

COUNTY OF YOLO

Health and Human Services Agency

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

------6:00 PM - 6:30 PM

Local Mental Health Board

Regular Meeting: Monday, October 26, 2020, 6:00 PM-8:00 PM

Please join by ZOOM in link below:

https://us02web.zoom.us/j/85906320450?pwd=U2dsYnFKNkZwMzQyVVBvUzJSWFFkZz09

Meeting ID: 859 0632 0450 Password: BC7auk

Dial: +1 (408) 638-0968

All items on this agenda may be considered for action.

Nicki King *Chair*

Jonathan Raven Vice-Chair

> Xiaolong Li Secretary

District 1 (Oscar Villegas)

Aleecia Gutierrez Maria Simas Rachel Warren

District 2 (Don Saylor)

Serena Durand Nicki King Antonia Tsobanoudis

> District 3 (Gary Sandy)

Richard Bellows John Archuleta Nick Birtcil

District 4 (Jim Provenza)

Carol Christensen Robert Schelen Jonathan Raven

District 5 (Duane Chamberlain)

Brad Anderson Xiaolong Li Robin Rainwater

> Board of Supervisors Liaison Don Saylor

Alternate Jim Provenza CALL TO ORDER-----

1. Public Comment

2. Approval of Agenda

3. Approval of minutes from <u>September 28,2020</u>

4. Member Announcements

TIME SET AGENDA--

---6:30 PM - 7:15 PM

5. Brown Act Presentation-Philip Pogledich

CONSENT AGENDA -----

7:15 PM - 7:40 PM

- 6. Mental Health Director's Report Karen Larsen
 - a. RFP Schedule
 - b. Woodland Community College RFP
 - c. K-12 school behavioral health services
 - d. Co-Responder Services
 - e. FSP Transition
 - f. Pine Tree Gardens
 - g. Project Roomkey/Homekey
 - h. Data Driven Recovery Project
 - i. Public Guardian update
 - j. Crisis Now

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.

REGULAR AGENDA -------7:40 PM - 7:55 PM

- 7. Board of Supervisors Report – Supervisor Don Saylor
- 8. Criminal Justice Update: MHC- Jonathan Raven
- 9. Chair Report - Nicki King
 - Health Council COVID update a.
 - Telehealth new proposals
 - Impact on our ability to provide care

PLANNING AND ADJOURNMENT------7:55 PM – 8:00 PM

- 10. Future Meeting Planning and Adjournment-Nicki King
 - a. Laura's Law Presentation: send Christina any questions

Next Meeting Date and Location

Next Meeting: December 7th, 2020 at 6pm-ZOOM (no meeting in November)

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, October 22, 2020. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services

Item 3. Approval of Minutes from September 28, 2020



COUNTY OF YOLO

Health and Human Services Agency

Karen Larsen, LMFT
Director

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

Local Mental Health Board Meeting Minutes

Monday, September 28th, 2020

Online/Call-in ZOOM

Members Present: Aleecia Gutierrez, Maria Simas, Rachel Warren, Richard Bellows,

Nick Birtcil, Carol Christensen, Robert Schelen, Brad Andersen,

Robin Rainwater, Nicki King

Members Absent: Jonathan Raven, Serena Durand, Antonia Tsobanodis, John

Archuleta, Xiolong Li

Staff Present: Karen Larsen, Mental Health Director, HHSA Director

Leigh Harrington, HHSA Medical Director, Mila Green, Deputy

Branch Director/Deputy Mental Health Director

CALL TO ORDER

1. Welcome and Introductions: The September 28th,2020 the meeting of the Local Mental Health Board was called to order at 6:09PM On-line. Introductions were made.

2. Public Comment:

- Irene-opposed to elimination of TAY Program
- Wilson P-opposed to eliminating TAY Program
- Ben Winger- opposed to eliminating TAY Program
- Linda Wight (Nami Yolo)- opposed to eliminating TAY Program
- Caroline- response in opposition to eliminating TAY Program
- 3. Approval of Agenda: Motion to approve by Nick Birtcil, 2nd Robin Rainwater

Yea "I"	Nay	Abstention	
10	0	0	

Motion: Passed

4. Approval Minutes: Motion to approve by Maria Simas, 2nd Carol Christensen

Yea "I"	Nay	Abstention	
10	0	0	

Motion: Passed

5. Member Announcements:

 Rain Rainwater-welcome and introduction of new board member representing District 5

- **6. Correspondence:** Letter read by Walter England shared in response to decision regarding FSP and contracting out TAY Program.
- **7. Budget and Finance Subcommittee Report:** addressed in Mental Health Directors Report below under Budget.
- 8. Time Set Agenda: None
- 9. Mental Health Director's Report by Karen Larsen, Mental Health Director, HHSA
 - FSP-we were working on an RFP to add more FSP slots. As we began working on RFP and we knew we had a deficit it became clear that an easy to save money, continue and grow services while avoiding layoffs was to include FSP services into the RFP. There is cost savings having those services contracted out to communitybased provider. We will keep forensic services in house because we have several grants tied to those and contracting those out were not an option. Projected savings will be about 40% savings (over 500,000 and up to 1 million dollars). Adding 100 slots which will double what we have had available up to now. No Place Like Home (NPLH) units in new woodland and west sac project and those a required to be FSP clients. We aren't ending services; we want to transition those services to community provider, and we will provide wrap around and transitional services so there is a warm hand off to whomever is awarded the bid. We want to have more than one provider for these services so clients have options should one provider not work out. Non-FSP TAY, Non-FSP Adult and Older Adult will continue, we are going through every single client to re-determine their current needs with treating clinician and psychiatrist. The services they will get are going to be based on their needs. The Wellness Center services will continue once we can have in-person services again. We have no intention of shutting down Wellness Center services. In fact, we will be adding services to help with the FSP transition. There are 25 TAY FSP clients, and 25-50 Non-FSP clients. We are having conversations about the TAY who are over 25 trying to decide what the best transition will be because they are very connected and bonded to each other. We want to help maintain that connection. Have 19 staff providing these services and we had several vacancies that we were able to transition those staff into vacancies while maintaining the services. As of today, clients will continue to receive the same services. PSW bill was signed by Governor last Friday. PSW provide the most valuable of the services, even more than case managers, clinicians, and psychiatrists. We will make sure that during the transition and beyond that they have all the services they need. Our staff is amazing and it's a testament to how great they are at providing those services with all the public comment and concern for transition the program.
 - Budget- (attachment e. reviewed) Graph shows core mental health deficit going back to 2006. In 2009 we did layoff of 40% of our staff. We made a lot of progress, but the deficit has always existed because we do not get reimbursed for all the services we are required provide. Can't take MHSA money to fill core mental health gap there are some rules. Short story is that we drained savings from multiple sources. As an integrated agency we can borrow realignment money from social services and public health in order to fill some of the holes in mental health. Did good getting grants this year. Deficit is right around \$4million dollars a year for core mental health.
 - MHSA 3-year plan- we will be requiring measurable outcomes for every program; outside evaluator will evaluate every MHSA program, working on RFP for that now. It was finalized and submitted to the Mental Health Services and Accountability Commission.

REGULAR AGENDA

- 1. **Board of Supervisors Report**-same issue of the FSP and TAY is being considered by BOS tomorrow as part of our Budget discussion. People are welcome to come and give comment.
- 2. Criminal Justice Update: None

3. Chair Report

- a. Suicide Prevention Month-statistics discussed. BOS will vote on resolution tomorrow.
- b. Clarification of MHSA was completed in budget review.

4. Future Meeting Planning and Adjournment

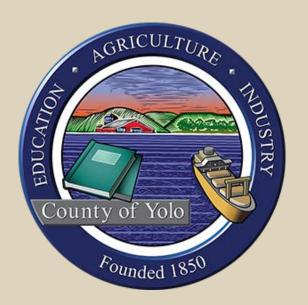
- a. Lot of new members suggest people write a short biography to share with each other. All board members have submitted a biography when they submitted interest in sitting on the board. Unsure on what we could do to help with the connection that is lost without in-person meetings.
- b. Next meeting will include special Brown Act Training. Nicki will send an email to verify how many members have attended required training and who are still in need of attending. Carol states she has been on the board for a year and has not received any formal training and would be open to what ever training we can set up.
- Considering doing some press releases on the service we offer and orientations to services we offer in larger groups. Karen also offers 1:1 meeting with board members, contact Christina to schedule.

Next meeting: October 26th by ZOOM

Meeting Adjourned at 7:40pm

Item 5. Brown Act Presentation





Brown Act Training for Advisory Committee Members & Staff Liaisons

Presented By:

Office of Yolo County Counsel – Phil Pogledich, County Counsel

History of the Brown Act

- Authored by Ralph M. Brown (1908–1966) a Central Valley assemblyman, the Legislature adopted the Brown Act in 1953 to safeguard the public's right to access and participate in local government meetings.
- "All meetings of the legislative body of a local agency shall be open and public, and all
 persons shall be permitted to attend any meeting of the legislative body, except as
 otherwise provided in this chapter."
- Legislative bodies covered by the Brown Act should conduct their affairs as if within a "house of glass" (meaning, be entirely transparent)
- The Brown Act is found at California Government Code Sections 54950-54963.



Intent of the Brown Act

- To ensure that deliberations and actions of legislative bodies are open and public.
- To ensure meaningful public access to local government decisions.
- Meetings must be open to the public, held on a regular schedule, follow a noticed agenda.
- No secret votes.
- Not just the law, but a good business practice as well!

Further reading: Open and Public V, pp. 6, 8-9.



Legislative Bodies – Who Must Comply?

- The Act applies to the meetings of "legislative bodies" of local agencies.
- Governing bodies
- Subsidiary bodies
 - Any board, commission, committee, or other body of a local agency created by charter, ordinance, resolution or formal action of a legislative body is itself a legislative body.
 - **Exception:** Ad hoc advisory committees.

Further reading: Open and Public V, pp 12-14.



Legislative Bodies – Standing Committees

- Notice and agenda requirements are the same as the parent body.
- Must be less than a quorum.
- Other members can attend but only as passive, neutral observers. (<u>Note:</u> *This is unusual*)
 - No wincing, frowning, smiling, thumbs up.
 - Must be neutral in expression and body language.
 - No questions or comments.

Further reading: Open and Public V, p. 13.



Legislative Bodies – Ad Hoc Committees

Must be:

- Composed <u>solely</u> of <u>less than a quorum</u> of the legislative body (i.e., no public members)
- Created for limited or single purpose
- Limited term—to be dissolved upon completion of task
- Meeting schedule is not fixed by legislative body

Unless **all** of these requirements are satisfied, it is a standing committee and subject to the Brown Act



Meetings – When does the Brown Act apply?

Meetings

- Congregation of a majority of the members of a legislative body
 - Same time and place
 - To hear, discuss or deliberate
 - Agency business
- Can include use of technology (email, phone) by a majority of board members to discuss an issue (though teleconference meetings can legally occur if requirements are met)
- Meeting requires quorum to get started and stay in business

Meetings – When does the Brown Act <u>not</u> apply?

- Individual contacts & conversations
- Conferences open to the public (e.g., annual association conferences)
- Open and publicized community meetings (e.g., local service club)
- Other legislative bodies (e.g., members of city council attending meeting of planning commission)
- Social/ceremonial events (e.g. football games, wedding, retirement party, etc.)
- BUT.... DON'T DISCUSS AGENCY BUSINESS <u>UNLESS</u> PART OF AGENDA OR PROGRAM!

Further reading: Open and Public V, pp. 18-21.

Meetings - Serial Meetings

- Hub and Spoke (i.e., a superintendent briefs board members prior to a formal meeting and reveals information about the members' respective views.)
- Daisy Chain (i.e., Member A contacts Member B, Member B contacts
 Member C, Member C contacts Member D and so on, sharing positions along
 the way.)
- Email—Beware of "reply to all"
- Collective concurrence on action required? No longer the law!

Further reading: Open and Public V, pp. 21-25 (Note that the discussion seems to say that even one-on-one conversations without revealing the views of others may be a violation—most public agency attorneys would disagree).

Meetings - OOPS! Was that a meeting?

Collective Briefings

 Quorum cannot meet together with staff in advance of a meeting for a collective briefing (smaller briefings ok)

Retreats or Workshops

 Brown Act will apply, including if discussion concerns long-term agency planning or even "team building"

Informal Gatherings

Beware of pre- or post-meeting gatherings



Meetings – Types of Meetings

Regular Meetings:

Agenda posted in publicly accessible location 72 hours before meeting.

Special Meetings:

- Called by chair or majority of board members.
- 24 hours before meeting: Post notice. Notify board members in writing. Notice to requesting newspapers.

Emergency Meetings:

- For health and safety emergencies.
- Same notice requirements as for special meetings, but only one hour notice required

Further reading: Open and Public V, p. 18.

Meetings – Types of Meetings

- What if I lose a quorum, or simply don't have a quorum show up?
 - **If you lose a quorum,** the meeting is effectively adjourned. Usually the remaining members will announce the adjournment and conclude the meeting.
 - <u>But</u>, while the "legal" meeting is over, there is no bar to continuing to receive public comments and any presentations by staff or third parties. The remaining legislative body members simply can't take any action in response.
 - <u>The best approach requires case-by-case consideration</u>, balancing inconvenience to staff and the public against the value of having a quorum present to hear all comments and presentations
 - If you simply don't have a quorum appear, no "meeting" occurs under the Brown Act. No action can be taken by those present other than receiving public comments and presentations by staff or third parties, as discussed above.

Requirements For Meetings

- **Notice**: Required for all meetings
- **Agenda**: Required only for regular meetings (but in practice, agenda/notice often one in the same)
- Open and public: All persons must be permitted to attend, no secret voting
- No conditions on attendance: May not require to sign-in, cannot charge for attendance.

Further reading: Open and Public V, pp. 30-32, 34-37.



Requirements For Meetings (continued)

Accessible

 Must provide reasonable accommodations, cannot allow some members of public to attend and others not, can't hold in facility that prohibits attendance on discriminatory bases

Video/audio recording

- Must allow photos, audio/videotaping of the meeting (unless it is disruptive to the meeting)
- Voting (New in 2014)
 - Must report how each individual official votes on any action, and record the vote in the minutes.

Further reading: Open and Public V, pp. 30, 35-36.

Requirements For Meetings (continued)

What about meeting minutes?

- The Brown Act does not require the keeping of meeting "minutes".
- <u>However</u>, it does require a report on actions taken in open session and the vote of each member thereon. While the language of the statute seems to make this a requirement that applies at the <u>time the vote occurs</u>, in practice most agencies announce the vote taken <u>and</u> keep at least brief minutes that include:
 - Content of the motion
 - First/second of the motion
 - Vote on the motion

Check your bylaws or other rules of procedure for specific requirements on keeping minutes

Further reading: Open and Public V, pp. 30, 35-36.

Agendas

- Must post in a location "freely accessible to members of the public" 24/7.
- Must state time and place of meeting and a "brief general description" of each item
 of business to be transacted or discussed, including items to be discussed in closed
 session.
- People should have enough information to decide whether they want to attend.
- Notices must be posted on agency's website, if it has one

Further reading: Open and Public V, pp. 30-31.



Items **NOT** on the Agenda

- No action can be taken... except when:
 - Majority decides there is an emergency situation; or
 - 2/3 of the members present (or all members if less than 2/3 are present) vote that <u>immediate action</u> is needed **and** the need came to board's attention <u>after</u> <u>agenda was posted</u> (regular meetings only); or
 - When an item appeared on the agenda of, and was <u>continued</u> from, a meeting held not more than 5 days earlier.

Further reading: Open and Public V, pp. 34-35.

Items **NOT** on the Agenda (*continued*)

- During general public comment:
 - Brief response to statements or questions during public comment is permitted
 - May <u>refer to staff</u> for response during meeting
 - May request staff to <u>report back</u> and/or place on a future agenda
- May <u>also</u> briefly announce or report on member's own activities

Further reading: Open and Public V, pp. 34-35.



Rights of the Public

- May address Board:
 - Matters on the agenda—before or during consideration of the item
 - Other matters within jurisdiction—regular meetings only unless Board allows otherwise
 - Brief response and/or referral to staff, but NO ACTION!
- <u>Cannot</u> prohibit public criticism of agency and governing body, but personal attacks need not be permitted
- Reasonable time limitations and other regulations are permitted (be considered)

Further reading: Open and Public V, pp. 34-35.

Records & Public Access

- General rule: agendas, minutes (if any) and handouts distributed at board meetings are public records.
- Documents pertaining to an agenda item must be made available to the public (website posting only is ok). This includes staff handouts distributed to board members less than 72 hours prior to the meeting.
- Handouts provided by staff during a meeting must be made available to public <u>at</u> <u>same time</u>; handouts from public must be made available after meeting.

Closed Sessions

- If situation meets one of the specific exceptions to the open meeting rules, may hold in closed session
- Not enough that it is sensitive, embarrassing or controversial
- Meeting is either open or closed. Cannot invite selected members of public
- Generally used to avoid revealing confidential information that would prejudice legal or negotiating position of the body or compromise privacy interest of employee

Further reading: Open and Public V, p. 42.



Closed Sessions – Agendas and Reports

- Legal authority for closed session must be on the posted agenda with a brief description
- Brown Act supplies a series of fill-in-the-blank templates for agenda description that provide a safe harbor from legal attacks
- Must report out on certain actions taken and the vote of each member present.
 Required content specified in Government Code section 54957.1
- May keep a confidential minute book to record actions taken in closed session (Note: This is unusual)
 - Minutes are open to a court if lawsuit claims an open meeting violation and
 - Board members may inspect.



Closed Sessions – Personnel

- **Limited Topics:** Appointment, employment, evaluation of performance, discipline or dismissal of a public employee or to hear complaints or charges brought against the employee
- Restricted to discussing particular employees, not general personnel policies or employee compensation (consider labor negotiation closed session instead)
- For disciplinary issues considered by governing body (rather than settled at staff level), must give employee 24 hours notice – they have a right to a public meeting.
 Failure to notice makes any action void.

Further reading: Open and Public V, pp. 46-47.

Closed Sessions – Labor Negotiation

- To instruct bargaining representatives on employee salaries and benefits
- May occur before, during, or after negotiation sessions
- Prior to closed session, must identify designated representatives and employee(s) or employee groups

Further reading: Open and Public V, pp. 47-48.



Closed Sessions – Pending Litigation

- "Litigation" includes lawsuits, arbitration, administrative proceedings
- Existing litigation
 - May discuss existing litigation with counsel, approval to settle, etc.
- Threatened litigation
 - Legal counsel can inform body of exposure to litigation
- Potential litigation initiated by the agency
 - May seek legal advice about whether to initiate litigation

Further reading: Open and Public V, pp. 43-35.



Closed Sessions – Real Estate Negotiations

- Discuss purchase, sale, exchange or lease of specific real property by or for the agency
- Must identify negotiator and the real property involved
- Must focus on price and other terms of purchase (or lease)

Further reading: Open and Public V, pp. 45.



Closed Sessions – Reporting Out

- Not all decisions must be reported some examples of items that must be reported:
 - Real estate agreement
 - Approval of lawsuit initiation or intervention
 - Settlement of litigation (if action makes it final)
 - Agreement with labor union
 - Actions affecting employee's status
- Some reports not required until issue is finalized (i.e., administrative remedies are exhausted.)

Further reading: Open and Public V, p. 43. (see individual topics on pp. 43-49 for specific reporting requirements).

Remedies For Noncompliance – Enforcement, Penalties & Remedies

Civil Action

- District Attorney or <u>any interested</u> <u>person</u> may ask court to:
 - Stop violations
 - Determine applicability of Brown Act to certain actions
 - Compel Board to tape record closed session

Further reading: Open and Public V, pp. 56-57.

Invalidation

- Any person may seek to invalidate an action that violates the Brown Act
- Board first has a chance to cure best opportunity to address an issue!

Remedies For Noncompliance – Enforcement, Penalties & Remedies

Costs and Attorneys' Fees

- Someone who successfully invalidates an action or enforces one of the Act's civil remedies may seek court costs and attorneys' fees
- Award is only against the local agency, not individual members

Criminal Complaints

- Within District Attorney's discretion to file
- A violation done with improper intent is a misdemeanor
- Requirements:
 - Overt act. Board must have taken action. Not just deliberation or other action short of a vote.
 - Intent. Must have intended to deprive public of information to which the Board knew or should have known public is entitled.

Further reading: Open and Public V, pp. 58-59.

Item 6. Mental Health Directors Report

Yolo County Health & Human Services Agency

Mental Health Director's Report

October 26, 2020 (6-8pm)

- a. RFP Schedule- (See attachment)
- b. **Woodland Community College RFP**-The Request for Proposals (RFP) for the Woodland Community College (WCC) MHSA partnership was issued on September 24th and closes on November 4th. A mandatory bidder's conference was held on October 7th. This innovative partnership blends funding to expand the delivery of mental health, physical health and social services on the WCC campuses.

WOODLAND COMMUNITY COLLEGE PARTNERSHIP



MULTI CAMPUS

Serve Woodland Community College students on two campuses with a broader array of services on site in Woodland



(BLENDED FUNDING

Funded utilizing blended funding streams including; MHSA, EPSDT, and WCC



MENTAL HEALTH

Provide a continuum of prevention and intervention supports in an integrated mental health service model and transition to community and/or intensive services supports



(PHYSICAL HEALTH

Provide an array of physical health and health education services including physical exams, minor illness diagnosis, flu/TB clinics, and education services related to nutrition and preventative care

c. **K-12 School Behavioral Health Services**-We are continuing to move forward with the K-12 School Partnerships program by meeting with stakeholders from the office of education and school districts to establish the governance structure identified in the MHSSA grant proposal. On October 8, a steering committee meeting occurred with HHSA leadership and the superintendents of the office of education and all five Yolo County school districts to discuss the degree to which the districts can provide funding to support this project. At this time the districts are unable to provide any funding and the office of education is exploring a potential funding source. HHSA is moving forward with this information and will be developing a project implementation timeline within the next week.

K-12 SCHOOL PARTNERSHIPS



COUNTY WIDE

Serve four catchment areas in the county: Davis, West Sacramento, Woodland and Esparto/Winters



(BLENDED FUNDING)

Funded utilizing blended funding streams including: MHSA, EPSDT, LCAP and MHSOAC



(TIERED SUPPORTS

Provide a continuum of prevention and intervention supports utilizing a proven team approach for an integrated, multi-tiered mental health service model



Assist with navigation and transition and transition to community services and supports and/or more intensive, longer term services and supports

- d. **Co-Responder Services**-As mentioned last month, Yolo HHSA, in partnership with Woodland, West Sacramento, and Davis Police Departments (PD), as well as the Yolo County Sheriff and Probation Offices, will have embedded Crisis Response Clinicians working in the community. The goals of this Countywide program include de-escalation of individuals in crisis and the avoidance of unnecessary and/or unfortunately outcomes for the community when interacting with law enforcement as clinicians will co-respond with law enforcement officers for behavioral health calls. Other important goals are more effective service and resource linkage for individuals in crisis and avoidance of local emergency rooms, if possible. Woodland PD's Co-Responder Clinician has been in place since July 2020, and West Sac PD's first of two Clinicians will be in place very soon. HHSA is actively recruiting for three clinicians to serve with Davis PD, Yolo County Sheriff/Probation, and as a second clinician with West Sac PD.
- e. **FSP transition**-HHSA will be releasing a Request for Proposals (RFP) in November to provide Full Service Partnership (FSP) services to a minimum of 200 Yolo County at any given time for Transitioned Aged Youth (16-25), Adult (26-59), and Older Adult (60 years and older). Five (5) of the slots will be reserved for Assisted Outpatient Treatment (AOT) clients aged 18 years and older.

FSP programs are designed for individuals who are experiencing serious mental illness and other cooccurring disorders, may be involved in the criminal justice system, are homeless (chronic or
otherwise) or at risk of homelessness, and who may have a history of psychiatric hospitalizations.
Services and treatment will be community centered (rather than facility based) and patterned on
evidence-based or best practice models of treatment incorporating principles of recovery from
symptoms of mental illness. MHSA services are designed to help adults and older adults with severe
mental illness (SMI), children with serious emotional disturbance (SED) and their families, and TAY
who either have SMI or SED. MHSA services are intended to support clients who are currently
unserved and/or underserved by existing mental health systems.

FSP programs provide comprehensive and intensive mental health services and employ a "whatever it takes" community-based approach using innovative interventions to help people reach their recovery goals and are available to support clients 24 hours a day, 7 days per week. MHSA core

principles provide the foundation for FSP programs and include: client and family-driven mental health services within the context of a partnership between the client and provider; accessible, individualized services and supports tailored to a client's readiness for change that leverage community partnerships; and delivery of services in a culturally competent manner, with a focus for wellness, outcomes and accountability. Vendor(s) will be expected to deliver a person-centered treatment and care-planning approach that values the participant's preferences, utilizes participant choice and voice as the model of operation, builds resilience and promotes wellness, is strengths-based and facilitates growth and self-empowerment.

- f. Pine Tree Gardens -The County continues to work through agreements with NVBH and YHA.
- g. **Project Roomkey/Homekey-**Project Roomkey participants have increased slightly, and the project currently has 191 people in 146 rooms in six motels throughout the County. 50 participants have been placed in permanent housing. This number includes 8 housed in Davis, 34 housed in West Sacramento, and 8 housed in Woodland.

The contracted physical healthcare provider for Project RoomKey, CommuniCare (CCHC), has reported a total of 1,340 medical visits to a total of 333 unique patients in motels since the beginning. The top five diagnosis for the visits are:

- Hypertension
- Diabetes
- COPD
- Congestive heart failure
- COVID-19

This week, HHSA staff met with CCHC Project RoomKey staff to discuss the details of providing the flu vaccine for Project Roomkey participants. As of now, CCHC will provide staffing for injections and partner agencies will be assisting with administrative functions, flow at the clinic, providing approximate counts and the logistics of identifying a location for set-up beforehand, as well as, coordinating with motel staff. HHSA's immunization staff will organize the storage and handling of the vaccine. All these elements should be in place once we receive word from CDPH that we have enough vaccine to provide this service.

The City of West Sacramento continues to wait for a decision on their five submitted applications for Project Homekey. Their 85 affordable-housing unit project with 41 No Place Like Home units designated for permanent supported housing for full-service partnership clients is still scheduled to be completed in September 2021.

The City of Davis has begun housing participants in their Davis Emergency Shelter. The aim of the project is to house 40 individuals in 25 two-bedroom apartments for a minimum of six months, while providing wrap around case management and medical services.

The City of Woodland continues to make progress on the 102/Beamer site which includes a 100-bed shelter. This first phase is scheduled for completion in December 2020 and the second phase consisting of 60 affordable housing units with 29 No Place Like Home units designated for

permanent supportive housing for full service partnership clients is scheduled to be completed Spring of 2021. During COVID, the 100-bed shelter will have a maximum capacity of 70 beds.

h. Data Driven Recovery Project-HHSA is 1 year into the 2-year DDRP with the Mental Health Services Oversight and Accountability Commission (MSOAC). This project seeks to identify ways to overcome barriers and increase data linkages across the criminal justice and behavioral health systems. Data integration for Yolo County HHSA behavioral health, probation and the jail has been completed. This information will be used to help make data driven decisions and to better serve individuals with mental illness in the criminal justice system. The work of DDRP is also being completed in Nevada, Sacramento, San Bernardino and Plumas counties. The MSOAC recently authorized a second round of DDRP (Cohort 2) for Fiscal Years 20/21-21/22, and Yolo County will continue to serve as the lead entity. Cohort 2 of DDRP includes El Dorado, Calaveras, Lassen and Marin counties. Concurrently, another component of DDRP (Cohort 1), is to improve our trauma informed system of care via Adverse Childhood Experience Screenings (ACES), cognitive assessments, targeted therapeutic treatment and additional staff training. ACES and cognitive assessments are currently being conducted with individuals on probation in Yolo County. In light of constraints due to COVID-19, incustody screenings have been delayed.

Additionally, to utilize Kevin O'Connell's experience and maximize the benefit of the DDRP, Kevin will be getting access to the Homeless Management Information System (HMIS). This will allow data integration of the homeless system with the behavioral health, probation, and jail data that has already been compiled which will provide a more comprehensive picture of the population and needs in Yolo. There are also two criminal justice grants that Yolo is implementing, one to expand Mental Health Court capacity and one to provide wraparound care for felony incompetent to stand trial clients in the community, which both require a significant amount of data. Without the work of the DDRP, Yolo would not be positioned nearly as well to compile and analyze this data as needed for the grants.

i. Public Guardian update

COVID impact on PG conservatees:

Covid has impacted many facilities across the state where Yolo Co Public Guardian conservatees are placed. All facilities have instituted Public Heath Dept protocols to maximize resident safety and are doing their best to minimize the impacts of Covid. As of this date, we have 27 conservatees who have contracted Covid. Of those, 13 have recovered, 11 remain in isolation and receiving treatment, and sadly, 3 have passed away.

PG case numbers:

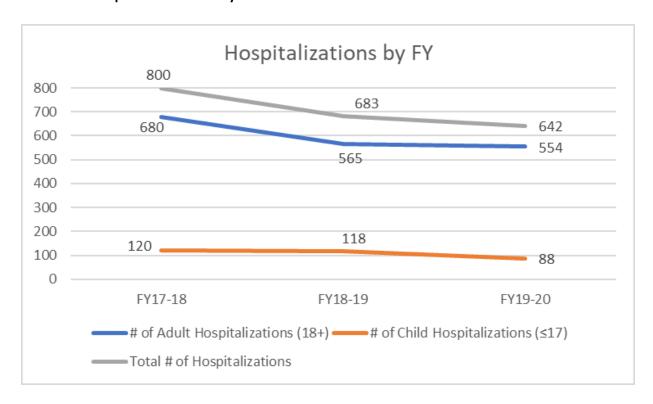
206 conservatee cases-

- 120 LPS
- 78 probate
- 4 open LPS referrals
- 3 open probate referrals

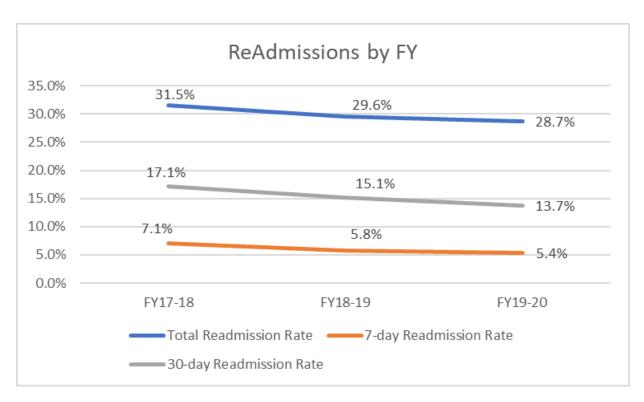
j. **New Medi-Cal Rx**: On January 7, 2019, Governor Gavin Newsom issued Executive Order N-01-19 (EO-N-01-19) for achieving cost-savings for drug purchases made by the state. A key component of EO N-01-19 requires the Department of Health Care Services (DHCS) transition all Medi-Cal pharmacy services from managed care (MC) to fee for service (FFS) by January 1, 2021. Magellan will manage this benefit, and most clients will continue with their current pharmacy (96%). What is important for clients to know at this point is that they will need their Benefits Information Card (BIC) to obtain medications at the pharmacy, and that if they do not have that card they need to contact their local social services center to obtain that card.

k. Crisis Now-Link

I. Annual Hospital Data Summary below:



Reduction of total hospitalizations by 20% between FY17-18 and FY19-20; 19% reduction for adults and 27% reduction for children.



Reduction in total annual readmission rate by 2.8% between FY17-18 and FY19-20; 1.7% reduction in 7-day readmission rate and 3.4% reduction in 30-day readmission rate.

Yolo County Health and Human Services Agency

Request for Proposals (RFP) Schedule FY 2020-21

	RFP TITLE	BRANCH	RELEASE DATE	BIDDER'S CONFERENCE DATE	DUE DATE
Quarter 1 July to September 2020	College Campus Based Physical Healthcare, Behavioral Healthcare, and Related Social Services	Child, Youth and Family	9/24/2020	10/7/2020	11/4/2020
Quarter 2	Full Service Partnership Mental Health Services	Adult & Aging	-	-	-
October to December 2020	Mental Health Services Act (MHSA) Evaluation Services	Community Health	-	-	-
_	Kindergarten-12th Grade Campus Based Behavioral Healthcare Services	Child, Youth and Family	-	-	-
	Street and Mobile Medicine Services	Adult & Aging	-	-	-
	CalWORKs Stage One Childcare	Service Centers	-	-	-
Quarter 3	Drug Toxicology and Specimen Collection	Child, Youth and Family	-	-	-
January to March 2020	Behavioral Health Access and Crisis Line	Adult & Aging	-	-	-
	WIOA Youth Services	Service Centers	-	-	-
	Supervised Visitation Services	Child, Youth and Family	-	-	-
Quarter 4 April to June 2020	-		-	-	-