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

Regular Meeting: Monday, January 23, 2017, 7:00 – 9:00 PM

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

All items on this agenda may be considered for action.

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

1. Welcome and Introductions
2. Approval of Agenda
3. Public Comment
4. Approval of Minutes from December 5, 2016
5. Member Announcements
6. Correspondence
   a. Yolo County 2016 Data Notebook Email and Attachments

CONSENT AGENDA----------7:10 PM – 7:30 PM

7. Mental Health Director's Report – Karen Larsen
   a. Public Guardian
   b. Community Intervention Program
   c. Crisis Intervention Training
   d. Proposition 47 Grant Proposal
   e. Mental Health Services Act Housing
   f. Mental Health Services Act 3 Year Plan
   g. Stepping Up Summit
   h. Child, Youth and Family Branch
   i. Governor Brown's Proposed 2017/2018 Budget
   j. Incoming Federal Administration

TIME SET AGENDA ----------7:30 PM – 8:15 PM

8. LMHB Strategic Plan Ad Hoc Committee Update – Bob Schelen
9. LMHB Trainings – Richard Bellows

REGULAR AGENDA----------8:15 PM – 8:50 PM

10. Board of Supervisors Report – Supervisor Don Saylor
11. Chair Report – James Glica-Hernandez
    a. Member Resignations, Appointments, and Re-Appointments
    b. Legislative Ad Hoc Committee Report

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.

CONTINUED ON REVERSE

PLANNING AND ADJOURNMENT ----------8:50 PM – 9:00 PM

12. Future Meeting Planning and Adjournment – James Glica-Hernandez
    a. Long Range Planning Calendar Discussion and Review
    b. Next Meeting Date and Location – Monday, February 27, 2017, 7:00 – 9:00 PM in the in the River City Conference Room at 500 Jefferson Boulevard, West Sacramento, 95691

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, January 20, 2017.

_____

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

Item 6-a.
Yolo County 2016 Data Notebook Email and Attachments

California Mental Health Planning Council

CHAIRPERSON
Josephine Black

EXECUTIVE OFFICER
Jane Adcock

December 15, 2016

Dear Director of Behavioral Health, and
Chair of Mental Health Board/Commission:

This letter transmits the Data Notebook 2016 for Local Mental Health Boards and Commissions use in reporting to the California Mental Health Planning Council (CMHPC). We are addressing the Data Notebook to both the County Director and the Chairperson of the Local Board because we believe it should be completed in partnership together. We request that the completed Data Notebooks be submitted to us by March 31, 2016.

This year the Data Notebook addresses behavioral health services for children, youth, and transition age youth. We are providing county-specific data for this population from the CA Department of Health Care Services, some MHSA-funded programs, and information from "KidsData.org," which aggregates data from many agencies. We are using only data that has been approved for public presentation.

There is one critical point about the counties with small populations. Some of these data are redacted or "masked" with an asterisk per the directive of the DHCS to protect patient privacy. Please DO NOT replace any asterisks with actual numeric data even if you have access to such numbers for your county. The completed Data Notebooks are public documents and we do not want to violate anyone's privacy by publishing data with such small numbers that it could lead to possible patient identification.

- Advocacy
- Evaluation
- Inclusion

Instructions on how to complete the 2016 Data Notebook are found in the Introduction and on pages 11-12. Additionally, we ask you to verify or update information about your county websites on the "County Data Page." The Data Notebook is designed to facilitate training of local advisory boards on issues and data for children and youth. To assist with that goal, we have attached a training PowerPoint which you are welcome to use, all or in part, if you find any of it helpful. This presentation parallels the content of this year's Data Notebook.

If you have any questions please contact Linda Dickerson by telephone at (916) 327-6560 or via the project email DataNotebook@cmhpc.ca.gov.

We greatly appreciate your assistance with the Data Notebook. We hope you will find the topics to be both important and timely. We thank you in advance for your consideration and attention. Thank you!

Sincerely,

Jane Adcock, Executive Officer

c: County MHSA Coordinators

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PO Box 997413
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916.323.4501
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California Mental Health Planning Council

DATA NOTEBOOK 2016 FOR CALIFORNIA BEHAVIORAL HEALTH BOARDS AND COMMISSIONS

Susan Morris Wilson, Chair
Linda Dickerson, Ph.D.

California Mental Health Planning Council

Data Notebook 2016

This is a CA Mental Health Planning Council (CMHPC) project as we want information from the local Behavioral Health Boards/ Commissions in order to meet our mandates to report to the state legislature.

California Mental Health Planning Council

Data Notebook 2016

History of the Data Notebook:

- Previous *Workbook* was developed in the 2000s, but only 17 counties completed it in 2010.
- Past: Focused solely on penetration rates and retention rates as measures of access to mental health services.
- Action: we undertook a major re-thinking of this project and released the first *Data Notebook* in 2014.
- New: Emphasized integrative approaches to “Care for the Whole Person” in reviewing MH services.
- Last year in 2015, we received 50 Data Notebooks!

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Data Notebook 2016

- Developed with the assistance of many different people and organizations, including the CA Association of Local Behavioral Health Boards and Commissions (CALMHB/C)
- Identified sources of county-level data with public availability
- Identified sources of data that are timely
- Simplified the document
- Set the stage for reporting locally on issues of importance by providing a template for a report

California Mental Health Planning Council

WIC 5604.2

WIC 5604.2: What are the Reporting Roles of Mental Health Boards & Commissions?

- Review and evaluate community mental health needs, services, facilities, special problems;
- Advise governing body and the local Mental Health Director on any aspect of local mental health program;
- Submit an annual report to governing body on needs and performance of the local county mental health system;
- Review and comment on local county mental health performance outcome data, AND communicate findings to the CA Mental Health Planning Council

California Mental Health Planning Council

Data Notebook 2016

- The structured format and questions will assist local Mental Health Boards to review data and report on local county mental health programs:
  - ✓ Fulfill state requirements
  - ✓ Accountability of programs for quality improvement
  - ✓ Reduce health disparities by examining programs for equity and fairness
  - ✓ Report successes and share innovative programs
  - ✓ Explore topics of local importance including the challenges and needs of special populations
  - ✓ Discover gaps and unmet needs to assist in the community planning process

County Behavioral Health Directors Association:

- In an August 25, 2015 letter, the CBHDA endorsed the expectation that:

  "the process of gathering this data should be collaborative between the Advisory Boards and the Mental Health Plans (MHPs)."

  They also stated that "then the process would be more natural to the actual dynamic that exists in the counties."

- The CMHPC fully supports these statements and finds them consistent with the spirit and intent of the statutes

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What do we want to know?

- What programs need improvement?
- How do we improve quality & services?
- What helps people get better?
- What measures of quality should we use?
- National measures of quality in health care programs, applied to Behavioral Health
- Integrative view of MH: Treating whole person
- CMHPC Performance Indicators: which to ask, based on data available?
- What sources of data actually available?

Development & Selection of Questions for Data Notebook

- Long process: review of existing literature and recent program evaluation reports
- Identifying sources of recent/current data
- Participation in other evaluation efforts
- Workgroup, stakeholder input (MHB/C)
- “Plan, Do, Study, Act” cycle in monthly meetings to review and revise documents
- Presentations to inform CSI group, CMHPC and others, get input on the selected questions

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Mental Health Data Resources

Human Resources:

- Input from local advisory boards and stakeholders with “lived experience”
- Quality Improvement Coordinators
- Behavioral/ Mental Health Directors
- County Mental Health Services Act (MHSA) Coordinators and data from programs
- Directors of Alcohol & Drug Programs
- County Departments of Juvenile Probation

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Sources of Data and Reports

- DHCS: Child/Youth Mental Health Performance Outcomes System (New):
  - excellent graphs and tables
  - Short-Doyle specialty MH, funded by Medi-Cal
- DHCS: Office of Applied Research and Analysis
  - Substance Use Disorders Treatment Services and Outcomes
- KidsData.org: gather and analyze data from CA departments of justice, public health, education, health surveys
- CBHDA: eBHR Reporting System for "MOQA":
  - MHSA-funded programs: Full Service Partnership report data

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More Sources of Data Reports

- EQRO (External Quality Review Organization:
  - most current data and public availability
  - county-level & statewide reports,
  - excellent graphs and tables
  - Short-Doyle specialty MH, funded by Medi-Cal
- MHSOAC:
  - MHSA-funded programs: fact sheets and full reports
  - Prevention and Early Intervention programs
  - CSS: County Services & Supports (FSP programs)
- County CSI & DCR data sets:
  - usable summaries now available in many counties

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Why does it take so long to get data for any fiscal year?

- Data derived from Medi-Cal claims involve many delays
- County must submit the claim to DHCS
- DHCS verifies the client is/was on Medi-Cal at the time that Specialty Mental Health Services occurred
- Information sent to payment section and to the group that collects and analyzes Mental Health data
- Data are accumulated over a year, but there is “claims lag.” Many claims are submitted months later.
- The data are checked in order to fix errors.
- The reporting group analyzes data and prepares reports.
- The reports undergo a lengthy and complex internal review process for compliance with HIPAA, etc.

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Any Questions ?

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Plan for Discussion:

- What are the different parts of the Data Notebook?
- Review Theme and Questions in the Data Notebook
- Show examples of Data we provided to local boards in the Data Notebook for their review
- Discuss: how to answer the Questions?
  - **Examples of answers received** (Statewide Overview Report)
- Sources of Data & Info available, includes:
  - Lived experience & opinions of board members *(That's you!)*
  - County MH leadership: QI Coordinator, MH Director, others

Letter of Instructions for Board Chairpersons and BH Directors– *will be attached separately to email.*

California Mental Health Planning Council

Date: April 20, 2014

To: Chairpersons and/or Directors

Local Mental Health Boards and Commissions

From: California Mental Health Planning Council

Subject: **Instructions for Data Notebook 2014**

We ask that this report be prepared by the MH Board or Commission members. You are the most important resources for identifying program strengths and needs in your community.

On the first page, please fill in the requested information for your county websites:

- Department of Behavioral Health/ Mental Health
- Public reports about your county's MH services.

Please send a copy of the filled-in first page to the Planning Council along with your final report which contains your answers to the questions in the Data Notebook. Please submit your report within 60 days by email to: DataNotebook@cmhpc.ca.gov

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Please locate <u>your</u> county Data Notebook report in your folder.

California Mental Health Planning Council

Please update information for your county “Information Page:”

Monterey County: Data Notebook 2014

for California

Mental Health Boards and Commissions

County Name: **Monterey** Population (2013): 424,713

Website for County Department of Mental Health (MH) or Behavioral Health:

_____

Website for Local County MH Data and Reports:

_____

Website for local MH Board/Commission Meeting Announcements and Reports:

_____

Specialty MH Data from review Year 2013-2014: http://caeqro.com/webx/.ee85675

County "Information Page:" what else is there and why?

Numbers must have context: Population (2013): 424,713

Total number of persons receiving Medi-Cal in your county (2012): 127,254

Average number Medi-Cal eligible persons per month: 101,847

Percent of Medi-Cal eligible persons who were:

Children, ages 0-17: 50.7 %

Adults, ages 18-59: 39.8 %

Adults, Ages 60 and Over: 9.5 %

Total persons with SMI[1] or SED[2] who received Specialty MH services (2012): 4,556

Percent of Specialty MH service recipients who were:

Children 0-17: 42.8 %

Adults 18-59: 50.3 %

Adults 60 and Over: 6.9 %

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2016 Topic Focus: Children & Youth

Major Data Sources to be used this year:

- Mental Health Performance Outcomes System (DHCS)
- KidsData.Org: Multiple Subject Areas
- Full Service Partnership Program: Client Outcomes Data

Table of Contents: Overview

- We've discussed this Introductory material earlier

Table of Contents

Table of Contents: Overview

- Background and information for Questions #1 - #2:

Table of Contents: Overview

- Next, information for Questions #3 - #6

California Mental Health Planning Council

Table of Contents: Overview

- Information for Questions #7 - #9

Potential Disparities in Access to Services by Race/Ethnicity

- Overview of pie chart data: local data by ages or race/ethnicity; those eligible vs. those served.
- Service penetration rates for those who received at least one mental health service during a fiscal year. Also look at trends over time.
- "Retention Rate:" a different type of penetration rate, percentages for those who received five or more services during year; measures continued engagement in mental health services.

Access: Outreach and Engagement with Services

QUESTION 1A:

Do you think the county is doing an effective job providing access and engagement for children and youth in all of your communities?

Yes ___ No____. If yes, what strategies seem to work well?

QUESTION 1B:

What strategies are directed specifically towards outreach and engagement of transition-aged youth in your county? Please list or describe briefly.

QUESTION 1C:

Do you have any recommendations to improve outreach or services to specific ethnic or cultural groups of adolescents or transition-aged youth?

Yes ___ No____. If yes, please list briefly.

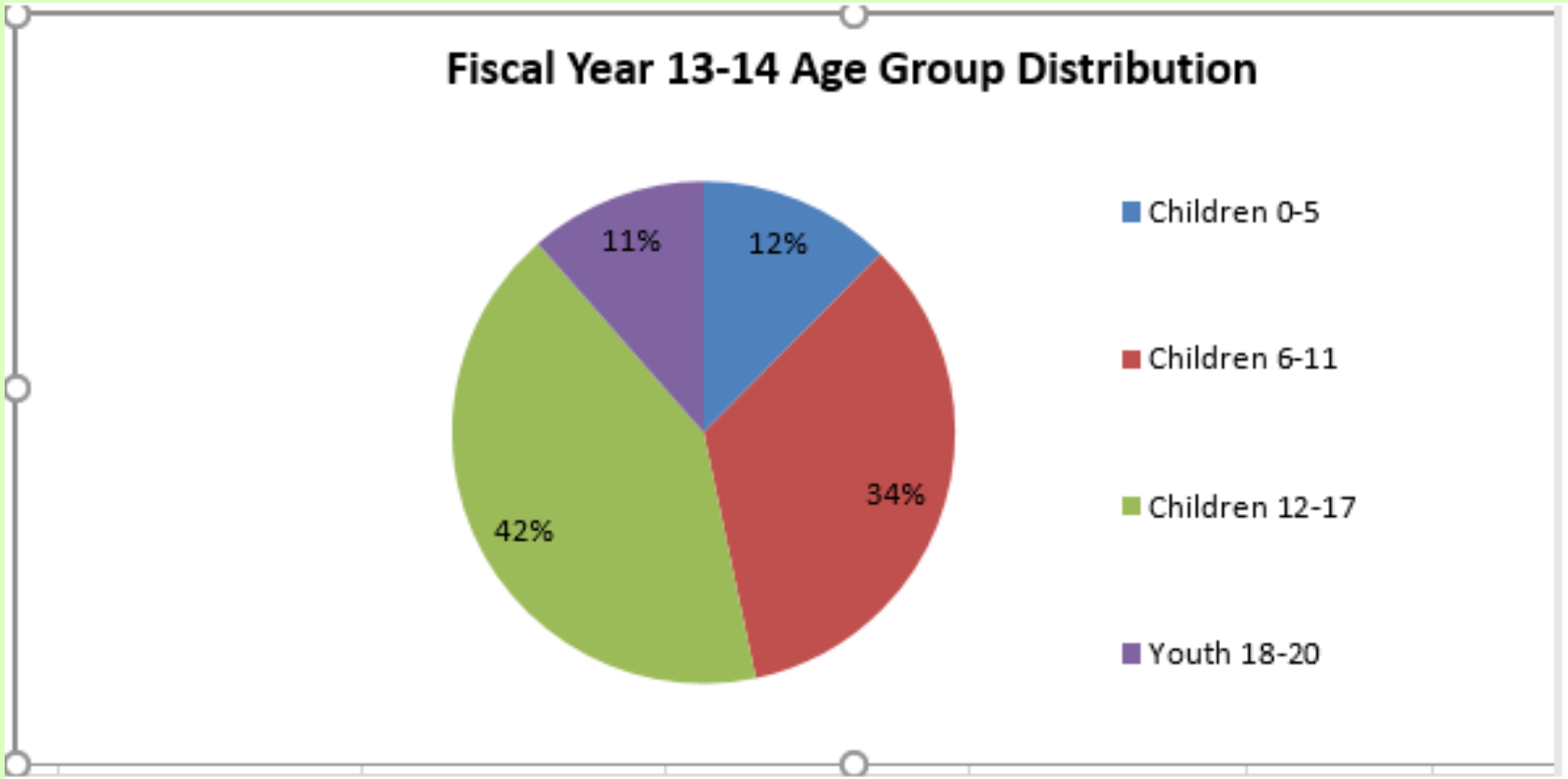
QUESTION 1D:

What are your main strategies for assisting parents/caregivers of children with mental health needs? Please list or describe briefly.

Data: Age Distributions of Medi-Cal 'Eligible' Children/Youth receiving Specialty Mental Health Services in CA

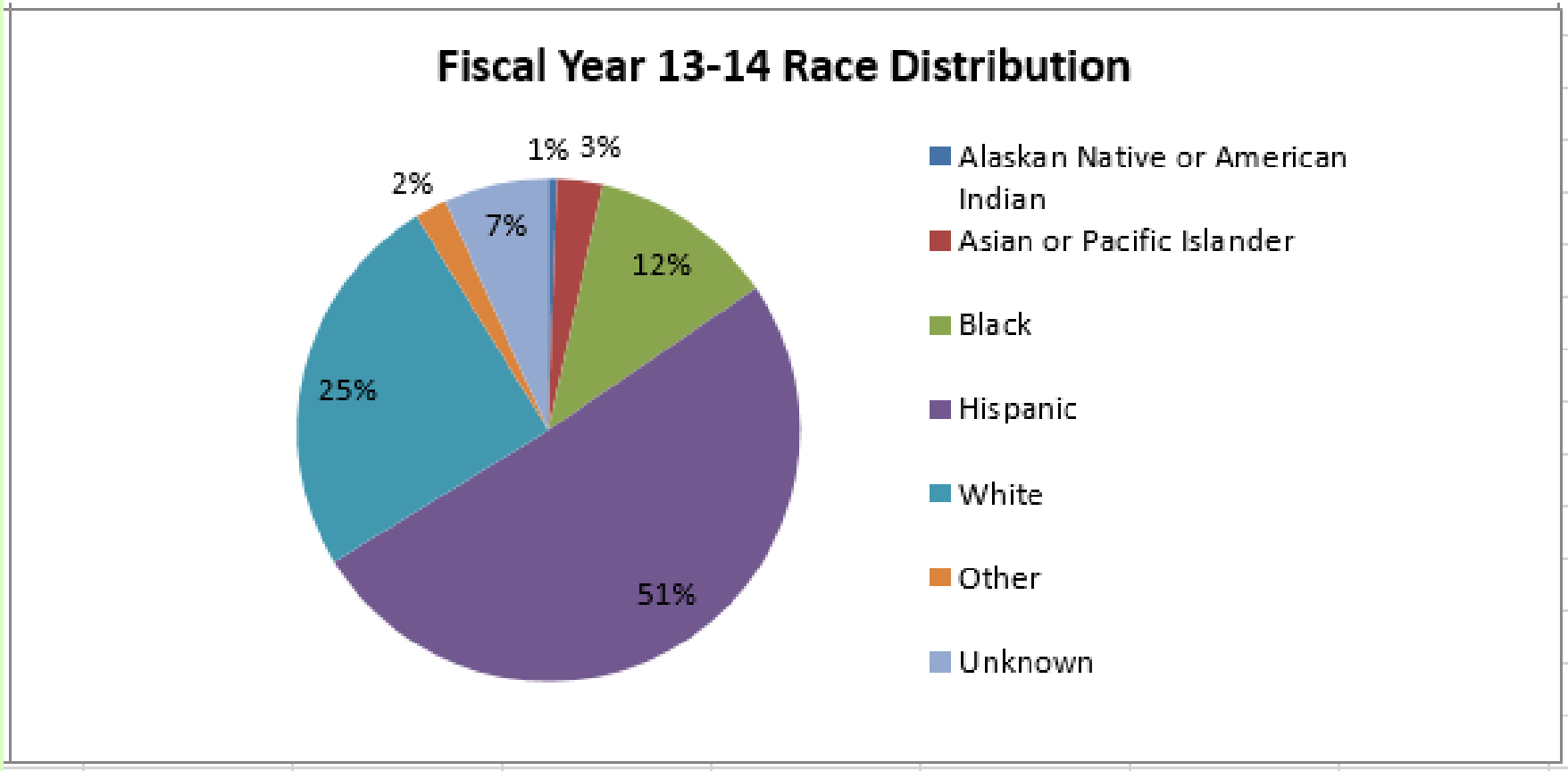
Statewide: Count of Medi-Cal eligible Children/Youth: 6,032,290.

Unique count of children and youth who received Specialty Mental Health Services: 263,567 (data for age ranges shown below)



Data: Demographics of Medi-Cal 'Eligible' Children/Youth receiving Specialty Mental Health Services in CA

Statewide FY 2013-14: Unique count of children and youth who received Specialty Mental Health Services: 263,567



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Service Penetration Rates for Children/Youth Receiving at least one MH service/year in CA, 2013-2014

	FY 13-14		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**263,567**	**6,032,290**	**4.4%**
Children 0-5	32,722	1,889,338	1.7%
Children 6-11	90,290	1,758,991	5.1%
Children 12-17	110,364	1,554,966	7.1%
Youth 18-20	30,191	828,995	3.6%
Alaskan Native or American Indian	1,470	21,940	6.7%
Asian or Pacific Islander	7,676	486,270	1.6%
Black	31,577	453,195	7.0%
Hispanic	133,834	3,440,659	3.9%
White	65,829	925,679	7.1%
Other	5,437	214,444	2.5%
Unknown	17,744	490,103	3.6%
Female	115,776	2,978,409	3.9%
Male	147,791	3,053,881	4.8%

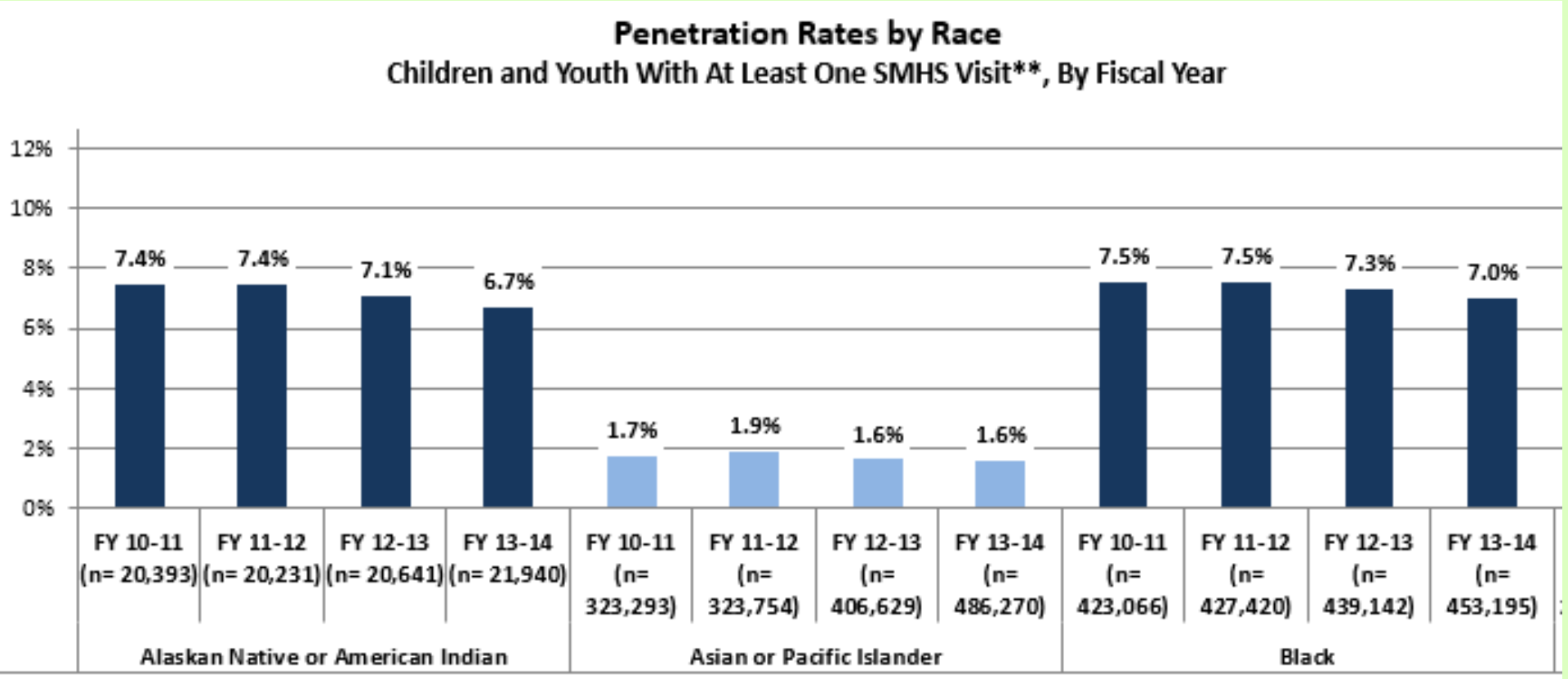
Engagement: measured by Service Penetration Rates for those Receiving at least 5 or more Services/Year in CA

- Statewide Data for Child/Youth, FY 2013-2014: Five or More Visits/Year

	FY 13-14		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	**202,070**	**6,032,290**	**3.3%**
Children 0-5	21,735	1,889,338	1.2%
Children 6-11	71,912	1,758,991	4.1%
Children 12-17	87,255	1,554,966	5.6%
Youth 18-20	21,168	828,995	2.6%
Alaskan Native or American Indian	1,075	21,940	4.9%
Asian or Pacific Islander	5,845	486,270	1.2%
Black	24,264	453,195	5.4%
Hispanic	102,031	3,440,659	3.0%
White	50,714	925,679	5.5%
Other	4,195	214,444	2.0%
Unknown	13,946	490,103	2.8%
Female	87,831	2,978,409	2.9%
Male	114,239	3,053,881	3.7%

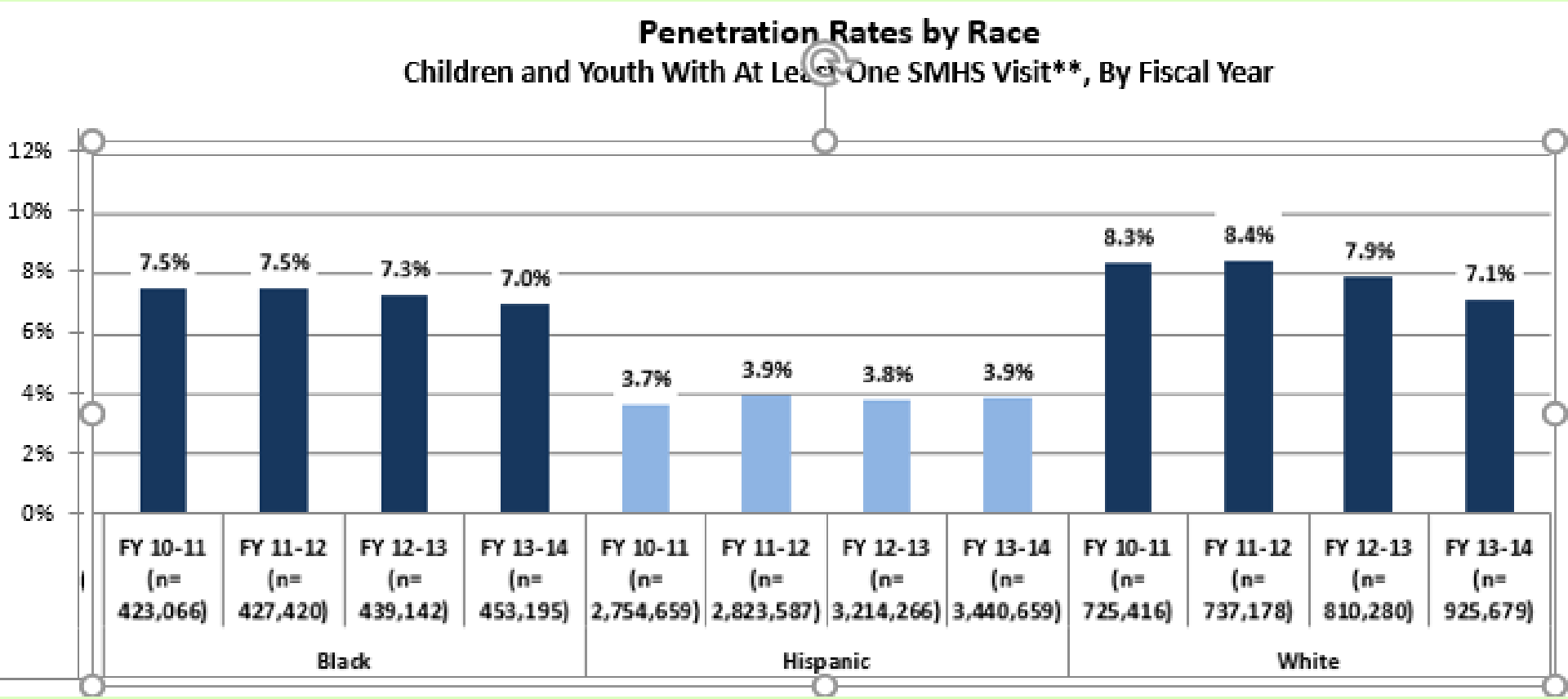
Changes over Time of Penetration Rates by Race in CA

Data, Part 1:



Changes over Time of Penetration Rates by Race in CA

Data, Part 2:



Access: Timely Follow-up Services after Child/Youth Hospitalization

- **QUESTION 2A:**

  Do you think your county is doing an effective job providing timely follow-up services after a child or youth is discharged from a mental health hospitalization? Yes ___ No____.

  If no, please describe your concerns or recommendations briefly.

  QUESTION 2B:

  After a hospitalization or MH crisis, what are the main strategies used to engage and ensure prompt follow-up for outpatient care in transition-aged youth? Please list briefly.

  QUESTION 2C:

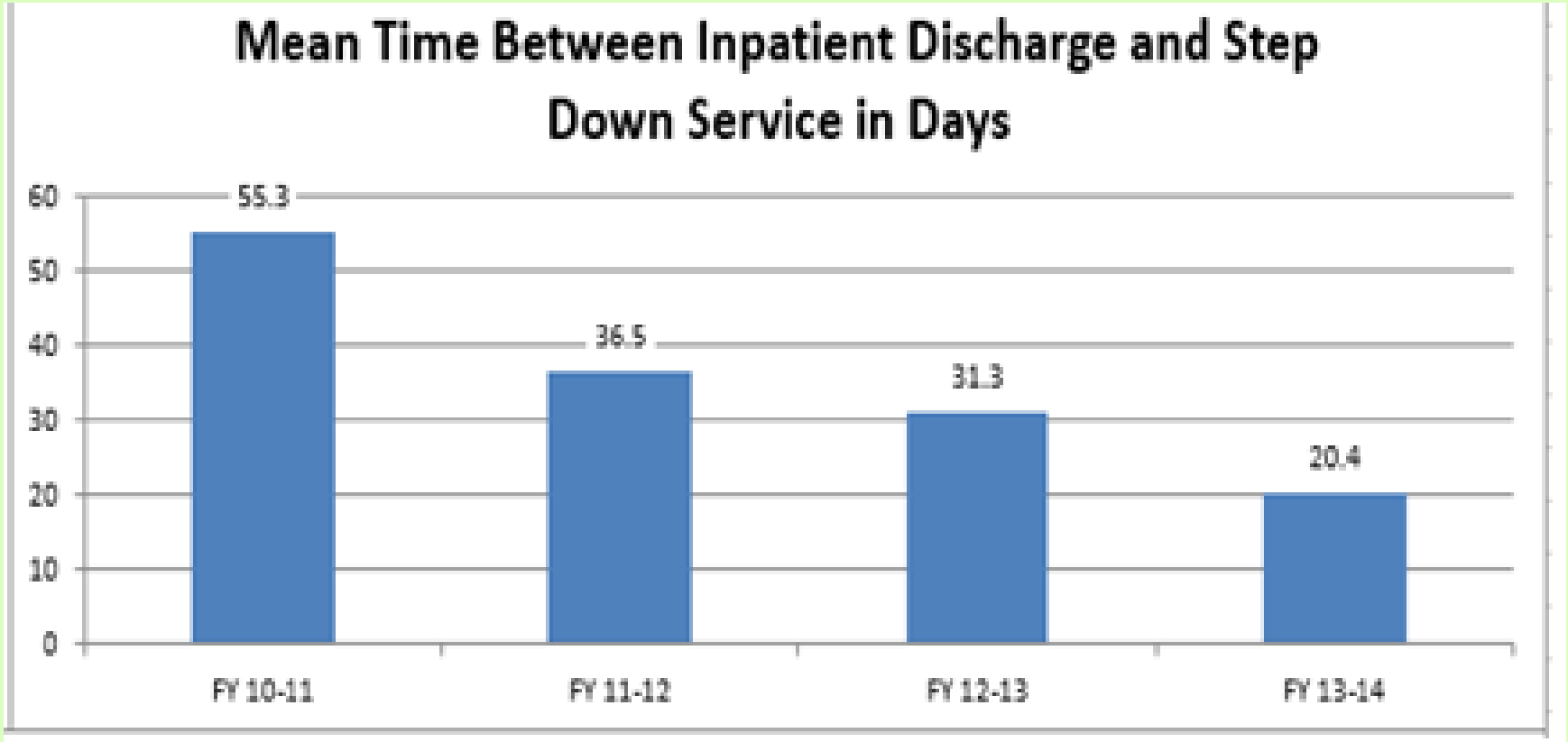
  What are the main strategies used to help parents/caregivers of children access care promptly after a child's hospitalization or other mental health crisis? Please list briefly.

  QUESTION 2D:

  The follow-up data shown are based on services billed to Medi-Cal. Please list some non-Medi-Cal funded strategies your county may use to support families/caregivers following a child's hospitalization or other MH crisis.

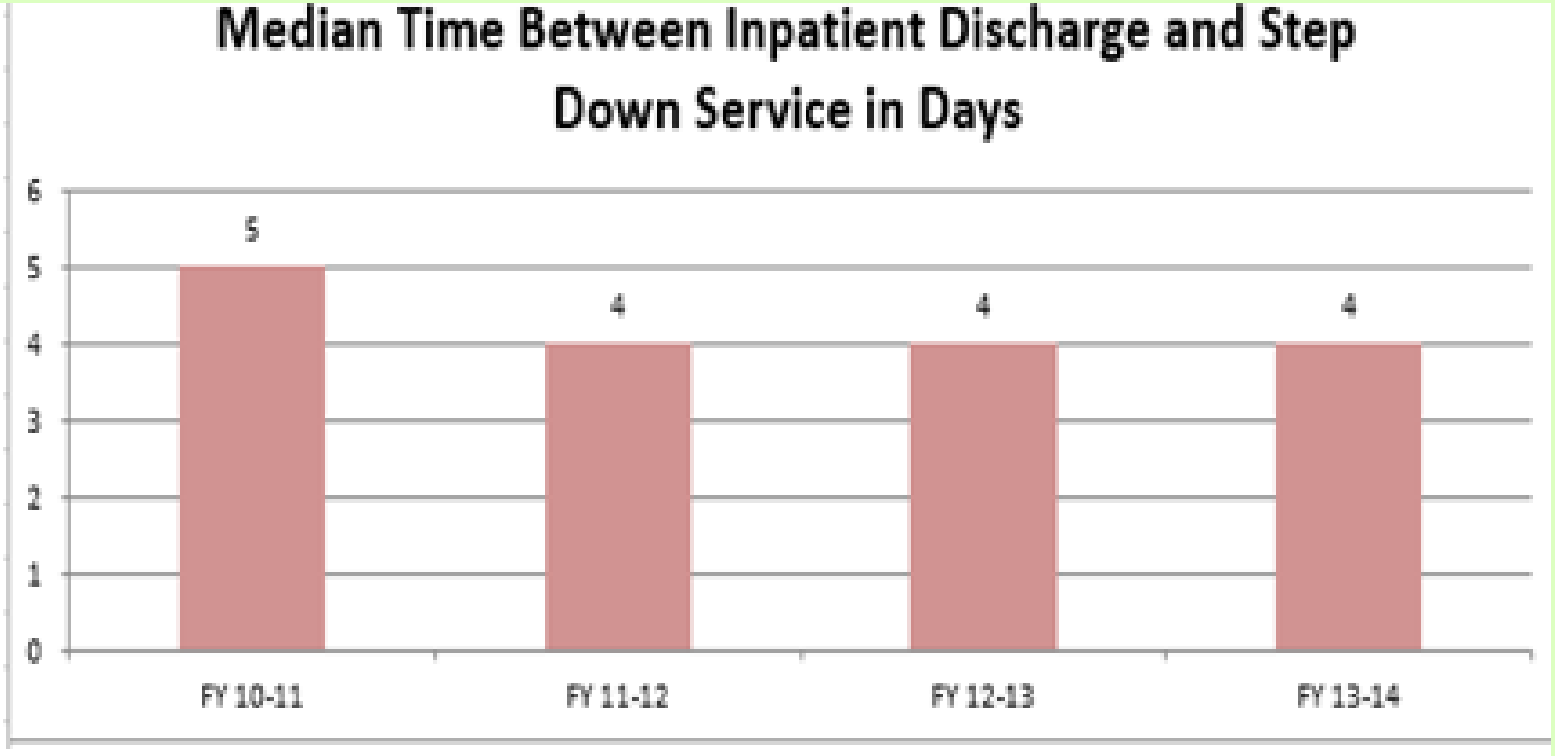
Average Time Between Discharge and Follow-up Services

Your County: Los Angeles



Median Time Between Discharge and Follow-up Services

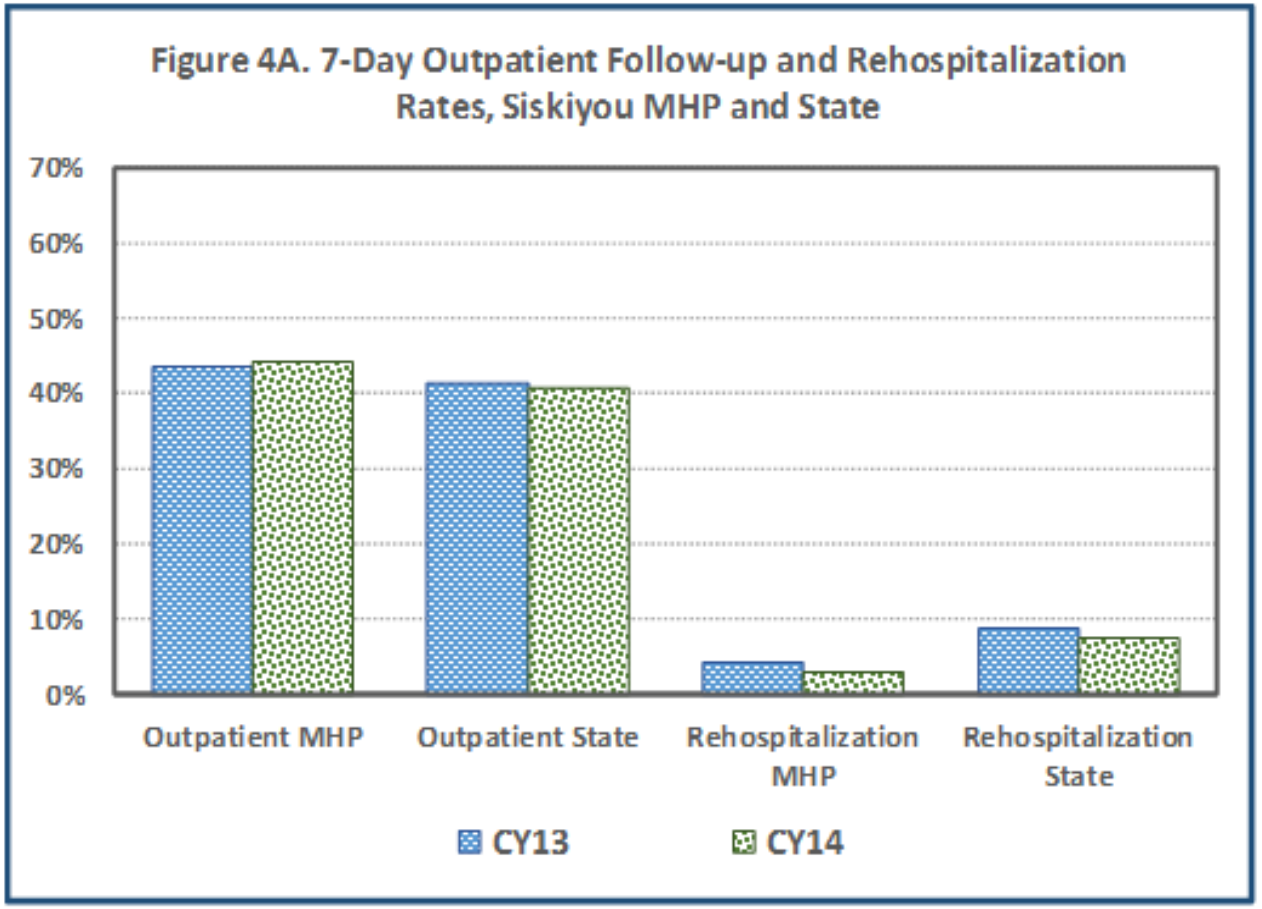
- Your County: Los Angeles
- “Median” time may be a more realistic indicator for most clients of how long it takes to get follow-up services after discharge from the hospital.



Federal QI Measure of Follow-up Services 7 Days after Discharge

Siskiyou County, CY 2013 and CY 2014 (All age groups, CALEQRO)

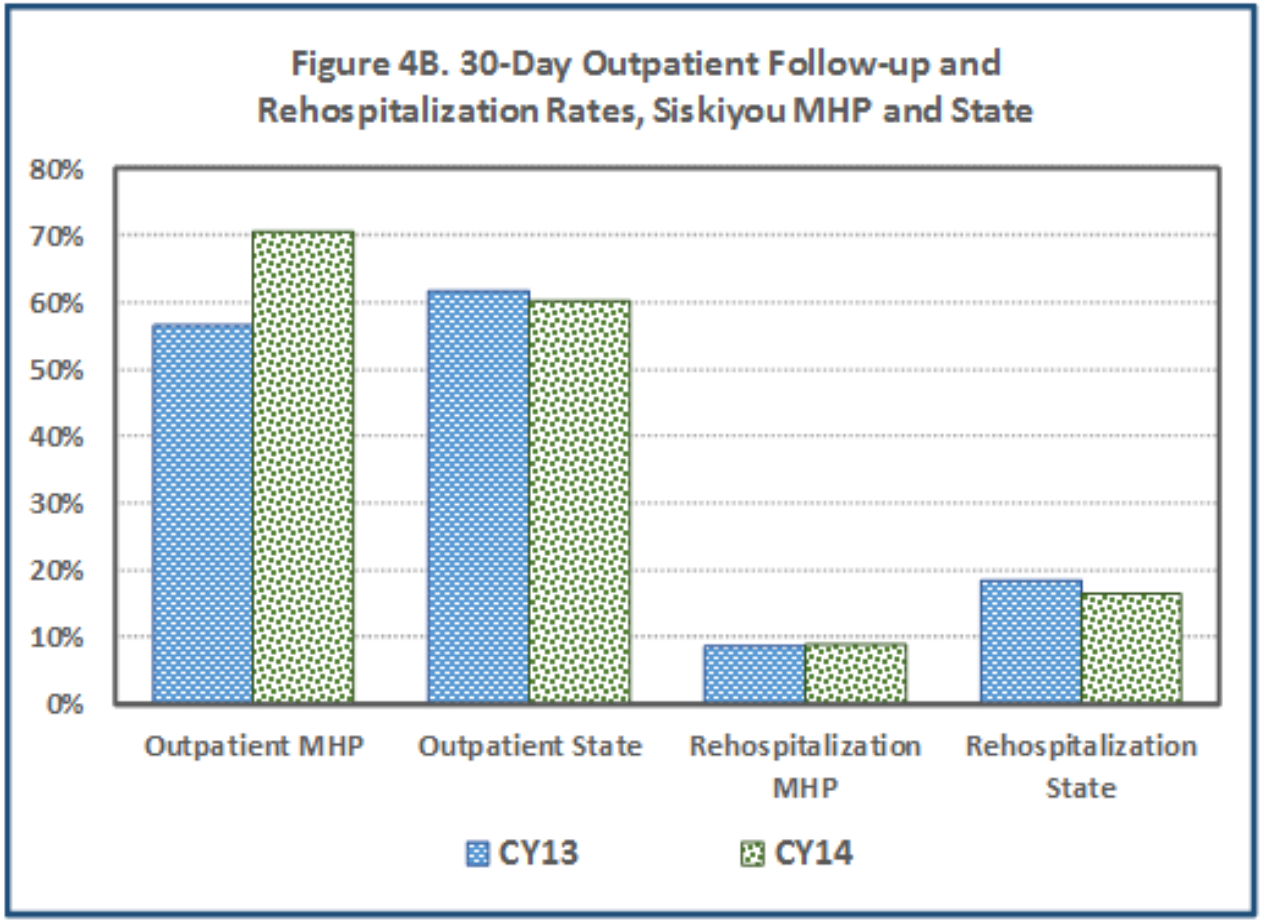
TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE



Federal QI Measure of Follow-up Services 30 days after Discharge

Siskiyou County, CY 2013 and CY 2014 (All age groups, CALEQRO)

TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE



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Any Questions ?

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Foster Children and Youth Mental Health Needs

- **QUESTION 3A:**

  What major strategies are used in your county to provide mental health services as a priority for foster youth?

  Please list or describe briefly.

  QUESTION 3B:

  Do you think that your county does a good job of coordinating with your county department of social services or child welfare to meet the MH needs of foster care children and youth?

  Yes____ No____. If no, please explain briefly.

  QUESTION 3C:

  Do you have any comments or suggestions about strategies used to engage foster youth and provide mental health services?

  Yes___ No____. If yes, please list or describe briefly.

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How Many Foster Youth Received Specialty Mental Health Services?

Figure 5. Percentages of Foster Youth Who Received Specialty MH Services

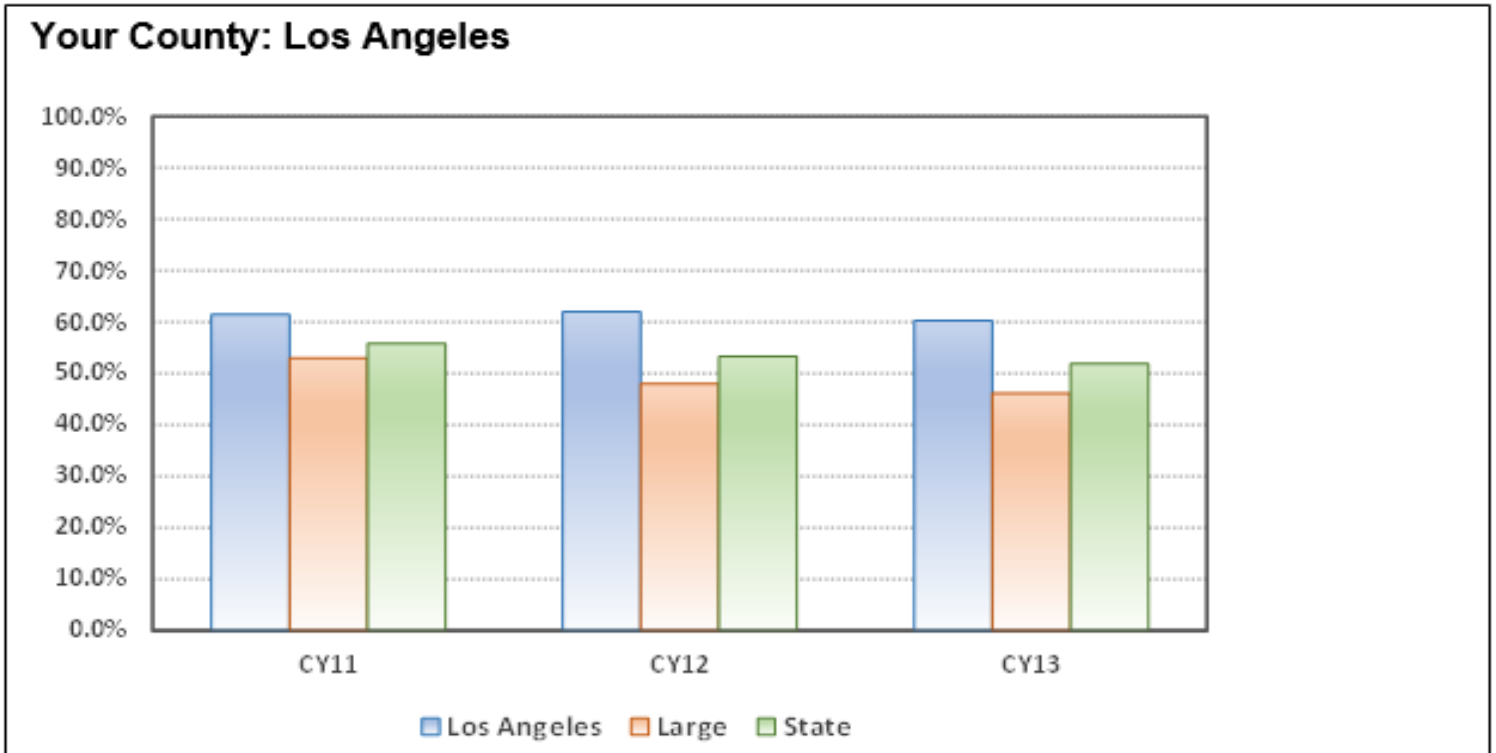

Figure 5. Shown above are data for the percentage of foster care youth who received specialty mental health services, during three calendar years (CY): 2011, 2012, and 2013. In each set of three bars, the first bar (blue) shows changes over time for your county. The second bar (orange) in each set shows the average for all counties with populations of similar size to yours. The third bar (green) shows the state average values.

Lesbian, Gay, Bisexual, Transgender and Questioning Youth

- **QUESTION 4A:**

  Does your county have programs which are designed and directed specifically to LGBTQ youth? ___ Yes ___ No.

  If yes, please list and describe briefly.

  QUESTION 4B

  Does your county or community have programs or services designed to improve family acceptance of their LGBTQ youth and/or with the goal of helping to heal the relationship of the youth to his/her family? Yes___ No____.

  If yes, please list or describe briefly.

  QUESTION 4C:

  Do you have any comments or suggestions about services or how to address unmet needs for LGBTQ youth in your community?

  Yes___ No____. If yes, please list or describe briefly.

California Mental Health Planning Council

Children and Youth with Substance Use Disorders

QUESTION 5A:

Does your county provide for substance use disorder treatment services to children or youth? Y____ N____

If yes, please list or describe briefly.

If no, what is the alternative in your county?

QUESTION 5B:

Do you think your county is effective in providing substance use disorder treatment to individuals under the age of 18? Yes___ No___.

Please explain briefly.

Youth that Began Treatment for Substance Use Disorders FY 2013-14

.

Numbers of Youth that Began Substance Use Disorder Treatment, FY 2013-2014

California: Statewide

Age < 18: 14,957 **Age 18-25: 23,614**

Your County: Los Angeles

Age <18: 4,592 **Age 18-25: 5,089**

Justice System-Involved Youth with Behavioral Health Needs

QUESTION 6A:

Does your county provide mental health or substance use disorder treatment services or programs to justice system-involved juveniles while they are still in custody? Yes___ No___.

If yes, please list briefly. Please indicate (if available) the main funding[30] sources for these programs.

QUESTION 6B:

Are the mental health and substance use services provided to non-custodial youth involved with probation or diversion programs different from those services provided to youth in the general community? Yes___ No___

If yes, please list briefly. Please indicate (if available) the main funding source for these programs/services.

QUESTION 6C:

Do any of these programs engage the parents/guardians of juveniles involved with the justice system?

Yes___ No___. If yes, please list briefly.

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Numbers of Youth Involved in Justice System

Table 3. Numbers[27] and Types of Juvenile Arrests, California, 2014

Total population[28] age 10-17	4,060,397	100 % of age 10-17
Total juvenile arrests	86,823	2.1 % of those aged 10-17
Status offenses	10,881	12.5 % of juvenile arrests
Misdemeanor arrests	48,291	55.6 % of juvenile arrests
Misdemeanor alcohol or drug:	9,676	20.0 % of misdemeanor arrests
Felony arrests	27,651	31.8 % of juvenile arrests
Felony drug arrests	3,058	11.1 % of felony arrests
All drug or alcohol arrests (misdemeanors & felonies)	12,734	14.7 % of all juvenile arrests

For state of California: 27,651 juvenile felony arrests, 2014.

For your county: Los Angeles 6,906 juvenile felony arrests, 2014.

California Mental Health Planning Council

Prevention of Suicide, Attempts at Suicide, and Thinking About It

- **QUESTION 7A:**

  Does your county have programs that are specifically targeted at preventing suicides in children and youth under 16 (ages 6-16) in your community?

  Yes____ No_____ If yes, please list and describe very briefly.

  QUESTION 7B:

  Does your county have programs that are specifically targeted at preventing suicides in transition aged youth (ages 16-25) in your community?

  Yes____ No_____ If yes, please list and describe very briefly.

  QUESTION 7C:

  Do you have any further comments or suggestions regarding local suicide reduction/prevention programs?

  Yes____ No_____. If yes, please list briefly.

Thoughts of Suicide: an Early Indicator of Youth at Risk

Survey data (below) show the percentage of public high school students who reported seriously considering attempting suicide in the prior 12 months in California. [37]

Table 5. Public High School Students Reporting Thoughts of Suicide, 2011-2013

California	Percent	
Grade Level	Yes	No
9th Grade	19.3%	80.7%
11th Grade	17.5%	82.5%
Non-Traditional	19.4%	80.6%
All	18.5%	81.5%

Data from your county are shown on the next page (if available).[38] Some counties or school districts either did not administer the surveys or else did not report their results.

Risks for First-Break Psychosis and Its Prevention

- **QUESTION 8A:**

  Does your county have services or programs targeted for first break psychosis in children and youth, and transition aged youth (TAY)?

  Yes_____No____

  QUESTION 8B:

  If yes, please list by age range(s) targeted and describe the program or services briefly. Also, please include the major funding source, (i.e., MHSA, SAMHSA Block Grant, Realignment I/II, Medi-Cal, etc), if the information is readily available.

  QUESTION 8C:

  Do you have any further comments or suggestions about local programs targeted for first break psychosis in children and youth?

  Yes_____No____. If yes, please describe briefly.

California Mental Health Planning Council

Full Service Partnership Programs for Children and Youth

- **QUESTION 9A:**

  What are the most urgent child or youth problems in your county? (For example, homelessness, problems with school or work, arrests, incarcerations, use of emergency MH services or psychiatric hospitalizations, out-of-home placements for children, substance abuse, teen pregnancy/parenting, etc.).

  QUESTION 9B:

  Do the FSP data suggest how (or where) improvements to certain services or programs could affect outcomes, and thereby help address the most urgent problems for children or youth in your community?

  Question 9C:

  Do you have any other comments or recommendations regarding your local FSP programs or other types of "wrap-around" services?

  Yes ___ No___. If yes, please describe briefly.

FSP Outcomes Data for Children

- **Table 7. Children, ages 0-15.**

  N=5,335 completed at least 1 year of FSP services.

Type of Events in the Preceding Year (measured as change from baseline)	Change in Client Outcomes at 1 year	Change in Client Outcomes at 2 years
Mental Health Emergencies	89% ⇩	--
Psych. Hospitalizations	49% ⇩	--
Out-of-Home Placements	12% ⇩	--
Arrests	86% ⇩	--
Incarcerations	40% ⇩	--
Academic Performance	68% ⇧	--

California Mental Health Planning Council

FSP Outcomes Data for Transition-Age Youth

- **Table 8. Transition Age Youth (TAY) ages 16-25.**

  N= 4,779 completed at least 2 years of FSP services.

Type of Events in the Preceding Year (measured as change from baseline)	Change in Client Outcomes at 1 Year	Change in Client Outcomes at 2 years
Mental health emergencies	84% ⇩	86% ⇩
Psych. hospitalizations	41% ⇩	57% ⇩
Emergency shelter use	20% ⇩	53% ⇩
Arrests	81% ⇩	86% ⇩
Incarcerations	45% ⇩	49% ⇩

Final: Questionnaire about how you completed this Data Notebook

- Please review before starting work.

What process was used to complete this Data Notebook? Please check all that apply.

___ MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.

____MH Board completed majority of the Data Notebook

___ County staff and/or Director completed majority of the Data Notebook

___ Data Notebook placed on Agenda and discussed at Board meeting

___ MH Board work group or temporary ad hoc committee worked on it

___ MH Board partnered with county staff or director

___ MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

California Mental Health Planning Council

Any Questions ?

Thank you to contributors to our Data Notebook Project, 2013-2016

- Susan Wilson, Chair, Project Workgroup Chair (CMHPC)
- Jane Adcock, Executive Director, CMHPC
- Linda Dickerson, Ph.D. and other staff (CMHPC)
- Lorraine Flores (CMHPC)
- Karen Hart (CMHPC)
- Amy Eargle, Ph.D., CDCR (CMHPC)
- Monica Nepomuceno, CDE (CMHPC)
- Noel O'Neil (CMHPC) and other county BH directors
- MHSA Coordinators Committee (CBHDA)
- Adrienne Shilton, M.S. and Debbie Innes-Gomberg, Ph.D.
- Beryl Nielsen, CALMHB/C (Napa MHB)
- Herman Debose, Ph.D., CALMHB/C (Los Angeles MHB/C)
- Cary L. Martin, CALMHB/C (San Joaquin MHB)

Where to send your Data Notebook?

DataNotebook@CMHPC.ca.gov

Contact Info:

- Linda Dickerson, Ph.D., staff to CMHPC
  - Linda.Dickerson@cmhpc.ca.gov
  - (916) 327-6560
- Susan Wilson, chair, Workgroup:
  - susanmorriswilson@gmail.com

Thank you for your participation!

California Mental Health Planning Council

- Break Time -

YOLO COUNTY: DATA NOTEBOOK 2015

FOR CALIFORNIA

MENTAL HEALTH BOARDS AND COMMISSIONS

Prepared by California Mental Health Planning Council, in collaboration with: California Association of Local Mental Health Boards/Commissions

YOLO COUNTY: DATA NOTEBOOK 2015

FOR CALIFORNIA

MENTAL HEALTH BOARDS AND COMMISSIONS

County Population (2014): 207,212

Website for County Department of Mental Health (MH) or Behavioral Health:

- http://www.yolocounty.org/health-human-services/alcohol-drug-and-mental-health-

Website for Local County MH Data and Reports:

- http://www.yolocounty.org/health-human-services/health-department/health-statistics/reports-publications
- http://www.countyhealthrankings.org/app/#!/california/2015/rankings/yolo/county/outcomes/1/snapshot

Website for local MH Board/Commission Meeting Announcements and Reports:

- http://www.yolocounty.org/health-human-services/alcohol-drug-and-mental-health-/local-mental-health-board-
- http://www.yolocounty.org/home/showdocument?id=25092

Specialty MH Data[1] from 2013: see Archives folder at http://www.caleqro.com/

Total number of persons receiving Medi-Cal in your county (2013): 45,497

Average number Medi-Cal eligible persons per month: 35,280

Percent of Medi-Cal eligible persons who were:

Children, ages 0-17: 48.1 %

Adults, 18 and over: 51.9 %

Total persons with SMI[2] or SED[3] who received Specialty MH services (2013): 1,822

Percent of Specialty MH service recipients who were:

Children, ages 0-17: 34.1 %

Adults, 18 and over: 65.9 %

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[1] Downloaded July 2014 from the former APS Healthcare website, www.caeqro.com.
[2] Serious Mental Illness, term used for adults 18 and older.
[3] Severe Emotional Disorder, term used for children 17 and under.

Strategies to Meet Needs of Persons Experiencing a Mental Health Crisis

Treatment Options and Alternatives to Locked (Involuntary) Facilities

While every effort is made to notify Californians of the availability of services and to encourage individuals to seek services early, sometimes a crisis occurs and immediate intervention is needed. In a worst case scenario, law enforcement is called to respond but in a better case scenario, a multi-disciplinary team that includes a mental health professional and a peer will meet with the individual in crisis. The toll and costs of hospitalizations and incarceration of individuals experiencing a mental health crisis are high on both the individual and public system. Many counties have implemented diversionary programs to help persons in crisis manage the situation, de-escalate their symptoms and recover without having to enter an institution.

We are seeking to identify the resources and options that are available to promote the least restrictive environment that will help individuals experiencing a MH crisis to stabilize and move toward recovery. Our goal is to highlight effective programs that meet this essential need on the continuum of services. Effective programs are an excellent way to reduce stigma, and to reduce costs allowing those savings to be used in other areas of the service system. By sharing information about programs with a substantial track record, we wish to promote programs of quality, excellence and safety.

Continuum of Care for SMI in your Community

1. Do you have these types of facilities <u>in</u> your county? Please check all that apply. Please mark 'Other' (and describe) if your county contracts for beds <u>outside</u> of your county.

___ IMDs (Institutions for Mental Diseases, used often for placement of MH clients who are under conservatorship and others)

___ PHFs (Psychiatric Health Facilities)

___ SNF with PTP (Skilled Nursing Facility with Psychiatric Treatment Program)

___ State Hospital beds

_√_ Psychiatric hospital beds

___ None of the above

___Other, please describe _____

2. If you do not have any of the above facilities in your county and you have a need that goes beyond crisis intervention, how do you handle a need for a longer term hospitalization (14-90 days)?

___ Transport to out-of-county psychiatric care facility

___ Crisis intervention services

___ Licensed adult residential facility (board and care home) that receive extra funding from the county (or placing agency) for additional MH-related services

___Other, please describe_____

3. What alternatives to a locked facility do you have for those experiencing an immediate MH crisis? Please check all that apply.

___ Crisis Stabilization Service (23 hours)

_√_ Crisis Residential

_√_ Mobile Crisis Intervention Teams

___ Transport to another county for treatment

___ Transport to another state for treatment

_√_ Assisted Outpatient Treatment (AOT) teams (Laura's Law type programs)

_√_ Licensed adult residential facility (board and care home) that receives extra funding from the county (or placing agency) for additional MH-related services

_√_ Other, please list or describe:

24-Hour Crisis Response Line: During business hours, the 24-hour phone line is answered by front desk support staff and transferred to Crisis staff. For calls or in-person solicitations, crisis staff are on hand to assess Yolo County residents for imminent risk due to a mental disorder. Crisis staff are also trained and ready to provide appropriate intervention on a continuum of care (most restrictive to least restrictive). During non- business hours, the crisis response line is answered by contracted agency staff (Yolo Community Care Continuum). Contracted staff are trained to provide initial triage services that address or stabilize the caller until the next working day. For emergencies or immediate risk situations, contracted staff alert local law enforcement to assess the situation. All crisis response line staff provide information on how to access specialty mental health services, including services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearings processes. Inquiries are logged and disseminated to appropriate providers for immediate referral, follow up, or treatment.

Laura's Law Assisted Outpatient Treatment Program (AOT): Yolo County Specialty Mental Health Services attempts to meet the needs of SMI adult county residents who demonstrate

non-compliance with treatment and (a) 2 inpatient hospitalization episodes or 2 prison/ jail terms within a 36 month period, or (b) 1 serious act of violence or threats towards self/ others within a 48-month period. This program also serves county residents whose mental health conditions are deteriorating, or are unlikely to receive treatment due to their SMI. AOT services include: providing community-based treatment; 24/ 7 on-call support; increasing compliance with primary care and mental health treatment; improving medication compliance and mitigating unnecessary crisis events or acts of violence and/ or harm to self and others. This program increases the likelihood that consumers are referred to, and linked with the right treatment provider, at the appropriate level of care. Finally, the AOT program offers training and education to community mental health providers and local law enforcement/ probation/ court personnel.

4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? Please check all that apply.

_√_ MH court

_√_ Drug Court (some counties have combined into "problem-solving courts")

___ Jail diversion program (a court-ordered MH program where client avoids jail)

_√_ Re-entry programs with MH/BH services to assist persons released into the community after leaving a correctional facility (e.g. programs funded by AB 109, Proposition 47, or related services)

_√_ Other, please list or describe:

Inmate Discharge Medication Program: The program provides inmates with a paid 30-day supply of mental health medications upon release from prison or jail. The program currently utilizes one full-time social worker who focuses solely on discharge planning and the picking up/ dispensing of consumer medications. The prescriptions are filled by our community partner, Raley's. Raley's was specifically chosen because Yolo County has a pre-existing MOU with this provider on another county-wide prescription assistance program.

5. <u>Creative Solutions.</u> Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above?

___No _√_Yes ___If yes, please list and describe:

Bridge to Housing Program (B2H): This short-term program (90-days) was initiated in November 2014 to assist homeless Yolo County residents (at that time, the county homeless population was estimated at 475). Under this program, 71 long-term homeless residents (including 47 dogs and 22 cats) were moved from a river encampment into temporary housing in West Sacramento, California. The program was funded by Yolo County and the City of West Sacramento. It was implemented by a consortium of county agencies (Drug, Alcohol & Mental Health, the County Administrator's Office, District Attorney's Office, Employment & Social

Services, Environmental Health, Health Services, Probation, Public Defender's Office, and Sheriff-Animal Services), the City of West Sacramento, and numerous faith-based and private industry groups. The effort was a pilot project aimed at transitioning homeless Yolo County residents from their river environment to sustainable housing and a host of services, including mental health treatment, substance abuse treatment, job skills training, and life counseling. In its most active phase, people who had lived along the riverbank, on an average of 4.5 years, packed up and boarded buses that took them to temporary apartment housing at the Old Town Inn. They were fast-tracked for federal housing assistance because their eviction was ordered by way of a "governmental action." They were offered temporary placement for 60 to 120 days and were asked to look for permanent rental units that would eventually be paid for with federal housing vouchers. Homeless residents were also given assistance with applying for job training, health insurance benefits, disability benefits, and one year's worth of free cellular phone service.

In January 2015, Yolo County Specialty Mental Health Services allocated an additional $30,000 to support the B2H program through the end of February 2015. From the 71 original residents, B2H successfully placed 18 of them into permanent housing. Over 82% of the residents reported obtaining health insurance, which paved the way for them to secure necessary substance abuse treatment, mental health treatment and primary care services in the near future. B2H also leveraged resources by linking 35% of the residents with a local social security program. Additionally, Northern California Construction and Training program partnered with B2H with the intent of providing vocational training and job placement assistance to another 35% of the residents. This project is currently recognized statewide.

Homeless Court: Yolo County District Attorney is developing a grant to develop a Homeless Court to function in a similar, but not identical fashion, as Mental Health and Drug Court. While the target audience is the homeless, by its very nature, it is being put together in a way to help those in the homeless population that have mental health issues and/or co-occurring disorders.

6. <u>Prevention</u>. Does your county have any programs implemented specifically as alternatives to locked facilities that haven't been addressed above? This is an open question that could include MHSA-funded prevention programs designed to assist individuals in crisis, or to prevent first-break psychosis. Such programs could include local implementation of a program for more MH triage workers (funded by SB 82). This question could also be addressed by other strategies that engage public (county) and private partnerships, regardless of funding sources.

Crisis Intervention Program (CIP): Yolo County Specialty Mental Health Services received a substantial Senate Bill 82 grant award for expanding its Crisis Intervention Program (CIP). CIP's goal is to have trained clinical staff available when law enforcement responds to a mental health crisis. To date we have 4 FTE clinicians co-located with the following local law enforcement jurisdictions: Woodland, West Sacramento, Davis, and Yolo County Sheriff/Winters. This partnership was created to minimize the costly placement of individuals in hospitals and jails. There is also a peer counseling component that supports SMI county residents after a crisis event has passed. The peer component also promotes access to and engagement with mental health services that might prevent future crisis events and promote recovery and wellness. CIP

partners with law enforcement and responds to requests for consultation or assessment at the location of an incident. CIP services include: providing consultation on transporting the individual to the emergency room or other suitable service; mitigating unnecessary emergency hospital room visits; increasing access to primary care and immediate treatment options; improving medication compliance; and improving SMI consumer treatment options. This program increases the likelihood that consumers are referred to, and linked with the right treatment provider, at the appropriate level of care. Ongoing community needs assessment and focus groups with law enforcement have resulted in a high level of support from local law enforcement agencies. Law enforcement actively assists the county with tracking individuals showing early warning signs of mental illness that flag the CIP team to action. Law enforcement also tracks calls where mental illness was a contributing factor (but not the primary reason for the call). This collaboration between county mental health personnel and law enforcement has been well-received by the community.

Crisis Intervention Team (CIT): Senate Bill 82 grant money was also earmarked for the training of both CIT and law enforcement (LE) personnel. This rigorous training requires a 32-hour commitment from CIT and law enforcement personnel that results in the equivalency of certifying in California Peace Officer Standards and Training (P.O.S.T.). The CIT plan establishes a 100% certification target for CIT staff, patrol officers, and public safety dispatchers. As with many jurisdictions, the implementation of CIT in LE agencies has been met with many impractical, procedural hurdles. However, an agreement between Yolo County's Sheriff's Office and Specialty Mental Health Services unit has circumvented a delay in getting the program up and running. For example, CIT and law enforcement have agreed to share confidential information in order to expedite the assessment and evaluation of SMI community residents. Timely access to both criminal and mental health records for the county's SMI population also facilitates the placement of offenders in appropriate treatment facilities, rather than having our residents wait at local hospitals or jails without receiving immediate or proper treatment.

First Episode Psychosis Program (FEP): Yolo County Specialty Mental Health Services received funds added to the Mental Health Block Grant for the purpose of developing a first episode psychosis program. To this end, the program aims at enhancing response times for this population and increasing accessibility to mental health services. In order to do this, the county partnered with a local non-profit community mental health provider (Turning Point) who has incorporated FEP into existing protocols in various jurisdictions. Law enforcement and CIP clinicians responding to 9-1-1 calls become the first point of contact with the identified population. Their objective would be to link families or individuals experiencing first episode psychosis with Turning Point services in order to receive the interventions and treatment needed early on.

Wellness Center: A drop in Wellness Center is located at the Woodland clinic for transition-aged youth (16-24) and adults. Clients must be a current client of Yolo County Specialty Mental Health Services. The primary goal of the Wellness Center is to engage consumers in a variety of wellness and recovery activities. Thus, consumers are encouraged to attend as many

rehabilitative and skill-building groups as they feel are needed. Consumers are also provided with a computer lab and access to the Internet.

Housing Now Program (HNP): HNP was established by Yolo Community Care Continuum with funding from the MSHA Local Innovation Fast Track grant. HNP is intended to provide Yolo County SMI residents with timely and comprehensive housing resource coordination and assistance whether they are (a) homeless, or (b) in a stage of crisis that could affect their housing situation. An overwhelming majority of program participants have reported experiencing major hurdles impeding their ability to maintain sustainable housing. Examples include: multiple evictions, felony criminal history, poor credit history, deficient life/ financial skills, substance abuse, domestic violence, and chronic homelessness. The overall goal of HNP is to increase the number of SMI consumers who can acquire and maintain sustainable housing. At its core, HNP utilizes Critical Time Intervention (CTI) and a wellness recovery system driven by the consumer. This means that the program offers medium to long term case management services (for a minimum of 6 months), in the form of: house searching, applying for housing, application and credit check payment, financial coaching, skill development, advocacy and mediation services amongst consumers and individual property managers/ owners in Yolo County. From the program's inception (August 2014), HNP has served a total of 56 SMI adults in Yolo County. The average time span from program entry to permanent housing is 2.13 months. As of January 2015, 41% SMI consumers reported acquiring some form of income that contributed to individual savings, first month's deposit, or rent payment.

7. <u>Unmet needs</u>. Please describe any specific unmet needs for children, transition-aged youth, adults or older adults in your county for either MH-related hospitalization or community-based crisis treatment services.

Yolo County's LMHB has determined the following unmet needs in the community:

- 23-hour crisis stabilization unit
- Supportive Housing options for SMI adults and transition aged youth

8. If you could ask for any specific resource, program, or facility to meet serious, urgent MH needs in your community, what would be your top three priorities?

Yolo County's LMHB has determined the following as top three priorities:

- 23-hour crisis stabilization unit or detox center
- Supportive Housing options for SMI adults and transition aged youth
- Transportation services

The Impact of Substance Abuse on the MH System of Care in your County

9. This next question may help define the nature and scope of the substance use problem in your community. Resources for such information may include the Alcohol and Other Drug Administrator for your county, your county Sheriff's Department, or the Behavioral Health Director.

What substances are the most commonly abused in your county? Please select the top three drug categories below (and indicate estimated percentage if known).

_√_ Alcohol: **13%**
_√_ Marijuana, hashish or synthetic marijuana (e.g. 'spice', 'bath salts'): **21%**
_√_ Amphetamines, methamphetamine, prescription stimulants (ADHD drugs): **33%**
___ Cocaine, 'crack' cocaine
___ Opioids (heroin, opium, prescription opioid pain relievers)
___ Club Drugs (MDMA/Ecstasy, Rohypnol/flunitrazepam, GHB)
___ CNS depressants (prescription tranquilizers and muscle relaxants)
___ Hallucinogens (LSD, Mescaline/peyote/cactus, Psilocybin/mushrooms)
___ Dissociative Drugs (Ketamine, PCP/phencyclidine/angel dust, Salvia plant species, dextromethorphan cough syrup)
___ Inhalants (solvents, glues, gases, nitrites/laughing gas)

10. With respect to SUD treatment in your county, what are the main barriers to access and engagement with treatment?

_√_ Transportation: **(4)**

___ Wait list to enter treatment

___ Language and/or cultural issues

_√_ Client not ready to commit fully to stopping use of drugs and/or alcohol: **(1)**

___ Failure to complete treatment program

___ Lack of treatment programs or options locally

___ Lack of workforce licensed/certified to treat clients who have co-occurring MH and SUD issues

_√_ Stigma and prejudice regarding diagnosis or participation in treatment: **(3)**

_√_ Reduced motivation of clients due to changes in court-required drug treatment programs (Prop 47 reduces penalties for some SU crimes, thus individuals may choose to opt out of drug court supervision. Drug court is a way to reduce penalties in exchange for engaging in SUD treatment): **(2)**

___ Other, please describe _____

11. What could be done to increase successful outcomes for SUD recovery in your county? Choose the top three priorities.

_√_ Ongoing case management **(3)**

_√_ Support individuals to make necessary changes in social patterns (new neighborhood; change routes to home, school or work; change circle of friends) **(2)**

___ Medication services

___ Family treatment/ education

___ Health and nutrition classes

___Parenting classes

___ Onsite access or referrals for primary health care screening and treatment

_√_ Vocational training and support, including employment readiness classes **(1)**

___Other, please describe _____

12. Have any SUD treatment strategies been shown to be especially successful in your county?

Yes_√_ None ___

If yes, please describe: Yolo County has been successful using the following SUD treatment interventions with our SMI/ SED consumer population:

1. Seeking Safety
2. Cognitive Behavioral Interventions (specifically for substance abuse)
3. Moral Reconation Therapy
4. Thinking for a Change
5. Change Companies (interactive journaling)

13. How does your county support individuals in recovery to increase the rates of success? Please check all that apply in your county.

___ Transportation to outpatient treatment and therapy appointments

_√_ Motivational interviewing

___ Case management/aftercare/follow-up services and referrals

___ Services more like FSP[4] or wrap-around services

_√_ Family treatment and/or family education

[4] Full Service Partnership mental health services, programs funded by the Mental Health Services Act.

___ Medication services

_√_ Teaching about activities of daily living

_√_ Parenting classes

___ Smoking cessation classes or treatment

_√_ On-site health testing and treatment

_√_ Linkage to primary care clinic for health tests and treatment

_√_ Job readiness training, vocational services, GED/college classes

_√_ Facilitate a change in the person's culture, to build new relationships, routines, patterns not linked to alcohol or drug use.

___Peer support, mentors or sponsors in the community

_√_ Classes about nutrition, cooking, exercise, and care of one's own health

___Other, please describe _____

In your opinion, which of the above are the four factors most essential to client success in SUD recovery?

- ✓ Motivational Interviewing interventions specifically designed to assist SUD individuals with problem-solving, critical thinking, and decision making functions.
- ✓ Family interventions specifically designed to foster family understanding, coping and communication. These interventions contain psychoeducational components that help the family deal with the behavior & emotional state of the family member who is attempting to recover from addiction. Family interventions also address the resulting effect on the family system and validates the struggles that each family member undergoes when one of its members is ill. Family interventions attempt to preserve and enhance the group's functioning as it undergoes significant stages of change.
- ✓ Assisting individuals with relational/ social skill building to enhance their personal relationships (not linked to SUD).
- ✓ Assisting individuals with job readiness skills that move them toward future employment.

14. **Prevention**. This last question is about coordinating prevention efforts between different agencies and groups. We believe that prevention and education activities are important to help reduce the number of persons using drugs or abusing alcohol, especially for youth under 18 and young adults.

The evidence shows that prevention efforts are much more effective when coordinated across multiple service systems. Currently, funding for MH efforts have a different source than that for

substance abuse prevention[5] and therefore must be devoted to mental health. This results in most programs being separate or 'siloed' which risks producing fragmented, patchwork efforts and less than optimal outcomes for consumers.

Does your county implement coordinated programs to address prevention of both SUD and mental illness in children, transition-aged youth and young adults?

Yes_√_ No___

If yes, please provide a brief description of the program, target audience, and activities.

Friday Night Live Alcohol and Drug Prevention Program (for Youth): Friday Night Live (a program within Yolo County Health and Human Services) has an active partnership with the Yolo County School District to provide middle and high school youth with educational and leadership opportunities. School sites (with active Club Live, Friday Night Live and Friday Night Live Mentoring Chapters) send youth to this program to learn more about the effects of drug and alcohol abuse. SED youth (a) residing in Yolo County, or (b) attending Yolo County schools with or without full scope Medi-Cal are eligible to apply for this program.

Victor Community Support Services Co-Occurring Treatment Program: This program is for juvenile justice-involved adolescents (ages 12-18) suffering from co-occurring disorders (substance abuse and mental health disorders). The program is based on the harm reduction model. The agency seeks to meet the needs of these adolescents by: empowering teens, restoring family cohesiveness, and initiating recovery.

Turning Point Free to Choose Program: This program offers TAY (ages 18-25) with peer counseling/ group support also from a Harm Reduction perspective.

[5] Examples of programs funded from different sources could include MHSA Prevention and Early Intervention programs or the substance Abuse Prevention and Treatment Block Grant. You may know of others in your community.

Addendum: Question #15

Resources for local Advisory Boards to carry out their Mandated Roles

These questions address the operations of county mental health boards, behavioral health boards, or mental health commissions, regardless of current title. These items have been included in partnership with the California Association of Local Mental Health Boards and Commissions.

(a) What process was used to complete this Data Notebook? Please check all that apply.

___ MH Board completed majority of the Data Notebook

_√_ County staff and/or Director completed majority of the Data Notebook

_√_ Data Notebook placed on Agenda and discussed at Board meeting

_√_ Other; please describe: The Quality Management department facilitated a discussion with board members who answered at least half of the questionnaire in that session. Quality Management took the remainder (Substance Use Disorder portion) to other knowledgeable county executive management staff and synthesized the report on behalf of the Local Mental Health Board.

(b) Do you have suggestions for future Data Notebook themes or topics?

Yes____ No____ If yes, please list: _____.

(c) Does your Board have a yearly budget to support its activities?

Yes_____ No_√_ If yes, $_____

Note: While the Yolo County Mental Health Board does not have a yearly budget, financial support of a sort is give to the Board by the County when we develop special projects for consumers and outreach to the community.

(d) Does your Board have designated staff to support your activities?

Yes_√_ No___

If yes, please provide their job classification _____

Briefly describe their duties _____

(e) What is the best method for contacting this staff member or board liaison?

Name and County: Makayle Neuvert -Yolo County
Email: makayle.neuvert@yolocounty.org **Phone:** (530) 666-8946

(f) What is the best way to contact your Board presiding officer (Chair, etc.)?

Name and County: Bob Schelen, Chair, Yolo County LMHB

Email: slobadbobs@aol.com

Phone #: (916) 849-2110

REMINDER:

Thank you for your participation in completing your Data Notebook report.

Please feel free to provide feedback or recommendations you may have to improve this project for next year. We welcome your input.

Please submit your Data Notebook report by email to:

DataNotebook@CMHPC.CA.GOV.

For information, you may contact the email address above, or telephone:

(916) 449-5249

Or, you may contact us by postal mail to:

- Data Notebook
- California Mental Health Planning Council
- 1501 Capitol Avenue, MS 2706
- P.O. Box 997413
- Sacramento, CA 95899-7413

Item 7.
Mental Health Director's Report

Yolo County Health and Human Services Agency

BEHAVIORAL HEALTH SERVICES

Local Mental Health Board
Mental Health Director's Report
January 23, 2017

Public Guardian

We have successfully hired two staff for the Public Guardian's office. Laurie Haas has been hired as the Chief Deputy Public Guardian and will oversee the day to day functioning of the office. Laurie worked for the Public Guardian's office for 20 years before joining our In-Home Supportive Services team 8 years ago. She is a wealth of knowledge, comes with a full heart, and is driven to protect and care for our clients. We have also hired an additional conservatorship officer. Jeanine Weeks also worked in the Public Guardian's office for several years and is excited to be back in Yolo working with some of the same clients she served in the past. Several HHSA staff are working at the PG office including Sandra Sigrist, Adult & Aging Branch Director, as well as a Fiscal Supervisor and Administrative Secretary. Several of us are sharing the on-call responsibility as we figure out the structure moving forward. We are hoping to use Consumer Self Help as our Ombudsman for the rest of this fiscal year to assess need and budget moving forward.

Community Intervention Program (CIP)

Turning Point has evaluated their budget and could get CIP to 24/7 coverage with current resources if we removed peer support workers from the budget. Alternatively, we hope to include this increase in the three-year plan to provide for fuller coverage. We will have to re-apply for these funds or include in our ongoing Mental Health Services Act (MHSA) funds.

Crisis Intervention Training

We have seen an increase in the numbers of officers attending CIT from the Sheriff's department. They have begun sending custody staff as well as patrol officers. Additionally, Sacramento City is looking to invest significant resources into CIT for officers and require 40 hours. This would benefit our West Sacramento officers who partner with Sacramento for training.

Proposition 47 Grant Proposal

Staff from HHSA, District Attorney's office, Public Defender's office and Probation have been working together on a proposal for Proposition 47 funding for services. We hosted a variety of community input sessions in West Sacramento, Woodland, and Davis as well as a session aimed at community based organizations. This proposal is focused on providing intensive mental health services to individuals involved in the criminal justice system (See summary attached). We submitted our implementation plan for the Drug Medi-Cal Organized Delivery System to the California Department of Health Care Services on December 14, 2016.

Mental Health Services Act Housing

There is a contract dispute between the County and the contractor who completed the demolition of the old Peterson Clinic. Unfortunately, this dispute along with the weather have affected our timelines. We are hoping the delay doesn't run up against our deadline for the 9% tax credit financing which is 180 days from funding announcement.

Mental Health Services Act Three Year Plan

RDA and staff are working to finalize the three year plan draft for posting. We are sharing the proposed plan adjustments at community report back meetings this month and will also be sharing with the Board of Supervisors as well as LMHB before final approval.

Stepping Up Summit

53 of 58 California counties attended the Stepping Up Summit in Sacramento January 18-19. Supervisor Provenza, Captain Vaughn, Mashan Wolfe, Emily Kochly and I attended. I presented on getting started along with the Assistant Sheriff for Orange County. The conference was very helpful and provided for meaningful discussions amongst our team and opportunities to learn from other counties.

Child, Youth and Family Branch

Our new Child, Youth and Family Branch Director started on January 9. Her name is Jennie Pettet and she comes to us with over 30 years of child welfare experience. She has worked in every aspect of child welfare. Just prior to coming to work for us, Jennie was leading CWDA's effort around Continuum of Care Reform.

Governor Brown's Proposed 2017/2018 Budget

State revenues appear to be restricting and most financial experts are predicting a recession heading our way. As such, the Governor's proposed budget has some items included that could impact our budget negatively. The big items are tied to our IHSS services and 1991 realignment as well as our State allocations for CalWorks and other social services.

Incoming Federal Administration

With the incoming federal administration, we are extremely concerned about the impact of the proposed elimination of the Affordable Care Act. Our statewide organizations are advocating for us but we are trying to plan for the worst. The ACA allowed us to cut our uninsured numbers by half, not to mention expanding behavioral health benefits for thousands of residents who wouldn't otherwise have had access. We will continue to update you as we learn more.

County of Yolo

Health and Human Services Agency

Proposition 47 Project Summary

This project proposes to use Proposition 47 grant funds to expand Yolo County's existing continuum of criminal justice diversion programs. Specifically, the proposed project will apply the principles of restorative justice and trauma-informed care to provide wraparound services to individuals that are eligible for a diversion program, but are unlikely to succeed without intensive supports due to their history of mental health issues and/or substance use disorders.

Target Population

The project's target population will be individuals who:

- Have been arrested, charged with, or convicted of a criminal offense;
- Are currently eligible for a diversion program in Yolo County; and
- Have a history of mental health issues and/or substance use disorders
    - Per the grant stipulations, a person has a history of mental health issues or substance use disorders if the person:
        - Has a mental health issue or substance use disorder that limits one or more of their life activities;
        - Has received services for a mental health issue or substance use disorder;
        - Has self-reported to a provider that they have a history of mental health issues, substance use disorders, or both; or
        - Has been regarded as having a mental health issue or substance use disorder.

Existing Diversion Programs in Yolo County

As described below, there are two existing diversion programs in Yolo County, and one program that can operate as a diversion program in some cases.

Neighborhood Court	Proposition 47 Pilot	Mental Health Court *(Diversion in some cases)*
•Diversion program for offenders who have committed low-level misdemeanors. Rather than prosecuting the offender, willing participants appear before a panel of community members, who apply the principles of restorative justice to establish an individually tailored treatment plan. Upon completion of the program the case is dismissed.	•Diversion pilot program for offenders of a Prop 47 misdemeanor drug offense. Rather than prosecuting the offender, willing participants are assigned to community service or given an individually tailored treatment plan. Upon completion of the program their case is dismissed.	•Combines judicial supervision with community mental health services to prevent or significantly reduce the jailing of offenders with mental illness. Upon completion of the program, in some instances the case may be dismissed or reduced depending on if the intervention occurred pre-charge or post-charge.

Identified Gap in Supportive Services

Despite the success of the existing diversion programs, local providers have identified that the programs do not always provide sufficient supportive services to ensure the success of all eligible participants. Currently, the Mental Health Court is the only diversion program that provides intensive services directly to participants. Both the Neighborhood Court and Proposition 47 Pilot rely on linkages to existing services in the community for any supports needed by participants. This solution is often inadequate for participants with mental health issues and/or substance use disorders, making them less likely to succeed in the program.

Proposed Project Description

The proposed project seeks to address this identified gap by providing robust wraparound care for participants of the Neighborhood Court and Proposition 47 Pilot who fall within the target population. Participants of the project will be offered a range of intensive services through the following five-step process to assist them in successfully completing their diversion program, stabilizing their mental health and/or substance use disorders, and reducing their risk of recidivism.

Step One: Outreach and Assessments

Project participants will be identified and engaged through the outreach and assessment component of the project. The Outreach and Assessment Team will include a staff of two (2) full-time Clinicians and one (1) full-time Probation Officer, who will work closely with staff in the District Attorney's Office and local law enforcement agencies. The Team will conduct outreach at a range of locations to identify potential participants, and will conduct assessments on each potential participant for risk of recidivism, mental health diagnoses, substance use disorders, and eligibility for the local diversion programs.

The District Attorney's Office will have full authority to make decisions regarding eligibility for diversion programs. Once this decision is made, the Team will provide input regarding the most appropriate level of care based on assessments using several tools, including:

- *Ohio Risk Assessment System (ORAS):* Determines risk of criminal justice recidivism.
- *Level of Care Utilization System (LOCUS):* Provides level of care recommendations for mental health treatment.
- *American Society of Addiction Medicine (ASAM) Placement Criteria:* Provides level of care recommendations for substance use treatment.
- *Adult Needs and Strengths Assessment (ANSA):* Provides level of care and case planning recommendations for behavioral health treatment.
- *Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT):* Assesses vulnerability level of individuals experiencing homelessness and provides recommendations regarding most appropriate type of housing solution.

The Matrix in Appendix A provides additional details regarding how participants will be assigned to an appropriate diversion program and level of supportive services based on their risk of recidivism and behavioral health needs.

Step Two: Diversion Program

Individuals deemed eligible and approved by the District Attorney's Office will be offered the opportunity to participate in the Neighborhood Court or Proposition 47 diversion programs. If a participant chooses to opt-in to the program, he or she will work with the existing diversion team to address their criminal offenses and become connected to the services described in the following steps. An important element of the diversion is the application of restorative justice. Using a panel of

volunteers, the project will convene conferences allowing the participant to interact with community members and repair the harm caused by his or her criminal behavior.

The existing diversion team at the District Attorney's Office will be expanded to include an additional full-time Paralegal to address the added workload associated with growing the programs.

Step Three: Intensive Case Management and Treatment

Once admitted to a diversion program, participants will be connected with the case management and treatment component of the project. The Case Management Team will utilize one (1) Clinical Program Manager, one (1) Clinician, and two (2) Case Managers to create and implement individualized case plans for each participant. Using trauma informed care and other evidence-based practices, the case plans will include wraparound planning and residential treatment when applicable. Additionally, two (2) Peer Recovery Support Specialists will provide recovery support through mentorship and educational sessions, and one (1) Employment Specialist will assist clients with job readiness, identifying potential employers, and securing employment. This component will also include the purchase of several vehicles and travel vouchers to meet the transportation needs of the participants.

Step Four (Optional): Civil Legal Services

In addition to the criminal legal issues being addressed by the District Attorney's Office, some participants may have civil legal problems. Participants with these issues will be connected with the Civil Legal Services component of the program for legal advice and assistance. The civil legal services will include assisting participants to address any non-criminal barriers to accessing basic necessities such as healthcare, housing, government benefits, employment, and educational services.

Step Five (Optional): Permanent Housing Assistance

Any participants who are unstably housed or experiencing homelessness will be connected with the housing assistance component of the project. Participants will be offered assistance with paying rent, for a period of no more than 24 months. Participants may also be offered financial assistance with paying deposits and/or utility bills to secure permanent housing and purchasing needed household items when a participant moves-in to new housing. The housing assistance will not be used to fund any temporary housing solutions, such as shelter or transitional housing.

Project Partners

While the Yolo County Health and Human Services Agency (HHSA) will serve as the project's lead agency and the Yolo County District Attorney's Office will oversee the project's diversion component, HHSA will rely heavily on many other partnerships and collaborations. If funded, HHSA intends to subcontract approximately 70 percent of the grant award to various community-based organizations to provide the outreach and assessment, case management and treatment, civil legal services, and permanent housing assistance components.

Additionally, HHSA plans to establish a Local Advisory Committee comprised of multiple stakeholders to further ensure collaboration. When selecting members of the committee, HHSA will be mindful of numerous factors including regional equity and geographic diversity.

Appendix A: Yolo County Diversion Program Matrix

Behavioral Health Needs (BH) — High / Low

Risk of Criminal Justice Recidivism (CJ) — Low / High

Level II: BH ↑ CJ ↓

Target Population:

- Low to moderate risk of criminal justice recidivism
- Moderate to High behavioral health needs

Diversion Program:

- Neighborhood Court

Level of Care:

- Supports from Proposition 47 grant, including:
  - Intensive case management
  - No formal probation
  - Mental health and/or substance use disorder treatment
  - Rapid re-housing assistance
  - Peer supports
  - Employment assistance
  - Civil legal assistance

Level IV: BH ↑ CJ ↑

Target Population:

- High risk of criminal justice recidivism
- High behavioral health needs

Diversion Program:

- Mental Health Court

Level of Care:

- Supports from HHSA, including:
  - Intensive case management
  - Formal probation with significant oversight and reporting requirements
  - Mental health and/or substance use treatment
  - Housing assistance
  - Wellness Center and Peer supports
  - Employment assistance
  - Civil legal assistance

Level I: BH ↓ CJ ↓

Target Population:

- Low risk of criminal justice recidivism
- Mild to moderate behavioral health needs

Diversion Program:

- Neighborhood Court OR Proposition 47 Pilot

Level of Care:

- Linkages to existing community supports, including:
  - Pre-Trial Adult Probation with limited oversight and reporting requirements
  - Day Reporting Center
  - Mental health and/or substance use disorder treatment
  - Rapid re-housing assistance
  - Peer supports
  - Employment assistance
  - Civil legal assistance

Level III: BH ↓ CJ ↑

Target Population:

- High risk of criminal justice recidivism
- Mild to moderate behavioral health needs

Diversion Program:

- Proposition 47 Pilot

Level of Care:

- Supports from Proposition 47 grant, including:
  - Intensive case management
  - Pre-Trial Adult Probation with significant oversight and reporting requirements
  - Day Reporting Center
  - Mental health and/or substance use treatment
  - Rapid re-housing assistance
  - Peer supports
  - Employment assistance
  - Civil legal assistance

Appendix B: Proposed Budget

BUDGET LINE ITEM	% OF TOTAL	YEAR 1	YEAR 2	YEAR 3	TOTAL
Community-Based Organization Subcontracts (External)					
Outreach and Assessment	70%	$200,000	$200,000	$200,000	$600,000
Case Management and Treatment		$700,000	$700,000	$700,000	$2.1M
Civil Legal Services		$100,000	$100,000	$100,000	$300,000
Rapid Re-Housing		$400,000	$400,000	$400,000	$1.2M
Lead Agency Services (Internal)					
District Attorney Diversion Programs	14%	$115,000	$115,000	$115,000	$345,000
Probation		$150,000	$150,000	$150,000	$450,000
Grant Administration and Monitoring (Internal)					
Project Administration	11%	$100,000	$100,000	$100,000	$300,000
Data Collection and Evaluation		$133,000	$133,000	$133,000	$400,000
Overhead (Internal)					
Project Overhead (10% Indirect Cost Rate)	5%	$100,000	$100,000	$100,000	$300,000
					TOTAL $6M

Item 4.
Approval of Minutes from December 5, 2016

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
Meeting Minutes

Monday, December 5, 2016, 7:00 PM – 9:00 PM
Arthur F. Turner Community Library Meeting Room
1212 Merkley Avenue, West Sacramento, CA 95691

Members Present: Brad Anderson; Bret Bandley; James Glica-Hernandez; June Forbes; Lisa Cherubini; Richard Bellows; Robert Schelen; Sally Mandujan; Ajay Singh; Tawny Yambrovich; Reed Walker;

Members Excused: Juliet Crites; Martha Guerrero; Nicki King; Supervisor Don Saylor; Tom Waltz

Staff Present: Karen Larsen, HHSA Director, Mental Health Director, and Alcohol and Drug Administrator
Makayle Neuvert, Administrative Services Analyst and LMHB Administrative Support

CALL TO ORDER

1. **Welcome and Introductions:** The December 5, 2016 meeting of the Local Mental Health Board was called to order at 7:05 PM.
2. **Public Comment:** None
3. **Approval of Agenda:**
   Motion: June Forbes, **Second:** Bob Schelen, **Discussion:** None, **Vote:** Unanimous
4. **Approval of Minutes from October 24, 2016**
   Motion: Tawny Yambrovich, **Second:** Bret Bandley, **Discussion:** Minor content changes (grammar and spelling) provided and will be reflected on the online version of the minutes.
   Vote: Passes, 2 Abstentions (Lisa Cherubini and Richard Bellows)
5. **Member Announcements:**

   - A member of the LMHB announced that their autobiography will soon be published and focuses on overcoming mental illness. Additional information will be shared in the future. The member requested that their identity remain anonymous.
   - Tawny Yambrovich share positive sentiments with all and wished all a happy holiday season.
   - June Forbes invited all to the NAMI Holiday party to be held on Wednesday, December 7, 2016.
   - Karen Larsen introduced and shared a video featuring Member Brad Anderson who is employed through the Cool Beans program run by Turning Point Community Programs.
   - Bob Schelen noted his interest in legislation recently introduced to reform the bail procedures in California. This reform act will basically do away with bail money in hopes of offering equity for low income individuals.

CONSENT AGENDA

6. **Mental Health Director's Report**: The following item(s) were pulled from Karen Larsen's Mental Health Director's Report for additional discussion.

- Item 6-c. Child Welfare Services: Tawny inquired about the Child Welfare Services (CWS) efforts to increased mental health access and how this will be accomplished. Karen shared that HHSA has added embedded mental health clinicians to CWS units, they are assessing all foster children, and have a goal of completing assessments within the first 30 days of placements.

- Item 6-d. 5150s: In response to a request for clarification, Karen noted that the guidelines stipulate that 5150 cases are to be taken to the nearest Yolo County hospital even though there may be a closer hospital in a neighboring county. Ambulances however must go to the closest hospital despite jurisdiction. Further questions asked about why we would use another hospital when Dignity (Woodland Memorial Hospital) has ramped up services and amenities to support mental health issues. In response, Sutter Davis was noted as the closest Yolo County hospital for 5150 cases occurring in West Sacramento. Sutter Davis is actively working on plan to support the need. The conversation turned toward Community Intervention Program (CIP) and the desire to 24/7 clinician coverage. This desire was reportedly also heard as part of the Mental Health Services Act (MHSA) Three Year Plan feedback. Sally Mandujan shared feedback on her limited ability to get afterhours CIP support through the West Sacramento Police Department. Karen noted that she and Tom Waltz are discussing the creation of a Community Intervention Training (CIT) for non-law enforcement. June shared that the "In Our Own Voice" program through NAMI is a good course for de-stigmatizing mental illness and may make a good addition to the proposed training.

- Item 6-e. Homelessness: Tawny noted there are several exciting opportunities are on the rise. The MHSA housing project continues to move forward.

- Item 6-h. Mental Health Wellness Center: Karen clarified that the center is being remodeled to include a working kitchen and improve the computer lab area to better support classes and the needs of the center.

TIME SET AGENDA

7. LMHB Strategic Plan Update: Bob Schelen shared several handouts for discussion and review. He noted the complete plan would be presented in January.

- Strategic Plan: Can we do one?
- Strategic Plan Ideas
- Potential 2017-2018 Strategic Plan
- SMART Goals
- Strategic Planning Basics

It was suggested that a sub-group get together before the January meeting and they work on narrowing down to three attainable goals.

A motion was made to establish a Strategic Plan Ad Hoc committee; **Motion:** Bob Schelen **Second:** Tawny Yambrovich**; Discussion:** The Ad Hoc Committee will be composed of members June Forbes, Tawny Yambrovich, Richard Bellows and Bob Schelen. Meetings will be coordinated by the group. It was proposed that the group select 5 – 6 topics to rough

draft with SMART Goals then present to the Board for narrowing. Karen asked that the strategies and outcomes that will be tracked attempt to dovetail and build off efforts already underway. **Vote:** Unanimous

REGULAR AGENDA

8. Board of Supervisors Report: None

9. Chair Report: Chair James Glica-Hernandez led the group through the following topics.

a. Approval of Draft 2017 Meeting Calendar: **Motion:** Lisa Cherubini; **Second:** June Forbes; **Discussion:** Concern was voiced by Richard Bellows regarding the disproportion number of meetings that occur in Woodland versus the other jurisdictions. The combination of the November and December regular meeting to accommodate the holiday season accounts for one lost meeting date per year in Woodland. Because venue scheduling can be a challenge and recurring reservations have been secured into the future, a change in the recurrence cycle had not been made. **Vote:** Passes with two nays (Bob Schelen and Richard Bellows)

b. Continued Discussion of Board Committee Responsibilities, Assignments, and Ad Hoc Committee Topics: Ajay Singh will join the Communication and Education Committee and Reed Walker will join the Program Committee.

c. Legislative Ad Hoc Committee Report: Bob shared handouts on current legislation for review.

d. Board Committee Reports:

- Communication and Education Committee: James shared information on upcoming collaboration with a local college course where he will be speaking on mental health and sexuality. Though not representing the LMHB, this is an example of potential Committee outreach efforts.

- Program Committee: The group met earlier in the day on December 5 but failed to reach a quorum. Without a quorum, minutes were not necessary however they were prepared and so shared with the Board for review. The topic of changing the name of the Board to a Behavioral Health Board was brought up at the Committee meeting and the attending members were not able to reach an agreed recommendation. It was proposed that we collect information on other counties that have made the change. A motion made to create an Ad Hoc Committee to collect data specific to the topic of is topic of changing the name of the Board to a Behavioral Health Board; **Motion:** Lisa Cherubini **Second:** Tawny Yambrovich; **Discussion:** The Ad Hoc Committee will consist of Nicki King, Bret Bandley, Martha Guerrero, Bob Schelen, and Ajay Singh. **Vote:** Unanimous

  The Board engaged in a brief discussion of the interpretation of Behavioral Health and the meaning of the word behavior. The fear of the behavior of loved ones and the danger they may be put in is based on the behaviors they exhibit. Anecdotal stories were shared to reinforce points/arguments. Frustration with the delineation between substance use disorders and serious mental illness, including the stigmatization was noted. The notion of therapy and training as treatment of organic damage to the brain resulting from traumatic brain injuries, serious mental illness, stroke and the like was discussed. The existing time challenges of the LMHB to tackle the scope of just mental health was juxtaposed to the challenges that may exist if the board widens its scope. However, dual diagnosis is considered a significant issue. The name “Mental Health and Recovery Board” was proposed.

- Budget and Finance Committee: None

PLANNING AND ADJOURNMENT

10. Future Meeting Planning and Adjournment

a. Long Range Planning Calendar (LRPC) Discussion and Review

- Going forward the LRPC will be reviewed in detail at each meeting.
- LMHB Budget and Training: There is no specific line item in the HHSA budget for LMHB. The Budget and Finance Committee was asked to look into training opportunities/costs for the Board. Richard will champion this topic and report back to the Board.
- Board Names Change Discussion and Vote (January or February)

b. The next meeting of the Local Mental Health Board is scheduled for Monday, January 23, 2017, 7:00 – 9:00 PM in the in the Community Conference Room at 600 A Street, Davis, CA 95616.

c. The meeting was adjourned at 9:02 PM.

Strategic Plan:

Can we do one?

Is not the same as a long term plan.

Need to have the same definitions, need to speaking the same language

Short term – reactive issues, issues that come to us, rather than pro-active issues

Put into action what we have heard at the last three years of forums:

Transportation to services

Housing (Do we want to work on a "Housing First" basis. How to develop a smart goal around that?

Families: the pain that is associated and the fact that Laura's Law, Mental Health Court, and other such efforts are only the beginnings. What do we do about people that want their relatives in such programs. 5150

Is there work we can do, as a Board, to make more readily available emergency or crisis services? (Have better reporting on those services to the Board.

Advice to County Board of Supervisors on existing programs – determine what they are and effectiveness

Recommend other programs

How do we develop smart goals around these ideas.

Strategic Plan Ideas:

>Oversight of Reorganization Plan

1. Access for consumers

2. Public Guardian

3. CIT Training goal (100 pct)

Which plan?

>Education

1. Check on resources already available

2. Develop new easier guide for consumer use

3. How families can maneuver through the system

>Other

1. One of the major issues is criminalization of mental illness. Is there a goal to be suggested here that we can work on the long term?

2. Student Mental Health Centers

A. University

B. High Schools

2. Advocacy for funding

A. Which programs?

B. Support

Potential 2017-2018 Strategic Plan

1. Focus on consumer access from the consumer's perspective—examples might be specific outreach to underserved populations.
(The intent here is to learn how well consumers have access to the services, where the gaps are, and develop possible recommendations or suggestions for change)

2. Monitor and track the effectiveness of the reorganization from the consumer's perspective

3. Review existing outreach materials and, if appropriate, develop a consumer and family resources guide

LMHB Standing committees

Outline of bylaws and suggested statutory responsibilities of each Local Mental Health Board standing committee.

Program:

Bylaws Section XV: Standing Committees

Program: The Program committee shall provide leadership to the Board on the review and evaluation Yolo County mental health needs, facilities, services and special problems required Welfare and Institutions Code and Yolo County Ordinance

Statutory Requirements assigned to the Program Subcommittee

(Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302)

Review and evaluate the Yolo County mental health needs, facilities, services and special problems.
Review any county agreements entered into pursuant to Section 5650 of the Welfare and Institutions Code.

Advise the governing Body (Board of Supervisors) and the local mental health director as to any aspect of the local mental health program

Finance and Budget:

Bylaws Section XV: Standing Committees: Advocacy and Finance

The Advocacy and Finance Committee shall provide leadership to the Board by reviewing and reporting on legislative proposals, considering budget and funding issues for mental health in Yolo County and ensuring all advising functions of the Board are carried out.

Statutory Requirements assigned to the Advocacy and Finance Subcommittee

(Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302)

Advise the governing body and the local mental health director as to any aspect of the local mental health program.
Assess the impact of the realignment of services from the state to the county on services delivered to clients and the local community as required by Section 5604.2 (b) Welfare and Institutions Code.

Communication, Education, and Outreach:

Bylaws Section XV: Standing Committees

Communications and Education: The Communications and Education Committee shall provide leadership by assisting the Board inform the public on mental health issues in Yolo County, developing education opportunities for the Board and coordinating the development of the Board's annual report required by the Health and Welfare Code and Yolo County Ordinance.

Statutory Requirements assigned to the Communication and Education Subcommittee

(Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302)

Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process
Submit an annual report to the governing body on the needs and performance of the county's mental health system

Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council

Search:

SMART goals

You could say that the whole human endeavour is geared towards setting and achieving goals. Goals are part of every aspect of life: how you condı your relationships, what you want to achieve at work, the way you use yc spare time... Everything comes down to priorities, and what you would lik to accomplish in every aspect – whether you make a conscious choice or with subconscious preferences.

Without setting goals or objectives, life becomes a series of chaotic happenings you don't control. You become the plaything of coincidence. Accomplishments like sending someone to the moon, inventing the iPod etcetera are the result of a goal that was set at some point. A vision that was charted and realised.

What is SMART goal setting?

SMART goal setting brings structure and trackability into your goals and objectives. In stead of vague resolutions, SMART goal setting creates verifiable trajectories towards a certain objective, with clear milestones a an estimation of the goal's attainabililty. Every goal or objective, from intermediary step to overarching objective, can be made S.M.A.R.T. and such, brought closer to reality.

In corporate life, SMART goal setting is one of the most effective and yet least used tools for achieving goals. Once you've charted to outlines of yc project, it's time to set specifice intermediary goals. With the SMART checklist, you can evaluate your objectives. SMART goal setting also crea

transparency throughout the company. It clarifies the way goals came int existence, and the criteria their realisation will conform to.

What does S.M.A.R.T. goal setting stand for?

Why not think of a small goal you want to set right now, personal or professional. To make your goal S.M.A.R.T., it needs to conform to the following criteria: Specific, Measurable, Attainable, Relevant and Timely.

S.M.A.R.T. goal setting: Specific

What exactly do you want to achieve? The more specific your description, the bigger the chance you'll get exactly that. S.M.A.R.T. goal setting clarifies the difference between 'I want to be a millionaire' and 'I want to make €50.000 a month for the next ten years by creating a new software product'.

Questions you may ask yourself when setting your goals and objectives a

- What exactly do I want to achieve?
- Where?
- How?
- When?
- With whom?
- What are the conditions and limitations?
- Why exactly do I want to reach this goal? What are possible alternative ways of achieving the same?

S.M.A.R.T. goal setting: Measurable

Measurable goals means that you identify exactly what it is you will see, hear and feel when you reach your goal. It means breaking your goal dov into measurable elements. You'll need concrete evidence. Being happier i not evidence; not smoking anymore because you adhere to a healthy lifestyle where you eat vegetables twice a day and fat only once a week,

Measurable goals can go a long way in refining what exactly it is that you want, too. Defining the physical manifestations of your goal or objective makes it clearer, and easier to reach.

S.M.A.R.T. goal setting: Attainable

Is your goal attainable? That means investigating whether the goal really acceptable to you. You weigh the effort, time and other costs your goal w

take against the profits and the other obligations and priorities you have life.

If you don't have the time, money or talent to reach a certain goal you'll certainly fail and be miserable. That doesn't mean that you can't take something that seems impossible and make it happen by planning smartl and going for it!

There's nothing wrong with shooting for the stars; if you aim to make yo department twice as efficient this year as it was last year with no extra labour involved, how bad is it when you only reach 1,8 times? Not too ba

S.M.A.R.T. goal setting: Relevant

Is reaching your goal relevant to you? Do you actually want to run a multinational, be famous, have three children and a busy job? You decide for yourself whether you have the personality for it, or your team has the bandwidth.

If you're lacking certain skills, you can plan trainings. If you lack certain resources, you can look for ways of getting them.

The main questions, why do you want to reach this goal? What is the objective behind the goal, and will this goal really achieve that?

You could think that having a bigger team will make it perform better, bu will it really?

S.M.A.R.T. goal setting: Timely

Time is money! Make a tentative plan of everything you do. Everybody knows that deadlines are what makes most people switch to action. So install deadlines, for yourself and your team, and go after them. Keep the timeline realistic and flexible, that way you can keep morale high. Being t stringent on the timely aspect of your goal setting can have the perverse effect of making the learning path of achieving your goals and objectives into a hellish race against time – which is most likely not how you want t achieve anything.

SMART+ goals

Another thing that's very important when setting SMART goals, is formulating it POSITIVELY. Remember that what you focus on, increases. So when you focus on NOT doing something, all you think about is that thing. And it will increase. So don't 'stop procrastinating', but 'achieve a daily discipline'.

SMART goal setting with YourCoach

The certified life and business coaches at YourCoach can support you and your team in setting SMART goals and objectives, turning them into measurable goals and following up on their completion. That means training, helping, steering and cheering on the solution of your personal a professional challenges.

Our SMART goal setting coaching trajectory can be used in all aspects of life. From the start of a business to refining existing processes; from findi the perfect partner to staying together. It brings clarity to your plans and free up energy for achieving your goals.

Interested in S.M.A.R.T. goal setting?

If you're interested in a coaching session using SMART goal setting or any other coaching technique(s), let us know! Contact us for more information, rates or to make an appointment.

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- Strategic Planning Basics

Monday , December 05 , 2016

You are here: Resources (http://www.balancedscorecard.org/Resources/About-the-Balanced-Scorecard) > Strategic Planning Basics (http://balancedscorecard.org/Resources/Strategic-Planning-Basics)

What is Strategic Planning?

Strategic planning is an organizational management activity that is used to set priorities, focus energy and resources, strengthen operations, ensure that employees and other stakeholders are working toward common goals, establish agreement around intended outcomes/results, and assess and adjust the organization's direction in response to a changing environment. It is a disciplined effort that produces fundamental decisions and actions that shape and guide what an organization is, who it serves, what it does, and why it does it, with a focus on the future. Effective strategic planning articulates not only where an organization is going and the actions needed to make progress, but also how it will know if it is successful. See more at the Strategy Management Group website >> (http://www.strategymanage.com/strategic-planning-basics/)

What is a Strategic Plan?

A strategic plan is a document used to communicate with the organization the organizations goals, the actions needed to achieve those goals and all of the other critical elements developed during the planning exercise.

What is Strategic Management? What is Strategy Execution?

Strategic management is the comprehensive collection of ongoing activities and processes that organizations use to systematically coordinate and align resources and actions with mission, vision and strategy throughout an organization. Strategic management activities transform the static plan into a system that provides strategic performance feedback to decision making and enables the plan to evolve and grow as requirements and other circumstances change. Strategy Execution is basically synonymous with Strategy Management and amounts to the systematic implementation of a strategy.

What Are the Steps in Strategic Planning & Management?

There are many different frameworks and methodologies for strategic planning and management. While there are no absolute rules regarding the right framework, most follow a similar pattern and have common attributes. Many frameworks cycle through some variation on some very basic phases: 1) analysis or assessment, where an understanding of the current internal and external environments is developed, 2) strategy formulation, where high level strategy is developed and a basic organization level strategic plan is documented 3) strategy execution, where the high level plan is translated into more operational planning and action items, and 4) evaluation or sustainment / management phase, where ongoing refinement and evaluation of performance, culture, communications, data reporting, and other strategic management issues occurs.

What Are the Attributes of a Good Planning Framework?

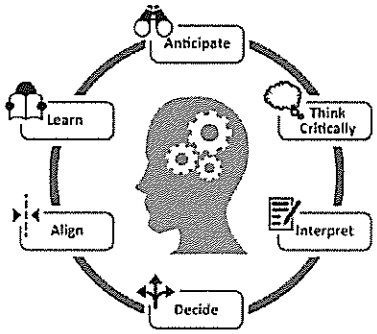
The Association for Strategic Planning (ASP), a U.S.-based, non-profit professional association dedicated to advancing thought and practice in strategy development and deployment, has developed a *Lead-Think-Plan-Act* rubric and accompanying Body of Knowledge to capture and disseminate best practice in the field of strategic planning and management. ASP has also developed criteria for assessing strategic planning and management frameworks against the Body of Knowledge.

There are numerous strategic planning and management frameworks that meet these criteria, such as Strategy Management Group's Strategy Management Performance System (http://strategymanage.com/strategic-management/). For more information about the criteria, please visit the ASP website (http://www.strategyplus.org/asp-certification/pdfs/ASP_Strategic_Management_Best_Practices.pdf).

For more information about strategic planning and management in general or for about how Strategy Management Group can help you, please consider our certification (http://strategymanage.com/training-and-certification/strategic-management-certification/) or consulting (http://strategymanage.com/consulting-services/) services, or contact us (http://strategymanage.com/contact/) directly.

Quick Resources

Learn about Strategy Management Group can help you with strategy (http://strategymanage.com/strategic-management/)



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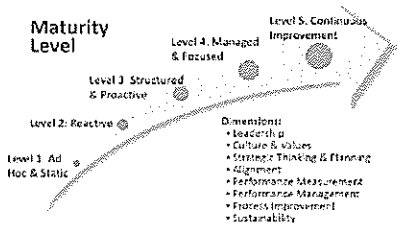
FREE WEBINAR!
Introducing the Art of Strategic Thinking – Getting Execution Right! (http://www.strategymanage.com/resources/introducing-the-art-of-strategic-thinking-getting-execution-right/)



(http://www.strategymanage.com/strategic-management-maturity-model/)

Where do you stand against other high performing organizations in terms of strategy management? Use the Strategic Management Maturity Model™ (http://www.strategymanage.com/strategic-management-maturity-model/) to assess your performance.

Association for Strategic Planning
THINK · PLAN · ACT

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Strategic Thinking Versus Strategic Planning (http://strategymanage.com/post-2/)
By Randall Rollinson

The 5 Most Important Factors to Successfully Implement Strategy (http://strategymanage.com/the-5-most-important-factors-to-successfully-implement-strategy/)
By Randall Rollinson

Any Strategy in Your Strategic Plan? (/LinkClick.aspx?fileticket=AjCAAjr2VPk%3d&tabid=459)

By Howard Rohm

Wigs, Pigs, and Desserts (http://balancedscorecard.org/Blog/TabId/501/ArtMID/2701/ArticleID/1028/Wigs-Pigs-and-Desserts.aspx)
By Gail Stout Perry

The "Words with Friends" Strategy Disruption (http://balancedscorecard.org/Blog/TabId/501/ArtMID/2701/ArticleID/1031/The-%E2%80%9CWords-with-Friends%E2%80%9D-Strategy-Disruption.aspx)
By David Wilsey

Strategic Themes - How Are They Used and WHY? (/portals/0/pdf/Strategic_Themes_How_Are_They_USed_And_Why.pdf)
By Gail Perry

The Post-Retreat Strategic Planning Letdown (http://balancedscorecard.org/Blog/TabId/501/ArtMID/2701/ArticleID/1011/The-Post-Retreat-Strategic-Planning-Letdown.aspx)
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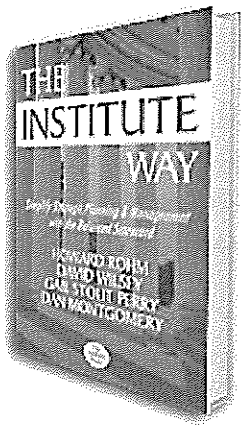

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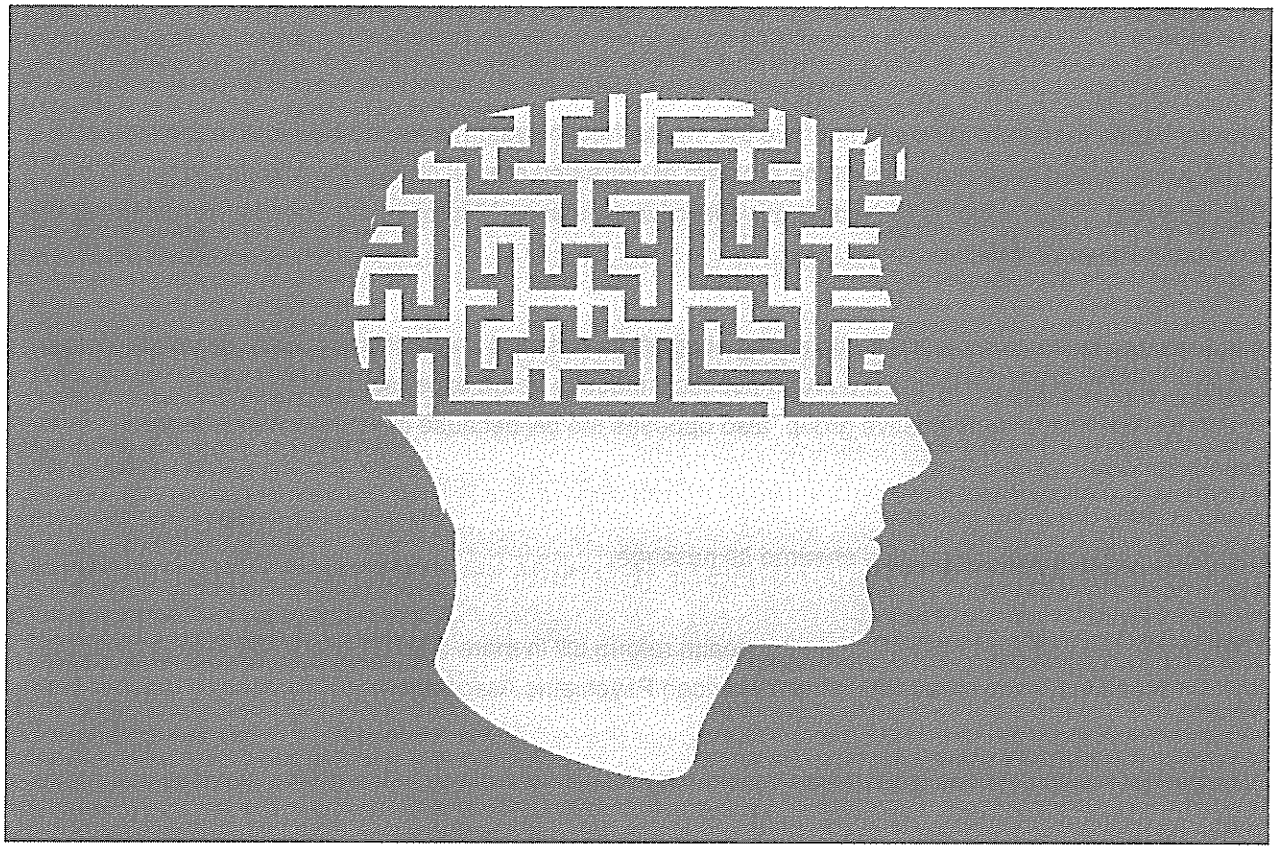
KHN
KAISER HEALTH NEWS

Legislation To Improve Mental Health Care For Millions Sails Through House Vote

By **Liz Szabo** | November 30, 2016



Efforts to strengthen the country's tattered mental health system, and help millions of Americans suffering from mental illness, got a big boost Wednesday thanks to a massive health care package approved by the House of Representatives.

The 21st Century Cures Act, which provides funding for biomedical research and aims to speed up drug development, was approved by a vote of 392-26. Republican leaders added a number of other health-related items to the act, including the text of a mental health bill that was approved by the House last summer but which never got a vote in the Senate.

The Senate is expected to vote next week.

The legislation aims to make mental health a national priority and coordinate how mental health care is delivered, said Rep. Tim Murphy, R-Pa., a psychologist who treats patients with PTSD and traumatic brain injuries at the Walter Reed National Military Medical Center in Bethesda, Md. Murphy, the mental health bill's author, said it places a strong emphasis on science, pushing federal agencies to fund only programs

that are backed by solid research and to collect data on whether patients are actually helped. The bill strengthens laws mandating parity for mental and physical health care. It also pushes states to provide early intervention for psychosis, a treatment program that has been hailed as one of the most promising mental health developments in decades.

Murphy began researching how to improve the mental health system after the Newtown shootings in 2012, which raised awareness about the problem of untreated mental illness. He introduced his bill the following year. "That horror is etched on our collective memories," Murphy said Tuesday at a meeting of the House Rules Committee.

Although the health care package has strong support, its passage is not assured. Sen. Elizabeth Warren, D-Mass., has said the bill favors the pharmaceutical industry at the expense of patient safety. Heritage Action for America, a conservative group, also opposes the bill because it would increase federal spending.

But most mental health advocates cheered its passage.

"This marks the passage of the first mental health reform bill in more than 50 years and is long overdue," said Dr. Maria Oquendo, president of the American Psychiatric Association.

"The mental health field has lagged way behind other health disciplines in identifying services that really work," said Ronald Honberg, national director of policy and legal affairs at the National Alliance on Mental Illness. Honberg called the bill's mental health provisions "necessary and promising." He said he appreciated the bill's focus on "preventing the most horrific consequences of untreated mental illness," including homelessness, incarceration and suicide.

Dr. T. Scott Stroup, a professor of psychiatry at Columbia University College of Physicians and Surgeons in New York, said he was encouraged by the focus on "evidence-based treatment, rather than ideology- or opinion-based treatments." That focus "will prevent people from wasting time on treatments that don't work," Stroup said.

The bill generally requires states to use at least 10 percent of their mental health block grants on early intervention for psychosis, using a model called coordinated specialty care, which provides a team of specialists to provide psychotherapy, medication, education and support for patients' families, as well as services to help young people stay in school or their jobs. Research from the National Institutes of Health shows that people who received this kind of care stayed in treatment longer; had greater improvement in their symptoms, personal relationships and quality of life; and were more involved in work or school compared to people who received standard care.

The bill also sets up a $5 million grant program to provide assertive community treatment, one of the most successful strategies for helping people with serious mental illnesses, such as schizophrenia. Like the early intervention program, assertive community treatment provides a team of professionals who are on call 24 hours a day. The bill also expands a grant program for assisted outpatient treatment, which provides court-ordered care for people with serious mental illness who might otherwise not seek care.

Although the bill authorizes these grants, a future Congress would have to approve funding for the programs. "The fact that a program has been authorized is no guarantee that it will be funded," Honberg said. "It's a necessary first step."

If the bill passes, mental health advocates will lobby for Congress to approve funding for the most critical programs, Honberg said.

Other sections of the bill, based on legislation introduced by Sen. John Cornyn, R-Texas, give communities more flexibility in how they use federal grants. For example, communities could use community policing grants to train law enforcement officers to deal with patients in the midst of a psychiatric crisis. Another provision would require the U.S. Attorney General to create at least one drug and mental health court pilot program, which aim to help people with mental illness or drug addiction receive treatment, rather than jail time, after committing minor offenses.

The bill recognizes that "we have a crisis in the way we treat serious mental illness and we're going to do something about it," said John Snook, executive director of the Treatment Advocacy Center, which advocates on behalf of people with serious mental illness. "It takes all the best ideas in criminal justice and mental health and makes sure the federal government is supporting them."

The mental health provisions have been in the works for nearly four years. Murphy acknowledged that some key provisions in his original bill were removed in order to garner broader support. "We didn't get everything we needed, but we needed everything we got," he said.

An earlier version of the bill would have changed a federal privacy law to allow doctors, under certain circumstances, to share mentally ill patients' medical information with their family caregivers. Murphy said the change was needed, because doctors today often shut families out of their loved one's care, refusing to share even basic information, such as appointment times, for fear of violating the Health Information Portability and Accountability Act, or HIPAA. Many health professionals misunderstand the law, refusing to even listen to the families of patients who are too disabled by psychosis to provide key details of their medical history.

Some advocates for the disabled objected to that change, however, arguing that patient privacy is essential, and that people might avoid care if they don't believe their doctors might disclose confidential information.

The new bill simply instructs the Secretary of Health and Human Services to clarify when doctors can share patients' medical information with family caregivers, as well as educate health care providers about what the law actually says.

"It's a step in the right direction," Honberg said. "There is so much misinformation about HIPAA. It's one of the most mischaracterized laws out there."

The bill also aims to better coordinate mental health care. Although eight federal agencies today fund 112 programs that provide mental health care, these agencies rarely coordinate their efforts to make sure patients get the help they need and to avoid duplicating services, Murphy said.

The bill would make structural changes to the way federal agencies provide mental health services.

- A new committee would link leaders of key agencies involved in mental health care, such as the Department of Veterans Affairs, the Department of Justice and the Substance Abuse and Mental Health Services Administration, or SAMHSA.
- A new position — the Assistant Secretary for Mental Health and Substance Use — would oversee SAMHSA and disseminate the most successful approaches to treating mental illness.
- An advisory board, the National Mental Health and Substance Use Policy Laboratory, would also analyze treatments and services to help decide which ones should be expanded.

"We want the states to tell us what makes a difference, so other states can benefit from their success and learn from their failures," Murphy said. "Let's fund programs that work and keep them going."

CATEGORIES: Mental Health, Public Health, Syndicate

TAGS: Legislation, U.S. Congress

lszabo@kff.org | @LizSzabo

Yolo County Local Mental Health Board

Monday, December 5, 2016

LMHB COMMITTEE MEETING SIGN IN SHEET

Program Committee		
Printed Name	**Signature**	**Please Select**
Bret Bandley		☒ LMHB Member
Lisa Cherubini	Lisa Cherubini	☒ LMHB Member
June Forbes	June Forbes	☒ LMHB Member
Martha Guerrero	Martha Guerrero	☒ LMHB Member
Tom Waltz		☒ LMHB Member
Reed Walker		☒ LMHB Member
		☐ Staff Member ☐ Community Member ☐ Guest
		☐ Staff Member ☐ Community Member ☐ Guest
		☐ Staff Member ☐ Community Member ☐ Guest
		☐ Staff Member ☐ Community Member ☐ Guest
		☐ Staff Member ☐ Community Member ☐ Guest

December 5, 2016

To: Yolo County Local Mental Health Board

From: Martha Guerrero

4= Quorum X

Attendees: June Forbes, Lisa Cherubini, Karen Larsen

Called to order at 1:00 pm

No Notes required

Agenda ~~approved unanimously~~ NA

Public Comments: None

Announcements and Correspondence: NAMI Yolo is hosting a Christmas Party at St Martin's Church Community Room: 640 Hawthorn, Davis, 95616

We discussed changing the Local Mental Health Board Name to Behavioral Health Board and include Substance Abuse Treatment. The Program Committee had mixed opinions on supporting the change. Karen explained the history of the recommended change and presented the recommendation due to evolving service delivery system to treat both substance abuse and mental illness thereby reducing barriers for folks to access services. June Forbes and Lisa Cherubini agreed with NAMI-Yolo's position, who unanimously opposed the change for several reasons. 1) The name Behavioral would stigmatize mental illness as a behavior; 2) Dilutes the focus of the Mental Health Treatment by adding Substance Abuse Treatment; and 3) Recommends Substance Abuse Treatment be overseeing by a separate board/commission. Martha Guerrero stated that it strengthened mental health services when individuals with substance abuse conditions are treated for both when medically necessary and added that the Affordable Care Act expanded treatment for Substance Abuse services and folks with co-occurring disorders have more treatment options due to new funding to support services.

Next we reviewed the concerns associated with the lack of teleconference court hearings for mental health patients in State Hospital. June Forbes described the deplorable conditions associated with transporting a patient who is required to stay County Jail while waiting for court hearing. Karen will research how to set it up so that it is an option for patients to access a court hearing via teleconference.

Karen provided an update on the Public Guardian transition. On Nov 22, 2016, the Board approved the First Reading of the Ordinance to transition the Public Guardian's office, and the Board recommended adding an Ombudsman who may work with the public guardian and child welfare offices. Outcome measurements were also discussed and Martha/June will meet with Cass Silva to discuss this further, while Karen will review how to add performance measures at locked facilities. This item will return to the Board of Supervisors on 12/13/16 including the follow-up item for the Ombudsman.

Future Meeting and Planning – Next meeting will include adding in-person visitation as an option at the County Jail.

Adjourned at 1:30 pm

Item 12-a. a.
Long Range Planning Calendar Discussion and Review

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing	Category 2: Type
01/23/17	Final Strategic Plan Presentation	Ad Hoc Committee: June Forbes, Tawny Yambrovich, Richard Bellows and Bob Schelen	Planned	Presentation
02/27/17	Board Names Change Discussion and Vote	Ad Hoc Committee: Nicki King, Bret Bandley, Martha Guerrero, Bob Schelen, and Ajay Singh	Planned	Recommendation
02/27/17	Approval of Strategic Plan	Ad Hoc Committee: June Forbes, Tawny Yambrovich, Richard Bellows and Bob Schelen	Planned	Motion
03/27/17	MSHA Three-Year Program and Expenditure Plan FYs 2017-2020 for Local Mental Health Boards recommendation	Joan Beesley, MHSA Manager	Planned	Presentation
03/27/17	COMMITTEE WORKSHOP	All	Planned	Committee Meetings
04/24/17	Annual Report Approval	Executive Committee	Planned	Recommendation
04/24/17	Public Forum	CEC	Planned	Public Forum
05/22/17	2018 LMHB Meeting Calendar Location Discussion	Richard Bellows	Planned	Discussion
05/22/17	Behavioral Health Services Budget Presentation	HHSA	Proposed	Presentation
05/22/17	Public Forum	CEC	Planned	Public Forum
05/22/17	Annual Election of Officers:	All	Planned	Adoption
06/26/17	Public Forum	CEC	Planned	Public Forum
06/26/17	COMMITTEE WORKSHOP	All	Planned	Committee Meetings
08/28/17	Approval of LMHB Recommendation on the BHS Recommended Budget	All	Planned	Recommendation
09/25/17	COMMITTEE WORKSHOP	All	Planned	Committee Meetings
10/23/17	TBD			
12/04/17	2018 LMHB Meeting Calendar Approval	James Glica-Hernandez	Planned	Adoption

Meeting Date	Agenda Item	Agency / Presenter	Category 1: Timing	Category 2: Type
TBD	YCCC Presentation	Suggestion	Proposed	
TBD	TBD	Suggestion	Proposed	
TBD	Rose King, Mental Health Activist	Suggestion	Proposed	
TBD	CSOC overview including contracted services (CCHC, YFSA, TPCP)	Suggestion	Proposed	
TBD	AOT Update	TPCP: Diana White; Al Rowlett	Suggested	
TBD	Mike Summers, CIT Training Presentation	Suggestion	Proposed	