Local Mental Health Board
Regular Meeting: Monday, October 23, 2017, 7:00 PM – 9:00 PM
Community Conference Room at 600 A Street, Davis, CA 95616

All items on this agenda may be considered for action.

CALL TO ORDER ------------------------------------------ 7:00 PM – 7:10 PM
1. Welcome and Introductions
2. Public Comment
3. Approval of Agenda
4. Approval of Minutes from September 25, 2017
5. Member Announcements
6. Correspondence

TIME SET AGENDA -------------------------------------- 7:10 PM – 8:10 PM
7. MHSA Annual Update Presentation and Program Summary – Roberta Chambers and Kelechi Ubozoh, Resource Development Associates

TIME SET AGENDA -------------------------------------- 8:10 PM – 8:30 PM
8. Children Welfare Services Presentation – Jennie Pettet, Child, Youth and Family Branch Director

CONSENT AGENDA --------------------------------------- 8:30 PM – 8:45 PM
9. Mental Health Director’s Report – Karen Larsen
   a. CIP/SB82 Update (CIP Final Report / SB82 Stakeholder Presentation)
   b. Public Guardian Update
   c. CWDA Conference
   d. MHSA Innovation
   e. Sutter Community Benefit
   f. Interns
   g. RFP Updates

REGULAR AGENDA -------------------------------------- 8:45 PM – 8:55 PM
10. Public Forum
11. Board Recruitment
12. Board of Supervisors Report – Supervisor Don Saylor

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.
14. Future Meeting Planning and Adjournment – James Glica-Hernandez
   a. Long Range Planning Calendar Discussion and Review
   b. Next Meeting Date and Location – December 4, 2017 at AFT Library Community Meeting Room, 1212 Merkley Ave. West Sacramento, CA 95691

I certify that the foregoing was posted on the bulletin board at 625 Court Street, Woodland CA 95695 on or before Friday, October 20, 2017.

Iulia Bodeanu, CAO Secretary
Local Mental Health Board Administrative Support Liaison
Yolo County Health and Human Services Agency
Item 4.
Approval of Minutes from Sept. 25, 2017
Local Mental Health Board
Meeting Minutes
Monday, September 25, 2017, 7:00 – 8:00 PM
137 N. Cottonwood St. Woodland, CA  95695
Thomson Conference Room

Members Present:    James Glica-Hernandez, Laurie Ferns, Ajay Singh, Reed Walker, Don Saylor, Bret Bandley, Brand Anderson, Martha Gurrero, Gabriel Lockshin

Members Excused:    Richard Bellows, Robert “Bob” Schelen, Tom Waltz, Niki King, Sally Mandujan

Staff Present:      Karen Larsen, HHSA Director
                    Samantha Fusselman, HHSA Deputy Mental Health Director
                    Ian Evans, HHSA Alcohol and Drug Administrator
                    Iulia Bodeanu, LMHB Administrative Liaison

CALL TO ORDER

1. Welcome and Introductions: The September 25, 2017 meeting of the Local Mental Health Board was called to order at 7:03 PM. Introductions were made. James introduced the newest board member Gabriel Lockshin. Gabriel is a client and works for Turning Point Community Programs as a Peer Support Specialist. He graduated from Sac State with a degree in Social Service and currently working as a para-educator for the Woodland School District.

2. Public Comment
   
   • Linda Wight is a parent of a mental health client who voiced her concern over the loss of the Community Intervention Program (CIP) in a letter she read to the board (LINK HERE).

   • Karen Larsen addressed the concerns of Linda Wight. The County is looking at keeping CIP or a version of the program running by continuing to keep one Turning Point position through the end of the calendar year. The County is also going to have a meeting with law enforcement, hospital partners and first responders together to strategize on ways to make the program sustainable. One of our city partners are interested in providing funding as well as the possibility of combining resources with the first responders initiative mental health urgent care facility to develop creative strategies moving forward. Karen thanked Linda for her thoughtful letter.

   • June Forbes of NAMI Yolo stated that the next version of CIP should be mobile so that the clinician can meet clients where they are in crisis in the field and not at the hospital. NAMI In Our Own Voice presentation aligned with Mental Health Awareness week will target working with landlords, property owners, merchants and potential employers. The meeting will be held on Wednesday, October 4th at 7pm at the Woodland Community Center.
3. **Approval of Agenda:**

   **Motion to approve:** Martha Gurrero  
   **Second:** Laurie Ferns  
   **Vote:** Unanimous

4. **Approval of Minutes from August 28, 2017:** Correct made by Reed Walker, minutes reflect Reed Walker’s absence from the August meeting. Motion to approve minutes as amended with Reed not present at the August 28th meeting.

   **Motion:** Bret Bandley  
   **Second:** Martha Gurrero  
   **Abstention:** Reed Walker  
   **Vote:** Passes

5. **Member Announcements:** None

6. **Correspondence**
   - Letter from Linda Wright

### TIME SET AGENDA

7. **Budget Presentation from 9/20/17 Meeting** regarding HHSA Mental Health Budget Approval by Connie Cessna-Smith, who provided an overview of the major changes from the initial planning for the budget to the updated numbers that will be submitted to the Board of Supervisor’s for approval. The Board discussed addressing their concerns regarding the loss of CIP funding as part of the budget recommendation to the board. James Glica-Hernandez stated that he would be willing to add a paragraph regarding CIP.  
   **Motion** to approve budget with the following changes: To change the word removal of the ACA to repeal of the ACA in the third paragraph of the budget summary with the addition of a paragraph regarding the continued need of CIP in the community.  
   **Motion:** Laurie Ferns  
   **Second:** Ajay Singh  
   **Vote:** Unanimous

### TIME SET AGENDA

8. **Substance Use Disorder Services Presentation** – Ian Evans, Alcohol and Drug Administrator

### CONSENT AGENDA

9. **Mental Health Director’s Report** – Karen Larsen
   a. West Sacramento Support: City staff and HHSA met with a city council member and Supervisor Villegas to discuss community members navigating the mental health system. The City of West Sacramento has mental health as part of their strategic plan and would like to discuss where gaps in communication and resources can be filled. Karen will keep the board informed as this partnership moves forward.

### REGULAR AGENDA

10. **Board of Supervisor’s Report** – Don Saylor
   - Tomorrow (September 26th) is the budget meeting for the Board of Supervisors. Supervisor Saylor will be asking for a report back on CIP and is there an element of it that we would like to preserve and to do a grant reassessment for the program. Supervisor Saylor would like to congratulate the HHSA team on their pursuit of Public Health Accreditation. He was glad to participate in helping answering questions regarding the roles of health council and local mental health board and how these entities feed into board of supervisor discussions. Supervisor Saylor is also glad to share
that the contracts and plans for the 600 A Street remodel is underway to expand the increase of social services. There are currently 10,000 people in Davis who are receiving support from Yolo County HHSA. Davis will have a place for consumers to receive services. The facility will have mental health clinicians and a wellness center, which will be completed in the next 6 months.


- Board Recruitment. We currently have two vacancies, one from District 4 and one from District 5. We encourage consumers and from every walk of life to join the board and to increase the diversity of the board. We are required to have 50% of the board be peers or family of peers. Karen Larsen stated that she would like to see the parent of a minor who is a client on the board. James also encouraged through that have substance use disorder as board members. To apply to become a board member apply (LINK HERE).

- James encouraged everyone to sign up for the October 20th and 21st Local Mental Health Board Training. (LINK HERE).

- MHSA Annual Update and Community Input Meeting will be on Wednesday, October 11th in the Community Room at 8:30am, 1:00pm in West Sacramento Community Room, in Esparto at 4:30pm at the RISE office, Community Center. We are adding a fourth meeting in Davis before the next Local Mental Health Board meeting on October 23rd.

- Joan Beasley is retiring and the Local Mental Health Board would like to support recognition of Joan Motion: Martha Gurerro Second: Bret Bandley Vote: Unanimous

PLANNING AND ADJOURNMENT

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

- Long Range Planning Calendar discussion and review: Child Welfare Services and Foster Youth Presentation by Jennie Pettet, Child, Youth and Family Branch Director will be presenting at the next local mental health board meeting.

- Next Meeting Date and Location – October 23, 2017 at 600 A Street, Davis Community Conference Room.

- This meeting was adjourned at 8:20 PM.
Item 7.
MHSA Annual Update Presentation
and Program Summary
YOLO COUNTY:
MHSA ANNUAL UPDATE 2017
COMMUNITY MEETINGS

October 23, 2017

Resource Development Associates (RDA)
Community Input Meetings
Kelechi Ubozoh
Alejandra Barrio M.P.P.
Agenda

Welcome and Introductions

Overview of Community Program Planning

Overview of MHSA Annual Update FY 18-19

MHSA Annual Update Activities & Timeline

Community Input and Next Steps
Welcome to the community planning meeting!

Please share:
- Your name
- Stakeholder affiliation
- What are you hoping to accomplish or contribute today?
Comfort Agreements/Ground Rules

- Respect all persons and opinions
- One conversation at a time
- Maintain confidentiality
- Right to pass
- Step up/Step down
- Turn cell phones on *vibrate*
- Parking lot items
- Other agreements?
Overview of MHSA Annual Update and Community Planning Process
MHSA Overview

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

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Innovation (INN)
County mental health programs shall prepare and submit an Annual Update for Mental Health Service Act (MHSA) programs and expenditures.

Annual Updates must be adopted by the county board of supervisors and submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) within 30 days after board of supervisor adoption.

Welfare and Institutions Code Section (WIC §) 5847
The MHSA intends that there be a meaningful stakeholder process to provide subject matter expertise to the development of plans focused on utilizing the MHSA funds at the local level.

Language related to the CPP had always been included in the MHSA and, after Assembly Bill (AB) 1467 was enacted in 2012, this process was strengthened as follows:
Community Planning Process

Program planning shall be developed with local stakeholders including:

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

Source: WIC Section 5848. (a)
Annual Update Activities and Timeline

Phase I - Kickoff
• Kickoff with Yolo County HHSA and MHSA stakeholders
• Conduct Doc review

Phase II – Needs Assessment
• Conduct 4 community meetings
• Kick off with LMHB
• Attend Yolo MH Staff as stakeholders meeting
• Attend provider workgroup meeting

Phase III – Program Planning
• Synthesize stakeholder input on needs and services
• Identify potential updates to the MHSA Plan
• Conduct 4 community report back meetings

Phase IV – Develop Update
• Develop Annual Update & post for public comment
• Hold Public Hearing
• Present Annual Update to LMHB
• Finalize Annual Update & present to BOS

September - In Progress - November-December - January-March
Review Programs and Services

See Handout
Community Input
Accomplishments

- Designing of the Stay Well Center for TAY and Wellness Centers facility upgrades
- Creation of programs to serve children 0-5
- Establishment of LGBT+ data collection initiatives
- Support from HHSA leadership to collect utilization data and become more outcome focused
- Examining properties for the new Adult Residential Treatment Center
- Development of INN–funded Board & Care review to research and respond to the community need
Needs: Mental Health Service Availability

- Crisis response services
  - Preserve the field-based law enforcement partnered with MH clinician crisis response funded by SB82
  - Expand crisis services beyond the ER through mobile crisis teams
  - Expand afterhours services for emergency response; specifically needed for FSP clients
    - Suggestion: Alternative Staff Schedules

- Transportation Needs
  - Increase reliable transportation for consumers in rural areas to get to services (e.g. Esparto).
Needs: Mental Health Service Availability

- Justice-Involved Services
  - Establish mental health services for justice involved youth that are not in custody (e.g. boys of color who are in probation).
  - Pre-release planning for mental health needs and services for community members returning.
Needs: Mental Health Technical Training & Support

- Improve agency and contractor capacity to collect, analyze, and report data for program/service assessment.
- Increase community education and awareness around MHSA, available mental health services, and eligibility requirements.
- Strengthen FSP clinical support for medical assessments.
- Improve communication with law enforcement agencies during crisis response.
Community Input

- What has been accomplished over the past year?
- What is working well?
- What gaps remain?
  - What do programs need?
  - What populations are still in need?
- What do you think this year’s priorities are?
Next Steps

Community input meetings: This month!

Community report back meetings – November 30, 2017

Develop update: November- January 2018

Post for public comment: January 18, 2018

Public Hearing: February 21, 2018

Submit update to Board of Supervisors: March 20, 2018
Evaluation and Closing

Give us your feedback!

Contact Us:

Kelechi Ubozoh
kubozoh@resourcedevelopment.net
510.488.4345 x113
## Yolo MHSA Programs [FY 2017-2020]

### Capital Facilities and Technology Needs (CFTN)

<table>
<thead>
<tr>
<th>Program Name</th>
<th>Target Pop</th>
<th>Description</th>
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<tbody>
<tr>
<td>Electronic Health Record and Data Upgrades</td>
<td>Adult ages 26-59; 18+ with serious mental illness or at risk of institutional placement.</td>
<td>Yolo County has been updating information systems and software systems, standardizing data collection, improving its electronic documentation system, and strengthening analytic and reporting process. The county seeks to shift from an output to an outcomes data system.</td>
</tr>
<tr>
<td>Adult Residential Tx Program</td>
<td></td>
<td>Yolo County plans to develop a residential treatment facility to provide a community-based residential treatment alternative for adults at risk of falling back into Mental Health Rehabilitation Center (MHCs) and/or Institutions for Mental Diseases (IMD).</td>
</tr>
<tr>
<td>Adult Wellness Center</td>
<td>TAY Ages 16-24; Ages 24-59; Adult Ages 60+</td>
<td>Yolo HHSA is in the process of expanding and remodeling its existing wellness centers in Woodland and West Sacramento and renovating a third Wellness Center in Davis. This program provides an alternative drop-in space with a variety of rehabilitative services, skill building groups, and computer labs with internet access.</td>
</tr>
<tr>
<td>Tele Psychiatry</td>
<td>Older Adults with Serious Mental Illness</td>
<td>Mobile Tele-Mental Health services provide psychiatric services to clients through live, interactive audio videoconferencing during which Yolo HHSA staff facilitate the consultation between the client and the psychiatrist, taking special care in ensuring the privacy, confidentiality, and informed consent of the client.</td>
</tr>
<tr>
<td>Social Media Initiative</td>
<td></td>
<td>Yolo County HHSA will begin the exploration of social media and mobile applications that includes social media management tools that can run automatic analytics. Such technological tools can improve the ability of underserved populations such as youth to access mental health and substance use services.</td>
</tr>
<tr>
<td>LGBT+ Data Collection</td>
<td></td>
<td>Yolo County will initiate data collection across the county on the LGBT+ community to provide culturally responsive outreach, quality mental health services/programs, and ultimately improve outcomes among this population. There are currently no indicators for this population; this program responds to the need to better support this marginalized community.</td>
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### Community Services and Supports (CSS)

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<tbody>
<tr>
<td>Adult Wellness Alternatives</td>
<td>Adults ages 26 – 59</td>
<td>The Adult Wellness Alternatives Program provides systems development, full service partnership, and engagement services to adults who are unlikely to maintain recovery in the absence of ongoing services. Wellness Centers provide case management, psychiatry, and a continuum of services across the County.</td>
</tr>
<tr>
<td>Children’s Mental Health Services</td>
<td>Children up to age 17 with unmet or mental health treatment needs.</td>
<td>The Children’s Mental (CMS) Health Program provides outreach and engagement, systems development, and full service partnership services for children with severe emotional disturbance who meet medical necessity for county mental health services.</td>
</tr>
<tr>
<td>Community Based Drop in Navigation Centers</td>
<td>Adult Ages 26-59 / Older Adult 60+</td>
<td>The Community Based Drop-In Navigation Centers will offer behavioral health and social services to adults at risk of incarceration, hospitalization, and/or homelessness, who are not yet connecting to services. Staff provide services such as assessment and linkage to mental health services, activity or psychosocial/educational groups, assistance with housing or public benefit applications, and individual case management.</td>
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</tbody>
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### Community Services and Supports (CSS) Cont.

<table>
<thead>
<tr>
<th>Program Name</th>
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<tbody>
<tr>
<td>Pathways to Independence</td>
<td>TAY 6-25</td>
<td>The Pathways to Independence Program provides outreach and engagement, systems development, and full service partnership services for youth with severe emotional disturbance and/or serious mental illness. This program will address needs including access to case management and psychiatry, upholding a continuum of services, and separating TAY Wellness Center services from adult services.</td>
</tr>
<tr>
<td>Peer and Family Led Support Services</td>
<td>Adult Ages 26-59</td>
<td>Peer and Family Led Support Services assists peers and families to understand the signs and symptoms of mental health, promote awareness of mental health resources, develop ways to support an individual or loved one to access needed services, and receive support to cope with the impact of mental health for an individual or within the family. Program services are peer/family led.</td>
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### Prevention and Early Intervention (PEI)

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<tr>
<th>Program Name</th>
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<tbody>
<tr>
<td>Early Signs Project: Crisis Intervention</td>
<td>Adults ages 25–59</td>
<td>CIT is modeled after the CIT Memphis Model that focuses on training law enforcement and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course teaches trainees on the signs and symptoms of mental illness and coaching on how to respond appropriately and compassionately to individuals or families in crisis.</td>
</tr>
<tr>
<td>Early Intervention Program</td>
<td>TAY 16-25</td>
<td>The Early Intervention program focuses on youth developing mood disorders (i.e., bipolar and major depressive disorders). This program will include a variety of clinical and other supportive services at home, clinic, and community based settings and provide evidence based interventions to address emerging symptoms and to support the youth to stay on track developmentally.</td>
</tr>
<tr>
<td>Early Signs Training and Assistance</td>
<td>TAY Ages 16-24; Ages 24-59; Adult Ages 60+</td>
<td>Early Signs Training and Assistance trains individuals who have the knowledge and skills to respond to or prevent a mental health crisis in the community. The program offers training to providers, individuals, and other caregivers on approaches including: Applied Suicide Intervention Strategies Training (ASIST), SafeTALK, Mental Health First Aid Certification, and Youth Mental Health Aid Certification.</td>
</tr>
<tr>
<td>Integrated Behavioral Health Services</td>
<td>Adult ages 26-59</td>
<td>The Integrated Behavioral Health Services for the Latino Community Families program will provide culturally responsive services to Latino/Hispanic residents with health issues, mental health illnesses, and/or substance use issues. The program provides primary care and full-scope behavioral health services to consumers, focused on engaging the family system and strategies for engaging men.</td>
</tr>
<tr>
<td>Mentorship/Strengths-Building Program</td>
<td>Children Ages 0-15</td>
<td>The Mentorship/Strengths-Building Program provides outreach and engagement for at-risk youth to build their resiliency and help mitigate their mental health experiences. The program offers, 1) school and community based education programs about children’s mental health 2) school and/or community based prevention groups for school-age children, and 3) after-school mentorship to children and youth. Services are conducted in familiar settings for children and families, with bilingual/bicultural staff in areas with a high proportion of non-English speaking populations. This program is adapted from the mentorship component of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan.</td>
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### Prevention and Early Intervention (PEI)

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<tr>
<td>Early Childhood Mental Health Access and Linkage Program</td>
<td>Children Ages 0-5</td>
<td>The Early Childhood Mental Health Program Access and Linkage program connects children to the appropriate prevention or mental health treatment service. By placing a referral and access specialist in community settings, the program provides universal screenings to identify children who at risk of, or beginning to, develop mental health issues. The program then connects children to suitable services that prevent or intervene early to address mental health problems, regardless of funding source or service setting. <em>This program is an augmentation of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan.</em></td>
</tr>
<tr>
<td>School-Based Access and Linkage Program</td>
<td>Children Ages 6-18</td>
<td>The School-Based Access and Linkage program places a specialist who offers identification and intervention for youth who need mental health services and links them to suitable services, regardless of funding or service setting. Wellness Teams will also meet monthly to review current participants and refer new youth, including school administrators, counselors, teachers, and staff. This program shifts the focus from brief treatment in the schools, to understanding needs and linking the child to the appropriate level of mental health service. <em>This program is an augmentation of the former PEI Wellness Project Programs for Urban and Rural Resiliency in prior iterations of the Yolo MHSA Program and Expenditure Plan.</em></td>
</tr>
<tr>
<td>TAY Speaker’s Bureau</td>
<td>TAY 16-25</td>
<td>The TAY Speaker’s Bureau engages TAY to share experiences with mental health to educate and inspire their communities. TAY will receive monthly training and stipends for developing their stories, public speaking practice, and community presentations. The program aims to reduce the stigma by replacing harmful misconceptions with stories of recovery and resiliency.</td>
</tr>
<tr>
<td>TAY Wellness Center Services</td>
<td>TAY 16-25</td>
<td>Yolo County HHSA is developing wellness center days and hours for TAY who are either at-risk of, or currently experiencing, mental health problems. The center will help TAY navigate the system and promote recovery, resiliency, and connection to services. The center will provide multiple levels of mental health services, from one-on-one services to severe mental illness interventions. Services provide a safe space through activities including sport activities, mentoring, college preparedness workshops, and group counseling.</td>
</tr>
<tr>
<td>Wellness Project: Senior Peer Counselor Volunteers</td>
<td>Adults ages 60+</td>
<td>Senior Peer Counselors mobilizes community volunteers to provide free counseling and visiting services for Older Adults who are experiencing loneliness, depression, loss of spouse, illness, or other concerns of aging. By providing psychosocial supports and identifying signs of mental illness early on, Senior Peer Counselors assists Older Adults to live independently for as long as reasonably possible.</td>
</tr>
<tr>
<td>Early Signs Project: Crisis Intervention Program Augmentation</td>
<td>All Age Groups</td>
<td>This program was intended to augment the County's SB82 grant funding for the Crisis Intervention Program (CIP) pilot, which paired community-based behavioral health providers with law enforcement. Plans were to support the additional staffing costs needed to expand CIP to 24-hours a day, 7-days per week. <em>Due to funding changes with SB82, the CIP program will sunset in 2017. Through the MHSA Annual Update and Community Planning Process, Yolo County seeks community input regarding alternative approaches to provide comprehensive community mental health crisis support.</em></td>
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### Workforce, Education, and Training (WET)

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<tbody>
<tr>
<td>Psychiatry Residency Program Development</td>
<td>Yolo is working to partner with UC medical schools for a Psychiatric Residency program to train psychiatric residents and encourage them to enter the public mental health workforce. Psychiatry Residents would receive training in psychiatric assessment and treatment, cultural competency, and community mental health. The program serves the dual purpose of addressing the workforce shortage of psychiatrists and increasing the availability and quality of psychiatrists serving Yolo consumers.</td>
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<tr>
<td>Peer Workforce Development Workgroup</td>
<td>The program will provide peers with the evidence-based skill building, professional development opportunities, training, and internal HHSA support they require to provide effective services to consumers, reduce stigma, and expand their own foundation of marketable skills. The workgroup will research best practices on supporting and maximizing peer staff.</td>
<td></td>
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<tr>
<td>Cultural Competency / LGBT+ Cultural Competency Initiative (SDR)</td>
<td>The Cultural Competency/LGBT+ Cultural Competency Initiative provides the Cultural Competency Committee with information needed to deepen cultural competency among all staff, providers, and other partners. The Initiative will train HHSA staff on cultural competency, deepen clinicians’ specialization in specific practice areas, and data infrastructure around LGBT+ consumers. The initiative addresses needs around 1) cultural competency among staff concerning the LGBT+ population, 2) culture-specific experts provide services to consumers when indicated, 3) supervisory support to clinicians providing services to LGBT+ consumers, and 4) data collection concerning the LGBT+ population.</td>
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<tr>
<td>Mental Health Professional Development</td>
<td>The Mental Health Professional Development program will provide training for mental health providers to serve a diverse consumer population. Professional development focuses on emerging and best practices. Examples of programs include: E-Learning, changes in DSM manual, Gallup’s StrengthsFinder training, Perinatal Mental Health Services Training, and Cultural Competence/Mental Health Resources.</td>
<td></td>
</tr>
<tr>
<td>Clinical Internship Program Adult Ages 60+</td>
<td>The Clinical Internship program connects post-Bachelors student interns with older adult consumers. The program aims to increase the availability of home- and community-based clinical services while training new therapists in specialty mental health services. HHSA will ensure that interns receive the required level of clinical supervision and training.</td>
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Item 9.
Mental Health Director's Report
**Mental Health Director’s Report**

**October 23, 2017**

**CIP/SB82 update** – On October 19th and 20th, HHSA hosted two meetings to discuss CIP. The first was with Law Enforcement and First Responders and the second was with the hospitals. We shared the two PowerPoints attached and discussed what worked well, opportunities for improvement and plans for the future. HHSA feels confident that we will be able to create an even more robust crisis response continuum that will have 24/7 coverage.

**Public Guardian Update** – The Public Guardian and Public Administrator teams attended the annual conference in Sacramento September 26-28th in Sacramento. The conference provided us all with information regarding our duties, changes to laws, and emerging best practices and evidence around LPS and Probate conservatees.

**CWDA Conference** – Several of us attended the California Welfare Directors Association conference October 4-6th in Sacramento. The conference was focused on older adults this year and was truly inspirational. Topics covered included impacts of trauma on health, The Aging Homeless Population, IHSS best practices and a variety of eligibility and child welfare sessions.

**MHSA Innovation** – As a part of our Innovation Plan approved by the MHSOAC a few months ago, we proposed a technology component, that we hadn’t identified at that point. We are now working with LA and several other counties to partner on a technology suite to use as a part of our First Responders Initiative.

**Sutter Community Benefit** – HHSA is partnering with Sutter Health to increase our role in supporting the navigation of individuals experiencing mental health crises in the Sutter Davis Emergency Department. To support the initiative, HHSA submitted a $250,000 request to the Sutter Community Benefit fund. HHSA will provide a clinician response to the Sutter Davis ED 24/7.

**Interns** – As a part of our current 3-year MHSA plan, HHSA is providing yearly paid internships to second-year CSUS MSW students. Each year through May, 2020, four students will work 3 days per week in 6-week rotations including Triage and Assessment, Intensive Mental Health, Older Adult/APS, Homeless Services, Transition Age Youth and Wellness Programs, Court Programs and Public Guardian.

**RFP updates**

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<thead>
<tr>
<th>Program</th>
<th>Projected Contract Date</th>
<th>Awarded To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing and Supportive Services</td>
<td>10/1/2017</td>
<td>Turning Point</td>
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<tr>
<td>Latino Outreach/MH Promotores</td>
<td>10/1/2017</td>
<td>CommuniCare &amp; RISE</td>
</tr>
<tr>
<td>Access &amp; Linkage – School Rural El School Mentorship/Strengths Rural</td>
<td>10/1/2017</td>
<td>Rise &amp; YFSA</td>
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<tr>
<td>Service</td>
<td>Date</td>
<td>Organization</td>
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<tr>
<td>Navigation Center</td>
<td>11/1/2017</td>
<td>Communicare</td>
</tr>
<tr>
<td>Peer Family-Led Support Services</td>
<td>11/1/2017</td>
<td>NAMI</td>
</tr>
<tr>
<td>Proposition 47</td>
<td>11/16/2017</td>
<td>Pending</td>
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# Data Sources Used for Evaluation

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Data Provided</th>
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<tbody>
<tr>
<td>Turning Point</td>
<td>• Self-reported CIP consumer demographics</td>
</tr>
<tr>
<td></td>
<td>• CIP request and encounter information</td>
</tr>
<tr>
<td></td>
<td>o Characteristics of CIP requests</td>
</tr>
<tr>
<td></td>
<td>o Type of services provided</td>
</tr>
<tr>
<td></td>
<td>o Post-crisis follow-up</td>
</tr>
<tr>
<td></td>
<td>• Disposition of CIP encounter (e.g., hospital, ED, remained in community, arrest, crisis)</td>
</tr>
<tr>
<td></td>
<td>• Consumer satisfaction with the CIP program</td>
</tr>
<tr>
<td>HHSA</td>
<td>• HHSA mental health service connectedness</td>
</tr>
<tr>
<td></td>
<td>• Psychiatric hospitalization history of CIP consumers</td>
</tr>
<tr>
<td>Law Enforcement Agencies</td>
<td>• Number of mental health-related calls received by each LEA</td>
</tr>
</tbody>
</table>
Number of MH related calls vs. CIP Encounters

Number of Mental Health-Related Calls

- Mental Health-Related Calls to PD

<table>
<thead>
<tr>
<th>Month</th>
<th>MH Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apr-Jun 15</td>
<td>1198</td>
</tr>
<tr>
<td>Jul-Sep 15</td>
<td>640</td>
</tr>
<tr>
<td>Oct-Dec 15</td>
<td>886</td>
</tr>
<tr>
<td>Jan-Mar 16</td>
<td>960</td>
</tr>
<tr>
<td>Apr-Jun 16</td>
<td>1065</td>
</tr>
<tr>
<td>Jul-Sep 16</td>
<td>994</td>
</tr>
<tr>
<td>Oct-Dec 16</td>
<td>1107</td>
</tr>
<tr>
<td>Jan-Mar 17</td>
<td>1068</td>
</tr>
</tbody>
</table>
Gender & Age

Gender (N=840)
- Male (n=447) 53%
- Female (n=388) 46%
- Other (n=5) 1%

Age (N=820)
- Under 18 (n=105) 65%
- 18-25 (n=137) 17%
- 26-64 (n=530) 6%
- 65 or older (n=48) 13%
Race & Ethnicity of CIP Consumers

- White (n=505): 63%
- Hispanic (n=185): 23%
- Black/African American (n=77): 10%
- Asian (n=23): 3%
- Mixed Race (n=21): 3%
- Other (n=23): 3%
Frequency of CIP Encounters Among Consumers

- 1 Encounter (n=662): 78.8%
- 2 Encounters (n=101): 12.0%
- 3 Encounters (n=39): 4.6%
- ≥ 4 Encounters (n=39): 4.6%
## Self Reported Criminal Justice & Mental Health Service History

<table>
<thead>
<tr>
<th>Self-Reported Information</th>
<th>Consumers with One CIP Encounter (N=662)</th>
<th>Consumers with Multiple CIP Encounters (N=179)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Criminal Justice Involvement</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known to Law Enforcement</td>
<td>183 (28%)</td>
<td>135 (75%)</td>
</tr>
<tr>
<td>Prior Arrests</td>
<td>172 (26%)</td>
<td>71 (40%)</td>
</tr>
<tr>
<td><strong>Mental Health Service History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prior HHSA Mental Health Services</td>
<td>92 (14%)</td>
<td>80 (45%)</td>
</tr>
<tr>
<td>Prior Psychiatric Hospitalization</td>
<td>236 (36%)</td>
<td>133 (74%)</td>
</tr>
</tbody>
</table>
Outpatient Mental Health Service Connectedness

- Outpatient Clinic Services: 97% (Multiple CIP Encounters n=74), 93% (One CIP Encounter n=86)
- General System Development Services: 7% (Multiple CIP Encounters n=74), 8% (One CIP Encounter n=86)
- Full Service Partnership Program: 35% (Multiple CIP Encounters n=74), 21% (One CIP Encounter n=86)
- Assertive Community Treatment Program: 18% (Multiple CIP Encounters n=74), 8% (One CIP Encounter n=86)
Number of CIP Encounters

Year 1 - 590 CIP Encounters

Apr-Jun 15: 150
Jul-Sep 15: 160
Oct-Dec 15: 163
Jan-Mar 16: 117

Year 2 - 598 CIP Encounters

Apr-Jun 16: 155
Jul-Sep 16: 148
Oct-Dec 16: 148
Jan-Mar 17: 147
Percentage of CIP Encounters by Jurisdiction

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Year 1 (N=590)</th>
<th>Year 2 (N=596)</th>
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</thead>
<tbody>
<tr>
<td>Woodland PD</td>
<td>31%</td>
<td>36%</td>
</tr>
<tr>
<td>Davis PD</td>
<td>27%</td>
<td>37%</td>
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<tr>
<td>West Sacramento PD</td>
<td>24%</td>
<td>17%</td>
</tr>
<tr>
<td>Yolo County Sheriff</td>
<td>15%</td>
<td>8%</td>
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<tr>
<td>Winters PD</td>
<td>3%</td>
<td>2%</td>
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</tbody>
</table>
Time of CIP Requests

Percent of CIP Encounters

- 8am-12pm: Year 1 (N=590) - 13%, Year 2 (N=596) - 31%
- 12pm-4pm: Year 1 (N=590) - 56%, Year 2 (N=596) - 50%
- 4pm-8pm: Year 1 (N=590) - 29%, Year 2 (N=596) - 18%
- 8pm-8am: Year 1 (N=590) - 2%, Year 2 (N=596) - 1%
Source of CIP Requests

<table>
<thead>
<tr>
<th>Source</th>
<th>Year 1 (N=576)</th>
<th>Year 2 (N=593)</th>
</tr>
</thead>
<tbody>
<tr>
<td>911 Call</td>
<td>37%</td>
<td>52%</td>
</tr>
<tr>
<td>Law Enforcement Officers</td>
<td>45%</td>
<td>31%</td>
</tr>
<tr>
<td>Turning Point</td>
<td>6%</td>
<td>7%</td>
</tr>
<tr>
<td>Yolo HHSA</td>
<td>7%</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>5%</td>
<td>7%</td>
</tr>
</tbody>
</table>
Reason for CIP Request

- Mental Health/Welfare Check: 20% (Year 1), 22% (Year 2)
- Suicidal Ideation: 36% (Year 1), 26% (Year 2)
- Public Nuisance: 16% (Year 1), 11% (Year 2)
- Gravely Disabled: 5% (Year 1), 7% (Year 2)
- Homicidal Ideation: 6% (Year 1), 3% (Year 2)
- Other: 31% (Year 1), 16% (Year 2)

Year 1 (N=573) and Year 2 (N=585)
Disposition of CIP Encounters

- **Remained in the Community**: Year 1 (N=590) - 68%, Year 2 (N=598) - 56%
- **Hospitalized**: Year 1 - 23%, Year 2 - 35%
- **Emergency Department**: Year 1 - 6%, Year 2 - 8%
- **Arrested**: Year 1 - 2%, Year 2 - 1%
- **Crisis Residential Treatment**: Year 1 - 1%, Year 2 - 0%
Clinic Connectedness Post CIP

Number of CIP Consumers

- Outpatient Clinic Services (n=123): 93
- General System Development Services (n=11): 30
- Full Service Partnership Program (n=43): 27
- Assertive Community Treatment Program (n=19): 11

Legend:
- Blue: Existing Consumers Enrolled Prior to CIP
- Orange: New Consumers Enrolled Following CIP
## Services Received Post CIP

<table>
<thead>
<tr>
<th>Outpatient Treatment Services</th>
<th>Number of Consumers</th>
<th>Percent of Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Targeted Case Management</td>
<td>121</td>
<td>84%</td>
</tr>
<tr>
<td>Medication Support</td>
<td>110</td>
<td>76%</td>
</tr>
<tr>
<td>Evaluation and Monitoring</td>
<td>105</td>
<td>73%</td>
</tr>
<tr>
<td>Assessment</td>
<td>89</td>
<td>62%</td>
</tr>
<tr>
<td>Rehabilitation and Activities of Daily Living</td>
<td>76</td>
<td>53%</td>
</tr>
<tr>
<td>Plan Development</td>
<td>74</td>
<td>51%</td>
</tr>
<tr>
<td>Collateral Services</td>
<td>59</td>
<td>41%</td>
</tr>
<tr>
<td>Group Rehabilitation</td>
<td>34</td>
<td>24%</td>
</tr>
<tr>
<td>Therapy</td>
<td>32</td>
<td>22%</td>
</tr>
<tr>
<td>Katie A Services</td>
<td>3</td>
<td>2%</td>
</tr>
</tbody>
</table>
Consumer Satisfaction

The CIP staff treated me with respect.
- Disagree: 3%
- Neutral: 3%
- Agree: 95%

I am satisfied with the CIP services I received.
- Disagree: 9%
- Neutral: 4%
- Agree: 87%

CIP helped me during a mental health crisis.
- Disagree: 9%
- Neutral: 6%
- Agree: 84%

The CIP peer provider reached out to me within 1 business day.
- Disagree: 11%
- Neutral: 12%
- Agree: 78%

The CIP peer provider helped me connect with the services I need.
- Disagree: 13%
- Neutral: 16%
- Agree: 71%

CIP services can help me prevent future crisis.
- Disagree: 21%
- Neutral: 23%
- Agree: 56%

CIP services taught me skills and tools to help prevent a future crisis.
- Disagree: 20%
- Neutral: 27%
- Agree: 53%

The CIP clinician helped me avoid going to the hospital or jail.
- Disagree: 25%
- Neutral: 27%
- Agree: 48%
**PROGRAM DESIGN**

**Planned**

4 Mobile Crisis Response Teams (Clinician/Peer Counselor)
- West Sacramento
- Woodland
- Davis
- Winters/Rural

Clinician co-located at LEAs to provide joint response with law enforcement

Peer Counselor to provide follow-up crisis support

**Actual**

4 Mobile Crisis Response Teams (Clinicians only)
- West Sacramento
- Woodland
- Davis
- Sheriff/Winters

Clinician co-located at LEAs to provide joint response with law enforcement

Peer Counselors eliminated due to underutilization-funded additional FTE
**HOURS OF OPERATION**

**Planned**

Mobile Crisis Response
- Monday, Tuesday, Wednesday, Friday, Saturday 3:30pm - 12:00am
- Hours selected based on analysis of LEA crisis call data

Telephone Crisis Response
- On-call Thursday and Sunday

Peer Counseling
- Monday- Friday 8:00am- 5:00pm

**Actual**

Mobile Crisis Response
- West Sac M-F (10-7)
- Davis M-F (11-8)
- Woodland M-F (11-8)

Telephone Crisis Response
- Later in program, intermittent weekend on call

Peer Counseling
- Eliminated after year one
**POPULATION TO BE SERVED**

**Planned**

- **Target Population**
  - Any Yolo County resident who comes into contact with law enforcement during a psychiatric crisis.

- **Projected Annual Service Volume**
  - 2,250 encounters

**Actual**

- **Target Population**
  - Any Yolo County resident who comes into contact with law enforcement during a psychiatric crisis.

- **Actual Numbers Served**
  - 594 encounters, average (74% less than projected)
  - 1,188 encounters across two years
PLANNED CRISIS SYSTEM

Crisis Response
- Joint Law Enforcement and Clinical Staff response

Crisis Intervention
- Hospital/ER
- Direct Access to Safe Harbor CRT
- Stays at Home with Self-Care Plan and Fast Track ADMH Appointment

Follow-up Peer Counseling
- Peer Counseling
- Support to implement Self-Care Plan
- Support to access Outpatient and Other Recovery Supports
- Benefits Assistance
### PROGRAM EVALUATION INDICATORS

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Indicator</th>
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<tbody>
<tr>
<td>Decreased utilization of ER, hospital, and jails following crisis event.</td>
<td># of persons who go to ER (81)7%</td>
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<tr>
<td></td>
<td># of persons who are hospitalized (336)34%</td>
</tr>
<tr>
<td></td>
<td># of persons who go to jail (17)1.5%</td>
</tr>
<tr>
<td>Increased use of alternatives to hospitalization.</td>
<td># of persons who remain at home (718)62%</td>
</tr>
<tr>
<td></td>
<td># of persons who go to Safe Harbor CRT(12)1%</td>
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<tr>
<td>Increased participation in post-crisis services.</td>
<td>Length of time between crisis and ADMH service</td>
</tr>
<tr>
<td></td>
<td># of people in crisis who do (798)95% and or do not access additional services</td>
</tr>
<tr>
<td>Reduction in frequent or repetitive use of ER, hospital, and jail services.</td>
<td># of individuals with repeat crisis events (179)21%</td>
</tr>
<tr>
<td></td>
<td>Average length of time between ER, hospital, and jail services-didn’t track</td>
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<tr>
<td>Decreased per-person costs of service.</td>
<td>Per person cost of service, planned and unplanned $2,012 per client served, $1,461 per encounter</td>
</tr>
</tbody>
</table>
MOVING FORWARD

Access Points
- Woodland Clinic (M-F 8-5) ongoing
- West Sacramento Clinic (M, W, F 8-5) until January 2018
- Davis Navigation Center (M-F 8-5) projected by January 2018

Crisis Response
- Mental Health Urgent Care(7 days per week 12-9) Projected by January 2018
- Dignity Health (M-F 8-5) Projected by January 2018
- Sutter Health (M-F 8-5 ) Projected by January 2018

Gap
- 7 days per week 9pm- 8am - to be RFP’d
QUESTIONS/COMMENTS
Item 14 a.
Long Range Planning Calendar
## Yolo County Local Mental Health Board
### Long Range Planning Calendar 2017

<table>
<thead>
<tr>
<th>Meeting</th>
<th>Agenda Item</th>
<th>Agency/Presenter</th>
<th>Type</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/23/17</td>
<td>Final Strategic Plan Presentation</td>
<td>Ad Hoc Committee: June Forbes, Tawny Yambrovich, Richard Bellows and Bob Schelen</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>1/23/17</td>
<td>LMHB Trainings</td>
<td>Richard Bellows</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>2/27/17</td>
<td>LMHB Trainings Proposal</td>
<td>Richard Bellows</td>
<td>Motion/Approval</td>
<td>Past</td>
</tr>
<tr>
<td>2/27/17</td>
<td>Board Name Change Discussion and Vote</td>
<td>Ad Hoc Committee: Nicki King, Bret Bandlely, Martha Guerrero, Bob Schelen, and Ajay Singh</td>
<td>Recommendation</td>
<td>Past</td>
</tr>
<tr>
<td>2/27/17</td>
<td>Yolo County 2016 Data Notebook Review and Approval</td>
<td>Ad Hoc Committee: James Glica-Hernandez, Sally Mandujan, Nicki King, and Brad Anderson</td>
<td>Motion/Approval</td>
<td>Past</td>
</tr>
<tr>
<td>3/27/17</td>
<td>Approval of Strategic Plan</td>
<td>Ad Hoc Committee: June Forbes, Richard Bellows and Bob Schelen</td>
<td>Motion/Approval</td>
<td>Past</td>
</tr>
<tr>
<td>3/27/17</td>
<td>MSHA Three-Year Program and Expenditure Plan FYs 2017-2020 for Local Mental Health Boards recommendation</td>
<td>Joan Beesley, MHSA Manager</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>3/27/17</td>
<td>Committee Workshop</td>
<td>All</td>
<td>Committee Meeting</td>
<td>Past</td>
</tr>
<tr>
<td>4/24/17</td>
<td>Annual Report Approval</td>
<td>Executive Committee</td>
<td>Recommendation</td>
<td>Past</td>
</tr>
<tr>
<td>4/24/17</td>
<td>Behavioral Health Services Budget Presentation</td>
<td>Connie Cessna-Smith, HHSA Fiscal Administrative Officer</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>4/24/17</td>
<td>Public Forum</td>
<td>CEC</td>
<td>Public Forum</td>
<td>Past</td>
</tr>
<tr>
<td>5/22/17</td>
<td>2018 LMHB Meeting Calendar Location Discussion</td>
<td>Richard Bellows</td>
<td>Discussion</td>
<td>Past</td>
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<tr>
<td>5/22/17</td>
<td>Conservatorship Presentation</td>
<td>Laurie Haas, HHSA Chief Deputy Public Guardian</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>5/22/17</td>
<td>Annual Election of Officers</td>
<td>All</td>
<td>Adoption</td>
<td>Past</td>
</tr>
<tr>
<td>6/26/17</td>
<td>MHSA Update/RDA</td>
<td>RDA</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>6/26/17</td>
<td>Public Forum</td>
<td>CEC</td>
<td>Public Forum</td>
<td>Past</td>
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<td>6/26/17</td>
<td>Committee Workshop</td>
<td>All</td>
<td>Committee Meeting</td>
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Last Updated 10/20/17
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Presenter/Contact Information</th>
<th>Type</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>6/26/17</td>
<td>Community Intervention Training (CIT)</td>
<td>Mike Summers</td>
<td>Presentation</td>
<td>Past</td>
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<tr>
<td>8/28/17</td>
<td>Quality Management- Consumer Perception Survey Presentation</td>
<td>Samantha Fusselman, Deputy Mental Health Director</td>
<td>Presentation</td>
<td>Past</td>
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<tr>
<td>9/25/17</td>
<td>Committee Workshop</td>
<td>All</td>
<td>Committee Meeting</td>
<td>Past</td>
</tr>
<tr>
<td>9/25/17</td>
<td>Substance Use Disorder Services Presentation</td>
<td>Ian Evans, Alcohol and Drug Administrator</td>
<td>Presentation</td>
<td>Past</td>
</tr>
<tr>
<td>9/25/17</td>
<td>Approval of LMHB Recommendation on the BHS Recommended Budget</td>
<td>All</td>
<td>Recommendation</td>
<td>Past</td>
</tr>
<tr>
<td>9/25/17</td>
<td>Board Training on Oct. 21 in Sacramento</td>
<td>Susan Wilson</td>
<td>Training</td>
<td>Past</td>
</tr>
<tr>
<td>10/23/17</td>
<td>MHSA Annual Update</td>
<td>Resource Development Associates (RDA)</td>
<td>Presentation</td>
<td>Planned</td>
</tr>
<tr>
<td>10/23/17</td>
<td>Mental Health Services Presentation: Child Welfare Services and Foster Youth</td>
<td>Jennie Pettet, Child Youth and Family Branch Director</td>
<td>Presentation</td>
<td>Planned</td>
</tr>
<tr>
<td>10/23/17</td>
<td>2018 LMHB Meeting Calendar Approval</td>
<td>All</td>
<td>Adoption</td>
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<td>12/4/17</td>
<td>Public Guardian Update</td>
<td>Laurie Haas, HHSA Chief Deputy Public Guardian</td>
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<tr>
<td>Meeting</td>
<td>Agenda Item</td>
<td>Agency/Presenter</td>
<td>Type</td>
<td>Timing</td>
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<tr>
<td>1/29/18</td>
<td>Law Enforcement Presentation/5150 Process</td>
<td>TBD</td>
<td>Presentation</td>
<td>Upcoming</td>
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<tr>
<td>2/26/18</td>
<td>Yolo County 2017 Data Notebook Review</td>
<td>Ad Hoc Committee</td>
<td>Motion/Approval</td>
<td>Upcoming</td>
</tr>
<tr>
<td>2/26/18</td>
<td>Homeless Presentation</td>
<td>TBD</td>
<td>Presentation</td>
<td>Upcoming</td>
</tr>
<tr>
<td>3/26/18</td>
<td>Approval of Strategic Plan</td>
<td>Ad Hoc Committee</td>
<td>Motion/Approval</td>
<td>Upcoming</td>
</tr>
<tr>
<td>3/26/18</td>
<td>Committee Workshop</td>
<td>All</td>
<td>Committee Meeting</td>
<td>Upcoming</td>
</tr>
<tr>
<td>4/30/18</td>
<td>Annual Report Approval</td>
<td>Executive Committee</td>
<td>Recommendation</td>
<td>Upcoming</td>
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<tr>
<td>4/30/18</td>
<td>Behavioral Health Services Budget Presentation</td>
<td>Connie Cessna-Smith, HHSA Fiscal Administrative Officer</td>
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<td>Upcoming</td>
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<tr>
<td>5/21/18</td>
<td>Public Guardian Presentation</td>
<td>Laurie Haas, HHSA Chief Deputy Public Guardian</td>
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</tr>
<tr>
<td>8/27/18</td>
<td>Davis Wellness Center Remodel Update</td>
<td>TBD</td>
<td>Committee Meeting</td>
<td>Upcoming</td>
</tr>
<tr>
<td>9/24/18</td>
<td>Committee Workshop</td>
<td>All</td>
<td>Committee Meeting</td>
<td>Upcoming</td>
</tr>
<tr>
<td>9/24/18</td>
<td>Approval of LMHB Recommendation on the BHS Recommended Budget</td>
<td>All</td>
<td>Recommendation</td>
<td>Upcoming</td>
</tr>
<tr>
<td>10/29/18</td>
<td>Presentation</td>
<td>TBD</td>
<td>Presentation</td>
<td>Upcoming</td>
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<tr>
<td>12/3/18</td>
<td>2018 LMHB Meeting Calendar Approval</td>
<td>All</td>
<td>Adoption</td>
<td>Upcoming</td>
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