



# COUNTY OF YOLO

## Health and Human Services Agency

137 N. Cottonwood Street • Woodland, CA 95695

(530) 666-8940 • [www.yolocounty.org](http://www.yolocounty.org)

### Local Mental Health Board

**Regular Meeting: Monday, April 25<sup>th</sup>, 2022 6:00 PM–8:00 PM**

Join Zoom Meeting

<https://us02web.zoom.us/j/82164661979?pwd=YkhmcGpjRkNoYmRKR1QxODFjQ0FRdz09>

Meeting ID: 821 6466 1979

Passcode: 644wP0

*All items on this agenda may be considered for action.*

#### **CALL TO ORDER ----- 6:00 PM – 6:30PM**

1. Public Comment
2. Approval of Agenda
3. Approval AB 361-Brown Act
  - [Brown Act Memo](#)
4. Approval of minutes from
  - [February 28, 2022](#)
  - [March 28, 2022](#)
5. Chair Report-Nicki King
  - Vote on future meetings-remote/in-person/hybrid
  - [LMHB Bylaw Review](#)
6. Member Announcements
7. Correspondence- Nolan Sullivan, [Follow-up on hiring MH Director](#)
8. Nomination LMHB Officers
  - Board Chair
  - Vice Chair
  - Secretary

Nicki King  
*Chair*

Jonathan Raven  
*Vice-Chair*

Xiaolong Li  
*Secretary*

**District 1**  
**(Oscar Villegas)**

Aleecia Gutierrez  
Maria Simas  
Beverly Sandeen

**District 2**  
**(Don Saylor)**

Serena Durand  
Nicki King  
Inesita Arce

**District 3**  
**(Gary Sandy)**

Sue Jones  
John Archuleta  
Warren Hawley

**District 4**  
**(Jim Provenza)**

Carol Christensen  
Robert Schelen  
Jonathan Raven

**District 5**  
**(Angel Barajas)**

Brad Anderson  
Xiaolong Li  
Robin Rainwater

**Board of**  
**Supervisors**  
**Liaisons**

Oscar Villegas  
Jim Provenza

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](mailto: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.

CONTINUED ON REVERSE

**TIME SET AGENDA ----- 7:00 PM – 7:15 PM**

9. MHSA UPDATE-Karleen Jakowski

**CONSENT AGENDA ----- 7:15PM – 7:30 PM**

10. [Mental Health Director’s Report](#) – Karleen Jakowski
  - a. [COVID-19 update](#)
  - b. ARP Plan Workgroups
  - c. CalAIM
  - d. K-12 Services
  - e. [RFP Schedule](#)
  - f. Public Media Campaign
    - a. Mental Health/Wellness
    - b. Overdose Awareness/Prevention
  - g. Crisis Now
  - h. Department of State Hospital Programs
  - i. QM Audits/Reviews
  - j. Safe Harbor
  - k. Child Abuse Prevention Month Campaign: Building Youth Resilience
  - l. FSP FY21-22 DATA

**REGULAR AGENDA ----- 7:30 PM – 7:45 PM**

11. Safe Harbor Update
12. Board of Supervisors Report – Supervisor Villegas and Provenza
13. Criminal Justice Update: MHC- Jonathan Raven
14. Public Comment- on tonight’s agenda Items

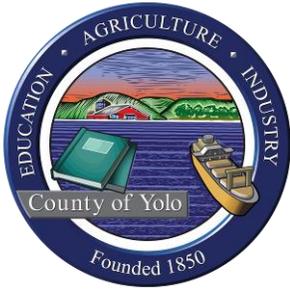
**PLANNING AND ADJOURNMENT ----- 7:45 PM – 8:00 PM**

15. Future Meeting Planning and Adjournment

Next Meeting Date and Location

Next Meeting: May 23<sup>rd</sup>, 2022

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, April 22<sup>nd</sup>, 2022. Christina Grandison Local Mental Health Board Administrative Support Liaison Yolo County Health and Human Services



# COUNTY OF YOLO

Office of the County Council

*Philip J. Pogledich*  
County Counsel

625 Court Street, Room 201 • Woodland, CA 95695  
MAIN (530) 666-8172 • FAX (530) 666-8279  
www.yolocounty.org

## MEMORANDUM

TO: All Local Legislative Bodies subject to the Ralph M. Brown Act

FROM: Philip J. Pogledich, County Counsel  
Eric May, Senior Deputy County Counsel

DATE: March 30, 2022

SUBJECT: Post-Pandemic Teleconferencing and Meeting Considerations

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This memorandum provides updated guidance regarding remote meetings pursuant to the Ralph M. Brown Act (“Brown Act”).<sup>1</sup>

As explained below, the changing public health situation may soon compel an end to remote meetings using the simplified approach authorized by Assembly Bill 361 (“AB 361”). The County Health Officer is not expected to reissue social distancing recommendations in April, narrowing the circumstances for meeting remotely under AB 361. Also, if the Governor ends the pandemic emergency proclamation,<sup>2</sup> local legislative bodies will no longer be able to rely on AB 361 and must instead return to in-person meetings or, if feasible, authorize continued remote meetings using the original, less practical teleconferencing provisions of the Brown Act discussed below. “Hybrid” meetings that offer both in-person and teleconference (video or call-in) options for participation are also an option—and indeed, may become the “new normal” for public agency meetings—so long as all Brown Act requirements for an in-person meeting are satisfied and no technological constraints exist.

As background, in 2021, AB 361 amended the Brown Act to add simplified procedures that make it easier to hold remote meetings during a state of emergency proclaimed by the Governor (a local emergency is insufficient). *See* Gov. Code § 54953(e). Additionally, the legislative body must find either of the following circumstances is present:

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<sup>1</sup> The Brown Act applies to “legislative bodies,” which the Act defines as including (i) a governing body of a local agency or local body created by state or federal statute, (ii) a commission, committee, board, or other body of a local agency, whether permanent or temporary, decision-making or advisory, created by a legislative body. *See* Gov. Code § 54952.

<sup>2</sup> We cannot predict when an announcement may occur, but a continued decline in case rates could prompt a change in the near future.

- State or local officials continue to impose or recommend measures to promote social distancing; or
- As a result of the declared emergency, the legislative body finds by majority vote that meeting in person would present imminent risks to the health or safety of attendees.

A previous memorandum from this Office (dated September 30, 2021) explained the process for initiating AB 361 compliance for remote meetings and the need to thereafter (ever 30 days or so) renew compliance by making essentially the same findings mentioned above.<sup>3</sup>

Most agencies subject to the Brown Act have relied on the Health Officer's social distancing recommendations described in a monthly memorandum in implementing AB 361 (also available at the link included in footnote 3). With declining COVID-19 infection rates, many Health Officers (including in Yolo County) will no longer recommend social distancing. If this occurs, local legislative bodies *may still meet remotely pursuant to AB 361* only if:

- (1) the Governor's pandemic emergency proclamation remains in force; *and*
- (2) each such body finds by majority vote "that meeting in person would present *imminent risks* to the health or safety of attendees."

It is unknown whether the Governor will maintain his emergency proclamation for much longer. If it is repealed, new AB 361 authorizations will be legally impossible and all existing AB 361 determinations will sunset on the 30<sup>th</sup> day after their adoption.

For so long as the Governor maintains the emergency proclamation, each local legislative body may consider the "imminent risks" determination if it wishes to still hold remote meetings under AB 361. This is a matter for each legislative body to decide in its discretion; the County Health Officer is not expected to issue any guidance bearing on such a determination. Factors such as local infection rates, meeting duration, expected attendance, facility air filtration technology, and the potential for attendance by vulnerable populations are among those that may be appropriately considered by a legislative body.

Procedurally, those intending to consider such a determination are advised to schedule a special meeting for this purpose, with no other agency business on the agenda. Such a limited purpose meeting can be held remotely pursuant to the AB 361 rules. If this is not feasible, the "imminent risks" finding may be considered as the first item of business on the meeting agenda for a regular meeting. If the meeting is held remotely pursuant to AB 361 and the finding is *not* made by majority vote, however, the meeting must adjourn and all remaining items must be continued *unless* the meeting also complies with the various requirements of the Brown Act's original teleconferencing provisions.

If AB 361 compliance is no longer possible—either because an "imminent risks" finding is not made or because the Governor's emergency proclamation sunsets—local legislative bodies will have to return to in-person meetings or invoke the original teleconferencing provisions of the Brown Act. The prior memorandum by this Office illustrated some of the key differences between AB 361 and the other teleconferencing provisions as follows (with a few additions):

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<sup>3</sup> Posted online at: <https://www.yolocounty.org/government/board-of-supervisors/advisory-bodies/resources-for-local-governing-and-advisory-body-members>,

Brown Act Requirements (“Old Rules”)	AB 361 Rules
<ul style="list-style-type: none"> <li>Agendas <b>must</b> be posted at each teleconference location where a legislative body member is present</li> <li>All teleconference locations must be listed on the agenda</li> </ul>	<ul style="list-style-type: none"> <li>Agendas <b>do not</b> need to be posted at each teleconference location</li> </ul>
<ul style="list-style-type: none"> <li>Each teleconference location <b>must</b> be accessible to the public, and the public <b>must</b> be allowed to offer comments from each location<sup>4</sup></li> <li>Additional teleconference locations may also be offered for the convenience of participants.</li> </ul>	<ul style="list-style-type: none"> <li>Local agencies <b>do not</b> need to allow public participation at each (or any) teleconference location, but instead must “clearly advertise” how members of the public can participate on the agenda</li> <li>Public participation <b>must</b> allow for either a call-in option or an internet-based service option to directly address the body in real-time during public comment</li> <li>In the event the meeting broadcast is disrupted, the meeting <b>must</b> pause until it is restored</li> </ul>
<ul style="list-style-type: none"> <li>At least a quorum of the legislative body <b>must</b> be present within the agency’s territory</li> </ul>	<ul style="list-style-type: none"> <li>Legislative body members <b>may</b> participate from anywhere</li> </ul>

As this summary shows, even without AB 361’s simplified requirements teleconference meetings are possible with some advance planning and coordination. Indeed, many meeting attendees are comfortable using Zoom (and similar technologies) and will now likely chose to participate remotely rather than travel to a teleconference or in-person meeting site to participate. That said, it is still necessary to accommodate the public at each teleconference location under the original Brown Act teleconferencing rules, including private residences or locations where technological constraints may exist. The reason for this is explained in one guide on Brown Act teleconferencing:

The right of individuals to attend the public meetings of local agencies and be face-to-face with their elected or appointed public officials is viewed as sacrosanct, only able to be abrogated in the most extraordinary of circumstances. Under normal conditions, local agencies are required to allow members of the public to participate in a public meeting from the very same teleconference locations that other board members are using to attend that meeting. (*AB 361 Implementation Guide*, California Special Districts Association, p. 6 (2021).)

A somewhat different approach is to hold a “hybrid” meeting, with all legislative body members appearing in-person and the public is afforded the option of appearing in-person or attending via video or call-in technologies. The increased convenience of this approach promotes additional public engagement while also reducing in-person attendance. Presently, the Brown Act does not regulate this

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<sup>4</sup> In addition, all teleconference locations must be ADA-accessible.

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approach. This Office encourages legislative bodies offering “hybrid” meetings to ensure any limitations to virtual participation are clearly described on the agenda (for example, if remote attendees are not able to offer comments). And consistent with the original Brown Act teleconferencing rules, all legislative bodies members must either attend in-person or comply with the teleconferencing rules if they opt to participate remotely. Put simply, if a legislative body members participate remotely under the original rules, the public must be offered the same participation opportunity in the same location(s).

It is possible that changing circumstances surrounding the COVID-19 pandemic will require legislative bodies to adapt again in the future. The County Counsel’s Office will continue to provide updates as significant changes occur. Additional information about Brown Act compliance and other resources can be found on the County’s website, at <https://www.yolocounty.org/government/board-of-supervisors/advisory-bodies/resources-for-local-governing-and-advisory-body-members>.

Any questions about this memo or can be directed to:

Phil Pogledich  
County Counsel  
[Philip.pogledich@yolocounty.org](mailto:Philip.pogledich@yolocounty.org)

Or to:

Eric May  
Senior Deputy County Counsel  
[Eric.may@yolocounty.org](mailto:Eric.may@yolocounty.org)

While e-mail communications are preferred, you may also call 530-666-8172 and ask to speak with either of the above attorneys.

**Local Mental Health Board Meeting**

**Monday, February 28, 2022**

Online/Call-in ZOOM

Members Present: Robert Schelen, Carol Christensen, Serena Durand, Inesita Arce, Brad Anderson, Jonathan Raven, Beverly Sandeen, Aleecia Gutierrez, Nicki King, Maria Simas, Xiaolong Li, Sue Jones

Members Absent: John Archuleta, Robin Rainwater

**CALL TO ORDER**

- Welcome and Introductions:** meeting called to order at by Board Chair, Nicki King at 6:01pm
- Public Comment:** none
- Chair Report:** Welcome Karleen Jakowski, Interim HHS Director has been in the field for over 20 years. Participation in the process in selection of new MH Director Recruitment. Please send your interest Nicki King if you would like to sit on the committee/interview panel. If your interested in seeing the applications, please inform Nicki King.
- Approval of Agenda:** Moved by Jonathan, 2<sup>nd</sup> by Carol Christensen

Yea "I"	Nay	Abstention
12	0	0

Motion: Passed

- Approval of Minutes for January 16<sup>th</sup>, 2022:** Moved by Bob Schelen, 2<sup>nd</sup> by Jonathan Raven

Yea "I"	Nay	Abstention
9	0	3

Motion: Passed with correction to misspelled name for Brad Anderson

- Approval of Minutes for January 24<sup>th</sup>, 2022:** Moved by Aleecia Gutierrez, 2<sup>nd</sup> by Maria Simas

Yea "I"	Nay	Abstention
12	0	0

Motion: Passed

- Member Announcements:** none
  - Brad Anderson no longer needs a copy of documents
  - Bob Schelen would like a copy of document in advance of next meeting
- Correspondence:** Letter of Resignation received from Nick Birtcil

**Time Set Agenda:**

- Safe Harbor Usage** presented by Mila Green

### Board Comments:

- **Nicki King**-very suspicious of numbers during Covid time frame. Not quite a 2-year downward trend. I remain concerned about the precipitous decision to reduce the number of guaranteed Safe Harbor beds beginning July 1 and given that the numbers Karleen shared last month have some errors, I don't really know about the occupancy by Yolo County. Crisis Now may in fact reduce our demand for Safe Harbor beds, but Crisis Now isn't up yet. I'd rather take a step back and see how Crisis Now comes on board. The number of patients needing from 5-9 nights at Safe Harbor is a significant hole that at the current time we can't fill. I'd like to continue tracking the numbers for another year and revisit this in Winter 2023.
- **Jonathan Raven**-There are so many people we have accepted in our programs waiting on beds either at Farmhouse or other places. Jail is the worst place to be. Why haven't we sent those clients to Safe Harbor? They sit in jail and decompensate. Beds are so hard to come by and Safe Harbor could be a good step down until another placement is available.

### Public Comments:

- **Nancy Temple**-misses' days when we cared about our clients, she had a personal experience where her son need care and Safe Harbor was there to assist
- **Marilyn Moyle**-her son was put on injectable that made him sick and they transitioned him back to a med that worked and Safe Harbor was there to help him in his transition. Why can't safe harbor be used for med adjustment? It was helpful when needed.
- **Linda Wight**-went through all crisis now training and was looking forward to working with Safe Harbor. Her son had a great experience with Safe Harbor while transitioning to new meds. At safe harbor it was the first time her son felt a difference with medications. Have reservations about not including Safe Harbor in the Continuum.

### Consent Agenda

#### 10. **Mental Health Directors Report:** Presented by Karleen Jakowski

- **K-12-Limited resources**-how will it be distributed? How will the decision be made for distribution? 4 million dollars available in grant. When we trying to spread across county it doesn't go as far as you think. We are working with the county and districts to see how to best utilize funds. Looking at how to distribute based on student population but will consider how to capture that for rural areas. Karleen Jakowski will look into what services are trending.
- **Crisis Now**-Dates don't look definite to me. What's the estimated time of actual operation? Ian Evans states this will be a regular item to continue with updates. Each jurisdiction has committed to three years funding. Back end contracting process will go out in the next few weeks. Our team is working on the RFP, hoping to release in March but we are making sure we hit all the critical points. We ask for a member of LMHB to be on the review panel. High Tech call center up and running by July 1<sup>st</sup>. We will need to do some remodeling of the stabilization center. Hoping to finalize third 4<sup>th</sup> quarter of

2022. We are committed to bring you that information as plan is finalized. Getting RFP issued will help us project out the times.

#### 11. **Board Feedback on Interim Director Role-**

##### **Board Feedback**

- Budget Committee-we didn't see the budget before it went to the board
- Getting a lot of information that we need to make decisions on right before the meeting

##### **Public Feedback on Agenda Items-**

- Will there be a sub-committee to discuss new billboards-Nicki states no.
- Karleen states we will have a robust presentation next month on Public Media Campaign.
- Petrea Marchand would like more robust information sent out earlier then a few days before the meetings as well.

#### **Regular Agenda**

1. **Board of Supervisors Report:** presented by Supervisor Villegas no board report presented today but available for feedback. The board has placed a couple of Supervisors to this committee to serve as a liaison. Moving forward they will be here to observe and listen. They will report as information that needs to be shared becomes available.
2. **Criminal Justice Update:** Presented by Jonathan-new MH diversion program is really moving swiftly. We are getting referrals being assessed and placed into programs.
3. **Public Comment on Agenda Items:** Reminder about NAMI Yolo's Event-Hope and resilience event on March 27<sup>th</sup> at central park in Davis. You have received invitations and information about tickets. If you have received reach out to Petrea Marchand or Marilyn Moyle.
4. **Future Meeting Planning and Adjournment:**
5. **Next Meeting:** March 28<sup>th</sup>

Meeting Adjourned: 7:44PM

**Local Mental Health Board Meeting**

**Monday, March 28<sup>th</sup>, 2022**

Online/Call-in ZOOM

Members Present: Robert Schelen, Carol Christensen, Serena Durand, Inesita Arce, Brad Anderson, Jonathan Raven, Beverly Sandeen, Aleecia Gutierrez, Nicki King, Maria Simas, Xiaolong Li, Warren Hawley, Sue Jones

Members Absent: John Archuleta, Robin Rainwater

**CALL TO ORDER**

- Welcome and Introductions:** meeting called to order at by Vice Chair, Jonathan Raven
- Public Comment:** Teresa Comstock CALBHB/C -new intern Zoey here to listen to you and here to support will send link to their services in chat.
- Chair Report:** by Jonathan Raven, welcome Warren Hawley. Warren told how he was touched by a middle school child who committed suicide as well as a family member who took a Percocet laced with fentanyl and didn't wake up.
- Approval of Agenda:** Moved by Aleecia Gutierrez, 2<sup>nd</sup> by Carol Christensen

Yea "I"	Nay	Abstention
10	0	0

Motion: With amendment to agenda to table the minutes until next meeting once revisions have been made and shared to the board

Motion: **Approval of Brown Act:**

Yea "I"	Nay	Abstention
13	0	0

Motion: to continue to meet by ZOOM

- Member Announcements:**
  - Brad went to Pat Williams dinner and it was nice to see people in person.
  - Jonathan also attended Pat Williams dinner, enjoyed they changed up the format. Thank you to Nami for doing that
  - Kudos to Nami and Yolo for hosting a Webinar for MH Services for Youth
- Correspondence:** Letter to the Board from Nicki King
  - Energy efficiencies for Residential Housing, the dilemma is going to come in limited funding for those funds. We will review that proposal for the updates that we are looking at now.
  - Better to do upgrades sooner rather than later because the costs will go up considerably
  - Sue Jones- we asked for more details in expenditures and cost. We asked for it to go at next phase.

- Warren Hawley-are their applicants for funding, who is eligible for it? Karleen is referring to MHSA Funding, there are certain categories that dictate where we use that funding, but we have a surplus right now and we need to determine where those funds are best spent.

#### **Time Set Agenda:**

##### **7. Health Campaign Presentation- EMRL Group**

###### **Comments on Presentation:**

**Marilyn Moyle**-1<sup>st</sup> Wednesday event with Nicole Carter it's a free zoom meeting April 6<sup>th</sup> at 6pm. You can find registration on NAMI website.

**Leslie Carroll**-concerned we are spending so much money on something very minimal and very flashy

**Nicki King**-makes MH trivial or that we are simplistic or mocking someone's pain

**Sue Jones**-how was decision made to make more about self-care as opposed to people further along as opposed to more urgent.

- Intent was to be broader reach on prevention side of house. To promote resilience and wellness

**Petrea Marchand**-participated in ARP Workgroups in this campaign. One of issues they expressed concern with is having a campaign with real resources available for those reaching out with a need and that we do not duplicate another resource that doesn't already exist.

##### **8. Prop 47 Diversion Programs-Presented by Chris Bulkeley, Ian Evans, Joseph Gocke**

###### **Comments on Presentation:**

**Petrea Marchand with NAMI Yolo**-How will this program be maintained if it's successful and how will it be integrating in the 3-year Plan. Need sufficient money in Grant to make sure housing provided is as close to family and friends as possible.

- If you're able to show success you can request additional funding or apply for other grants
- One of challenges is to provide funding for housing and for staff

#### **Consent Agenda**

##### **9. Mental Health Directors Report: Presented by Karleen Jakowski**

#### **K-12**

**Aleecia Gutierrez**-recall discussion about limited resources and you've held webinar since then have you received feedback?

- No updates, Karleen will check in with Tony Kildare when he returns. Karleen will send over email connecting Aleecia with Tony Kildare to discuss regional workgroups
- May want to have a presentation to share about project with the LMHB

Jonathan Raven-how is it decided who receives funding?

- We engaged in the district to see who was interested in partnering and they were all interested. Contractors were selected through that process

### **Crisis Now**

**Ian Evans**-it has been so successful in woodland that woodland pd wants another social worker?

- Its not crisis now because we haven't launched crisis now yet its Co-responder, law enforcement officers enjoyed that support. We partner with them with each city providing half of the funding and the rest is funded by MHSA. West Sac chose two, Davis Woodland went with one. One split between sheriff and probation. Woodland PD wanted to increase that but didn't have finding. We found out they had a grant available to help support that and they went for it and were awarded the funding. We have about 17 different funding sources to help sustain this program.
- Encourages the board to hold a more robust presentation on Crisis Now
- Jonathan asked whether we will be moving to the Crisis Now Model of a Crisis Response Team, rather than a co-responder team. Ian responded: We will be moving to the Crisis Response team model. FY22/23 we added funding to help transition to the gold standard model. That model is for a Crisis Response Team, who operate without peace officers, to respond to calls concerning mental health. If there's a public safety issue, peace officers will join the team on the call out. No hard date as to when we will transition but we will have a better idea once we launch Crisis Now

### **Public Comment on Crisis Now:**

**Petrea Marchand**-wants to add that it would be great to see what total cost of program is and how that matches up with one time and ongoing funding looks like. Can you include how will crisis now integrates with Safe Harbor in the presentation

**Linda Wight**-losing CIP was some what in part to lack of public knowledge. Encourages that some of the money go to education, social media, billboards so people are prepared and aware of what's available resources.

**Theresa Comstock**-call your attention to information available on their website: CALBHB/C Crisis Care Continuum Page: <https://www.calbhbc.org/crisis-care-continuum.html>

### **Safe Harbor**

**Karleen Jakowski**-has heard the concerns from last meeting, wants to pause on action moving forward and reevaluate the data and return to share data once she has a better picture after meeting with YCCC.

**Ian Evans**-bring a simple graphic of Crisis Care Continuum. We need to do a better job at communicating that moving forward.

### **Public Comment on Safe Harbor:**

**Linda Wight**-participated in Safe Harbor training-one time she was able to get her son to go from west sac to safe harbor and it was wonderful. As a parent to have a resource to help talk him down from a crisis. I certainly thought that would be a part of Crisis Now. My loved one doesn't always recover in 23

hours sitting in a chair. I want Safe Harbor to be a part of that plan because there may be someone like my loved one who will need more than 23 hours.

**Supervisor Provenza**-generally speaking in the past I have seen that a good program that's working goes away and there's a request for new shiny project. Caution you to hold on to those programs that are working and are aware of what we have now. Looking forward to hearing more about it.

## Regular Agenda

1. **Board of Supervisors Report:** Oscar Villegas appreciate the comments, very informative. Making sure we are cross referencing other services and opportunities to help the public. If you're not growing your dying. Great way to reach our community in different services. Supervisor Provenza-MH Board can help us with an idea of where we want to go, how to coordinate, and that we spend our money most efficiently. It is possible to pull funding forward if there is urgency.
2. **Criminal Justice Update:** Presented by Jonathan-  
**Hope California** I want to mention two items/ One of them is a bill that's running through California legislature which is now called Hope California the concept is allowing individuals who are actually going to be sentenced to a lengthy jail term or state prison term to voluntarily choose to enter treatment program which will be in a residential secured facility. The pilot was called Hope Yolo and it sailed through all committees and assembly floor and senate vote and it was vetoed by governor because he thought involuntary treatment didn't work. It's called Hope California because San Juaquin and Santa Clara are a part of it. The bill went before the Public Safety Committee and it passed on a 5-0 vote. It goes before the Assembly Health Committee tomorrow and I'll be testifying and then we will move before the assembly floor vote.  
**Care Court**-Governors sizable plan based off issues of conservator ship. Set up process of civil court for family members or health provider could make a referral to order ill individuals into treatment and if they didn't comply, they could face conservatorship which is not the best option. Some look at that as not voluntary. There a bill being carried by Senator Tom Umberg is doing it and it even mentions involuntary treatment it was one of the big stumbling blocks to Hope Yolo.
3. **Public Comment on Agenda Items:**  
**Petrea Marchand**-K-12 mental health services that we hosted we had 105 register and 55 show up in ZOOM. We appreciated the presentation and the input. NAMI has taken a position to support the county for schools to match the MHSA money that been put in. NAMI is working with additional partners to develop additional capital facilities proposal for both Yolo Community Care Continuum and Chalks Housing to work with and so hopefully those proposals with be considered for 1 time funding for those projects.
4. **Future Meeting Planning and Adjournment:** Request chair add to next month's agenda COVID issue with respect to meet in person or in hybrid.
5. **Next Meeting:** April 25<sup>th</sup>, 2022

Meeting Adjourned: 8:00pm



# COUNTY OF YOLO

Health and Human Services Agency

*Karen Larsen*

Director

137 N. Cottonwood Street • Woodland, CA 95695  
(530) 661-2750 • www.yolocounty.org

## Local Mental Health Board Bylaws

### ARTICLE I

#### SECTION I: MISSION, VALUES AND RESPONSIBILITIES

James Glica-Hernandez  
*Chair*

Nicki King  
*Vice-Chair*

Vacant  
*Secretary*

#### *District 1*

Bret Bandle  
Martha Guerrero  
Sally Mandujan

#### *District 2*

Serena Durand  
Nicki King  
Antonia Tsobanoudis

#### *District 3*

Richard Bellows  
James Glica-Hernandez  
John Archuleta

#### *District 4*

Vacant  
June Forbes  
Robert Schelen

#### *District 5*

Brad Anderson  
Vacant  
Vacant

*Board of Supervisors Liaison*

Don Saylor

*Alternate*  
Jim Provenza

#### **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 and education and collaboration with policymakers, service providers, consumers, and family members.

#### **Values:**

- Every person deserves well-being and quality of life
- Every person has value, importance and is unique
- Meaningful consumer and family participation
- Cultural sensitivity, appropriateness, and appreciation for the diversity of the region
- Highest quality, integrated services and supports
- Strong social safety net
- Political and personal accountability
- Advocacy beyond the minimum mandated care
- Evaluation and evidence based decision making

**Duties and Responsibilities:** (*Welfare and Institutions Code, Section 5604; Yolo County Ordinance 2-2.1302*)

The Yolo County Mental Health Board shall:

1. Review and evaluate the Yolo County mental health needs, facilities, services and special problems.
2. Review any county agreements or contracts entered into pursuant to Section 5650 of the Welfare and Institutions Code.

3. Advise the governing body and the local mental health director as to any aspect of the local mental health program.
4. Review and approve the procedures used to ensure citizen and professional involvement in all stages of the planning process.
5. Submit an annual report to the County Board of Supervisors on the needs of performance of the county's mental health system.
6. Review and make recommendations on applicants for the appointment of a local director of mental health services. The Mental Health Board shall be included in the selection process prior to the vote of the Governing Body.
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Department, the Board of Supervisors and the State Mental Health Commission.
8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and the local community as required by Section 5604.2 (b) Welfare and Institutions Code.

## **SECTION II: RELATIONSHIP WITH THE COUNTY BOARD OF SUPERVISORS**

It is the intent of the Board to maintain excellent relations with the Yolo County Board of Supervisors. The primary role of the Board is to advise the County Board of Supervisors on all mental health issues in Yolo County as defined by the California Welfare and Institutions Code.

## **SECTION III: RELATIONSHIP WITH THE COUNTY DIRECTOR OF MENTAL HEALTH**

It is the intent of the Board to maintain a collaborative and supportive relationship with the County Director of Mental Health and staff.

## **SECTION IV: MEMBERSHIP**

The Mental Health Board shall consist of sixteen (16) members appointed by the Board of Supervisors as follows:

- (a) Permanent members: There shall one permanent member of the board, who shall be a member of the Board of Supervisors.
- (b) Rotating members: There shall be fifteen (15) rotating members appointed as follows:
  - (1) At least fifty (50%) percent of the members shall be consumers or the parents, spouse sibling, or adult children of consumers, who are receiving or received mental health services;
  - (2) At least (20%) of the total membership shall be consumers and at least twenty (20%) percent of the total membership shall be families of consumers.
- (c) The Board of Supervisors shall, through its appointments to the Mental Health Board, strive to reflect the ethnic diversity of the client population of the County.
- (d) The Board of Supervisors is encouraged to appoint individuals who have experience and knowledge of the mental health system.

## SECTION V: MEMBERSHIP TERMS

The initial terms of the fifteen (15) rotating members of the Mental Health Board shall be as follows:

- (a) Five (5) members shall be appointed for a three (3) year term.
- (b) Five (5) members shall be appointed for a two (2) year term.
- (c) Five (5) members shall be appointed for a one-year term.
- (d) Thereafter, as vacancies occur, subsequent appointments shall be made for three (3) year terms.
- (e) Membership shall be effective upon appointment by the Board of Supervisors. However, all terms shall be deemed to have commenced on February 1 following the initial appointment, and thereafter all terms shall be aligned to begin on February 1 and end on January 31.
- (f) There shall be an equal number of appointees by each member of the Board of Supervisors.
- (g) No member of the Mental Health Board or his or her spouse shall be a full-time or part-time county employee of a County mental health service, an employee of the State Department of Mental Health, or an employee of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency.
- (h) A member of the Mental Health Board shall abstain from voting on any issue in which the member has a financial interest as defined in Section 87103 of the California Government Code.
- (i) If, prior to the expiration of a term, a member ceases to retain the status which qualified the member for appointment to the Mental Health Board, the membership of the member shall be terminated, and a vacancy shall be declared.
- (j) If it is not possible to secure membership as specified from among persons who reside in the County, the Board of Supervisors may substitute representatives of the public interest in mental health who are not full-time or part-time employees of the County mental health service, the State Department of Mental Health, or on the staff of, or a paid member of the governing body of, a Bronzan-McCorquodale contract agency. (§ 5, Ord. 1159, eff. May 20, 1993)

## SECTION VI: VACANCIES

When a vacancy occurs, the board chair shall contact the appropriate governing board member to determine if she/he has a candidate for the vacancy and/or if the member would consider recommendations from the Mental Health Board.

## SECTION VII: TERMINATION

The term of office of a rotating member who has three (3) consecutive unexcused absences from meetings of the Mental Health Board may be terminated by the Board of Supervisors after notification to the member and the Mental Health Board. The vacancy thereby created shall be filled by the appointment of another representative of the same group for the remainder of the unexpired term of the member being replaced. A person so appointed may then serve a maximum of two (2) additional terms following the completion of the unexpired term.

#### **SECTION VIII: QUORUM**

A quorum for meetings of the Mental Health Board shall consist of not less than one-half (1/2) of the currently appointed members. A majority vote of the members present shall be required for any motion, resolution, or other action. (§ 6, Ord. 1159, eff. May 20, 1993)

#### **SECTION IX: BOARD SELF-EVALUATION**

Each year the Board shall conduct a Board Self-evaluation, which shall address issues of effective Board operation and governance and accomplishment of Board statutory requirements and annual goals.

#### **SECTION X: OFFICERS**

The officers shall be a chairperson, a vice-chairperson, and a secretary who shall be Mental Health Board members and who shall serve on a yearly basis and be subject to election by a majority of the Board present and voting by a majority of the Board present and voting in May of each year.

#### **SECTION XI: MEETINGS**

The Board shall be subject to the provisions of Chapter 9 (commencing with Section 54950) of Part I of Division 2 of Title 5 of the Governing Code, relating to meeting of local agencies (The Brown Act.) The Board will meet at least ten (10) times annually.

#### **SECTION XII: REIMBURSEMENT FOR EXPENSES**

Members of the Mental Health Board shall receive reimbursements for their actual and necessary expenses incurred in the performance of their duties outside the boundaries of the County. A member shall obtain written approval from the Mental Health Director prior to attending any event outside the boundaries of the County for which the member wishes to be reimbursed. Odometer reading and receipts will be required for reimbursement in accordance with the rules established by the County Auditor-Controller. Reimbursements shall be budgeted and charged against County Mental Health funds and shall be subject to the budgets limitations and restriction placed on such funds.

#### **SECTION XIII: RESPONSIBILITIES OF OFFICERS**

The Chair shall be the principal Board officer, shall Chair Board meetings and serve as the Board's chief spokesperson. He/she shall carry out the policies of the Board and shall do everything necessary to carry into effect the Board's statutory responsibilities and additional Board goals.

The Vice-Chair shall do everything necessary to assist the Chair in the performance of his/her duties. In the event of absence of the Chair, the Vice-Chair shall exercise all powers of Chair.

The Secretary shall take the minutes of the Executive Committee meetings, review the minutes of the Mental Health Board prior to public distribution and assist the Chair and Vice-Chair in the performance of their duties.

#### SECTION XIV: REMOVAL OF OFFICERS

An officer may be removed for cause from office by the majority vote of all members casting secret ballots at an official Board meeting.

Adequate formal notice, in writing and person, must be given to an officer of such an impending removal action.

#### SECTION XV: STANDING COMMITTEES

There are three standing committees of the Board appointed by the Board Chair. The purpose of the standing committees shall be to assist and support the Board by carrying out specific tasks assigned as needed by the Board Chair and/or the Board. A subcommittee cannot take formal action on behalf of the Board without prior authorization of the Board. All LMH Board members are welcome and encouraged to attend subcommittee meetings. The standing committees are:

**Budget and Finance:** The Budget and Finance Committee shall provide leadership to the Board by reviewing and reporting on legislative proposals, considering budget and funding issues for mental health in Yolo County and ensuring all advising functions of the Board are carried out.

**Communications and Education:** The Communications and Education Committee shall provide leadership by assisting the Board to inform the public on mental health issues in Yolo County, developing education opportunities for the Board and coordinating the development of the Board's annual report required by the Health and Welfare Code and Yolo County Ordinance.

**Program:** The Program committee shall provide leadership to the Board on the review and evaluation Yolo County mental health needs, facilities, services and special problems required Welfare and Institutions Code and Yolo County Ordinance.

The Chairs of each of the three standing committees shall serve on the Executive Committee of the Board

#### SECTION XVI: EXECUTIVE COMMITTEE

The Executive Committee of the Board shall consist of the Board Chair, Vice Chair, Secretary, Chair of the Budget and Finance Committee, Chair of the Communications and Education Committee, and Chair of the Program Committee. The Executive Committee shall meet as needed as determined by the Board Chair.

#### SECTION XVII: SUB COMMITTEES AND OTHER SPECIAL COMMITTEES

The Chair may at any time appoint task and time specific committees of the board to address strategic goals, projects or studies. These committees shall be for a time certain and will disband upon completion of the assigned task. (§ 10, Ord. 1159, eff. May 20, 1993)

#### SECTION XVIII: RULES OF ORDER

The authority of the Brown Act shall govern meetings of this organization and its standing committees and Roberts Rules of Order modified to allow open participation of the Chair, who may also set discussion time limits as appropriate.

## **ARTICLE II**

### **SECTION XIX: AMENDMENTS**

These bylaws may be amended at any meeting of this organization by a two-thirds vote of the appointed membership of the Yolo County Mental Health Board. These bylaws shall be reviewed periodically to ensure compliance with State Law.

### **SECTION XX: EFFECTIVE DATE**

These bylaws shall go into effect and become effective immediately upon their adoption.

The Board shall meet and provide opportunities for client and general public input at least once per year in the cities of Davis, Woodland and West Sacramento California. The Board may at its discretion add additional locations as deemed necessary.

### **SECTION XXI: CODE OF ETHICS**

A code of ethics should include, but not be limited to the following:

As a member of the Yolo County Local Mental Health Board, I:

- Will become knowledgeable about the duties and mission of the Local Mental Health Board, and promote those to the publics with whom I have influence;
- Will give necessary time, thought, and study to the work of the Board;
- Will attend regular meetings, and participate in committee meetings;
- Will be fully and carefully prepared for each meeting by doing the required reading and completing the necessary tasks for Board and committee work;
- Will work with fellow Board members in a spirit of harmony and cooperation;
- Will respect other speakers and listen to other viewpoints;
- Will share viewpoints, and despite differences of opinion, abide by and uphold final decisions of the board;
- Will abide by the purpose of the Brown Act;
- Will disqualify myself from discussion and vote on an issue where there is a conflict of interest or if the outcome will grant me or my employer any pecuniary or material benefits; and
- The code of ethics should be discussed with new board members and reviewed at least yearly by all members.

**From:** [Nolan Sullivan](#)  
**To:** [Theresa Comstock](#); [njking@ucdavis.edu](mailto:njking@ucdavis.edu)  
**Cc:** [LMHB](#); [Ian Evans](#); [Karleen Jakowski](#)  
**Subject:** RE: Follow-Ups - Issue Briefs & Hiring MH Director  
**Date:** Tuesday, March 29, 2022 6:31:12 PM

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Good Evening,

I appreciate the correspondence and would be happy to check in soon. As you all know Karen Larsen left her position with the county 4 weeks ago. The board placed myself (Nolan Sullivan) as Interim HHS Director, Karleen Jakowski as Interim Mental Health Director and Ian Evans as Interim Public Guardian.

In Karen's past role as HHS Director she also served as the Mental Health Director. Because I do not possess licensure, I cannot fill that role in the interim.

As you likely know, the county is actively recruiting for a County Administrative Officer (CAO) position. Because my position directly reports to the CAO, the recruitment for HHS Director will not be posted until the CAO position is finalized and the new CAO can be on the recruitment panel.

Once the new CAO is hired they will provide direction with input from the board on how to permanently fill the HHS Director, Mental Health Director and Public Guardian roles. As this process moves forward we'll keep you all posted and certainly plan on soliciting input as required from all stakeholders on permanent placements.

Please let me know if you have questions or would like to meet and discuss the above or any other HHS functions.

Thank You,

Nolan R. Sullivan

Pronouns: (he/his)

Yolo County Health and Human Services Agency

*We are here to help!*

Interim HHS Agency Director

**Do you need to book a meeting with me? Email my assistant Erin Duffey @ [Erin.Duffey@yolocounty.org](mailto:Erin.Duffey@yolocounty.org)**

Strengths: Futuristic, Significance, Self-Assurance, Adaptability and Command

(530) 661 - 2945 – Desk

(530) 680-3826 - Cell

**"Joining Together to Promote a Healthy, Safe, and Economically Stable Community"**

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**From:** Theresa Comstock <theresa.comstock@calbhbc.com>

**Sent:** Tuesday, March 29, 2022 7:45 AM

**To:** njking@ucdavis.edu

**Cc:** LMHB <LMHB@yolocounty.org>; Nolan Sullivan <Nolan.Sullivan@yolocounty.org>

**Subject:** Follow-Ups - Issue Briefs & Hiring MH Director

Hi Nicki - A couple of follow-ups that might be helpful to your board members. Also, I hope you are feeling better!

**A. Issue Briefs:** [Crisis Care Continuum](#) [Criminal Justice](#)

**B. Recruitment of Mental/Behavioral Health Director (Also see "Role & Requirements" below)** - Local mental health boards should be included in this process per: WIC 5604.2 (Duty #6): "Review and make recommendations on applicants for the appointment of a local director of mental health services. The board shall be included in the selection process prior to the vote of the governing body." Below is a suggested process that was shared with CALBHB/C:

1. Two members of the MHB participated in the process. They joined a group of individuals, led by the HHS Director, including Sheriff/Probation, Public Health Official and others. The MHB members (chair and another member) participated by: A) Offering input to the set list of interview questions MHB member questions included: A question about the candidate's experience working with individuals with severe mental illness, and a question about the candidates ideas for strategies around addressing local mental health issues. B) Participating in the interviews (the chair attended one round of interviews, and the other member attended the second round). Each individual on the interview panel was given one question to ask the candidates (the first round had 7 candidates, and the second round had 2 or 3 candidates) C) There was a scoring sheet that each interviewer completed.

**Role and requirements of Mental/Behavioral Health Director - What is the role of the Mental/Behavioral Health Director?** Per WIC 5607: [The Director of Mental Health Services]: The local mental health services shall be administered by a local director of mental health services to be appointed by the governing body [Board of Supervisors]. He or she shall meet such standards of training and experience as the State Department of Health Care Services, by regulation, shall require. Applicants for these positions need not be residents of the city, county, or state, and may be employed on a full or part-time basis. If a county is unable to secure the services of a person who meets the standards of

the State Department of Health Care Services, the county may select an alternate administrator. The local director of mental health services shall have the following powers and duties:(a) Serve as chief executive officer of the community mental health service responsible to the governing body through administrative channels designated by the governing body. (b) Exercise general supervision over mental health services provided under this part. (c) Recommend to the governing body, **after consultation with the advisory board**, the provision of services, establishment of facilities, contracting for services or facilities and other matters necessary or desirable in accomplishing the purposes of this division (WIC 5608(c)). (d) Submit an annual report to the governing body reporting all activities of the program, including a financial accounting of expenditures and a forecast of anticipated needs for the ensuing year. (e) Carry on studies appropriate for the discharge of his or her duties, including the control and prevention of mental disorders. (f) Possess authority to enter into negotiations for contracts or agreements for the purpose of providing mental health services in the county.

Best Regards,

Theresa Comstock, Executive Director

CA Association of Local Behavioral Health Boards & Commissions

717 K Street, Suite 427 Sacramento CA 95814

Office: 916-917-5444, Cell: 707-688-5197

[www.calbhbc.org](http://www.calbhbc.org) [Newsletter](#) [Resources](#)

*CALBHB/C supports the work of CA's 59 local Mental/Behavioral Health Boards and Commissions*

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Yolo County Health & Human Services Agency

Mental Health Director's Report

April 25<sup>th</sup>, 2022 (6-8pm)

a) **COVID19 update** - For more information please visit our Dashboard on our County Webpage, here is the [LINK](#).

b) **ARP Rescue Plan Workgroups** –

- **Mental Health:** On March 8<sup>th</sup>, the Board of Supervisors received an update on the Mental Health ARP workgroup's preliminary funding plan. Upon receiving the update, the Board asked for additional data and information regarding the plan and asked staff to reconvene the workgroup before returning to the Board for approval. Staff is working to reconvene the workgroup to begin addressing the board feedback.
- **Food Security:** First round of contracts is underway for Center for Land Based Learning for expansion of their mobile market program, Meals on Wheels for expansion of capacity, and Yolo Healthy Aging Alliance for senior hot meal delivery. Staff are still working with the Yolo Food Bank on their proposal. We anticipate bringing remaining requests and second round funding proposal to BOS last meeting in May.
- **Children, Youth and Families:** The Board approved funding to support a proposal to develop a Boys and Girls Club in Woodland. Additionally, the Board approved funding to support the expansion of the Crisis Nursery as they continue to work towards building a new, larger location. The Childcare subcommittee is providing revised funding recommendations to the Board that include funding several critical childcare projects that intend to sustain and expand access to infant and toddler care and to provide supports to childcare providers throughout the county.
- **Homelessness:** The Board approved funding to support the completion of Paul's Place in Davis and West Sacramento's proposal which included purchasing a motel and funding Downtown Streets Team. Paul's Place will be a multi-level facility that will include a resource center and 4 emergency shelter beds on the first floor, 10 transitional housing beds on the second floor, and 18 permanent supportive housing beds on the third and fourth floors. The program is anticipated to open in late summer 2022. The West Sacramento funding will allow the city to purchase a motel and utilize it to provide interim housing for approximately 25 individuals at a time who will receive case management support mirrored after the Homekey program currently operating at the Rodeway which West Sacramento was able to purchase through the Homekey grant in December 2020. Additionally, the funding will allow for Downtown Streets Team to operate for three more years in West Sacramento. Both the Paul's Place and West Sacramento proposals were 50/50 funding matches with Davis and West Sacramento, respectively. The Board of Supervisors recently approved \$1 million dollars in funding to support a Yolo County Housing and City of Woodland project known as Yolano Donnelly. Funding would assist Yolo County Housing Authority to move forward with a 20-acre public housing project that would include 400 total housing units and allow for local services and businesses on the property. This funding would be blended with Vouchers/HUD funding in the amount of \$3 million annually that would be received by the Housing Authority for 20 years. The City of Davis

anticipates submitting a funding request soon and there are several priority items the Board of Supervisors which may overlap with this category.

- c) **Cal AIM-** HHSA and Partnership Health Plan met on Friday April 8<sup>th</sup> to continue discussions around the timelines Partnership has for Yolo County related to Enhanced Care Management (ECM) and Community Supports (CS). HHSA is working with Partnership to host multiple upcoming meetings with various stakeholders, both general CalAIM sessions like we previously held through Provider Stakeholder Workgroup meetings, and more targeted sessions for specific ECM and CS categories that multiple providers may be interested in. Additionally, HHSA and Partnership will continue to have internal meetings about ECM and CM that may be best for HHSA to directly contract with Partnership on.

Separate from Enhanced Care Management and Community Supports, there are significant behavioral health reforms that are a part of CalAIM for the Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System programs which are mandatory reforms. To support this large undertaking, an internal HHSA CalAIM workgroup has begun meeting and sub-workgroups are now being formed to focus on the first set of state deliverables due 9/30/22. Between now and September 2022, the HHSA behavioral health reform workgroups for CalAIM work will focus on:

- updating billing codes in our EHR to support successful Medi-Cal billing,
  - training all County and provider staff on the new statewide MH screening tool (yet to be released),
  - training all County and provider staff on developed standardized transitions between mild-to-moderate and SMI care tools,
  - updating Medi-Cal documentation guidance documents and training all County and provider staff on the changes,
  - updating the data sharing agreement between HHSA and PHP, and
  - working towards CMS-mandated interoperability rules.
- a) **K-12 Services-** The K-12 School Partnerships project formally launched on November 15, 2021 with the execution of behavioral health contracts to serve the identified catchment areas:
- Davis Catchment Area: CommuniCare Health Care Centers
  - West Sacramento Catchment Area: Victor Community Support Services
  - Woodland Catchment Area: CommuniCare Health Centers
  - Rural Areas: Rural Innovations in Social Economic, Inc.

HHSA has been working closely with the Office of Education, the individual Districts, and the contracted providers to develop referral processes, data sharing agreements, data collection mechanisms, and outcome measures. The partnered entities are continuing to explore funding opportunities, including the Student Behavioral Health Incentive Program (SBHIP), additional MHSA funding, and additional MHSSA grant funding. There are other potential funding opportunities for the partnership to explore, including the [California Community Schools Partnership Program Implementation Grant](#).

With the midyear budget amendments approved by both the Local Mental Health Board and the Board of Supervisors, staff are now working on determining how the increased MHSA investments

will be distributed across the four contracts/catchment areas. Staff anticipate having a more robust update with specifics of those increases in next month's Director's report.

b) **Upcoming RFPs**-Please see linked page for information on upcoming RFPs. [LINK](#)

c) **Public Media Campaign(s)**-

**Mental wellness campaign**- HHSA continues to work with EMRL to implement the county-wide campaign "It Only Takes". As previously shared, It Only Takes focuses on lifestyle changes that can encourage personal resilience in times of high stress, including prioritizing a good night's sleep, spending time with loved ones, practicing resiliency skills, breaking old habits, asking for help, and maintaining a healthy diet. The website offers tips around each focus item and the ability to sign up for a weekly newsletter with additional advice and encouragement. The campaign includes billboards, banners, a website/landing page, outreach materials including flashcards and coloring books for Yolo County schools, a TV commercial, and a social media campaign. This project will sunset June 2022.

Additional funding remains set aside to support mental wellness campaigns. While "It Only Takes" is focused on reaching the broader community, providing tips to promote resilience, HHSA intends to use the remaining funding set aside using a tiered approach to develop and launch two subsequent wellness campaigns. The first would intend to target those in our community with mild to moderate mental health needs and the third would target those in our community with more significant mental health needs. HHSA is interested in feedback from the Local Mental Health Board and other stakeholders in our community to inform these upcoming efforts.

**Overdose Awareness/Prevention**- HHSA met with CommuniCare staff who support their Youth programs and attended Sacramento's Fentanyl Awareness Campaign event several months ago to brainstorm ideas and concepts to bring to Yolo. Additionally, HHSA staff have purchased fentanyl strips and are working on purchasing Naloxone kits to distribute to clients and field-based teams as part of our overdose prevention efforts. The District Attorney's office is working on finalizing their contract with a consultant, and once completed all parties will reconvene to finalize the rollout plan for this awareness and prevention campaign.

d) **Crisis Now**- The Yolo County Health and Human Services Agency is actively pursuing the development of the Crisis Now program as a vital resource for behavioral health crisis support to Yolo County. Currently, staff are finalizing a request for proposals (RFP) to select a vendor who will operate the high-tech 24/7 call center and the 24/7 crisis receiving/stabilization/sobering center components of the project. Staff anticipate the RFP will be released in April. The RFP process from release to final execution of contracts is expected to take approximately 4-6 months. Following contract execution, staff anticipates that the newly selected provider will need several months to hire and train staff for the project before services can begin, as we anticipate the provider will need 60-70 full time staff to support this work.

The space where the high-tech call center and receiving/stabilization/sobering center will be located also requires some remodel work to ensure it meets the needs of these services, is built out in a safe way for those in active crisis both for staff and the clients operating and creates a therapeutic environment to increase stabilization. Staff from HHSA and the General Services Department are currently engaging an architect and engineer to begin this process.

Staff is currently targeting a launch of the full Crisis Now program in early 2023. While we had all hoped it would be sometime in 2022, we would rather ensure all the necessary supports, training, and facilities are in order prior to launching Crisis Now then to launch prematurely and not be able to adequately meet the needs of our clients. As we get closer to project launch, HHSA staff will be developing a full communications plan to inform the public, stakeholders, and partners about this exciting new service.

e) **Department of State Hospital Programs-**

The DSH diversion program had its first graduation last Thursday. We got to celebrate live and in-person and were honored to host this graduation for this amazing participant! The Jail Based Competency Treatment program is upcoming and will be staffed by Wellpath. They will be serving 5-7 individuals in the jail and working towards competency restoration.

f) **QM Audits/Reviews-**

HHSA reviewed BHC's Draft MH EQRO report and provided feedback. The final version of the report should be released in the next 30 days. Our next scheduled audit is our annual state DMC-ODS and SABG audit on June 29-30, 2022.

g) **Safe Harbor-**

HHSA's Interim Mental Health Director met with YCCC's Executive Director, two YCCC Board members, and the President and Executive Director of NAMI on April 13<sup>th</sup>. YCCC and HHSA are committed to working collaboratively to increase the utilization of beds at Safe Harbor by reducing and/or removing access barriers and to improve our critical partnership. There are a series of follow up meetings being scheduled to continue the productive collaboration that began in the April 13<sup>th</sup> meeting. There is collective interest in supporting Safe Harbor's fiscal sustainability and NAMI has offered their assistance in pursuing several long-term solutions to this end. Lastly, YCCC and HHSA have identified additional short-term solutions and are committed to working together closely and collaboratively moving forward.

h) **Child Abuse Prevention Month Campaign: Building Youth Resilience-**

April is Child Abuse Prevention month. Last year's Child Abuse Prevention month campaign was the development and launch of the [Strong Families Yolo Website](#). For this year's campaign, the Child Abuse Prevention Council (CAPC) used website traffic data to inform CAP month efforts and build upon the most frequently visited resources on the site – which was resources for youth. With that in mind, coupled with what is known about how the pandemic has exacerbated challenges and stressors for youth in our community, the CAPC created this year's CAP month campaign - Building

Youth Resilience. The Building Youth Resilience [Youth Guide](#) and [Parent and Caregiver Guide](#) provide concrete guidance and ideas to build resilience in youth and their caregivers. We hope that you find these guides and the associated [toolkit](#) valuable.