

COUNTY OF YOLO

Health and Human Services Agency

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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, HHS Director, Mental Health Director, and Alcohol and Drug Administrator
Makayle Neuvert, Administrative Services Analyst and LMHB Administrative Support

CALL TO ORDER

- Welcome and Introductions:** The December 5, 2016 meeting of the Local Mental Health Board was called to order at 7:05 PM.
- Public Comment:** None
- Approval of Agenda:**
Motion: June Forbes, **Second:** Bob Schelen, **Discussion:** None, **Vote:** Unanimous
- 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)
- 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 Bandle, 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 Coaching YourCo

Coaching

SMART goals

Coaching tools

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 conduct your relationships, what you want to achieve at work, the way you use your spare time... Everything comes down to priorities, and what you would like to accomplish in every aspect – whether you make a conscious choice or with subconscious preferences.

ROW coaching model

SMART goals

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.

Behavioural assessment

Diagram

Coaching

What is SMART goal setting?

Training

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 and an estimation of the goal's attainability. Every goal or objective, from intermediary step to overarching objective, can be made S.M.A.R.T. and, such, brought closer to reality.

Marketing & Communication

In corporate life, SMART goal setting is one of the most effective and yet least used tools for achieving goals. Once you've charted the outlines of your project, it's time to set specific 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 into 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 are

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 down into measurable elements. You'll need concrete evidence. Being happier is 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 is acceptable to you. You weigh the effort, time and other costs your goal will

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 smartly and going for it!

There's nothing wrong with shooting for the stars; if you aim to make your 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 bad.

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, but 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 too 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 to 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 & 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 finding 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.

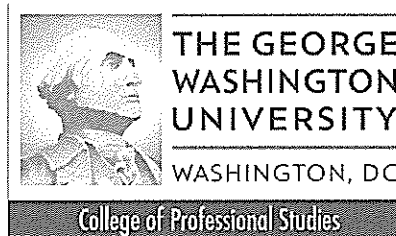
What Are the Attributes of a Good Planning Framework?

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.

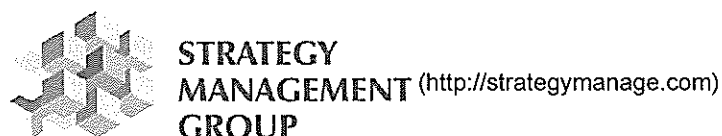
There are numerous strategic planning and management frameworks that meet these criteria, such as Strategy Management Group's Strategy Management Performance System (<http://strategymanage.com/strategic-management/>). For more information about the criteria, please visit the ASP website (http://www.strategyplus.org/asp-certification/pdfs/ASP_Strategic_Management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

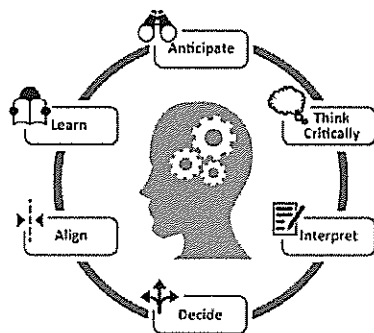
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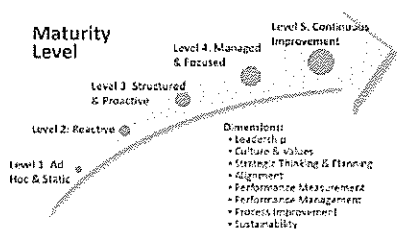


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By Gail Stout Perry

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?

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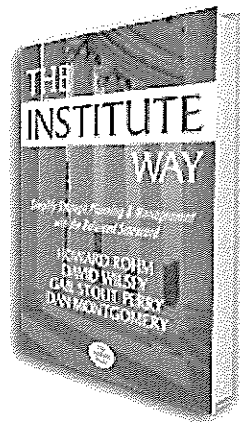
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The Post-Retreat Strategic Planning Letdown

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

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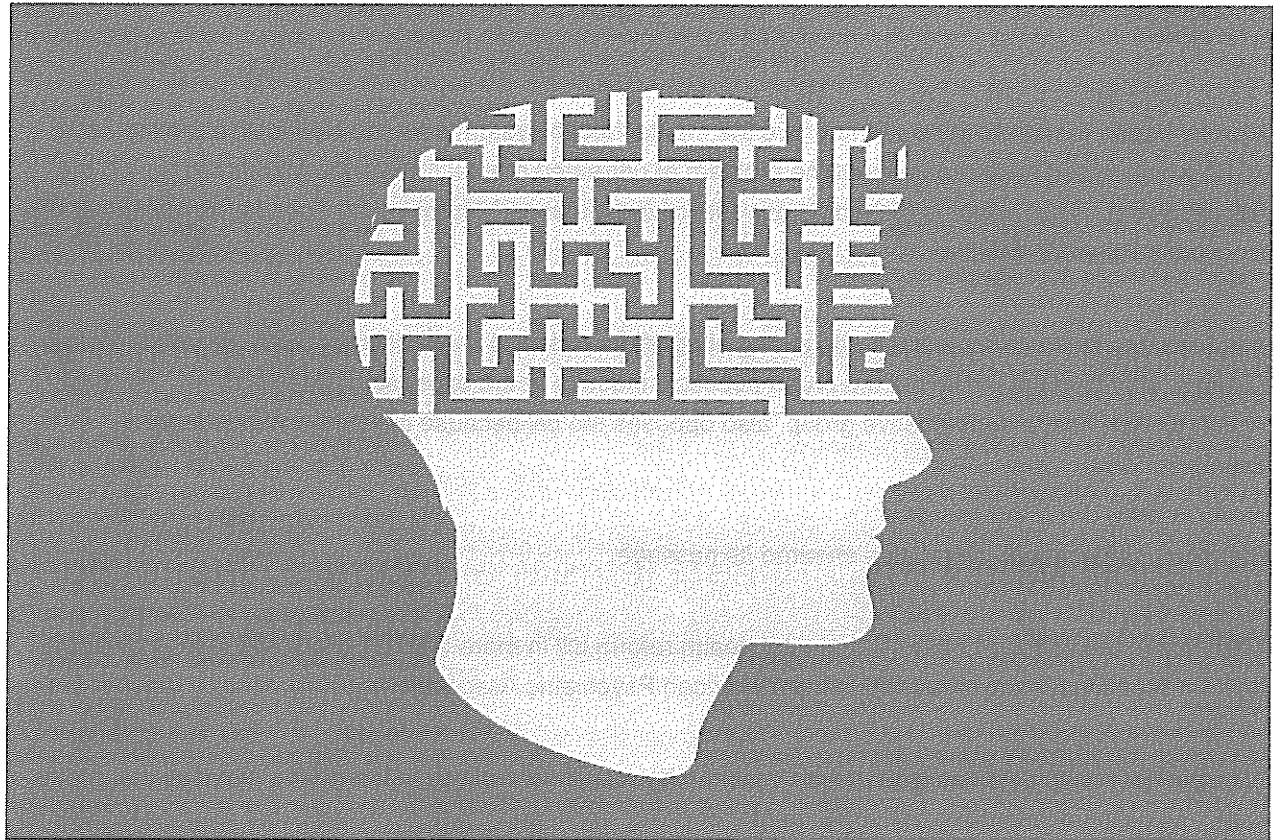
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Legislation To Improve Mental Health Care For Millions Sails Through House Vote

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.

This KHN story also ran in USA Today. It can be republished for free (details).



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




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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		<input checked="" type="checkbox"/> LMHB Member
Lisa Cherubini		<input checked="" type="checkbox"/> LMHB Member
June Forbes		<input checked="" type="checkbox"/> LMHB Member
Martha Guerrero		<input checked="" type="checkbox"/> LMHB Member
Tom Waltz		<input checked="" type="checkbox"/> LMHB Member
Reed Walker		<input checked="" type="checkbox"/> LMHB Member
		<input type="checkbox"/> Staff Member <input type="checkbox"/> Community Member <input type="checkbox"/> Guest
		<input type="checkbox"/> Staff Member <input type="checkbox"/> Community Member <input type="checkbox"/> Guest
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December 5, 2016

To: Yolo County Local Mental Health Board

From: Martha Guerrero

Attendees: June Forbes, Lisa Cherubini, Karen Larsen

Called to order at 1:00 pm

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

4 = Quorum X

No Notes required