



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, March 27, 2017, 7:00 PM – 9:00 PM

Thomson Room – 137 N. Cottonwood St., Woodland, CA 95695

All items on this agenda may be considered for action.

This meeting will begin with an abridged regular meeting at 7:00 PM, followed by Board Committee Workshops from 8:00 – 9:00 PM. This agenda reflects the regular meeting agenda items.

James Glica-Hernandez

Chair

Nicki King
Vice-Chair

Sally Mandujan
Secretary

District 1

Bret Bandley
Martha Guerrero
Sally Mandujan

District 2

Nicki King
Tom Waltz
Juliet Crites

District 3

Richard Bellows
Laurie Ferns
James Glica-Hernandez

District 4

June Forbes
Robert Schelen
Ajay Singh

District 5

Brad Anderson
Reed Walker
Vacant

Board of Supervisors Liaison

Don Saylor

Alternate

Jim Provenza

CALL TO ORDER ----- 7:00 PM – 7:05 PM

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from February 27, 2017
5. Member Announcements

TIME SET AGENDA----- 7:05 PM – 7:50 PM

6. MHSA Three-Year Program and Expenditure Plan FYs 2017-2020 for Local Mental Health Boards recommendation: Joan Beesley, MHSA Manager
Plan available for review by clicking [here](#).

CONSENT AGENDA ----- 7:50 PM – 7:55 PM

7. Mental Health Director’s Report – Karen Larsen
 - a. Public Guardian Transition
 - b. 17/18 Strategic Plan
 - c. 17/18 Budget
 - d. Pine Tree Gardens
 - e. Personnel

TIME SET AGENDA ----- 7:55 PM – 8:00 PM

8. LMHB Strategic Plan Approval - Ad Hoc Committee: June Forbs, Richard Bellows, and Bob Schelen

REGULAR AGENDA ----- 8:00 PM – 8:50 PM

9. Board of Supervisors Report – Supervisor Don Saylor
10. Chair Report – James Glica-Hernandez
 - a. Health Council Representation
 - b. Board Committee Meetings – Following adjournment of regular meeting, LMHB Committees will meet.
 - Communication and Education Committee
 - Program Committee
 - Budget and Finance Committee

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.

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

11. Future Meeting Planning and Adjournment – James Glica-Hernandez
 - a. Long Range Planning Calendar Discussion and Review
 - b. Next Meeting Date and Location – April 24, 2017 at the Community Conference Room, 600 A Street, Davis, CA 95616.

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, March 24, 2017.



Iulia Bodeanu, Administrative Services Analyst
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency

Item 4.
Approval of Minutes from February 27, 2017



COUNTY OF YOLO

Health and Human Services Agency

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Director

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Local Mental Health Board Meeting Minutes

Monday, February 27, 2017, 7:00 – 9:00 PM
500 Jefferson Blvd., West Sacramento, CA 95605
River City Conference Room

- Members Present:** James Glica-Hernandez, Richard Bellows, Laurie Ferns, Lisa Cherubini, June Forbs, Juliet Crites, Robert Schelen, Bret Bandley, Sally Mandujan, Brad Anderson, Nicki King
- Members Excused:** Martha Guerrero, Tom Waltz, Ajay Singh, Reed Walker, Don Saylor
- Staff Present:** Karen Larsen, HHS Director, Mental Health Director, and Alcohol and Drug Administrator
Makayle Neuvert, HHS Administrative Services Analyst, LMHB Administrative Support
Iulia Bodeanu, HHS Administrative Services Analyst, LMHB Administrative Support

CALL TO ORDER

- Welcome and Introductions:** The February 27, 2017 meeting of the Local Mental Health Board was called to order at 7:00 PM. Introductions were made.
- Public Comment**
 - Former LMHB member Tawny Yambrovich made a public comment sharing her dissatisfaction with no longer being part of the Board.
- Approval of Agenda**

Motion: Lisa Cherubini **Second:** Robert "Bob" Schelen, **Discussion:** None, **Vote:** Unanimous
- Approval of Minutes from the January 23, 2017 Meeting**

Motion: Richard Bellows **Second:** Laurie Ferns, **Discussion:** Correction (see below), **Vote:** Passes, One abstention.

 - Correction: Under the "LMHB Trainings" section of the January minutes, Richard Bellows commented that he would like to add the note that Sally Mandujan attended a training with Susan Wilson last year in Oakland and reported it was a good presentation and worthwhile to attend. AB1234 requires CA State ethics training every two years and trainings are available online and takes two hours to complete.
- Member Announcements**
 - Lisa Cherubini shared a [flyer](#) announcing that a member of the board has written a book.
 - June Forbes, on behalf of [NAMI-Yolo](#), informed the Board that Wednesday, March 1st there is an opportunity to obtain certification for suicide prevention counseling. Refreshments served at 6:30 PM, training starts at 7:00 PM.

- Karen Larsen informed the Board that Makayle Neuvert, the current Administrative Support Liaison to the LMHB, is transitioning into a new role at Yolo County Human Resources and will be handing off LMHB Administrative Liaison responsibilities to Iulia Bodeanu.
- Bret Bandley was congratulated as the recipient of the outstanding service award from NAMI Yolo, presented at the recent Pat Williams Mental Health Dinner.

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. June Forbes requested more information on DSM-5 Training to be included in the next Mental Health Director's Report.

Item 6.c. Mental Health Services Act 3 Year Plan

- June Forbes Expressed concern about replacing the MHSA funded housing programs, noting concerned about the elimination of non-duplicative services that Medi-Cal will not cover. Karen assured that HHSA will continue to provide the same level of service to the same population and do not anticipate a break in services. HHSA will be focusing resources on underinsured and uninsured through Substance Abuse and Mental Health Services Administration (SAMHSA) funding.

Item 6.k. Crisis Intervention Training

- Richard Bellows asked if there will be participation from the Yolo Sheriff's Office in Crisis Intervention Training (CIT) and if West Sacramento will be continue utilizing the abridged, 8 hour CIT course offered in Sacramento County. Reportedly, Mayor Darrel Steinberg will be implementing full CIT training and requiring 40 hours of training. There are new training officers who have signed up several staff members for the 8 hour condensed training vs. the 32 hour training session for de-escalation services.
- June Forbes requested feedback as to whether the officer involved in the recent Barrera case was CIT trained.

Item 6.e. Ombudsman Services

- Bret Bandley within the Yolo County Public Defender's Office will be the new Ombudsman. There will be a toll free number associated with the role and a dedicated email address, as well as a complaint form. A flyer is being prepared to notify community members.

Item 6.h. Drug Medi-Cal Organized Delivery System Waiver

- Nicki King inquired about the anticipated timeline for Drug Medi-Cal Organized Delivery System (DMCODS) implementation. The plan was sent to Centers for Medicare. Other counties that have already submitted their plans have waited an average of 6 months for approval of the plan by the federal government. Implementation of the DMCODS plan for Yolo County has been built into the mid-year budget for mid-December 2017.

Item 6.j. Community Intervention Program

- Brad Anderson inquired if Community Intervention Programs (CIP) will be going to 24-7 service? This Board supported 24-7 service and HHSA met with Turning Point to discuss the possibility and what staffing would look like. HHSA will be moving toward 24-7 service for imbedded individuals within law enforcement agencies. Karen Larsen will report out next month on the process of CIP after looking at proposals.

TIME SET AGENDA

7. LMHB Strategic Plan Ad Hoc Committee Update: Ad Hoc Committee: June Forbes, Richard Bellows and Bob Schelen

Committee Lead Bob Schelen introduced the Strategic Plan and stated that the revised document included conversation from last month's meeting and comments from the Ad Hoc Committee members and the Board Chair. The revised document contains goals outlined through committees to develop sub-goals to meet the broader goals. Presentation to the Board of Supervisors of the strategic plan will necessitate a cover letter which James Glica-Hernandez will draft. The submission of the strategic plan will be submitted at the April 4th Board of Supervisors meeting. Standing committee agendas will be sent out to committee chairs so they can begin to prepare for the committee meeting sessions at the next Local Mental Health Board meeting date. The Woodland Opera House is available to host committee meetings, as needed; contact James for more information.

Motion: To approve the structure of the strategic plan with the intention of voting on content goals at subsequent committee meetings. Intention to accept strategic plan in principal with details worked out prior to the March meeting with the cover letter attached. The strategic plan and the cover letter to be approved at the next meeting with the intention of submitting the plan and letter to the Board of Supervisors in April. Updates to the strategic plan to be submitted to Bob Schelen by the second week of March. **Amendment to the Motion:** Martha Guerrero suggested preserving the document as a shorted document with headings and move details to an appendix or work plan. **Discussion:** The deadline for submission of edits to Ad Hoc Committee is the second week of March. **Second:** Sally Mandujan **Vote:** Passed with 2 Abstentions, 1 Nay (June Forbes)

8. Board Name Change Discussion and Vote: Ad Hoc Committee: Nicki King, Bret Bandle, Martha Guerrero, Bob Schelen, and Ajay Singh

The possibility of changing the LMHB's name to Local Behavioral Health Board was discussed. As an advocacy group primarily focused on mental health and an advising body that is focusing on mental health, there was a robust discussion regarding the proposed name change and the implication of utilizing the terms "mental health board" vs. "behavioral health board" vs. "recovery and wellness advisory board." The decision was tabled until the next meeting.

9. Yolo County 2016 Data Notebook Review and Approval – Ad Hoc Committee: James Glica-Hernandez, Sally Mandujan, Nicki King, and Brad Anderson

- The Data Notebook information is due on March 31, 2017. The Ad Hoc Committee will set-up a teleconference to complete the submission. Data points will be requested from HSA Quality Management unit.
- LMHB Training Proposal – Richard Bellows
 - Ethics training and board trainings. Ethics training is required by the state in accordance with AB1234. The training can be done online within a two-hour time span.

- Motion:** A motion was made by Richard Bellow that each LMHB member complete this training by May 23, 2017. Completion of training certification will be emailed to LMHB@yolocounty.org. **Second:** Juliet Crites **Discussion:** The link to the online training will be sent to all members. No discussion, **Vote:** Unanimous.
- "How to be Great Board" training, led by Susan Wilson was proposed, offering knowledge about responsibilities including a board manual for new board members.

This course would be held on a Saturday from 10 AM – 3 PM with an hour break for lunch. MHSA offered to cover the \$670 fee.

Motion: Richard Bellows made a motion to support the LMHB contracting with Susan Wilson, to provide “How to be Great Board” training with funding to be provided by MHSA. **Second:** Nicki King, **Discussion:** Board members will coordinate to schedule the training date. It was proposed that the training be opened up to LMHB’s in other nearby counties, **Vote:** Passes with 4 Abstentions (Bret Bandley, Brad Anderson, Martha Guerrero, Lisa Cherubini).

REGULAR AGENDA

10. Board of Supervisors Report: Supervisor Don Saylor

- No report was shared.

11. Chair Report: Chair James Glica-Hernandez led the group on the following topics.

a. Member Resignations, Appointments, and Re-Appointments

- District 1: Bret Bandley, Martha Guerrero, and Sally Mandujan were reappointed.
- District 2: Nicki King, Tom Waltz and Juliet Crites were reappointed.
- District 3: Richard Bellows reappointed, Tawny Yambrovich has left the Board, Laurie Ferns has joined the Board.
- District 4: June Forbes, Bob Schelen, and Ajay Singh were reappointed.
- District 5: Brad Anderson and Reed Walker were reappointed, Lisa Cherubini will be leaving the Board creating an opening in District 5.

b. Health Council Representation

- A LMHB Health Council Representative is needed. The Health Council meets on the 2nd Thursday of each month, 9 AM – 10 AM). Nicki is the current alternate and agreed to step in as the primary representative.

c. Legislative Ad Hoc Committee Report

- No report was shared.
- Bob will join the Legislative Ad Hoc Committee

PLANNING AND ADJOURNMENT

12. Future Meeting Planning and Adjournment: James Glica-Hernandez

a. Long Range Planning Calendar Discussion and Review

- Next month is a scheduled committee workshop. Agendas will need to be prepared by committee chairs. Coordinate with Iulia for support. Laurie Ferns to join the Communication and Education Committee.
- Communication and Education Committee will plan for upcoming Public Forums during the March Committee meeting.

- March 27, 2016: MHSA 3 Year Expenditure Plan presentation and Board recommendation of approval
 - March 27, 2016: The LMHB Annual Report approval
- b. Next Meeting Date and Location – March 27, 2016 at the Bauer Building, Thomson Conference Room, 137 N. Cottonwood Street, Woodland, CA 95695. **The next meeting will consist of an abridged regular meeting from 7:00 – 8:00 PM followed by Board Committee Workshops from 8:00 – 9:00 PM.**
- c. This meeting was adjourned at 9:08 PM

Item 6.

MHSA Three-Year Program and Expenditure Plan 2017-2020



MHSA Program and Expenditure Plan Summary – 2017-2020

Children’s System of Care (0-15)

The planned Children’s System of Care responds to the needs of the community by attempting to **create a more seamless process by which children are screened, identified, and linked to the appropriate level of care**. The planned modifications increase support to access and link children to care while removing clinical programs that can be funded by other sources, including public and private insurance.

Access and Linkage Programs (PEI)

Early Childhood Mental Health Access and Linkage Program

The Early Childhood Mental Health Program Access and Linkage program would provide universal screening to parents and their children ages 0-5 to identify young children who are either at risk of or beginning to develop mental health problems that are likely to impact their healthy development. The ECMH Access and Linkage program would then connect children and their families to services that would either prevent or intervene early to address mental health problems impacting healthy development.

School-based Access and Linkage Program*

The School-based Access and Linkage program would place clinical staff at schools to provide screening, assessment, and referral to treatment. There are currently clinicians at schools through the 14-17 MHSA Plan funded *Urban Children’s Resiliency Program*. This program would shift the focus for MHSA-funded clinical staff from providing brief treatment in the schools to understanding a child’s needs and linking the child and their family to the appropriate level of mental health service. The previously funded school-based brief mental health treatment is covered service for children if medically necessary and may continue through the EPSDT, Partnership Health Plan, and other insurance programs.

Prevention Programs (PEI)

School and Community Based Mentorship Program*

The School and Community Based Mentorship Program is intended to serve three functions, 1) provide school and community based education programs about children’s mental health and relevant children’s mental health issues to children, youth, and child-serving agencies, 2) provide school and/or community based prevention groups for school-age children, and 3) provide after-school mentorship to children and youth. This program is based in the success of the school-based education component of the *Urban Children’s Resiliency Program* and the mentorship component of the *Rural Children’s Resiliency Program*, both previously funded in the 14-17 MHSA Plan.



Community Services and Supports

Children's Mental Health Program

The Children's Mental Health Program provides outreach and engagement, systems development, and full service partnership services for children with severe emotional disturbance who meet medical necessity for county mental health services. This program is provided by Yolo County HHSA with a small FSP program contracted out to Turning Point Community Programs. There are no planned changes to these programs, although the County and Turning Point wish to strengthen their collaboration for children with the most intense service needs and embed a Turning Point FSP staff within HHSA's Children's Team to more rapidly respond to children experiencing crisis who are or are at risk of being hospitalized for mental health problems as well as strengthen discharge planning and transition children back to the community more efficiently.

**The County may wish to RFP the specific elements of the School-based Access and Linkage Program and the School and Community Based Mentorship Program to allow for organizations to apply regionally.*

TAY System of Care (16-25)

The proposed TAY System of Care responds to the needs of the community by **creating community-based location(s) with multiple levels of care**. The community envisions TAY-dedicated space that includes outreach and engagement, early intervention, and stigma discrimination reduction (SDR) services.

Access/Linkage and Prevention Programs (PEI)

Access/Linkage and Prevention Programs

The School-based Access and Linkage Program and the School and Community Based Mentorship Program are intended to serve school-age children and youth (5-18). As such, these two programs will also be available to TAY ages 16-18, as described above.

TAY Wellness Center Services

Currently, the County provides limited TAY Wellness Center hours in Woodland and West Sacramento for TAY who are enrolled in CSS programs (SD and FSP). Additionally, the County is currently in the process of rehabbing a facility in Davis to provide dedicated TAY wellness center services for youth with mental health challenges, regardless of their enrollment in a CSS or core mental health program. The Wellness Center is intended to provide socialization and activity-based services for TAY who are either at-risk of, beginning to, or currently experiencing mental health problems with the goal of promoting recovery, resiliency, and connection to mental health services for those who need it. Other MHSA-funded TAY services or staff may be co-located at this location (i.e., TAY Speaker's Bureau, Early Intervention Program, Pathways to Independence).



Early Intervention Programs (PEI)

Early Intervention Program

Most serious mental health problems (i.e., schizophrenia, bipolar disorder, major depression) are most likely to present in late adolescence and/or early adulthood. New PEI regulations require that counties develop an early intervention program for youth who are beginning to show signs or symptoms of a serious mental illness. UC Davis and the EDAPT Clinic have developed a program for youth experiencing a first episode of psychosis and have committed to serving Yolo County residents who meet their eligibility criteria; this program is not MHSA-funded. For youth who do not meet eligibility criteria for the EDAPT Clinic program, Yolo County plans to develop an early intervention program, focused primarily on youth developing mood disorders (i.e., bipolar and major depressive disorders). This program will likely include a variety of clinical and other supportive services at home, clinic, and community based settings provide evidence based interventions to address emerging symptoms and to support the youth to stay on track developmentally.

Stigma and Discrimination Reduction Program (PEI)

TAY Speaker's Bureau

The TAY Speaker's Bureau seeks to develop a group of TAY with diverse backgrounds, interests, talents, and aspirations, who have lived experience of mental health as well as perspectives on how to build and maintain wellness in their lives. These youth and young adults will participate in speaking engagements to share their personal experiences with mental health to educate and inspire their communities. The purpose of this program is to reduce stigma and discrimination thereby increasing access to services for children and youth who may otherwise not seek help.

Community Services and Supports

Pathways to Independence

The Pathways to Independence Program provides outreach and engagement, systems development, and full service partnership services for youth ages 16-25 with severe emotional disturbance and/or serious mental illness who meet medical necessity for county mental health services. This program is provided by Yolo County HHSA. Given the number of PEI initiatives within the TAY System of Care as well as the relative success of these programs, there are no planned changes within the CSS component for the 17-20 MHSA Plan.



Adult System of Care

The proposed changes to the adult system of care responds to the community needs to **bridge the gap between crisis services and existing specialty mental health services**. The primary changes are intended to address the needs of those who are in and out of hospitals, jails, and emergency departments but are unable or unwilling to access ongoing mental health services.

Stigma Discrimination and Reduction (PEI)

Integrated Behavioral Health Services for Latino Community and Families

The Integrated Behavioral Health Services for the Latino Community Families program will provide culturally responsive services to Yolo County Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program will serve the entire Latino community as well as provide targeted outreach effort to Latino men/heads of household.

Outreach and Engagement (CSS)

Community Based Drop-In Navigation Centers

The Community Based Drop-In Navigation Centers are intended to provide a community-based location where adults who are cycling in and out of jail, hospital, and/or homelessness but are not yet connecting to county mental health services can drop in to receive a variety of behavioral health and social services. The centers are expected to provide recovery-focused services to “meet people where they’re at” in their recovery process and promote readiness and support consumers to engage with mental health services. Services are intended to support consumers to address their most pressing psychosocial needs and will include housing support services, benefits assistance, case management, peer support, and socialization activities. A mental health urgent care program may be co-located at the centers, as described in the INN section.

Systems Development/Full Service Partnership (CSS)

Adult Wellness Alternatives

The Adult Wellness Alternatives Program provides systems development and full service partnership services for adults with serious mental illness who meet medical necessity for county mental health services. This program is provided by Yolo County HHSA with an Assertive Community Treatment/Assisted Outpatient Treatment program contracted out to Turning Point Community Programs. Given the proposed changes to the system of care with the Navigation Centers and INN project as well as the relative success of this program, there are no planned changes to this program for the 17-20 MHSA Plan.

Adult Residential Treatment Program

Yolo County plans to develop an adult residential treatment facility to support people transitioning back to the community from institutional placements, such as IMD/MHRCs, and provide a community-based



residential treatment alternative for adults at risk of IMD/MHRC placement. The adult residential treatment facility will be licensed as an ART with Community Care Licensing and certified as a transitional residential program through the State Department of Health Care Services, Mental Health division. It will be located within Yolo County and serve adults ages 18 and older with serious mental illness who are at risk of or transitioning from IMD/MHRC placement. The expected length of stay will be no more than 18 months, during which time consumers will receive a variety of psychosocial rehabilitation to address their mental health needs as well as any other issues that arise that would increase the likelihood of IMD/MHRC placement.

Peer and Family Led Support Services

Peer and family led support services include the development and provision of psycho-education and other support groups intended to assist peers and families to 1) increase understanding of the signs and symptoms of mental health, 2) promote awareness of mental health resources and develop ways to support and advocate for an individual or loved one to access needed services, and 3) receive support to cope with the impact of mental health for an individual or within the family.

Innovation (INN)

Board and Care Study Project

This innovation project will be designed as a study project, to research and analyze how to improve the quality of services and outcomes by increasing access to services specifically for consumers who are placed in out-of-county Board and Care Facilities. The goal of the study project is to: 1) explore the underlying dynamics that contribute to mental health consumers with the highest need being placed out of county and away from their homes and families/and or support system and 2) develop tangible and intangible methods to incentivize the in-county placement of consumers requiring Board and Care placement. These activities will result in an INN implementation project to promote in-county Board and Care beds for consumers with the highest degree of need.

First Responder's Initiative/Mental Health Urgent Care

This innovation project has two primary components: 1) the development of a committee comprised of Emergency Department, Law Enforcement, Fire, EMS, and Yolo HHSA to regularly review consumers who are regularly coming into contact with the EDs and/or emergency services to develop shared interventions and connect people to needed mental health services, and 2) the development of mental health urgent care, co-located at the Navigation Centers, that provides an alternative drop-off location for EMS and law enforcement for consumers who do not require a 5150 hold or medical intervention. This program must be approved by the State Mental Health Services Oversight and Accountability Commission after receiving Board of Supervisors' approval.

Older Adult System of Care

Please note that there are no proposed changes to the Older Adult System of Care.





Prevention and Early Intervention (PEI)

In addition to the PEI-funded direct services (e.g., Access and Linkage, Prevention, Early Intervention, and Stigma and Discrimination Programs) described above, the County also proposes the following PEI programs, aligned with the new PEI regulations.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Early Signs Project

The Early Signs Project includes three main components: 1) Crisis Intervention Training (CIT) for law enforcement officers, which is an evidence based program to increase the capacity of law enforcement to respond to people with mental illness, 2) evidence based training and assistance to increase the capacity of the community and professionals to recognize and intervene with mental health problems (e.g., SafeTalk, ASIST, Mental Health First Aid), and 3) Crisis Intervention Program which provides clinical staff to respond to mental health calls in partnership with law enforcement.

Stigma and Discrimination Reduction Programs

LGBT Initiative

Recognizing the “invisibility” of this population within the County’s current mental health system of care, this initiative seeks to 1) strengthen the data and documentation capacity to begin to identify and understand the County’s LGBT population and their needs, 2) improve the cultural competency of mental health providers to serve the LGBT community, and 3) explore ways to build LGBT-specific services.

Workforce Education and Training (WET)

Mental Health Professional Development

The Mental Health Professional Development program is intended to provide training and capacity building for mental health providers. The 17-20 plan focuses on 1) clinical training and identified evidence based practices, 2) online professional development courses using the E-Learning platform, 3) support to implement the new DSM-V, 4) a strength-based approach to leadership and team development using Gallup’s StrengthsFinder, 5) training and technical assistance to promote cultural competency throughout the system and with identified “experts,” and 6) training for health care providers to screen for and identify perinatal mental health issues for pregnant and new mothers.

Clinical Training Program

The clinical training program is intended to strengthen the workforce pipeline as well as prepare new clinicians to work in the public mental health system. This program includes: 1) a psychiatric residency program to provide a psychiatric residency option in partnership with the UC Davis Medical school, and



2) a clinical internship program for master's level counseling and social work students and license eligible graduates.

Peer Workforce Development Workgroup

Given the increase in numbers of peer support within HHSA's workforce and the establishment of a peer employment classification, there is now opportunity and need to strengthen the peer workforce within the County as well as the employment practices. Specifically, there is a need to refine the onboarding, initial, and ongoing training as well as identify evidence based practices for peer support and for full inclusion of peers in the workforce. The Peer Development Workgroup, which will be representative of the current peer support workforce, will focus these issues in order to continue to strengthen and maximize the use of peer support staff within the mental health system.

Capital Facilities and Technological Needs

Capital Facilities

Current CFTN projects include the completion of remodeling at the Woodland and Davis Wellness Center sites. There is also approximately \$1M in funds that are currently unallocated and at risk for reversion to the state if not expended in the next year. HHSA is currently exploring facility needs, including the development of a transitional residential treatment facility for which these funds could be used for acquisition and tenant improvements.

Technological Needs

Communications

The CPP process revealed a need to explore alternative methods of communication for youth and other target population as well as applications currently developed that promote communication and identification of resources. Funds are planned to engage in research to identify potential communication methods and explore the feasibility of use within HHSA and the MHSA-funded system of care.

Electronic Health Record Upgrades

The Electronic Health Record used for mental health services, Avatar, requires two primary updates, including: 1) building additional demographic entry fields to bring the EHR in compliance with new PEI regulations as well as document LGBT information, and 2) develop additional analytic and reporting capacity to support Results Based Accountability efforts and outcome evaluation.



YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2017– 2020

PUBLIC HEARING

March 22, 2017

Roberta Chambers, PsyD

Kelechi Ubozoh



Agenda

2

- Introductions and Meeting Objectives
- MHSA and CPP Overview
- Needs Assessment Key Findings
- Overview of Proposed Programs
- Public Comment

3

MHSA and CPP Overview

MHSA Overview

4

- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over \$1 million
- Purpose of MHSA: to expand and transform mental health services in California



Community Planning Process

5

The MHSAs intend that there be a **meaningful stakeholder process** to provide subject matter expertise to the **development of plans focused on utilizing the MHSAs funds at the local level**, including participation from:

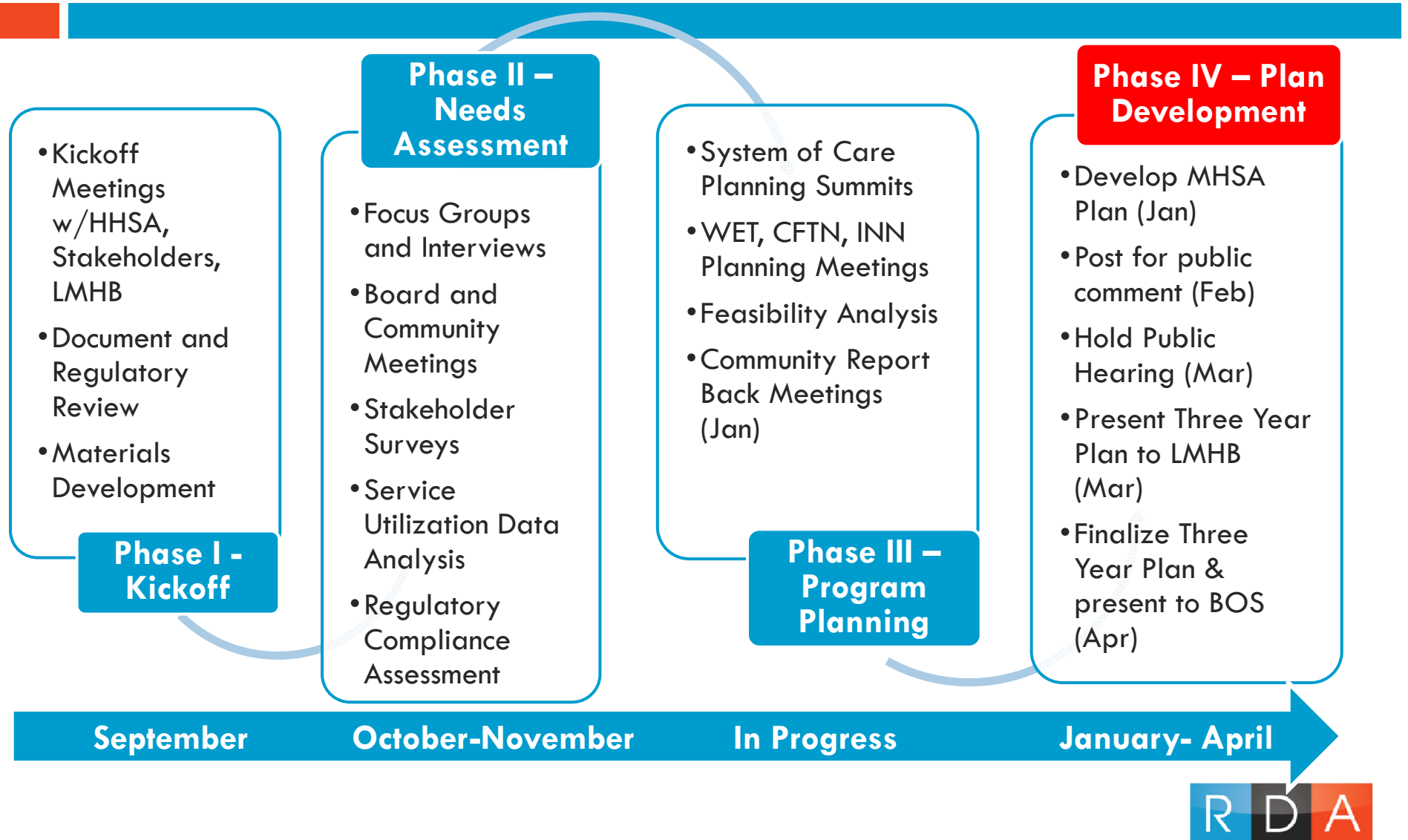
- Adults and seniors with severe mental illness
- Families of children, adults, and seniors with severe mental illness
- Providers of mental health services
- Law enforcement agencies
- Education agencies
- Social services agencies
- Veterans and representatives from veterans organizations
- Providers of alcohol and drug services
- Health care organizations
- Other important interests

Roles and Responsibilities

6

- **Community Stakeholders: Collaborator**
 - ▣ Contribute to the shared understanding of community mental health needs
 - ▣ Develop proposed programs and services for the 3-year MHSA plan
- **Yolo HHSA: Administrator**
 - ▣ Outreach and convene stakeholders for the CPP
 - ▣ Contribute to plan development
 - ▣ Implement the 3-year MHSA plan
- **Board of Supervisors: Approver**
 - ▣ Approve the MHSA plan prior to MHSOAC submission
- **RDA: Planner/Facilitator**
 - ▣ Engage stakeholders in a participatory CPP process that aligns with MHSA Values
 - ▣ Develop a needs assessment and MHSA plan that is grounded in the needs of un, under, and inappropriately served populations
 - ▣ Draft a technically compliant MHSA Plan to best serve mental health needs of the community

MHSA Planning Activities and Timeline



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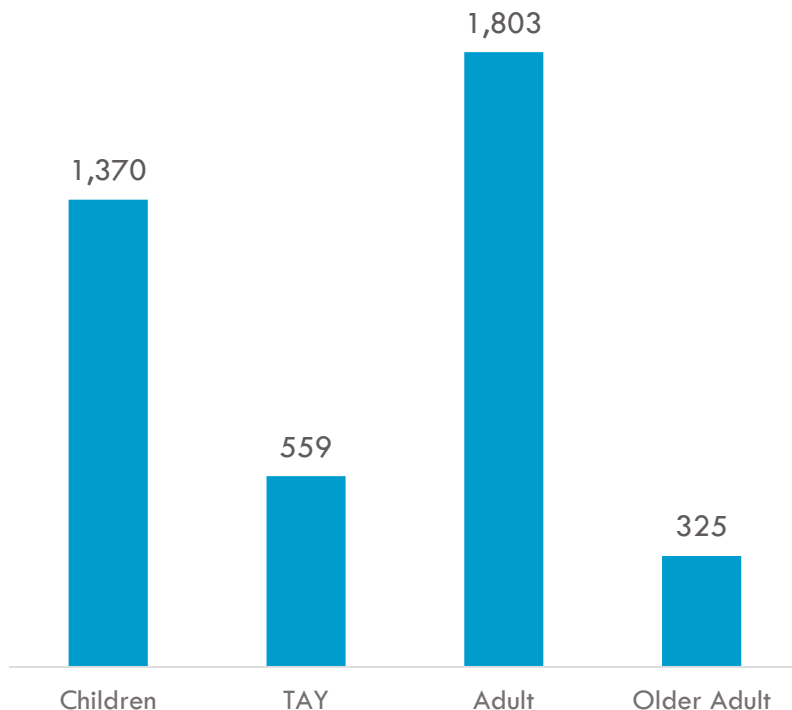
Needs Assessment

MHSA-funded System of Care

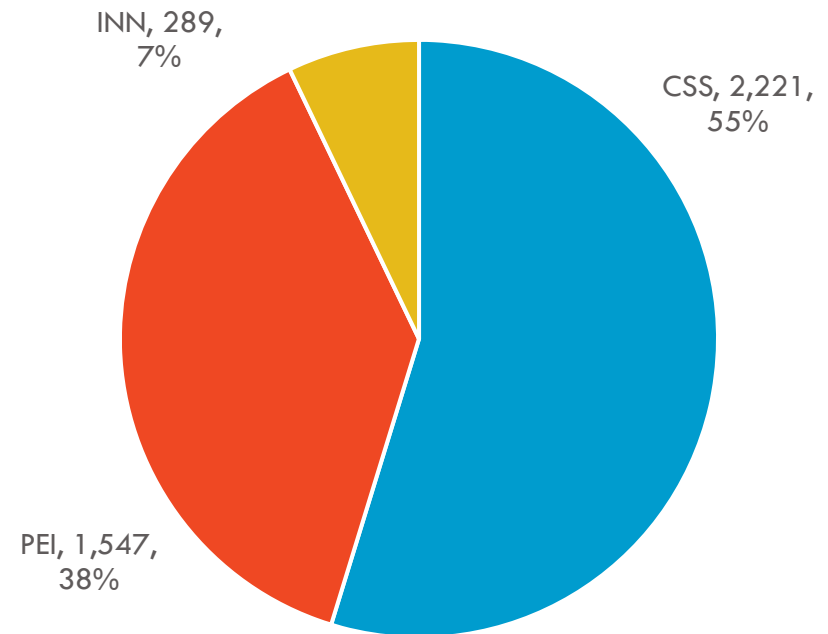
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- MHSA-funded programs served 4,513 people in FY 15/16.

Persons Served by Age



Persons Served by Component



*CIP data not included in the age and component figures.

Current Community Needs

10

Service Access and Participation

- Identifying and linking individuals and families with mental health needs to the appropriate services remains challenging despite service availability.

Collaboration

- Many consumers are involved with other public and service agencies, making it confusing for consumers and other professionals. This is especially pronounced for people transitioning out of jail and/or hospital.

Crisis

- The crisis intervention program is a great asset to the community with a need to continue to move towards crisis prevention.

Cultural Competency

11

- There is a need to broaden the definition of cultural competency.
- Stakeholders recommended adopting and/or formalizing a cultural competency model that:
 - ▣ Increases awareness of cultural difference and intersectionality amongst all staff and providers,
 - ▣ Includes more group, family, and community-level interventions,
 - ▣ Develops specific expertise amongst a smaller provider group, and
 - ▣ Supports consultation amongst providers.
- There is a need to focus attention on LGBT+ needs and services, including:
 - ▣ Acknowledging and documenting LGBT+ identity,
 - ▣ Addressing stigma and discrimination, and
 - ▣ Developing culturally responsive services, including those that build community.

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MHSA Proposed Plan

Plan Development Principles

13

- ❑ Reduce duplication of efforts across funding sources
- ❑ Augment programs that are successfully meeting a community need
- ❑ Support identification of people in need and connection to the appropriate services
- ❑ Promote interagency collaboration
- ❑ Promote cultural responsiveness across programs

Children's System of Care Goals

14

The plan responds to the community need to create a **more seamless process for children to connect to mental health services**. The planned services and modifications:

- **Implements universal processes** in which children are screened, identified, and linked to the appropriate level of care.
- **Removes duplicated clinical programs** that can be funded by other sources, including public and private insurance.
- **Increases support to access** and links children to care.

TAY System of Care Goals

15

The plan responds to the community need to create **community-based location(s) with multiple levels of care**. The planned services and modifications:

- **Creates TAY-dedicated services at Wellness Centers** that include outreach and engagement, early intervention, and stigma discrimination reduction services.
- **Increases opportunities to interact with peers** through activity-based and socialization activities.

Adult System of Care Goals

16

The plan responds to the community need to create **bridge the gap between crisis services and existing specialty mental health services.**

The planned services and modifications:

- **Bridges the gap for consumers** who are in and out of hospitals jails, and emergency departments to connect with ongoing services.
- **Supports access and linkage to mental health services** through centralized community based locations to meet “consumers where they are at.”
- **Removes duplicated programs** that can be funded by other sources, including grants, public and private insurance.

Proposed Programs for Children/TAY

17

Children and Transition Aged Youth (TAY) System of Care

Children:

- Early Childhood Mental Health Access and Linkage Program (PEI)
- School-based Access and Linkage Program (PEI)
- Community and School Based Education and Mentorship Program (PEI)
- Children's Mental Health Program (CSS)

Transition Age Youth:

- Access/Linkage and Prevention Programs (PEI)
- TAY Wellness Center Services (PEI)
- Early Intervention Program (PEI)
- TAY Speaker's Bureau (PEI)
- Pathways to Independence (CSS)

Proposed Programs for Adults/Older Adults

18

Adult and Older Adult System of Care Programs:

Adults

- Integrated Behavioral Health Services for Latino Community and Families Program (PEI)
- Community-based Navigation Centers (CSS)
- Peer and Family-led Support Services (CSS)
- Adult Wellness Alternatives (CSS)
- First Responders' Initiative/Mental Health Urgent Care (INN)
- Board and Care Study (INN)

Older Adults

- In-Home Peer Counseling Program (PEI)
- Older Adult Outreach and Assessment Program (CSS)

Component Proposed Plan

19

- **Prevention and Early Intervention**

- Early Signs Project
- LGBT Initiative

- **Workforce Education and Training**

- Mental Health Professional Development
- Clinical Training Program
- Peer Workforce Development Workgroup

- **Capital Facilities**

- Wellness Center Remodeling
- Adult Residential Treatment Facility

- **Technological Needs**

- Communications Initiative
- EHR Upgrades



LMHB DISCUSSION



Next Steps

21

Present plan to LMHB
Meeting (3/27/17)



Submit plan to Board of
Supervisors (4/4/17)

16

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Item 7.
Mental Health Director's Report

**Local Mental Health Board
Mental Health Director's Report
March 27, 2017**

Public Guardian transition- The Public Guardian transition continues to focus on balancing clean up and casework. HHS has provided a great deal of additional personnel assistance from fiscal staff, to APS workers, to Wex volunteer and employment staff. We expect to add a conservatorship officer for the coming fiscal year to accommodate referrals and ongoing cases. The Ombudsman complaint form and flyer are finalized. The website is live and there is a dedicated email and toll free number associated. [\(see flyer and complaint form attached\)](#)

17-18 Strategic Plan – Our goals for the coming fiscal year continue from last year; Improve Outcomes for Clients and the Community, Ensure Fiscal Health, Strengthen Integration and Make Data Informed Decisions and Create a Culture of Quality. However, our strategies associated with each goal have changed. Some of the highlights of relevance to this board include; Increase community based access points for outpatient specialty mental health services and creating a coordinated entry system for our homeless services. [\(see strategic plan attached\)](#)

17-18 Budget- Our budget for the 17-18 fiscal year for behavioral health services continues to be bleak. Current fiscal year shows an overrun in our hospital contracts so we are focusing our efforts for the coming fiscal year on strategies to reduce hospitalizations and lengths of stay. The Governor's proposed elimination of CCI could dramatically impact our behavioral health services. Additionally, should the President's attempts to overturn the ACA be successful, our financial outlook, as well as our services would be dramatically impacted.

Pine Tree Gardens- County staff will be meeting with Turning Point to discuss how we can support Pine Tree Gardens. They continue to struggle and the current structure may not be sustainable. Obviously, we don't want to lose this resource and will do what we can to support their success.

Personnel- We hired a new Manager for our Access and Triage Services. Harjit Singh Gill comes to us from John George Hospital in Alameda County. We are extremely excited to have him join our team and look forward to working with him to continue to improve access and outcomes. Additionally, we have a very strong Psychiatrist candidate interested in working full time for the County. We are negotiating salary etc and hope that it all works out. As I'm sure you are all aware, we have been recruiting for a full time Psychiatrist for over four years. Over the past two months, we have increased the salary to be more in line with other counties and received approval to offer loan repayment to assist with recruitment. Loan repayment was included in the current MHSA plan as was Psychiatric recruitment and retention.

Item 8.
Strategic Plan Approval



COUNTY OF YOLO

Karen Larsen, LMFT

Health and Human Services Agency

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

1. Monitor the ongoing integration of existing departments into a *One Door/No Wrong Door* system now known as Health & Human Services Agency (HHSA) with a focus on customer service.

Goal: The Programs Committee will be tasked with the development of SMART (specific, measurable, agreed upon, reasonable and time oriented) goals to promote the mission of a *One Door/No Wrong Door* policy in the two key areas of *access to care* and *quality of interventions*.

Strategy: The Education committee will make direct contact with community based organizations, local support agencies, contracted provider organizations.

Objective 1: *Access to care*-Developed SMART goals should focus on the following key areas related to access: wait-time for psychiatric appointments, adequate placement options to meet recommended level of care (FSP, AOT, PHF, short/long term residential).

Objective 2: *Quality of intervention*-quality of doctor-patient content, psychiatric staff turnover, readmission rates at each level of care.

2. Develop a comprehensive Resource Guide for a countywide distribution.

Goal: The Education Committee will be tasked with the goal to develop for distribution, a Consumer Resource Guide, listing the available services within the integrated system of departments now known as Health & Human Services. Yolo County Health & Human Services Agency (HHSA) previously produced and published such a guide in the Sacramento News & Review.

Strategy:

Objective 1:

Objective 2:

Strategy: The Education Committee will seek to gather feedback from the communities within the county in an effort to improve on the existing product to increase access to our seniors, youth, and communities of color.

3. Through multiple measures determine the efficacy (access, outcomes, best practices) of services under the Yolo County HHSA

Goal: The Budget Committee will be tasked with measuring the specific outcomes (metrics) by developing a periodic schedule of reporting to LMHB in an effort to improve upon service delivery through ongoing assessment.

Strategy:

Objective 1:

Objective 2:

Item 10b.
LMHB Committee Meetings



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

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

Local Mental Health Board Budget and Finance Committee Meeting

Monday, March 27, 2017, 7:00 PM – 9:00 PM

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

All items on this agenda may be considered for action.

James Glica-Hernandez
Chair

Nicki King
Vice-Chair

Sally Mandujan
Secretary

District 1

Bret Bandley
Martha Guerrero
Sally Mandujan

District 2

Nicki King
Tom Waltz
Juliet Crites

District 3

Richard Bellows
Laurie Ferns
James Glica-Hernandez

District 4

June Forbes
Robert Schelen
Ajay Singh

District 5

Brad Anderson
Reed Walker
Vacant

Board of Supervisors Liaison

Don Saylor

Alternate

Jim Provenza

COMMITTEE MEMBERS:

Dick Bellows (Chair); Bob Schelen; Nikki King;

AGENDA:

1. Call to Order and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from None
5. Announcements and Correspondence
6. Review 2017-18 Budget Timeline
7. Discuss Goals for Metric Strategic Goal
8. Propose SMART Goals for Metrics Reporting
9. Future Meeting Planning and Adjournment

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, March 24, 2017.

Iulia Bodeanu, Administrative Services Analyst
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency

If requested, this agenda can be made available in appropriate alternative formats to persons with a disability, as required by Section 202 of the American with Disabilities Act of 1990 and the Federal Rules and regulations adopted implementation thereof. Persons seeking an alternative format should contact the Local Mental Health Board Staff Support Liaison at the Yolo County Health and Human Services Agency, LMHB@yolocounty.org or 137 N. Cottonwood Street, Woodland, CA 95695 or 530-666-8516. In addition, a person with a disability who requires a modification or accommodation, including auxiliary aids of services, in order to participate in a public meeting should contact the Staff Support Liaison as soon as possible and preferably at least twenty-four hours prior to the meeting.



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

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

Local Mental Health Board Communication and Education Committee Meeting Monday, March 27, 7:00 PM – 9:00 PM

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

All items on this agenda may be considered for action.

James Glica-Hernandez
Chair

Nicki King
Vice-Chair

Sally Mandujan
Secretary

District 1

Bret Bandley
Martha Guerrero
Sally Mandujan

District 2

Nicki King
Tom Waltz
Juliet Crites

District 3

Richard Bellows
Laurie Ferns
James Glica-Hernandez

District 4

June Forbes
Robert Schelen
Ajay Singh

District 5

Brad Anderson
Reed Walker
Vacant

Board of Supervisors Liaison

Don Saylor

Alternate

Jim Provenza

COMMITTEE MEMBERS:

James Glica-Hernandez (Chair); Vacant (Vice Chair); Brad Anderson; Sally Mandujan, Tawny Yambrovich, Sarah Hahn; Nicki King

AGENDA:

1. Call to Order and Introductions
2. Public Comment
3. Approval of Agenda
4. Announcements and Correspondence: CALBHBC Dues
5. Future Meeting Planning and Adjournment

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, March 24, 2017.

Iulia Bodeanu, Administrative Services Analyst
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency

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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 Program Committee Meeting

Monday, March 27, 7:00 PM – 9:00 PM

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

All items on this agenda may be considered for action.

James Glica-Hernandez
Chair

Nicki King
Vice-Chair

Sally Mandujan
Secretary

District 1

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Martha Guerrero
Sally Mandujan

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June Forbes
Robert Schelen
Ajay Singh

District 5

Brad Anderson
Reed Walker
Vacant

Board of Supervisors Liaison

Don Saylor

Alternate

Jim Provenza

COMMITTEE MEMBERS:

Martha Guerrero (Chair); June Forbes (Vice-Chair); Thomas Waltz; Brett Bandley; Reed Walker

AGENDA:

1. Call to Order and Introductions
2. Public Comment
3. Approval of Agenda
4. Announcements and Correspondence
5. Strategic Plan –Strategy Goal Recommendation
6. Future Meeting Planning and Adjournment

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before March 24, 2017.

Iulia Bodeanu, Administrative Services Analyst
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency

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Yolo County Local Mental Health Board

Meeting	Agenda Item	Agency / Presenter	Timing	Type
01/23/17	Final Strategic Plan Presentation	Ad Hoc Committee: June Forbes, Tawny Yambrovich, Richard Bellows and Bob Schelen	Past	Presentation
01/23/17	LMHB Trainings	Richard Bellows	Past	Presentation
02/27/17	LMHB Trainings Proposal	Richard Bellows	Past	Motion / Approval
02/27/17	Board Name Change Discussion and Vote	Ad Hoc Committee: Nicki King, Bret Bandley, Martha Guerrero, Bob Schelen, and Ajay Singh	Past	Recommendation
02/27/17	Yolo County 2016 Data Notebook Review and Approval	Ad Hoc Committee: James Glica-Hernandez, Sally Mandujan, Nicki King, and Brad Anderson	Past	Motion / Approval
03/27/17	Approval of Strategic Plan	Ad Hoc Committee: June Forbes, Richard Bellows and Bob Schelen	Planned	Motion / Approval
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	Behavioral Health Services Budget Presentation	HHSA TBD	Proposed	Presentation
04/24/17	Public Forum	CEC	Planned	Public Forum
05/22/17	Community Intervention Training (CIT) Update	Mike Summers	Planned	Update
05/22/17	2018 LMHB Meeting Calendar Location Discussion	Richard Bellows	Planned	Discussion
05/22/17	Behavioral Health Services Budget Approval	Regular Agenda Item	Planned	Motion / Approval
05/22/17	Public Forum	CEC	Planned	Public Forum

Yolo County Local Mental Health Board

Meeting	Agenda Item	Agency / Presenter	Timing	Type
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
TBD	YCCC Presentation	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	Suggested	