

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, August 27, 2018, 7:00 PM – 9:00 PM

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

All items on this agenda may be considered for action.

James Glica-Hernandez
Chair

Nicki King
Vice-Chair

Reed Walker
Secretary

District 1
(Oscar Villegas)
Bret Bandley
Martha Guerrero
Sally Mandujan

District 2
(Don Saylor)
Serena Durand
Nicki King
Antonia Tsobanoudis

District 3
(Matt Rexroad)
Richard Bellows
Laurie Ferns
James Glica-Hernandez

District 4
(Jim Provenza)
Ben Rose
Robert Schelen
Ajay Singh

District 5
(Duane Chamberlain)
Brad Anderson
Reed Walker
Vacant

Board of Supervisors Liaison
Don Saylor

Alternate
Jim Provenza

CALL TO ORDER ----- 7:00 PM – 7:10 PM

1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from [June 25, 2018](#)
5. Member Announcements / [CBHDA Bill Listing](#)
6. Correspondence: None

TIME SET AGENDA----- 7:10 PM – 7:40 PM

7. [Consumer Perception Survey Presentation](#) – Samantha Fusselman
Deputy Mental Health Director and Manager of Quality Management Services

CONSENT AGENDA ----- 7:40 PM – 8:10 PM

8. [Mental Health Director’s Report](#) – Karen Larsen

a. Community Health Branch Director	h. Public Guardian/Adult Protective Services
b. Substance Use Disorder Continuum	i. Pine Tree Gardens
c. Children’s Mental Health Services	j. Continuum of Care
d. Mental Health Urgent Care	k. Beamer Street Housing
e. West Sacramento 2x2	l. Psychiatry Services
f. Hospital Partnerships	m. Mental Health Services Act
g. California Behavioral Health Directors Association (CBHDA)	

REGULAR AGENDA ----- 8:10 PM – 8:45 PM

9. Board of Supervisors Report – Supervisor Don Saylor
10. Rural Mental Health Video
11. Chair Report – James Glica-Hernandez
12. [2019 Calendar Review](#)
13. [Annual Report Review](#)

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PLANNING AND ADJOURNMENT----- 8:45 PM – 9:00 PM

14. Future Meeting Planning and Adjournment – James Glica-Hernandez
a. Current Ad-Hoc Committees and Members / Reports

Meeting	Participants	Date Met
<i>Data Metrics Ad-Hoc</i>	Samantha Fusselman, James Glica-Hernandez, Nicki King, Richard Bellows	February 20, 2018
<i>Pine Tree Gardens Ad-Hoc/Task Force</i>	James Glica-Hernandez, Martha Guerrero, Brad Anderson, Sally Mandujan, Antonia Tsobanoudis	March 19, 2018 May 21, 2018
<i>West Sac Engagement Ad-Hoc</i>	Sally Mandujan, Martha Guerrero, Robert Schelen	April 10, 2018
<i>Site Visit Ad-Hoc</i>	James Glica-Hernandez, Ajay Singh, Ben Rose	April 16, 2018
<i>Budget and Finance</i>	Nicki King, Bob Schelen, Richard Bellows	April 25, 2018

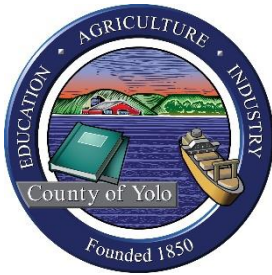
- b. [Long Range Planning Calendar](#) Discussion and Review
c. [Next Meeting Date and Location](#) – September 24th 2018, from 7:00pm - 9:00pm. Mary L. Stephens Library, Blanchard Community Conference Room, 135 East 14th Street Davis, CA 95616.

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, August 24, 2018.



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

Item 4. Approval of Minutes
from June 25, 2018



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Health and Human Services Agency

Karen Larsen, LMFT
Director

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Local Mental Health Board Meeting Minutes

Monday, June 25, 2018, 7:00 – 9:00 PM
AFT Library, Community Conference Room
1212 Merkeley Ave., West Sacramento, CA 95691

Members Present: Bret Bandle, Martha Guerrero, Sally Mandujan, Nicki King, Antonia Tsobanoudis, Richard Bellows, James Glica-Hernandez, Ben Rose, Robert Schelen, Ajay Singh, Brad Anderson, Reed Walker

Members Excused: Serena Durand, Don Saylor, Laurie Ferns

Staff Present: Samantha Fusselman, Deputy Mental Health Director and Manager of Quality Management Services, HHSA
Anna Sutton, Director, Public Health Nursing, HHSA
Iulia Bodeanu, Administrative Liaison to LMHB, CAO

CALL TO ORDER

- 1. Welcome and Introductions:** The June 21, 2018 meeting of the Local Mental Health Board was called to order at 7:00 PM. Introductions were made.
- 2. Public Comment**
Karen Larsen stated that the Community Health Assessment was released and that there is a need for a variety of participants in various ethnic groups, age ranges and backgrounds to participate in the survey.
- 3. Approval of Agenda**
Motion to approve: Nicki King **Second:** Robert Schelen **Vote:** Unanimous
Abstentions: None
- 4. Approval of Minutes from [May 21, 2018](#)**
Discussion: In Mental Health Director's Report under Governor's revised in section E, remove the second "and". Replace "do" with "be". Language change regarding individuals to be dropped off at emergency rooms for clarity. Election of Officers change language to "one of the highlights of James's life". Requested edits made to the minutes.

Motion to approve minutes with the intention to have edits implemented: Richard Bellows **Second:** Nicki King **Vote:** Unanimous **Abstentions:** Brad Anderson and Robert Schelen
- 5. Member Announcements:** None
- 6. Correspondence:** None

TIME SET AGENDA

7. **Maternal Mental Health Presentation** by Anna Sutton, Director, Public Health Nursing, HHS

CONSENT AGENDA

8. **Mental Health Director Report** by Karen Larsen, Mental Health Director, HHS
 - a. Continuum of Care Workgroup – Antonia Tsobanoudis and Ben Rose wanted to know more about the workgroup. Intercept Mapping of the criminal just system is a division of the process. Subcommittees for each of the intercepts were created. The steering committee identified gaps in the system and potential solutions and prioritized the gaps. This process reduced the number of mentally ill individuals in custody and divert those with mental health problems within the system.
 - b. Governor’s 18/19 May Revise Budget – Antonia Tsobanoudis asked about the increase of funding within the Governor’s budget. The May revise resulted in additional revenue that now allows SSI recipients to receive Cal-Fresh benefits without affecting their income levels.
 - c. County 18/19 Budget Staffing – Richard bellows asked a question about possible Avatar database funding. The county will hire a Central IT Manager and an IT Programmer/Analyst.
 - e. Community Based Points of Specialty Mental Health Services – The 24-Hour Access Line is the entry point for the majority of services offered by the County.
 - f. Yolo County Substance Use Disorder Continuum of Care – Nicki King asked how does this system work and if the availability of services is through referral. 24-hour access line is a new element. There are also sites that are available for assessments and screenings and clients are placed based on medical necessity. Transitional housing is not covered by Medi-Cal, but the remainder of the services on the map are, including residential treatment.
 - j. Data – Richard Bellows asked for an update on data regarding the 2017 Consumer Perception Survey results. Increased returns for the surveys for the Spring and Fall. Dissatisfaction was around improved outcomes. Quality Management will provide a presentation on the outcomes of the Consumer Perception Survey at the August LMHB meeting.

REGULAR AGENDA

9. **Annual Report 17-18**
10. **Board of Supervisors Report – Supervisor Don Saylor**
 - None
11. **Chair Report – James Glica Hernandez**

- James Glica Hernandez went to LA to the CALBAC meeting, as part of their governing board. There was a presentation will include mental health and emergency preparedness procedures, post-trauma care and cultural competence.

PLANNING AND ADJOURNMENT

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

- Long Range Planning Calendar Discussion and Review.
- Next Meeting Date and Location – August 27, 2018 from 7:00pm to 9:00pm at the Bauer Building, Thomson Conference Room, 137 N. Cottonwood St. Woodland, CA 95695.

Motion to adjourn the meeting **First:** Richard Bellows **Second:** Nicki King **Vote:** Unanimous **Abstentions:** None. The meeting was adjourned at 8:59 PM.

Item 4. Member Announcements
CBHDA Bill Listing



CBHDA 2017-2018 Legislative Update - As of 8/22/2018

Children & Youth		
Bill Author	Description	Position
AB 2043 Arambula D	<p>Foster children and youth: family urgent response system. (Amended: 8/17/2018) Current law, commonly known as Continuum of Care Reform (CCR), states the intent of the Legislature in adopting CCR to improve California’s child welfare system and its outcomes. This bill would make legislative findings and declarations, stating the intent of the Legislature in adopting this bill to build upon the current CCR implementation effort. The bill would require the State Department of Social Services to establish a statewide hotline, operational no later than January 1, 2020, as the entry point for a Family Urgent Response System, as defined, to respond to calls from caregivers or current or former foster children or youth when a crisis arises, as specified.</p> <p>Status: 8/21/2018 - VOTE: Assembly 3rd Reading AB2043 Arambula et al. By Wiener</p>	<p>Support (Sponsor)</p> <p>AB 2043 (Arambula) CBHDA Co-Sponsor Letter (March 29, 2018)</p>
AB 2119 Gloria D	<p>Foster care: gender affirming health care and mental health care. (Amended: 8/20/2018) Current law provides that it is the policy of the state that all minors and nonminors in foster care have specified rights, including, among others, the right to receive medical, dental, vision, and mental health services, the right to be involved in the development of their own case plans and plans for permanent placement, and the right to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records. This bill would provide that the rights of minors and nonminors in foster care, as described above, include the right to be involved in the development of case plan elements related to placement and gender affirming health care, with consideration of their gender identity.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/22/2018 #417 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 2119 (Gloria) CBHDA Support to Senate Judiciary (June 20, 2018)</p>
AB 2639 Berman D	<p>Pupil suicide prevention policies: reviews: updates. (Amended: 8/17/2018) Would require the governing board or body of a local educational agency that serves pupils in grades 7 to 12,</p>	<p>Support</p>

	<p>inclusive, to review, at minimum every 5th year, its policy on pupil suicide prevention and, if necessary, update its policy. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program.</p> <p>Status: 8/20/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/22/2018 #332 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>AB 2639 (Berman & O'Donnell) CBHDA Support to Senate Education (June 20, 2018)</p>
<p>AB 2657 Weber D</p>	<p>Pupil discipline: restraint and seclusion. (Amended: 8/17/2018) Would authorize an educational provider, as defined, to use behavioral restraints, which includes physical and mechanical restraints, or seclusion, as defined, only to control behavior that poses a clear and present danger of serious physical harm to the pupil or others that cannot be immediately prevented by a response that is less restrictive, and if other specified conditions are met. The bill would prohibit an educational provider from using a behavioral restraint or seclusion in certain circumstances, including, but not limited to, using seclusion or a behavioral restraint for the purpose of coercion, discipline, convenience, or retaliation, and would prohibit the use of certain restraint and seclusion techniques.</p> <p>Status: 8/20/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/22/2018 #334 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 2657 (Weber) CBHDA Support to Senate Education (June 8, 2018)</p>
<p>AB 2691 Jones-Sawyer D</p>	<p>Pupil health: pupil and school staff trauma: Trauma-Informed Schools Initiative. (Amended: 8/17/2018) Would establish within the State Department of Education the Trauma-Informed Schools Initiative to address the impact of adverse childhood experiences on the educational outcomes of California pupils. The bill would require the department, if it determines appropriate funding is available, to take specified actions, on or before December 31, 2020, to implement the initiative, including developing and posting online an Internet Web site with information regarding the trauma-informed care approach, as defined, and a guide created by the department for public schools, including charter schools, on how to become trauma-informed schools, as defined.</p> <p>Status: 8/20/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/22/2018 #338 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 2691 (Jones-Sawyer) CBHDA Support Letter to Senate Education (June 20, 2018)</p>
<p>SB 918 Wiener D</p>	<p>Homeless Youth Act of 2018. (Amended: 8/21/2018) Current law establishes various programs, including, among others, the Emergency Housing and Assistance Program, homeless youth emergency service pilot projects, and Housing First and the Homeless Coordinating and Financing Council, to provide assistance to homeless persons. Current law establishes the council to oversee the implementation of the Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end</p>	<p>Support</p> <p>SB 918 (Wiener) CSAC CWDA CBHDA UCC CHEAC Support to</p>

	<p>homelessness in California. This bill would require the council to assume additional responsibilities, including setting specific, measurable goals aimed at preventing and ending homelessness among youth in the state and defining outcome measures and gathering data related to those goals.</p> <p>Status: 8/21/2018 - Read second time and amended. Ordered to second reading. (Amended 8/21/2018)Hearing: 8/23/2018 #7 ASSEMBLY SECOND READING FILE -- SENATE BILLS</p>	<p>Assembly Human Services (June 15, 2018)</p>
<p>SB 972 Portantino D</p>	<p>Pupil and student health: identification cards: suicide prevention hotline telephone numbers. (Enrolled: 8/21/2018) Would require a public school, including a charter school, or a private school that serves pupils in any of grades 7 to 12, inclusive, that issues pupil identification cards to have printed on either side of the pupil identification cards the telephone number for a suicide prevention hotline or the Crisis Text Line, or both telephone numbers. The bill would require a public or private institution of higher education that issues student identification cards to have printed on either side of the student identification cards the telephone number for a suicide prevention hotline or the Crisis Text Line, or both telephone numbers, and would authorize the institution to have printed on either side of the student identification cards the campus police or security telephone number, or the local nonemergency telephone number, as provided.</p> <p>Status: 8/20/2018 - Assembly amendments concurred in. (Ayes 36. Noes 0.) Ordered to engrossing and enrolling.</p>	<p>Support</p> <p>SB 972 (Portantino) CBHDA Support to Assembly Education (June 5, 2018)</p>
County Contracting		
Bill Author	Description	Position
<p>AB 1250 Jones-Sawyer D</p>	<p>Counties: contracts for personal services. (Amended: 9/5/2017) Would establish specific standards for the use of personal services contracts by counties. The bill would allow a county or county agency to contract for personal services currently or customarily performed by employees, as applicable, when specified conditions are met. The bill would exempt certain types of contracts from its provisions, and would exempt a city and county from its provisions. By placing new duties on local government agencies, the bill would impose a state-mandated local program. The bill also would provide that its provisions are severable.</p> <p>Status: 9/5/2017 - Read second time and amended. Re-referred to Com. on RLS.</p>	<p>Oppose</p> <p>AB 1250 (Jones-Sawyer) CBHDA Oppose Sen Approps Letter (August 14, 2017)</p>
Criminal Justice		
Bill Author	Description	Position

AB 865 Levine D	<p>Military personnel: veterans: resentencing: mitigating circumstances. (Amended: 8/17/2018) Would authorize any person who was sentenced for a felony conviction prior to January 1, 2015, and who is, or was, a member of the United States military and who may be suffering from any of the above-described conditions as a result of his or her military service to petition for a recall of sentence under specified conditions. The bill would require the court, upon receiving a petition, to determine, at a public hearing held after not less than 15 days' notice to the prosecution, the defense, and any victim of the offense, as specified, whether the person satisfies the specified criteria and, if so, would authorize the court, in its discretion, to resentence the person following a resentencing hearing.</p> <p>Status: 8/21/2018 - VOTE: Assembly 3rd Reading AB865 Levine By Roth</p>	<p>Support</p> <p>AB 865 (Levine) CBHDA Support Letter to Senate Veteran Affairs (June 5, 2018)</p>
SB 960 Leyva D	<p>Department of Corrections and Rehabilitation: suicide prevention: reports. (Amended: 8/20/2018) Would require the Department of Corrections and Rehabilitation to submit a report, as specified, to the Legislature on or before October 1 of each year, to include, among other things, descriptions of progress toward meeting the department's goals related to the completion of suicide risk evaluations, progress toward completion of 72 hour treatment plans, and progress in identifying and implementing initiatives that are designed to reduce risk factors associated with suicide. The bill would require the report to be posted on the department's Internet Web site.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/23/2018 #295 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Support</p> <p>SB 960 (Leyva) CBHDA Support to Assembly Public Safety (June 12, 2018)</p>
Health		
Bill Author	Description	Position
SB 1125 Atkins D	<p>Federally qualified health center and rural health clinic services. (Amended: 5/25/2018) Current law provides that federally qualified health center (FQHC) services and rural health clinic (RHC) services, as defined, are covered benefits under the Medi-Cal program, to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined.</p>	<p>Support</p> <p>SB 1125 (Atkins) CBHDA Support to Assembly Health (June 20, 2018)</p>

	<p>Status: 8/20/2018 - Read second time. Ordered to third reading. Hearing: 8/23/2018 #216 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	
<p>SB 1156 Leyva D</p>	<p>Health care service plans: 3rd-party payments. (Amended: 7/3/2018) Would require a health care service plan or an insurer that provides a policy of health insurance to accept payments from specified 3rd-party entities, including an Indian tribe or a local, state, or federal government program. The bill would also require a financially interested entity, as defined, other than those entities, that is making a 3rd-party premium payment to provide that assistance in a specified manner and to perform other related duties, including requiring the entity to disclose to the plan or the insurer the name of the enrollee or insured, as applicable, for each plan or policy on whose behalf a 3rd-party premium payment will be made. Status: 8/20/2018 - Read second time. Ordered to third reading. Hearing: 8/23/2018 #219 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Support</p> <p>SB 1156 (Leyva) CBHDA Support to Assembly Appropriations (July 5, 2018)</p>
Homelessness & Housing		
Bill Author	Description	Position
<p>AB 1921 Maienschein R</p>	<p>CalWORKs: housing assistance. (Amended: 8/17/2018) The CalWORKs program also provides a nonrecurring special needs benefit for permanent housing assistance to pay for last month's rent and security deposits, up to 2 months of rent arrearages, or standard costs of deposits for utilities, as specified. This bill, commencing July 1, 2019, would additionally authorize payments to a housing provider with which the families requesting assistance have executed a valid lease, sublease, or shared housing agreement, and would also delete the authorization for payments to a person in the business of renting properties who has a history of renting properties. Status: 8/20/2018 - Read second time. Ordered to third reading. Hearing: 8/22/2018 #282 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 1921 (Maienschein) CBHDA Support to Senate Human Services (June 8, 2018)</p>
<p>AB 2219 Ting D</p>	<p>Landlord-tenant: 3rd-party payments. (Enrollment: 8/16/2018) Current law regulates the terms and conditions of residential tenancies. Current law requires a landlord or his or her agent to allow a tenant to pay rent or a security deposit by at least one form of payment that is neither cash nor electronic funds transfer, except as specified. This bill would require, subject to specified limitations, a landlord or a landlord's agent to allow a tenant to pay rent through a third party. Status: 8/16/2018 - Enrolled and presented to the Governor at 4 p.m.</p>	<p>Support</p> <p>AB 2219 (Ting) CBHDA CSAC UCC CWDA Support Letter to Senate Judiciary (June 12, 2018)</p>

SB 1045 Wiener D	<p>Conservatorship: serious mental illness and substance use disorders. (Amended: 8/20/2018) Would establish a procedure, for the County of Los Angeles, the County of San Diego, and the City and County of San Francisco, if the board of supervisors of the respective county or city and county authorizes the application of these provisions subject to specified requirements, for the appointment of a conservator for a person who is incapable of caring for the person’s own health and well-being due to a serious mental illness and substance use disorder, as specified, for the purpose of providing the least restrictive and most clinically appropriate alternative needed for the protection of the person.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/23/2018 #305 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Neutral</p>
Involuntary Treatment		
<p>Bill Author</p>	<p>Description</p>	<p>Position</p>
AB 1971 Santiago D	<p>Mental health services: involuntary detention: gravely disabled. (Amended: 7/3/2018) Would, until January 1, 2024, expand the definition of “gravely disabled” for specified purposes, as implemented in the County of Los Angeles, to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for medical treatment, if the failure to receive medical treatment, as defined, results in a deteriorating physical condition that a medical professional, in his or her best medical judgment, attests in writing, will more likely than not, lead to death within 6 months, as specified.</p> <p>Status: 8/17/2018 - From committee: Do pass. (Ayes 5. Noes 1.) (August 16). Read second time. Ordered to third reading. Hearing: 8/22/2018 #185 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Neutral</p>
AB 2099 Gloria D	<p>Mental health: detention and evaluation. (Enrollment: 8/20/2018) Under current law, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under current law, the facility accepting the person shall require an application in writing stating the circumstances under which the person’s condition was called to the attention of the official who took the person into custody. This bill would require a copy of that application to be treated as the original.</p> <p>Status: 8/20/2018 - Enrolled and presented to the Governor at 3 p.m.</p>	<p>Support</p> <p>AB 2099 (Gloria) CBHDA Support Letter to Senate Health (June 11, 2018)</p>
LGBTQ		

Bill Author	Description	Position
AB 2119 Gloria D	<p>Foster care: gender affirming health care and mental health care. (Amended: 8/20/2018) Current law provides that it is the policy of the state that all minors and nonminors in foster care have specified rights, including, among others, the right to receive medical, dental, vision, and mental health services, the right to be involved in the development of their own case plans and plans for permanent placement, and the right to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records. This bill would provide that the rights of minors and nonminors in foster care, as described above, include the right to be involved in the development of case plan elements related to placement and gender affirming health care, with consideration of their gender identity.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/22/2018 #417 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 2119 (Gloria) CBHDA Support to Senate Judiciary (June 20, 2018)</p>
AB 2943 Low D	<p>Unlawful business practices: sexual orientation change efforts. (Amended: 5/30/2018) Current law prohibits mental health providers, as defined, from performing sexual orientation change efforts, as specified, with a patient under 18 years of age. Current law requires a violation of this provision to be considered unprofessional conduct and subjects the provider to discipline by the provider’s licensing entity. This bill would include, as an unlawful practice prohibited under the Consumer Legal Remedies Act, advertising, offering for sale, or selling services constituting sexual orientation change efforts, as defined, to an individual. The bill would also declare the intent of the Legislature in this regard.</p> <p>Status: 8/16/2018 - Read third time. Passed. Ordered to the Assembly. In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 18 pursuant to Assembly Rule 77. Hearing: 8/23/2018 #16 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS</p>	<p>Support</p> <p>AB 2943 (Low) CBHDA Support Letter to Senate Judiciary (June 5, 2018)</p>
Medi-Cal		
Bill Author	Description	Position
SB 1287 Hernandez D	<p>Medi-Cal: medically necessary services. (Amended: 8/20/2018) Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive medically necessary health care services, including Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) for an individual under 21 years of age who is covered under the Medi-Cal program, subject to utilization controls, and consistent with federal requirements. This bill would revise the Medi-Cal definition of</p>	<p>Support</p> <p>SB 1287 (Hernandez) CBHDA Author Support</p>

	<p>“medically necessary” for purposes of an individual under 21 years of age to federal standards related to EPSDT services. The bill would require the department and its contractors to update any model evidence of specified materials to ensure the medical necessity standard for coverage for individuals under 21 years of age is accurately reflected in all materials.</p> <p>Status: 8/20/2018 - Read third time and amended. Ordered to third reading.</p> <p>Hearing: 8/23/2018 #148 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Letter (June 11, 2018)</p>
Mental health (general)		
Bill Author	Description	Position
<p>AB 372 Stone, Mark D</p>	<p>Domestic violence: probation. (Amended: 6/14/2018) Current law specifies that the terms of probation granted to a person who has been convicted of domestic violence are required to include, among other things, successful completion of a batterer’s program, as defined, or, if such a program is not available, another appropriate counseling program designated by the court, for a period of not less than one year. Current law requires the program to be completed within 18 months and allows no more than 3 excused absences. This bill would, effective July 1, 2019, and until July 1, 2022, authorize the counties of Napa, San Luis Obispo, Santa Barbara, Santa Clara, Santa Cruz, and Yolo to offer an alternative program, for individuals convicted of domestic violence.</p> <p>Status: 8/21/2018 - Read third time. Passed. Ordered to the Assembly.</p>	<p>Support</p> <p>AB 372 (Stone) CBHDA Support Letter to Senate Public Safety (June 8, 2018)</p>
<p>AB 1436 Levine D</p>	<p>Board of Behavioral Sciences: licensees: suicide prevention training. (Amended: 6/20/2018) Would, on or after January 1, 2021, require an applicant for licensure as a marriage and family therapist, an educational psychologist, a clinical social worker, or a professional clinical counselor to complete a minimum of 6 hours of coursework or applied experience under supervision in suicide risk assessment and intervention. The bill would require, as a one-time requirement, a licensed marriage and family therapist, educational psychologist, clinical social worker, or professional clinical counselor to have completed this suicide risk assessment and intervention training requirement prior to the time of his or her first renewal after January 1, 2021.</p> <p>Status: 8/20/2018 - Read third time. Passed. Ordered to the Assembly. In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 22 pursuant to Assembly Rule 77. Hearing: 8/23/2018 #24 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS</p>	<p>Support</p> <p>AB 1436 (Levine) CBHDA Author Support (June 28, 2018)</p>
<p>AB 1893 Maienschein R</p>	<p>Maternal mental health: federal funding. (Chaptered: 7/20/2018) Current law finds and declares that prenatal care, delivery service, postpartum care, and neonatal and infant care are</p>	<p>Support</p>

	<p>essential services necessary to assure maternal and infant health. Current law requires the State Department of Public Health to develop and maintain a statewide community-based comprehensive perinatal services program to, among other program objectives, ensure the appropriate level of maternal, newborn, and pediatric care services necessary to provide the healthiest outcome for mother and infant. This bill would require the department to investigate and apply for federal funding opportunities regarding maternal mental health, as specified.</p> <p>Status: 7/20/2018 - Approved by the Governor. Chaptered by Secretary of State - Chapter 140, Statutes of 2018.</p>	<p>AB 1893 (Maienschein) CBHDA Request for Signature Letter (July 5, 2018)</p>
<p>AB 2112 Santiago D</p>	<p>Federal 21st Century Cures Act: community-based crisis response plan: grant. (Amended: 7/3/2018) Current federal law, the 21st Century Cures Act, authorizes the United States Secretary of Health and Human Services to award competitive grants to state and local governments and Indian tribes and tribal organizations to enhance community-based crisis response systems that, among other things, promote integration and coordination between local public and private entities engaged in crisis response, such as first responders, health care providers, and behavioral health providers, and addresses gaps in community resources for crisis intervention and prevention. This bill would require the department to develop and submit an application to solicit a grant under the federal authority described above to develop a community-based crisis response plan and would require the grant application to include, at a minimum, and consistent with federal grant application requirements, a plan for specified objectives.</p> <p>Status: 8/21/2018 - Ordered to special consent calendar.</p> <p><i>Hearing: 8/22/2018 #443 SENATE SPECIAL CONSENT CALENDAR NO. 28</i></p>	<p>Support</p> <p>AB 2112 (Santiago) CBHDA Support to Senate Health (June 20, 2018)</p>
<p>AB 2193 Maienschein R</p>	<p>Maternal mental health. (Amended: 8/17/2018) Would require, by July 1, 2019, a licensed health care practitioner who provides prenatal or postpartum care for a patient to offer to screen or appropriately screen a mother for maternal mental health conditions.</p> <p>Status: 8/20/2018 - Read second time. Ordered to third reading.</p> <p><i>Hearing: 8/22/2018 #297 SENATE SEN THIRD READING FILE - ASM BILLS</i></p>	<p>Support</p> <p>AB 2193 (Maienschein) CBHDA Support to Senate Health (June 15, 2018)</p>
<p>AB 2316 Eggman D</p>	<p>Mental health: county patients' rights advocates: training materials. (Enrollment: 8/16/2018) Current law requires each local mental health director to appoint, or contract for the services of, one or more county patients' rights advocates. Current law requires these advocates to, among other things, monitor mental health facilities, services, and programs, as defined, for compliance with statutory and regulatory patients' rights provisions, and receive and</p>	<p>Support</p> <p>AB 2316 (Eggman) CBHDA Request for</p>

	investigate certain complaints from or concerning recipients of mental health services residing in licensed health or community care facilities. This bill would require the contracted entity to make patients' rights advocacy training materials readily accessible to all county patients' rights advocates online and would require the training materials to include specified topics. Status: 8/16/2018 - Enrolled and presented to the Governor at 4 p.m.	Signature (August 15, 2018)
AB 2983 Arambula D	Health care facilities: voluntary psychiatric care. (Amended: 7/2/2018) Would prohibit a general acute care hospital or an acute psychiatric hospital from requiring a person who voluntarily seeks care to be in custody as a danger to himself or herself or others or gravely disabled as a condition of accepting a transfer of that person after his or her written consent for treatment and transfer is documented or in the absence of evidence of probable cause for detention, as defined. By creating a new crime, this bill would impose a state-mandated local program. Status: 8/20/2018 - Senate amendments concurred in. To Engrossing and Enrolling.	Support AB 2983 (Arambula) CBHDA Support to Senate Health (June 11, 2018)
ACR 180 Waldron R	Maternal Mental Health Awareness Month. (Chaptered: 6/1/2018) This measure would dedicate the month of May 2018 as Maternal Mental Health Awareness Month. Status: 5/29/2018 - Chaptered by Secretary of State- Chapter 80, Statutes of 2018	Support CBHDA ACR 180 (Waldron) Support Letter (April 25, 2018)
SB 1363 Moorlach R	Personal income taxes: voluntary contributions: National Alliance on Mental Illness California Voluntary Tax Contribution Fund. (Enrolled: 8/21/2018) Would allow an individual to designate on his or her tax return that a specified amount in excess of his or her personal income tax liability be transferred to the National Alliance on Mental Illness California Voluntary Tax Contribution Fund, which would be created by this bill. Status: 8/20/2018 - Assembly amendments concurred in. (Ayes 38. Noes 0.) Ordered to engrossing and enrolling.	Support SB 1363 (Moorlach) CBHDA Support to Assembly Revenue and Taxation (June 6, 2018)
MHSA		
Bill Author	Description	Position
SB 688 Moorlach R	Mental Health Services Act: revenue and expenditure reports. (Enrolled: 8/21/2018) Current law requires the State Department of Health Care Services, in consultation with the commission and the County Behavioral Health Directors Association of California, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which gathers specified information on mental health spending	Support (Sponsor) SB 688 (Moorlach) CBHDA Sponsor Letter to Assembly

	<p>as a result of the MHSA, including the expenditures of funds distributed to each county. Current law requires counties to electronically submit the report to the department and the commission. This bill would additionally require counties to adhere to uniform accounting standards and procedures prescribed by the Controller, as specified, in preparing the reports, with the exception of expenditures or receipts related to capital facilities and technology needs.</p> <p>Status: 8/20/2018 - Assembly amendments concurred in. (Ayes 34. Noes 0.) Ordered to engrossing and enrolling.</p>	Health (May 31, 2018)
SB 1004 Wiener D	<p>Mental Health Services Act: prevention and early intervention. (Amended: 8/20/2018) Would require the Mental Health Services Oversight and Accountability Commission, on or before January 1, 2020, to establish priorities for the use of prevention and early intervention funds and to develop a statewide strategy for monitoring implementation of prevention and early intervention services, including enhancing public understanding of prevention and early intervention and creating metrics for assessing the effectiveness of how prevention and early intervention funds are used and the outcomes that are achieved. The bill would require the commission to establish a strategy for technical assistance, support, and evaluation to support the successful implementation of the objectives, metrics, data collection, and reporting strategy.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p><i>Hearing: 8/23/2018 #300 ASSEMBLY THIRD READING FILE - SENATE BILLS</i></p>	Support
Practice & Professions		
Bill Author	Description	Position
AB 2143 Caballero D	<p>Mental health: Licensed Mental Health Service Provider Education Program. (Amended: 6/11/2018) Current law establishes the Licensed Mental Health Service Provider Education Program within the Health Professions Education Foundation. Current law establishes the Mental Health Practitioner Education Fund in the State Treasury and provides that moneys in that fund are available, upon appropriation, for expenditure by the Office of Statewide Health Planning and Development for purposes of the program. This bill would expand the program to apply to persons eligible under existing law who attain further education in order to practice as psychiatric-mental health nurse practitioners or physician assistants in psychiatric mental health settings, thereby allowing those practitioners to apply for grants under the program for reimbursement of those later-incurred educational loans.</p> <p>Status: 8/20/2018 - Read third time. Passed. Ordered to the Assembly. In Assembly. Concurrence</p>	Support AB 2143 (Caballero) CBHDA Support to Senate Health (June 20, 2018)

	in Senate amendments pending. May be considered on or after August 22 pursuant to Assembly Rule 77. Hearing: 8/23/2018 #36 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS	
SB 906 Beall D	<p>Mental health services and substance use disorder treatment: peer support specialist certification. (Amended: 8/21/2018) Would require the State Department of Health Care Services to establish, no later than July 1, 2020, a peer support specialist certification to support the ongoing provision of services to individuals experiencing mental health care needs, substance use disorder needs, or both by certified peer support specialists. The certification components would include, among others, curriculum and core competencies, training and continuing education requirements, a code of ethics, and a process for the investigation of complaints and corrective action.</p> <p>Status: 8/21/2018 - Read second time and amended. Ordered to second reading. (Amended 8/21/2018)Hearing: 8/23/2018 #4 ASSEMBLY SECOND READING FILE -- SENATE BILLS</p>	<p>Support</p> <p>SB 906 (Beall) CBHDA Support Letter to Assembly Health (June 11, 2018)</p>
SUD		
Bill Author	Description	Position
AB 1751 Low D	<p>Controlled substances: CURES database. (Amended: 8/17/2018) This bill would require the Department of Justice, no later than July 1, 2020, to adopt regulations regarding the access and use of the information within CURES by consulting with stakeholders, and addressing certain processes, purposes, and conditions in the regulations. The bill would authorize the department, once final regulations have been issued, to enter into an agreement with any entity operating an interstate data sharing hub, or any agency operating a prescription drug monitoring program in another state, for purposes of interstate data sharing of prescription drug monitoring program information, as specified.</p> <p>Status: 8/20/2018 - Read second time. Ordered to third reading. Hearing: 8/22/2018 #276 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 1751 (Low) CBHDA Support to Senate Public Safety (June 15, 2018)</p>
AB 1753 Low D	<p>Controlled substances: CURES database. (Amended: 4/18/2018) Current law requires prescription forms for controlled substance prescriptions to be obtained from security printers approved by the Department of Justice, as specified. Current law requires a dispensing pharmacy, clinic, or other dispenser to report specified information to the Department of Justice. This bill would authorize the Department of Justice to reduce or limit the number of approved printers to 3, as specified. The bill would require prescription forms for controlled substance prescriptions to have a uniquely serialized number, in a manner prescribed by the Department of Justice, and would require a printer to submit specified information to the Department of Justice for all</p>	<p>Support</p> <p>AB 1753 (Low) CBHDA Support to Senate Public Safety (June 15, 2018)</p>

	<p>prescription forms delivered.</p> <p>Status: 8/17/2018 - From committee: Do pass. (Ayes 7. Noes 0.) (August 16). Read second time. Ordered to third reading. Hearing: 8/22/2018 #174 SENATE SEN THIRD READING FILE - ASM BILLS</p>	
<p>AB 2384 Arambula D</p>	<p>Medication-assisted treatment. (Amended: 7/3/2018) Would, until January 1, 2024, require a health insurer or a health care service plan, not including a Medi-Cal managed care plan, to cover, at a minimum, one version of each specified medication-assisted treatment and overdose reversal prescription drug approved by the United States Food and Drug Administration for opioid use disorder. The bill would provide that one version of each medication-assisted treatment, as identified by a health care service plan or health insurer, is not subject to specified requirements of a health care service plan or policy of health insurance, including prior authorization and an annual or lifetime dollar limit, as specified.</p> <p>Status: 8/17/2018 - From committee: Do pass. (Ayes 5. Noes 2.) (August 16). Read second time. Ordered to third reading. Hearing: 8/22/2018 #208 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 2384 (Arambula) CBHDA Support to Senate Health (June 21, 2018)</p>
<p>AB 2760 Wood D</p>	<p>Prescription drugs: prescribers: naloxone hydrochloride and other FDA-approved drugs. (Amended: 8/15/2018) Would require a prescriber, as defined, to offer a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid depression to a patient when certain conditions are present and to provide education on overdose prevention and the use of naloxone hydrochloride or another drug to the patient and specified others, except as specified. The bill would subject a prescriber to referral to the Medical Board of California charged with regulating his or her license for the imposition of administrative sanctions, as that board deems appropriate, for violating those provisions.</p> <p>Status: 8/20/2018 - Read third time. Passed. Ordered to the Assembly. In Assembly. Concurrence in Senate amendments pending. May be considered on or after August 22 pursuant to Assembly Rule 77. Hearing: 8/23/2018 #44 ASSEMBLY CONCURRENCE IN SENATE AMENDMENTS</p>	<p>Support</p> <p>AB 2760 (Wood) CBHDA Support to Senate Business and Professions (June 6, 2018)</p>
<p>AB 2861 Salas D</p>	<p>Medi-Cal: telehealth: alcohol and drug use treatment. (Amended: 8/6/2018) Would, to the extent federal financial participation is available and any necessary federal approvals have been obtained, require that a Drug Medi-Cal certified provider receive reimbursement for individual counseling services provided through telehealth by a licensed practitioner of the healing arts or a registered or certified alcohol or other drug counselor, when medically necessary and in</p>	<p>Support (Sponsor)</p> <p>AB 2861 (Salas) CBHDA Support to Senate Health (June 21, 2018)</p>

	<p>accordance with the Medicaid state plan. Status: 8/21/2018 - VOTE: Assembly 3rd Reading AB2861 Salas By Beall</p>	
<p>AB 3067 Chau D</p>	<p>Internet: marketing: minors: cannabis. (Enrollment: 8/20/2018) Would prohibit an operator of an Internet Web site, online service, online application, or mobile application directed to minors, or an advertising service that is notified by an operator that the site, service, or application is directed to minors, from marketing or advertising any cannabis, cannabis product, cannabis business, or cannabis-related instrument or paraphernalia on the Internet Web site, online service, online application, or mobile application. Status: 8/20/2018 - Enrolled and presented to the Governor at 3 p.m.</p>	<p>Support</p> <p>AB 3067 (Chau) CBHDA Request for Signature (August 15, 2018)</p>
<p>AB 3162 Friedman D</p>	<p>Alcoholism or drug abuse treatment facilities. (Amended: 8/20/2018) Current law provides for the licensure and regulation of alcoholism or drug abuse recovery or treatment facilities serving adults by the State Department of Health Care Services, as prescribed. Current law makes a violation of these provisions punishable by a civil penalty of not less than \$25 or more than \$50 per day for each violation, with additional penalties for repeat violations, as specified. This bill would make an initial license for a new facility issued by the department to a provider provisional for one year and revocable for good cause, as defined. Status: 8/21/2018 - Read second time. Ordered to third reading. Hearing: 8/22/2018 #409 SENATE SEN THIRD READING FILE - ASM BILLS</p>	<p>Support</p> <p>AB 3162 (Friedman) CBHDA Support if Amended to Senate Health (June 11, 2018)</p>
<p>SB 275 Portantino D</p>	<p>Alcohol and drug treatment: youth. (Amended: 8/20/2018) The current Adolescent Alcohol and Drug Treatment and Recovery Program Act of 1998, which authorized the State Department of Alcohol and Drug programs to establish community-based nonresidential and residential recovery programs to intervene and treat the problems of alcohol and other drug use among youth, became inoperative on July 1, 2013. This bill would repeal those inoperative provisions and would enact the Children, Adolescents, and Young Adults Substance Use Disorder Treatment Act. The bill would require the department to convene an expert panel on or before January 1, 2020, to advise the department solely on the development of youth substance use disorder (SUD) treatment quality standards, as specified. Status: 8/21/2018 - Read second time. Ordered to third reading. Hearing: 8/23/2018 #271 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Support</p> <p>SB 275 (Portantino) CBHDA Support to Asm. Health (June 25, 2018)</p>
<p>SB 905 Wiener D</p>	<p>Alcoholic beverages: hours of sale. (Amended: 8/20/2018) Would, beginning January 1, 2021, and before January 2, 2026, would require the Department of Alcoholic Beverage Control to conduct a pilot program that would authorize the department to issue an additional hours license to an on-sale licensee located in a qualified city which would authorize, with or without conditions,</p>	<p>Oppose</p> <p>SB 905 (Wiener) CBHDA Oppose to</p>

	<p>the selling, giving, or purchasing of alcoholic beverages at the licensed premises between the hours of 2 a.m. and 4 a.m., upon completion of specified requirements by the qualified city in which the licensee is located. The bill would impose specified fees related to the license to be deposited in the Alcohol Beverage Control Fund.</p> <p>Status: 8/21/2018 - Read second time. Ordered to third reading.</p> <p>Hearing: 8/23/2018 #291 ASSEMBLY THIRD READING FILE - SENATE BILLS</p>	<p>Assembly Appropriations (August 6, 2018)</p>
<p>SB 992 Hernandez D</p>	<p>Alcoholism or drug abuse recovery or treatment facilities. (Amended: 6/21/2018) Would change the definition of “alcoholism or drug abuse recovery or treatment facility” to include facilities that provide residential nonmedical services for less than 24 hours in a day, thereby subjecting additional facilities to the above-referenced licensing and regulatory requirements applicable to those facilities. This bill contains other related provisions.</p> <p>Status: 8/16/2018 - Read second time. Ordered to consent calendar.</p> <p>Hearing: 8/23/2018 #344 ASSEMBLY CONSENT CALENDAR 2ND DAY-SENATE BILLS</p>	<p>Support</p> <p>SB 992 (Hernandez) CBHDA Support to Assembly Health (June 18, 2018)</p>
<p>SB 1302 Lara D</p>	<p>Cannabis: local jurisdiction: prohibitions on delivery. (Amended: 4/26/2018) MAUCRSA prohibits a local jurisdiction from preventing the delivery of cannabis or cannabis products on public roads by a licensee who is acting in compliance with MAUCRSA as well as any local law adopted pursuant to MAUCRSA. MAUCRSA generally authorizes a local jurisdiction to adopt and enforce local ordinances to regulate licensed businesses located within the local jurisdiction. This bill would prohibit a local government from adopting or enforcing any ordinance that would prohibit a licensee from delivering cannabis within or outside of the jurisdictional boundaries of the local jurisdiction.</p> <p>Status: 5/31/2018 - Ordered to inactive file on request of Senator Lara.</p>	<p>Oppose</p>
<p>SB 1451 Fuller R</p>	<p>Licenses: sale to underaged persons: penalties. (Amended: 7/2/2018) Would impose specific penalties on any licensee who holds an A-type or M-type retailer license or A-type or M-type microbusiness license who sells, furnishes, or causes to be sold or furnished cannabis or cannabis products to any person under the legal age on the licensed retail premises or who permits any person under the legal age to consume cannabis or cannabis products on the licensed retail premises, by subjecting the licensee to a suspension or revocation of its A-type and M-type retailer license and A-type and M-type microbusiness license issued for that retail premises where the violation occurred, as provided. The bill would not preclude any additional disciplinary actions to be taken by a licensing authority against the licensee for these acts or omissions.</p> <p>Status: 8/16/2018 - Read second time. Ordered to consent calendar.</p> <p>Hearing: 8/23/2018 #354 ASSEMBLY CONSENT CALENDAR 2ND DAY-SENATE BILLS</p>	<p>Support</p> <p>SB 1451 (Fuller) CBHDA Support to Assembly Business and Professions (June 20, 2018)</p>

SCR 115 McGuire D	Opioid crisis. (Amended: 8/20/2018) This measure would recognize the impact opioid-related deaths have had on California communities and would support groups and organizations working in California to combat the epidemic. Status: 8/20/2018 - Read second time and amended. Ordered to third reading. Hearing: <i>8/23/2018 #181 ASSEMBLY THIRD READING FILE - SENATE BILLS</i>	Support SCR 115 (McGuire & Gaines) CBHDA Support to Assembly Health (June 8, 2018)
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Total Measures: 46

Total Tracking Forms: 46

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Item 7. HHSA Consumer Perception Survey Presentation

Yolo County Health & Human Services Agency (HHSA)

Preliminary Results: Fall 2017 Consumer Perception / Satisfaction Surveys

Results Provided by Yolo County HHSA Quality Management

Survey Background: General Information

- ▶ Offers consumers and family members a formalized opportunity to provide input/feedback on services
- ▶ Point-in-time “convenience sampling” methodology, with a defined survey period: 1 week in May + 1 week in November
- ▶ Four variations of the survey were distributed:
 - ▶ Adult (for ages 18-59)
 - ▶ Older Adult (for ages 60+)
 - ▶ Youth (for ages 13-17 and transition-age youth who still receive services in child system)
 - ▶ Family of Youth (for parents/caregivers of youth under age 18)
- ▶ State mandate to conduct the survey and submit data semi-annually

Survey Background: Domains

- ▶ Currently divided into 8 domains of consumer perception*
- ▶ Domains 1-7 contain 2 to 9 survey questions each, as defined by the state
- ▶ Domain 1-7 questions are measured on a 5-point Likert scale:
 - ▶ 1=Strongly Disagree, 2=Disagree, 4=Agree, 5=Strongly Agree, 3=Neutral / Undecided**
- ▶ Based on services received in the last 6 months

** Adult/Older Adult Surveys have an optional Quality of Life Domain*

***Adult/Older Adult Surveys use “Neutral” and Youth/Family Surveys use “Undecided”*

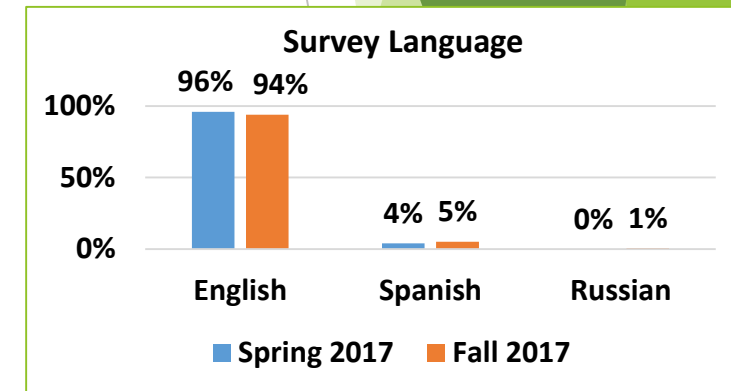
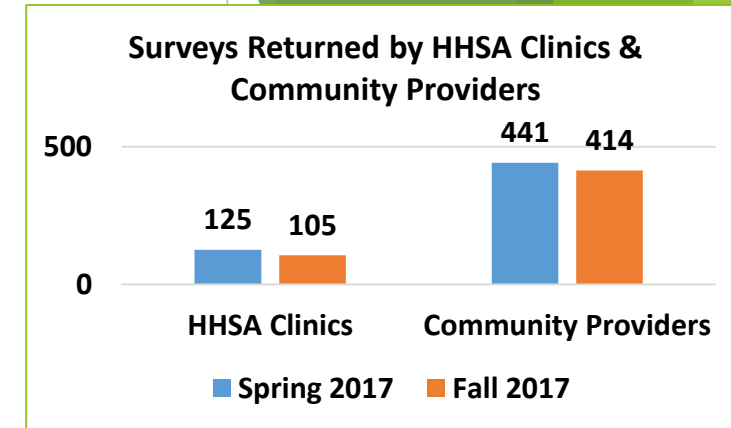
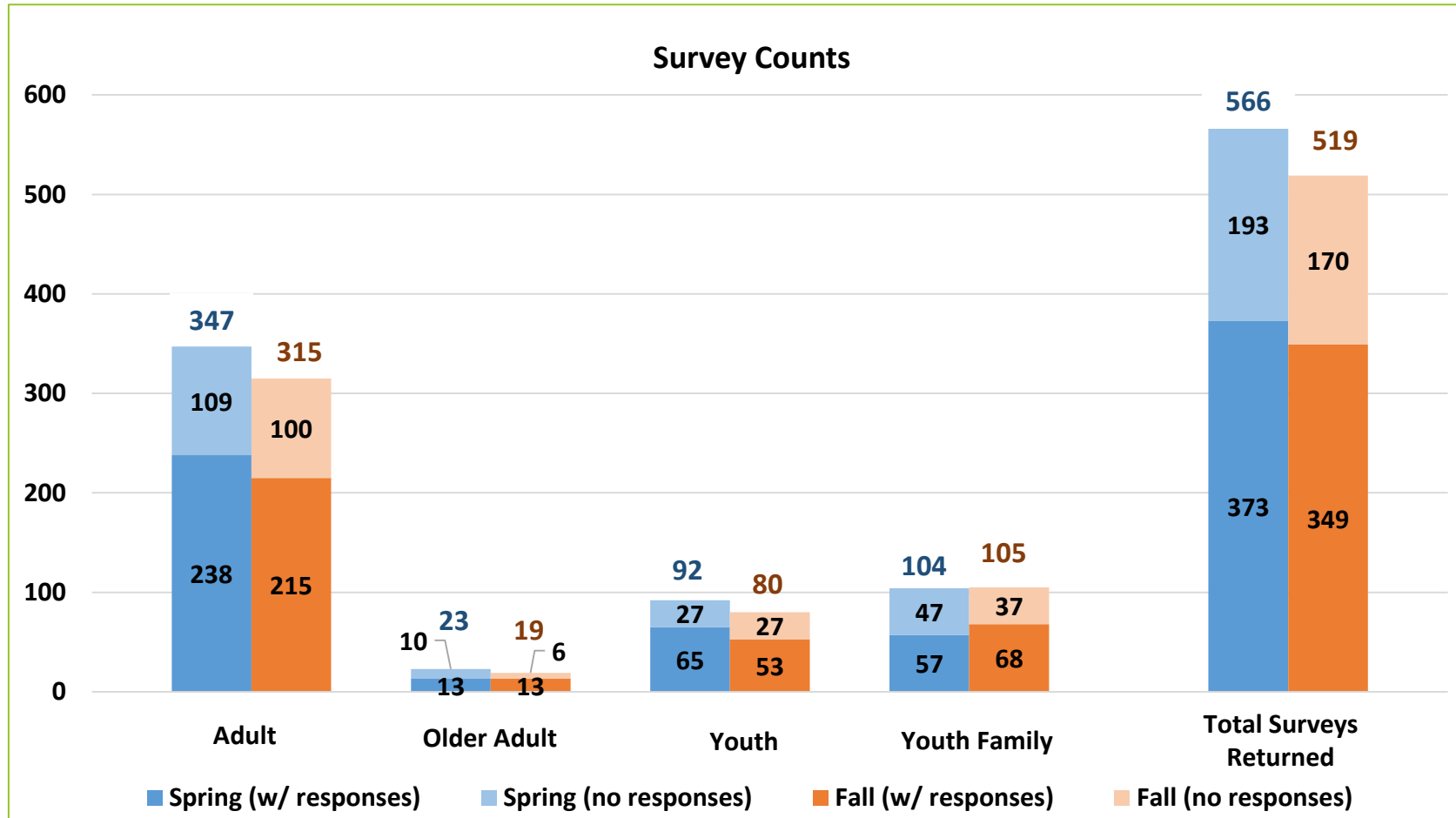
Results Overview

- ▶ Combined for all **Behavioral Health** Community Providers + HHSa Clinics
- ▶ Fall vs. Spring 2017 Comparisons: Surveys Counts, Demographics, Service Information, and Domain Summaries
- ▶ Fall 2017 Preliminary Results: Domains 1-7
 - ▶ Older Adult results combined with Adults due to small sample size
 - ▶ Youth and Family of Youth presented together for comparison
 - ▶ Analyses do not include Not Applicable (N/A) or missing responses*

Note: These results are preliminary and subject to change.

**Information on N/A and missing data available upon request*

Survey Counts: Fall vs. Spring 2017

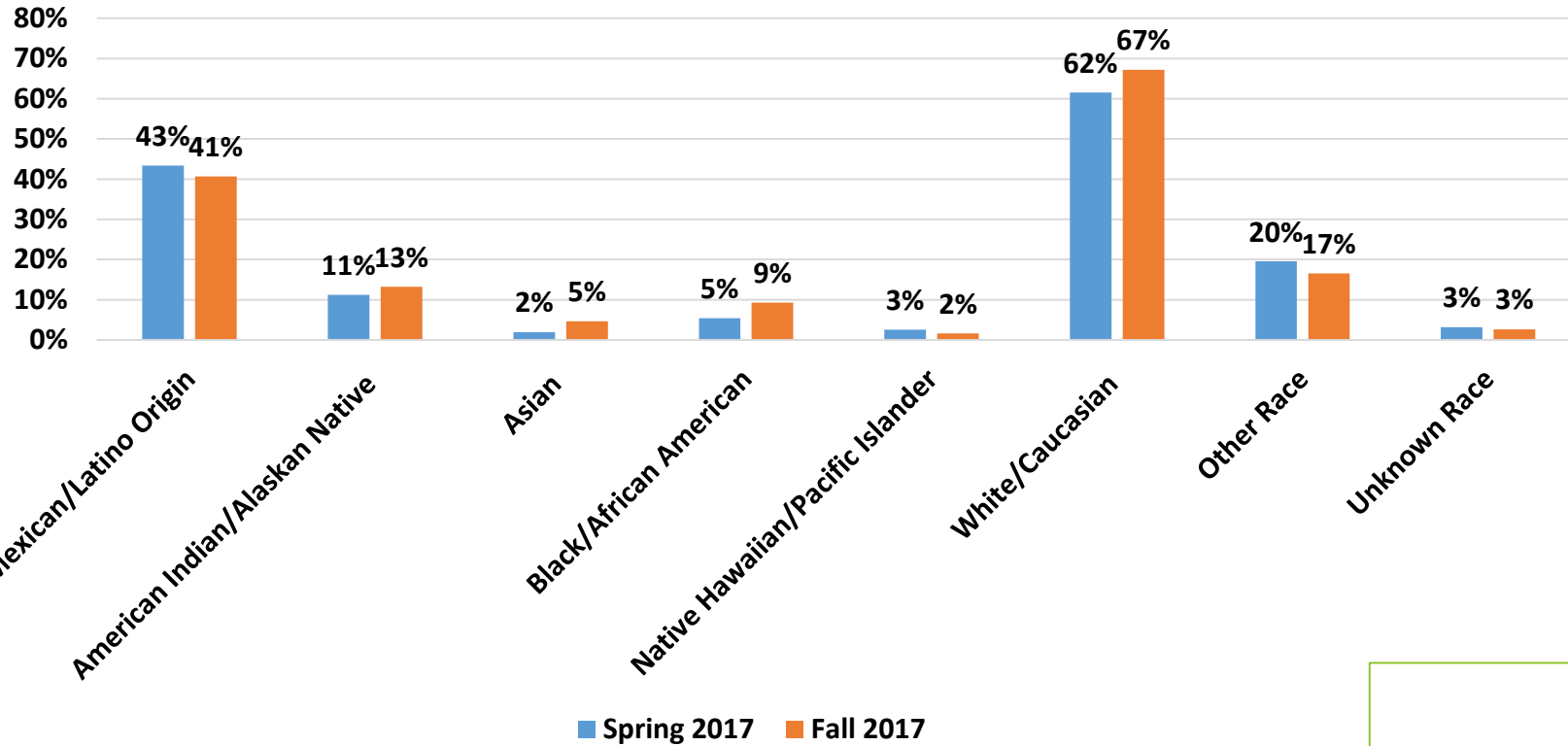


In Fall and Spring 2017...

- ▶ Two-thirds of surveys returned with consumer responses (average ~375)
- ▶ Majority of surveys from **community providers** (~80%)
- ▶ Majority of surveys with responses are in **English** (~95%)

Demographics: Fall vs. Spring 2017

Race & Hispanic/Mexican/Latino Origin*

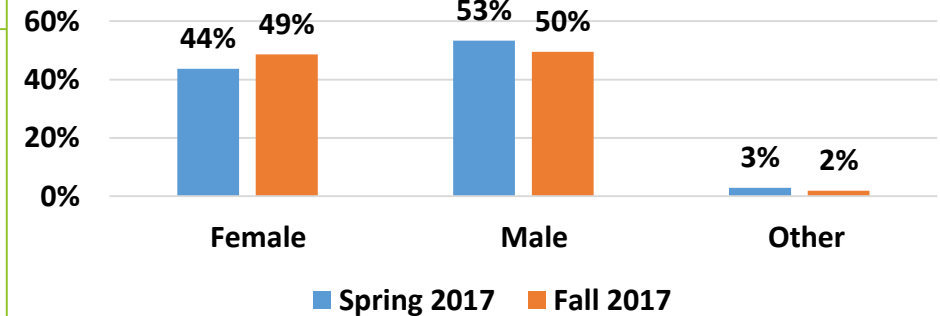


*Race (mark all that apply);
Hispanic Origin (yes responses)

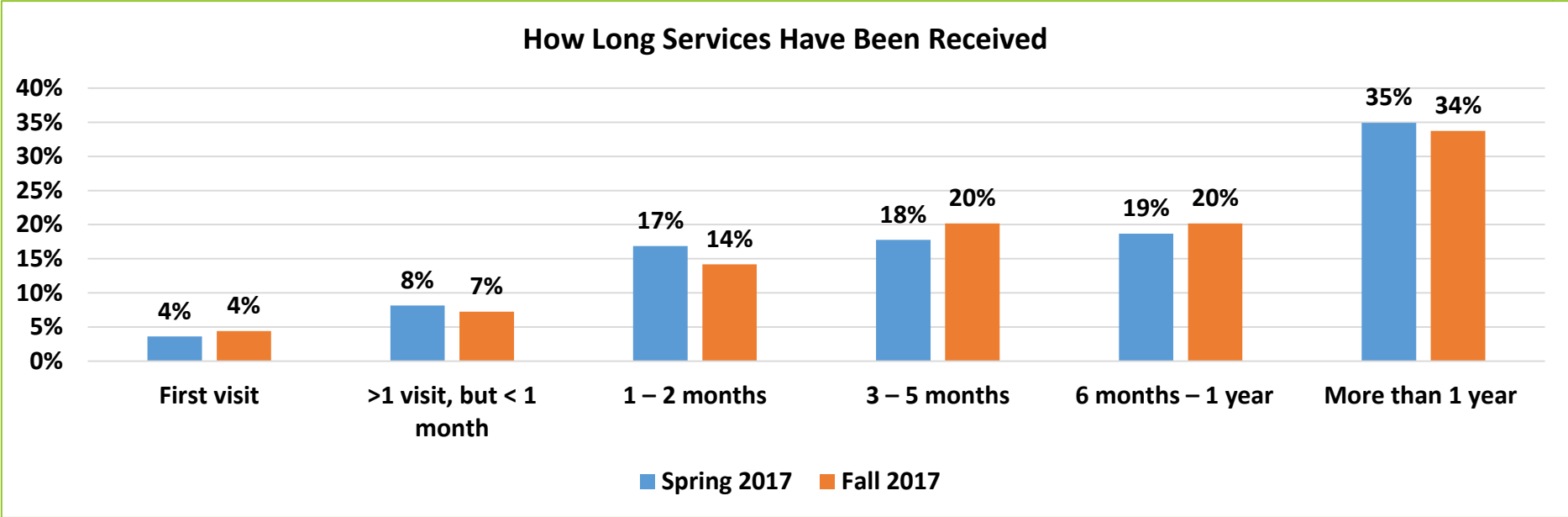
In Fall and Spring 2017...

- ▶ About two-thirds of respondents identified as White
- ▶ Slight increase in respondents who identified as Black and Asian
- ▶ Respondents of Hispanic Origin relatively stable (~42%)
- ▶ Nearly half of respondents were male, half were female

Gender

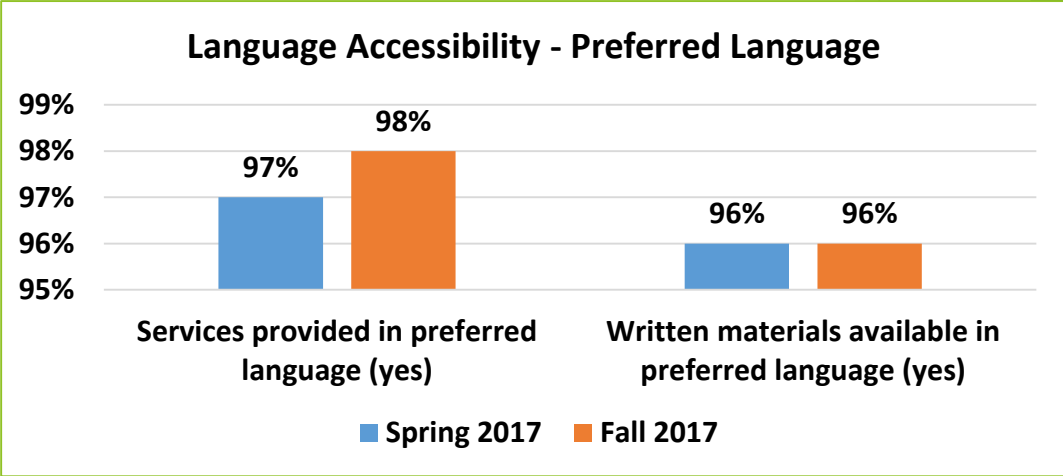


Service Information: Fall vs. Spring 2017



In Fall and Spring 2017...

- ▶ About two-thirds of respondents receiving services for less than one year
- ▶ Nearly half of respondents (46%) receiving services for less than 6 months
- ▶ Majority of respondents (96-98%) reported language accessibility with services (service delivery and written materials in preferred language)



Domain Results Summary: Adults & Older Adults

- ▶ Domain percentages very similar between Spring and Fall 2017
- ▶ Highest domain during both = **General Satisfaction** (Spring 87%, Fall 84% satisfaction)
- ▶ Lowest domain in Spring 2017 = perception of **Functioning** (73% satisfaction)
- ▶ Lowest domain in Fall 2017 = perception of **Outcomes** (70% satisfaction)
- ▶ In Fall 2017, over 80% satisfaction responses in three domains (General Satisfaction, Access, Service Quality / Appropriateness). Below 80% satisfaction responses in four domains (Participation in Treatment Planning, Outcomes, Functioning, Social Connectedness)*
 - ▶ *Very similar trend observed in Spring 2017, except Access domain was below 80% (78% satisfaction)

Domain Results Summary: Youth & Family of Youth

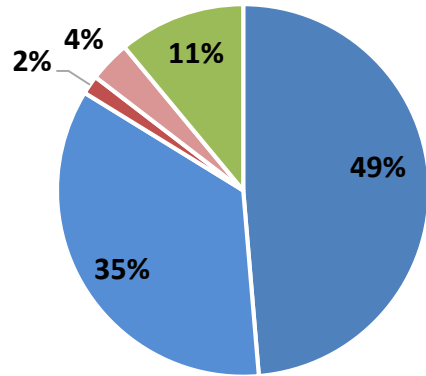
The following trends were observed in both Fall and Spring 2017:

- ▶ Family members (FM) of youth report higher satisfaction than youth (Y) across all domains except perceptions of **Outcomes / Functioning** (Fall: FM 62%, Y 65%)
- ▶ **Outcomes / Functioning** is the lowest domain overall for both FM and Y; has the highest percentage of undecided responses (Fall: FM 25%, Y 28%)
- ▶ Over **90%** satisfaction responses from FM in all other domains
- ▶ Perception of **Service Cultural Sensitivity** is the highest domain overall for both FM and Y (Fall: FM 97%, Y 89%)
- ▶ Largest difference exists in the domain of **Participation in Treatment Planning**, with higher satisfaction from FM (Fall: FM 92%, Y 71%)

Fall 2017: Adults & Older Adults

General Satisfaction

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



Highest Domain

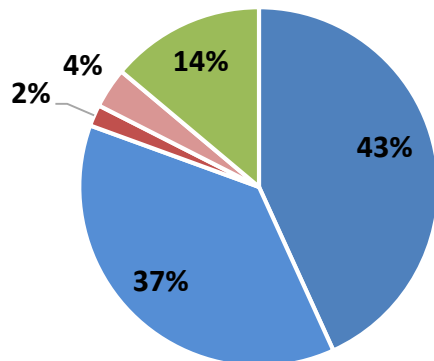
On average:

- **84%** of responses indicated **general satisfaction** with services
- **5%** of responses indicated general dissatisfaction
- **11%** of responses were neutral

Average score = **4.26**

Access

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



On average:

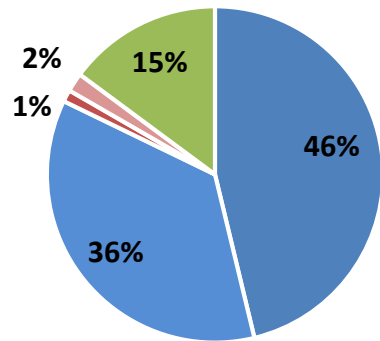
- **81%** of responses indicated satisfaction with **access to services**
- **6%** of responses indicated dissatisfaction
- **14%** of responses were neutral

Average score = **4.16**

Fall 2017: Adults & Older Adults

Service Quality / Appropriateness

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



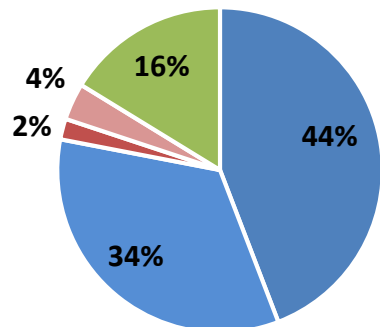
On average:

- **82%** of responses indicated satisfaction with the **quality and appropriateness of services**
- **3%** of responses indicated dissatisfaction
- **15%** of responses were neutral

Average score = **4.24**

Participation in Treatment Planning

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



On average:

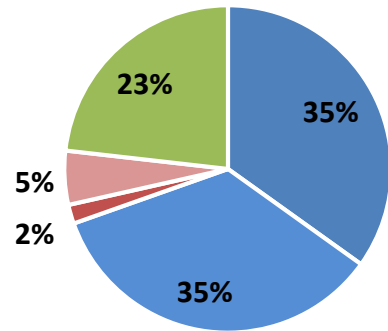
- **78%** of responses indicated satisfaction with being involved in **treatment planning**.
- **6%** of responses indicated dissatisfaction.
- **16%** of responses were neutral.

Average score = **4.14**

Fall 2017: Adults & Older Adults

Outcomes

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



Lowest Domain

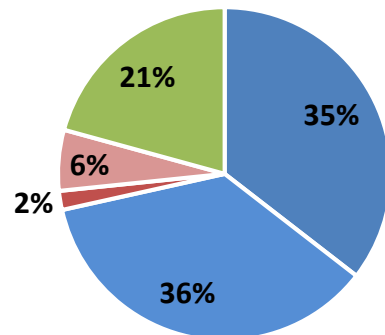
On average:

- 70% of responses indicated improved **outcomes**
- 7% of responses indicated outcomes were not improved
- 23% of responses were neutral

Average score = 3.95

Functioning

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



On average:

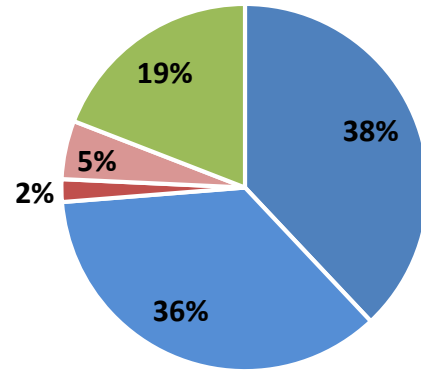
- 72% of responses indicated improved **functioning**
- 8% of responses indicated functioning was not improved
- 21% of responses were neutral

Average score = 3.97

Fall 2017: Adults & Older Adults

Social Connectedness

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Neutral



On average:

- **74%** of responses indicated improved **social connectedness**
- **7%** of responses indicated social connectedness was not improved
- **19%** of responses were neutral

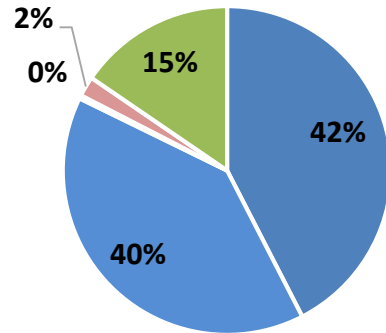
Average score = **4.03**

Fall 2017: Youth & Family of Youth

General Satisfaction

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Youth:

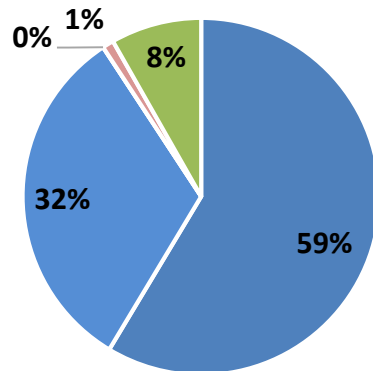


On average:

- **82%** of responses indicated **general satisfaction** with services
- **2%** of responses indicated **general dissatisfaction**
- **15%** of responses were undecided

Average score = **4.22**

Family of Youth:



On average:

- **91%** of responses indicated **general satisfaction** with services
- **1%** of responses indicated **general dissatisfaction**
- **8%** of responses were undecided

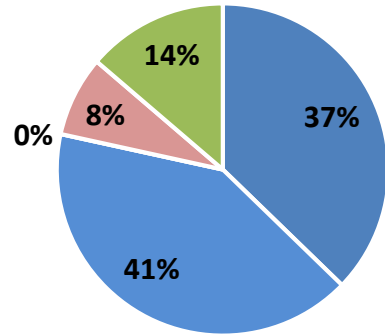
Average score = **4.48**

Fall 2017: Youth & Family of Youth

Access

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Youth:

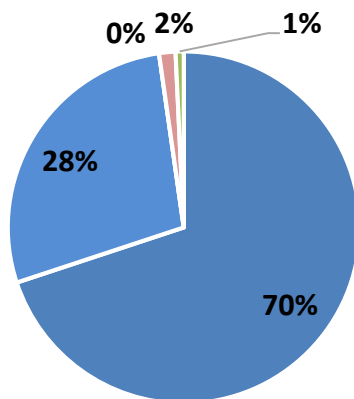


On average:

- **78%** of responses indicated satisfaction with **access to services**
- **8%** of responses indicated dissatisfaction
- **14%** of responses were undecided

Average score = **4.08**

Family of Youth:



On average:

- **98%** of responses indicated satisfaction with **access to services**
- **2%** of responses indicated dissatisfaction
- **1%** of responses were undecided

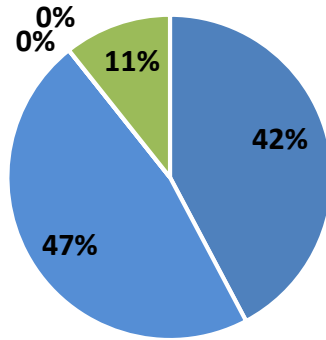
Average score = **4.66**

Fall 2017: Youth & Family of Youth

Service Cultural Sensitivity

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Youth:



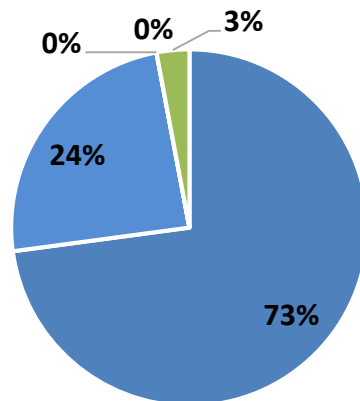
Highest Domain

On average:

- **89%** of responses indicated satisfaction with the **cultural sensitivity of services**
- **0%** of responses indicated dissatisfaction
- **11%** of responses were undecided

Average score = **4.32**

Family of Youth:



Highest Domain

On average:

- **97%** of responses indicated satisfaction with the **cultural sensitivity of services**
- **0%** of responses indicated dissatisfaction
- **3%** of responses were undecided

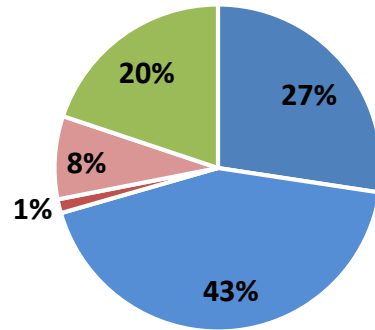
Average score = **4.70**

Fall 2017: Youth & Family of Youth

Participation in Treatment Planning

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Youth:

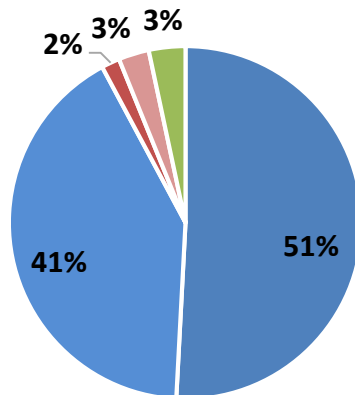


On average:

- **71%** of responses indicated satisfaction with being involved in **treatment planning**
- **10%** of responses indicated dissatisfaction
- **20%** of responses were undecided

Average score = **3.87**

Family of Youth:



On average:

- **92%** of responses indicated satisfaction with being involved in the youth's **treatment planning**
- **4%** of responses indicated dissatisfaction
- **3%** of responses were undecided

Average score = **4.37**

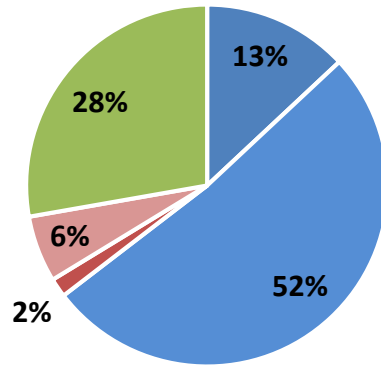
Fall 2017: Youth & Family of Youth

Outcomes / Functioning

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Lowest Domain

Youth:



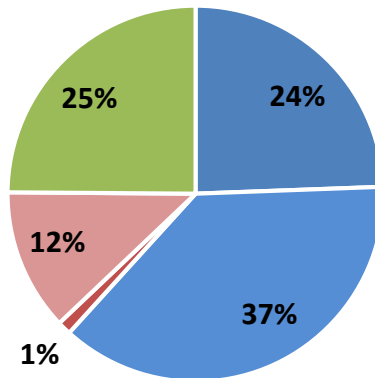
On average:

- **65%** of responses indicated improved **outcomes / functioning**
- **8%** of responses indicated outcomes / functioning were not improved
- **28%** of responses were undecided

Average score = **3.68**

Lowest Domain

Family of Youth:



On average:

- **62%** of responses indicated improved **outcomes / functioning of youth**
- **13%** of responses indicated outcomes / functioning of youth was not improved
- **25%** of responses were undecided

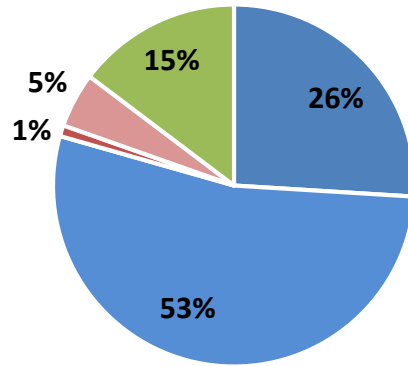
Average score = **3.72**

Fall 2017: Youth & Family of Youth

Social Connectedness

■ Strongly Agree ■ Agree ■ Strongly Disagree ■ Disagree ■ Undecided

Youth:

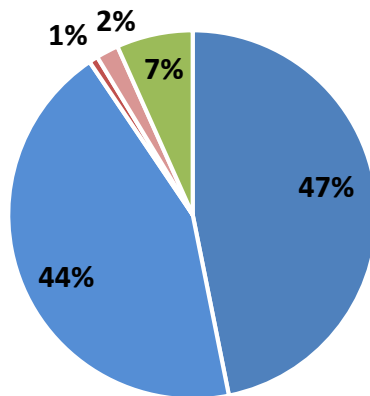


On average:

- **79%** of responses indicated improved **social connectedness**
- **6%** of responses indicated social connectedness was not improved
- **15%** of responses were undecided

Average score = **3.99**

Family of Youth:



On average:

- **91%** of responses indicated improved **social connectedness**
- **3%** of responses indicated social connectedness was not improved
- **7%** of responses were undecided

Average score = **4.34**

How Domain Results Were Calculated

In order to obtain the percentages reported for each Domain, the average of the percentages for the questions that make up that Domain was taken.

EXAMPLE: Three questions make up Domain 1 (General Satisfaction), for Adults:

1. I like the services that I receive here (n=248)
 - **91% of clients** reported either "agree" or "strongly agree"
 - **2% of clients** reported either "disagree" or "strongly disagree"
 - **8% of clients** reported "I am neutral"
2. If I had other choices, I would still get services from this agency (n=244)
 - **81% of clients** reported either "agree" or "strongly agree"
 - **5% of clients** reported either "disagree" or "strongly disagree"
 - **15% of clients** reported "I am neutral"
3. I would recommend this agency to a friend or family member (n=244)
 - **88% of clients** reported either "agree" or "strongly agree"
 - **2% of clients** reported either "disagree" or "strongly disagree"
 - **10% of clients** reported "I am neutral"

Average of 91%, 81%, and 88% = 87% (general satisfaction responses)

Average of 2%, 5%, and 2% = 3% (general dissatisfaction responses)

Average of 8%, 15%, and 10% = 11% (neutral responses)

*Note: This sample data is not reflective of the results in this presentation.
Reminder: Analyses do not include N/A or Missing Responses.*

Survey Domain	Adult & Older Adult Survey Questions	Youth & Family of Youth Survey Questions
1. General Satisfaction	1. I like the services that I received here. 2. If I had other choices, I would still get services from this agency. 3. I would recommend this agency to a friend or family member.	1. Overall, I am satisfied with the services I [my child] received. 4. The people helping me [my child] stuck with me [us] no matter what. 5. I felt I [my child] had someone to talk to when I [she/he] was troubled. 7. I [my child/family] received services that were right for me [us]. 10. I [my family] got the help I [we] wanted [for my child]. 11. I [my family] got as much help as I [we] needed [for my child].
2. Perception of Access	4. The location of services was convenient (parking, public transportation, distance, etc.). 5. Staff were willing to see me as often as I felt it was necessary. 6. Staff returned my calls within 24 hours. 7. Services were available at times that were good for me. 8. I was able to get all the services I thought I needed. 9. I was able to see a psychiatrist when I wanted to.	8. The location of services was convenient for me [us]. 9. Services were available at times that were convenient for me [us].
3. Perception of Service Quality / Appropriateness	10. Staff here believe that I can grow, change and recover. 12. I felt free to complain. 13. I was given information about my rights. 14. Staff encouraged me to take responsibility for how I live my life. 15. Staff told me what side effects to watch out for. 16. Staff respected my wishes about who is, and who is not to be given information about my treatment. 18. Staff were sensitive to my cultural background (race, religion, language, etc.). 19. Staff helped me obtain the information I needed so that I could take charge of managing my illness. 20. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	12. Staff treated me with respect. 13. Staff respected my [family's] religious / spiritual beliefs. 14. Staff spoke with me in a way that I understood. 15. Staff were sensitive to my cultural / ethnic background. <i>Note: Domain 3 is called "Perception of Service Cultural Sensitivity" for Youth/Family Surveys</i>
4. Perception of Participation in Treatment Planning	11. I felt comfortable asking questions about my treatment and medication. 17. I, not staff, decided my treatment goals.	2. I helped to choose my [child's] services. 3. I helped to choose my [child's] treatment goals. 6. I participated in my own [child's] treatment.
<i>As a direct result of the services I [my child and/or family] received...</i>		
5. Perception of Outcomes	21. I deal more effectively with daily problems. 22. I am better able to control my life. 23. I am better able to deal with crisis. 24. I am getting along better with my family. 25. I do better in social situations. 26. I do better in school and /or work. 27. My housing situation has improved. *28. My symptoms are not bothering me as much.	*16. I am [my child is] better at handling daily life. *17. I [my child] get along better with family members. *18. I [my child] get along better with friends and other people. 19. I am [my child is] doing better in school and / or work. *20. I am [my child is] better able to cope when things go wrong. 21. I am satisfied with my family life right now. <i>*These questions overlap with Domain 6.</i>
6. Perception of Functioning	*28. My symptoms are not bothering me as much. 29. I do things that are more meaningful to me. 30. I am better able to take care of my needs. 31. I am better able to handle things when they go wrong. 32. I am better able to do things that I want to do.	*16. I am [my child is] better at handling daily life. *17. I [my child] get along better with family members. *18. I [my child] get along better with friends and other people. *20. I am [my child is] better able to cope when things go wrong. 22. I am [my child is] better able to do things I [she/he] want to do.
7. Perception of Social Connectedness	33. I am happy with the friendships I have. 34. I have people with whom I can do enjoyable things. 35. I feel I belong in my community. 36. In a crisis, I would have the support I need from family or friends.	23. I know people who will listen and understand me when I need to talk. 24. I have people that I am comfortable talking with about my [child's] problem(s). 25. In a crisis, I would have the support I need from family or friends. 26. I have people with whom I can do enjoyable things.

Questions?

Please Contact:

HHSAQualityManagement@yolocounty.org

Item 8. Mental Health Director's Report

Mental Health Director's Report

August 27, 2018

Community Health Branch Director - HHSa is excited to announce that after several months of recruitment we have hired a new Community Health Branch Director. Brian Vaughn joined the team on June 25. Prior to joining our team, Brian had a unique mix of education and experience in community-based health improvement work and high-level systems transformation within the public health world. Most recently, Brian worked at the Sonoma County Department of Health Services as the Director of Health Policy, Planning and Evaluation since 2013. In this role, Brian led his department through a process to develop its strategic plan and developed and implemented strategies to connect services across the county to improve both outcomes and resource efficiencies. Brian also worked as a Health Program Manager at First 5 Sonoma and as the Director of Healthy Start Brooklyn. Brian spent two years in the Peace Corps in Nicaragua, where he worked with a rural and isolated indigenous population to develop early childhood programs in their village.

Brian completed a Local Governance Summer Institute through Stanford University in 2016, received his Master of Public Health from Johns Hopkins School of Public Health in 2007, and completed his Bachelor of Arts in Sociology from University of California, San Diego in 2001. Brian is bilingual in Spanish (and proficient in Miskitu, the language of an indigenous group in Central America). Please join me in giving Brian a warm welcome! Staff contact: Karen Larsen

Substance Use Disorder Continuum - Yolo County officially implemented the new Drug Medi-Cal Organized Delivery System Waiver on July 1st, radically changing the way clients are engaged to enter substance use treatment services while greatly increasing the available services. HHSa, CommuniCare Health Centers, and Heritage Oaks Hospital staff are all playing a role in accessing these needed services.

Leading up to the implementation on July 1st, HHSa staff or contracted trainers held 7 trainings in May and June to support the entire system including training on our electronic health record, fiscal training to claim for services, evidence based practices, and more! Since July 1st, we have held 3 trainings with access point staff and have at least 4 more trainings scheduled through the end of the calendar year.

We are also hosting bi-weekly internal meetings to problem solve issues raised by our access points and substance use provider staff, as well as, monthly provider meetings with all substance use providers and bi-weekly meetings with all access point staff. In addition, HHSa is working on developing policies and procedures, frequently asked questions (FAQs) documents, and posting these along with our provider forms on our external facing website to improve clarity and accessibility of these documents for our providers. Staff Contact: Ian Evans

Children's Mental Health Services - FY 18/19 contracts for EPSDT specialty mental health services will begin September 1st. Contract providers include CommuniCare, Stanford Youth Solutions, Turning Point Community Programs and Victor Youth Services. Programs will provide necessary services to assist children in maintaining home placements, improving safety and wellbeing, and addressing impairments related to their behavioral health issues. RISE rural school-based Prevention Early Intervention(PEI) program will be increased in order to serve additional rural communities such as Knights Landing, Clarksburg and Dunnigan. Help Me Grow's PEI program will be increased in order to provide maternal mental health screenings and services. Staff Contact: Kim Narvaez

West Sacramento 2x2 - On July 25th, HHSA hosted the West Sacramento 2x2 at our offices in West Sacramento. A 2x2 is a regularly scheduled meeting between County Supervisors and City Council members aimed at addressing shared interests. This 2x2 included myself and many of my staff. We shared about County services and gave a tour of both buildings. Council members Orozco and Sandeen were very appreciative and will be suggesting that other council members receive similar tours/overviews. The new City Manager, Aaron Laurel was also in attendance.

Hospital partnerships - We are working closely with the hospitals to develop a clear understanding of our system from transport and entry into the hospital to admittance and through discharge to the community. We are specifically trying to address any gaps for those experiencing homelessness who are medically fragile.

California Behavioral Health Directors Association(CBHDA) - CBHDA's Executive Director resigned in June and the association is seeking a new leader. Karen has been chosen to be on recruitment/hiring committee. We are distributing recruitment wide and far, have brought in a recruiter, and raised the salary significantly.

Public Guardian/Adult Protective Services - On August 20th, the Public Guardian's office moved from the County Administration building into HHSA's Gonzalez building. This will allow staff to have access to additional administrative supports and to be co-located with other staff serving similar populations of clients. We have also decided to integrate Public Guardian and Adult Protective Services, with management oversight provided by Laurie Haas. Oftentimes these teams overlap during investigations and referrals from APS to Public Guardian and we see this integration as furthering the work of both teams and improving the care for our probate and LPS conservatees. Staff Contact: Laurie Haas

Pine Tree Gardens - Since our last LMHB meeting, HHSA has met with TPCP as well as Supervisors Saylor and Provenza. All partners continue to strive to find a way to make the PTG houses sustainable.

Continuum of Care - The continuum of care steering committee and the community corrections partnership(CCP) continue to work toward addressing all gaps/solutions identified through the Stepping up Intercept Mapping process. We have formed a group focused on applying for grants and are working with CCP to align County Strategic Plan and CCP Strategic Plan initiatives.

Beamer Street Housing - The Beamer Street housing development has been completed. We are awaiting PG&E to hook up the gas and final sign offs for occupancy. Unfortunately, due to the fires, PG&E may take some time to get to us and it will most likely be October before residents can move in. We will make sure you receive the ribbon cutting date.



Psychiatry Services - Dr. Clare Maxwell, who joined us as a Locum Tenem Psychiatrist for the past 9 months will have her last day with us on August 29th. The county is finalizing its CURES Policy (Controlled Substance Utilization Review and Evaluation System), which will go into effect October 1, 2018. Doctors and team are required to check the CURES 2.0 Database whenever initiating a prescription for a controlled substance and every 3 months during the maintenance phase.

Mental Health Services Act - Kellymarie Chen, our MHSA Analyst, accepted a new position within the Community Health Branch of Yolo County Health and Human Services and began her new position on July 23. We are excited for her as she embarks on this new journey, and look forward the opportunity this presents for further integration of our Mental Health Services Act across our branches.

We are excited to announce our upcoming community planning meetings to kick off this year's Annual Update to the MHSA Three-Year Plan. These initial meetings will take place across two days, throughout Yolo County. Please join us at one of the following!

September 5, 2018

- 1:00 – 2:30 pm
Arthur Turner Library
[1212 Merkley Ave., West Sacramento](#)
- 3:30 – 5:00 pm
Empower Yolo: Knights Landing Family Resource Center
[9586 Mill Street, Knights Landing](#)
- 6:00 – 7:30 pm, RISE
[17317 Fremont Street, Esparto](#)

September 6, 2018

- 10:30 am – 12:00 pm Redwood Building
[111 Anderson Road, DAVIS](#)
- 1:00 pm – 2:30 pm
HHSA Community Room/Gonzales Building
[25. North Cottonwood Street., Woodland](#)

Item 12. 2019 Meeting Calendar

DRAFT

2019

Yolo County Local Mental Health Board

January						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

February						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
27	29	30	31			

August						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

September						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Regular Meeting County Holiday

JANUARY 28, 2019 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA 95691
 7:00 – 9:00 PM Meeting

FEBRUARY 25, 2019 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street,
 Davis, CA 95616 7:00 – 9:00 PM Meeting

MARCH 25, 2019 - WOODLAND
 Bauer Building, Community Conference Room, 25 Cottonwood St. Woodland, CA 95695
 7:00 – 9:00 PM Meeting

APRIL 22, 2019 - ESPARTO
 Esparto Community Library 17065 Yolo Ave, Esparto, CA 956271
 7:00 – 8:00 PM Meeting

MAY 20, 2019 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA, 95691
 7:00 – 9:00 PM Meeting

JUNE 24, 2019 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street,
 Davis, CA 95616 7:00 – 9:00 PM Meeting

JULY - BOARD RECESS

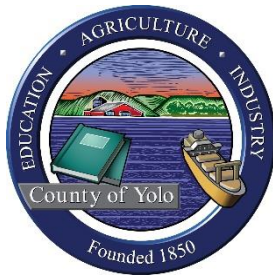
AUGUST 26, 2019 - WOODLAND
 Bauer Building, Community Conference Room, 25 Cottonwood St. Woodland, CA 95695
 7:00 – 8:00 PM Meeting

SEPTEMBER 23, 2019 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street,
 Davis, CA 95616 7:00 – 9:00 PM Meeting

OCTOBER 28, 2019 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA, 95691
 7:00 – 9:00 PM Meeting

DECEMBER 9, 2019 - WOODLAND
 Bauer Building, Community Conference Room, 25 N. Cottonwood St. Woodland, CA
 95695 7:00 – 9:00 PM Meeting

Item 13. Annual Report



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

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

Local Mental Health Board 2017-2018 Annual Report

Membership and Duties

In the last twelve months since the last report to the Yolo County Board of Supervisors (BOS) from the Yolo County Local Mental Health Board (LMHB), there has been some turn over experienced by the Board. In 2018 we have added three new board members, Antonia Tsobanoudis, Serena Durand, and Ben Rose. Our executive leadership is comprised of Chair James Glica-Hernandez, Vice-Chair Nicki King and Secretary/Treasurer Reed Walker.

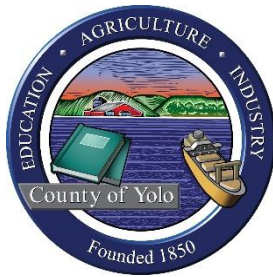
A roster of our current members is below:

Member	District	Date Appointed	Expiration of Term
Bret Bandlely	1	2/7/2017	1/13/2020
Martha Guerrero	1	1/24/2017	1/21/2020
Sally Mandujan	1	1/24/2017	1/31/2020
Serena Durand	2	2/20/2018	1/31/2021
Nicki King	2	2/21/2017	1/31/2020
Antonia Tsobanoudis	2	2/20/2018	1/31/2019
Richard Bellows	3	1/23/2018	1/31/2021
Laurie Ferns	3	2/21/2017	1/31/2019
James Glica-Hernandez	3	1/24/2017	1/31/2020
Ben Rose	4	1/23/2018	1/31/2021
Robert Schelen	4	1/23/2018	1/31/2021
Ajay Pal Singh	4	7/26/2016	1/31/2019
Brad Anderson	5	2/09/2016	1/31/2019
Reed Walker	5	1/10/2017	1/31/2020

The dedicated and talented members of the LMHB deeply consider all issues brought before them. And engage in topics of discussion ranging from the selection of the appropriate name of the advisory body, to hearing the concerns of the public regarding mental health services and making recommendations to the Health and Human Services Agency (HHS). The LMHB is concerned with reaching and addressing the concerns of our diverse county from the rural to the urban centers within Yolo County.

Presentations

The LMHB continues to provide review and recommendations to the Health and Human Services Agency (HHS). LMHB members have received presentations from various HHS department heads and receive ongoing education on the many areas of service which fall under the HHS umbrella. LMHB members have heard presentations about West Sacramento's Crisis Center and the 5150 Process. The West Sacramento Community has been a particular focus for the LMHB members, as the board has noticed there is a need for increased services to this population. The LMHB has also heard presentations on the homeless population in Yolo County and HHS's



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Health and Human Services Agency

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Director

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ongoing efforts to providing housing and support services for homeless individuals. The LMHB has also received presentations on Substance Use Disorder, Children's Services and particularly how HHS and the Yolo County courts work together to protect the most vulnerable in Yolo County, children. Additionally, the LMHB received its yearly budget update that demonstrates how HHS provides mental health services in a fiscally responsible manner. As an advisory body, the LMHB strives to increase their knowledge and collaboration with the various departments and HHS departments, with an ongoing focus on Substance Use Disorder, the Public Guardian's Office, Child Youth and Family Services and Homeless Services.

Site Visits

LMHB members have also been working on organizing site visits to various mental health facilities and other programs throughout Yolo County. Members want to make sure they are not an isolated, but truly reaching out to people to hear their concerns. After identifying the needs of the community, the board will be able to better petition for individuals receiving mental health services and improve the systems and quality of care they receive, improving their overall quality of life. Board members feel strongly that visiting sites is of the utmost importance and it is their responsibility to reach out to the community in this manner. Planning for site visits began this year and will be an ongoing way for the LMHB to connect with the community.

Wellness Centers

The LMHB was also excited to hear presentations on the new Wellness Center in Davis with a focus on serving Transition Age Youth (TAY) and expand adult mental health services to the Davis population. Members of the LMHB were also present for the opening of the StayWell center at Woodland Community College, which serves a wide range of individuals. Supporting the ongoing efforts of local mental health agencies the members of the LMHB are proponents of wrap around services that look to multiple systems of care to deliver services and address the needs of whole person care by engaging in partnerships with various local organizations. A major need within the community is adequate housing for Yolo County residents receiving services. LMHB members are working to discuss various models and solutions that strive to improve the quality of life for vulnerable populations within our community. The LMHB is also reaching out to rural communities to engage them in discussions by holding meetings in cities such as Winters in May. Yolo County is also in the process of building a supportive housing model in Woodland with Mental Health Services Act Funding.

Crisis Intervention Program

The LMHB also heavily engaged in reviewing alternatives to avoid the termination of a highly valued program due to the termination of a grant funding cycle of the Crisis Intervention Program (CIP) which was a new venture for Yolo County and was heralded by not only by mental health clients, but also by law enforcement and clinical staff. Public commentary lamented the loss of the CIP Program and prompted conversation in ways to reconstruct the CIP program utilizing other funding sources to ensure the longevity of this necessary program. Fortunately, the Crisis



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Intervention Program was reconstituted as the Mobile Crisis Unit within HHSA.

Trainings and Ongoing Education

In the interest of providing ongoing education of the board, the new members of the board completed ethics training, as required by California law (AB 1234, Chapter 700, Stats. Of 2005). This year it was a great honor to have the LMHB Chair, James Glica-Hernandez, elected to the California Association of Local Behavioral Health Board and Commissions (CALBHBC). Also in partnership with the CALBHBC, the LMHB submitted to the Data Notebook report, which focused on the older adult population. Data analysis has been at the forefront of the board's goals and decision making process. Data has therefore become an integrated piece of each meeting and continues to be an essential decision making tool for board members.

Upcoming Challenges and Activities

One of the LMHB's greatest upcoming challenge is how to help Pine Tree Gardens remain a viable community-based residential program. Pine Tree Gardens was originally created by the mental health pioneers, Pat and Bill Williams. Pine Tree Gardens has a long history in Davis and is an essential housing resource for the community. It came to the board's attention that Pine Tree Gardens entered into difficult financial situation and the operators of the facility have met with the LMHB's Pine Tree Garden's Ad-Hoc Committee to discuss possible solutions to their operational difficulties. This challenging issue has brought all parties to the table, including Pine Tree Gardens staff and leadership, HHSA's director and branch directors and LMHB members in an attempt to preserve this community resource.

Looking forward to 2018, the LMHB would like to increase outreach to the community, create more accessibility to services for unserved or underserved communities, such as Spanish and Russian speakers, the LGBTQ community, and undocumented individuals who have limited access to services. In the coming year we also anticipate increased focus on working with law enforcement, transportation services for clients, newly opened Wellness Centers and continuing to expand on the "no wrong door" model which means that no matter where a client enters the system, they are connected to the multitude of services that the integrated Health and Human Services system has to offer to provide the highest level of care for members in our community receiving mental health and medical services.

Summary

With the addition of our new board members, we want to continue to build on our success and support HHSA in their goals. We are also building on our community engagement as we continue to reach out and listen to the needs of our clients and staff on the issues that affect them directly. The LMHB continues to strive to be a voice and a means of action for those receiving mental health services in Yolo County. The LMHB looks forward to another year of challenges and discussions with a very insightful and talented group of individuals. LMHB members care deeply and strive to serve those who need a voice in the field of mental/behavioral health.



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Board Member Bios



Bret Bandley – District 1



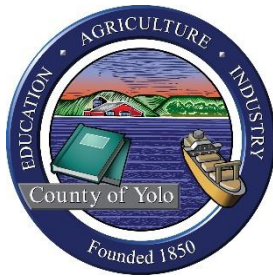
Martha Guerrero – District 1

No Photo Available

Sally Mandujan – District 1

No Photo Available

Serena Durand – District 2



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Member Bios

No Photo Available

Nicki King – District 2



Antonia Tsobanoudis – District 2

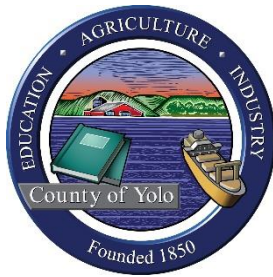
Antonia has experienced mental illness through family members and her own mental illness. She is a mother and a UCD graduate in engineering having lived in Yolo County for over 20 years. She has worked for a mechanical engineering firm in sustainable construction and operated her own private consulting firm. When not working part-time or caring for her support dog, Antonia volunteers for HealthCare for All, NAMI Yolo, Citizen's Climate Lobby, and her local Orthodox Christian Churches, recently adding Yolo County's Mental and Behavioral Health Board to that list.



Richard Bellows – District 3

No Photo Available

Laurie Ferns – District 3



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Member Bios



James Glica-Hernandez – District 3

On the board since 2013, James is someone with lived experience with mental illness. In addition to being the chair of LMHB for the last three years, he also was elected to the Governing Board of the California Association of Local Behavioral Health Boards and Commissions. He was the coordinator for NAMI's Connection program Yolo County and on the Executive Committee of the Sacramento National Mental Health Association (known as Mental Health America) in the 1980s as Education Chair.



Ben Rose – District 4

No Photo Available

Robert (Bob) Schelen – District 4

No Photo Available

Ajay Singh – District 4



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Member Bios



Brad Anderson – District 5

Brad grew up in Grass Valley, CA. His father and mother owned a health food store where he helped at a young age. He earned a degree in Comparative Literature at UCD. In his early twenties he was diagnosed with Paranoid Schizophrenia and Unipolar Depression. For the past 12 years he managed the coffee kiosk Cool Beans where he teaches social skills to others with mental illnesses, along with a strong work ethic. Bard has been on the LMHB for over five years.



Reed Walker – District 5

Reed Walker is currently a Social Worker at the VA, working with homeless Veterans in a supported housing program. She has been a Social Worker since 2004, and received her Master's Degree from the University of Texas at Arlington. She lives in Woodland.

Item 14b. Long Range Planning Calendar

**Yolo County Local Mental Health Board
Long Range Planning Calendar 2018**

Meeting	Agenda Item	Agency/Presenter	Type	Timing
1/29/18	5150 Process Presentation	Harjit Singh Gill, Samantha Fusselman	Presentation	Past
2/26/18	MHSA 3-year Plan Update	Resource Development Associates (RDA)	Presentation	Past
2/26/18	Homeless Presentation	Aurora William, HHSA Homeless Services Manager	Presentation	Past
3/26/18	CCP Presentation	Carolyn West, CAO Senior Management Analyst	Presentation	Past
4/30/18	Annual Report Approval	Executive Committee	Recommendation	Past
4/30/18	Behavioral Health Services Budget Presentation	Connie Cessna-Smith, HHSA Fiscal Administrative Officer	Presentation	Past
5/21/18	Public Guardian Presentation	Laurie Haas, HHSA Chief Deputy Public Guardian	Presentation	Past
5/21/18	Annual Election of Officers	All	Adoption	Past
6/25/18	Maternal Suicide and Depression Presentation	Anna Sutton, HHSA	Presentation	Upcoming
6/25/18	By-Law Review	All	Recommendation	Upcoming
8/27/18	Consumer Perception Survey Data Presentation	Samantha Fusselman, Deputy Mental Health Director and Manager of Quality Management Services, HHSA	Presentation	Upcoming
9/24/18	Approval of LMHB Recommendation on the BHS Recommended Budget	All	Recommendation	Upcoming
9/24/18	Jail Conditions Presentation	Sherriff's Office	Presentation	Upcoming
10/22/18	SUD Presentation	Ian Evans, Alcohol and Drug Administrator	Presentation	Upcoming
12/3/18	2018 LMHB Meeting Calendar Approval	All	Adoption	Upcoming

Item 14c. Meeting Calendar

2018

Yolo County Local Mental Health Board

January						
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Regular Meeting

County Holiday

JANUARY 29, 2018 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street, Davis, CA 95616 7:00 – 9:00 PM Meeting

FEBRUARY 26, 2018 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA 95691 7:00 – 9:00 PM Meeting

MARCH 19, 2018 - WOODLAND
 Woodland Public Library, Leake Room, 250 1st Street, Woodland, CA 95695 7:00 – 9:00 PM Meeting

APRIL 30, 2018 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street, Davis, CA 95616 7:00 – 9:00 PM Meeting

MAY 21, 2018 - WINTERS
 Putah Creek Conference Room, 111 East Grant Ave. Winters, CA 95694 7:00 – 9:00 PM Meeting

JUNE 25, 2018 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA, 95691 7:00 – 8:00 PM Meeting

JULY - BOARD RECESS

AUGUST 27, 2018 - WOODLAND
 Bauer Building, Thomson Conference Room, 137 N. Cottonwood St. Woodland, CA 95695 7:00 – 8:00 PM Meeting

SEPTEMBER 24, 2018 - DAVIS
 Mary L. Stephens Library, Blachard Community Conference Room, 315 East 14th Street, Davis, CA 95616 7:00 – 9:00 PM Meeting

OCTOBER 22, 2018 - WEST SACRAMENTO
 AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA, 95691 7:00 – 9:00 PM Meeting

DECEMBER 3, 2018 - WOODLAND
 Bauer Building, Thomson Conference Room, 137 N. Cottonwood St. Woodland, CA 95695 7:00 – 9:00 PM Meeting