



## **YOLO COUNTY**

### **Mental Health Services Act**

### **Program and Expenditure Plan**

### **Annual Update – Fiscal Year 2012-13**



**WELLNESS • RECOVERY • RESILIENCE**

BOARD OF SUPERVISORS

Yolo County, California

Date: February 12, 2013

To: ADMH ✓

19.

Approve Mental Health Services Act Program and Expenditure Plan Annual Update for Fiscal Year 2012-13. (No general fund impact) (Suderman)

Att. A. MHSa Update

Minute Order No. 13-27: Approved recommended action.

MOVED BY: Saylor / SECONDED BY: McGowan

AYES: McGowan, Saylor, Rexroad, Provenza, Chamberlain

NOES: None

ABSTAIN: None

ABSENT: None

**Mental Health Services Act  
Program and Expenditure Plan  
Annual Update – Fiscal Year 2012-13**

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## I. COUNTY CERTIFICATION

### YOLO COUNTY

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137 N. Cottonwood St., Suite 2500  
Woodland, CA 95695

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the county has complied with all pertinent regulations, laws and statutes for this annual update/update. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

A.B. 100 (Committee on Budget—2011) significantly amended the Mental Health Services Act to streamline the approval processes of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan and updates be approved by the California Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

A.B. 1467 (Committee on Budget—2012) significantly amended the Mental Health Services Act which requires three-year plans and annual updates to be adopted by the County Board of Supervisors; requires the Board of Supervisors to authorize the Behavioral Health Director to submit the annual plan update to the Mental Health Services Oversight and Accountability Commission (MHSOAC); and requires the Board of Supervisors to authorize the Auditor-Controller to certify that the county has complied with any fiscal accountability requirements

and that all expenditures are consistent with the requirements of the Mental Health Services Act.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/2013 annual update/update are true and correct.

Kim Suderman      [Signature]      2-5-13  
Mental Health Director/Designee (PRINT)      Signature      Date

I certify that the county has complied with any fiscal accountability requirements and that all expenditures are consistent with the requirements of the Mental Health Services Act.

HOWARD NEWENS      [Signature]      2/5/2013  
Auditor-Controller/Designee (PRINT)      Signature      Date

## II. INTRODUCTION

The Fiscal Year 2012-13 Mental Health Services Act Program and Expenditure Plan Annual Update for Yolo County is different from that of prior years. Significant changes to the state's administration of the Mental Health Services Act resulted first from the passage of Assembly Bill 100 in 2011, which eliminated the requirement that the CA Department of Mental Health and the Mental Health Services Oversight and Accountability Commission annually review and approve expenditures for county MHSA plans. Then, with Assembly Bill 1467, further changes were passed as part of the Governor's FY 2012-13 state budget. A.B. 1467 changed the way MHSA funds are distributed, and the way county MHSA program plans are submitted and approved. The provisions governing stakeholder engagement have been enhanced, and the goal of the annual update is to provide stakeholders with meaningful information about the status of local programs and expenditures. This year's annual plan looks especially different from previous annual updates in that redundancies have been eliminated and the format has been streamlined, in hopes of making the annual update clearer and more meaningful to Yolo County stakeholders.

A.B. 1467 requires counties to "demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations." Whereas counties were required to include stakeholder representatives and conduct a stakeholder process in MHSA community program planning prior to A.B. 1467, now the stakeholder process has a renewed sense of purpose, as local MHSA planning, stakeholder involvement, Local Mental Health Board review, and Yolo County Board of Supervisors approval are critical to the implementation of Mental Health Services Act programs in Yolo County.

Thank you for your interest and involvement in the MHSA stakeholder process.

### III. COMMUNITY PLANNING AND LOCAL REVIEW PROCESS

1. 30-DAY PUBLIC COMMENT PERIOD DATES: October 30, 2012 through November 29, 2012.
2. SCHEDULED DATE OF PUBLIC HEARING: November 29, 2012 at 5:00 p.m., at the Thomson Room of the Bauer Building, 137 N. Cottonwood Street, Woodland, CA.
3. COMMUNITY PROGRAM PLANNING: Throughout the year, Yolo County ADMH communicated with stakeholders via informational e-mails, surveys, monthly updates to the Local Mental Health Board, and monthly meetings of the Provider-Stakeholder Work Group. Stakeholder meetings are less frequently held, usually on a quarterly basis, or as needed for the purpose of discussing status of programs and obtaining stakeholder input for planning purposes. Four general stakeholder meetings were held in the twelve-month period prior to the completion of this Plan Update. Given the reductions in revenue and continuing economic uncertainty, Yolo County ADMH has made no significant changes in its Community Services and Supports (CSS) programs; goals for FY 12-13 are first to restore program services to levels maintained prior to funding reductions that occurred in FY 11-12. Prevention and Early Intervention (PEI) Programs are continuing as planned, with the exception of changes in the Early Signs Project, which have been addressed by stakeholders. ADMH implemented its Innovation (INN) Plan in FY 11-12; by and large, implementation has proceeded according to plan. Methods used to obtain stakeholder input included stakeholder meetings, stakeholder surveys, and posting and noticing of required documents on the ADMH website.
4. STAKEHOLDER ENTITIES INVOLVED: The following stakeholders are advised of MHSA meetings, announcements and activities, and are encouraged to participate in all types of information exchange (all agencies receiving notification are listed; names of individual stakeholders and consumers are withheld to protect privacy):

Yolo County Local Mental Health Board  
Yolo County Public Guardian  
Yolo County Public Defenders Office  
Yolo County Probation Department  
Yolo County Department of Employment and Social Services

Yolo County Health Department  
Yolo County Board of Supervisors  
Yolo County Office of Education  
Yolo County Superior Court  
Yolo County Sheriffs  
Yolo County Children's Alliance  
Yolo County Administrators Office  
NAMI Yolo County and NAMI-CAN  
Yolo CANVAS  
First 5 Yolo (Children and Families Commission)  
City of West Sacramento  
Woodland Joint Unified School District  
Washington Unified School District  
Davis Joint Unified School District  
Winters Joint Unified School District  
Esparto Unified School District  
Alta Regional Services  
Area 4 on Aging  
Suicide Prevention of Yolo County (provider agency)  
Turning Point Community Programs (provider)  
Pine Tree Gardens (provider)  
Yolo Community Care Continuum (provider agency)  
CommuniCare Health Centers (provider agency)  
Rural Innovations in Social Economics, Inc. (R.I.S.E.) (provider agency)  
Telecare, Inc. (provider agency)  
Yolo Family Resource Center (provider agency)  
Yolo Family Service Agency (provider agency)  
EMQ-FamiliesFirst (provider agency)  
4<sup>th</sup> and Hope (formerly Wayfarer Christian Mission) (provider agency)  
Broderick Christian Mission  
Davis Community Meals  
Yolo County Housing  
People Reaching Out  
California State University Sacramento  
Community Housing Opportunities Corporation (C.H.O.C.)  
City of Davis Child Care Services  
Victor Community Support Services (provider agency)  
Mental Health America of Northern California  
Capay Valley Vision  
MetaHousing Corporation  
California Institute for Mental Health (C.I.M.H.)  
Legal Services of Northern California  
ADMH Staff and Management  
Yolo County Board of Supervisors



Yolo County Consumers and Family Members (notification requested; names withheld)

Over **230** Yolo County stakeholders receive all notices, documents, surveys and reminders. In addition, all public notices and plan documents are made available to the general public, as set forth below.

5. LOCAL REVIEW PROCESS: The draft document *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2012-13* was circulated among shareholders by posting the document on the Yolo County MHSA web page, <http://www.yolocounty.org/Index.aspx?page=993>. In addition, a *Notice of Public Comment Period and Notice of Public Hearing*, a copy of which is included with this document as Attachment 1, was sent via e-mail and/or U.S. Postal Service to all stakeholders on ADMH lists, to ADMH staff, and via posting at ADMH clinic offices in Woodland, West Sacramento and Davis, and at the MHSA Wellness Center.

Printed copies of the draft document were made available at the reference desks of all public libraries in Yolo County, at the Yolo County Administration Building, at the DESS One-Stop Office in Woodland, at the MHSA Wellness Center, and in the client waiting areas of all service centers of the Department of Alcohol, Drug and Mental Health, during regular hours of operation.

The *Notice of Public Comment Period and Notice of Public Hearing* document was posted in all locations where copies of the draft Plan Update document were made available.

Blank copies of a public comment form were sent to stakeholders and were included with all printed copies of the document in all locations where the documents were made available to the public. A copy of the public comment form is included with this document as **Attachment 2**.

The availability of the draft document, duration of the public comment period and details of the public hearing were noticed in local newspapers of general circulation. Copies of the newspaper notices are included this document as **Attachment 3** (two pages).

6. PUBLIC HEARING: The requisite Public Hearing for the Yolo County MHSA Program and Expenditure Plan Annual Update—Fiscal Year 2012-13 was appropriately noticed and held on Thursday, November 29, 2012, commencing at 5:00 p.m., at the Thomson Room of the Bauer

Building, 137 N. Cottonwood Street, Woodland. The Public Hearing was conducted by Robert Schelen, Chair of the Yolo County Local Mental Health Board. Attendees included the MHSA Coordinator and translator-interpreters for Spanish and Russian languages.

7. STAKEHOLDER COMMENTS GATHERED DURING THE LOCAL PUBLIC REVIEW PROCESS:

- a. At the regularly scheduled Local Mental Health Board meeting on October 22, 2012 (one week prior to public posting of the draft of this Annual Update), the MHSA Coordinator provided LMHB members with an update, focusing on (1) recent changes to MHSA brought about by AB 1467, and (2) program enhancements to the PEI programs (specifically, Mental Health First Aid and SafeTALK suicide prevention training). Mental Health First Aid and SafeTALK are both Evidence Based Practices. Mental Health First Aid certification is now in full operation, with trainings provided throughout Yolo County, free of charge. The curriculum directed at those who serve youth will be available at the end of the fiscal year. SafeTALK is a three- to four-hour training on recognizing the signs and symptoms of suicidal behavior among individuals of any age. This training is targeted to individuals as young as 16. Training for the ADMH staff trainers presenting SafeTALK has been difficult to schedule due to limited availability; however, regional “train-the-trainer” opportunities are expected to be realized before the end of FY 12-13.
- b. At the MHSA Public Hearing on November 29, 2012, facilitated by LMHB Chairperson Robert Schelen, no substantive comments or requests for changes, either written or verbal, were received from stakeholders.
- c. During the 30-day public review period for the Annual Update, which commenced October 30, 2012 and ended November 29, 2012, the following electronic mailings were received by Yolo County Department of Alcohol, Drug and Mental Health Services:
  - i. On Friday, October 26, 2012, LMHB Member Dr. Robert Canning sent an e-mail to the MHSA Coordinator, suggesting that MHSA funds be allocated for a countywide suicide risk assessment training for clinicians. Dr. Canning specifically recommended “Recognizing and Responding to Suicide Risk: Essential Skills for Clinicians,” a two-day training offered by the American Association of Suicidology. **RESPONSIVE ACTION:** At future stakeholder meetings in FY 12-13, ADMH will review with its stakeholders this and other suicide risk assessment training opportunities for clinicians, and ADMH will consider scheduling such a training in the near future. Meanwhile, the MHSA PEI Early Signs program will continue to deliver mental health education and suicide prevention programs to the stakeholder community, free of charge.

- ii. On Wednesday, November 7, 2012, Karen Larsen, Director of Behavioral Health Services at CommuniCare Health Centers, sent an e-mail to the MHSAs Coordinator, pointing out a typographical error on the draft of a document included herein entitled, “MHSAs Services—FY 11-12 Unduplicated Client Count,” distributed at the October 22, 2012 LMHB meeting. RESPONSIVE ACTION: On the same day that ADMH received the e-mail, an updated version of this document, with corrected numbers, was posted on the MHSAs web page, adjacent to the Plan Update document. Subsequently, these corrections were incorporated in the final Annual Update document.

- 8. LOCAL MENTAL HEALTH BOARD RECOMMENDATIONS: The *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2012-13* was brought before the Yolo County Mental Health Board for review and recommendation at its meeting held on Monday, December 3, 2012.
  - a. Changes to the MHSAs Plan, as set forth in the Plan Update, were reviewed with the LMHB, including changes to the Early Signs program: (1) expansion of suicide prevention and community education; (2) elimination of referrals to The UCD Mind Institute’s First Break Program (Sacramento) primarily because our clients do not fit their profile relative to medical insurance, and the program no longer accepts Medi-Cal.
  - b. LMHB members discussed the stakeholder plan development procedure and some of its inherent limitations. Ultimately, new ideas and substantive changes must be reviewed at the stakeholder level, and it is not appropriate to suggest new programs and concepts, unknown to the stakeholders, after the public review period has elapsed and the public hearing has occurred.
  - c. LMHB members agreed with the suggestion of Chairperson Robert Schelen that it was more appropriate to bring forward their ideas for changes at the beginning of the community stakeholder planning process, and examine the feasibility for these changes to occur in a subsequent fiscal year.
  - d. Upon motion of the Chair, the Local Mental Health Board approved the MHSAs Program and Expenditure Plan Update for Fiscal Year 2012-13 as drafted, and indicated their intention to address their ideas and concerns as long-range topics.
- 9. YOLO COUNTY BOARD OF SUPERVISORS: The final *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2012-13* was submitted by ADMH Director Kim Suderman to the Yolo County Board of Supervisors for its approval at the regularly scheduled meeting on February 12, 2013. Following review and discussion, the Yolo County Board of Supervisors

voted unanimously (5-0) to approve the MHSA program and Expenditure Plan Annual Update for Fiscal Year 2012-2013 (see Minute Order 13-27 attached at page i).

10. MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC): Per regulation, within 30 days of receipt of approval of its *Mental Health Services Act Program and Expenditure Plan Update—Fiscal Year 2012-13*, Yolo County Department of Alcohol, Drug and Mental Health submitted a true copy of this document to the State of California MHSOAC. An electronic copy was forwarded on February 28, 2013; a printed copy was forwarded the same day, via U.S. Postal Service.

## IV. YOLO COUNTY MENTAL HEALTH SERVICES ACT STAKEHOLDER SURVEY

In July of 2012, a brief survey was distributed to all stakeholders, via e-mail, in the mental health center waiting rooms, at the MHSA Adult Wellness Center, and by U.S. Mail, if requested. The purpose of the survey was to glean input from the community on ways to increase participation in the stakeholder meetings. A few specific questions were asked, as well as open-ended questions requiring more detailed responses.

### 1. SURVEY QUESTIONS:

- Question 1: *Please tell us about yourself [asking the stakeholder whether the person is a consumer, family member, caregiver, provider, etc.].*
- Question 2: *About how many times over the last three years have you come to any MHSA Stakeholder Meeting or Public Hearing in Yolo County?*
- Question 3: *Our staff would like to hear your ideas for MHSA programs. Would you come to a stakeholder meeting to share those ideas?*
- Question 4: *During weekdays, what time of day would you prefer to attend a Yolo County MHSA stakeholder meeting?*
- Question 5: *If you were going to attend MHSA stakeholder meetings, in which local city/cities would you prefer to have the meetings held?*
- Question 6: *Please share your ideas with us.*
  - *How could we improve the MHSA stakeholder meetings?*
  - *How could we improve stakeholder participation*
  - *How could we attract more consumers and their family members to the meetings?*

### 2. SURVEY RESULTS:

Seventy-four responses were provided to ADMH. This included a combination of e-mail responses, mailed responses and surveys completed at the three Yolo County Alcohol, Drug and Mental Health offices in Davis, West Sacramento and Woodland, and at the Wellness Center. The following data was collected:

**Question 1:** *Please tell us about yourself.* Respondents self-identified as follows (multiple responses may apply):

24	Consumers
15	Family Members or Caregivers
25	Mental Health Service Providers,
10	General Stakeholders
6	Other

Question 2: *About how many times over the last three years have you come to any MHSA Stakeholder Meeting or Public Hearing in Yolo County?*

- 23% had attended 10 or more MHSA Stakeholder meetings
- 19% 5-9 meetings
- 26% 1-4 meetings
- 32% had never attended

Question 3: *Our staff would like to hear your ideas for MHSA programs. Would you come to a stakeholder meeting to share those ideas?*

- Yes 69%
- No 26%

Question 4: *During weekdays, what time of day would you prefer to attend a Yolo County MHSA stakeholder meeting?*

- Between 8 AM and 10 AM 17%
- Between 10 AM and Noon 39%
- Between 1 PM and 3 PM 15%
- Between 3 PM and 5 PM 14%
- After 5 PM 15%

Question 5: *If you were going to attend MHSA stakeholder meetings, in which local city/cities would you prefer to have the meetings held?*

- Woodland 57%
- Davis 11%
- West Sacramento 11%
- Rotate Woodland/ Davis/W. Sac. 15%

Question 6: *Please share your ideas with us.* In response to the questions on how to improve stakeholder meetings, improve stakeholder participation and attract more consumers and family members key points have been condensed and included here:

- Open microphone for consumers & family members
- Set regular meeting schedule/announce next meeting at each meeting
- Hold meetings in the evening and provide food
- Provide transportation for consumers
- Shorter more focused meetings
- Provide a form at each meeting for submitting program ideas

Note: some of these ideas have already been implemented. Open microphone forums prior to the Local Mental Health Board Meetings in Woodland, Davis & West Sacramento included pizza. Transportation assistance was provided to consumers by NAMI-Yolo volunteers and Board Members.

## V. CURRENT MHSA PROGRAMS IN YOLO COUNTY

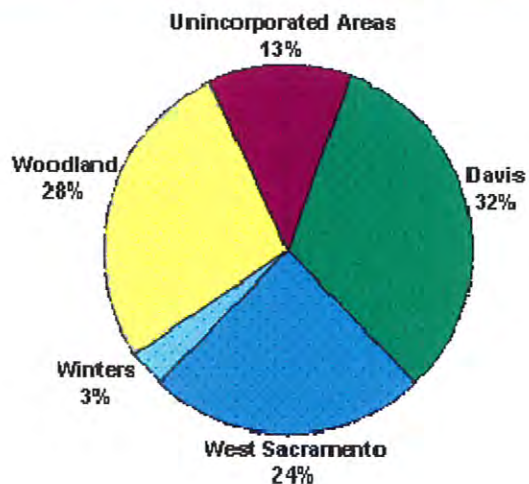
### A. County Description

Yolo County encompasses 1,021 square miles and is located in the agricultural region of the Central Valley, directly west of Sacramento and northeast of Solano and Napa Counties. The eastern two-thirds of Yolo county consists of nearly level flat plains and basins, while the western third is largely composed of rolling terraces and steep uplands used for dry-farmed grain and range.

Over 87% of Yolo County's population of 201,709 residents<sup>1</sup> reside in its four unique incorporated cities:

- Davis, population 65,052
- Woodland, population 55,646
- West Sacramento, 49,292
- Winters, population 6,839

### Population Distribution of Yolo County



The unincorporated portion of Yolo County represents 13% of the county's total population.

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<sup>1</sup> As of May, 2012. *Yolo County's Statistical and Demographic Profile*, Web. 29 October 2012, <http://www.yolocounty.org/Index.aspx?page=321>.

The Profile of General Demographic Characteristics (2010)<sup>2</sup> for Yolo County indicates the following demographic cultural and racial profile:

American Indian/Alaska Native	2.4%
Asian	15.5%
Black or African American	3.5%
Hawaiian Native/Other Pacific Islander	1.0%
Hispanic or Latino	30.3%
White, not Hispanic	32.9%
Other Races	14.4%

In accordance with state and Medi-Cal standards, Yolo County meets threshold requirements in two languages, Spanish and Russian, thereby requiring all agencies providing Medi-Cal services to offer all brochures and notices in these languages, as well as in English.

## B. MHSA Overview

The following components related to mental health services are provided for in the Mental Health Services Act. Of these components, the first three focus on direct services to people in the community:

- **Community Services and Supports.** Programs in this component are comprised of:
  - Full Service Partnership services (comprehensive services for clients in greatest need)
  - General System Development services (targeted services for identified clients having serious mental illnesses)
  - Outreach and Engagement services (services intended to identify those whose need and eligibility for county mental health services should be determined)
  
- **Prevention and Early Intervention Services.** This component includes two projects and comprises five programs:
  - Yolo Wellness Project (three programs providing services that enhance wellness and resiliency and promote independence within the community)

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<sup>2</sup> Profile of Demographic Characteristics: 2010, Geographic Area: Yolo County, Web. 29 October 2012, [http://www.dof.ca.gov/research/demographic/state\\_census\\_data\\_center/census\\_2010/documents/DP\\_2010-Yolo\\_County.pdf](http://www.dof.ca.gov/research/demographic/state_census_data_center/census_2010/documents/DP_2010-Yolo_County.pdf)



- Early Signs Project (two programs providing community education, training and assistance to promote early identification of symptoms of mental illnesses and reduce stigma)
- **Innovation.** In Fiscal Year 11-12, this component was planned and implemented, beginning with a cycle that includes three budget years. (There was no activity in this component prior to FY 11-12.) The first fiscal year of the Innovation Component included eight programs implemented by contract providers local to the Yolo County community. Five of these programs were short-term (initiated and concluded in the same year) and focused largely on training opportunities for both program staff and consumers, or on launching innovative programs whose future funding would come from other sources. The other three Innovation programs, focusing on direct treatment, were designed to be piloted for three fiscal years. They have been offered continued funding.
- **Workforce Education and Training.** The plan for this multi-year program was initiated in 2009 and funded through FY 16-17. The plan provides funding for workforce training and professional development, support of volunteer intern programs, educational loan repayment for direct service providers, participation in regional activities for Workforce Education and Training, and plan administration. The Workforce Education and Training Funds allocated to Yolo County in Fiscal Years 06-07 and 07-08, cannot be used for any other purpose.
- **Information Technology and Capital Facilities.** Funding for Information Technology plans for the Yolo County Department of Alcohol, Drug and Mental Health (hereafter, ADMH), as well as plans for Capital Improvements (of non-residential buildings used in MHSa programs), were first funded in Fiscal Years 07-08 and 08-09 for a 10-year period ending in FY 17-18.
- **MHSa Housing Program.** The Mental Health Services Act also designated funds for the development of consumer housing and the provision of limited housing subsidies. In FY 2007-08, Yolo County received a planning estimate for the MHSa Housing Program in the amount of \$3,014,300, and ADMH initiated discussions with Yolo County General Services and with Yolo County Housing (then known as the “Housing Authority”) regarding development of consumer housing.

In mid-2008, ADMH used MHSa Community Services and Supports (CSS) “one-time” funds (not part of the above planning estimate), in the amount of \$700,000, to enter an agreement with Yolo County Housing to purchase and refurbish two single family residences in Yolo County (one in West Sacramento; one in Woodland). These two houses continue to be used as short-term transitional housing for up to eight Full Service Partnership clients of the CSS Adult Wellness Program, when they transition to living in the community and are awaiting safe and affordable permanent housing. Yolo

County Housing holds title to the houses and is under contract to ADMH to maintain the two dwellings.

Also in 2008, by agreement with ADMH, the original planning estimate funds were transferred by the CA Department of Mental Health from the Mental Health Services Fund to the California Housing and Finance Agency (CalHFA).

Yolo County MHSA does not have a viable housing plan at this time, although several options for the development of MHSA housing units have been considered by ADMH, Yolo County General Services, and Yolo County Housing. The \$3.1 Million in MHSA Housing funds will continue to be held by CalHFA, until ADMH submits and gains approval of its MHSA Housing Program Application.

In the pages that follow, the individual ongoing programs included in each component of Yolo County's Mental Health Services Act Program and Expenditure Plan are described in greater detail. Also included for each program are descriptions of activities over the prior two fiscal years, as well as program plans for FY 2012-13.

### **C. Community Services and Supports (CSS)**

#### **1. RURAL CHILDREN'S MENTAL HEALTH SERVICES**

- a. Status:  Ongoing     Time-limited     Ended/Ending
- b. Program meets objectives:     Yes     No     Unclear
- c. Program Description and Population Served: The CSS Rural Children's

Mental Health Program serves children up to age 17, and their families, residing in the western rural region of Yolo County. This rural area includes the towns of Winters and Esparto, several small towns in the Capay Valley, and the Esparto Unified and Winters Joint Unified School Districts. The CSS Rural Children's Mental Health Program offers a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services to rural children and youth, and their families. Children and youth who have psychiatric disabilities and unmet or under-met mental health treatment needs are the priority population.

Over 60% of the school-age children in living in this area are Hispanic, and for many of these children, Spanish is their preferred language. A bilingual-bicultural clinician provides direct services to children experiencing serious emotional difficulties in this rural part of Yolo County, where services are not readily available and many of the families live in poverty.

Key activities included:

- Providing intensive support services to children classified as Full Service Partners, and their families, including individual and family therapy;
  - Working collaboratively with PEI provider, Rural Innovations in Social Economics, "RISE," to provide services to children and youth identified by the RISE PEI program as being at risk of developing more serious emotional issues, or manifesting signs of mental illness;
  - Working with the Esparto and Winters School Districts to provide therapy to children identified as being in need, and/or resource and referral information to their families.
  - Providing linkage to families in need of resources available in the community.
- d. Census Estimates, FY 11-12: Full Service Partnerships—4; see also, MHSAs Services FY 2011-2012 Unduplicated Client Count, Page 38.
- e. Program Changes or Enhancements in FY 12-13:
- i. Increase Full Service Partnerships by at least 50% in FY 12-13;
  - ii. Reach out to other rural areas in the county, such as Knight's Landing and Dunnigan;
  - iii. Improve data collection methods and performance measurement.
- f. The proposed budget for the Rural Children's Mental Health Services Program in FY 12-13 is \$298,187.

2. PATHWAYS TO INDEPENDENCE FOR TRANSITION-AGE YOUTH

- a. Status:  Ongoing     Time-limited     Ended/Ending
- b. Program meets objectives:     Yes     No     Unclear
- c. Program Description and Population Served: The CSS Pathways to Independence Program for serves Yolo County youth aged 16 through 24, experiencing serious mental illnesses while transitioning to adulthood. The CSS Pathways program offers a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, and activities through the Wellness Center in Woodland and in the greater community. The priority population is youth aged 16 to 24 who have psychiatric disabilities and unmet or under-met mental health treatment needs, as well as youth emancipating from Foster Care and needing mental health treatment. Key activities included:
- Providing intensive support service to transition-age youth identified as Full Service Partners, including individual therapy and collateral support, where indicated;
  - Providing medication management services and nursing support;

- Providing youth with psychiatric disabilities appropriate benefits assistance to facilitate emancipation, including Social Security Disability Insurance or Supplemental Security Income, when appropriate;
  - Assisting youth with locating appropriate affordable housing in the community;
  - Life skills development, to promote healthy independent living;
  - Assisting youth with developing employment readiness skills and seeking employment;
  - Supporting youth to graduate high school or pursue college or trade school education;
  - Introducing TAY clients to U.C. Davis Psychology undergraduate interns who provided enriched rehabilitative activities and opportunities to interact with college students;
  - Providing referral to substance abuse treatment services, when needed;
  - Providing rehabilitative wellness programs, services, group support and age-appropriate socialization activities at the MHSA Wellness Center.
- d. Census Estimates, FY 11-12: Full Service Partnerships—15; see also, MHSA Services FY 2011-2012 Unduplicated Client Count, Page 38. Program Changes or Enhancements in FY 12-13:
- i. Increase Full Service Partnerships by 10% in FY 12-13;
  - ii. Enhance outreach to rural transition age youth and emancipating Foster youth with serious mental health problems;
  - iii. Develop a close collaborative relationship with Alta Regional Center to coordinate care for those consumers who are dually diagnosed with serious mental illness and developmental disorders;
  - iv. Transition age youth have been discouraged since the closure of the TAY Center in March 2011; expand and improve TAY-targeted program offerings at the Wellness Center in FY 12-13;
  - v. Increase appropriate referrals to the “Free To Choose” program for clients with co-occurring substance abuse disorders desirous of services following the harm-reduction model (see MHSA Innovation);
  - vi. Improve data collection methods and performance measurement.
- e. The proposed budget for MHSA Pathways to Independence for Transition Age Youth in FY 12-13 is \$325,792.

3. WELLNESS ALTERNATIVES FOR ADULT CONSUMERS

- a. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_  
b. Program meets objectives:     Yes     No     Unclear

c. Program Description and Population Served: The Wellness Alternatives Program serves Yolo County adult consumers aged 25 to 59. The Wellness Alternative program offers these seriously mentally ill adults a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, and activities through the Wellness Center in Woodland. The primary focus of Wellness Alternatives, the largest of our four CSS programs, is to meet the mental health treatment needs of impoverished, uninsured and underserved seriously mentally ill adults of Yolo County. Program goals include providing treatment and care that promote wellness, a positive social environment, and independent living. The primary population is adults aged 25 to 59, many of whom are homeless or at high risk of homelessness, who are living with serious mental illness and having unmet or under-met mental health treatment needs and inadequate resources for related care.

Key activities included:

- Providing intensive support service to homeless and impoverished adults identified as Full Service Partners, including individual therapy and collateral support, where indicated;
- Providing Assertive Community Treatment (ACT) for acutely mentally ill consumers who experienced repeated hospitalizations and/or had a history of placement in IMD (Institute for Mental Disease);
- Providing adult clients with medication management services and nursing support;
- Providing seriously mentally ill adults with appropriate benefits assistance, including qualifying for or reestablishing Social Security Disability Insurance or Supplemental Security Income and Medi-Cal or Medi-Care, as well as referrals to advocacy services, when appropriate;
- Assisting homeless adults, or adults without stable housing, to locate appropriate safe, affordable, appropriate housing in the community;
- Providing referral to substance abuse treatment services, when needed (including referral to the “Free to Choose” program, if nontraditional measures are required);
- Providing opportunities for clients to socialize and learn alongside clients from neighboring counties (e.g., Wellness Trip to Sutter-Yuba for an all-day MHSA event);

- Providing supported living services to maintain housing;
  - Promoting good self-care and healthy nutrition;
  - Assisting interested adults to find employment and volunteer experiences;
  - Promoting pro-social activities, including creativity and artistic expression as related to self-care;
  - Providing resource information to assist client with meeting basic needs of daily living.
  - Providing programs, services, group support and socialization activities at the MHSA Wellness Center.
- d. Census Estimates, FY 11-12: Full Service Partnerships—94; see also, MHSA Services FY 2011-2012 Unduplicated Client Count, Page 38.
- e. Program Changes or Enhancements in FY 12-13:
- i. Increase Full Service Partnerships and ACT FSP by 20% in FY 12-13;
  - ii. Enhance outreach to homeless, high-risk, underserved individuals with serious mental illness;
  - iii. The closure of the TAY Center, merging with the Adult Wellness Center, and moving the Wellness Center location in March of 2011 caused client utilization to change. The former site was on the other side of Woodland, which naturally changed the access parameters for several clients. One distinct loss for the consumers was the anonymity of the former center, which was not clearly noted to be a mental health center. Positive aspects of the change were easier access to the injection clinic and supported employment work site, as well as the increased communication with psychiatry noted by staff. Staff will emphasize the positive aspects of locating the Wellness Center in the Bauer Building, including the benefits of being located close to the Cool Beans Coffee & Eats (consumer employment opportunities), as well as the Health Department and the Department of Employment and Social Services. Further, the program will attempt to address client complaints regarding transportation to the Wellness Center and eliminate barriers to access.
  - vii. Increase appropriate referrals to the “Free To Choose” program for clients with co-occurring substance abuse disorders desirous of services following the harm-reduction model (see MHSA Innovation);
  - viii. Improve data collection methods and performance measurement.
- f. The proposed budget for MHSA Adult Wellness Program in FY 12-13 is \$3,983,302.

#### 4. OLDER ADULT OUTREACH AND ASSESSMENT

- a. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- b. Program meets objectives:     Yes     No     Unclear
- c. Program Description and Population Served: The CSS Older Adult Outreach and Assessment program serves Yolo County older adult consumers, aged 60 and over. The CSS Outreach and Assessment program offers seniors with serious mental illness a blend of Full Service Partnership (FSP), System Development (SD) and Outreach and Engagement (OE) services, as well as necessary assessment opportunities for seniors with mental health issues who are at risk of losing independence. The primary focus of the Older Adult program is to meet the mental health treatment needs of uninsured and underserved seriously mentally ill seniors who lack adequate resources for related care, as well as to identify those seniors experiencing onset of mental illness late in life. Program goals include providing treatment and care that promote wellness, reduce isolation, and extend the individual's ability to live as independently as possible.

##### Key activities included:

- Providing intensive support services to Older Adults classified as Full Service Partners, including individual and family therapy, medication management, nursing support, and linkage to other services;
- Assisting with transportation to and from key medical, psychiatric and benefits-related appointments;
- Assisting with maintaining healthy independent living, while avoiding isolation;
- Assisting older adults with serious mental illness to locate and maintain safe and appropriate housing;
- Promoting positive contact with family members;
- Assisting families dealing with mental decline of an elder;
- Coordinating with Department of Social Services regarding Adult Protective Services (APS) involvement;
- Coordinating with Public Guardian's Office regarding conservatorship of clients incapable of self-care;
- Coordinating with local multidisciplinary alliances to identify and assist older adults in need of mental health treatment;
- Coordinating with assisted living opportunities, when needed;
- Coordinating with Senior Peer Counselor Volunteer program (see: Prevention and Early Intervention) to match volunteers with seniors who are "shut-ins";
- Providing clinical support to Senior Peer Counselor Volunteers, who report on clients' progress or decline;

- Training volunteers and staff on the higher risk of suicide among older adults, especially males.
- Coordinating older adult peer panel to offer training to ADMH staff on issues of cultural competency;
- d. Census Estimates, FY 11-12: Full Service Partnerships—13; see also, MHSa Services FY 2011-2012 Unduplicated Client Count, Page 38.
- e. Program Changes or Enhancements in FY 12-13:
  - i. Increase Full Service Partnerships by 15%;
  - ii. Increase outreach to older adults with mental illness who live in rural communities;
  - iii. Improve data collection methods and performance measurement.
- f. The proposed budget for the Older Adult Outreach and Assessment program in FY 2012-13 is \$220,113.

## D. Prevention and Early Intervention (PEI)

### 1. YOLO WELLNESS PROJECT (3 programs).

#### a. Urban Children's Resiliency Program.

- i. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- ii. Program meets objectives:     Yes     No     Unclear
- iii. Program Description and Population Served: With offices co-located with ADMH in Davis, Victor Community Support Services continues to use a variety of evidence-based and promising practices to reach out to children and youth living in the urban areas of Yolo County, who are experiencing emotional difficulties and/or exhibiting high-risk behaviors. Operating primarily within the geographic boundaries of Davis Joint Unified, Washington Unified, and Woodland Joint Unified School District (urban areas), the program utilizes the evidence-based practices of the *National Curriculum Training Institute (NCTI)* and *Love and Logic*, and the promising practice of the *Why Try* Program in the form of individualized and group education for children, youth and families, and most recently has added The Stage Project, an innovative program that engages underserved youth in organized creative activities.
  - a. NCTI curriculum covers such topics as anger management, drug and alcohol use, self-esteem, relationship building, effective parenting, cognitive life skills, curfew, gang involvement, shoplifting, school violence and truancy.
  - b. *Love and Logic* uses humor, hope and empathy to strengthen the adult-child relationship, instructing parents and teachers



in using those skills that will enable their child/student to learn responsibility. The method emphasizes respect and dignity for both children and adults, and teaches consequences and healthy decision-making.

- c. The *Why Try* program is designed to teach youth a variety of ways to deal with life's challenges, including goal setting and problem solving skills.
- d. The *Stage Project*, added to the program in late FY 11-12, is an innovative program designed to promote rapid and sustained involvement of a broad range of community agencies and

*"My best teachers were mentors who took an interest in my life."*

*--RF, a Stage Project Music Mentor*

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businesses in a shared mission to implement a program based upon services that engage the underserved youth in Yolo County in organized, creative activities. A critical component of the *Stage Project* is the engagement of community volunteers. The *Stage Project's* overarching goal is to decrease juvenile justice involvement, drug use, mental health related hospitalizations and the need for intensive mental health services by providing a structured, collaborative network of supportive community relationships while promoting creative activities. This program aims to help youth build social skills, self-

control, self-esteem and resiliency by building relationships in the community and by publicly presenting their own poetry, music, drama, comedy and other means of artistic expression.

**b. Rural Children's Resiliency Program.**

- i. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- ii. Program meets objectives:  Yes     No     Unclear
- iii. Program Description and Population Served: With offices co-located with The provider, Rural Innovations in Social Economics, Inc. ("RISE") is a social service non-profit agency located in the rural area; RISE offers rural children, youth and their families evidence-based or promising practice activities in the settings most familiar to them, and using bilingual-bicultural staff (Latinos comprise over 60% of Yolo's rural population). By doing so, the program offers the underserved rural and Latino populations increased access to mental wellness services and when needed, referrals to ADMH. The program activities aim to enhance life skills, build resiliency and promote mental wellness among rural children, youth and families, specifically, those living within the geographic areas defined by Esparto Unified and Winters Joint Unified School Districts.

The program offers evidence-based and promising practice programs, including groups for children experiencing the divorce of their parents; guided support groups (with food) for high-risk and troubled youth at alternative school settings; discussion groups for girls in their early teens; organized outdoor activities; Club Live drug education programs; and anger management groups for children. Last Spring, RISE added the innovative *Building Self-Resiliency* Pilot Program for at-risk youth in Winters, where youth referred by Winters Health Foundation, Winters Police Department, Winters Unified School District or RISE, are offered resiliency-building services and “choice-based” case management planning. Working with a resiliency coach, these youth select certain specific community activities, and upon successful completion of their activity plan, they are awarded paid work experience in the community, as well as career counseling.

“Jerry” lived in Esparto and was struggling in school. He had difficulty getting along with his peers. A Mental Wellness Specialist with RISE began intensive support services for the youth and his family. He was referred to ADMH clinicians for counseling. RISE helped Jerry to access special education classes at Horizon School in Woodland, and RISE continues to serve him in the rural community. Presently, he is stable, and he is doing better at home. Jerry is building resiliency and learning to socialize with his peers.

**c. Senior Peer Counselor Volunteers.**

- i. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- ii. Program meets objectives:  Yes     No     Unclear
- iii. Program Description and Population Served: ADMH and MHSA add staff coordination, training resources, and clinical and program consultation to the Senior Peer Counselor Volunteers, which provides for older adult volunteers to work with older adults experiencing mental illness, or signs of mental illness onset. These trained volunteers offer support and friendship to seniors at risk of losing their independence, many of whom are isolated. These volunteers help older adults to continue to live in the community as long as reasonably possible, while making sure they receive timely and appropriate referrals when increased care and support is required.

**2. EARLY SIGNS PROJECT (2 programs)**

**a. Early Signs Training and Assistance.**

- i. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- ii. Program meets objectives:  Yes     No     Unclear
- iii. Program Description and Population Served: This program consists of a clinical specialist and a group of specially trained mental health educators. One object of the program is to provide assistance in navigating the mental health system for those experiencing a first psychiatric hospitalization; this is

undertaken by a clinical specialist who first establishes a referral protocol with the U.C. Davis Early Psychosis program, and then seeks to help persons/families experiencing a “first break” to connect with this program. The second main objective of this program is to educate the community in recognizing the signs and symptoms of all forms of mental illness, and to help those in need of assistance to access care. Further, mental health education has an added overall benefit of reducing stigma in the community. Presently, ADMH staff trained in Mental Health First Aid Certification Program, a recognized evidence-based practice, offer a 12-hour certification course to all interested individuals who live and/or work in Yolo County. In FY 11-12, the second year this training was offered countywide, the program certified over 100 members of the community—four times the number certified in its first year. In recent months, demand has risen dramatically and classes are booked months in advance. In addition, Early Signs educators are currently being trained to offer community training more specifically focused on suicide prevention and suicide intervention skills, and public demand for the training is present. These classes will be offered commencing in early/mid 2013.

Unfortunately, efforts to establish a referral protocol to help individuals and families dealing with a first break scenario have not been as successful as this program’s efforts in mental health education. Further, recent changing in funding for the U.C. Davis Early Psychosis program have made it less likely for our clients, most of whom are Medi-Cal beneficiaries, to be accepted to the research program. ADMH staff have recently consulted with Local Mental Health Board (LMHB) members, providers and stakeholders; the prevailing sentiment is that there is no further point in continuing this facet of the program. Stakeholders have requested that Yolo MHSA pursue a suggestion made by LMHB member J. Forbes, that ADMH staff investigate possible alternative evidence-based or promising practices in first break/early intervention for future consideration by stakeholders, in hopes of finding another program to incorporate into Early Signs Training and Assistance.

**b. Crisis Intervention Team (CIT) Training.**

- i. Status:  Ongoing     Time-limited     Ended/Ending \_\_\_\_\_
- ii. Program meets objectives:     Yes     No     Unclear
- iii. Program Description and Population Served: This training program is modeled after a nationally recognized, evidence-based program known as the CIT Memphis Model, which focuses on training law enforcement personnel and other first responders to recognize the signs of mental illness when responding to a person experiencing a mental health crisis. The course provides 32 hours of training, and is approved by the local P.O.S.T. (Peace Officer Standards and Training) agency. The course provides education on

mental illness and information on how to respond appropriately and compassionately to individuals and families in crisis.

The training coordinator for CIT Training, himself a former law enforcement officer, reaches to all local law enforcement agencies, including local police departments in Davis, Winters, Woodland and West Sacramento, U.C. Davis Police, Yolo County Sheriffs, local California Highway Patrol, and Cache Creek Casino (Tribal) Security, to offer this 4-day training at no charge to the officers/first responders.

In FY 11-12, enrollments fell below that of prior years, for two main reasons: First, funding cuts have made it increasingly difficult for law enforcement agencies to allow officers to attend a 4-day training that takes them off of normal patrol. Second, for several months in FY 11-12, the provider/facilitator lost P.O.S.T. certification, causing the cancellation of two of the four annual sessions of CIT Training. At the present time, the instructor and course have been re-certified, and all subsequently scheduled courses have gone forward.

## E. Innovation (INN)

1. LOCAL INNOVATION FAST TRACK (“LIFT”) PROGRAM.
  - a. Status:  Ongoing  Time-limited  Cycle Ending FY 13-14
  - b. Program meets objectives:  Yes  No  Unclear
  - c. Program Description: The Yolo Local Innovation Fast Track Grant Program provides for three levels of grant funding to be made available to community providers and stakeholders for the purpose of encouraging and enhancing community collaboration in introducing new programs, events and trainings to the local mental health community on a fast track basis, while bolstering the economies of local providers and rejuvenating the local stakeholder process.
  - d. The LIFT program is monitored by Yolo County Department of Alcohol, Drug and Mental Health. The three levels (tiers) of funding available through the Yolo LIFT Program are distinguished by the scope of the endeavor being funded. Tier I LIFT Grants are small and are intended to fund one-time special events, community services or trainings. Tier II Grants are mid-sized and will fund multiple-event projects, services or trainings, but not long- term projects. Tier III Grants are the largest and are intended to fund ongoing programs that deliver services consistent with the requirements of the MHSA Community Services and Supports or Prevention and Early Intervention components. Tier III LIFT Grants will be considered for

reiterative funding in two subsequent fiscal years. If the program is to continue beyond FY 13-14, however, the provider must have developed a clear plan for sustaining the program absent MHSA Innovation funding. LIFT Programs must be new to the community, non-supplanting, offering of recovery/resiliency focus and also must be culturally competent. All MHSA Innovation Programs must reflect the criteria set forth in the statewide Innovation Requirements.

- e. Population Served: Various populations, all ages.
- f. FY 10-11 Activities Report: Stakeholder Planning and Discussion; limited progress toward a plan.
- g. FY 11-12 Activities Report: Although slow to take hold, the community planning process for the Innovation component of MHSA made substantial progress in the summer of 2011. Facing possible reversion of Innovation funding, stakeholders revisited development of a plan for this component with renewed purpose. At the August 2011 meeting, stakeholders embraced the idea of using “mini-grants” to support local providers in rapid introduction of innovative programs, services and activities to the community. A stakeholder survey was initiated (for survey results, see “MHSA – Final Innovation Plan” at <http://www.yolocounty.org/Index.aspx?page=993>, document titled Innovation Component of the MHSA Program and Expenditure Plan, Attachment 4, pp. 20-24). Using ideas from the survey, feedback from stakeholders, and observations from subsequent community meetings, the Yolo County Local Innovation Fast Track (LIFT) Grant Program was developed in fall of 2011. At that point in time, local MHSA Innovation plans were **not** required to have the approval of the CA Mental Health Oversight and Accountability Commission (MHSOAC); nevertheless, MHSOAC representatives reviewed and supported the Yolo County LIFT concept and plan in its draft form.

The final draft of the LIFT plan went through the requisite 30-day public posting, stakeholder review and public hearing process, received unanimous support of the Local Mental Health Board, and then was approved for implementation by the Yolo County Board of Supervisors on November 8, 2011.

The Mental Health Services Act, Part 3.2 Innovative Programs, section 5830(a)(1-4) specifies that counties must use Innovation funds for one or more of the following purposes:

- Increase access to underserved groups
- Increase the quality of services, including better outcomes
- Promote interagency collaboration
- Increase access to services

The main goals of Yolo County's LIFT plan were to promote interagency collaboration and increase access to services, by doing the following:

- Introducing and testing new and innovative MHSA programs, events and trainings on a fast track basis;
- Encouraging local agency involvement while providing those agencies with revenue opportunities during economic downturn; and,
- Inviting local agencies to demonstrate innovative ideas in mental health prevention and treatment, as well as their ability to implement such programs on an accelerated basis.

Based on its approved MHSA Innovation Plan, Yolo County ADMH issued a Request for Proposal (RFP) for MHSA Innovation programs in November 2011. Of the 18 submissions to the Request for Proposal (RFP), the following eight proposals were selected by the RFP Review Panel and the corresponding providers were offered Innovation contracts:

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Mental Health Services Act Innovation -- Local Innovation Fast Track (L.I.F.T.) Programs									
Tier	Contractor	Program Name	Description of Program and Target Population	Tier I	Tier II	Tier III	Totals	Projection	Projection
							FY 11-12	FY 12-13	FY 13-14
I	Mental Health America of Northern CA	<b>LGBTQ Family Acceptance Project</b>	Train MH providers, local clergy and families to understand and accept lesbian, gay, bi-sexual, transgender and questioning youth.	25,539			25,539		
I	Telecare Corp	<b>Common Ground Shared Decision Making</b>	Train staff; use <i>Common Ground</i> program in clinic; help clients prepare for psychiatry appts; improves communication, focuses visit.	47,312			47,312		
I	EMQ/FF	<b>Child and Adolescent Needs and Strengths (CANS) Training</b>	Train 150 local providers who serve children and youth to use the Child and Adolescent Needs and Strengths assessment method.	50,000			50,000		
II	Wayfarer (lead contractor) and Yolo Community Care Continuum	<b>Supported Employment Training (SET) for Consumers</b>	Implement four different job training options for adult consumers; one option is farming/food production.		100,000		100,000		
II	Yolo Family Service Agency	<b>Incredible Years</b> augmentation for children ages 6-12	Implement <i>Incredible Years</i> , an Evidence Based Practice, for 6-12 year-olds countywide. Yolo has /Y program for ages 0-5 only.		46,535		46,535		
III	CommuniCare Health Centers	<b>Integrated Behavior Health Services</b>	Expands innovative Integrated Behavior Health Services; allows primary care doctors to provide MH treatment to poor/low-income residents.			203,622	203,622	300,000	300,000
III	Yolo Community Care Continuum (lead contractor) and Wayfarer	<b>Greater Access Program (GAP)</b>	Serves homeless/indigent mentally ill adults w/no benefits; help to access housing, treatment, meds, benefits; refers high-end to ADMH.			250,000	250,000	300,000	300,000
III	Turning Point Com Programs	<b>Free to Choose</b> Co-occurring Disorders	Targets very mentally ill clients with addictions; emphasizes choosing to live sober, maintain housing; offers treatment and support.			63,515	63,515	100,000	100,000
			INN Program Costs per Tier	122,851	146,535	517,137	<b>786,523</b>	700,000	700,000
			ADMH Administration @ 15%				123,802	105,000	105,000
			Total				<b>910,325</b>	805,000	805,000

## 2. INNOVATION “LIFT” PROGRAMS: PROGRESS IN FY 11-12

- a. **LGBTQ Family Acceptance Program**—Mental Health America of Northern California (Tier I). Yolo ADMH contracted with Mental Health America of Northern California (MHANCA) to provide two full-day trainings using the concepts included in the evidence-based Family Acceptance Project (FAP) to reduce rejecting behaviors of parents, providers and clergy working with Lesbian, Gay, Bisexual, Trans-gender, Questioning (LGBTQ) youth. MHANCA partnered with Dr. Caitlin Ryan and the Family Acceptance Project (FAP) to provide

these trainings. Trainings were held on June 6 and June 13, 2012, in Woodland. The June 6 training was directed to mental health providers working with LGBTQ youth and their families. The June 13 training was developed for an audience of clergy, lay leaders, and family members. Poshie Mikalson, MSW from MHANCA and Dr. Ryan from FAP were the training facilitators. On both dates, Continuing Education Units (CEU's) were offered to licensed clinicians, and pre- and post-tests were administered to all participants to measure change in knowledge and confidence.

The June 6 event, *Enhancing Mental Health Services for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Clients*, provided six hours of training to 35 individuals. The first half was Ms. Mikalson's training, *L-G-B-T-Q-Q-I-A-P-2-S & What it all means!*, a highly interactive session allowing participants to ask any and all questions about LGBTQ individuals and their communities, explore culturally relevant terms, myths and stereotypes, and discuss the sexual orientation continuum. Participants explored differences between tolerance, acceptance, and affirmation, and were introduced to gender diversity and issues for Transgender people.

In the afternoon session, Dr. Ryan addressed *Helping Diverse Families Decrease Risk & Promote their LGBT Children's Well-Being*. Dr. Ryan explained the research methodology and results associated with FAP and showed a brief film, "Always My Son," highlighting a Latino family's struggle to affirm their teenage son's gay identity. Participants were given copies of FAP's booklet *Supportive Families, Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender Children* and discussed its use with affected families.

Overview of Demographic Information:

- 77% of attendees identified themselves as Mental Health Service Providers.
- Of those responding to the question about age, 82% were under age 45; 18% were over age 45.
- Regarding their sexuality, 64% of respondents described themselves as heterosexual, and 36% indicated they were "somewhere on the LGBTQ spectrum."
- 19 participants identified their gender as female; 6 identified as male; 10 declined to answer.

When pre- and post-tests were compared, participants universally indicated increased confidence in every relevant activity, and most notably:



- 87% of respondents reported they were confident to very confident with describing specific family behaviors that promote wellbeing and protect the LGBTQ youth against risk;
- 87% of respondents reported felt confident to very confident discussing messages and findings from FAP family education booklets to help motivate families to decrease rejecting behaviors and increase supportive behaviors for LGBT youth.
- 86% of respondents reported being confident to very confident with describing specific family behaviors that increase health risks for LGBT adolescents.
- 76% of respondents reported being confident to very confident discussing the impact of family response to an adolescent's LGBT identity on the youth's well-being.

b. ***Child and Adolescent Needs and Strengths (CANS) Assessment***

**Method**—EMQ/FamiliesFirst, Inc. (Tier I). Yolo ADMH contracted with local mental health service provider EMQ/FamiliesFirst, Inc. to train local clinicians serving children and youth to use *CANS*. The *CANS* measure, developed by John S. Lyons, Ph.D., organizes clinical information collected during a behavioral health assessment in a consistent manner. Designed as a decision-support tool to guide care planning and help families create a shared vision, *CANS* accounts for culture and developmental level, objectively guiding practitioners and family away from implicit judgments and preconceptions that promote stigma and discrimination.

EMQ/FamiliesFirst scheduled three local training opportunities in May/June of 2012 and offered Continuing Education Units to eligible attendees. The training was offered free of charge. Twenty-nine (29) local clinicians completed the training. Evaluations were positive. The participants rated the effectiveness of the training using 5-point Likert Scale (5 = Strongly Agree to 1= Strongly Disagree) and 11 questions, covering four categories; average scores within the categories were:

- Quality of instruction (trainer) = 4.80
- Relevance of the content in day to work = 4.50
- Organization of registration and the overall event = 4.51
- Applicability of the training across cultures = 4.66
- Overall average of satisfaction scores = 4.70

c. ***Common Ground Shared Decision Making***—Telecare Corporation (Tier I). Yolo ADMH contracted with local provider Telecare Corporation to train staff and implement the *Common Ground*

program, which uses touch-screen computers in the waiting room to help clients prepare for their psychiatry appointments by identifying priority issues and thereby focusing the visit with the doctor. The contract called for installation of specialty computer equipment in the West Sacramento ADMH offices (shared with Telecare). Soon after finalizing the Innovation agreement, Telecare's larger service contract with ADMH ended, and the contractor prepared to vacate the West Sacramento offices. Realizing they would not be on site to implement *Common Ground*, Telecare asked to be released from the endeavor. ADMH agreed that the project was no longer feasible.

- d. **Supported Employment Training (SET)**—Yolo Wayfarer Center (Tier II). ADMH contracted with local service provider Yolo Wayfarer Center to provide supported employment training to residents of Yolo County who have been diagnosed as mentally ill and who are homeless, with a goal of placing the consumers in employment or volunteer opportunities that fit their strengths and experience. Funding for this Tier II program was requested for services rendered in FY 11-12 only.

*The SET training motivated me and gave me more confidence to seek employment. When I obtained certification, it gave me hope that I could find a job. When I started working, I felt more confident to get the job done.*

Between March 1 and June 30, 2012, the SET program served 82 individuals; among those willing to give their ages, 3 identified themselves as Transition Age Youth (17-24), and 62 as Adults age (25-59). Participants were offered various trainings, with the following results:

- 9 received retail training at Bargains 2 Benefit (thrift)
- 15 studied safe food handling practices of the *ServSafe* course
- 40 received forklift operation certification
- 9 learned construction training
- 15 participated in *Farm To Mouth* agriculture program

Of those receiving one or more of the various trainings, 24 individuals gained permanent employment; 8 obtained volunteer positions.

- e. **Integrated Behavioral Health Care (IBHC)**—CommuniCare Health Centers (Tier III). ADMH contracted with local health care and substance abuse service provider CommuniCare Health Centers to develop capacity to serve chronic care patients with co-morbid conditions, and specifically to:

- i. Provide a patient assistant representative to navigate medical/pharmaceutical coverage options for under/uninsured patients;
- ii. Increase the number of patients who apply for and receive SSI/SSDI and/or Medi-Cal;
- iii. Augment CommuniCare's Behavioral Health presence at its three Primary Care clinics;
- iv. Increase Primary Care Provider competence/comfort/ access in the treatment of mental health disorders.

During the reporting period of January through June 2012, **466** unduplicated patients accessed behavioral health services, for a total of **1075** visits. Below is a breakdown services by type:

- Using the Duke Health Inventory, **223** high risk patients were screened and **37** were identified to receive Chronic Care Coordination services to address biopsychsocial issues related to co-morbidity.
- IBHC clinicians provided **626** mental health visits and staff psychiatrist evaluated **70** new patients seeking treatment for mental health conditions.
- **110** Yolo County SSI/SSDI applications were submitted (**37** of which were CCHC patients) yielding a 45% approval rate on adjudicated claims with an average decision time of 59 days.
- The Patient Assistance Coordinator completed **34** Compassionate Care applications obtaining free medication for Behavioral Health patients. In addition, PAP coordinator supplied all three Primary Care clinics with sample psychiatric medications, thus increasing timely patient access to treatment.
- Three multidisciplinary trainings were conducted with primary care providers, provider "champions" (professionals with expanded interest and knowledge of mental health treatment) and Behavioral Health clinicians. An annual training calendar has been implemented whereby psychiatrist conducts monthly multidisciplinary trainings to all CommuniCare clinical staff.

Despite difficulties with hiring a psychiatrist and two clinicians (LCSWs) who were bilingual/bicultural and familiar with the community clinic model, the fully staffed IBHC team engaged **466** patients in behavioral health services within the first three months of operation.

Patient Demographics for IBHC (N = 466):

- Age:
  - 16% Age 13-19
  - 50% Age 20-44
  - 30% Age 45-64
  - 4% Age 65 & over
- Gender:
  - 63% female
  - 37% male
- Ethnicity:
  - 50% Caucasian
  - 33% Hispanic
  - 10% African American
  - 3% Asian
  - 4% Other

The *Integrated Behavioral Health Care (IBHC)* Program has been approved to continue in FY 12-13, with a budget of \$300,000 under MHS Innovation.

- f. **Greater Access Program (GAP)**—Yolo Community Care Continuum (Tier III). ADMH contracted with this local provider to serve local homeless and indigent un-benefitted individuals experiencing mental illness. Program goals include increasing these individuals' access to housing, treatment, medication, benefits, etc., while referring the most seriously mentally ill to ADMH for a higher level of care.

From the time GAP services began on February 1 through June 30, 2012, 82 individuals were referred to the GAP program and 61 unduplicated clients were served.

Patient Demographics for GAP (N = 61):

- Gender
  - 33% female
  - 67% male
- Ethnicity
  - 54% Caucasian
  - 36% Hispanic
  - 5% African American
  - 5% Other/Mixed

100% of those served were either homeless or at risk of

*BRIDGING THE GAP*

*Deborah had experienced mental health symptoms since she was a teenager. She had been sexually and physically abused as a young girl, and she began to use alcohol as a way to cope with her sadness and suicidal feelings. At age 16, she became pregnant. She and her son lived with her parents until the economic downturn caused them to lose their home.*

*While staying at Wayfarer emergency shelter, Deborah heard about the GAP program. She was assessed for mental health treatment, entered a substance abuse program, had her SSI benefits reinstated, and remains clean and sober. With help, she and her family found permanent supported housing in Davis.*

homelessness at the time of referral. Of the 61 individuals served, 13% have already been approved for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI); one goal of the program is to help all clients apply for benefits through the Social Security Administration.

All GAP clients are scheduled for weekly meetings with a case manager. All clients saw a psychiatrist and received a medication evaluation within one week of enrollment in the program; medications were provided at no cost through the Patient Assistance Program (PAP). As of the end of the reporting period, 36% of the GAP clients had been placed in housing. Those who receive GAP program services are most often referred by ADMH, Wayfarer Christian Mission, NAMI-Yolo, CommuniCare Health Centers, or by community members.

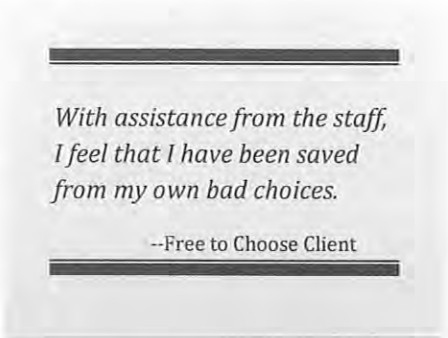
The *Greater Access Program (GAP)* has been approved to continue in FY 12-13, with a

budget of \$300,000 under MHSA Innovation.

- g. **Free to Choose**—Turning Point Community Programs (Tier III). ADMH contracted with this local provider to offer specialty services to mental health clients experiencing co-occurring substance abuse disorders, with the substance abuse services based on the principles of harm reduction.<sup>3</sup>

<sup>3</sup> In its most general sense, "harm reduction" refers to any program, policy or intervention that seeks to reduce or minimize the adverse health and social consequences associated with drug use... A narrower definition of "harm reduction" focuses on those policies, programs and interventions that seek to reduce or minimize the adverse health and social consequences of drug use without requiring an individual to discontinue drug use. This latter definition recognizes that many drug users are unwilling or unable to abstain from drug use at any given time and that there is a need to provide them with options that minimize the harms caused by their continued drug use to themselves, to others, and to the community, including overdose, infections, spread of communicable diseases, and contaminated litter. This approach does not exclude discontinuing drug use in the longer term and can serve as a bridge to treatment and rehabilitation services.

The *Free to Choose* MHSIA Innovation program began taking referrals on March 1, 2012. From March 1 through June 30, 2012, *Free to Choose* received eleven referrals, including ten men and one woman. Five of the individuals referred declined program services; one homeless individual failed to return to the program. Five of the original eleven clients remain actively engaged in the program. These individuals receive case management assistance, housing assistance, group and individual counseling. The primary program objective of *Free to Choose* is for participating clients to receive peer and professional support in reaching and maintaining self-identified sobriety and mental health goals.



*With assistance from the staff,  
I feel that I have been saved  
from my own bad choices.*

--Free to Choose Client

The *Free to Choose* Program has been approved to continue in FY 12-13, with a budget of \$100,000 under MHSIA Innovation.

- h. L.I.F.T. Program Challenges in FY 11-12: Time proved to be the biggest challenge. All providers experienced difficulty with “Fast Track” implementation; some providers were not able to get programs fully operational before the end of the fiscal year, and had difficulty spending funds as budgeted. Despite these challenges, the program goals of increasing provider involvement, introducing innovative programs through those providers, and infusing funds into the local provider economy succeeded.
- i. Program Changes in FY 12-13:
  - As set forth in the Innovation Plan, the LIFT Program will continue for the three Tier III Programs, which were approved for reiterative funding in the 12-13 Fiscal Year, and maintain the possibility of receiving funding in the 13-14 Fiscal Year;
  - Evaluate which programs will be retained after the end of the L.I.F.T. program and how these programs might be funded;
  - Improve data collection methods and performance measurement.

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Beirness, Douglas J., et al, (2008) *Harm Reduction: What's in a Name?* Canadian Center on Substance Abuse (pp. 2-3). Retrieved August 2, 2012 from <http://www.ccsa.ca>.

- j. The proposed budget for the LIFT Program in FY 11-12 was \$1,000,500; in FY 12-13, funding is reduced to \$805,000. As planned, the LIFT Program will fund only the three Tier III programs in FY 12-13.

## **F. Workforce Education and Training**

Primarily, Yolo County MHSWA Workforce Education and Training (WET) funds have been used to develop training opportunities for staff, volunteers and consumers, fund participation of the WET Coordinator in regional activities and collaborative efforts, and work toward development of a Yolo-specific educational loan repayment opportunity for individuals providing direct service.

With these funds, Yolo ADMH has contracted with Essential Learning to provide a broad spectrum of on-line course work for clinicians, paraprofessionals, staff and volunteers working in mental health. Essential Learning offers extensive opportunities for licensed staff to obtain necessary Continuing Education Units (CEUs) from any computer equipped with Internet access, at no charge to the participant. The on-line curriculum includes courses in Cultural Competency, as well as Interpreter skills for individuals working in mental health, which courses were included in the training section of Yolo County's Cultural Competency Plan.

In 2013, ADMH has committed its entire team of Managers, five in all, to attend a year-long *Leadership In Mental Health Services* training program offered by UC Davis Extension Center for Human Services in collaboration with California Institute for Mental Health, and sponsored by MHSWA Central Region Workforce Education and Training.

In the current fiscal year, stakeholders will examine the feasibility of renewing the Workforce Needs Assessment of the WET Plan. ADMH workforce needs have changed dramatically since the original assessment was done in 2007. Due to the recession, as well as other economic considerations, the ADMH workforce decreased by half between 2008 and 2012.

## **G. Capital Improvements and Information Technology**

In its MHSWA Plan Update for FY 10-11, Yolo County presented the first phase of the Yolo Technological Improvement Project, providing for implementation of upgrades to the Avatar Management Information System (MIS); acquisition of hardware and software to facilitate document imaging and promote electronic medical record keeping; acquisition of software enhancements such as electronic prescribing and electronic document signature; acquisition and outfitting of computers (laptops or notebooks) for use in the

field, equipped with Avatar MIS access; and improvement of computer access for clients in the Wellness Center and clinics. Although well underway, full implementation of the Information Technology component has been slower than anticipated.

In FY 11-12, ADMH introduced Phase II of the Information Technology plan, which replaced computer workstations for ADMH staff. In part due to extensive changes in the Avatar MIS system, current workstations could not accommodate software outlined in Phase I. The workstations were replaced with upgraded hardware, in order that the Phase I IT plan could be fully operationalized.

In FY 12-13, ADMH will use the funding already set aside for this purpose to complete the purchase and installation of the equipment set forth in Phase I and Phase II of the Yolo Technological Improvement Plan.



# MHSA SERVICES—FY 2011-12

## UNDUPLICATED CLIENT COUNT

(UPDATED)

PROGRAM/SERVICE		UNDUPLICATED CLIENT COUNT
<b>Community Services and Supports (CSS)</b>		
	MHSA Adult Wellness	322
	MHSA TAY Center	58
	MHSA Older Adult Services	61
	MHSA Adult Services	246
	MHSA Children Services	73
<b>Sub Total</b>		<b>760</b>
<b>Prevention &amp; Early Intervention (PEI)</b>		
	Urban and Rural Children's Resiliency Programs	1,600
	Mental Health First Aid: Persons Trained/Certified	100
	Senior Peer Counselor Program	63
	Crisis Intervention Team (CIT): Officers Trained	38
<b>Sub Total</b>		<b>1,801</b>
<b>Innovation (INN)</b>		
	Integrated Behavioral Health <sup>4</sup>	466
	Free to Choose/Co-occurring Disorders	11
	Greater Access Program (GAP)	61
	Supportive Employment Training	113
<b>Sub Total</b>		<b>615</b>
<b>GRAND TOTAL</b>		<b>3,212</b>

<sup>4</sup> Unduplicated Client Count updated 11/7/2012.

## VI. MENTAL HEALTH SERVICES ACT FUNDING

### 1. Changes in MHSA Funding

The manner that MHSA funds are distributed to counties, brought about by the passage of AB 1467, is in some ways simpler to understand, and in some ways more complicated than in past years. Although funds will now be directly distributed to ADMH from the CA Department of Finance on a monthly basis, we do not know how much money Yolo County MHSA will receive in any given month. In the past, funding came in pre-published allocations, by MHSA component, with no guesswork involved. Clearly, with the new method, funding comes more directly to us, but now it is more challenging to plan and budget.

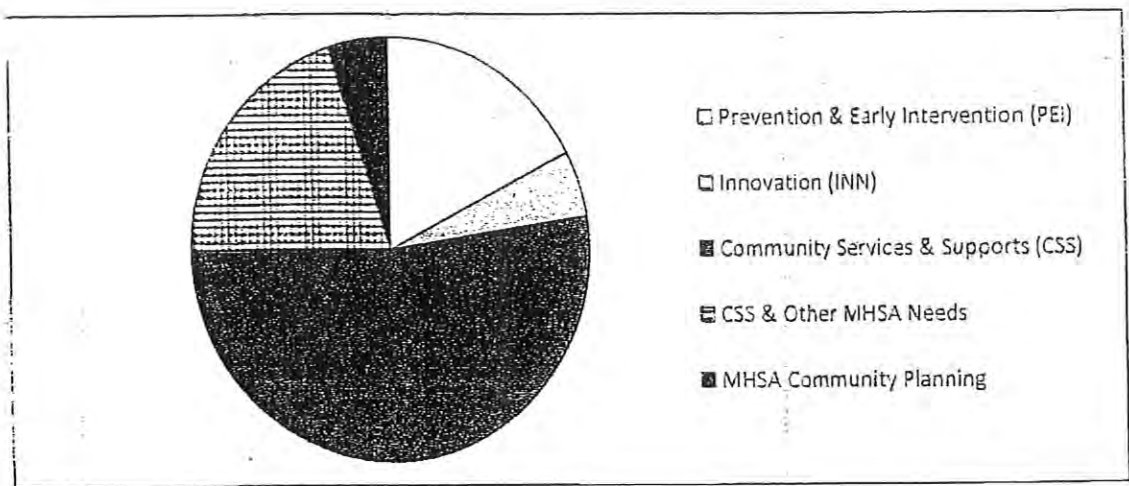
In addition, counties now have greater ability to decide how MHSA funding is allocated, although there are still definite parameters on how this is to be accomplished. For example, 5% of the total funding received must be devoted to Innovation Programs; 20% of the total funding received must be devoted to Prevention and Early Intervention Programs, etc.

On the following page, the parameters of allocating county MHSA funding are illustrated. Although these graphic explanations are not perfect, they come closest to helping us understand the changes brought about by AB 1467.

Subsequent pages include (1) a three-year recap of MHSA Budgets, including the budgets for each program in Yolo County's MHSA Program and Expenditure Plan, and (2) a state-required MHSA Funding Summary, which sets forth current funding, as well as funding carried forward from prior fiscal years, for each component of the Mental Health Services Act plans.

Thank you for your interest in Mental Health Services Act planning and programs.

## MHSA FUNDING GUIDELINES UNDER A.B. 1467



- CSS: Funds specifically dedicated to direct services to the Seriously Mentally Ill.
- INN: Innovative Programs; uses blended funding from CSS and PEI.
- PEI: Programs reduce impacts of mental illness through early intervention and community awareness and training programs.
- MHSA Community Planning: Funds the stakeholder process in Yolo County; unused community planning funds may be used for CSS.
- CSS and Other MHSA: This MHSA funding may be designated for:  
 Workforce Education & Training (WET) Programs;  
 Capital Facilities Expenditures & Information Technology (CF/IT);  
 Prudent Reserve (funding set aside for low revenue years);  
 For this category, funds not otherwise assigned remain in CSS.

MHSA funding is allocated as follows:

Component	Annual Percentage of MHSA	Reversion Period
CSS	75 - 80%	3 years
PEI	15-20%	3 years
INN	5%	3 years*
WET	One time funding	10 years
CF	One time funding	10 years
TN	One time funding	10 years
Housing	One time funding	10 years

\*The county is required to utilize 5% of the total funding for CSS and PEI for Innovative Programs  
 Counties can allocate up to 20% for CF/TN, WET and the Prudent Reserve for any year after 07-08

**MHSA PROGRAM BUDGET COMPARISON**  
**Fiscal Years 2010-11, 2011-12 and 2012-13**

	FY 2010-11	FY 2011-12	FY 2012-13
<b>A. Community Services and Supports (CSS) [See Note 1 below]</b>	<b>\$ 4,331,600</b>	<b>\$ 4,096,100</b>	<b>\$ 5,651,030</b>
Rural Children's MH	\$ 220,796	\$ 205,390	\$ 298,187
Pathways to Independence for TAY	\$ 427,643	\$ 397,804	\$ 325,792
Adult Wellness Alternatives	\$ 2,760,919	\$ 2,568,269	\$ 3,983,302
Older Adult Outreach/Assessment	\$ 223,410	\$ 207,822	\$ 220,962
Administration	\$ 698,832	\$ 716,815	\$ 822,787
<b>B. Prevention and Early Intervention (PEI)</b>	<b>\$ 1,331,857</b>	<b>\$ 1,259,907</b>	<b>\$ 1,372,068</b>
Wellness Project: Urban Children's Resiliency	\$ 518,000	\$ 518,000	\$ 603,000
Wellness Project: Rural Children's Resiliency	\$ 230,000	\$ 230,000	\$ 270,319
Wellness Project: Sr. Peer Counselors	\$ 72,000	\$ 75,167	\$ 56,652
Early Signs Project: Training and Assistance	\$ 225,228	\$ 168,922	\$ 162,984
Early Signs Project: Crisis Intervention Training	\$ 60,000	\$ 45,000	\$ 50,000
Operating Reserve	\$ 60,845		
Administration	\$ 165,784	\$ 222,818	\$ 229,113
<b>C. Innovation (INN): Local Innovation Fast Track (L.I.F.T.) Funding</b>	<b>\$ -</b>	<b>\$ 1,000,500</b>	<b>\$ 805,000</b>
L.I.F.T. Programs--Tiers I, II and III, First Year		\$ 870,000	
Integrated Behavioral Health Program, Year 2			\$ 300,000
Free to Choose, Year 2			\$ 100,000
Greater Access Program (GAP), Year 2			\$ 300,000
Administration		\$ 130,500	\$ 105,000
<b>D. Workforce Education and Training (WET)</b>	<b>\$ 142,532</b>	<b>\$ 142,532</b>	<b>\$ 135,127</b>
Personnel/Workforce Staffing Support	\$ 17,241	\$ 17,241	\$ 10,000
Central Region WET Partnership	\$ -	\$ -	
License-Eligible Volunteer Interns	\$ 27,000	\$ 27,000	\$ 27,000
MH Professional Development	\$ 56,000	\$ 56,000	\$ 56,000
Education Loan Repayment for Direct Service Providers	\$ 24,000	\$ 24,000	\$ 24,000
Administration	\$ 18,291	\$ 18,291	\$ 18,127
<b>E. Capital Facilities/Info Technology [See Note 2 below]</b>	<b>\$ 577,625</b>	<b>\$ 245,332</b>	<b>\$ 497,634</b>
Yolo Technological Improvement Project (YTIP)	\$ 462,100		
YTIP Phase I			\$ 405,477
YTIP Phase II		\$ 213,332	\$ 92,157
Operating Reserve	\$ 46,210		
Administration	\$ 69,315	\$ 32,000	
<b>TOTAL ANNUAL MHSA BUDGET</b>	<b>\$ 6,383,614</b>	<b>\$ 6,744,371</b>	<b>\$ 8,460,859</b>
<b>Note 1:</b> Total budget of \$5,651,060 includes projected revenue from EPSDT (Early Periodic Screening Diagnosis and Treatment) and FFP (Federal Financial Participation) programs; estimated revenue from EPSDT and FFP is \$1,013,340.			
<b>Note 2:</b> Total Capital Facilities/Information Technology budget for FY 12-13 represents unexpended funding from Phase I and Phase II of the IT Plan; implementation of the remaining components of the IT plan (staffing, equipment, installation) is expected to occur in the 2012-13 fiscal year. No major changes to the technology plan are anticipated.			

**C. FY 2012/13 MHSA Funding Summary**

County: YOLO

Date: Oct. 30, 2012

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
<b>A. Estimated FY 2012/13 Funding</b>						
1. Estimated Unspent Funds from Prior Fiscal Years	\$1,004,270	\$830,356	\$2,064,800	\$1,893,194	\$913,700	
2. Estimated New FY 2012/13 Funding	\$4,370,272			\$1,165,406	\$291,352	
3. Transfer in FY 2012/13 <sup>a/</sup>	\$0	\$0	\$0			\$0
4. Access Local Prudent Reserve in FY 2012/13	\$0			\$0		\$0
5. Estimated Available Funding for FY 2012/13	\$5,374,542	\$830,356	\$2,064,800	\$3,058,600	\$1,205,052	
<b>B. Estimated FY 2012/13 Expenditures</b>	\$4,637,690	\$135,127	\$497,634	\$1,372,068	\$805,000	
<b>C. Estimated FY 2012/13 Contingency Funding</b>	\$736,852	\$695,229	\$1,567,166	\$1,688,532	\$400,052	

<sup>a/</sup>Per Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

<b>D. Estimated Local Prudent Reserve Balance</b>	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$514,069
2. Contributions to the Local Prudent Reserve in FY12/13	\$0
3. Distributions from Local Prudent Reserve in FY12/13	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$514,069



DEPARTMENT OF ALCOHOL, DRUG AND MENTAL HEALTH

Kim Suderman, LCSW, Director

ADMINISTRATION

137 N. Cottonwood Street, Suite 2500

Woodland CA 95695

Office – 530-666-8516

Fax – 530-666-8294

**MENTAL HEALTH SERVICES ACT (MHSA):  
NOTICE OF 30-DAY PUBLIC COMMENT PERIOD  
and NOTICE OF PUBLIC HEARING**

*MHSA Program and Expenditure Plan—Annual Update FY 2012-13*

To all interested stakeholders, Yolo County Department of Alcohol, Drug and Mental Health, in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

- I. **The public review and comment period begins Tuesday, October 30, 2012 and ends at 5:00pm, Thursday, November 29, 2012.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to Kim Suderman, Director, or Joan Beesley, MHSA Coordinator, 137 N. Cottonwood Street, #2500, Woodland, CA 95695. Please use the attached comment form.
- II. **A Public Hearing will be held by the Yolo County Mental Health Board on Thursday, November 29, 2012, at 5:00 p.m.,** at the Thomson Room of the Bauer Building, 137 N. Cottonwood St., Woodland, CA, for the purpose of receiving further public comment on the MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2012-13.
- III. **To review the MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2012-13** or other MHSA documents via Internet, follow this link to the Yolo County website: <http://www.yolocounty.org/Index.aspx?page=993>.
- IV. Printed copies of the *MHSA Program and Expenditure Plan—Annual Update Fiscal Year 2012-2013* are available to read at the reference desk of all public libraries in Yolo County and in the public waiting areas of these Yolo County offices, during regular business hours:
  - Mental Health Offices, 137 N. Cottonwood Street, Woodland.
  - Mental Health Offices, 600 A Street, Davis (Mon/Wed only).
  - Mental Health Offices, 800-B Jefferson Blvd, West Sacramento (Tues/Thurs/Fri only).
  - Yolo County Administration Building, 625 Court Street, Woodland.
  - Yolo Co. Social Services “One-Stop” Center, 25 N. Cottonwood Street, Woodland.

To obtain a copy by mail, or to request an accommodation or translation of the document into other languages or formats, call the MHSA Clerk at (530) 666-8547 before 5:00 p.m., on Tuesday, November 20, 2012.

**Par asistencia en Español llame a Elena Jaime al (530) 666-8346 o (916) 375-6350.**

**За помощью с переводом на русский язык звоните Светлана Шраменко по телефону (530) 666-8634 или (916) 375-6350.**

ATTACHMENT 1

Yolo County Department of Alcohol, Drug and Mental Health Services

**Mental Health Services Act (MHSA) 30-Day Public Comment Form**

Public Comment Period—October 30, 2012 through November 29, 2012

**Document Posted for Public Review and Comment:**

**MHSA Program and Expenditure Plan—Annual Update FY 2012-2013**

(Document is posted on the Internet at: <http://www.yolocounty.org/Index.aspx?page=993>)

**PERSONAL INFORMATION (optional)**

Name: \_\_\_\_\_

Agency/Organization: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

***What is your role in the Mental Health Community?***

Client/Consumer

Family Member

Educator

Social Services Provider

Mental Health Service Provider

Law Enforcement/Criminal Justice Officer

Probation Officer

Other (specify) \_\_\_\_\_

***Please write your comments below:***

If you need more space for your response, please feel free to submit additional pages.

After you complete this comment form, please return it to ADMH/MHSA before 5:00 P.M. on November 29, 2012, in one of three ways:

- Fax this form to (530) 666-8294, Attn: MHSA Coordinator
- Mail this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695
- Hand deliver this form to ADMH/MHSA, Attn: MHSA Coordinator, 137 N. Cottonwood St., Suite 2500, Woodland, CA 95695

(2015.5 C.C.P.)

Filing Stamp

STATE OF CALIFORNIA  
County of Yolo

I am a citizen of the United States  
and a resident of the county aforesaid.  
I am over the age of eighteen years  
and not a party to or interested  
in the above-entitled matter.  
I am the principal clerk of the  
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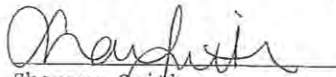
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County of Yolo, and which newspaper has  
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circulation by the Superior Court  
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California, under the date of  
July 14, 1952, Case Number 12680.  
That the notice, of which the annexed  
is a printed copy (set in type not  
smaller than non-pareil), has been  
issue of said newspaper and not in  
any supplement thereof on the  
following dates to-wit:

November 4, 6  
All in the year(s) 2012

I certify (or declare) under penalty  
of perjury that the foregoing  
is true and correct.

Dated at Davis, California,  
This 6th day of November, 2012

  
Shannon Smith  
Legal Advertising Clerk

Public Notices

Public Notices

LEGAL NOTICE

A 30-DAY PUBLIC REVIEW OF THE MEN-  
TAL HEALTH SERVICES ACT-PROGRAM,  
AND EXPENDITURE PLAN-ANNUAL UP-  
DATE FY 2012-13 has commenced. During  
this period, stakeholders may offer writ-  
ten comments on this document. This  
public comment period ends at 5:00pm,  
Thursday, November 29, 2012.

A PUBLIC HEARING will be held by the Yo-  
lo County Mental Health Board on Thurs-  
day, November 29, 2012 at 5:00pm at the  
Thomson Room of the Bauer Building, 137  
N. Cottonwood St., Woodland, CA, for the  
purpose of receiving public comment on  
the MHSa Program and Expenditure Plan  
- Annual Update FY 2012-13.

At any time prior to the public hearing,  
written comments and/or questions may be  
addressed to Yolo County Department of  
Alcohol, Drug and Mental Health (ADMH),  
Rita Suderman, Director, or Joan Beesley,  
MHSa Coordinator, 137 N. Cottonwood St.,  
Suite 2500, Woodland, CA 95695.

Copies of the Annual Update are available  
at the Reference Desk of all public libra-  
ries in Yolo County, and via the Internet at  
the Yolo County website ([www.yolocounty.org](http://www.yolocounty.org)). See the "MHSa Documents" link  
at page of the Alcohol, Drug and Mental  
Health Department web page. If you have  
any questions, or if you need translation  
assistance, call 530-666-8547.

DE204973 November 4, 6, 2012



# Woodland Daily Democrat

711 Main Street  
Woodland, CA 95695  
530-406-6223  
legals@dailydemocrat.com

ALCOHOL, DRUG & MENTAL HEALTH  
2130123  
137 N COTTONWOOD ST.  
WOODLAND CA 95695

## PROOF OF PUBLICATION (2015.5 C.C.P.)

STATE OF CALIFORNIA  
County of Yolo

### FILE NO. Notice of Public Hearing-ADMH

The Daily Democrat

A newspaper of general circulation, printed and published daily in the City of Woodland, County of Yolo, and which newspaper has been adjudged a newspaper of general circulation as defined by the Superior Court of the County of Yolo, State of California, under the date of June 30, 1952, and in accordance with the provisions of Title 1, Division 7, of the government Code of the State of California; that the notice, of which the annexed is a printed copy (set in type not smaller than nonpareil), has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to-wit:

11/08/2012, 11/11/2012

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Dated at Woodland, California,  
this 11th day of November 2012

Signature

This space is for the County Clerk's Filing Stamp

Legal No. 0004681370

LEGAL NOTICE  
THE 30-DAY PUBLIC  
REVIEW OF THE  
MENTAL HEALTH  
SERVICES ACT PRO-  
GRAM AND EXPEN-  
DITURE PLAN  
ANNUAL UPDATE FY  
2012-13 has com-  
menced. During this  
period, stakeholders  
may offer written  
comments on this  
document. This pub-  
lic comment period  
ends at 5:00pm,  
Thursday, November  
29, 2012.  
A PUBLIC HEARING  
will be held by the  
Yolo County Mental  
Health Board on  
Thursday, Novem-  
ber 29, 2012 at  
5:00 p.m. at the  
Thompson Room of  
the Bauer Building,  
137 N. Cottonwood  
St., Woodland, CA,  
for the purpose of  
receiving public  
comment on the  
MHS Act Program and  
Expenditure Plan  
Annual Update FY  
2012-13.  
At any time prior to  
the public hearing,  
written comments  
and/or questions  
may be addressed  
to Yolo County De-  
partment of Alco-  
hol, Drug and Men-  
tal Health (ADMH),  
Kim Suderman, Di-  
rector, or Joah  
Beasley, MHS Act Co-  
ordinator, 137 N. Cot-  
tonwood St., Suite  
2500, Woodland, CA  
95695.  
Copies of the Annual  
Update are available  
at the Reference  
Desk of all public li-  
braries in Yolo Coun-  
ty and via the Inter-  
net at the Yolo  
County website  
([www.yolocounty.org](http://www.yolocounty.org)). See the "MHS Act  
Documents" link at  
page of the Alcohol,  
Drug and Mental  
Health Department  
web page. If you  
have questions, or if  
you need translation  
assistance, call 530-  
666-8647.