

COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

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

Local Mental Health Board

Regular Meeting: Monday, January 28, 2018, 7:00 PM – 9:00 PM

AFT Library Community Meeting Room

1212 Merkley Ave. West Sacramento, CA 95691

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
Maria Simas
Sally Mandujan

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

District 3
(Gary Sandy)
Richard Bellows
TBD
James Glica-Hernandez

District 4
(Jim Provenza)
Ben Rose
Robert Schelen
Vacant

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 [December 03, 2018](#)
5. Member Announcements
6. Correspondence

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

7. No Presentation

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

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

a. June Forbes	h. Temp Shelter
b. LMHB Name Change	i. California Behavioral Health Policy
c. Pine Tree Gardens	Forum
d. Pacifico	j. Suicide Prevention Sustainability
e. Involuntary Medication	Planning
f. Jail Based Competency	k. External Quality Review
g. No Place Like Home and Homeless Action Plan	Organization and Data

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

9. Board of Supervisors Report – Supervisor Don Saylor
10. Chair Report – James Glica-Hernandez
 - a. Training
 - i. New Member
 - ii. Ethics
 - iii. CIBS

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

- iv. LMHB 101
 - b. MHS 101- South Cal Workshop
 - i. Notes/Handouts to share
 - c. Discuss New Member Orientation
 - d. Rebranding of the Board
 - i. Website
 - ii. Collateral
11. Nicki King- To update on Mental Health Services Oversight and Accountability Commission

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

12. Future Meeting Planning and Adjournment – James Glica-Hernandez
- a. [Update Long Range Planning Calendar](#)
 - i. Presentations/ Training
 - 1. Cultural Competency (Theresa Smith, HHS)
 - 2. PG Update
 - 3. Update from new Sheriff
 - 4. [Update LMHB Strategic Plan](#)

[Next Meeting Date and Location](#) – February 25, 2019
from 7:00pm - 9:00pm. Mary L. Stephen Library, Blanch Community Conference Room, 315 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, January 25, 2019.

BP

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

Item 3.
Approval of Minutes from Dec 03, 2018



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Local Mental Health Board Meeting Minutes

Monday, December 3, 2018

**Thompson Conference Room
137 N. Cottonwood Street Davis, CA 95695**

- Members Present:** James Glica-Hernandez, Martha Guerrero, Antonia Tsobanoudis, Sally Mandujan, Brad Anderson, Serena Durand, Ajay Singh, Nicki King
- Members Excused:** Laurie Ferns, Ben Rose, Robert Schelen, Richard Bellows, Bret Bandley, Richard Bellows
- Staff Present:** Karen Larsen, Mental Health Director, HHSA
Samantha Fusselman, Deputy Mental Health Director and Manager of Quality Management Services, HHSA
Sandra Sigrist Adult and Aging Branch Director, HHSA
Leigh Harrington, Behavioral Health Medical Director, HHSA
Kim Narvaez, CQI/Analyst Department and Children's Mental Health Program Manager, Child, Youth & Family Branch, HHSA
Jessica Jones, Deputy to Supervisor Saylor

CALL TO ORDER

- Welcome and Introductions:** The December 3, 2018 meeting of the Local Mental Health Board was called to order at 7:00 PM. Introductions were made.
- Public Comment:**

The NAMI Yolo Christmas Party will be on Wednesday, December 5, 2018 at 6:30pm at St. Martin's Episcopal Church in Davis.
- Approval of Agenda**

Motion to approve: Nicki King **Second:** Antonia Tsobanoudis **Vote:** Unanimous
Abstentions: Ajay Singh
- Approval of Minutes from October 22, 2018**

Motion to approve: Nicki King **Second:** Antonia Tsobanoudis **Vote:** Unanimous
Abstentions: Ajay Singh
- Member Announcements:** Nicki King notified the board about an article in the Davis Vanguard regarding Prop 47 with is about incarceration.
- Correspondence:** Advisory Groups for the next strategic plan are being solicited for their feedback. A survey will be sent out. Jame Glica-Hernandez asked the board to think of the priorities that the board would like to address in the coming year. Board members were encouraged to bring their ideas to the next meeting.

TIME SET AGENDA

7. **Adult Needs and Strengths Assessment Presentation** – Kim Narvaez
CQI/Analyst Department and Children's Mental Health
Program Manager, Child, Youth & Family Branch, HHSA
8. **Level of Care Utilization System** - Sandra Sigrist
Adult and Aging Branch Director, HHSA

CONSENT AGENDA

9. **Mental Health Director's Report** by Karen Larsen, Mental Health Director, HHSA
 - c. Beamer Street Development - Everyone should have received an invite to the ribbon cutting for the Beamer Street Development on December 11, 2018. There are 20 units for FSP clients funded by MHSA. The residence supports an additional 12 units and a full-time case manager on site.
 - d. No Place Like Home Update – Meetings have been scheduled for the following dates: Wednesday in West Sacramento, Tuesday in Woodland. The meetings will be from 8am to 1pm in the Civic Center Meeting Room. November 13th is the launch day for the three city-specific areas.
 - j. Mental Health Diversion - There was a new law passed that anyone with a wide range of diagnoses are given options other than jail time.
 - l. Data - EQRO Audit is happening. Crisis Continuum of Care and discharge planning is why we are seeing a decline of re-admissions in hospitals. Infrastructure for data collection has also contributed to improved outcomes.

REGULAR AGENDA

10. Board of Supervisors Report – Supervisor Don Saylor

- Jessica Jones, Don Saylor's Deputy stressed the need to engage and participate in the strategic planning process.

10. Chair Report – James Glica Hernandez

- James Glica-Hernandez will be sitting in on a round table for the Senator pro rem discussion on mental health. Jim Beall is introducing three bills that pertain to mental health. Martha Guerrero has been elected to the West Sacramento City Council and James expressed his gratitude for her service to the LMHB. Additionally, James thanked Iulia for her service as this is her last meeting as administrative liaison of the LMHB. Also, Ajay Singh will be leaving the board and James expressed gratitude for his time on the board as well.

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

- a. Current Ad-Hock Committees and Members/Reports: None
- b. Long Range Planning Calendar

Monday, December 3, 2018

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c. Next Meeting Date and Location

January 28th 2019, from 7:00pm - 9:00pm. AFT Library, Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA 95691.

Adjournment: 8:51pm

Item 8.
Mental Health Directors Report

**Yolo County Local Mental Health Board
Director's Report
January 28, 2019**

June Forbes – It's hard to find the words adequately to express all that June has meant to our mental health system over the years. She pushed us all to do better by those we serve. She was passionate and fierce and I hope every community is lucky enough to have a June in their midst to remind them of the benefits of recovery and the risks of stigma.

Local Mental Health Board Name Change – The Board of Supervisors will consider the proposed name change for this Board at their meeting January 29th. They have asked for staff recommendation and are considering options.



Pine Tree Gardens – Supervisors Provenza and Saylor visited the Pine Tree Gardens homes and are scheduled to meet with parents/families on February 7th. HHSA staff will also be present at this meeting. Additional and significant costs continue to grow.

Pacifico (Navigation and Adult Residential Facility) – Many community and NAMI members participated in a well-attended community input meeting held on January 10, 2019. Concerns and support associated with both projects were expressed at this forum, and questions were addressed by Yolo County Housing, HHSA, CommuniCare Health Centers Navigation staff and North Valley Behavioral Health ARF staff. The application for the two projects has now been submitted to the City of Davis and following a few pending edits to the document as request by the City of Davis planning department, a Conditional Use Permit (CUP) hearing will be scheduled.

Involuntary Medication – Sheriff Lopez has agreed to piloting this service in custody. As a reminder, this service will be available to those individuals found incompetent to stand trial on felony charges, awaiting placement for State Hospital. We will be closely tracking data over the first six months and determining whether or not to continue after that period.

Jail Based Competency – HHSA continues to work with its' partners at CFMG, the Sheriff Department, District Attorney, Public Defender, and the Department of State Hospitals to implement a Jail Based Competency Treatment (JBCT) Program at Monroe Detention Center here in Woodland. The proposal is that HHSA, CFMG, Sheriff Department, and Department of State Hospitals would enter into an agreement that would fund the necessary HHSA, CFMG, and Sheriff Department personnel needed to staff a 5 bed JBCT program to serve clients found incompetent to stand trial on a felony charge. This agreement would allow for a local program that connects clients to care much quicker than waiting for placement into a Department of State Hospital bed.

Governor's 19/20 budget – See attached summary from California Behavioral Health Director's Association (CBHDA).

No Place Like Home/Homeless Action Plan – HHSA has spent a significant amount of time over the last several months working with its partners in the City of Woodland and West Sacramento on two separate project applications for the No Place Like Home grant. Applications were sent off to the California Department of Housing and Community Development today. Both projects include No Place Like Home specific units that will be reserved for Full Service Partnership clients of Yolo County who are Homeless, At-Risk of Homeless, or Chronically Homeless as defined by the No Place Like Home definitions, and other low income units that will house a variety of low income populations. In total, there are 70 combined No Place Like Home units between the two projects.

One of the many component of the No Place Like Home grant was the development a County Plan to Address Homelessness which included many specific requirements about community member and stakeholder input. Please see attached.

Temporary Shelter – Since December 6, 2018, HHSa has partnered with the City of Woodland and 4th & Hope to provide a temporary shelter to 30 individuals who had previously been living in a parking lot. Case Managers have been assigned and a variety of supportive services are in place, assisting the individuals to obtain ID's, Medi-Cal, Cal Fresh, income and housing. The project is projected to run through June 30, 2019 while next steps for an intermediate-term shelter location are developed.

California Behavioral Health Policy Forum – On December 17th Karen presented on a panel with Frank Mecca, Executive Direct California Welfare Directors Association, Susanna Kniffen, Senior Director, Child Welfare Policy, Children Now and Joy Anderson, entitled Child Welfare, Foster Care and Trauma Informed Strategies. The panel focused on the multitude of state policy changes impacting the mental health of our youth in foster care. In preparation for the panel I looked into our local data surrounding our foster youth. Over the past five years we have more than doubled the number of foster youth receiving mental health services in Yolo County. We have also more than doubled the average services provided per youth (measured by average claim per beneficiary). While we haven't reached our penetration rate goal for this population, we are absolutely moving in the right direction.

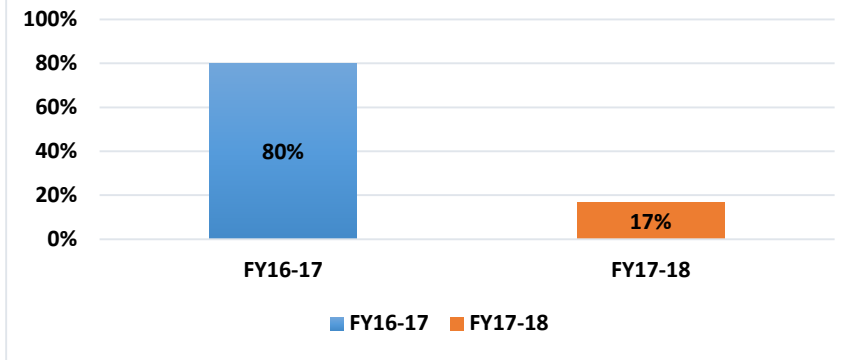
Suicide Prevention sustainability planning- HHSa is working closely with Suicide Prevention and other counties to develop a sustainability plan. Unfortunately, Suicide Prevention has to patch together several funding streams every year to support their operations. With call volumes increasing dramatically and severity of calls increasing, we want to ensure that this service is available to our residents for a long time to come. We have discovered that Suicide Prevention takes calls from several surrounding counties and we are working with Solano County first to see if they will share in the sustainability for this organization as the County with the second largest call volume after Yolo.

External Quality Review Organization (EQRO) –The External Quality Review Organization (EQRO) will be in Yolo County for their annual site review February 12-13, 2019. The focus of this review is access to care, timeliness to services, and overall quality and outcomes of care within our specialty mental health system; the EQRO will also evaluate our Information Systems capability (Avatar) and the way in which we use data to drive decisions and evaluate performance. Part of what makes these reviews unique is that the EQRO asks to meet with representation from all levels of the service delivery system, including consumers, family members, line staff, leadership, contract providers....please reach out to Samantha Fusselman if you would like to participate.

Data – One of the EQRO requirements is to conduct data-informed Performance Improvement Projects (PIPS) aimed at improving client outcomes among selected populations. This year's PIP has focused on improving outcomes for clients who receive mental health services in long term, intensive treatment facilities. Through targeted interventions, including increased care coordination and focus on transitions between levels of care, we have seen meaningful improvements in key indicators:

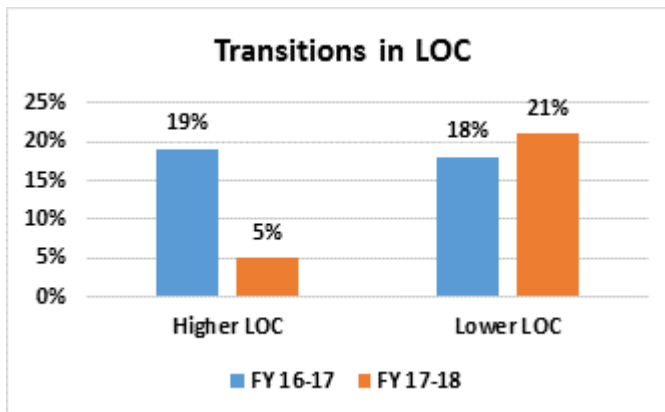
- Increased HHSa services provided:
 - HHSa provided nearly 4x as many services at long term, intensive treatment facilities in FY17-18 compared with FY16-17
- Reduction in acute psychiatric hospitalizations
 - Among clients who experienced *any* acute hospitalizations within the fiscal year (before, during, or after their treatment facility stay), the percentage who were hospitalized while in a treatment facility reduced substantially between FY16-17 (80%) and FY17-18 (17%)

Reductions in Acute Psychiatric Hospitalizations



- Improvements in transitions in levels of care
 - The percentage of clients who had any transition in care within the fiscal year (higher or lower LOC) dropped by a third between FY16-17 (36%) and FY17-18 (24%)
 - There was a 74% reduction in the percentage of facility admissions that required a higher LOC between FY16-17 (19%) and FY17-18 (5%)
 - There was a slight increase in the percentage of facility admissions that were able to transition to a lower LOC between FY16-17 (18%) and FY17-18 (21%)

Transitions in LOC





January 11, 2018

To: CBHDA Members

From: Tom Renfree, Interim Executive Director
Mary Adèr, Deputy Director, Legislative Affairs
Paula Wilhelm, Senior Policy Analyst
Tyler Rinde, Legislative Analyst

Subject: Governor Newsom's Proposed 2019-20 State Budget

Governor Gavin Newsom, inaugurated just a few days ago, released his first proposed Fiscal Year (FY) 2019-20 budget yesterday. The budget is \$209 billion in total state spending, consisting of \$144 billion from the state General Fund (GF), \$60 billion from special funds and \$5 billion from bond funds.

The proposals in the Governor's Budget are vetted through the legislative budget process over the next six months. CBHDA is active in advocating on behalf of County Behavioral Health Directors on numerous budget issues. Below is a summary of significant budget items in behavioral health policy areas. To review the January State Budget, visit <http://ebudget.ca.gov/>. Please do not hesitate to contact us with any questions you may have.

According to the Governor California's economic outlook for the year is solid, with revenues exceeding prior expectations. However, he acknowledges a slowing economy and the potential for a recession in the next few years. Through this proposed budget, he makes strategic investments in health, human services and housing while maintaining fiscal prudence started by Governor Brown. For example, the Rainy Day Reserve is currently \$13.5 billion and the Governor proposes adding \$1.8 billion in FY 2019-20. In addition, the Governor proposes adding \$700 million GF to the Safety Net Reserve enacted in 2018 to support Medi-Cal and CalWORKs during economic downturns.

Changes to 1991 Realignment. The Governor's Budget proposes changes to the In-Home Supportive Services Program (IHSS) cost-sharing, restoring the 7 percent

across-the-board service hours reduction and revising the IHSS Maintenance of Effort (MOE). The new MOE adjusts the inflation factor, increasing the state GF costs by \$242 million in FY 2019-20, thereby reducing county costs by the same amount. This redirection of 1991 Realignment dollars provides county indigent health and mental health with Growth funds again.

Revenue Forecasts: Several major sources of behavioral health revenues are as follows for the 2019-20 budget year:

1. 1991 Realignment. The Mental Health Services Subaccount estimate is \$1.3 billion and \$96 million of Growth.
2. 2011 Realignment. The Behavioral Health Subaccount estimate is \$1.6 billion and \$116 million of Growth.
3. MHSA Funding. \$2.4 billion of revenue is forecasted.

Medi-Cal

The Medi-Cal budget is \$101 billion (all funds), representing almost two thirds of the Health and Human Services budget. Medi-Cal is projected to cover 13 million Californians in 2019-20, including almost 4 million in the Medicaid Expansion population. The following are some of the significant Medi-Cal proposals:

- **Drug Medi-Cal Organized Delivery System (DMC-ODS).** Proposes \$695 million (\$315 million GF) for the implementation of the DMC-ODS program in FY 2019-20. This is growth of about \$100 million from FY 2018-19.
- **Managed Care Behavioral Health Integration.** Invests \$360 million (\$180 million Proposition 56 funds (2016 tobacco tax)) to encourage Medi-Cal managed care providers to meet goals in critical areas such as chronic disease management and behavioral health integration.
- **Whole Person Care Pilot Program.** Provides \$100 million for the Whole Person Care Pilot Program for supportive housing and the coordination of health, behavioral health and social services for people with mental illness.
- **Undocumented Medi-Cal Expansion.** Expands Medi-Cal eligibility to all income-eligible young adults (ages 19-25), regardless of immigration status, This

may result in an additional 138,000 new enrollees at an estimated cost of \$260 million (\$197 million GF).

- **Early Developmental Screenings.** Includes \$60 million (\$30 million Federal Funds, \$30 million Proposition 56 funds) for early developmental screenings for children in Medi-Cal.
- **Adverse Childhood Experiences Screening.** Includes \$45 million (\$23 million Proposition 56 funds) for Adverse Childhood Experiences screenings for children and adults in Medi-Cal, beginning no sooner than January 1, 2020. Requires the use of an existing screening tool for adults and the development of a new screening tool for children.
- **Medi-Cal Drug Purchasing Pool.** Creates a single-purchaser system for Medi-Cal prescription drugs by requiring the Department of Health Care Services to purchase and negotiate the pricing of all prescription drugs for 13 million Medi-Cal beneficiaries. This requires all Medi-Cal managed care pharmacy services to be transitioned to a fee-for-service benefit.

Other Significant Proposals

- **Proposition 64 Tax Revenues.** The budget estimates the excise tax for the cultivation and retail sale of cannabis, pursuant to Proposition 64, to generate \$355 million in 2018-19 and \$514 million in 2019-20. Revenues generated from this purpose are deferred from allocation until the May Revision, when updated tax revenue is available.
- **Workforce Development.** The Office of Statewide Health Planning and Development (OSHPD) budget includes \$50 million GF with the anticipation of potential additional private contributions from universities, health clinics and philanthropic organizations, for mental health workforce development and training programs.
- **Early Psychosis Interventions.** The Budget includes \$25 million one-time GF for early psychosis research and treatment. These will be competitive grants for counties, academic institutions and others.
- **UC Student Mental Health.** The Budget includes \$5 million GF on going for University of California student mental health treatment to meet recommended staffing ratios.

- **Covered California Funding and Eligibility.** Increases and expands subsidies to individuals and families insured through Covered California, by increasing subsidies for people between 250 and 400 percent of the federal poverty level and by adding subsidies for people whose income falls between 400 and 600 percent of the federal poverty level. Proposes the adoption of a California individual mandate, with penalties for lack of coverage, the revenue from which will cover the subsidies.
- **State Surgeon General.** Establishes a California Surgeon General to provide leadership in addressing root causes of serious health conditions, such as Adverse Childhood Experiences and the social determinants of health.
- **Task Force on Brain Health.** The Governor's Budget includes \$3 million GF for Alzheimer's Disease Program research grants and the creation of the *Governor's Task Force on Brain Health*.
- **Substance Abuse Prevention and Treatment (SAPT) Block Grant Oversight.** DHCS requests \$1.9 million and 14 permanent positions for enhancement of oversight and monitoring of the SAPT Block Grant.

Criminal Justice

- **Prop 47 Savings.** The Department of Finance estimates net GF savings of about \$79 million when comparing 2018-19 to 2013-14, an increase over the estimated savings in 2017-18. The Board of State and Community Corrections gives competitive grants based upon the savings to public agencies to provide mental health services, substance use disorder treatment and/ or diversion programs.
- **Moving Division of Juvenile Justice.** The Governor's Budget proposes to move youth correctional facilities from the California Department of Corrections and Rehabilitation (CDCR) to a new department under the Health and Human Services Agency with a focus on rehabilitative programming.
- **Law Enforcement Training.** The Budget proposes \$20 million GF for local law enforcement for training on the use of force, de-escalation, and engaging individuals experiencing a mental health crisis.

Department of State Hospitals (DSH)

The Budget proposes several increases to the DSH budget to treat more individuals deemed Incompetent to Stand Trial (IST) and forensic commitments:

- **Metropolitan State Hospital Expansion.** \$19 million GF and 119 positions for the second phase of Metropolitan State Hospital's secured treatment area expansion. When completed, this will provide an additional 236 forensic beds to treat ISTs.
- **Competency Restoration.** \$12 million GF to contract for an additional 74 jail-based competency restoration treatment beds.
- **Nurse Staffing Levels.** \$15 million GF and 117 positions for a three-year phase-in to increase direct nursing staffing levels.
- **Court Supports.** \$8 million and 43 positions for a three-year phase-in dedicated to forensic evaluations, court reports, testimony, report coordination, assessments and treatment.
- **Forensic Psychiatry Program.** \$2 million to expand to expand capacity in Psychiatric Technician training programs and establish a Forensic Psychiatry Residency Program.

Housing and Homelessness Funding

- **Emergency Shelters.** The 2019-20 budget builds upon recent legislative and ballot efforts by prioritizing funding for jurisdictions to tackle homelessness. The budget includes \$500 million one-time GF for jurisdictions to build emergency shelters, navigation centers or supportive housing. There are also some longer-term programs included from the past few years.
- **Regional Collaboration.** \$300 million will be allocated to jurisdictions that establish regional plans. The Business, Consumer Services and Housing Agency will distribute \$200 million to Continuums of Care and \$100 million to the eleven most populous cities. Plans must include regional coordination between counties and cities. An additional \$200 million will be made available to jurisdictions that show progress towards meeting goals.

- **Accelerate No Place Like Home (NPLH) Allocations.** In 2018, voters approved Proposition 2, enacting NPLH again. The Governor’s budget proposes accelerating the granting of NPLH awards, which will generate \$2 billion in new funding to help get people who are living homeless with serious mental illness off the streets and into long-term housing and recovery.
- **Veterans and Affordable Housing Bond Act.** This bond approved by voters in November 2018 provides \$4 billion for various programs, of which \$1.5 billion can be used for supportive housing development.
- **Veterans Housing and Homelessness Prevention Act.** This Act repurposed bonds totaling \$600 million to provide supportive housing for veterans. There is \$286 million left to be awarded.

Item 12.
Update Long Range Planning Calendar
and Strategic Plan for 2019



COUNTY OF YOLO

Health and Human Services Agency

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Yolo County Mental Health Board

Strategic Plan 2017

Yolo County Local Mental Health Board (LMHB) Mission:

“Yolo County Local Mental Health Board supports the wellness, recovery, and resilience of all Yolo County residents through the identification of local mental health assets and needs, informed advocacy, education, and collaboration with policy makers, service providers, consumers, and family members.”

The goal of the 2017 Strategic Plan is as follows:

Consistent with the mission of the LMHB, the Board shall gather data from the recently integrated Health and Human Services Agency (HHS) regarding mental health services provided to Yolo County residents within the next 9 months, and provide feedback to HHS and the Board of Supervisors by May 2018.

The Board will monitor HHS efforts to identify the most pressing mental health needs of the community and meet those needs optimally with attainable resources. The Board will continue to advocate about matters beyond the sole scope of HHS, issues which require state, federal or private-sector actions. We will also continue to address individuals' issues that arise on a “one-on-one” basis.

The Board has selected three objectives that fit our Health Code responsibilities, and are consistent with our current year goal. Each will be assigned to a standing committee, and those assigned committees will report progress at our regular meetings.

Objectives:

1. Monitor the progress of the integrated agency in providing easier access to services for consumers.
2. Develop a resource guide that explains Yolo County public mental health and substance abuse services to consumers, their families, and the general public; present and distribute it within underserved communities by the end of calendar year 2017.
3. Measure the effectiveness of the integrated department in serving consumers.



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Yolo County Local Mental Health Board

Strategic Plan 2017 - Work Plan

Assigned standing committees of the Yolo County Local Mental Health Board (LMHB) identified in parenthesis after each objective will be responsible for developing specific goals, metrics, timelines, and progress reports. Responsibility falls on the full board to see if the goals have been reached.

Objective 1: Monitor the progress of the integrated Health and Human Services Agency (HHSA) in providing easier access to services for consumers. (Program Committee)

The Program Committee will develop SMART goals for monitoring agency integration. The committee shall consider how beneficial and timely the changes were to ensuring service access by the public; how the departmental integration affected delivering needed services to the community; and how the “no wrong door” entry system of access is progressing, and when it will be fully completed. Two issues emphasized by consumers attending LMHB public forums, “Your Voice Matters,” include transportation to available services, and the waiting time to see a mental health professional shall be addressed, and evaluated for, at least, the next two years.

Objective 2: Develop a resource guide that describes Yolo County public mental health and substance abuse services to residents of Yolo County, and distribute this guide with a special emphasis on underserved communities by the end of Calendar Year 2017. (Communication and Education Committee)

HHSA has developed similar guides and published them in the media, such as through the Sacramento News & Review in 2015. We will build on HHSA's effective information, and add to the guides, with significant consumer input, making them appealing to special populations such as seniors, younger people, and people of color. We will meet with communities of interest, conducting outreach to describe Yolo County public mental health and substance abuse treatment resources in ways that minimize the stigma of seeking help.

Objective 3: Measure the effectiveness of the integrated agency in serving consumers. (Budget and Finance Committee)

To monitor agency integration, the committee shall request and HHSA may provide metrics regarding waiting times for and satisfaction with psychiatric appointments; retention time for psychiatric staff; shortage/surplus of “slots” and satisfaction with services at various levels of care (full service partnerships, assisted outpatient treatment, psychiatric health facilities, crisis residential, transitional residential, and board and care placements); readmission rates after step-down mental health treatment discharges.

Key Activities:

Access to, and understanding of, meaningful metrics will improve the effectiveness of LMHBs key responsibility to monitor the effectiveness of HHS programs and activities. To that end, LMHB shall do the following:

1. Request useful metrics and other organization information via regular updates to improve the understanding and outcomes of agency programs;
2. Organization information will include agency organization charts, a list of appropriate lexicon and abbreviations, and updated contact information for key agency staff and LMHB members;
3. Programmatic information will summarize key programs, program strategies, program metrics, and related budgetary information. Detail of reporting of requested metrics shall be framed to measure significant changes and trends.
4. Frequency of updates will vary with the nature of the program.
5. Monthly reporting should not be onerous to staff. Monthly verbal reporting of significant changes, unusual events, changes in leadership staffing, and/or programs may be sufficient.

Suggested Timeline:

May 2017 to December 2017 – Develop the resource guide.

May 2017 to January 2018 – Collect data regarding programs.

January 2018 to April 2018 – Analyze data and create report.

January 2018 – Begin providing the resource guide to community organizations and individuals.

Various – Assess progress of monitoring and project action throughout the year at intervals no less than every two months.

April 2018 – Report findings to HHS Executive Director.

May 2018 – Report findings to the Board of Supervisors along with the LMHB Annual Update.

**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	Past
6/25/18	By-Law Review	All	Recommendation	Past
8/27/18	Consumer Perception Survey Data Presentation	Samantha Fusselman, Deputy Mental Health Director and Manager of Quality Management Services, HHSA	Presentation	Past
9/24/18	MHSA Annual Update Presentation	Anthony Taula-Lieras, Project Coordinator, Mental Health Services Act (MHSA)	Presentation	Past
10/22/18	SUD Presentation	Ian Evans, Alcohol and Drug Administrator	Presentation	Past
12/3/18	Assessment Presentation	Kim Narvaez, Program Manager, Child, Youth & Family Branch	Presentation	Past
1/28/19	School District Mental Health Services	TBD	Presentation	Proposed