



137 N. Cottonwood Street
Woodland, CA 95695
(530) 666-8516

YOLO COUNTY ALCOHOL, DRUG, & MENTAL HEALTH

Marilyn Moyle
Chair

Bob Schelen
Vice-Chair

District 1

Martha Flammer
Mike Summers
Annie Breault Darling

District 2

Mildred Braunstein
Marilyn Moyle
Robert Canning

District 3

Marilyn Schwartz
Joanne Welty
Irma Rodriguez

District 4

Robert Schelen
Peter Brixie
Vacant

District 5

Guille Libresco
Carolyn Reiff
Rev. Hank Scherer

Board of Supervisors
Liaison

Supervisor
Helen Thomson

TO: Supervisor Duane Chamberlain, Chairman
and Members of the Board of Supervisors

FROM: Marilyn Moyle, Yolo County Local Mental Health Board, Chair
Bob Schelen, Yolo County Local Mental Health Board, Vice-chair

DATE: February 12, 2008

SUBJECT: Receive and file Yolo County Local Mental Health Board
(LMHB) 2007 Annual Report (no fiscal impact)

RECOMMENDED ACTIONS

- A. Receive and file 2007 LMHB annual report.
- B. Receive and file "Significant Events of 2007" (Attachment A).
- C. Receive and file "Budget Report" (Attachment B).
- D. Receive and file "Annual Report of Forensics Committee" (Attachment C).
- E. Receive and file "Annual Report of Program Committee" (Attachment D).

FISCAL IMPACT

There is no fiscal impact. All LMHB members are community volunteers, appointed by Yolo County Supervisors in each district. This report, which has been prepared by the LMHB executive committee with administrative assistance from ADMH staff, has been approved by the entire LMHB.

REASON FOR RECOMMENDED ACTION

This report is intended to inform supervisors about the work of the Yolo County Local Mental Health Board (LMHB) in 2007 and to inform the supervisors and the public about 2008 LMHB goals.

BACKGROUND

The Yolo County Mental Health system has been in flux and turmoil this year as it has been going through a major transformation in philosophy and service delivery at the same time it has been working with an operating deficit. In 2003 a Program Restructuring Committee made 17 recommendations to the Board of Supervisors that aspired to reorganize the county and community services and to develop a continuum of care that would decrease high end utilization (acute hospitalizations, institutions for mental disease [IMD], residential care) and move towards community integrated services. In addition, the recommendations included developing protocols that would increase accountability that extended from the administrative and fiscal areas to direct services.

These recommendations were accepted by the BOS in 2004; however actions to implement these encountered many barriers. In February of 2007, the Director and Deputy Director of ADMH, developed strategies to implement the 2004 recommendations. In March the LMHB voted to support the ADMH proposed action plans. This report summarizes the major actions taken by the board (see Attachment A for the significant events of 2007). The LMHB wishes to recognize the staff for their accomplishments to date in this challenging process.

The focus of the LMHB this year has been to support ADMH staff as they build a system of care based on the best scientific evidence that supports services that help persons living with serious mental illness (SMI) achieve their highest potential by having access to an integrated, individually tailored program of services directed to achieving measurable, behaviorally-stated objectives. A transition has been taking place to change the culture to treatment of, rather than care for, persons living with mental illness. This team approach supports concepts like client strength, recovery, resiliency, and hope . . .

Service delivery is being organized in teams such as an assertive community treatment (ACT) team (STRIDES) and team based programs for adults, transition aged youth, and older adults funded by the Mental Health Services Act.

The forensic ACT team brings adult MIOCR, AIM, Proposition 36, and CONREP (the conditional release program) into a unified whole under a single Clinical Supervisor, providing seamless delivery of care to forensic clients who may have both mental illness and substance abuse issues.

While each of these programs has certain eligibility requirements, the team approach allows consumers who do not necessarily meet the eligibility requirements to receive services from the Forensic Team. Additionally, consumers benefit from an increased availability of staff and variety of services. The program benefits from greater efficiency, staff availability and back up.

These changes have required education, not only of the staff, but also of the community. Within the budget constraints training has been taking place and a staff development and training manager was hired in December. Change is difficult but it is occurring.

At the time of the writing of this report, 31 adults with serious mental illness are living in the community with the availability of services (24/7) by the multidisciplinary assertive community treatment (ACT) team. Additionally, 45 forensic clients, 18 adults, 13 transitional aged youth (age 16 - 24) and 5 older adults (over age 55) are receiving similar team services through the Mental Health Services Act (MHSA) Community Services Supports Full Partnership Program and forensics grants.

The LMHB continues to be informed of major steps that are being taken to give full attention to fiscal accountability while maintaining and building scientifically, culturally, and linguistically competent services for the people served. ADMH has lacked a responsive data system that is able to develop timely and accurate accounting and productivity reports as well as client service usage. Claims processing is complicated and the department has had a higher than average error rate leading to the need to repay the state for claims that have been denied (cost reports). Operational data and financial data have been difficult to obtain and have not been in formats amenable to analysis and management. Major gaps in documentation of services have been found. The LMHB has supported steps that are being undertaken to upgrade the information systems and the hiring of staff to oversee the quality assurance programs.

To facilitate board members becoming better informed about the complex issues facing mental health services in Yolo County, the LMHB has restored the committee structure. This has enabled board members the opportunity to review information that is provided in more depth and to utilize the board time more effectively. The committee process has also allowed board members to be more forceful advocates for a better mental health system.

Because of the budget crisis, budget issues were reviewed by the total LMHB during their monthly meetings and also as part of the Program Committee meetings since the two are so closely linked. In addition to the monthly reviews, in April the board reviewed the summary of the 3rd quarter ADMH financial report, at which time a budget deficit, estimated to be \$5.2 million, was discussed. Subsequently, the LMHB reviewed the proposed 2007-2008 budget and the first quarter financial report (Attachment B).

The LMHB Forensic Committee met 11 times in 2007. The key focus of meetings was to monitor and advise the LMHB on the forensic programs. In addition to the scheduled meetings, the committee chairperson participated in the review of the Woodland Memorial Intake/In-patient Psychiatric Hospital Unit. All members also toured Yolo County's jail. In support of the LMHB's goal to educate key stakeholders on the establishment of a mental health court model, committee members met with the chief probation officer who is cautiously supportive. (Attachment C)

Michael Summer's efforts to establish a Crisis Intervention Team (CIT) training program in Yolo County have been supported. The CIT training will offer Yolo County Law Enforcement personnel 32 hours of intensive training in how to better manage successful interactions with persons who suffer from a mental illness. Specific training will include identification of major mental illnesses and their associated medications, improved communication and de-escalation techniques with those in crisis, suicide prevention and access to the appropriate county services. The first class is scheduled to take place in the late summer of 2008.

The LMHB Legislative Committee reviewed legislative and budget proposals in collaboration with the staff at the County Administrative Office (CAO). Letters were written to preserve funding for the AB 2034 program and the Mentally Ill Offender Crime Reduction Grant Funding. Of these programs, AB 2034 was eliminated and backfilled with MHSA funding for one year, and MIOCR was eliminated in budget year plus one. This permits ADMH to continue and to provide MIOCR services for one year.

The LMHB Program Committee met eight times in 2007. The Interim Director and/or Interim Deputy Director attended these meetings. The program committee kept the LMHB apprised of the department's efforts in regards to the status report and action plan related to the 2004 program restructuring committee, the implementation of the MHSA act and the community integrated program system of delivery. In addition to the scheduled meetings, the committee chairperson participated in the review process and the selection of Telecare Corporation as the contractor for the ACT team. Committee members also attended various stakeholders meetings and open houses as well as training sessions provided by ADMH. (Attachment D)

The following goal for the LMHB has been proposed for 2008:

Continue to collaborate with and support ADMH in systems change to sustain programs that will manage costs and provide a higher quality of life for those affected by mental illness in Yolo County.

To meet this goal, the Budget Committee will:

- Help LMHB members and the public understand the complex funding streams for mental health services and the current ADMH budget issues.
- Support data upgrades toward more accurate/timely budget estimates and service utilization, requesting regular progress updates.
- Advocate for partnership with other Yolo County Departments to leverage funding (e.g. DESS and use of resources).
- Work with the CAO to advocate for stable mental health funding via the state and federal governments.
- Identify new partners for service delivery (business/developers/agricultural . . .).

The Forensic Committee will:

- Participate in the education of LMHB and the broader community in the recovery and harm reduction models of treatment that includes suicide prevention in the jail, e.g. "cut-down" kits (with associated training for officers) on all units of new jail and a change in policy to include officers starting CPR.

- Support ADMH staff in the restructuring of response to crisis intervention and the development of additional alternatives to hospitalization such as the Crisis Intervention Team Model.
- Mobilize community resources enlisting non- traditional partners to share information and resources and continue the planning for the development of a Mental Health Court.

The Legislative Committee will:

- Continue to review legislative and budget proposals at the state and federal level.
- Continue to advise the LMHB on proposals that impact mental health services.

The Program Committee will:

- Participate in the education of LMHB and the broader community in the recovery and harm reduction models of treatment.
- Enlist the help of neighbors and friends to help clients feel welcome in the community.
- Support ADMH staff in developing a system wide response to in house crisis to address the needs of consumers, families, and staff alike.
- Mobilize community resources enlisting non-traditional partners to share information and resources.
- Participate in the planning for use of the MHSA funds for housing, workforce development and prevention and early intervention.
- Work with ADMH staff to develop a cooperative agreement with the Department of Vocational Rehabilitation to increase employment and educational supports for individuals living with SMI.
- Have a greater presence in the wider community and visit mental health clients in their place of residence to help assess the effectiveness of service delivery.

ATTACHMENTS:

A: Significant Events of 2007

B: Annual Report of Executive/Budget Committee

C: Annual Report of Forensics Committee

D: Annual Report of Program Committee

ATTACHMENT A: SIGNIFICANT EVENTS OF 2007

January:

- ADMH awarded MIOCR grants of \$1.7 million (\$700,000 for adolescents in Woodland; \$288,602 for adolescents in West Sacramento and \$700,000 for adults to enhance and sustain project AIM.)
- ADMH received a positive External Quality Review Organization (EQRO) site visit.
- Request for Proposal (RFP) sent out for an assertive community treatment (ACT) program.
- ADMH exploring collaborations with the new Director of Yolo Housing Authority to provide supportive housing.

February:

- LMHB Handbook completed and distributed.
- Workshop meeting to discuss handbook contents.

March:

- LMHB recommended support for amended strategies to implement the Program Restructuring Committee's (PRSC) plan of 1/27/04.
- Annie Breault-Darling appointed to LMHB from District 1.

April:

- Tom Pinizzotto stepped down as Director of ADMH.
- Richard DeLiberty was appointed as Interim Director.
- Third Quarter Budget Report projected a deficit of \$5.2 million.
- Report from David Thompson regarding plans for Cesar Chavez Plaza to create low-income housing.
- Open house held for the Adult and TAY Wellness Centers.
- Two proposals received for assertive community treatment (ACT) team development; Telecare Corporation was selected.

May:

- Interim Director's report on the direction for ADMH and the '07 - '08 budget proposal accepted.
- Quarterly MHSA Stakeholders Meeting held.
- Irma Rodriguez appointed to LMHB from District 3.

June:

- Gary Bond's presentation to staff and the community on assertive community treatment (ACT), evidence based practice (EBP), and supported employment.
- Quarterly MHSA stakeholder meeting.
- Carolyn Reiff retired as chairwoman of LMHB. Supervisor Helen Thomson declared June 12 Carolyn Reiff Day in Yolo County in appreciation of her many years of service.

July:

- No LMHB Meeting.

August:

- Contract completed with Telecare Corporation for Yolo STRIDES ACT team.

- STRIDES staff met with stakeholders.
- All clinical supervisory staff for the MHSA programs in place.
- LMHB held public hearing for amendment to MHSA, including STRIDES.

September:

- Dr. Leigh Harrington, adult psychiatrist started.
- Rudy Arrieta, QM/Data Manager started.
- Yolo STRIDES open house.
- Wellness Recovery Action Plan (WRAP) training for staff and interested community members.
- Perry Communication Training for LMHB.

October:

- First Quarter Financial Report reviewed. If the trend continues, ADMH will have a \$2.3 - \$4.4 million shortfall at the end of fiscal year. Due to higher numbers requiring 24-hour care and a revenue shortfall. Program changes have been made without curtailing services and without staff layoffs. Planning was more aggressive than implementation.
- Dr. Kevin Rosi, child psychiatrist started.
- Mike Summers completed CIT training.

November:

- External Quality Review Organization (EQRO) audit was optimistic. Focus groups were held with staff, clients, and consumers.
- Search for Medical Director reopened.
- LMHB received report from STRIDES ACT team, AIM Act Team, and MHSA full service partnership programs.
- Continuation of Perry Communication Training for LMHB.
- ADMH introduced Cathy Sutton, as the Adult Forensic Supervisor. She presented the new forensic mental health service delivery structure now known as the Forensic ACT Team.

December:

- Contracts approved: California Institute for Mental Health (CIMH) - for the planning process for MHSA Prevention and Early Intervention; Turning Point for consumer managed business; Families First contract with DESS approved to provide EPSDT services through the Wrap Around program; Netsmart computer upgrades were approved.
- EQRO audit completed.
- Ray Groom reported to LMHB re expansions at the Yolo County jail and plans for the unit to house mentally ill inmates.
- David Thompson reported to LMHB on the Cesar Chavez apartments.
- Yolo County Continuum of Care (YCCC) reported to LMHB on services.
- John Buck and Sharon Johnson reported to LMHB on services provided at Pine Tree Gardens.

ATTACHMENT B: LMHB Budget Report

Because of the budget crisis, budget issues were reviewed by the total LMHB during their monthly meetings and also as part of the Program Committee meetings since the two are so closely linked. In April of 2007, the LMHB reviewed the summary of the 3rd quarter ADMH financial report, at which time a budget deficit, estimated to be \$5.2 million, was discussed. Subsequently, the LMHB reviewed the proposed 2007-2008 budget, and the 1st quarter financial report. The interim director has included budget progress reports at the monthly LMHB meetings. To move toward a balanced budget, this past year, ADMH has taken steps to:

- get better data and have better tools for financial management. The CAO has been assisting with this process.
- improve community evidence based care to enable ADMH to move people from locked facilities back to the local community.
- generate more revenue than has been done in the past.

At committee meetings and LMHB meetings, the interim director has kept the board informed:

- on the progress of decreasing the numbers of consumers in 24-hour care and discussed barriers encountered and plans to address these.
- on the progress to strengthen community supports for those most severely affected by mental illness.
- on the progress on upgrading of the data infrastructure and quality management.
- of the county's requirement for competitive bidding for contracts with CBOs for future renewals.
- of the proposed use of the surplus MHPA funds to contract for an ACT team.
- the loss of funds from AB2034 and the MHPA funds made available to absorb these clients.
- the awarding of the MIOCR grants, then the threat of loss of these grants after one year.
- Medi-Cal adjustments, denials and data errors.
- the budget for the children's system of care.

The LMHB empathizes with the ADMH staff's frustrations with the uncertainty of the data and the difficulties of projecting for the fiscal year based on quarterly data. The LMHB is likewise frustrated because it is not clear which information received is accurate.

Plans for the upcoming year:

- Help LMHB members and the public understand the complex funding streams for mental health services and the current ADMH budget issues.
- Support data upgrades toward more accurate/timely budget estimates and service utilization, requesting regular progress updates.
- Advocate for partnership with other Yolo County Departments to leverage funding (e.g. DESS and use of resources).
- Work with the CAO to advocate for stable mental health funding via the state and federal governments.
- Identify new partners for service delivery (business/developers/agricultural . . .).

ATTACHMENT C: Annual Report of the Forensic Committee

LMHB Forensic Committee met 11 times in 2007. The key focus of meetings in 2007 was:

- Monitor and advise the LMHB on forensic programs.
- Committee members obtained a briefing by ADMH staff on program services, and provided recommendations to review models to reduce incarceration rates and higher costs of care.
- Reviewed the Psychiatric Assessment Response System a model comparable to the Mental Evaluation Team model. After careful consideration it was determined that the funding associated with such a program is unstable and the demand is insufficient to implement solely in Yolo County.
- Updated the LMHB on the evaluation of mental health court models, and attended the Marin Mental Health Court hearing. Robert Canning, a committee member, is leading the effort to organize the information in preparation for a future presentation to the LMHB.
- Supported the LMHB's goal to educate key stakeholders on the establishment of a Mental Health Court model. This effort resulted in meeting with the Chief Probation Officer, who is cautiously supportive due to fiscal pressure for other non-mental health service demands.
- Reviewed the newly developed Adult Forensic Team information and the progress for this new Team. This team combines the following programs: Project AIM, MIOCR, CONREP, Prop 36/OTP, and the Medi-Cal and ADMH referrals. The goal is to reduce barriers and increase access to care by streamlining the services and taking into consideration eligibility and service needs.
- Supported Michael Summers' efforts to establish a CIT training program in Yolo County.

In addition to the scheduled meetings, the committee chairperson participated in the review of the Woodland Memorial Intake/In-patient Psychiatric Hospital Unit. All members of the Forensic Committee also toured Yolo County's Jail, jointly with members of the Program Committee. At this tour, the committee observed discrepancies in mental health intervention that will be addressed when the Jail Facility will be expanded, as presented by the construction engineer and the Yolo Sheriff's Department to the Committee and the LMHB at their 12/07 meeting.

Forensic Committee strategies to meet the LMHB goal for 2008 include:

- Participate in the education of LMHB and the broader community in the recovery and harm reduction models of treatment this includes suicide prevention in the jail, e.g. "cut-down" kits (with associated training for officers) on all units of new jail + change in policy to include officers starting CPR.
- Support ADMH staff in the restructuring of response to crisis intervention and the development of additional alternatives to hospitalization such as the Crisis Intervention Team Model.
- Mobilize community resources enlisting non- traditional partners to share information and resources and continue the planning for the development of a Mental Health Court.

LMHB Forensic Committee: Martha Flammer (former Chair), Robert Canning (new Chair), Guille Libresco, Peter Brixie, Mike Summers, and staffed by Mark Bryan with ADMH.

ATTACHMENT D: LMHB ANNUAL REPORT OF THE PROGRAM COMMITTEE

LMHB Program Committee met eight times in 2007. The Interim Director, Richard DeLiberty, and/or Interim Deputy Director, Christina Hill-Coillot attended these meetings. The key focus and outcomes included:

- Careful review of the status report and action plan related to the 2004 Program Restructuring Committee (PSRC). In March, the LMHB accepted the Program Committee's recommendation to support the ADMH proposed action plans to:
 1. Use a request for proposal (RFP) to contract for an ACT team to serve Yolo County.
 2. Develop an alternative plan to provide support services for client stabilization to facilitate the achievement of vocational and social functioning goals.
 3. Move the service delivery model so that ACT teams provide case management services for severely disabled mentally ill clients on all levels of the severity spectrum.
 4. Continue to support the increasing role of the newly hired benefits specialist.
 5. Move towards team based programs for delivery of services that includes crisis care and hospital/IMD discharge planning.
 6. Move towards contracting for an ACT team.
 7. Continue providing supportive housing.
 8. Investigate the expansion of the rep-payee program.
 9. Begin referral relationship with the Department of Vocational Rehabilitation.
 10. Upgrade the department's management information system (Avatar) to optimize use, and to make use of the systems full functionality and implement the managed services organization module of Avatar to automate the department's managed care activities. Consider adding more staff to the Avatar project.
 11. Encourage all case management programs (especially the team based programs) to provide in home respite services as appropriate; investigate the possibility of using Safe Harbor for respite care; continue to investigate broadening the mission of the Beamer Street program to serve individuals with mental illness and consider using the facility for respite care.
- Review the status of the Regional Resource Centers (RRCs) and supported the recommendation that the contract not be renewed when it expired. Reviewed the move of the 87 consumers served by the RRCs to ADMH case management and support.
- Information that ADMH contracted with YCCC to provide supportive case management for residential consumers.
- Support for the RFP for a Consumer Run Business. Contract awarded to Turning Point.
- Support for the RFP for a Drop in Center to be run by consumers. (No contract realized this year).
- Review the progress of Yolo County's Community Services Supports (CSS) MHSAs start up for the children's pilot program in Capay Valley, the Pathways to Independence program for the transitional age youth program (TAY), the Wellness Alternatives program

for adults, the expansion of the outreach and assessment program for older adult consumers and the newly contracted ACT program.

- Information regarding the planning for the use of MHSA funds for housing, workforce development and prevention and early intervention.
- Review of the status of Yolo County's Children's System of Care.
- Support for the plans to transition care for the 30 consumers who were being served by the homeless program (AB2034) to case management via the MHSA adult team in anticipation of the loss of funding.

In addition to the scheduled meetings, the committee chairperson participated in the review process and selection of Telecare Corporation as the contractor for the ACT team. Members of the program committee attended the stakeholders meeting for the ACT team, Yolo STRIDES, and the quarterly MHSA stakeholders meetings as well as the all day training with Dr. Gary Bond on ACT and evidence based practice and the training on the wellness recovery action plan (WRAP).

Members of the committee also attended open houses for the MHSA Adult and TAY Wellness Centers, Turning Point, the Farm House, Yolo STRIDES, and the Homestead Co-op. One member has participated in meetings with the Department of Vocational Rehabilitation.

Program Committee strategies to meet the LMHB goal for 2008 include:

- Participate in the education of LMHB and the broader community in the recovery and harm reduction models of treatment.
- Enlist the help of neighbors and friends to help clients feel welcome in the community.
- Support ADMH staff in developing a system wide response to in house crisis to address the needs of consumers, families, and staff alike.
- Mobilize community resources enlisting non- traditional partners to share information and resources.
- Participate in the planning for use of the MHSA funds for housing, workforce development and prevention and early intervention.
- Work with ADMH staff to develop a cooperative agreement with the Department of Vocational Rehabilitation to increase employment and educational supports for individuals living with SMI.
- Have a greater presence in the wider community and visit mental health clients in their place of residence to help assess the effectiveness of service delivery.

LMHB Program Committee Members: Millie Braunstein (Chair), Guille Libresco, Marilyn Moyle, Carolyn Reiff, Marilyn Schwartz, Bob Schelen