



YOLO COUNTY: MHSA THREE-YEAR PROGRAM AND EXPENDITURE PLAN 2014 – 2017 COMMUNITY MEETING

December 2, 2013

Resource Development Associates

Roberta Chambers, PsyD



Community Planning Process

Agenda

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- Welcome and Introductions
- Overview of MHSA and Community Planning Process
- Review Needs Assessment findings
- Overview and Discussion of Proposed Strategies
- Meeting Evaluation



MHSA Overview

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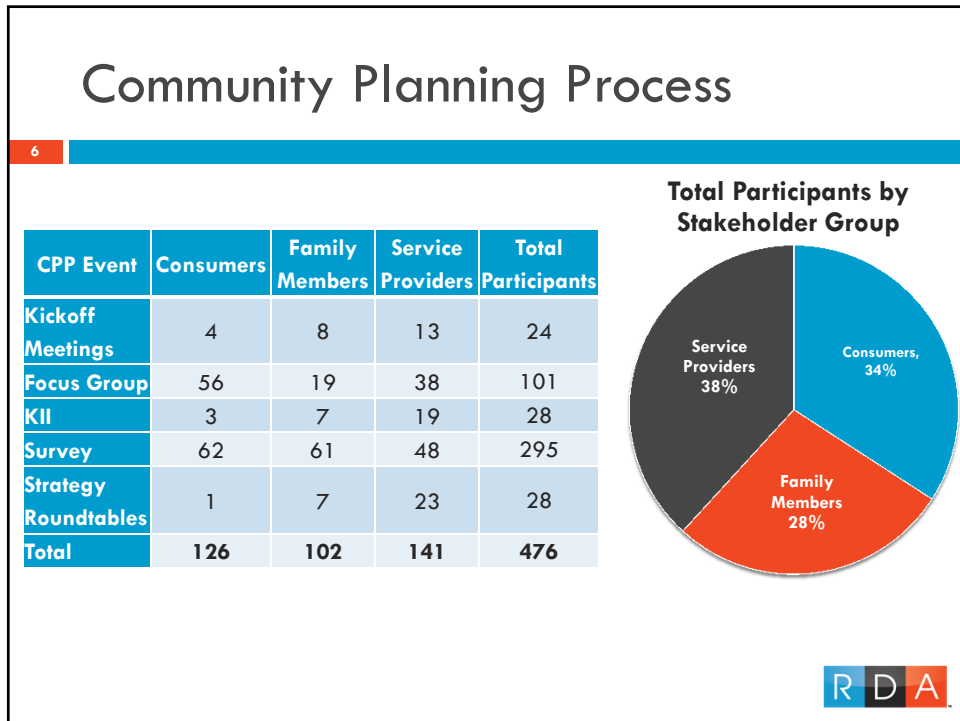
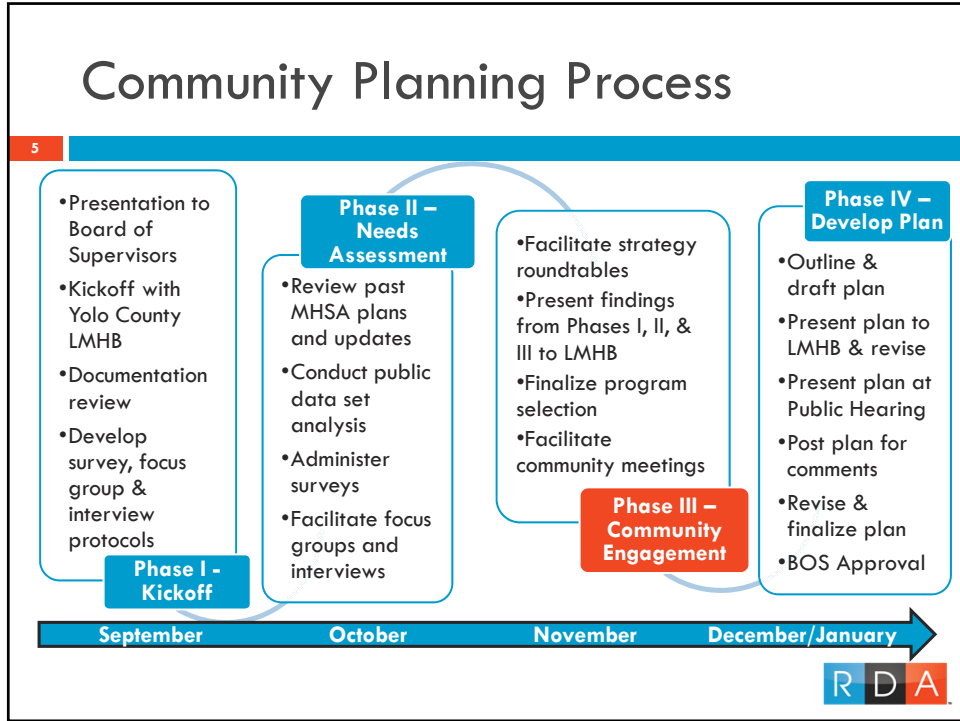
- Mental Health Services Act (Proposition 63) passed November 2, 2004
- 1% income tax on income over \$1 million
- Purpose of MHSA: to expand and transform mental health services in California



MHSA Values

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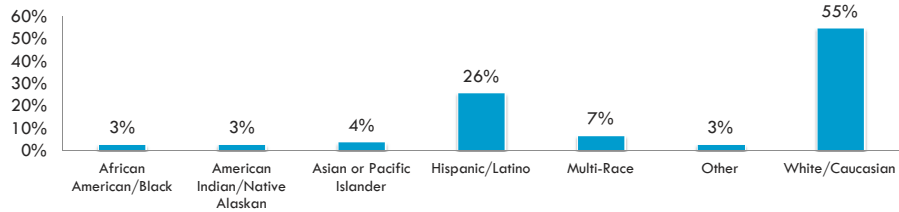




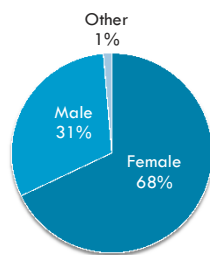
Community Planning Process

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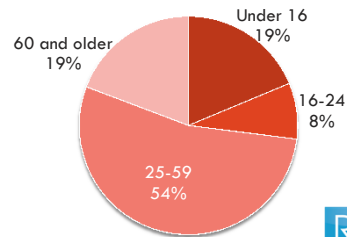
Race/Ethnicity by Percent of Total Participants



Total Participants by Gender



Total Participants by Age Group



Community Planning Process

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Type of Stakeholder Group	Total Participants
County Government	59
Medical or Health Care Organization	22
NAMI	5
CBO	66
LMHB	3
Law Enforcement	11
Education Agency	67
Social Service Agency	31
Veteran Organization	4
Provider of AOD Services	3
Foster Youth	7
Advocacy	1
Other	17

Cities	Total Participants	% of Total Participants
Davis	85	23%
Esparto	13	4%
Knights Landing	1	0%
Other	42	11%
West Sacramento	29	8%
Winters	118	32%
Woodland	79	21%
Yolo	2	1%
Total Reported Cities	369	100%



Needs Assessment

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Interviews

- 31 stakeholders from county and community-based agencies

Focus Groups

- ADMH staff
- Community-based providers
- Rural residents (Esparto, Winters)
- TAY
- Adults (West Sacramento; Wellness Center; Homeless)
- Older Adults

Survey

- Online and paper survey
- 295 received
 - 22% family members
 - 18% consumers
 - 18% providers



What mental health services do people need?

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- Expansion of case management services
- Increased availability of psychiatry services
- Services that are regularly accessible across Yolo County
 - ▣ Greater awareness/education of mental health issues where there are less mental health professionals
 - ▣ Reliable and efficient transportation to and from appointments
- Greater continuity in mental health services/resources before, during, and after crisis
- Meaningful daily activities and involvement in the community that promote wellness



Who is being unserved or underserved?

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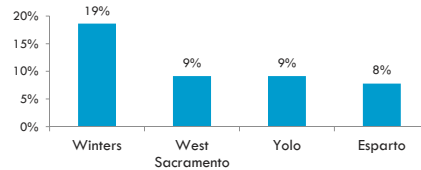
By Geography:

- West Sacramento
 - Homeless population
 - Russian & Eastern European population
- Rural areas

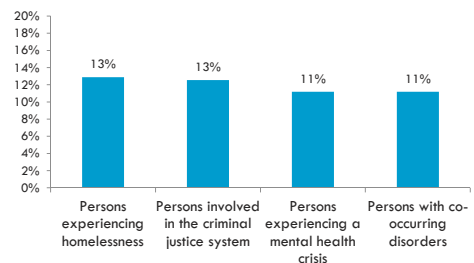
By Demographics:

- School-age youth
- Transitional Age Youth (TAY)
- Seniors
- Latino/Hispanic population
- Dual diagnosis population

Geographic Areas



Population Groups



What is getting in the way of accessing services?

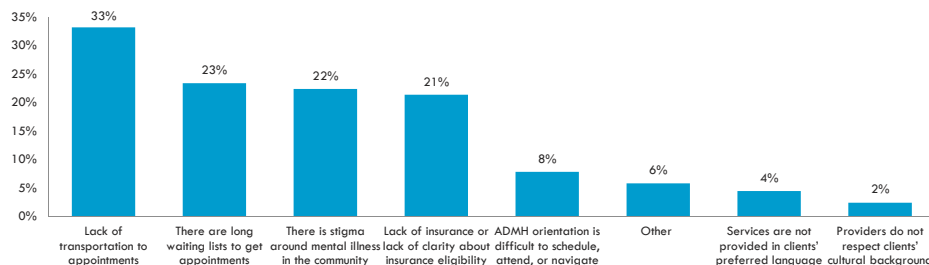
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Barriers to Entry:

- Orientation services only offered in one location
- Long intervals between scheduled appointments
- Lack of continuity in and/or access to eligibility services

Barriers to Ongoing Access:

- Lack of regularly available services in areas outside of Woodland
- Lack of efficient transportation options to/from Woodland



What are the workforce needs?

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What mental health professionals/workers do we need more of?

- Psychiatrists
- Case Managers
- Counselors
- Bilingual/Bicultural staff
- Consumers & Family Members
- Staff available after-hours



Proposed Programs

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Children (ages 0 – 15)

Continuing Programs	Program Enhancements
<ul style="list-style-type: none"> • Urban Children’s Resiliency • Rural Children’s Resiliency • Children’s Mental Health Services (FSP) <ul style="list-style-type: none"> • Family Partner 	<ul style="list-style-type: none"> • Increase the number of Family Partners/Peer Navigators • Expand the role of Family Partner to Peer Navigator where appropriate.
Other Considerations	
School District Training & Outreach	Will build on existing structure to enhance school, PEI, and ADMH collaboration.
Youth Coalition	ADMH will consider how to include in ongoing or new workgroup.



Proposed Programs

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Transitional Age Youth (ages 16 – 24)

Continuing Programs

- Urban Children’s Resiliency
- Rural Children’s Resiliency
- Pathways to Independence (FSP)

New & Enhanced Programs

- Peer Navigator and/or Outreach Specialist
- Consider re-establishing a TAY center located in Davis

Other Considerations

Enhance linkage between criminal justice involved youth to mental health services

ADMH will explore possible partnership with Probation Dept. & Sheriff’s Office.

First Break Psychosis Program

ADMH will explore alternative models and possible ways of accessing First Break programs.



Proposed Programs

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Adults (ages 25 – 59)

Continuing Programs

- Wellness Alternatives for Adults (FSP)
 - ACT
 - AOT/Laura’s Law

Program Enhancements

- Peer Navigator and/or Outreach Specialist
- Greater Access Program (GAP)
- Free to Choose
- Enhance access to Primary Care to ADMH clients

Other Considerations

Integrated Behavioral Health

ADMH will consider how certain IBH services should continue to be funded.

Enhance linkage between criminal justice involved adults and mental health services

ADMH will explore possible partnership with Probation Dept. & Sheriff’s Office.



Proposed Programs

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Older Adults/Seniors (ages 60+)

Continuing Programs	New Programs
<ul style="list-style-type: none"> • Senior Peer Counseling • Older Adult Outreach & Assessment (FSP) 	<ul style="list-style-type: none"> • Intern Therapy for Older Adults/Seniors • Telepsychiatry, geriatric specialty possible



Proposed Programs

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Programs Across Age Groups

New & Enhanced Programs	Continuing Programs
<ul style="list-style-type: none"> • Telepsychiatry • Peer Navigator and/or Outreach Specialist • Mental Health Services Resource Materials about Local Programs (include updating Yolo211) 	<ul style="list-style-type: none"> • Crisis Intervention Training (CIT) • Early Signs Program: <ul style="list-style-type: none"> • Applied Suicide Intervention Strategies Training (ASIST) • Safe Talk • Mental Health First Aid & Children's Mental Health First Aid • Benefits Specialist
<p>Other Considerations</p> <ul style="list-style-type: none"> • Orientation services outside of Woodland will be taken under advisement by ADMH to consider different ways of doing this. 	



Proposed Programs

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Crisis Specific Services

Other Considerations	
Establish after-hours CRT authorization process	ADMH will take this under advisement and determine how to best establish this process.
Create a Crisis Respite	ADMH will take this under advisement and forward suggestions to the SB82 forum.
Consider acquiring a Crisis Stabilization Unit	
Consider Development of crisis services in West Sacramento	
Consider a Mobile Crisis to respond with Law Enforcement Agencies	



Proposed Programs

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Workforce Education & Training (WET)

Continuing Programs

- Student Loan Repayment
 - Include Tuition Reimbursement to encourage career pathways for ADMH staff and peer/family staff
- Staff Training – Essential Learning, Leadership in Mental Health Services

New & Enhanced Programs

- Hire a WET Coordinator to oversee coordination and training related initiatives:
 - UC Davis Psychiatry Residency Internship
 - Support Staff Customer Service & De-escalation Training
 - Specialty Clinical Training
 - Tuition Reimbursement (under Student Loan Repayment)



Proposed Programs

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Capital Facilities (CF) & Technological Needs (TN)

Continuing Programs

- Yolo Technological Improvement Project – Phase I & Phase II

New Programs

- Telepsychiatry
- Mobile Clinic Unit
- ADMH to consider developing a CF plan that incorporates Woodland Wellness Center modifications and other CF needs

Further Consideration Needed

Woodland ADMH Lobby Modifications

CAP/IT Funds for New CSS/PEI Programs

ADMH will take under advisement but will need to consider contingencies of what facilities need expansion/ rehabilitation outside of Woodland. Priorities include: West Sacramento, Davis, and Winters.

Proposed Strategies

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Innovation

Continuing Programs

- Local Innovation Fast Track (LIFT) Program with modifications to take into consideration limited funds 2014 - 2017



Proposed Strategies

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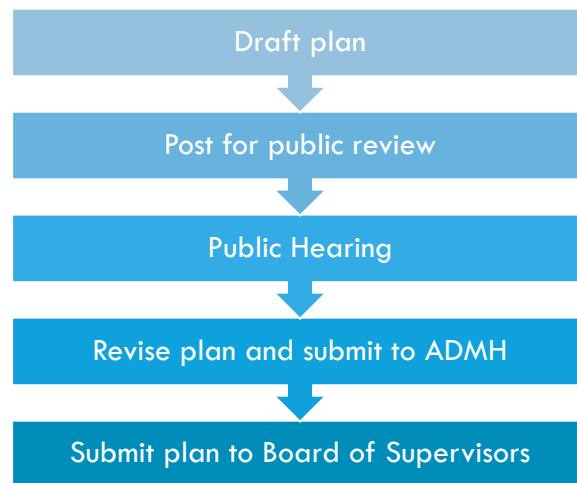
Further Consideration Needed Overall

Capital Facilities Plan	ADMH will develop a Capital Facilities Plan that will address appropriate capital facilities needs.
Performance Indicators	ADMH will take under advisement and consider the best approach to MHSa program evaluation/ performance measurement.



Next Steps

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Evaluation and Closing

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Give us your feedback!



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