Local Behavioral Health Board Meeting

Wednesday, September 3rd, 2025

In Person with Hybrid Option for Public

Members Present: Jonathan Raven, Sue Jones, Chris Bulkeley, Kimberly Myra Mitchell, Meg Blankinship, Nithya Ganti, Melanie Klinkamon, Jennifer Mullin, Dee Olivarez (Virtual), Juan Salas

Members Absent: John Archuleta, Nicki King, D. Moises Diaz

CALL TO ORDER

Welcome and Introductions: Meeting called to order at 6:00 pm by Meg Blankinship

Public Comment:

Stacie Frerichs NAMI President- Thank you for the opportunity to speak to you tonight and thank you for your critical role that you play in advising the Yolo County Board of Supervisors. I'm here to respectfully urge you to use your voice to ensure that NAMI Yolo County is funded at the same level as last year. At the September 9th Board of Supervisors meeting, an update will be presented on the 2025-26 proposed budget for the Mental Health Services Act funding. We don't yet know all the details of the staff recommendation. We do know that revenues are declining, and fiscal pressures are real. Even so, reducing funding for NAMI in Yolo County would have an immediate and harmful impact on individuals and families that rely on our programs. Last year, with $197,000 in county support, we provided peer and family support services that reached more than 2,000 people. We offered free support groups across the county in both English and Spanish and responded to over 200 calls and emails through our helpline. I provided classes, presentations, and outreach events. And importantly, 100% of our survey respondents reported that our programs helped them feel less isolated, better able to manage stress, and more capable of recognizing signs of mental illness. These services are a lifeline for our community. A funding reduction would mean fewer support groups, fewer classes, fewer families getting the help that they need. At a time when demand for mental health services is increasing. I urge you to contact the Board of Supervisors ahead of its September 9th and 23rd budget meetings and ask them to retain full funding for NAMI in the coming fiscal year. Thank you for listening, and for your continued leadership in protecting mental health services in Yolo County. Thank you.

David Finkel-When my daughter was 15 years old, it started with a panic attack at school, and then over the next few years. There were a lot of depression and manic episodes. And during that time, she tried to commit suicide 3 times, which required hospital visits. We as parents were beside ourselves, not knowing what to do, and how to deal with the situation. Fortunately, someone who had experience with NAMI suggested that we attend the NAMI family-to-family program. This is a 12-week program that gets families of folks with mental challenges to get together and support each other. The program was very effective. Science-based and taught us how to deal with our emotions and gave us practical steps on how to cope. As a result, we were able to take care of our data better, and I'm happy to report that she is doing well and has a good career in public policy and lives in New York. With NAMI's help we did not feel alone and isolated anymore as we saw the other folks dealing with similar situations. And we'd help each other cope. These were folks from my own community, our own community, and by sharing our experiences. We realized how widespread issues of mental health are and this is the reason I decided to join the board at NAMI Yolo County, so I can give back to my community. I would love to see resources and funding for mental health in Yolo County expanded especially in these trying and uncertain times. Thank you.

Guest-as someone who has previously served on this board, it's an honor to be here today to share my public comment in support of NAMI Yolo. When my daughter was just 7 years old, she had a psychotic episode and was diagnosed with bipolar disorder. My husband and I were thrown into crisis mode, of course friends didn't know how to respond, and many pulled away. We felt abandoned and alone and then I found out about NAMI Yolo. A kind woman answered the phone and said, yeah, we have a basics class. The first time I took this class, I did not feel as isolated. I sat in the room with other parents who truly understood. I no longer felt hopeless. I felt supported, educated, and empowered. The experience inspired me to give back. I became trained in NAMI basics myself, taught two classes, and co-founded the basic support group with my co-facilitator, Joanne. We've done that for the last 3 years. Through this work, I've seen countless families experience the same transformation I did, moving from fear and isolation to strength and recovery. That's why NAMI Yolo is not just a program, it's a lifeline, and from a funding standpoint, it is also a smart investment. By providing education and support early, NAMI reduces costly hospitalizations, eases the burden on crisis services and strengthens families before they reach the breaking point. Every dollar invested in NAMI saves money in the long run. More importantly, it saves lives. As we finalize the 2025-26 budget, I urge you to retain full funding for NAMI Yolo. This is not just about dollars, it's about protecting families, promoting recovery, and building a healthier Yolo County. Thank you for your leadership and your commitment to mental health in our community.

Jen Boschee Danzer NAMI Yolo- first wanted to say that Tony said I was not allowed back, because everyone said their goodbyes to me last month, but I'm here once again. This really, really is my last meeting. My last day here will be September 30th. I did want to show that one of the things that we provide at NAMI that is really kind of intangible, is hope. And we hear it frequently from the people who contact us and who engage in our programs, when they receive a mental health diagnosis, or their loved ones. We often hear that people experience a feeling of what's going to happen next and a loss of hope. And through their connection with not being able to connect with other people who have walked a similar journey. We can give people that hope, and for people to be able to see that you can live a healthy and fulfilling life with a mental illness. And as a family member, it doesn't have to be a catastrophic event that destroys your relationship with your loved one. So, to that end, as you all know, on September 27th, we will all be walking for hope at our third annual NAMI Yolo County. We will be at Woodland Community College. We've got an expanded route option this year of a 5K in addition to a 1K. So, if you really feel that, um, you need to get your steps in, we have those steps for you. We would love to have you all come out and join us on that day. Many of you have been there in the past and know what a wonderful environment it is, and how good it feels to just be out with community members who are all showing their support for mental health. I also wanted to share that we have a family-to-family class that will start on September 9th. We are taking registrations for that and looking forward to providing another class for a group of family members who are looking for that support and being able to offer them that hope that I talked about. So, thank you all for your work here, and I appreciate all of you and your service to this community.

Approval of Agenda: motion to approve by Chris Bulkeley, Jonathan Raven 2nd

Yea "I"	Nay	Abstention
10		

Motion: Unanimously Approved

Approval of Minutes from June 4, 2025: motion to approve Melanie Klinkamon 2nd Chris Bulkeley

Yea "I"	Nay	Abstention
10	0	

Motion: Unanimously Approved

Member Announcements:

Jonathan Raven-I have a question, and this subject may be coming up later, maybe in report. Our liaison from the Board of Supervisors, and it's more of a process question for how things are going to work on Tuesday for the vote. I'm guessing that subject might come up later with Supervisor Frerichs in his report, or if not, I just wanted to find out how that process is going to work. Is there enough time now or is the best time for me to ask that question, or save it for later, when it maybe comes up on the agenda, assuming it does?

> *Supervisor Frerichs-Happy to address it whenever you want. We have an update scheduled. Tony's probably going to speak to it a little bit as well, as part of his report, but there's an update coming to the Board of Supervisors next week. I'm not anticipating any vote next week; it's an informational item. It will help to inform the sort of final budget preparation for adoption on the September 23rd agenda of the Board of Supervisors, but my understanding is that there is a presentation next Tuesday as an informational item, but I could be mistaken. My understanding is the intent is to provide the board with an update and with potential options to consider, right, with the idea of coming back later that I received non-formal guidance from the board, right? So, I think it's a situation where the board is probably not going to have enough time to digest it all at once to make a vote. We aren't asking the BOS to move on it.*

Jonathan Raven-reason why I ask is we've heard a lot of comments from NAMI folks, and I'm assuming that HHSA staff is going to make recommendations based on what they think is the best option, or options, and then it'll be up to the board members to vote, either right along the lines as one of their recommendations. Is that right?

> *Supervisor Frerichs-I think that's generally correct, but I don't know that we're going to be doing that next week, but I think so, I don't know, and I assume that, I shouldn't assume, but I assume your next part of your comment or question is around advocacy, and so I would just suggest, respectfully, that the board, this board, also consider weighing in however you feel best you want to do that, either as efficiently as a board, if people just want to attend or a couple people want to attend a meeting, if people want to make comments either in person or via email in advance, however you want to proceed, but I think that, but I'm only one member of the Board of Supervisors. I think that the Board of Supervisors as a whole, though, I would say, is probably interested in hearing from this body.*

Jonathan Raven-I just want to say, in terms of what we have seen from NAMI over the years, I'm going to be focused on something that I've hammered and hammered and that's measurable results, Results Based Accountability (RBAs). It's been so frustrating over the years, looking at reports for all the millions and millions of dollars of the funding that goes to all these organizations and most of the time you can't even tell how they are doing because they don't do RBAs in a way that sheds light on their success, but I will say NAMI and a number of other organizations have always produced really excellent reports that shed light on how well they are doing and how many people they serve and help. So, I just may speak but if I don't since you're a liaison, I think you know that anyway but if you can share that information with your fellow board members.

Supervisor Frerichs-I will absolutely do that. I appreciate that comment. We'll have a presentation in a brief update from myself or from the boards towards the end of the meeting, at the appropriate time but that was one of my items about data. So, outcomes data, I want to expand on that later question of timing. This board was going to vote on a recommendation, I think so not to influence one or the other. I don't know what that would be, so that's what I would say.

Jonathan Raven-What is the budget amount? Do we know that? Is the budget a part of the director's report?

Lucas Frerichs- I would just say that I'm not prepared to share any information about potential recommendations publicly just yet right? Because I don't want to get ahead of the agency, I'm not ready to talk about it. If asked what their budget is, I don't know that Tony would know that off the top of his head. It's $197,000.

Tony Kildare-Yes, it's currently around $197,000 per fiscal year, that's what it was last fiscal year and that's what the budget was for this fiscal year 25/26.

Jonathan Raven-Is it fair to say that the recommendation from HHSA will be public 72 hours before the board meeting?

Tony Kildare-Yes, just for the record, I'm not trying to be evasive. I was working on some of this stuff on Friday, and our agency director and our assistant director are still working on a presentation, but I've been off the past couple days, so I don't know exactly where we're at just yet. I have a pretty good idea, but I don't want to speak prematurely.

Chris Bulkeley-Modeling this gray shirt is what volunteers wore to the Opioid Coalition and to the Yolo County Fair. We have these Revival Kits to share with you what they look like. The state provides them, and we distributed 150 of them at the county fair along with 500 fentanyl test strips. We had a lot of advocacy and engagement; guests were able to spin a wheel and win a prize. So popular, we ran out of prizes. It was hot, it was loud, and we had a good time, a lot of engagement and a lot of tacos.

Chris Bulkeley-The criminal justice updates will now be offered in this section. There was an Addiction Intervention Court Graduation on Friday, so that program is still moving forward although new people are not really going to those programs, unfortunately while this Prop 36 issue with the DA and Public Defender works itself out.

Chris Bulkeley-Jonathan Raven, Terri Lipelt in the back, Julie Freitas and I along with the Specialty Core Program always have a team for the NAMI Walks and last year with a $100 donation you got this shirt, bright shirt, my son told me I was too old to wear this bright of a color. If you want to join, we invite the board to be on our team, the Wellness Warriors. For our recent college graduates on the board, if you want a t-shirt, Chris Bulkeley will pay the donation fee for you. Reach out to Chris if you want to walk and he will send you the link. I'll let Julie share the Board Resolution, I don't want to steal her thunder.

Kimberly Mitchell-Working on a new board onboarding packet. I attended a super fun California Association of Local Behavioral Health Boards (CALBHB) meeting. They had a binder with guidelines for local boards, and I would like to start offering a similar product to new board members. I will work with Christina to get them put together and printed out before the next board meeting.

Chair Report:

Meg Blankinship-Before I go into the updates, I just want to say thank you to Tony and Christina for getting the Agenda Packet out on the Friday before the meeting. This is the first and we are so thankful. It's helpful and allows us a few extra days to be prepared. I really appreciate it, thank you. We know it's a lot of work. Reminder, we will review the data notebook that is required for us to review and approve for submission. The topic this year is covering the Wellness Centers in California's public behavioral health. Tony will work on a staff member attending next month to present the results and overview of the services and clients served in our Yolo County Wellness Centers. If you have any questions about the Data Notebook, please feel free to reach out.

Correspondence: none

Time Set Agenda: Substance Use Disorder Presentation-Glenn Johnson, Drug Program Coordinator and Julie Freitas**,** AOD Administrator and Clinical Manager for SUD and Forensic Diversion Services

Yolo County Substance Use Disorder Continuum of Care Slides reviewed

Board Comment on Time Set Agenda:

Jennifer Mullins-Would you be willing to present at a district wide council meeting?

Julie: Yes!

Chris Bulkeley-Getting fentanyl test kits into the schools is really important.

Julie said they get free Narcan from DHCS, Fentanyl Test Kits, we ask them to do training and collect feedback for data so we can keep funding it. The schools have their own distribution program.

Supervisor Frerichs: Services Providers Slide—you mention CommuniCare + OLE, do they provide services in all three cities? *Yes*

Recovery Residents Item new funding stream, opioid funding. Is there a finite amount of money, how do you offer a new service when there are existing services having funding challenges?

Julie Freitas-Opioid is a new service. They discourage using opioid funding for existing services. In that spirit, we are using the money to the best of our abilities. How much money—it's a very fluid situation. We originally thought we would get $300,000 per year, but it keeps growing because there are new settlements. It continues to grow and as it does, we keep watching. You must use the funding within the first 5 years.

Meg Blankinship-Do you have outcome data yet?

Julie Freitas-We must do an outcome data report once per year but it's very specific.

Jonathon Raven-Any discussion on using the funding for treatment piece for those in Prop 36 Criminal Justice funding.

Julie Freitas- It's not off the table. It must be specifically oriented to opiate abatement. Must be within the allowable expense.

Meg Blankinship-Anything the board can do?

Julie Freitas-Yes. SUD has been the little brother of the system. The state is looking to make both systems integrated. It's a lot of work.

Chris Bulkeley-Advocating is important because the stigma is so high. We want to figure out a way to really get to different communities that we aren't reaching. So, we are looking at that. The stigma is a really big issue. Methadone helps people. Medication Assisted Treatment (MAT) can be received in jail, one of the time frames for those vulnerable to overdose or death is those coming out of jail.

Two classifications of those who can go right in

- Pregnant Women
- IV Drug use or daily fentanyl user

Meg Blankinship-Any money earmarked for preventative?

Julie Freitas-There is. Substance Use Block Grant (SUBG) most of their funding is toward prevention and intervention. Most of the funding for opioid is going toward prevention. That's the Friday Night Live Program; we are looking at all different types of funding this year to look at how we can expand.

Public Comment on Time Set Agenda: none

Consent Agenda:

Mental Health Director's Report-Tony Kildare

Sue Jones-Timing of the BHSA Planning meetings because they are from 3:30-5:00 pm. Mostly people who are there for work. So, if you are trying to reach the broader community, can we hold at different times to attract more people?

Tony said we can have the meetings occur in the evening after work hours to get more public participation. Future events that will be a part of the BHSA planning process will involve the public with meetings occurring after hours.

Kimberly Mitchell-Would like an update on Crisis Now.

Tony Kildare-No real update other than trying to obtain a vendor. We released an RFP. We did not have a vendor who was willing to do what we needed to. So, we re-released the RFP and hoped we will be able to select a vendor to provide those services. We have been using AMR.

They have been great but it's not a sustainable model, it's very expensive and requires staff on board around the clock. Continue to develop the contract with Safe Harbor and the facility in Sacramento.

Meg Klinkamon-15 petitions, 5 active cases, what happened to the other 10, did they fall out?

Julie Freitas-With Care Court it could be anything like a petition that came to the court, and they ordered us to do a report. We try to find the person and we are unable to locate them. The court determines prima facie, the treatment team was able to voluntarily get the person to accept services in another way, so you'll see all those cases drop out of the way. The ones that go on to be the active cases are the ones that we are still trying to actively engage but may be having some struggles with, more of the structure. So, we have been fortunate to have a lot of people go the voluntary route then the judge usually dismisses the case. 5 can be in all different levels. Right now, we got a brand-new referral, so we have done an assessment now, another person is almost ready to graduate. They have a care agreement. The other is in a treatment program. Different stages.

Jonathan Raven-A lot of this is about marketing, getting the word out. We see that with AOT. The part I am concerned about is where they agree to engage, how many times do we try and get them to engage. They will say whatever takes to get out of 5150. You did all that work just to have the judge dismiss it. The judge determines who gets dismissed and who does not. We present our case, our report that we have discovered. When dismissed, then they get Full Service Partnership (FSP) and we still try to engage, or they move towards conservatorship. It's not an easy answer. Whether they agree or deny, the cases can often get closed for both. To go voluntary is just another route to treatment.

Julie Freitas-We don't determine what the judge does, the judge is the one deciding. Where I can speak to that because Laurie sits in court all the time. The judge is the one who decides, he is the key to the county. We will present our case or report we discovered. If they are going into court and they are refusing, the judge will say Care Court is voluntary so part of the eligibility criteria is that you are accepting this service. If they are absolutely refusing after several attempts at different types of engagement, they can move to dismiss. And then usually that person goes to FSP or towards conservatorship.

Meg Blankinship-Curious where your sense is with Children's System of Care and the budget, where we are with MH MAA Funding?

Tony Kildare-The good thing about this is when we did K12 school partnership we had the grant dollars so when we have been receiving consultation encouraging us to pursue mental health administrative activities, we could generate revenue. We are confident we can generate enough money through MH MAA that we will get some funding back. Thinks is something we need to learn to generate revenue, worthwhile investment. No preventative services involved. It is the ability to draw down dollars for administrative duties. Purely administrative option ideally it would offset overhead costs. In the past there wasn't enough interest, but now we are going to try and generate revenue in any way we can. We will pilot it with our children's program and then roll out to the rest of the agency. When we have a better idea of mechanics, I will bring it back to the board.

Chris Bulkeley-Any counties that have successfully implemented SB43?

Tony Kildare-We are watching San Luis Obispo (SLO) . They are similar in size as Yolo, and our public guardian's office has been connecting with them to get a better idea of what they are doing. Really isn't a whole lot to pick from. Are there any facilities up and running statewide? There is a facility in Sacramento that is being refurbished. DSH is taking up half, Sac County was taking ¼ of the beds. It's expensive. The challenge will be around budgeting it. Realistic projection on how many cases we have. It's a locked facility. It's more expensive than other facilities. It's not exclusive to substance use but they can have substance use clients. The facility we are looking at is in Sacramento. It would be ideal if we can figure out the cost. We have a tendency to send people farther away, and that's not ideal for clients or families. This facility can also take Murphy clients. Murphy conservatorship is a conservatorship in a situation where they are considered violent but not competent to stand trial. Controversial, because they say you can't house them in jails. We are trying to get them in a state hospital, but there is a waiting list. LPS clients are not Murphy and violent. Until recently, the beds weren't available and so they were sitting in jails, but it isn't a good place for them. Recent ruling says it's not the place for them but there is nowhere to put them.

Kimberly Mitchell-I know there are some DSH patients that are put in certain wards of private psych facilities. Several wards at Sacramento Behavioral Health, several at the new hospitals. Trying to understand.

Laura Christensen says that is different. There are a couple of different units for DSH clients. One is a competency unit; they go there to return to competency. We have a community-based program that we have 10 participants in that need stabilization before we place them in the community so they can go there for an extended amount of time so we can stabilize them on medications.

Jonathan Raven-The board submitted a letter on June 5th encouraging the board to strongly consider RBAs and I'm wondering if we should refresh it and resubmit. It was on the table back then and maybe we can reconsider it. Maybe some of the letters fall by the wayside. Resubmitting because HHSA is presenting on it again and likely will be voting on it.

Tony Kildare-The presentation that we are preparing for the board does take into consideration all the recommendations of this board. The reality is that the amount of money we are talking about is substantial. A significant portion of the budget we would have to scale down to address the structural deficit. It's going to be a difficult decision and that's an understatement. The material we are providing is considering all that so when it does come time to decide they can make a well-informed decision. As we are trying to adjust the structural deficit we are also looking ahead to 26/27 and a way to implement the Behavioral Health Services Act (BHSA) and there is no preventative component in that. So, there's early intervention, but there's no prevention part because it was taken out for BHSA.

Motion to give the executive committee authorization to rewrite the letter to the board based on what they have approved today by Chris Bulkeley, 2nd Melanie Klinkamon

Yea "I"	Nay	Abstention
10	0	

Motion: Unanimously Approved

Regular Agenda

Board of Supervisors Report: **Supervisor Frerichs**-A few points in addition to the items discussed around increased Medi-Cal billing or looking at outcomes data. Two other points that we raised in June during that discussion were around preserving fund balance. I'm not going to sugar coat it, $26 million-dollar projected expenses and $15 million dollar revenue. That's the challenge, and so it's going to be very challenging to figure out especially in this situation where we try to approach the "do no harm" position so we will have to change that to "do little harm." The key is we could have a decent budget if we exhaust the fund balance that exists and exhaust it entirely in the 25-26 budget. But the board was adamant about not exhausting to just stop the bleeding for one year. So, we must figure out how to try and gradually have some of that money 25-26 and some 26-27 to try and get us through the next couple years. We do have some challenges that are a little bit unique to Yolo, certainly in this regard, but also a lot of local governments. School districts, cities, and counties around the state are having very similar challenges right now. Especially as it relates to their shift over from MHSA to BHSA. Obviously, the county's just trying to implement the will of voters and so that's going to be a challenge. As we shift, though, from MHSA to BHSA, one of the real challenges is the discussion earlier around issue prevention. Early intervention was discussed. I mean, that kind of disappears in this new regime. 30% of the dollars are supposed to go to housing interventions. There's still a lot of questions out there that exist about what that means. There are reasonable interpretations of what that means, but a third, basically a third of the BHSA money will be spent on housing interventions. I believe some of the acceptable expenditures are just subsidies, right? Subsidies and vouchers and things of that nature, so that's positive, but there's a real dilemma around the issue of prevention and early intervention, so that's a challenge. We've really got to try and must work through that as well. Again, across the state, not just Yolo, all the jurisdictions.
One last quick point, I'll just say, I appreciate the motion again. I think, you know, there's a lot of talk about organizations doing increased Medi-Cal billing, which is important, but I also think there was a discussion about the county it's not just the outside non-profit organizations that exist in the community that might need to be doing more for the school districts, for example, as part of, like, the K-12 schools partnership, but it's also the need for the county to be doing more, and I think that was a real part of our discussion as well. So, I just want to make that point. I'm happy to have more of a dialogue with you all. And the last quick item, I would just say you've heard tonight a couple times about the NAMI Walks event, but I'm very excited about that event and I'm fortunate enough to sponsor it again this year myself, and be participating on the Sunflower Power Team, I really hope everyone is able to join us, and participate, but just wanted to give that sort of additional update from, I would say, the couple points that were just sort of supplements to what Tony had already discussed. Thank you.

Jonathan Raven-Wanted to back quickly to the Prop 47 Grant. As I'm sure you are aware, Tony, we didn't get recommended for a third grant. That's really disappointing but that's more reason to be really taking a hard look at the opiate settlements and Prop 36.

Chris Bulkeley-Prop 36 thing. Individuals who are not Yolo County residents, who are not on Medi-Cal, are going to be in Prop 36. And I think with the difficult budget, I don't know how the board could support funding services that way if you're talking about cutting early intervention. How do we justify Prop 36 on a secondary resident. I support Prop 36, but I don't know how it's going to be successful.

> *Tony Kildare-Part of the challenge with Prop 36, aside from the fact that it was a non-funded band-aid, is that it's hard to get an idea about what the actual demand is going to be, right? You know, we haven't had a whole lot of cases locally. We've had individuals who have been offered it, but then just chose not to accept it, right? But then what we're hearing is that initially people will refuse, and then the problem will be more coordinated, and then they might agree, and they may agree to that later*

down the line, right? And we're also hearing from the district attorney that they're trying not to overwhelm the system, but if there was funding, they would probably file more of these property cases, right? So, to your point, Jonathan, how many of these individuals we're likely to be serving that don't have MediCal or don't already know what kind of residence, and so on and so forth. But, you know, I think we're going to have to come back to the table with the District Attorney's Office, Public Defender, and Probation to talk through another strategy, because I think we were really counting on getting the grant.

Ad Hoc Committee Reports:

Site Visit Ad Hoc-We are meeting right after this meeting. I thought Dee was going to be here in person, but she won't be part of the discussion. I talked to her though, and maybe since I talked, she has changed her mind, but I don't want to speak for her. We are going to need to appoint a chair. All four of us will review documents because they need to be updated. We are going to come with a list of sites we are interested in looking at and then come back to the board with that information. I don't think we would even vote to change the guidelines for business. The chair and executive committee can do that in between. We are going to edit that and send it to the executive committee to approve. And then we will go forward with that. Who wants to chair the committee, do we even need a chair? We haven't decided if we need one. We will make a recommendation, but some of us are new and some people have been on it longer and I don't know the time commitments for people.

Annual Report Ad Hoc-With annual report, Kimberly contacted Theresa Comstock, Director of California Association of Local Behavioral Health Boards. In looking for other counties who have done annual reports recently, she was able to get in touch with the person who helped her author in Napa County. She is working on getting connected to San Francisco County to try to get context from what other counties have completed in recent times. While there are examples on the association of Local Behavioral Health Boards website, a lot of the components vary from county to county, and she is trying to figure out what components would be relevant to Yolo County. So, it's in the works and we already have a working outline, and we have started to compile data. The committee is composed of Meg, Sue, Jonathan, and Kimberly and they are meeting every week this month and hope to have a working draft by October for the board to review. Then they hope to get the final draft in the December meeting.

Public Comment:

Kimberly Mitchell-The beginning of this year, Sac sheriff was no longer responding to mental health calls or providing transportation. In the consumer community, there are talks about impact around that, with people not getting care at lower levels, people not getting put on hold at lower levels, so then they're essentially waiting until a crime is committed before responding. So, then I guess there's just some concern there. I know it's not our county, but sometimes these practices start bleeding into other counties, so I think it's just something to be aware of, especially if we have Yolo County residents of the historic area and Sacramento.

Melanie Klinkamon-Has a family member who had a personal experience with this, and she ended up getting violated because of the vulnerability so it's a double edge sword.

Kimberly Mitchell-This happens to consumers especially those that come from multiple counties.

Jonathan Raven-Sac Sherriff is in a bad position because no one else is willing to go do that job. And I mean, go out on a call. When there isn't a crime committed, which is really the role of law enforcement, when

crimes are committed. We all know when people go out in uniforms with guns, bad stuff happens, and things escalate, often at nobody's fault. It's just when you have someone very ill. And they're in a psychotic state. Things don't always go well. And so, I have very mixed feelings about what the sheriff is doing, but I understand what he's doing in terms of there was a new case law that came out about the liability for his deputies, when they go out and something goes bad. So, on one hand, I understand it, and I think his view is, someone step up, let's figure out who should be doing this. Certainly, if there's a public safety issue, then they'll go. But so, there's a little more to it than that, but I've been working with a mom in Sacramento that's dealing with that situation, and no one will come out, so I totally understand what you're saying, but it's a little more nuanced than that they just decide not to go out.

Kimberly Mitchell-My approach is looking at the consumer experience. And fundamentally I know there are ideal solutions that might not happen, but where I'm coming from is how do we serve consumers now? Because there are people suffering now, who could be because of decisions that have been made at a higher level. I think when a lot of these decisions are made, who suffers fundamentally are consumers.

> *Tony Kildare-what I can say about this is that first, Sacramento County is, like, 7 times as large as Yolo County, and they have a completely different set of circumstances that they're working with. It's not my place to criticize the sheriff of another county, right? We've had positive relationships with all the law enforcement agencies. I mean, there are times when they receive a lot of attention about a specific thing, but having the co-responders, even though there's some controversy in there to some degree, it's been overwhelmingly positive in terms of the opportunity for us to go and work with their officers, the CIT training, and for them to have someone that they've been able to develop relationships with to go and respond to some of these calls. We also have our mobile crisis response team. And ultimately, if there was for one reason or another, if there was a law enforcement agency who was telling us they would no longer respond to a mental health call, we would still have a duty and an obligation to respond. I think that is the bigger challenge. And I don't know what Sacramento County Sheriff's official policy is around this, but we've tried to get to a place with the law enforcement agencies where we don't need you to respond necessarily. We don't need you to go and get involved and engage with them, but in certain situations, it'd be helpful if you were making sure it's safe for us to go to deal with what we need to do. Once the scene is cool, and we're able to be there, then law enforcement doesn't really need to be involved.*
> *I think that's what everybody wants. Law enforcement doesn't want to be in that situation where, if there's not a crime being committed here, I don't really need to be here.*
> *A lot of clients get escalated with law enforcement's presence, right? So, it's a better situation for everybody if they're not there. You know, to your point, we haven't heard anything from any of the law enforcement agencies in Yolo County saying that they were planning to follow suit. I don't know that there's any plan for that to happen, but if it was ever to come up, certainly, bring it forward here.*

Kimberly Mitchell-Yeah, I just wanted to bring it up for people to be aware of, because again sometimes things that impact adjacent counties could potentially impact clients here. I appreciate your response. I'm just going to ask, are you saying that when you're working with law enforcement, you mentioned Sac County, are we still working to be able to cross county lines to assist a person? Is that what I kind of hear you saying?

> *Tony Kildare-That wasn't necessarily what I was referring to, but we have been trying to figure out a way.*
> *Certain situations, like where we've had Yolo County residents who were in Sacramento County for whatever reason, and just trying to get authorization for our staff to be able to go into another county and so we've had some conversations, and at least one of our staff has been authorized to do that, but we haven't had a large-scale conversation around that.*

We are working on it, but I also don't know that it's an issue right now with a county.

Melanie Klinkamon-We know a lot of our clients end up in other counties. It would be nice if counties would come together to be able to implement all these services for all the new changes that are happening, especially SB 43 as well. It can be difficult for the counties to coordinate on some of those things, but we will do our best with that, when those kinds of things come up.

Tony Kildare-If for some reason something was to happen, Yolo County would still be compelled to respond, but that would complicate things for us. And there would still be a gap.

Meg Blankinship-Is there anything the board can do with respect to reaching out to the sheriff, not that it's even appropriate?

Tony Kildare-I think we'd be getting ahead of ourselves if we did that, but I'm happy to follow up with each of the different chiefs and the sheriff. What I say is that having co-responders has been good for our relationship with law enforcement.

Future Meeting Planning and Adjournment:

Adjourned: 8:01 PM

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