> Would authorize FQHCs and RHCs to elect to provide Drug Medi-Cal and to receive reimbursement for those services pursuant to the terms of a contract or contracts mutually agreed upon by the FQHC or RHC and the county or the State Department of Health Care Services, pursuant to specified requirements. The bill also would authorize FQHCs and RHCs to elect to provide specialty mental health services and to receive reimbursement for those services pursuant to the terms of a contract or contracts mutually agreed upon by the FQHC or RHC and mental health plans that contract with the state. <b>Status:</b> 6/13/2016 - Referred to Com. on HEALTH.</p>	<p>Watch</p>
<p><b><u>SB 1466</u></b> <u>Mitchell</u> D</p>	<p><b>Early and Periodic Screening, Diagnosis, and Treatment Program: trauma screening. ( Amended: 5/31/2016)</b> In addition to the required periodic screening services, current federal law provides that Medicaid-eligible children are entitled to interperiodic screenings in order to identify a suspected illness or condition not present or discovered during the periodic examination. This bill would require, consistent with federal law, those screening services under the EPSDT program to include screening for trauma, as defined by the bill. The bill would require that any child who is removed from the custody or care of his or her parent or legal guardian, as specified, be assessed by the county mental health plan for specialty mental health services. This bill contains other existing laws. <b>Status:</b> 6/15/2016 - From committee: Do pass and re-refer to Com. on HUM. S. with recommendation: To consent calendar. (Ayes 15. Noes 0.) (June 14). Re-referred to Com. on HUM. S.<b>Hearing:</b> 6/28/2016 1:30 p.m. - State Capitol, Room 437 ASSEMBLY HUMAN SERVICES, BONILLA, Chair</p>	<p>Concerns</p>

State Budget Update for FY 2016-17 as approved by the legislature on June 15, 2016, it still pending approval by the Governor.

Excerpts from CSAC's State Budget Update:

The 2016-17 budget package on housing and homeless issues.

- **\$2 billion in bonds for the “No Place Like Home” program**, providing permanent housing for those experiencing homelessness and a serious mental illness.

- **Multifamily Housing Permitting and Affordable Housing Funding Unresolved**: The Legislature did not take any action on the Conference Committee deal to include \$400 million in one-time General Fund support for affordable housing. The Administration has indicated that any such funding remains contingent upon resolution of the Governor's “by-right” multifamily housing proposal. It is unclear which specific programs would benefit from the potential appropriation, although the Assembly Democratic Caucus previously identified \$1.3 billion in one-time spending for affordable housing, later reducing the ask to \$650 million. Despite the concerns by budget conferees about the specifics of the Governor's “byright” proposal, conversations on the proposed trailer bill language are expected to continue given the \$400 million incentive. CSAC understands that the Administration may want to finalize discussions on the issue in August after the Legislature's summer recess. CSAC will continue to solicit feedback on county concerns with the proposed language and advocate that any funding that associated with the “by-right” proposal must also include grants to update general plans, zoning codes and other relevant planning documents. Ensuring that these documents are up to date would be that much more important if large multifamily housing projects are offered “by-right” status.

#### **Local Treatment and Jail Investment Funding**

The budget includes \$270 million in lease revenue bonds, with a \$20 million carve-out for Napa County, for jail construction projects. The \$20 million will help address the damage that was done to the jail during the Napa earthquake in 2014. The overall jail 4 funding is directed to counties that have not received an allocation or a full allocation in the past, and additional eligibility requirements were added. Specifically, counties that compete for this round of funding will have to include space for in-person visiting and provide a description of the counties' efforts to address sexual abuse in the jail facilities. An additional \$67.5 million was included in the budget by the Legislature for community infrastructure grants. These funds can be used to build or renovate facilities that provide mental health services or other treatment services to the offender population. The goal is to development an infrastructure for persons with mental health needs that require treatment instead of incarceration. Twenty-five million dollars is allocated for the Community-Based Transitional Services Program, with a focus on transitional housing for offenders released from state prison or county jail, along with at least two other services such as: life skills training, employment counseling, vocational training, continuing education, cognitive behavioral therapy, anger management training, mental health treatment and counseling, and substances abuse treatment and counseling. Key points of the proposal include:

- Additional funds to local communities that site, for a minimum of 10 years, new transitional housing and supportive services for offenders released from state prison or county jail.
- A requirement that a portion of the funds be used by the city or county to increase public safety around the facility and improve communication with neighbors.
- A requirement that grant funding be shared with nonprofit facility operators to support rehabilitative services, security, and community outreach.
- A competitive application process that will protect existing permitted facilities, examine the current concentration of permitted facilities in the community, review the past performance of the facility operator, and give priority to cities and counties that leverage or provide other funding for the facility.

**Proposition 47** The final budget increased the savings for Proposition 47 by \$10 million for mental health, substance abuse treatment, reduced truancy, and improved victim services. The Board of State and Community Corrections has established an Executive Steering Committee to develop an RFP on how these funds will be allocated.

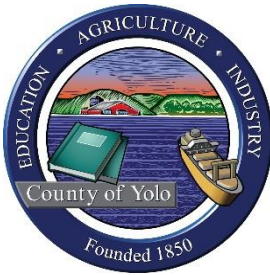
**Mental Health** New Children’s Crisis Services Grant Program The Legislature established a one-time grant program to expand the continuum of mental health crisis services for children and youth, including adding child and youth specific mobile crisis and community-based crisis stabilization support teams, additional triage personnel, additional crisis stabilization unit services, additional child and youth crisis residential services, family respite care, and family support services training.

**Excerpt from CWDA’s Budget Update**

The Budget provides \$11.7 million (\$5.2 million GF) to support county behavioral health activities associated with Continuum of Care Reform implementation including: \$10.2 million (\$6.6 million GF) for county behavioral health participation on CFTs; \$277,000 (\$139,000 GF) to perform mental health assessments; and \$1.5 million GF to support training for county behavioral health staff.

## Item 10-i. Board Committee Meeting Agendas





# COUNTY OF YOLO

Health and Human Services Agency

*Karen Larsen, LMFT*  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • www.yolocounty.org

## Local Mental Health Board Budget and Finance Committee Meeting

**Monday, June 27, 8:00 PM – 9:00 PM**

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

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

James Glica-Hernandez

*Chair*

Nicki King  
*Vice-Chair*

Sally Mandujan  
*Secretary*

**District 1**

Bret Bandley  
Martha Guerrero  
Sally Mandujan

**District 2**

Nicki King  
Tom Waltz  
Vacant

**District 3**

Richard Bellows  
James Glica-Hernandez  
Tawny Yambrovich

**District 4**

June Forbes  
Robert Schelen  
Vacant

**District 5**

Brad Anderson  
Lisa Cherubini  
Vacant

**Board of  
Supervisors  
Liaison**

Don Saylor

*Alternate*

Jim Provenza

### COMMITTEE MEMBERS:

Dick Bellows (Chair); Vacant (Vice-Chair); Bob Schelen; Nikki King; June Forbes

### AGENDA:

1. Call to Order and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes: NA
5. Announcements and Correspondence
6. Review of the Proposed Budget for 2016-2017
7. Discuss Recommendation for Incremental Funding Where Available
8. Future Meeting Planning and Adjournment

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, June 24, 2016.

  
Makayle Neuvert, Administrative Services Analyst

Local Mental Health Board Administrative Support Liaison  
Yolo County Health and Human Services Agency

*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 Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, 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.*







# COUNTY OF YOLO

## Health and Human Services Agency

*Karen Larsen, LMFT*  
Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • www.yolocounty.org

### Local Mental Health Board Communication and Education Committee Meeting Monday, June 27, 8:00 PM – 9:00 PM

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

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

James Glica-Hernandez  
*Chair*

Nicki King  
*Vice-Chair*

Sally Mandujan  
*Secretary*

**District 1**

Bret Bandlely  
Martha Guerrero  
Sally Mandujan

**District 2**

Nicki King  
Tom Waltz  
Vacant

**District 3**

Richard Bellows  
James Glica-Hernandez  
Tawny Yambrovich

**District 4**

June Forbes  
Robert Schelen  
Vacant

**District 5**

Brad Anderson  
Lisa Cherubini  
Vacant

**Board of  
Supervisors  
Liaison**

Don Saylor

*Alternate*

Jim Provenza

**COMMITTEE MEMBERS:**

James Glica-Hernandez (Chair); Vacant (Vice Chair); Brad Anderson; Sally Mandujan; Tawny Yambrovich

**AGENDA:**

1. Call to Order and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes: NA
5. Announcements and Correspondence
6. LMHB Resource Pamphlet
7. Speakers Bureau
8. New Committee Chair
9. Future Meeting Planning and Adjournment

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, June 24, 2016.

Makayle Neuvert, Administrative Services Analyst  
Local Mental Health Board Administrative Support Liaison  
Yolo County Health and Human Services Agency

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